



Office of the Child Advocate

Annual Report FY 2011

The Commonwealth of Massachusetts
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Gail Garinger, The Child Advocate



The Office of the Child Advocate

Our Mission is to improve the safety, health and well-being of Massachusetts children by promoting positive change in public policy and practice.

Our Vision is that every child is safe and nurtured in a permanent home and that every family is supported and strengthened within the community.

Our Focus is on children who are served by the Commonwealth's child welfare and juvenile justice systems.

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Glossary of Acronyms

CBHI	Children's Behavioral Health Initiative
CPCS	Committee for Public Counsel Services
DCF	Department of Children and Families
DEEC	Department of Early Education and Care
DESE	Department of Elementary and Secondary Education
DMH	Department of Mental Health
DPH	Department of Public Health
DYS	Department of Youth Services
EOHHS	Executive Office of Health and Human Services
OCA	Office of the Child Advocate
OCME	Office of the Chief Medical Examiner



Letter from The Child Advocate



Dear Governor Patrick, Legislative Leaders, and Citizens of the Commonwealth:

The next generation of children will determine the future of Massachusetts. The Office of the Child Advocate's vision is that every child is safe and nurtured in a permanent home and that every family is supported and strengthened within the community. Over the last year, the Office of the Child Advocate (OCA) has worked continuously to further this vision by sharing information, fostering collaboration, and promoting accountability within our child-serving systems. I am pleased to submit the annual report of the OCA for Fiscal Year 2011 covering the activities of our office and offering recommendations for your consideration.

Serving as The Child Advocate for the Commonwealth has given me a deep appreciation for the conditions that are necessary for the healthy growth and development of children, as well as a greater understanding of the intricacies of our child-serving systems. Public and private agencies, early education and care centers, schools, health care providers, and courts each have their own mission and governance structure. Our collective challenge is to identify, align, and deliver comprehensive services that improve the lives of children and families. This is no small task, but the work is underway.

Over the past year diverse stakeholders in the Commonwealth have come together to find ways to improve collaboration within our child-serving systems. There has been a renewed recognition of the need to integrate children's behavioral health services into schools. The primary mission of schools is to educate children, yet schools are where children's behavioral problems often become visible. The following examples illustrate Massachusetts' recent efforts to integrate systems and services for children and families:

- The Department of Elementary and Secondary Education Behavioral Health and Public Schools Task Force recently completed a two year project that resulted in the development of a comprehensive framework that can be used by schools throughout Massachusetts to increase the capacity of schools to provide supportive school environments for all students, including those with behavioral health needs.
- The Governor's Child and Youth Readiness Cabinet's Partnership for Youth Success Initiative is focusing on supporting students in underperforming schools by bringing together all state child-serving agencies in an effort to coordinate services for students in identified schools.
- The Children's League, a statewide nonprofit association of over 70 private and public organizations, conducted focus groups throughout the state and invested significant resources developing a *Child and Family Welfare Public Policy Platform*, resulting in recommendations to policy makers, advocates and parents for system-wide improvements.

- The Executive Office of Health and Human Services began discussions with stakeholders aimed at improving access to services and developing a more effective delivery system. This led to the formation of the Children, Youth and Family Advisory Committee.
- State legislators, concerned with perceived problems with the Child in Need of Services (CHINS) system, have filed legislation that would increase families' access to services and avoid engaging the juvenile courts as a pathway to those services.
- The Governor's Safe and Successful Youth Initiative is a comprehensive violence prevention strategy aimed at reducing youth homicides and serious assaults in Massachusetts. It is designed to foster an environment of collective community responsibility for addressing youth violence by leveraging state resources to develop effective collaborations at the local level.

Collaboration is critical, but we must always ask whether the work we do improves the lives of children and families. Measuring success begins with collection of data in a manner that allows the progress of a child to be tracked over time and between systems. Sharing data allows coordination of services and enhances safety for children, but raises concerns of privacy and confidentiality. *The Massachusetts Child and Youth Readiness Cabinet Statewide Integrated Data Sharing System: Strategic Plan*,¹ developed by the Public Consulting Group, contains an inventory of agency data systems, discussion of issues, and detailed recommendations for advancing data sharing. The Department of Early Education and Care recently released its *Early Childhood Information System Vision Document*,² which outlines strategies for a data sharing process, highlights the need for a unique common client identifier, and makes recommendations for communication with parents and families. These two documents provide a solid foundation for moving forward.

I applaud the efforts described above and look forward to further progress during the next year. At the OCA our mission is to improve the safety, health and well-being of Massachusetts children by promoting positive change in public policy and practice. The OCA Annual Report for FY 2011 illustrates how OCA staff further this mission. By working to share information, encourage collaboration, and promote accountability, we strive to make things better for the children and youth who are served by the child welfare and juvenile justice systems of Massachusetts. I am honored to serve as The Child Advocate, and I look forward to working with all of you in the coming year.

Sincerely,



Gail Garinger

The Child Advocate

OCA Mission and Values

Our mission is to improve the safety, health and well-being of Massachusetts children by promoting positive change in public policy and practice. We further our mission by focusing on our core values: information, collaboration, and accountability.

Information: The Child Advocate and the OCA staff are always active, participating in meetings, forums, and events to learn more about services and initiatives for children and families in Massachusetts. We share this information with others through our policy work and our Helpline.

Collaboration: Collaboration is critical at every level. No single agency or system can provide all the resources needed to support and heal families with deep-rooted difficulties. The OCA staff work to promote collaboration at every opportunity among initiatives, agencies, and systems.

Accountability: The OCA staff review critical incident reports and child abuse and neglect reports arising in out-of-home settings connected to state agencies. Through these reviews, we identify trends and look for opportunities for system improvements. We meet with agency commissioners and staff to learn from them and to share our perspective.

The role of the OCA is to connect the dots within and between the child welfare and juvenile justice systems. We work to promote system integration among agencies, courts, schools, and health service providers so that children and families can connect to resources in their communities.



