Office of the Family & Children's Ombudsman

An Independent Voice for Families and Children

2010 ANNUAL REPORT

The full report will be available online at
http://www.governor.wa.gov/ofco/reports

January 11, 2011

Presented to the Senate Human Services and Corrections Committee
By Mary Meinig, Director Ombudsman

Overview

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- Inquiry and Complaint Profiles
- Complaint Investigations
- Adverse Findings
- Systemic Issue: Psychotropic Medications and Dependent Children
- Critical Incident Review
  - Child Fatalities
  - Child Near Fatalities
  - Recurrent Maltreatment
- OFCO Recommendations

Inquiry and Complaint Profiles

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- 676 complaints received in 2010 reporting year
- Majority of complaints come from parents and other family members (as in past years)
- 59% of children identified in complaints are age 7 or younger
- Top issues: **Separation and reunification of families** and the **safety of children living at home or in out-of-home care** (as in past years)

Complaints Received by Reporting year

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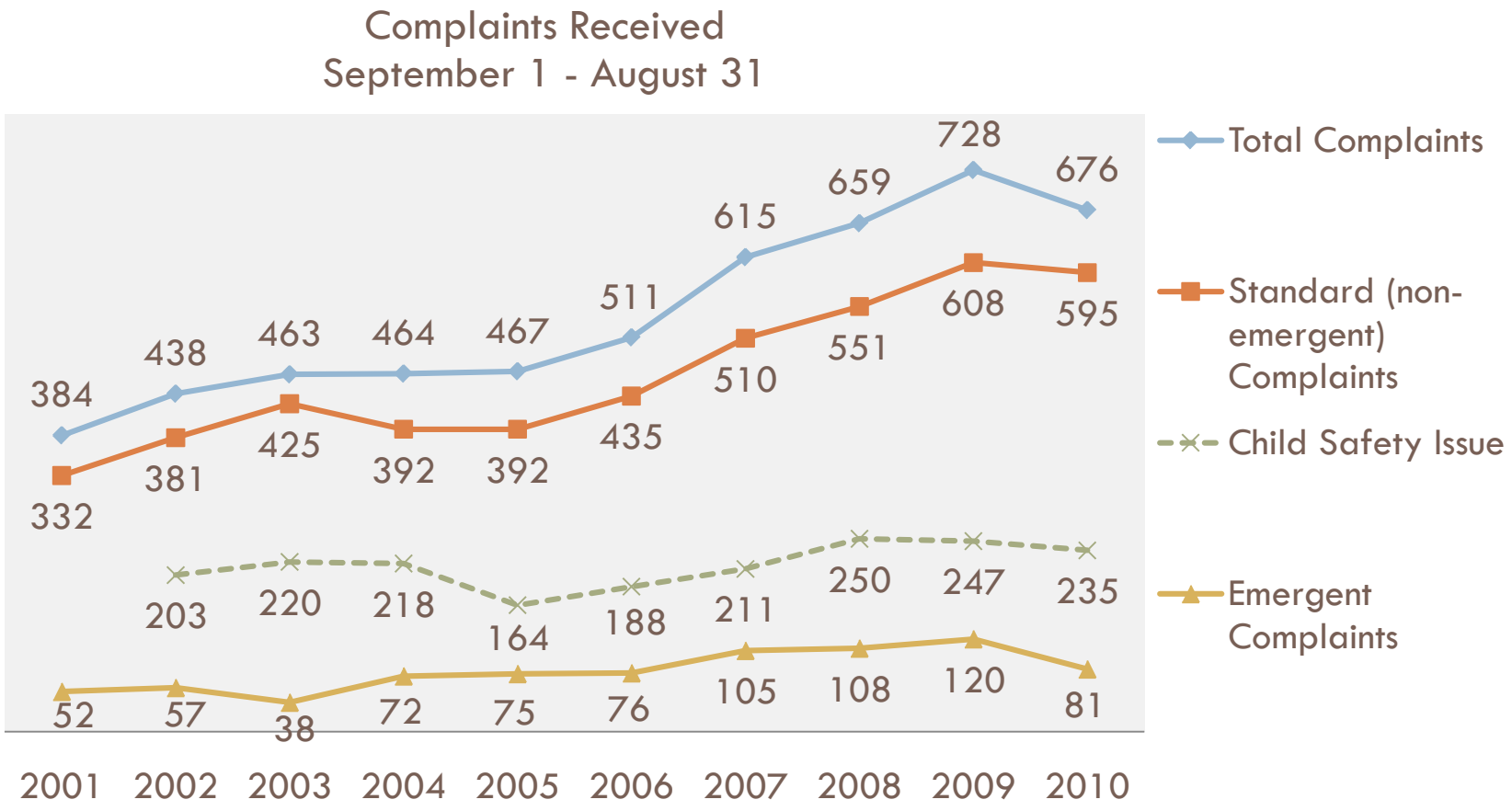

