

**STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
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**TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE FOR  
THE STATE OF CONNECTICUT  
COMMITTEE ON CHILDREN  
TUESDAY, FEBRUARY 25, 2020**

Senator Moore, Representative Linehan, Senator Kelly, Representative Green, and all other distinguished members of the Committee on Children:

This testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”) in support or in response to the below referenced Bills. The obligations of the OCA are to review, investigate where necessary, and make recommendations regarding how our state-funded systems meet the needs of vulnerable children. This Legislature granted the OCA broad authority regarding access to information about children and state-funded facilities and programs, which provides this Office with a unique insight into the needs of at-risk, abused, neglected and special needs children and the agencies that serve those children. The above referenced all seek to address how the needs of this state’s children are being met, including its most vulnerable children.

**S.B. 158 An Act Concerning The Albert J. Solnit Children's Center.**

The OCA supports the goal of S.B. Bill 158 which proposes greater oversight transparency regarding the safety and operation of a state-licensed psychiatric and therapeutic treatment setting for children. OCA is respectfully proposing that the committee consider amending or merging this bill with the Governor’s proposal regarding the licensure of the Solnit Center to ensure optimal clarity going forward, including with regard to the scope of the licensure requirement (i.e. Solnit Center North and South versus only a licensing requirement for Solnit South).

Last session this Committee drafted and the legislature ultimately passed Special Act 19-16, An Act Concerning the Licensure of the Albert J. Solnit Children’s Center<sup>1</sup> (the Solnit Center), which Act directed the Commissioner of Children and Families (DCF) to submit a report to the Children’s Committee of the General Assembly recommending a process for the Department of Public Health (DPH) to license the north and south campuses of the Solnit Center (Solnit North and South). The language in the act required DCF to work with the Commissioners of Public Health and Social Services (DSS), and the Office of the Child Advocate (OCA) in the drafting of the report. To

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<sup>1</sup> [Special Act 19-16, AAC the Licensure of the Albert J. Solnit Children's Center](#)

implement this requirement, a Working Group was organized in August 2019, comprised of, among others, representatives from DCF, DPH, DSS, OCA, the Solnit Center campuses. To successfully license the Solnit Center campuses, the Working Group recommending the following actions:

- Amend C.G.S. section 19a-490 to remove the exemption from licensure for the Solnit Center South and North campuses.
- Amend C.G.S. section 17a-145 to direct DCF and DPH to jointly develop regulations for the licensing of Psychiatric Residential Treatment Facilities (PRTF).
- DPH and DCF to jointly develop policies and procedures to be used on an interim basis for the licensing of the Solnit South and North PRTF programs.
- DPH to revise regulations for the licensing of Hospitals for Mentally Ill Persons.
- DPH to hire and train one full-time and one part-time Nurse Consultant positions.
- Secure funding to DCF for facility physical plant renovations to enhance safety.
- Secure funding to DCF for additional clinical and nursing positions to enhance service delivery.

***Recommendation for the Licensure of Solnit Center Initially Arose From an OCA Child Fatality and Facility Investigation Report, Published September 2018***

The Solnit Center is a DCF-owned and operated psychiatric treatment facility for children that comprises a psychiatric hospital and two PRTFs. The hospital and one PRTF are located in Middletown (Solnit South) and the other PRTF is in East Windsor (Solnit North). Pursuant to C.G.S. section 19a-490, the Solnit Center has been statutorily exempt from state licensing requirements. The Solnit Center is certified through the Centers for Medicare & Medicaid Services (CMS) and accredited through The Joint Commission. Pursuant to federal Medicaid mandates, the Solnit campuses are subject to mandatory outside inspection 1) once every five year when a general inspection is conducted, or 2) when an investigation of a serious occurrence within the facility is required. These actions are undertaken in Connecticut by DPH under contract with DSS.

The recommendation that Connecticut take steps to end the Solnit Center’s licensing exemption was contained in a September 2018 investigative report issued by the OCA<sup>2</sup> after the June 2018 suicide death of a pregnant 16 year old girl at the Solnit South PRTF. The child’s death occurred after six previous suicide attempts by youth in the facility in the preceding months and shortly after findings had been made by DPH that had identified deficiencies in the care and treatment of youth in the facility, including deficiencies which DPH found placed children in “immediate jeopardy” of harm.<sup>3</sup>

Following the youth’s suicide, DPH, in partnership with DSS and DCF, continued to investigate safety and care issues at the Solnit South PRTF, and, after making additional findings that youth remained

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<sup>2</sup> See OCA Legislative Hearing Report *Albert J Solnit Center South and the OCA Review of Circumstances Leading to the Death of Destiny G.*, September 26, 2018 found on the web at <https://www.ct.gov/oca/lib/oca/OCA.SolnitS.Leg.Report.9.26.2018.pdf>.

