

THE DIGEST OF ADMINISTRATIVE REPORTS TO THE GOVERNOR
Fiscal Year 2019-2020

Office of the Child Advocate/Office of Governmental Accountability

Agency Head: Sarah Eagan, Child Advocate
Deputy Head: Mickey Kramer, Associate Child Advocate
Established: 1995
Statutory Authority: C.G.S. § 46a-13K, et seq.
Central Office: 18-20 Trinity Street, Hartford, CT 06105
Number of Employees: Seven (7)
Recurring Operating Expenses: \$758,772 (OCA/CHILD FATALITY)

Effective 7/1/2016, the administrative functions of the divisions of the Office of Governmental Accountability were transitioned to the Department of Administrative Services SMART unit. Designated as a division of the OGA, the OCA maintains its independence and statutory authority/responsibilities.

MISSION

The Office of the Child Advocate (OCA) speaks for Connecticut's children. The OCA was created in 1995 to be an independent voice for children rather than an administrator of programs. OCA's mission is to oversee the care and protection of Connecticut's children and to advocate for their well-being. OCA is committed to ensuring that all children receive the care and supports that they need.

STATUTORY RESPONSIBILITIES

The statutory responsibilities include: evaluating the procedures for and the delivery of state-funded services to children, investigating inquiries or complaints about services for children, recommending changes in state policy, conducting programs of public education, legislative advocacy and proposing systemic reform, reviewing conditions and procedures of all public and private facilities where children are placed, providing training and technical assistance to children's attorneys, initiating or intervening in court cases on behalf of children, serving on the Child Fatality Review Panel (CFRP) and conducting a fatality review on the circumstances of the death of a child due to unexpected or unexplained causes in order to facilitate development of prevention strategies to address identified trends and patterns of risk and to improve coordination of services for children and families in the state.

PUBLIC SERVICE

OCA continues to shine the light on the needs and circumstances of children in Connecticut and works to bring about necessary change for children and families. OCA helps children/youth, families, community members, health, human service and education professionals and others by educating and informing them about available services and supports, reviewing individual cases, advocating for children at risk and addressing public policy issues impacting the well-being of children. Specific reviews and investigations assist the OCA in identifying systemic issues and such investigations often shape OCA's public policy and legislative advocacy. OCA shares its public investigative reports, public health alerts, issue briefs and other relevant educational information through a listserv as well as the OCA website (www.ct.gov/oca/).

ACHIEVEMENTS/IMPROVEMENTS FOR FISCAL YEAR 2018-19

OMBUDSMAN ACTIVITIES

For the time period July 1, 2019 through June 30, 2020, the OCA responded to approximately 300 reports of concern regarding the provision of state and state-funded services to children. The OCA receives questions, concerns, and complaints from parents and other family members, providers of health/mental health services, educators, foster parents, attorneys, legislators, and employees of state agencies, and often from youth who are in need of services. OCA ombudsman activity regularly informs our systemic reviews/investigations as well as both administrative and legislative advocacy efforts.

Racial inequities continue to exist across all child-serving systems and OCA is committed to working with the state's child-serving systems to ensure equal access to high quality services for all Connecticut children and their families. The OCA seeks to be responsive to the concerns of everyone reaching out with a question, concern or problem by providing information and guidance in how to effectively navigate the state's often complex service systems. In the most complex cases involving concerns about unmet needs of vulnerable children, OCA's investigation and advocacy efforts will include record reviews, program visits, and communication with state and community-based agencies to ensure the needs of children are appropriately assessed and addressed.

Frequent issues addressed or investigated by the OCA this year included:

- Lack of access to appropriate special education services for children with disabilities.
- Unmet needs of children for intensive mental health treatment.
- Safety and well-being concerns for children who have experienced abuse/neglect.
- Lack of access to adequate home, community and intensive out of home treatment services for children with complex developmental disabilities, who often have co-occurring mental health disorders or special health care needs.
- School climate and safety concerns, including children experiencing bullying, maltreatment by school staff, or inappropriate discipline.
- Children/youth with unmet needs confined in the juvenile and adult correctional systems.

The COVID 19 pandemic has had a particularly harsh impact on the state's most vulnerable children—many left without access to meaningful education, therapeutic supports and services and community engagement. Throughout the pandemic OCA has taken a leadership role in convening frequent stakeholder meetings, inclusive of parents, state agency leadership, providers and policy makers, focused on addressing the unique needs of children with disabilities, young children, and children living in congregate care facilities. OCA is committed to continuing such advocacy efforts in the months ahead as CT works to recover.

