OFFICE OF THE CHILD ADVOCATE

ANNUAL REPORT

July 1, 2012 to June 30, 2013

Evaluate | ***Investigate*** | ***Advocate*** | ***Participate***

OVERVIEW AND AUTHORITY

The Office of the Child Advocate (OCA) was established in 1995 after the tragic death of an infant in state care. The child's death made clear that an independent agency with the power to investigate and issue public reports was necessary to ensure the well-being of children and provide transparency to government services otherwise shielded from public view by confidentiality laws and institutionalized practices intended to protect children and families.

The statutory authority of the office is broad. The OCA is mandated to:

- *Evaluate the delivery of services to children through state agencies or state-funded entities;*
- *Periodically review the procedures of state agencies and recommend revisions;*
- *Review and investigate complaints regarding services provided by state agencies or state-funded entities;*
- *Advocate on behalf of a child and take all possible action necessary to secure the legal, civil, and special rights of children, including legislative advocacy, making policy recommendations, and legal action;*
- *Periodically review facilities and procedures of facilities in which juveniles are placed and make recommendations for changes in policies and procedures;*
- *Periodically review the needs of children with special health care needs in foster care or permanent care facilities and make recommendations for changes in policies and procedures;*
- *Review the circumstances of the death of any child due to unexpected or unexplained causes.*

As reported in previous years, the OCA continues to harness our unique statutory and independent authority to investigate and evaluate state-funded and state-operated programs and services for children, identify areas in need of attention and make recommendations to protect the rights of Connecticut's children. Committed to education and workforce development, the OCA proudly serves as a learning environment for students. This past year OCA hosted interns from the University of Connecticut graduate Schools of Social Work and Law, and an undergraduate student from Goodwin College. In addition, OCA staff members are frequently asked to guest lecture at state universities and colleges on a variety of topics involving children.

Since 1995, the OCA has been a consistently effective overseer of state-funded services for children despite significant decreased resources over the past several years. FY 2012-2013 has been a very busy year for the OCA, and despite its small number of staff (6 FTEs) and limited operating budget of $657,625 the OCA has continued to diligently strive to meet its responsibilities to the children and residents of the state and remains a tenacious and reliable voice for children. Associate Child Advocate, Mickey Kramer, RN MS, served as acting Child Advocate through November 2, 2012, when the office welcomed Jamey Bell, JD as the new Child Advocate[1].

[1] Jamey Bell, JD, submitted her resignation to the OCA Advisory Committee and Governor Malloy in June 2013, effective July 2, 2013. The Advisory Committee will begin their search for candidates for Child Advocate immediately.

This report summarizes the major initiatives and accomplishments of the Office of the Child Advocate from July 1, 2012 through June 30, 2013.

RESPONDING TO CITIZEN CONCERNS

Between July 1, 2012 and June 30, 2013, the OCA responded to the questions, concerns and complaints of hundreds of citizens regarding the provision of state and state-funded services to children. Individuals seeking assistance from the OCA include youths in need of services, parents and other relatives of children in need, health/mental health/education professionals, attorneys, juvenile and criminal justice professionals, community providers, legislators, and employees of state agencies with responsibility for children's services. All calls to the OCA are maintained as confidential. Callers were provided with expert information on roles and responsibilities of state agencies serving children and families, as well as coaching on how to effectively navigate sometimes overwhelmingly complex systems. Issues brought to the attention of the OCA through citizen calls this past year continued to be extremely variable and encompassed child welfare, mental health, education, legal representation, juvenile justice, criminal justice, supports and services to children with developmental disabilities and special health care needs, and social services available to children and families.