Persons Who Complained

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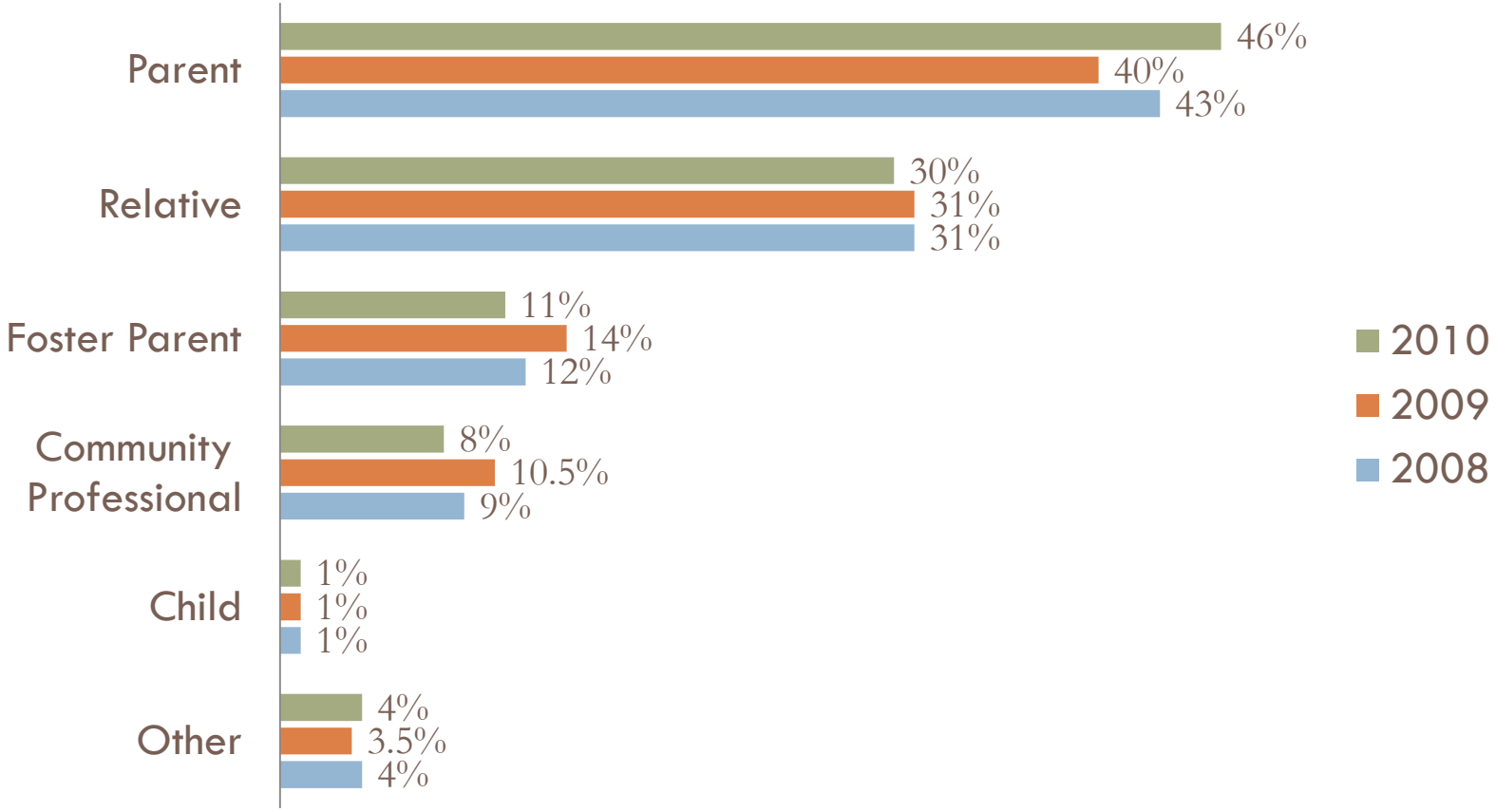

Race/Ethnicity of Complainant

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Race/Ethnicity	OFCO 2008	OFCO 2009	OFCO 2010	WA State total pop.**
Caucasian	80.1%	81.2%	73.5%	83.8%
African American	9.7%	8.9%	10.7%	3.9%
American Indian/ Alaska Native	6.7%	5.4%	5.0%	1.8%
Asian/ Pacific Islander	1.8%	2.1%	1.8%	7.5%
Other	1.5%	1.2%	3.3%	--
Multi-Racial	5.5%	5.8%	3.3%	3.1%
Hispanic***	5.0%	5.9%	5.3%	10.3%
Declined to Answer	5.6%	4.5%	9.0%	--

*Data adds up to over 100% because people may self-report more than one race
**Taken from US Census 2009 estimates at http://quickfacts.census.gov/qfd/states/53000.html
***People of Hispanic ethnicity may be of any race, so also are included in applicable race categories.