CHILD FATALITY PREVENTION/CHILD SAFETY

OCA continues to co-chair and staff the state Child Fatality Review Panel (CFRP), meeting monthly with a multi-disciplinary panel to review unexpected and unexplained deaths of CT's children reported to the Office of the Chief Medical Examiner (OCME) and develop strategies for fatality prevention. From January 1, 2019 to December 31, 2019, 76 child fatality cases were reported to the OCA by OCME for purpose of an autopsy due to an unexpected/untimely death of a child. Of those child fatality cases

- 63 deaths were from unintentional or intentional injuries;

- 13 deaths were determined to be from natural causes (including SIDS, Asthma, and other medical complications).

In addition to its investigatory work and publications, OCA actively participates on several committees, taskforces, and working groups, local and national, focused on prevention efforts for children at risk of intentional and unintentional injuries/fatalities.

OCA and OEC worked with other stakeholders to develop critical information for new parents during COVID-19:

[Keeping Your Baby Safe During COVID-19 \(English\)](#)

[Keeping Your Baby Safe During COVID-19 \(Spanish\)](#)

FACILITY OVERSIGHT AND INVESTIGATION

The OCA staff visit and otherwise maintain contact with children and youth in publicly operated or regulated settings including, but not limited to, hospitals, residential treatment programs, juvenile detention, correctional institutions and schools. OCA's governing statute authorizes its staff to meet with children, assess the safety and appropriateness of their environment, interview program staff and administration and review program and child-specific records thus allowing for a full review of the efficacy of state-funded services provided. OCA's facility oversight efforts are determined by a) concerns reported to the Office, b) vulnerability of children and youth served by the program and c) legislative mandates, within available resources.

The COVID-19 pandemic has had a particularly powerful impact on the hundreds of CT children (many with extremely complex special needs), served in congregate care settings. Treatment services have been dramatically altered, including the often critically needed therapeutic family and community reintegration work. Some youth have endured prolonged isolative quarantine. In addition, many youth have had very limited access to any meaningful education for the past several months.

OCA's work related to facility inspection and oversight of the care and treatment provided to children has continued, albeit modified, throughout the pandemic. Unable to conduct in-person site visits, OCA staff redoubled efforts to find alternative means of providing critically important oversight such as participation in virtual youth-specific treatment reviews, record reviews, and telephone/virtual contact with children, families, providers and regulators. In addition, OCA, in partnership with many of the state's providers and advocates, promptly assumed a leadership role in ensuring broad dissemination of information related to the impact of COVID-19 on children (particularly those most vulnerable), resources for children, families and providers, as well as harm mitigation strategies.

OCA MONITORING OF CONDITIONS OF CONFINEMENT FOR DETAINED/INCARCERATED YOUTH

Conn. Gen. Stat. § 46a-13l(12) requires the OCA to regularly report to the legislature regarding conditions of confinement for youth detained or incarcerated in the juvenile and adult criminal justice systems. OCA published its first such report in January 2019, providing detailed findings regarding several key areas impacting incarcerated youth: (1) suicidal behavior and suicide prevention; (2) use of force and physical isolation; (3) availability and utilization of clinical and rehabilitative programming; (4) utilization of educational programming; (5) access to family visits and family therapy/engagement; and (6) child abuse/neglect reporting and prevention. OCA's initial report (<https://portal.ct.gov/-/media/OCA/V4/ConditionsofConfinementfinalJanuary2019pdf.pdf>) contained several recommendations to improve the circumstances and outcomes for confined youth. OCA continues to meet with CSSD and DOC administrators regularly to check in on the status of implementation of needed reforms, and to provide regular feedback on OCA ongoing observations and findings related to OCA oversight activities within the facilities.

**COURT SUPPORT SERVICES DIVISION (CSSD):
JUVENILE DETENTION AND POST-ADJUDICATION SECURE CARE**

Following the 2018 closure of the CT Juvenile Training School (operated by DCF), the CT legislature assigned full responsibility for juvenile justice services in CT to CSSD, effective July 1, 2019. Despite historical responsibility for the operation of or contracting for [relatively] short-term pre-adjudication detention programs for youth, and community supervision of court-involved juveniles, CSSD now has been charged with the additional responsibility for providing longer-term secure care and supervision for adjudicated youth. Efforts are underway to develop the educational, rehabilitative, mental health, social-emotional and family engagement programming, and interventions most likely to meet the complex needs of these youth. While some progress is evident, CSSD and its private provider community continue to be challenged with workforce development, technology deficits and adequacy of allocated funds to meet the needs.