Beyond providing information, referral and coaching, OCA staff reviewed approximately 400 child cases and determined it necessary to intervene directly on behalf of approximately 15% of the children referred through its ombudsman activities[2]. Most of those child/youth cases involved significant concerns with treatment planning around complex mental health needs, developmental disabilities and social issues transcending the services of multiple state agencies. As reported in previous years, child specific case review and advocacy was provided to many more children and youth encountered during OCA facility-based work in state funded or state-operated treatment and correctional settings. It is OCA's broad authority regarding access to information, including subpoena authority, which allows for comprehensive inspection of service access, availability and quality across all state-funded systems that serve children. The OCA uses this knowledge and authority to inform both child specific case planning as well as system-wide practice and policy initiatives. Information yielded through OCA's child specific investigations is shared with oversight entities including agency commissioners, the Governor's office, the Legislature, and Judicial branch officials. The Office of the Child Advocate staff interacts regularly with the staff and executive administrations of the following state agencies:

- ✓ Department of Children and Families
- ✓ Department of Developmental Services

[2] During this past year, after several years of struggling with a sorely outdated data management and reporting system, OCA is very happy to report that we will be implementing a new system early in FY 2013-2014 which will assist us in fine-tuning our ability to report on the status of our work overseeing state funded services to children.

- ✓ Department of Social Services
- ✓ Department of Mental Health and Addiction Services,
- ✓ Department of Correction
- ✓ Department of Education
- ✓ Department of Public Health
- ✓ Office of the Chief Public Defender
- ✓ Office of the Chief Medical Examiner
- ✓ Judicial Branch-Court Support Services Division
- ✓ Judicial Branch-Probate Courts and Probate Administration

Critical to successful advocacy, OCA continues to work collaboratively with private sector health and human service providers and other advocates across the state, examining the effectiveness of the current service delivery systems, identifying gaps and needs in services, and advocating for changes and improvements as needed.

CHILD FATALITY REVIEW and PREVENTION INITIATIVES

Pursuant to C.G.S. 46a-13l(c), the OCA and Child Fatality Review Panel (CFRP) are tasked with reviewing the circumstances of the death of any child due to unexpected or unexplained causes in order to facilitate the development of prevention strategies, to address identified trends and patterns of risk, and to improve coordination of services to children and families in the state. The CFRP is comprised of multi-disciplinary professionals, currently co-chaired by the Child Advocate and a pediatrician expert in childhood trauma, child abuse and neglect. This past year, the deaths of twenty young children at Sandy Hook Elementary School in Newtown on December 14, 2012 sent shock waves throughout our state and the entire country. Everyone was impacted by this tragedy, and the long-term effects of the trauma associated with this mass murder will remain with us for years to come. The CFRP voted to examine the homicide deaths of the twenty children by understanding more about the individual responsible for their deaths. That investigation is ongoing at this time.

The OCA continues to review the unexplained and unexpected deaths of *all* children in Connecticut. During the period of this annual report, the CFRP reviewed 165 child deaths. Of those 165 cases, 62 were natural, 33 were accidental deaths, 30 were homicides (20 of those were the children at Sandy Hook Elementary School), 10 suicides, 16 cases were classified as undetermined and 14 cases remain pending further studies at the Office of the Chief Medical Examiner. The OCA communicates regularly with national experts in child death review and serves as a leader both within CT and nationally to educate and advocate for public policy focused on the prevention of child fatalities. The chart below further describes the 2012-13 CT child fatalities:

<u>62 Natural Child Deaths:</u> These child deaths primarily consisted of, heart complications, cancer, children who are medically complex, medical complications from prematurity, and other acute illness. Five cases were classified Sudden Infant Death Syndrome (SIDS)

<u>33 Accidental Child Deaths:</u> Thirteen cases were motor vehicle related—3 passengers, 8 pedestrians, 2 off road vehicles, 7 drowning (2 pool, 2 tub, 3 natural body of water), 3 fire, 3 falls/crush, 3 overdose, 1 choking, 2 suffocations, and 1 other.

<u>30 Homicides:</u> Twenty homicides were the children at Sandy Hook Elementary School. Six others children (four were girls and two were boys) all under 3 years-old died from blunt force trauma, abusive head trauma, and gunshot wounds. All of these children had some relationship with the perpetrator who killed them). Four teenagers (ages 13-17) died by homicide, 3 were 15 years old and 1 was 17 years old; 3 were from gunshot wounds and one was stabbed; three were boys, and one was a girl.

