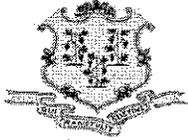


STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105



Jamey Bell
Acting Child Advocate

**Testimony by Jamey Bell, Acting Child Advocate, before the
Appropriations Committee,
Subcommittee #2, General Government A
re
The Office of the Child Advocate**

February 20, 2013

Co-Chairs Senator Harp and Representative Walker, Subcommittee Co-Chairs Senator Duff and Representative Kiner, and distinguished members of the Appropriations Committee: thank you for this opportunity to testify concerning the Governor's budget proposal for the Office of the Child Advocate (OCA).

**I. FULFILLING OUR MANDATE WITH INDIVIDUAL AND SYSTEMIC
MULTIDISCIPLINARY ADVOCACY**

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.*

We accomplish this extensive mandate through four primary approaches:

- A. Studying unexpected child deaths to keep children alive (convening, co-chairing and chairing the Child Fatality Review Panel (CFRP))
- B. Shining the light behind closed doors at the most hidden and vulnerable, and often the most costly to treat, children and adolescents
- C. Advocating with others for prevention and early intervention efforts to avoid deeper-end problems
- D. Highlighting the challenges of integrating and coordinating services within various state systems, and helping individuals and groups to navigate multiple agencies and systems that receive state funds and serve children

A. The Child Fatality Review Panel reviews all unexpected child deaths with the purpose of learning from any systems failures contributing to the deaths, to assist safety and prevention efforts. In addition to reviewing all the accidental and intentional deaths as they occur, the OCA and the CFRP are currently conducting a review of the mechanism of death—the shooter-- of the twenty young victims in the Sandy Hook Elementary School shooting. In contrast to the goals of any criminal justice or public safety system inquiries, the OCA/CFRP review seeks to meet our statutory mandate 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.”

B. The OCA shines light behind the closed doors of any systems that interact with children out of the public’s view. With our unique ability to obtain full access to “any records necessary to carry out [our] responsibilities”, and “communicate privately with any child or person who has received, is receiving or should receive services from the state”, we learn from and propose policy solutions for the systemic challenges imperiling children’s safety or impeding their optimal development. With these tools we continue to focus on conditions of care and treatment, including monitoring the prevalence of use of restraint and seclusion and other restrictive measures, in the state’s child psychiatric hospitals and residential facilities. Without the oversight of the OCA the everyday lives of many of these children would take place without meaningful review or accountability outside the “closed” DCF systems. Also, because the circumstances in which so many children live—abuse and neglect, long histories of institutional or other out-of-home care-- can contribute to eventual involvement with the adult mental health and juvenile justice or adult corrections systems, the OCA concentrates resources on the conditions of care and treatment in those systems as well. We are also therefore currently working with the Department of Corrections (DOC) on creating and implementing written policies concerning treatment and programming for youth and young adults incarcerated in Manson Youth Institution and York Correctional Institution.

C. The OCA convenes and collaborates with others to identify and promote early intervention and prevention efforts. An important part of the work of the OCA is to work collaboratively with community public and private partners regarding critical issues confronting children. The OCA sits on many statewide initiatives that promote activities

related to early intervention, safety and prevention, and the overall best interest of children. They are:

- Statewide Suicide Advisory Board
- Child Poverty and Prevention Council
- Keeping Infants Safe and Secure (KISS) Safe Sleep Coalition & Shaken Baby Prevention Partnership
- Domestic Violence Fatality Review Board
- CT Teen Driving Safety Partnership
- Statewide Injury Community Planning Group
- Juvenile Jurisdiction Policy, Operations Coordinating Council
- Family Support Council
- 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 Riverview Hospital/Connecticut Children's Place Committee
- Department of Children and Families Commissioner's Subcommittee of Continuum of Care Partnership
- Department of Children and Families /Judicial Executive Implementation Team
- Commission on Racial and Ethnic Disparity in the Criminal Justice System
- CT Keep the Promise Coalition/Children's Committee
- 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

Our early intervention and prevention efforts also include ensuring that adult-serving state systems such as DMHAS, DDS and DOC recognize their responsibilities for child well-being through their work with the adults who are parents. Children are fully dependent on adults, i.e. they cannot and do not raise themselves. Supporting healthy parenting and families directly supports the health and well-being of children.

D. The OCA plays a key role in highlighting the challenges of integrating and coordinating services within various state systems, and helping individuals and groups to navigate multiple agencies and systems that receive state funds and serve children. A particularly salient example concerns children and families attempting to navigate the mental health system complexities. Connecticut has invested extensively during the past several years in developing capacity within the children's and young adults' mental health systems. Many improvements have been made in the development of effective in-home and community based services for some of our most vulnerable children, youth and young adults. However, our work on behalf of children across state agencies, including DCF, DMHAS, DDS, DPH, CSSD and SDE, affirms that Connecticut's care of children has improved within all of these systems but the current infrastructure is fragile and uneven. It is still reported regularly that:

- thousands of CT children and youth with significant mental health needs have no access to care due to lack of appropriate health insurance, or inappropriate denials of care;
- needed services are not readily available in parts of our state, too often causing exacerbation of the child's needs or that there is a referral to inappropriate, but available, services;
- school systems are overwhelmed with students who are presenting with complex behavioral/emotional issues resulting in ineffective and dangerous interventions within the school, or suspension and expulsion of students; and
- our hospital emergency departments continue to experience extremely high and often disproportionate numbers of patients with complex mental health needs who spend days in the ED because of lack of appropriate resources in the community or other treatment facilities;
- families in need of services or supports across state agencies still face daunting challenges navigating the disparate systems.