Activities

Helpline

The OCA responds to calls on the Helpline from the public about state agencies that provide services to children and youth in Massachusetts. Anyone with concerns about the treatment of a child receiving services from a state agency may contact the OCA. Family members, foster parents, advocates, attorneys, and others have called or written the OCA on behalf of a child to express concerns and ask for advice. In 2010 the OCA received over three hundred contacts, the majority of them relating to children involved with the Department of Children and Families (DCF). One-third of all contacts concerned a child's placement, such as a foster home or a residential program. Callers frequently expressed concerns about visitation, treatment plans, safety of children, and plans to return children to their parents' homes. Callers may be involved with the Probate and Family Court or Juvenile Court in addition to state agencies. Our clinical specialist and program assistant help individuals resolve their problems directly with the agency involved and identify resources to meet their needs related to a child's safety and well-being. In addition to helping with individual cases, the OCA maintains a database of the Helpline concerns and analyzes the information to better understand where there is room for improvement in the child welfare and juvenile justice systems. The Helpline informs our interagency and policy work and assists the OCA to identify priorities, including permanency and children and youth voice in court. Please see **Appendix A** for further information regarding the concerns we hear on the Helpline.

Reach our Helpline by phone, email, or mail.

Phone: 617-979-8360 or toll-free 866-790-3690

Email: childadvocate@state.ma.us

Mail: Office of the Child Advocate, One Ashburton Place, 5th Floor, Boston, MA 02108

How We Help

Sharon called the OCA regarding her 12 year old daughter, Katelyn. Katelyn attends public school and is on an Individual Education Plan (IEP). She has a nonverbal learning disability and is in an inclusive general education classroom. Sharon was concerned that the school was not providing the services listed in the IEP and that her daughter was being bullied at school. Sharon explained that she had brought the bullying issue to the attention of Katelyn's teacher and had spoken with both the teacher and special education coordinator regarding her concern that the school is not providing the services listed in the IEP. It had been several weeks and she felt that the situation had not improved. Sharon was not sure where to turn and called the OCA looking for advice and resources. OCA staff discussed with Sharon the anti-bullying law and the rights it provides for students on an IEP. We told her that the school's anti-bullying plan should be available on the school's website, and that the plan outlines the school's responsibility to respond to bullying. We encouraged Sharon to request a meeting with the school's Administrator of Special Education and to ask the school's principal, and if necessary, the superintendent for help in resolving her disputes. Finally, we provided Sharon with the contact information for [Mass Advocates for Children](#),³ an advocacy organization that provides help to children who are facing barriers to receiving educational services to which they are legally entitled.*

**The names in this and all subsequent vignettes have been changed.*

Reports of Abuse and Neglect in Out-of-Home Settings

The OCA receives reports that have been investigated and substantiated by DCF regarding abuse and neglect of children and youth in settings connected to certain state agencies.⁴ These settings include licensed preschool and day care, foster care, group homes, residential treatment programs, elementary and secondary schools, and youth correctional facilities. OCA staff review every report to identify trends that relate to treatment of children in out-of-home settings and obtain more information from agencies when needed. Based on our reviews, we have increased OCA staff participation in the [Interagency Restraint and Seclusion Prevention Initiative](#)⁵ and partnered with the [Committee for Public Counsel Services](#)⁶ to examine the performance of child's counsel in care and protection cases. Review of recurring scenarios in these reports has impressed upon The Child Advocate the importance of workforce development and a trauma-informed approach to care.

How We Help

The OCA learned of a situation involving two-year-old Anthony, whose foster mother assaulted another adult while Anthony was present. Law enforcement responded to the assault, and an abuse and neglect investigation was conducted by DCF. During the DCF investigation it was revealed that Anthony was not gaining weight and had trouble sleeping. An older foster child who had also been placed in the home reported to the investigator that the foster mother was not nurturing towards Anthony and was not adequately feeding either child. Both children were immediately moved to another foster home and Early Intervention services were initiated for Anthony to provide developmental services. Within a month Anthony's symptoms resolved. Anthony had been placed in this foster home by a nonprofit agency that contracted with DCF to recruit, train, and supervise foster parents. OCA staff inquired further of DCF and learned that a new social worker had been assigned to Anthony, a clinical review had been conducted by DCF, and the foster home had been closed. We discussed the procedures by which DCF assures accountability of contracting agencies. We also discussed the role and function of the foster care registry, a database maintained by DCF, and confirmed that the foster mother was listed in the registry.

OCA staff learned by reviewing the investigation that Anthony's court-appointed attorney had not visited him during the 18 months he was placed in the home. All children's attorneys are expected to visit their clients at least quarterly. We contacted the Committee for Public Counsel Services (CPCS), the agency that oversees court-appointed attorneys, and requested that they inquire whether the attorney had ever visited Anthony in the foster home. When we learned that he had not, we filed a complaint against the attorney according to CPCS procedures. In the course of its investigation CPCS found that this was not the only failure of the attorney to comply with CPCS performance standards. As a result of the CPCS complaint process, the attorney is no longer on the CPCS Child and Family Law panel and therefore unable to accept court appointments. The Child Advocate has posted the CPCS performance standards for children's attorneys on the OCA's website and has met with groups such as the Massachusetts Alliance for Families and the DCF Youth Advisory Board to raise awareness of these performance standards.

Critical Incident Reports

When a child receiving services from a state agency organized under the Executive Office of Health and Human Services (EOHHS) dies or is seriously injured, the agency involved is required to report the critical incident to the OCA. In practice, the agencies report critical incidents to EOHHS and the reports are then forwarded to the OCA. Over the past three years, the OCA has worked with EOHHS to improve this reporting process, and we continue to strive toward the goal of timely notification of critical incidents. OCA staff carefully review each critical incident report and, in many instances, follow up with the agency to learn more information. When a matter warrants closer investigation, the OCA may request investigation reports from the agency, speak with agency staff, and review case records to learn of a family's history and involvement with the agency. The OCA works with the reporting agency to review and learn from the reported situation and promote accountability. Please see **Appendix B** for further information.

Comprehensive Plan

DCF provides the primary response to reports of abuse and neglect, but other state agencies, schools, hospitals, clinics, law enforcement, courts, and child care centers also play critical roles in preventing and responding to child maltreatment. Bringing these systems together to generate a coordinated response to child abuse and neglect has been called “a consistent and intractable problem.”⁷ Formulating a comprehensive plan to recommend a coordinated, system-wide response to child maltreatment is one of the duties the Massachusetts Legislature directed the OCA to undertake in the Child Welfare Law of 2008. Our other statutory responsibilities, such as responding to calls from the public and reviewing critical incidents and child fatalities, are critical functions performed by our office and are aligned with the goals of the comprehensive plan. The OCA has continuously worked to promote an integrated system equipped to respond to child maltreatment by sharing information, fostering collaboration, and promoting accountability among child-serving agencies. However, our ability to formulate a comprehensive plan is restricted by our current fiscal and staffing resources. We will continue to look for opportunities to collaborate with the Inter-agency Child Welfare Task Force, our Advisory Board, and other interested stakeholders to formulate a comprehensive plan.