<u>10 Child Suicides:</u> Eight children died by hanging, one died by suffocation and one died from a gunshot wound; six were girls and four were boys. One child was 13 years-old, two children were 15 years-old, five children were 16 years-old, and two children were 17 years-old

<u>16 Undetermined Child Deaths:</u> (An undetermined death is a category used by the Office of the Chief Medical Examiner when upon the completion of an autopsy; there were no findings of accidents, disease, trauma, or obvious injury). All of the Undetermined cases were infants under one-year. Many of these babies were in sleep environments other than their crib, such as an adult bed, chair or couch. Many also had potentially harmful items in their sleeping environment, such as blankets, pillows, and stuffed animals.

14 Child Deaths remain Pending Further Studies with the Office of the Chief Medical Examiner

FACILITY BASED INVESTIGATIONS and ADVOCACY ACTIVITIES

During the past year, the OCA has continued its monitoring and advocacy efforts on behalf of children and youth in state hospitals, state-funded treatment programs, and in the state detention centers and prisons. Advocacy efforts, and the commitment of leadership within both the judicial and executive branches, have resulted in greater use of home and community evidence-based care and treatment, and subsequent significant decreases in the number of children in institutional care settings. However, despite these concerted efforts, on any given day in Connecticut several hundred children are not living within a family or community setting due to their complex needs or the lack of available support services and resources. These children are often in settings a significant distance from their family and home community, many with significant unmet needs, and no one to speak on their behalf. While OCA monitors activities and issues across all care settings utilized by state agencies, oversight and scrutiny of the state operated facilities run by the Departments of Children and Families, Mental Health and Addiction Services, and Correction remain a high priority. The state operated facilities continue to fall outside of the state's current regulatory mechanisms (i.e. they are not "licensed" as are the private sector programs), serve children and youth likely to have highly complex needs, and are less open and visible than private sector programs.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

Albert J. Solnit Center

As reported previously, the OCA began its monitoring of the DCF operated Riverview Hospital, now Solnit South, almost 11 years ago, responding to persistent concerns regarding reliance on restrictive and punitive measures, extraordinary lengths of stay, inconsistent quality of treatment planning, and poor environmental conditions. Investigation and monitoring reports been issued, legislative hearings have occurred, and regular meetings held with 4 consecutive DCF executive leadership teams in efforts to discuss seemingly relentless concerns and seek corrective action. Facility leadership has changed multiple times, staff have been trained and retrained, multiple outside experts have been consulted, and an extensive list of concerns and problems have persisted.

The current executive leadership of the Department of Children and Families (DCF) has identified the need for widespread reforms across the agency, and has implemented numerous initiatives focused on improvements in practice. Their efforts have resulted in steady progress in many facets of their important work. Specific to the DCF mental health facilities (Riverview Hospital and CT Children's Place), Commissioner Katz issued a public report in March 2012 regarding her plans to consolidate and reform the chronically struggling facilities. Over the past year, the OCA has successfully advocated for continued executive level attention and oversight to the Solnit reforms implementation plan. Limited OCA resources have resulted in much of our direct oversight activity to be focused on the children's psychiatric hospital, Solnit South, however OCA advocacy efforts include expectations for system-wide reforms.

During the past year, OCA staff have been meeting monthly with DCF's Deputy Commissioner overseeing the facilities, the newly consolidated facility Superintendent, the facility Clinical Director(s), USD ll Superintendent and Solnit South School Principal, a representative DCF Regional Director, and the co-Director of the DCF Academy for Workforce and Family Development to discuss desired reforms in policies and practices for some of the state's most vulnerable and isolated children and youth and progress towards achieving those reforms. This across-agency leadership involvement in reform efforts is unprecedented, and critically necessary. There has been significant activity over the past year within the facilities-units have been "repurposed", extensive (re)training of staff is ongoing, and numerous experts have been consulted and "assigned" to shepherd Solnit through significant planned change.

OCA continues to spend many hours per week examining facility data and records, observing care and treatment in action, and advocating on behalf of individual children and youth who continue to be "stuck" secondary to continued facility and DCF regional office issues, difficulty achieving cooperation and coordination of discharge planning activities, and lack of appropriate aftercare resources. Regular feedback is provided by OCA staff to both facility and executive leadership. As of this time, despite the unprecedented administrative attention, we continue to observe inconsistent application of best practices in assessment, treatment and discharge planning, child and family engagement, data reporting and analysis, continued over-reliance on punitive and restrictive measures by some, and frequently poor environmental conditions. OCA has expressed concern to the DCF administration about the sustainability and effectiveness of the current intense reform efforts and they have responded with increased administrative and managerial support and oversight.