The OCA therefore works to ensure that identified gaps in services are filled, that children and young people and their families have timely access to needed services, and that we provide those services in the least restrictive, most natural environments possible. State agencies must be held accountable to demonstrate their ability to work together to minimize ineffective and costly overlaps, streamline access to needed services and ensure that their resources and expertise are shared.

II. DOING MORE WITH LESS THROUGH CAPITALIZING ON THE OCA'S UNIQUE AUTHORITY AND ACCESS TO INFORMATION, AND OUR STRATEGIC PARTNERSHIPS

In the past 5 years, the OCA has reduced in size from 10 in 2007-2008 to the present 6 staff members (Child Advocate, Associate Child Advocate, three Assistant Child Advocates and an Administrative Assistant). The OCA staff have committed to conservative resource consumption over the past several years. The staff receives no reimbursement for mileage, although four of the six staff members' job functions require extensive travel. Staff also often pays out of pocket personally for supplies and educational activities. Yet, the OCA has continued to fully meet its statutory obligations, including responding 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 are 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, the OCA staff reviewed more than 700 child cases and determined it necessary to intervene directly on behalf of approximately 10% of the children referred through its ombudsman activities. Child specific case review and advocacy was provided to many more children and youth encountered during OCA facility-based work in treatment and correctional settings. The OCA's broad authority regarding access to information, including subpoena authority, 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 obtained through OCA's child-specific investigations is shared with oversight entities including agency commissioners, the Governor's office, the legislature, and judicial officials. The OCA staff interacts regularly with staff and executive administrations of the following state agencies:

- ✓ Department of Children and Families
- ✓ Department of Developmental Services
- ✓ Department of Social Services
- ✓ Department of Mental Health and Addiction Services
- ✓ Department of Correction
- ✓ Department of Education
- ✓ Department of Public Health
- ✓ Judicial Branch-Court Support Services Division

The OCA also works collaboratively with many private sector health and human service providers addressing the needs of the children in our state.

III. MAKING OUR WORK MORE ACCOUNTABLE

Within existing resources of the Office of Government Accountability, we are seeking to acquire and implement a new case management system which can be customized to support our broad statutory mandate. Our current case management system is incomplete and inadequate because it does not support retrieval of information necessary to generate reports concerning either the quantity or details of cases or projects, or allow sharing of files or tracking of time across staff members. The system we plan to develop will allow us to better track and learn from our work, e.g. who calls us (and who does not), and what the callers seek, so that we can better target our public education, outreach and response efforts. We will also be able to more easily identify high volume problems or trending issues so that we can use data to set priorities for our office, collaborate strategically and maximize the effectiveness of our advocacy efforts. A flexible and responsive case management system will also allow us to track the time spent on differing projects and activities for purposes of analyzing the return on our investment of time and resources, and for purposes of seeking grant funds and reporting on their use. An updated system will not only improve accountability, but will ultimately save state resources--staff time used to manually count data can be redirected to fulfilling the mandates of the office.

IV. CONTINUING OUR LEGACY OF EFFECTIVENESS

Over its 17 years of operation, the OCA has been among the state's most effective tools for safeguarding and improving the wellbeing of our children. Through its activities as the watchdog entity for "good government for children", the OCA has:

- Nearly a dozen times spotlighted unhealthy or dangerous conditions of care and illegal or inappropriate treatment of children in publicly funded residential treatment programs across the state, and advocated for improvements or closure;
- Multiple times in multi-year monitoring efforts highlighted problematic or even life-endangering practices at the state's psychiatric treatment facilities for children and youth;
- Consistently sounded the alarm about the dearth of trauma-informed treatment for children in general and particularly for traumatized girls, and helped to push reforms of those systems within DCF, SDE, DDS, CSSD and DOC;
- Identified and advocated for promising prevention efforts, e.g. graduated drivers license laws for teenagers and safe sleep public education, all of which have saved children's lives;
- Issued nearly 20 different investigative review reports of the circumstances of individual child deaths, for the purpose of highlighting system or prevention failures and identifying proactive strategies to avert future deaths. These have included reviews of the death of a child being restrained at the state's child psychiatric hospital, the death of a medically fragile child from asthma, the death by suicide of a child who was at home but well-known to the various state systems responsible for struggling children, the suicide in an isolated adult prison cell of a teenager with a long child protective history, the deaths of babies and young children receiving services from or within the care of DCF, and the death of a three year old who fell out of a window.

Thank you for the opportunity to provide testimony.

Office of the Child Advocate Functional Organizational Chart

