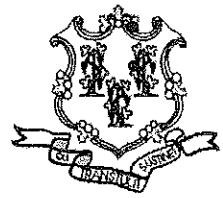




STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Informational Forum Regarding the Albert J. Solnit Children's Center

September 26, 2018



Good afternoon members of the Children's, Public Health and Human Services Committees. My name is Michelle Sarofin and I am the Superintendent of the Albert J. Solnit Children's Center.

I would like to thank the Committees for providing the opportunity to present Solnit's response following the tragic death of Destiny G.

Despite the strides we have made as a profession, for many who struggle with behavioral health issues or suicidal thoughts stigma remains a significant barrier to accessing services or the help needed. It is our responsibility as professionals to continue to bring light to this issue and decrease the shame associated with behavioral health treatment.

The Solnit Center provides intensive, multi-disciplinary psychiatric care to youth and families with complex behavioral health care needs, many of whom have 'failed' other community and out of home treatment services. The Solnit Center has three programs:

- Solnit Hospital: A 50 bed, co-ed inpatient hospital serving youth 13-17 years of age; located in Middletown, Connecticut.
- Solnit South Psychiatric Treatment Facility (PRTF): A 24 bed, residential program for girls ages 13-17; located in Middletown, Connecticut. (A PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.)
- Solnit North Psychiatric Treatment Facility: A 38 bed, residential program for boys ages 13-17; located in East Windsor, Connecticut.

By way of background, in FY 2017-2018 Solnit Hospital served 165 youth; Solnit South PRTF served 86 youth and Solnit North PRTF served 85 youth.

The Solnit Center PRTF was opened in 2012 with the express intention of providing an in-state treatment option for youths with complex behavioral health care needs who were at the time in out-of-state placements. Solnit South provides Connecticut youth a structured 24-hour residential setting where services, including school, are available on site. The Solnit Center PRTF is the only PRTF in Connecticut that serves the adolescent population.

In 2015, the decision was made that Solnit Hospital would complete the CMS certification process to become a hospital. This was the first time that the leadership of DCF had supported pursuing this certification. Previous to this, the then Riverview Hospital in its totality was considered a PRTF. This was a rigorous endeavor that was ultimately successful. It involved

significant improvements in treatment planning; assessment and quality improvement. A most recent "deemed status" survey by the Joint Commission resulted in no negative findings in the areas of care and treatment.

DCF's direct operating costs for Solnit South were \$31,563,532 in FY 2018. The facility generated \$37,425,785 in reimbursements to the State in that same fiscal year.

Destiny G.

Destiny G. entered into care at Solnit South PRTF in February 2018. She was a guarded, young mother-to-be who was fearful of letting anyone too close to her. Despite her tough exterior, she was a very likeable young lady. She took pride in her accomplishments and her ability to take care of herself. She excelled in areas where she was able to be active and creative. She was bright, appeared happy and always desired to learn; she wanted to learn how to eat healthily and grocery shop. She was an awesome sales person, working at facility fundraisers and persuading staff to spend their money to support our youth activity fund. She was enjoyable to be around and was often complimentary of others. Destiny's life ended much too early. I heard the pain in her mother's voice after she learned of her daughter's death and my heart goes out to her family and her loved ones. I know the pain of Destiny's loss will never go away for any of us who knew her.

What do we know about suicide?

- Suicide rates have steadily increased over the course of the last 3 years.
- Suicide is the second leading cause of death for young people ages 15-34 in Connecticut.
- Suicide accounts for 20% of the deaths annually for persons 10-24 years of age.
- Girls attempt suicide at a higher rate than boys.
- The impact of social media on adolescent suicide is having a greater impact than ever before.
- Those that choose suicide often do not tell anyone of their intent.
- Suicide may be a cry for help that goes terribly wrong.

Immediate action taken following Destiny's suicide:

Our immediate priority was to ensure the youth in our care were supported, felt safe and had the resources they need, internal and external to the facility, during this very difficult time.

- We took hours talking with the youth in groups and individually about what had happened on June 28th.
- Each youth was assessed for risk by a licensed professional after being told of Destiny's passing. Registered Nurse (RN) assessments continued each shift and is now the practice at Solnit South PRTF.
- Additional staff were provided, including management and clinical presence on off hours.
- Notice was provided to each youth's family/guardian.
- Immediate environmental changes were made for all youth, not just those already on safety precautions.