In addition, DCF recently announced a controversial plan to develop and operate a secure unit for girls who are adjudicated delinquent on the Solnit South campus in the fall of 2013. In response, OCA has shared concerns regarding persistent significant gaps in services for girls throughout the state designed to promote their health, safety, and well-being despite many years of planning initiatives led by state agencies. We have expressed a specific concern regarding the potential for continued constraints with access to, and availability of, gender-responsive supports and services when agency administrative attention and limited fiscal resources are focused on building a secure facility for an anticipated very small number of girls. OCA intends to continue to advocate for a long overdue, full continuum of services and supports for girls designed to promote their health, safety, and well-being and emphasize the critical importance of prevention and earliest possible intervention.

OCA will continue to vigilantly monitor the conditions of care and treatment within the facilities and advocate on behalf of CT's children with complex behavioral health needs.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)

The OCA continues its advocacy efforts to promote seamless transition for the hundreds of youth transferring each year from child-serving health, mental health, educational, and developmental services to the corresponding adult systems of care and support. Young adults have unique needs that require developmentally focused services and supports. During the past year, OCA has continued to meet regularly with DMHAS Young Adult Services (YAS) leadership to ensure that the needs of individual young people with serious and persistent mental health issues are being effectively addressed, and that appropriate home and community based services and supports are available to help them transition successfully to adulthood and eventual independence. In addition, OCA

has continued to monitor the conditions of care and treatment provided to some of the state's most vulnerable and complex young people hospitalized at CT Valley Hospital.

Connecticut Valley Hospital : Young Adult Unit and the Whiting Forensic Division

Following the decision to close the DMHAS operated Cedarcrest Hospital several years ago, DMHAS' Connecticut Valley Hospital (CVH) was charged with the development of an inpatient unit specifically for the young people aging out of Solnit South or other children's intensive mental health settings, and others whose needs were otherwise exceeding the capacity of the young adult mental health service system throughout the state. Whiting Forensic, a division of CVH, is a maximum security inpatient psychiatric facility which has also been utilized by DMHAS for a few young people, some as young as 18 years old. OCA continues to spend a significant amount of time involved with many of these young people as they too frequently do not have consistent and reliable adults in their lives to help them advocate for themselves.

Over the past year, OCA has been meeting regularly with DMHAS officials to share observations and concerns regarding needed improvements in the physical environment, quality of treatment planning, and overreliance on restrictive measures on the young adult unit and at Whiting Forensic. DMHAS leadership has responded with a formal plan of improvement which has included unit management changes, enhanced staffing, and training of all staff specific to the unique needs of the young adults. In addition, plans have been developed to make critical changes to the physical environment of the young adult unit. DMHAS executive and facility leadership have indicated a continued commitment to ensure full implementation of the reforms. At this time, OCA finds practice improvements to be evident, but progress is slow and inconsistent, and the planned improvements to the physical environment have not yet been implemented. Given the highly specialized needs of the young adult population, OCA strongly believes that the utilization of Whiting Forensic for their care and treatment should be avoided. OCA will continue to provide needed independent oversight and work to engage other stakeholders in advocating for an appropriate and accessible continuum of services for this vulnerable and underserved population.

DEPARTMENT OF CORRECTION (DOC)

While not alone in monitoring the conditions of care and confinement for adolescents in the adult correctional system, only OCA has the type of access to these youth that allows for a thorough examination of their experience when incarcerated. OCA's work within the adult correctional system began in 2005 following the suicide of a 16 year old boy at the DOC's Manson Youth Institution (MYI). At that time, MYI housed than 700 boys ages 14-20, both sentenced and unsentenced. As was intended and projected, CT has seen a significant decrease in the number of teenagers admitted to the adult prisons since the state legislature raised the age of juvenile jurisdiction from 16 to 18, fully effective July 1, 2012. This transformative change was accomplished through unprecedented collaborative advocacy efforts.