<sup>3</sup> “Immediate Jeopardy,” is defined as “[a] situation in which the provider’s noncompliance with one or more requirements of [Medicaid] participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” See 42 CFR Part 489.3.

in “immediate jeopardy” of harm<sup>4</sup>, the agencies jointly issued to DCF a directed Plan of Correction as a condition of the facility’s continued participation in the federal Medicaid program. Pursuant to federal regulations regarding remediation of Immediate Jeopardy concerns, the Plan of Correction included a requirement that DCF retain a full-time consulting team to help monitor and implement necessary improvements.<sup>5</sup>

Based on the required Plan of Correction, Beacon Health Options<sup>6</sup>, an expert in the area of quality management, was engaged to develop a Quality Management Program Outline intended to build and sustain high quality clinical care and services. Over the next several months, Solnit staff and administrators worked with DPH inspectors, Barrins & Associates—an independent monitoring consultant—and Beacon Health Options to successfully comply with the DPH/DSS directives. The Solnit South PRTF was subsequently discharged from further intensive monitoring by DPH once the required Plan of Correction was fully implemented.

However, even with the implementation of the recent performance improvement initiatives outlined above, the creation of an external licensing framework will provide a necessary level of oversight and transparency and help ensure the facility’s *sustained* adherence to established standards for quality care and treatment. Ensuring that this work move forward, with clear direction, appropriation and accountability, including a timeline for implementation, will be essential to accomplishing this critical effort.

OCA wants to specifically acknowledge the work of DCF in bringing colleagues, including OCA, to the table to address the important quality of care issues discussed herein. The Solnit Center, and its predecessor, Riverview Hospital, have long been the subject of passionate and controversial discussion at the legislature and among stakeholders given periodic but persistent questions about the quality and cost of treatment in the only state-run psychiatric facility for children. The collaborative work undertaken in the wake of Destiny’s death and this legislature’s response is noteworthy and welcome and an important step in improving our system of care for highly vulnerable children. We look forward to completing this essential work expeditiously.

### **S.B. 159 An Act Concerning The Placement Of Children Committed To The Custody Of The Commissioner Of Children And Families.**

The OCA appreciates the intent of Senate Bill 159, which bill is designed to promote placements of abuse and neglected children with grandparents. However OCA must oppose this bill for a variety of reasons, chiefly that in *prioritizing* grandparents as a relative placement, the bill does so without mention of the potential appropriateness of the child’s current placement, other relative placements, or even a consideration of the best interests of the child, the latter being the central tenet of all permanency and placement decisions in the Superior Court for Juvenile Matters.

Over the last decade Connecticut DCF has worked to increase opportunities for abused and neglected children to be placed with relatives or persons known to them. The state’s emphasis on reducing trauma for children and considering all relative resources for a child is good public policy and often

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<sup>4</sup> DPH issued additional “Immediate Jeopardy” findings on July 20 and July 18, 2018.

<sup>5</sup> [Barrins & Associates September 20, 2018 Independent Consultant Review.](#)

<sup>6</sup> [Beacon Health Options Outline of Quality Management Program for the Solnit Center](#)

results in a first time placement for a child that is in the child's best interests. Moreover, the current statutory scheme already provides multiple provisions that require DCF and the Court to consider the placement of a child with a fit and willing relative, including grandparents:

1. The law requires that DCF must investigate "any relative proposed to serve as a licensed foster parent or temporary custody of a child prior to a preliminary hearing and provide a report at such hearing as to such relative's suitability..."
2. The law requires that at the outset of a case where a child has been removed from their home due to abuse or neglect that the Court "identify any person or persons related to the child or youth by blood or marriage residing in this state who might serve as a licensed foster parents or temporary custodians and order DCF to investigate and report to the court, not later than thirty days after the preliminary hearing, the appropriateness of placing the child or youth with such relative/s."
3. The law requires that the court direct DCF to "identify any person or persons related to the child or youth by blood or marriage residing out of state who might serve as licensed foster parents or temporary custodians, and order the Commissioner of Children and Families to investigate and determine, within a reasonable time, the appropriateness of placing the child or youth with such relative or relatives."
4. The law also states that a relative has a presumptive right to intervene as a legal party in a child protection matter in the first 90 days after the initial preliminary hearing in the case, to be heard on matters related to the child and the child's placement.
5. The law even provides that where a relative intervenes in the early stages of a case and seeks custody, and the relative is deemed an appropriate resource (meets licensing criteria) that there shall be a presumption that placement of the child with the relative is appropriate.

Given the existing public policy and practices that encourage relative placement for a child whenever such placement serves the child's best interests, and given the numerous statutory provision that support these practices, OCA does not support this bill.

Respectfully submitted,

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