OCA engages in multiple activities to closely monitor development and implementation of such programming. Activities throughout 2019-2020, prior to the COVID-19 pandemic, included reviewing records of youth, conducting frequent site visits, attending meetings, and interviewing staff and youth. OCA oversight activities during the pandemic continue virtually.

**DEPARTMENT OF CORRECTION:
MANSON YOUTH INSTITUTION and YORK CORRECTIONAL INSTITUTION**

Since the publication of OCA's initial report on conditions of confinement in January 2019, the DOC has made efforts to decrease its reliance on prolonged highly restrictive housing for the youth in its custody. Facility administration has also made efforts to improve access to age-appropriate activities. OCA's continued monitoring does note some improvement, however we continue to find that youth incarcerated in the adult correctional system continue to experience significant isolation and lack of access to meaningful education, mental health services and rehabilitative programming. These concerns have been compounded by the measures taken in response to the COVID 19 pandemic, as well as lack of access to technology that supports communication and education. Throughout the pandemic OCA has made effort to maintain contact with youth, staff and facility administration, and limited OCA site visits to MYI resumed in mid-June. Consistent with the expectations of CGS 46a-13(l) (12), OCA is currently finalizing an addendum report detailing current conditions.

OTHER OCA ACTIVITIES RELATED TO ENSURING SAFE AND EFFECTIVE FACILITY-BASED CARE FOR CHILDREN AND YOUTH

- *Special Act No. 19-16, [An Act Concerning the Licensure of the Albert J. Solnit Children's Center]*

Special Act 19-16 passed in response to numerous investigative reports (including an investigation conducted by the OCA) into the circumstances leading to the death of Destiny G., a 16 year old girl who died by suicide at the facility the day before her scheduled discharge into foster care. Destiny was 8 months pregnant at the time of her death. Beginning in August 2019, OCA was an active participant in a working group led by DCF, and including both DSS and DPH, charged with the development of recommendations for the legislature to end the license-exempt status of the DCF operated Albert J. Solnit Center. The working group report, fully supporting licensure by the DPH, was submitted by the DCF Commissioner to the Children's Committee of the state legislature in January 2020 and was unanimously accepted. The 2020 legislative session abruptly halted in March due to the COVID 19 pandemic, thus OCA will continue to advocate for licensure of Solnit by DPH in the upcoming legislative session.

- *Special Act No. 19-19: An Act Concerning the Provision of Certain Information Pertaining to Congregate Care Facilities Licensed or Administered by the Department of Children and Families*

During the 2019 legislative session, OCA successfully advocated for increased transparency and accountability for services provided by congregate care settings serving vulnerable youth. Special Act No. 19-19 requires DCF, in consultation with the OCA and providers of DCF licensed congregate care facilities, to develop a framework for publishing critical information about the quality and safety of state-licensed treatment facilities for children, including information about the monitoring and inspection of such facilities and the health, safety, treatment and discharge outcomes concerning children receiving services at such facilities. A working group was formed in August 2019 to begin this important work designed to promote child safety and treatment efficacy through transparency and accountability. A draft report was submitted to the DCF Commissioner prior to the COVID 19 pandemic. OCA intends to pursue furtherance of this important safety measure.

In addition, OCA staff made numerous site visits to a variety of residential programs and educational settings serving children, addressing identified program strengths and concerns with facility administration and state agency leadership. OCA's facility oversight responsibilities have resulted in regular meetings with leadership across state agencies and a call for increased transparency and accountability for all licensed child-serving programs.

LEGISLATIVE ACTIVITIES

Legislative advocacy is an important function of the OCA. OCA strives to build strong relationships with legislative colleagues and continues to serve as an independent resource to the legislature on a wide variety of topics pertaining to or potentially impacting children and families. OCA is also an active participant in child-focused legislative committee work. OCA monitors legislative bill proposals and provides testimony where appropriate. This past session, which was unfortunately interrupted by the COVID-19 pandemic, OCA provided testimony on several proposed bills, including, but not

limited to promoting child safety on school transportation vehicles and requiring licensure by DPH of the state's children's psychiatric hospital. We are committed to resuming legislative advocacy on these matters as soon as possible. OCA frequently partners with state agencies, other advocates and other relevant stakeholders in the development of bills, optimizing the potential for adoption of strong public policy supporting the needs of the state's children.

TRAININGS

OCA staff are frequently called upon to participate in a variety of educational forums. This past year OCA staff provided training to health care professionals, social service providers, legal professionals, educators and student groups on topics ranging from child death prevention strategies, representation of vulnerable child populations, and cross-agency multidisciplinary advocacy.

Respectfully submitted,

Sarah Eagan, Esq.,
Child Advocate