That said, transfer laws for teens accused of serious crimes continue to ensure that on any given day, up to 100 youth under 18 are incarcerated in the adult prison system. Changes in the juvenile justice population and its service delivery system are monitored by OCA and a very strong statewide coalition of advocates. As CT has gained national recognition for many positive changes to its juvenile justice system, there is no doubt that the inclusion of the 16 and 17 year olds is taxing the current juvenile services infrastructure. Similarly, the population of youth in custody of the DOC, while fewer in number, typically present with extraordinary behavioral

health, educational and social needs. Despite a more youth-focused approach to corrections over the past several years, widely reported outcomes for youth who have experienced incarceration continue to be bleak with high rates of recidivism.

Manson Youth Institution (MYI) and York Correctional Institution (YCI)

The OCA continues to have a regular presence (usually weekly) at both MYI and YCI, the two primary DOC facilities used for adolescents. We have continued to vigilantly monitor the conditions of confinement, access to quality programming, and services provided to the youth in custody. The OCA works closely with the DOC facility leadership and staff to ensure that these youth receive developmentally appropriate care and treatment in order to ensure their safety and well-being while incarcerated, as well as help to increase the chance of successful reintegration efforts back into the community. Over the past year, the OCA has witnessed fewer disciplinary infractions, improvement in participation in school and developmentally appropriate health and mental health treatment. In addition, the OCA meets regularly with DOC executive leadership to discuss progress within the facilities, as well as to advocate for additional resources and interagency collaborations needed to better serve this complex population.

An important recent collaborative initiative with the DOC involves OCA participating in a multidisciplinary working group convened to examine existing DOC policies and procedures and offer recommendations to DOC administration for changes which reflect current knowledge and best practice related to the adolescent populations in custody. At the invitation and encouragement of the facility wardens, the working group is co-led by OCA and UConn Correctional Managed Health Care. The group expects to complete their work within the year. While the goal of this particular initiative is to create a more strategic and adolescent-informed correctional environment for youth, the OCA remains highly committed to advocating for effective prevention and earliest intervention strategies that interrupt the pipeline to prison for so many of CT's youth.

OTHER SYSTEMIC INVESTIGATIONS

Middletown Public Schools: Use of seclusion in an elementary school

As reported last year, on January 10, 2012 the OCA became aware of allegations of inappropriate and harmful use of seclusion in a Middletown elementary school. It was reported directly to OCA, and widely through the media, that young children were subjected by school personnel to lengthy stays in what were being publicly referred to as "scream rooms"(converted cinderblock utility rooms). Children were described as experiencing great emotional distress, head banging, and even urinating on the floor. OCA, in partnership with the Office of Protection and Advocacy for Persons with Disabilities (OPA), promptly initiated an independent investigation into the complaints, primarily focusing on the responses of the Departments of Education and Children and Families as the state agencies with significant oversight responsibilities for the safety and well-being of children in schools. Late this fiscal year, OCA and OPA completed their investigative report, *No More "Scream Rooms" in Connecticut Schools: An Investigation into Seclusion Practices at Farm Hill Elementary School, including Analysis of the Responses of the State Departments of Education and Children and Families and Recommendations for Reform*. Key recommendations include:

- SDE and the Middletown school district must recognize and acknowledge that seclusion and restraint are not supported by research as sound educational or therapeutic practices, and should not be included in students' IEPs.
- SDE and Middletown Public Schools must develop policies and procedures commensurate with the intent of IDEA to engage in best educational practice regarding the use of Functional Behavioral Assessments and Behavior Intervention Plans.
- Middletown Schools and SDE should increase access to and availability of resources regarding positive behavioral supports (PBS) and alternative interventions for school professionals working with children who have emotional and behavioral challenges.
- DCF should establish meaningful collaboration with SDE to erase the boundaries that separate mental health treatment from educational needs of Connecticut's children.
- DCF should ensure that its child abuse investigation unit and its ongoing services units communicate and collaborate concerning children common to both divisions.
- The Middletown School District must begin to partner with community service providers and foster collaboration so that educational teams have access to consultation and additional resources to support student' success in school, home and community.
- SDE has an obligation to promote within Connecticut's school districts a cultural change in the education of children with behavioral challenges.
- SDE should create a data collection system in order to evaluate: districts' use of aversive interventions and steps the district may be taking to decrease the use of seclusion and restraint, mental health issues and how to engage the mental health system to address the needs of students, and the need for behavioral assessments to understand the reasons for the student's behavior and how to develop plans to address them.
- SDE should ultimately issue a periodic "report card" documenting progress being made by districts preventing the use of seclusion and restraints.