Outreach

Since our last Annual Report, The Child Advocate and staff have attended meetings and conferences across the state and have given presentations relating to child welfare, juvenile justice, and the OCA. Some examples of the venues at which The Child Advocate presented are:

- Annual “OCA 101” meeting with new legislators and their staff to introduce them to the work of the OCA
- DCF Family Advisory Group
- Juvenile Detention Alternative Initiative Kick-Off in Essex County
- The Children’s League and the Providers’ Council
- Massachusetts Advocates for Children, Massachusetts Bar Association Juvenile and Child Welfare Section, Mental Health Legal Advisors Committee, and Citizens for Juvenile Justice
- The Wiener Center at the Kennedy School of Government and the Suffolk University Law School Juvenile Defender Clinic
- Massachusetts Psychological Association and Massachusetts Psychiatric Society
- Fostering Media Connections’ events highlighting federal legislation establishing educational rights and requirements for youth in foster care

The OCA continued to reach out to agency-involved youth by distributing our Youth in Care Outreach Cards. The Child Advocate and staff attended a DCF Youth Advisory Board meeting and participated in a reading program with youth at a Department of Youth Services (DYS) facility.



The Child Advocate (second from right) presenting at the Fostering Media Connections “On the Road to Educational Equality” event at Harvard Law School. Also pictured (from left to right) are: Daniel Heimpel of Fostering Media Connections, Dianne Curran of DESE, Commissioner Angelo McClain of DCF, and Susan Cole of Massachusetts Advocates for Children.

All the activities described in the previous sections are mandated by the OCA statute, M.G.L. Chapter 18C, and other provisions within the Child Welfare Law of 2008. The next sections describe additional activities in which the OCA collaborates with leaders and staff from other offices, agencies, and advocacy groups.

Additional Activities and Initiatives

Child Fatality Review Program

The statewide child fatality review program was created by legislation in 2000 with the goal of decreasing the incidence of preventable childhood deaths and injuries. The state team is chaired by the Chief Medical Examiner and co-chaired by the Medical Director of the Department of Public Health (DPH). Eleven local teams meet under the leadership of the elected District Attorneys' Offices to conduct reviews of individual cases. The local teams provide recommendations which are sent to the state team to be considered for further action, including changes to policy, practice, or regulation. The OCA participates in the state team as an *ex officio* member. The OCA takes an active role on the state team and convenes a working group to facilitate review of near fatalities, presenting this work at the statewide conference. Some child fatalities reviewed by the OCA as critical incidents are also reviewed by local child fatality review teams. OCA staff attend many local team meetings and attempt to attend whenever the death being reviewed was the subject of a critical incident report. During the last year OCA staff attended local team meetings in Bristol, Cape & Islands, Essex, Hampden, Middlesex, Norfolk, and Worcester County District Attorney Offices. The OCA commends the Office of the Chief Medical Examiner (OCME), DPH, and the District Attorneys for their leadership roles in this important multi-disciplinary work. Since its inception a decade ago, the child fatality review program has not received an appropriation, relying on resources allocated by its contributing members and a few small grants. As the budgets of the member offices and agencies have decreased over the last several years, these resources have been taxed. Sustainable funding options for both the state and local teams should be explored, as the Commonwealth's child fatality review program cannot develop and mature without assistance or resources.

Recommendation: The Child Fatality Review Program is a critical component of the state's efforts to decrease the incidence of preventable childhood deaths and injuries and requires sustainable funding at both the state and local levels. The agencies involved in this important multi-disciplinary work should formulate a plan to identify funding requirements and strategies for the Massachusetts Child Fatality Review Program.

Online Mandated Reporter Training

The Child Welfare Law of 2008 requires that all mandated reporters who are professionally licensed by the Commonwealth complete training to recognize and report suspected child abuse and neglect. This requirement became effective January 1, 2010. Since the passage of the legislation in 2008, the OCA has advocated for the development and implementation of an online mandated reporter training (OMRT) program that would provide a standardized curriculum and consistent message to mandated reporters regarding their reporting obligations. Unified training is critical to ensure that all mandated reporters in Massachusetts properly recognize, report, and respond to suspected abuse and neglect of children.

The OCA envisions an OMRT program that would be developed by EOHHS in conjunction with other stakeholders and would:

- Outline the obligations of mandated reporters
- Set the tone for trauma-informed intervention
- Offer a user-friendly format at minimal or no cost
- Satisfy the requirement that a licensed mandated reporter receive training

EOHHS has been developing a pilot OMRT program for EOHHS staff, which could then become available to a larger audience. Building on this effort, staff from the OCA, EOHHS, DCF and other stakeholders recently began discussing alternative strategies for providing online training to all mandated reporters.

Recommendation: An online training that meets the legislative requirement should be available to mandated reporters. The training should be built upon a standardized, state-approved curriculum that educates mandated reporters about their duties to report suspected child abuse and neglect and introduces the principles of trauma-informed care.

Child and Youth Voice in Court

Young persons involved with courts rely on their attorneys to advocate for them. Through our Helpline, discussions with youth, and input from others, the OCA has learned of instances when court-appointed attorneys have neglected to visit their child clients and have failed to represent them in other ways. Representing children is a public trust that must be honored by the advocates who accept these court appointments. The OCA collaborates with the Committee for Public Counsel Services (CPCS) and the juvenile court to improve the quality of advocacy for children, whether in care and protection, child in need of services (CHINS), or delinquency proceedings. The OCA has informed youth, foster parents and others about the CPCS Performance Standards for court-appointed counsel and has posted the standards on our website at www.mass.gov/childadvocate/news/cpsc.htm.

In care and protection cases in the juvenile court, reports are submitted by court-appointed investigators and, in some cases, guardians *ad litem*. The quality of the reports submitted by the investigators and guardians *ad litem* varies considerably, as there are no uniform requirements for becoming an investigator or guardian *ad litem*, and no standardized program of training or standardized format for submitting reports.

The OCA applauds the fine work done by diligent court-appointed professionals, but also recognizes that all systems require processes to ensure accountability. It is essential that Massachusetts continue to enhance the quality of advocacy for children through better screening, training and monitoring of court-appointed attorneys, guardians *ad litem* and investigators. The OCA will continue to collaborate with CPCS and the juvenile court to hold professionals accountable on behalf of the children they serve.