- Additional emergency medical equipment was made readily available on each of the cottages.
- Employee Assistance was brought in for staff to access.
- Barrins & Associates was engaged to provide a comprehensive independent review of the operations at Solnit South. Barrins is a nationally recognized consulting firm that specializes in Joint Commission and Centers for Medicare and Medicaid Services matters for the behavioral healthcare industry. Both DPH and DSS approved the nationally-recognized experts utilized by Barrins & Associates, individuals who did not have any prior affiliations with Solnit Children's Center.
- Beacon Health Options was engaged to develop a Quality Management Program Outline (QMPO), providing the framework and process that supports high quality clinical care and service. Beacon Health Options is a nationally known expert in the area of quality management and a representative is available here today. Solnit looks forward to this collaboration and learning from Beacon.

The safety of our youth, emotionally and physically, remains our priority.

We worked in collaboration with the other state agencies, the Department of Public Health (DPH) and the Department of Social Services (DSS) here today, and the nationally recognized outside experts from Barrins & Associates in identifying the following areas of improvement:

1. Quality Management Program

The Department will be guided by Beacon Health Options in the development of a Quality Management program. The purpose of the Quality Management Program will be to:

- Involve and gather input/data from all stakeholder groups in the Quality Improvement Program. This includes the Committees established by the facility to review: Legal and Ethics; Pharmacy and Therapeutics; Infection Prevention; Environment of Care and Staff Development and Training.
- Ensure decisions are made objectively using performance data which is then compared to already established benchmarks and industry standards.
- Improve the care and services via formalized clinical and service improvement activities.
- Promote quality care via the use of empirically-based, clinical practice guidelines and ethical practices by program staff.

2. Youth and family engagement

When one looks at the care of Destiny via her medical record it is clear she had a difficult time developing a meaningful connection with her physician and therapist despite their multiple attempts and "out of the box" interventions to connect with her. This is not uncommon with the population we serve. Destiny's reluctance to engage in traditional therapy does not mean that she was not engaged in the totality of the Solnit program. Destiny participated in our Dialectical Behavior Therapy (DBT) program, our rehabilitation therapy programs, and in school and was active in our work experience program.

With the youth and families in our care, engagement is not concrete. We have to develop relationships with those who are wary of treatment providers due to past experience. Because of the population we serve, we must utilize creative means and this more often than not involves interventions outside the traditional therapist office. Solnit's holistic approaches allow for non-traditional therapies as well as everyday programming.

The treatment planning procedure has been updated to require a Focused Treatment Review when a youth or family member 'refuses' a treatment intervention three consecutive times or there is a pattern that has been identified in the youth's 'refusals.' This allows for the treatment team to come together with the youth, family and external stakeholders and develop a clinical hypothesis and treatment interventions to address this lack of engagement in a collaborative manner. This includes school attendance. In the area of clinical supervision, we have reviewed clinician and physician caseloads with a focus on youth and family engagement; progress and barriers. Finally, Solnit South team members are currently assessing our milieu programming with the goal of increasing incentives to assist with youth motivation.

3. Discharge planning

Discharge planning is another area needing attention. For many of the youth involved in the significant events at Solnit South, discharge was a common stressor although the circumstances were unique for each of them. In one case a foster family backed out unpredictably, and in another the girl's adoptive parents refused to take her home. One girl had not lived outside an institution for years, and Destiny was ambivalent about her move to her foster family. All the youth who enter into our care experience a level of anxiety or ambivalence about leaving a program that has offered them so much support, services and hope.

4. Physical Environment

Built in 1967, the Solnit PRTF units have never been renovated. With the increase in age and acuity of our population (the facility had previously served youth under the age of 13), Solnit began addressing ligature points in 2015 for the safety of our residents. In recent months the facility has replaced bathroom ligature points that involved sinks and toilets. Radiators and vents have been covered with a ligature proof casing. Currently, one cottage has been closed so that the environmental changes can occur without impacting youth care. This process will be repeated in the remaining two cottages. Due to the fact that the remaining environmental risks cannot be corrected immediately, a mitigation process has been put in place where each youth is assessed on a shift by shift basis for risk to self and others and, when a resident is deemed to require a heightened level of observation, she is placed under staff's constant observation in areas where ligature risk has been identified.