Meetings have been held with the Commissioners of SDE and DCF and their leadership teams to discuss the implementation of recommendations and the significant implications that extend well beyond this one CT community. Both agencies have responded favorably with many activities already underway. The OCA and OPA look forward to continued work with SDE and DCF in the upcoming year. The report is available to the public on the OCA and OPA websites.

PUBLIC POLICY and LEGISLATIVE ADVOCACY

Access to behavioral health services for children, adolescents and young adults:

As previously stated in this report, the tragic deaths of the 20 very young children and 6 school professionals in Newtown, CT, at the hands of a 20 year old gunman on December 12, 2012 shocked CT and the nation. During the months following this tragedy discus-

sions in homes, communities, and within the government have been attempting to answer "Why?", and "What could have prevented this?". Governor Malloy established the Sandy Hook Advisory Commission to examine current policy and make specific recommendations specific to school safety, mental health and gun violence. P.A. 13-3 sec.66 names OCA as a statutory member of a mental health task force formed to study the provision of behavioral health services for young adults, ages 16-25. The task force is charged with analyzing a long list of issues related to behavioral health in over the next several months, and submitting a report with findings and recommendations to the Governor by February 1, 2014.

In addition, OCA has partnered with the Office of the Healthcare Advocate (OHA) to examine the systemic issues related to the persistent and growing problem reported by CT's hospital emergency room providers of children referred to emergency rooms with acute behavioral health needs. This issue was initially brought to the attention of the public several years ago by former Child Advocate Jeanne Milstein and former Attorney General Richard Blumenthal in response to calls of concern from the emergency department directors. Significant improvements to the children's mental health service delivery system have occurred since that time, largely due to the CT Behavioral Health Partnership (CT BHP, a strategic partnership between DCF, DSS and DMHAS) and the development of a statewide system of home and community based services that have successfully diverted thousands of children and youth from the hospital and more intensive services. The CT BHP, however, exists to serve children who are on HUSKY (CT Medicaid), not those who are privately insured, uninsured and ineligible for HUSKY coverage. Hospital leaders have shared data regarding the significant increase in non-HUSKY emergency department utilization and the extraordinary challenges with accessing appropriate levels of care and community based services for that population. The OCA and OHA are committed to working with the CT Hospital Association and emergency department providers, children's mental health providers, state agency leadership and the legislature to address the growing problem of lack of access to appropriate mental health services for thousands of CT's children.

OHA and OCA have been awarded a grant of $85,000 from the CT Health Foundation to evaluate the CT Behavioral Health Partnership *pay for performance* initiative for the purpose of determining potential implications for the commercially insured. An RFP is currently being developed and we expect to complete the review within the year.

Gun Violence

In January 2013, OCA published *12 Years of Gun Deaths and Injuries in Connecticut*. The report focused on the period between January 1, 2001 and December 31, 2012 in which **94** children died from gunshot wounds and another **924** children were injured by guns. The report was shared with the public and the legislature to assist in policy discussions.

School Suspension of Young Children

Over a decade ago, the OCA brought the issue of hundreds of kindergartners being suspended or expelled from CT schools to the attention of state officials, the legislature, and the public. While clearly much has changed and improved since then with regard to public dialogue about the needs of young children and the development of a broad continuum of mental health services for children in CT, OCA discovered through a recent parent's request for assistance regarding the exclusion of her young child from school in response to demonstrations of emotion/behavioral distress not only continues, but is rampant. During the 2011-2012 school year, over 2000 children, ages 6 and younger, were suspended from CT public schools. Those children most likely to be suspended were boys, specifically Black or Latino boys, living in an urban setting. OCA initiated immediate discussion with the SDE executive leader-

ship who promptly committed to further examination and intervention where indicated. OCA will continue to monitor and work with the SDE and other key stakeholder to ensure that this harmful practice is effectively addressed.