Permanency

Children need permanent homes where they can be safe, stable, and nurtured as they grow. The connection of a permanent home and a caring adult supports healthy growth and development as youth transition into adulthood. When children and youth wait in foster or congregate care for years without a permanent home, the child welfare system has failed to provide permanency. OCA Helpline callers have expressed concerns about delays or failures in achieving permanency for children and youth in Massachusetts. The OCA works with the executive agencies to understand barriers to permanency and to foster collaborations to move past these barriers, such as the Task Force on Youth Aging Out of DCF Care (described in the next section). Several recent initiatives in Massachusetts address the goal of finding a permanent home for all children before they reach adulthood.

- **Elimination of rolling trials:** The Juvenile Court Department issued Standing Order 1-10 in 2010 to ensure that care and protection and termination of parental rights trials are completed within a reasonable time. The order would eliminate “rolling trials,” which can take months or years to complete, and require that trials conclude within thirty calendar days.
- **Permanency hearings:** A hearing to determine a permanent plan for a child must take place within one year after DCF takes custody of a child and annually thereafter. The hearing occurs in the court where custody was transferred to DCF from the parents or guardian. The Administrative Office of the Juvenile Court and DCF received Court Improvement Program funds to coordinate a pilot project in Suffolk County to increase participation of older youth in permanency hearings.
- **Extended DCF services:** In 2010 the Legislature extended to youth in state custody the right to continue receiving supportive services from DCF after they have turned 18, if they choose to remain involved with DCF.
- **Juvenile court supervision through age 22:** In 2010 the Legislature extended juvenile court oversight of youth receiving services from DCF up to age 22. This law extends the responsibility of the court to monitor through permanency hearings those youth who choose to remain in the care of DCF after they turn 18.



How We Help

Jessica contacted the OCA on behalf of her younger sister, Laura. Laura was 17 and was the last of four sisters raised by a family friend after their parents died. Jessica was concerned because Laura no longer had MassHealth insurance and needed medical and dental checkups and new glasses. She was concerned that her sister was depressed. The family friend who was raising Laura was elderly and unable to help her with these matters. Laura was graduating from high school and wanted to attend college but couldn't afford it. Her guardianship benefits had stopped arriving in the mail, and to complicate things even more, Laura wasn't able to obtain a copy of her birth certificate because her birth name was different from the name she had used since childhood. This prevented her from obtaining a social security number and applying for college or a job. Jessica said Laura hadn't seen a social worker or lawyer in several years and she didn't know where to turn. In responding to Jessica, OCA staff first needed to clarify Laura's situation. Although Jessica described Laura as being in foster care, Laura was under permanent guardianship and no longer had a social worker or lawyer assigned to meet with her. We connected her with DCF, and her guardianship benefits and MassHealth insurance coverage were reinstated. DCF assisted her with her college application and tuition. Eventually, with the help of DCF and the OCA, Laura was able to obtain her birth certificate and social security number, visit with a doctor, dentist, counselor and ophthalmologist, and enter college. We maintained regular contact with Laura and her older sister, as well as DCF and other agencies, to facilitate resolving these complicated issues.



Restraints and Seclusion

As OCA staff review reports of abuse and neglect in out-of-home settings, we learn of injuries to children and youth from restraints that are employed not as a means to protect children or staff, but as contingent behavior management. We also hear concerns of family members and advocates related to restraints through our Helpline. Every restraint is a nonconsensual traumatic incident to the child and is potentially physically and emotionally harmful to the child, other children and staff. The OCA is an active partner in the [Interagency Restraint and Seclusion Prevention Initiative](#)⁸ and participates as a member of the data analysis and reporting subcommittee. This initiative presents opportunities to advocate for trauma-informed care and workforce development, issues that are priorities within the OCA.

How We Help

Paul contacted the OCA regarding Simon, a youth who had been restrained in a residential setting. As a result of the restraint Simon's shoulder was dislocated. Paul is an advocate working with the disability community and his role in Simon's case was to help the family get information about the incident. Paul contacted the OCA for assistance with gathering information and advice regarding next steps. Paul informed us that a report of abuse and neglect had been filed with DCF (a 51A report) and that the agency that had placed Simon in the facility was conducting its own investigation. Paul had requested the agency's investigation report but had not yet received it. The OCA reviewed the DCF 51A report and investigation. We requested and reviewed the investigation report completed by the agency that had placed Simon in the facility. OCA staff followed up with Paul to make sure that he received the information he requested and we discussed the findings in the report. We encouraged Paul to write a response to the agency and discussed with him the agency's participation in the Interagency Restraint and Seclusion Prevention Initiative (IRSPI). We helped Paul connect to this initiative so that he could participate if he wished. Finally, OCA staff joined the IRSPI data subcommittee and will present information to the steering committee in fall 2011 regarding the OCA perspective on restraints.

Violence in the Community

As The Child Advocate and the OCA staff learn of fatalities and serious injuries through reviewing critical incidents and by participating in child fatality review team meetings, we are confronted with the question of how to protect our young from the violence that claims so many of their lives. In 2010 the OCA received four critical incident reports of children and youth receiving EOHHS services who were killed by guns and nine reports of nonfatal gunshot wounds; an additional youth was wounded by a knife. Twenty-one critical incident reports document the trajectories of youth who have returned to the community after successful stays in programs or facilities, only to be caught up again in violence as a perpetrator. Vulnerable communities need strategies and support to give their children and youth a better chance for a bright future. Governor Patrick has identified youth violence as one of his top priorities during his second administration. The [Massachusetts Safe and Successful Youth Initiative](#)⁹ was launched in May 2011 to address youth violence and promote peaceful communities. The Child Advocate shares the Governor's sense of urgency to address this issue and is a member of the Governor's Advisory Committee to the Massachusetts Safe and Successful Youth Initiative.

The *Rogers* Project: Antipsychotic Medications for Children in State Custody

Deciding whether a child should take antipsychotic medication can be difficult for parents. When a child is in the custody of DCF, someone other than the child's parents must make that decision. DCF regulations require that a judge hold a hearing, called a *Rogers* hearing, to decide whether a child in the custody of DCF should be treated with antipsychotic medication. This practice has been in place for almost 25 years and has not been evaluated to determine its efficacy. In 2009, The Child Advocate began meeting with interested professionals to discuss whether the *Rogers* process serves its intended purpose for children in Massachusetts. These discussions evolved into the *Rogers* Working Group, an informal collaboration among researchers and policymakers to examine the *Rogers* process.