Access to youth's belongings is another area that Solnit has adjusted to decrease the amount of items a youth has access to. This requires a balanced assessment. In order to

prepare our youth for life outside of Solnit, it is important that they are exposed to aspects of life which are similar to those of the community setting to which they will be transitioning. It is also essential that we strike a balance and allow access to 'normal' life experiences while a youth is in our care; this will allow them, and their families, to gain skills to safely live outside the institution. I see it as our responsibility to provide a framework of care where the youth are safe while providing them with the tools to be able to manage their impulses and to reach out to supports when needed.

That said, the facility has taken great strides in decreasing the number of items a youth can access. We have expanded our restricted items list and developed an inventory that limits items each youth may have in their rooms; this inventory is reviewed weekly by staff to ensure compliance. Additionally, random environmental walk throughs are performed by management staff.

5. Staff Reorganization and Development

Solnit will remain one facility with two directors, allowing for consistent leadership that is accessible on a daily basis.

Additional RN nurses will allow the PRTF to run with 1 RN per shift per cottage. This is the current RN staffing pattern at Solnit South and can only be changed with approval from the Director of Nursing or the Superintendent.

One Supervising Nurse will be added to 2nd shift.

One additional clinical supervisor/clinical psychologist will be requested so that each PRTF cottage has a licensed supervising clinician/psychologist. The goal is to decrease "silos" in disciplines and to develop a reporting structure where all disciplines report to a licensed professional.

We will improve the organization of staff development training and training initiatives

- We will discontinue the practice of "read and signs."
- Mandatory training will have an accompanying staff competency assessment.
- With the support of Beacon, we will assess the current structure of our staff development and training processes and develop a training system that is more effectively and efficiently able to train shift staff in a 24 hour facility.

Supervisory training for all supervisors will be provided

- Training for Solnit supervisory staff will be secured

Human Trafficking Training

- We will collaborate with LOVE 146 around retraining in Human Trafficking with a specific focus around engagement and treatment/safety planning. Love 146 is an internationally recognized organization that works to prevent child trafficking and exploitation, and provides care for survivors.

Substance Abuse Training (Assessment and Treatment)

- Currently, work is under way to obtain training in the Adolescent Community Reinforcement Approach (ACRA), a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use.

Suicide Prevention Training

- We will re-start "Zero Suicide" work/collaboration.
- We will continue suicide prevention training.
- DBT training will be completed.

In Conclusion

As the leader of Solnit, I take the work we do very seriously and I have a large staff who are dedicated to assisting youth and families to develop a life worth living. Each moment we do the best we can do in that moment and yet know that we can do better.

The recent significant events at Solnit South are of extreme concern and while it may be easy to come to the conclusion that the program as a whole is at fault, in reality each girl's incident was unique to them:

- One young lady had been at the PRTF for 10 months before her suicide attempt.
- One young lady has been at Solnit, hospital and PRTF, for over two years.
- One young lady had successfully completed the PRTF program and returned to the PRTF a second time when her suicide attempt occurred.
- One young lady had 9 previous hospitalizations; three at Solnit Hospital.

Our "corrective action" was different following each of these incidents. What is common is that the girls in our care have experienced significant trauma, have failed countless other therapy interventions, engage in behaviors where they harm themselves and by the time they walk in our doors are desperate for help. These are our girls. They and their families deserve an opportunity for a "normal" life and that at times requires a level of risk.

The recent events should not overshadow the great work of the Solnit staff and the huge accomplishments the facility has made:

- With the exception of the month following Destiny's death, the Solnit South PRTF has not had more than 5 restraints in a month since it opened its doors; there are months where there are no restraints.
- In calendar 2010, the Solnit Hospital had a total of 1,900 restraints; 20 of which required the use of mechanical restraints. We have not used a mechanical restraint since August of 2011. Thus far this calendar year we have used 498 restraints.
- In January 2015, the Solnit Hospital administered 244 behavioral PRN's. This number fell to only 12 in August 2018.
- 60% of youth treated at the PRTF in 2017 were discharged to a family.

I held a meeting for families who were interested in talking with me about the facility's response to Destiny's suicide and to answer any questions they may have related to their own child's safety while in my care. At the end, one courageous father asked, "Can you promise me this won't happen again?" I so desperately wanted to answer yes and I knew I couldn't. I stated that I could not make that promise but that I could commit to doing everything in my power to prevent a suicide at my facility. This is what I commit to all of you here today, that I and my team will do everything and anything to prevent another tragedy from occurring.

Thank you for this opportunity to present this testimony. We're happy to entertain any questions that you may have.