"HOLD UP YOUR HAND"

In collaboration with the OHA, NAMI CT, and the CT Health Foundation, OCA commemorated National Children's Mental Health Awareness Month in May with a public awareness event held at the State Capitol, "Hold Up Your Hand" to fight discrimination and stigma of people living with mental illness.

Legislative Advocacy

The OCA maintained a regular presence at the Legislative Office Building and State Capitol during the past legislative session, continuing to serve as a resource to the legislature on children's issues, and provided testimony on numerous important issues. Legislative initiatives included testifying before the legislature's Gun Violence Working Group and the Mental Health Services Working Group which were established after the tragic deaths at the Sandy Hook Elementary School in December 2012. In addition, the OCA testified before the Select Committee on Children, the Appropriations Committee, the Judiciary Committee, the Human Services Committee, the Education Committee, and the Public Health Committee on a variety of proposed bills concerning services to children. Testimony was given on the Birth-to-Three program, the Governor's Budget Proposal for the FY14 and FY 15 Biennium, the juvenile justice system, mandated reporting, pre-K-grade 12 education, and the health insurance grievance process. Of the 15 bills where testimony was offered, 2 passed and became law (SB 887 – AAC the Care 4 Kids Program and SB 972 – AAC the Mental, Emotional and Behavioral Health for Youths).

ADMINISTRATIVE UPDATE: OFFICE OF GOVERNMENTAL ACCOUNTABILITY (OGA)

OCA continues to meet regularly with the multiple government "watchdog" agencies merged for administrative purposes only into the Office of Governmental Accountability through P.A. 11- 48. The OCA, now fully receives human resources, payroll, IT support, purchasing/accounts payable supports from the OGA.

PARTNERSHIPS: COMMITTEES, TAKS FORCES, AND WORKING GROUPS

An important part of the work of the OCA is to work collaboratively with community public and private partners regarding critical issue confronting children. OCA sits on many statewide initiatives that promote activities related to areas of public policy, prevention, and the overall best interest of the children.

- Statewide Suicide Advisory Board
- Child Poverty and Prevention Council
- Domestic Violence Fatality Review Board
- CT Teen Driving Safety Partnership
- Statewide Injury Community Planning Group
- Department of Correction Institutional-Based Infant Nursery Feasibility Committee
- Office of Governmental Accountability Commission
- Family Support Council
- Governor's Task Force on Justice for Abused Children

- Trafficking in Persons Council
- CT Behavioral Health Partnership Oversight Council and BHPOC subcommittee on Quality Access
- Department of Developmental Services Children's Services Committee
- Department of Children and Families Commissioner's Continuum of Care Partnership
- Department of Children and Families /Judicial Branch Juvenile Justice Joint Strategic Plan Executive Implementation Team
- Commission on Racial and Ethnic Disparity in the Criminal Justice System
- CT Juvenile Justice Alliance Advisory Committee
- CT Keep the Promise Coalition/Children's Committee
- Board Member, National Center for the Review and Prevention of Child Deaths
- Children's Results Based Accountability Report Card Working Group
- Office of Policy and Management Autism Feasibility Work Group/Autism Spectrum Disorder Service Delivery Implementation Subcommittee
- Department of Motor Vehicles Commissioner's Advisory Committee

OCA Advisory Committee
Senate Pro Tempore appointment: Shelley Geballe
Speaker of the House appointment: Rudolph Brooks
Majority Leader of the Senate appointment: Joel Rudikoff
Minority Leader of Senate appointment: Catherine Cook
Minority Leader of the House appointment:John Fenton
Governor's appointment: Jeanne Milstein
Majority Leader of the House: Vacant

THE VISION

To be the child's advocate, we shall…
- Engage at all levels
- Stimulate dialogue
- Enable others to act
  Challenge the process
- Speak up
- Shine the light on care and treatment

To be the Ombudsman for children, we will…
- Respond to concerns
- Call for change when systems fail
- Promote fair and responsible treatment and practices
- Hold systems accountable
- Focus on the best interest of the child

To be the voice of the child, we know…
- Every child has value
- Every child is entitled to nurturance
- Every child needs support
- Every child needs encouragement
- Every child needs a family
- Every child has a future

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