During the 2010- 2011 academic year, the OCA partnered with the [Northeastern University Law School's \(NUSL\) Legal Skills in Social Context \(LSSC\) Social Justice Program](#)¹⁰ to expand our work on this issue. Fifteen NUSL students under faculty supervision spent 2,000 hours conducting legal research and field interviews to examine the effectiveness and efficiency of the *Rogers* process. Details regarding the students' findings and recommendations can be found in the final report, "Court-Ordered Consent: Revisiting the Rogers Process for Children in State Custody." Following the completion of the NUSL project in April 2011 and with support from the Court Improvement Program, the OCA commissioned a team of researchers based at Tufts Medical Center to build on the research and findings of the NUSL students. Additional interviews and focus groups were conducted and a survey link was emailed to all of the NUSL interviewees. The report and survey link were also made available to the general public on the OCA website. The Tufts research team presented their findings and recommendations to the Rogers Working Group and submitted a final report to the OCA. For additional information and to view the reports visit www.mass.gov/childadvocate/news/rogers.htm.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 requires state child welfare agencies to partner with other youth-serving organizations to develop plans for the oversight of health and mental health services, including psychotropic medication. Increased collaboration between DCF, the Rogers Working Group, and other stakeholders could lead to improved psychotropic medication oversight for children in DCF custody and would further Massachusetts compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Recommendation: The Child Advocate urges DCF to consider the findings and recommendations from the research commissioned by the OCA in consultation with the Rogers Working Group and to examine the efficacy of the current process for obtaining informed consent for antipsychotic medication use for children in DCF custody.

Juvenile Court Record Expungement

The OCA is concerned about barriers to educational and employment opportunities for young people who have a record of juvenile court involvement. In Massachusetts a juvenile record can be sealed under some circumstances, but not wholly expunged. The OCA submitted a proposal to Northeastern Law School's Legal Skills in Social Context program to examine current Massachusetts law and that of other states regarding expungement of juvenile records and to formulate recommendations based on best practices. This proposal was accepted and work on the project will begin in August 2011. For more information visit the OCA website at:

www.mass.gov/childadvocate/news/expunge.htm.

Legislation and Regulations

The Child Advocate is often asked to review and comment on proposed legislation relating to child welfare and juvenile justice issues, such as:

- CHINS reform
- Safe Harbor law for sexually exploited youth
- Life sentences without the possibility of parole for juvenile offenders
- "Romeo and Juliet" provisions to modify crimes and sentences relating to sexual offenses of and between minors
- Sexual offender registry board provisions and federal Adam Walsh Act requirements
- Amendments to the OCA statute that would broaden the definition of critical incidents and increase OCA access to electronic records of agencies

The Child Advocate testified in support of legislation that would raise the age of youth falling within juvenile court jurisdiction to 18 for delinquency matters. In addition, the OCA has reviewed and offered comment on proposed DCF regulations relating to placement and services, and a joint DCF– DESE Advisory relating to mandated reporting by school personnel of child abuse and neglect.

Evidence-Based Juvenile Justice

Several juvenile justice issues cry out for legislative solutions, based on what we have learned over the last decades about brain development in adolescence.

- The Child Advocate strongly supports raising the age of juvenile court jurisdiction to 18 for delinquency cases.
- In the OCA 2009 Annual Report, we described the report of the Children's Law Center of Massachusetts, *Until They Die a Natural Death: Youth Sentenced to Life Without Parole in Massachusetts*.¹¹ The Child Advocate supports changing Massachusetts law so that juveniles are no longer sentenced to life in prison with no possibility of parole.
- In the OCA 2009 Annual Report, we discussed the issue of competency of juveniles in delinquency cases. The Child Advocate urges lawmakers to consider legislative solutions that ensure the constitutional rights of juveniles who have been found incompetent to stand trial are respected, and their service needs are met.

Committees, Boards, and Councils

The Child Advocate participates as an *ex officio* member on many boards and councils and OCA staff attend meetings of various groups and initiatives. Involvement with these groups helps to inform and educate staff, so that the OCA can share information and synchronize policy for child welfare and juvenile justice.

Children’s Behavioral Health Initiative Advisory Council: The Children’s Behavioral Health Initiative (CBHI) is an integrated system of state-funded behavioral health services for children and youth insured by MassHealth. CBHI provides for early periodic screenings, diagnosis and community-based treatment of behavioral, emotional and mental health disturbances. The Child Advocate is a member of the CBHI Advisory Council and of the Child Systems Integration Committee. For information visit www.mass.gov/masshealth/cbhi.

Children’s Trust Fund Advisory Board: The Massachusetts Children’s Trust Fund (CTF), a public-private partnership, is a leader in efforts to prevent child abuse and neglect by supporting parents and strengthening families. CTF funds over 100 family support and parenting education programs throughout Massachusetts and offers training and technical assistance to professionals who work with children and families. The Child Advocate is a member of the CTF Advisory Board and participates in CTF’s Program Development and Evaluation Committee. For information visit www.mctf.org.

Children’s League of Massachusetts: The Children’s League of Massachusetts is a statewide nonprofit association of private and public child and family service organizations. Through public education and advocacy, the Children’s League promotes access to quality services for children, youth, and families. Though not a member of the League, The Child Advocate regularly attends meetings and collaborates with League members. For information visit www.childrensleague.org.

Governor’s Child and Youth Readiness Cabinet: In 2008 Governor Patrick signed an executive order establishing the Child and Youth Readiness Cabinet (Readiness Cabinet). The purpose of the Readiness Cabinet is to enhance collaboration across state departments and agencies that serve Massachusetts children, youth and families. The Readiness Cabinet recognizes the many environments in which children develop and is committed to improving the delivery and coordination of state services in all of these environments. The Child Advocate is a designated member of the Readiness Cabinet and supports its efforts to synchronize state policies regarding youth and families. For more information visit the [Child and Youth Readiness Cabinet webpage](#).¹²

Governor's Council to Address Sexual and Domestic Violence: In 2007 Governor Patrick signed an executive order creating the Governor's Council to Address Sexual and Domestic Violence (The Council). Chaired by Lieutenant Governor Timothy Murray, the Council explores strategies for Massachusetts to address sexual and domestic violence, provide services and legal protections for survivors, and ensure that perpetrators are held accountable for their actions. OCA staff regularly attend Council meetings, collaborate with Council members on issues related to children exposed to sexual and domestic violence, and participate as a member of the Council's Children's Committee. For more information visit [Governor's Council to Address Sexual and Domestic Violence webpage](#).¹³

