

**THE OFFICE OF THE CHILD  
ADVOCATE**

**SUPPLEMENTARY RECOMMENDATIONS TO  
THE CONSENSUS PROGRAM REVIEW REPORT  
OF THE DEPARTMENT OF CHILDREN AND  
FAMILIES BUREAU OF CONTINUOUS QUALITY  
IMPROVEMENT, THE OFFICE OF THE JUAN F.  
COURT MONITOR AND THE OFFICE OF THE  
CHILD ADVOCATE**

**RIVERVIEW HOSPITAL**

**December 11, 2006**

**JEANNE MILSTEIN, CHILD ADVOCATE**

The Office of the Child Advocate would like to thank the Bureau of Continuous Quality Improvement, the staff of Riverview Hospital and the expert consultants who have been working with Riverview Hospital staff to assist them in their extremely important and often very difficult work. We offer these recommendations in addition to the recommendations described in the consensus report of the BCQI, the OCA and the Juan F. Court Monitor's office. It is our belief that the Department of Children and Families must focus on developing strong and responsive leadership, both within the hospital and across the agency. The children served at Riverview Hospital have taught us that we must do a much better job at identifying and addressing children's needs as early as possible, and we must have the needed resources to support the children and their families within their communities. The Department of Children and Families is charged with these responsibilities under Connecticut law, thus our recommendations go beyond Riverview Hospital reform.

There is much work to be done and the Office of the Child Advocate looks forward to continued collaborative efforts on behalf of these children.

## **RECOMMENDATIONS**

In addition to the recommendations in the foregoing report, and in recognition that many of the themes of this review mirror those documented in great depth in our previous reports, the OCA makes the following recommendations:

1. The DCF Commissioner must articulate a clear vision and guiding principles for the agency's values about children and families.
  - DCF's vision and guiding principles must be clearly reflected in all agency policy and procedures, program and facility development and management, organizational structure and financial commitments.
  - The DCF leadership must ensure that staff, at every level, in every office and at every program and facility performs duties based on DCF's vision and guiding principles.
2. The DCF leadership must be held accountable to the State of Connecticut and its citizens.
3. The DCF leadership must articulate and hold all staff accountable to the expectation that the resources of the entire agency including child protection, adolescence and transitional services, adoption, behavioral health and medicine, juvenile services, legal and continuous quality improvement, will be coordinated, to assess, plan and serve every child in its care.
  - The DCF leadership must articulate the expectation for early and consistent assessment and supports for children and families and

acknowledge that failure to do so endangers a child's prospects for safety, well-being and a permanent home.

4. The DCF leadership must articulate clear expectations for staff supervision and implement mechanisms to demonstrate that all persons responsible for staff supervision receive appropriate and ongoing training, support and guidance that reflects the agency vision and principles.
  - The DCF leadership must develop infrastructure to enable supervisory staff to have the necessary authority, oversight and availability to their staff and to ensure that staff at every level receive ongoing training, supervision and support particular to their position and work environment. Staff in need of assistance must receive prompt and responsive direction and support.
  - The DCF leadership must measure how training and supervision reflect best practices, an understanding of the children being served, the strengths and needs of staff. Supervision should include both clinical consultation and direct observation of staff interactions with their colleagues and clients.
5. The DCF leadership must develop partnerships with academic institutions and private providers.
  - Programs and practice must reflect the expertise of these partners.
6. The DCF leadership must proactively plan and partner to address current gaps in community infrastructure that contribute to the need for children and families to require initial and prolonged agency involvement.
7. The DCF leadership must enforce the expectation that each child considered for admission at any facility receive an analysis, and not simply an inventory, of his or her developmental, emotional, educational, medical and social strengths and needs and the cumulative impact on the child's overall functioning of experiences with removal from primary caregivers, disruptions in placements, exposure to interpersonal, domestic, institutional and community violence and previous treatment interventions.
  - Outcome measures must be established for all treatment interventions.
8. The DCF leadership must ensure that its five institutions providing care to children with extraordinary health, developmental and mental health needs ó Connecticut Juvenile Training School, Connecticut Children's Place, High Meadows, Riverview Hospital and the Wilderness School ó meet regulatory standards.

Because Riverview Hospital is the only freestanding, public mental health facility for children in the State of Connecticut, the OCA adds the following specific facility recommendations:

1. The DCF leadership must assume ultimate responsibility for failures and success of Riverview Hospital and they must be held accountable. All reform efforts ó sweeping and incremental -- must be led and supported by the DCF leadership.
2. The DCF leadership must cease its reliance on the individual strengths of staff at Riverview Hospital and develop a strong infrastructure to support the DCF vision and the mission of Riverview.
3. The DCF leadership must critically scrutinize and reevaluate the suitability and fitness of the current managerial structure within Riverview Hospital and ensure that those who are in leadership positions can successfully implement the agency's vision for this facility.
4. The DCF leadership must demonstrate a commitment to proactive assistance, support and guidance to the Riverview superintendent and managerial staff.
5. The DCF leadership must clearly articulate the role and responsibilities of Riverview nursing and clinical staff and the expectation of interdisciplinary collaboration and care coordination. As a hospital setting, Riverview is wholly dependent on its nursing and clinical staff to ensure the functioning of the facility and set the tone of their units through modeling, teaching and support.
6. The DCF leadership must direct its Human Resources to provide leadership guidance, services and prompt response to Riverview Hospital staff that reflects the particular needs of the staff and the impact of the work environment.
7. The OCA urges the creation of a full-time position to provide external oversight for Riverview Hospital. Primary responsibilities should include participation in the development, observation and evaluation of a corrective action plan and the activities that are associated with this plan. This position should provide ongoing feedback to the DCF leadership, Riverview Hospital managerial and supervisory staff and the OCA.