Governor's Interagency Council on Housing and Homelessness Advisory Board: In 2007 Governor Patrick signed an executive order reinstating the Governor's Interagency Council on Housing and Homelessness (ICHH). Chaired by Lieutenant Governor Timothy Murray, the ICHH works to implement the recommendations from the Massachusetts Commission to End Homelessness and leads a five year strategic plan to end homelessness in the Commonwealth by 2013. The Child Advocate participates as a member of the ICHH Advisory Board and provides policy recommendations to the ICHH regarding the impact of homelessness on children and families. For more information visit the [Governor's Interagency Council on Housing and Homelessness webpage](#).¹⁴

Governor's Interagency Council on Substance Abuse and Prevention: In 2008 Governor Patrick signed an executive order reestablishing the Governor's Interagency Council on Substance Abuse and Prevention (ICSAP). Chaired by Lieutenant Governor Timothy Murray, ICSAP works to maximize coordination between DPH and other state agencies regarding substance abuse and prevention. In July 2010 ICSAP submitted an update of the Commonwealth's 2005 Substance Abuse Strategic Plan. Through its participation in ICSAP meetings, OCA staff highlight the impact on children when substance abuse is present in the home, as well as the need for additional substance abuse services for youth. For more information visit the [Governor's Council on Substance Abuse and Prevention webpage](#).¹⁵

Juvenile Detention Alternatives Initiative: The Juvenile Detention Alternatives Initiative (JDAI) is an Annie E. Casey Foundation initiative spearheaded by DYS under the leadership of the Commissioner and the JDAI Statewide Steering Committee. JDAI focuses on safely reducing the numbers of youth charged with delinquency offenses who are held in secure detention prior to adjudication or while awaiting a violation of probation hearing, and on developing a multi-tiered system of detention alternatives and diversion programs that better serve the needs of court-involved youth. The Child Advocate supports this initiative and has spoken at various conferences about the negative consequences of unwarranted detention and the need to develop additional programs as alternatives to secure detention. Visit the [DYS JDAI webpage](#)¹⁶ for information on this initiative.

Professional Advisory Committee for Child and Adolescent Mental Health (PAC): PAC was founded in 1978 as a statewide group with representatives from professional, advocacy, trade, and family organizations. PAC's goal is to ensure universal access to quality mental health services for all children and adolescents in Massachusetts. PAC makes recommendations to the Department of Mental Health (DMH) and other child-serving agencies and to the Legislature regarding service quality, best practices, access, system change and design, and public policies that will promote quality behavioral health services for children and adolescents. The Child Advocate and staff attend meetings to discuss the concerns and ideas of this group of advisors.

Support to End Exploitation Now Coalition: The Support to End Exploitation Now (SEEN) Coalition, an initiative of the Children's Advocacy Center of Suffolk County and the Suffolk County District Attorney's Office, is a collaboration of government and community-based agencies that has developed a multidisciplinary team approach to intervention when children and teens are victims of commercial sexual exploitation. SEEN forges partnerships between stakeholders to provide services to child and teen victims and to support the prosecution of offenders. OCA staff attended SEEN's multidisciplinary training and are active members of the SEEN Coalition Steering Committee. For information visit www.suffolkcac.org/programs/seen/.

Task Force on Youth Aging Out of DCF Care: The Aging Out Task Force is a group of private and public representatives working to improve the outcomes of youth transitioning from DCF care. The task force's goals are to ensure that these youth have lifelong connections with one or more adults, are fully prepared for education, work and life, and are contributing members of their communities. The Child Advocate is a member of the Legal Working Group, which focuses on improving the quality of juvenile court permanency hearings for transition-aged youth. The Aging Out Task Force was instrumental in developing and advocating for 2010 legislation that provides youth in state care with legal rights to continued supportive services after they turn 18. For more information on this legislation visit the OCA's website at www.mass.gov/childadvocate/news/senate_bill_40.htm. For more information on the task force contact the OCA at childadvocate@state.ma.us.

Task Force on Behavioral Health and the Public Schools: This task force was established in 2008 as part of the Children's Mental Health Legislation. Chaired by the Commissioner of DESE, the task force developed a behavioral health services framework to improve educational outcomes for students with behavioral health challenges and a tool for statewide assessment of the capacity of schools to collaborate with behavioral health services and provide supportive school environments. The goal of the task force was to create linkages between schools and behavioral health systems in order to reduce suspensions, expulsions, dropout and truancy. As a member of the task force, The Child Advocate and staff attended meetings and contributed to the development of the framework and assessment tool. On June 30, 2011, the final report of the task force was submitted to the Governor, the Child Advocate, and the General Court. This final report detailed the findings of the

statewide assessment and recommended a plan for statewide utilization of the framework in order to build the essential state infrastructure to create safe, healthy, and supportive learning environments. The final report will be posted on the DESE website at: www.doe.mass.edu/research/reports/topic.html.

Young Children's Council : The Young Children's Council (YCC) was formed in March 2010 to advise EOHHS and DPH as they implement two federal grants, MYCHILD and Project LAUNCH. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) funded the grants to expand early childhood mental health services in Boston, with an emphasis on youth and families who have experienced toxic stress related to child abuse, neglect, domestic violence and homelessness. The Child Advocate is a member of the YCC and values the opportunity to share information pertaining to mental health intervention for children younger than five years of age. For information on these grants visit the Boston Public Health Commission website at: www.bphc.org/programs/cafh/mch/earlychildhoodmentalhealth/Pages/Home.aspx.



OCA Administration and Advisory Board

Gail Garinger was appointed by Governor Deval Patrick as the first Child Advocate for the Commonwealth in April 2008. Before her appointment, she served as a juvenile court judge for thirteen years, including eight years as First Justice of the Juvenile Court in Middlesex County. She also served as General Counsel at Children's Hospital Boston. Garinger is assisted in her duties by a staff of three employees with collective experience in social work, nursing, law, and early childhood education. During the last year the OCA has hosted interns from universities, law schools, and social work school. Our appropriation for fiscal year 2012 remains \$243,564 in a dedicated line-item. This amount does not fully support the salaries for our 3.5 full-time employees. Additional expenses for the OCA have been absorbed by the Governor's Office.

Twenty-three *ex officio* members, including secretaries and commissioners from child-serving agencies and offices, and three governor's appointees sit on the Child Advocate Advisory Board. The appointees include an advocate, a grandparent raising a grandchild, and a former foster youth. The Child Advocate chairs the semi-annual meetings, during which the OCA staff update the Board and elicit their input on OCA activities. Information concerning our Advisory Board and past meetings is available on our website www.mass.gov/childadvocate/board/board.htm.



Recommendations

Child Fatality Review Program: The Child Fatality Review Program is a critical component of the state's efforts to decrease the incidence of preventable childhood deaths and injuries and requires sustainable funding at both the state and local levels. The agencies involved in this important multi-disciplinary work should formulate a plan to identify funding requirements and strategies for the Massachusetts Child Fatality Review Program.

Online Mandated Reporter Training: An online training that meets the legislative requirement should be available to mandated reporters. The training should be built upon a standardized, state-approved curriculum that educates mandated reporters about their duties to report suspected child abuse and neglect and introduces the principles of trauma-informed care.

Antipsychotic Medications for Children in State Custody: The Child Advocate urges DCF to consider the findings and recommendations from the research commissioned by the OCA in consultation with the Rogers Working Group and to examine the efficacy of the current process for obtaining informed consent for antipsychotic medication use for children in DCF custody.

Evidence-Based Juvenile Justice: The Child Advocate strongly supports raising the age of juvenile court jurisdiction to 18 for delinquency cases. The Child Advocate supports changing Massachusetts law so that juveniles are no longer sentenced to life in prison with no possibility of parole. The Child Advocate urges lawmakers to consider legislative solutions that ensure the constitutional rights of juveniles who have been found incompetent to stand trial are respected, and their service needs are met.

Infant Safe Sleep: The Child Advocate urges collaboration among state agencies, offices, and programs to investigate and review sudden unexplained infant deaths and to offer clear and consistent information to the public about safe sleep practices for infants. Please refer to Appendix B, page 4, for a discussion of this recommendation.

Endnotes

¹The Massachusetts Child and Youth Readiness Cabinet Statewide Integrated Data Sharing System: Strategic Plan http://www.dataqualitycampaign.org/files/Readiness_Cabinet_Data_Sharing_Project_Strategic_Plan_June_25_2009_2_.pdf

²Early Childhood Information System Vision Document http://www.eec.state.ma.us/docs1/NewsUpdates/20110728_ecis_vision.pdf

³Mass Advocates for Children www.massadvocates.org

⁴See M.G.L. Chapter 119, Section 51B(l)

⁵Massachusetts Interagency Restraint and Seclusion Prevention Initiative http://www.mass.gov/childadvocate/news/restraint_reduction.htm

⁶Committee For Public Counsel Services Children and Family Law Division http://www.publiccounsel.net/Practice_Areas/cafl_pages/civil_cafl_index.html

⁷Deborah Daro and Kenneth A. Dodge, “Creating Community Responsibility for Child Protection: Possibilities and Challenges,” *The Future of Children*, Volume 19 Number 2, 83-84, Fall 2009

⁸Massachusetts Interagency Restraint and Seclusion Prevention Initiative http://www.mass.gov/childadvocate/news/restraint_reduction.htm

⁹Massachusetts Safe and Successful Youth Initiative press release can be found at www.mass.gov/gov —> Press Releases —> Week Beginning May 8, 2011 —> “Governor Patrick Launches Safe & Successful Youth Initiative”

¹⁰Northeastern University Law School’s Legal Skills in Social Context Social Justice Program <http://www.northeastern.edu/law/academics/curriculum/lssc/social-justice.html>

¹¹For more information on the report of the Children’s Law Center of Massachusetts, *Until They Die a Natural Death: Youth Sentenced to Life Without Parole in Massachusetts*, visit the OCA website at http://www.mass.gov/childadvocate/news/youth_life_sentenced.htm

¹²The Child and Youth Readiness Cabinet webpage can be found at www.mass.gov/edu —> For Government —> Special Initiatives —> Education for the 21st Century —> Commonwealth Readiness Project —> Readiness Goal 1-Students —> Child and Youth Readiness Cabinet

¹³The Governor’s Council to Address Sexual and Domestic Violence webpage can be found at www.mass.gov/gov —> Lieutenant Governor Timothy P. Murray —> Councils, Cabinets, and Commissions —> Governor’s Council to Address Sexual Assault and Domestic Violence

¹⁴The Governor’s Interagency Council on Housing and Homelessness webpage can be found at www.mass.gov/gov —> Lieutenant Governor Timothy P. Murray —> Councils, Cabinets, and Commissions —> Interagency Council on Housing and Homelessness

¹⁵The Governor’s Interagency Council on Substance Abuse and Prevention webpage can be found at www.mass.gov/gov —> Lieutenant Governor Timothy P. Murray —> Councils, Cabinets, and Commissions —> Interagency Council on Substance Abuse and Prevention

¹⁶The DYS Juvenile Detention Alternatives Initiative (JDAI) webpage can be found at www.mass.gov/cohhs —> For Government —> Special Commissions and Initiatives —> Juvenile Detention Alternatives Initiative

Appendix A: Helpline Issues

Helpline Category	Specific issue/concern
Case Management	<ul style="list-style-type: none"> • Treatment/Service plan • Transition plan for transition-age youth • Failure to protect youth • Case worker not meeting visitation requirements • Decisions made by case worker and agency staff
Policies & Timeframes	<ul style="list-style-type: none"> • Timeliness and outcomes of Fair Hearings • Client/DCF Communication & Expectations • DCF processes • Where to direct questions & concerns • Becoming a placement resource • Confidentiality and information sharing
Placement & Permanency	<ul style="list-style-type: none"> • Placement of child (facility) • Placement of child (foster home) • Placement of child (relative) • Permanency Plans • Length of time in foster care • Visitation • Kinship placement rights • Premature reunification • Multiple placements • Rolling Trials • Adoption and legal risk situations
Legal	<ul style="list-style-type: none"> • Child's attorney • Adults seeking an attorney • Children and youth seeking an attorney • Custody issues • Probate & Family Court • Questioning fairness of court orders • Seeking an advocate (educational, mental health, medical) • Lack of criminal prosecution • Filing a grievance regarding a judge
Other	<ul style="list-style-type: none"> • Education • Restraints in facilities • Child Support • Eligibility for services • Voluntary services request • Denial of services • Staff terminated from a program hired by another agency or with a different population

Appendix B: Critical Incident Reports

The OCA received 89 critical incident reports in 2010 concerning 86 incidents. The following agencies filed the corresponding number of reports:

Commission for the Blind:	2
Department of Children and Families:	39
Department of Mental Health:	8
Department of Public Health:	2
Department of Transitional Assistance:	1
Department of Youth Services:	35
MassHealth Office of Behavioral Health:	2

Confidentiality, OCA Reporting, and CAPTA

The OCA staff are aware of the sensitive nature of the information we receive and our responsibility to maintain its confidentiality. However, the OCA also takes seriously its responsibility to report annually to the governor, legislative leaders, and the public on the activities of our office. In addition, Massachusetts has a duty under the federal Child Abuse Prevention and Treatment Act (CAPTA) to disclose to the public information about child abuse or neglect resulting in a child fatality or near fatality. By providing the information below, the OCA seeks to balance confidentiality with its duty of annual reporting and the duty to disclose the deaths and near deaths of children from abuse and neglect.

Fatalities

Twenty-four critical incident reports documented deaths that occurred in 2010 of children and youth involved with EOHHS agencies.¹ If the agency conducted an investigation, OCA staff reviewed the resulting report. When possible, OCA staff attended local child fatality review team meetings to learn more about the involvement of agencies, courts, schools, and health care providers in the lives of the children who died.

Injury-related deaths accounted for 12 deaths of children and youth aged six weeks to twenty years; all were male. Causes of death include motor vehicle accidents, homicide, and suicide. When both the OCA and law enforcement conduct an investigation into a child's death, OCA staff coordinate their work through the District Attorney's Office.

- A 17 year old male died after he was struck by an automobile while walking as a pedestrian.
- A 16 year old male passenger died in an automobile wreck.
- Four very young male children, ages six weeks to two years, died from abusive head trauma and other traumatic injuries while in the care of their families.
- Four males, age 13 months, 17 years, 17 years, and 19 years, died from gunshot wounds.
- Two youth died from apparent suicide, including a death by hanging of a 20 year old male. An 18 year old male died after ingesting opiates; his death occurred in late 2010, but was reported to the OCA in early 2011. This death is included in the number of fatalities that occurred in 2010, but not in the number of reports received in 2010.

Deaths due to medical conditions accounted for seven reports.

- A 15 year old female died from complications of chronic and severe disabilities.
- A 15 year old male died from complications of chronic and severe disabilities.
- A seven year old female with a chronic cardiac condition died after an invasive medical procedure.
- A 10 year old boy died unexpectedly after collapsing while playing sports.
- A 20 month old female died after living in a minimally conscious state.
- A female infant died at nine days from a rare metabolic condition.
- A male infant died at six days from complications related to a virus.

¹Two deaths occurred at the end of a calendar year and a critical incident report was received by the OCA in the next calendar year. The critical incident reports are counted in the year they are received. The death is counted in the year it occurred.

Six sudden and unexplained infant deaths were reported in 2010; one of these deaths occurred in late 2009.

- A three month old male died while sleeping in the prone, or face-down, position. The cause of death was consistent with Sudden Infant Death Syndrome (SIDS) prone sleeping position, manner undetermined.
- A seven month old female died while sleeping in the prone position, which was listed as a contributing factor in her death.
- A three week old male infant died while sleeping in an adult bed. The cause of death has not yet been determined by the medical examiner.
- A female died at 17 months while sleeping in bed with her mother's boyfriend. The death was investigated by the medical examiner and cause and manner of death were undetermined.
- A male died at three months while sleeping in his crib. The death was investigated by the medical examiner and cause and manner of death were undetermined.
- A male died at 15 days while sleeping in bed with his mother. The cause of death was determined to be SIDS and the manner natural. This death was reported in early 2010, but occurred in late 2009 and was documented in the OCA 2009 Annual Report. This infant's death is included in the total 89 critical incident reports received in 2010, but not in the count of fatalities.

The national SIDS rate declined by more than 50% in the 1990s after the "Back to Sleep" campaign taught the public that the safest sleep position for infants is on their backs. Despite this encouraging reduction in mortality, infants continue to die while sleeping in unsafe positions and environments. Understanding why infants die unexpectedly requires careful scene investigation and data collection by law enforcement agencies, medical examiners, and public health officials. In Massachusetts, the SIDS Center at Boston Medical Center and the Child Fatality Review Program are important resources for this work. Medical researchers have begun to identify contributing factors to the vulnerability of some infants to sudden and unexplained death.

Recommendation: The Child Advocate urges collaboration among state agencies, offices, and programs to investigate and review all sudden unexplained infant deaths and to offer clear and consistent information to the public about safe sleep practices for infants.

Near Fatalities

The OCA received 17 critical incident reports regarding near fatalities of children and youth involved with EOHHS agencies. The OCA defines a near fatality as an event that places a child in critical or serious condition. Because of the imminent risk of death involved, we include all wounds from dangerous weapons and suicide attempts in this definition. The OCA is working with involved agencies to understand each agency's response to near fatalities, and to coordinate our work with that of the agency. For children receiving services from DCF, the OCA obtains and reviews relevant records and in selected cases, meets with DCF managers at area offices to review case practice. The causes of the near fatalities reported to the OCA were gunshot and knife wounds of adolescents, suicide attempts by youth, and physical abuse by caretakers of young children.

- Nine males, ages 14 through 20 years, were victims of gunshot wounds in their communities.
- One male, age 18 years, was the victim of an armed robbery in the community and was wounded by a knife.
- Five young children, ages eight months through two years, suffered inflicted injuries such as abusive head trauma or abdominal trauma at the hands of their caretakers. Three of these children were male and two were female.

Injuries

The OCA received six critical incident reports concerning injuries to youth involved with EOHHS agencies. In these matters, OCA staff followed up with agencies and reviewed relevant investigation reports.

- One report concerned an assault by one youth on another at an inpatient setting, resulting in a head wound and stitches.
- One report concerned an injury to a patient whose care plan called for two attendants; one attendant had attempted to transfer the patient alone.
- One report concerned a client at a residential program who injured herself by purposefully ingesting objects.
- Two reports concerned allegations of sexual assaults committed by youth on other youth in residential or inpatient settings. These were investigated by agencies and law enforcement.
- One report concerned a youth in a facility who received second-degree burns after another youth threw hot food on him.

Additional Reports

The OCA received additional critical incident reports regarding fatalities, near fatalities, and injuries of children *not* involved with EOHHS agencies. Other reports documented violence in community settings caused by youths involved with EOHHS agencies, disturbances in correctional settings for youth, runaway youths, and concerns regarding staff and staff safety.

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