Age of Children Identified in Complaints

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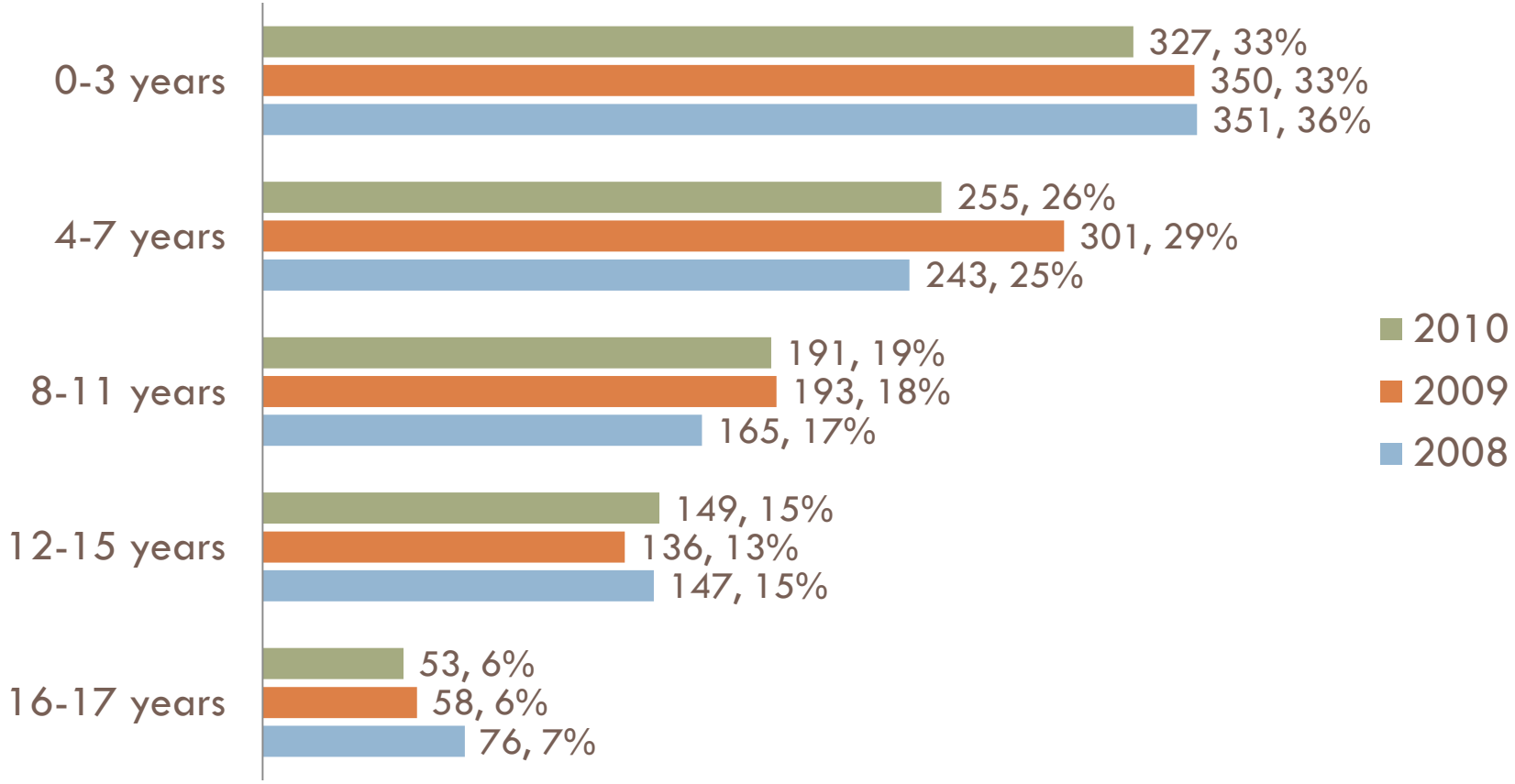

Note: Some individual children were counted more than once because they were identified in more than one complaint

Complaint Issues

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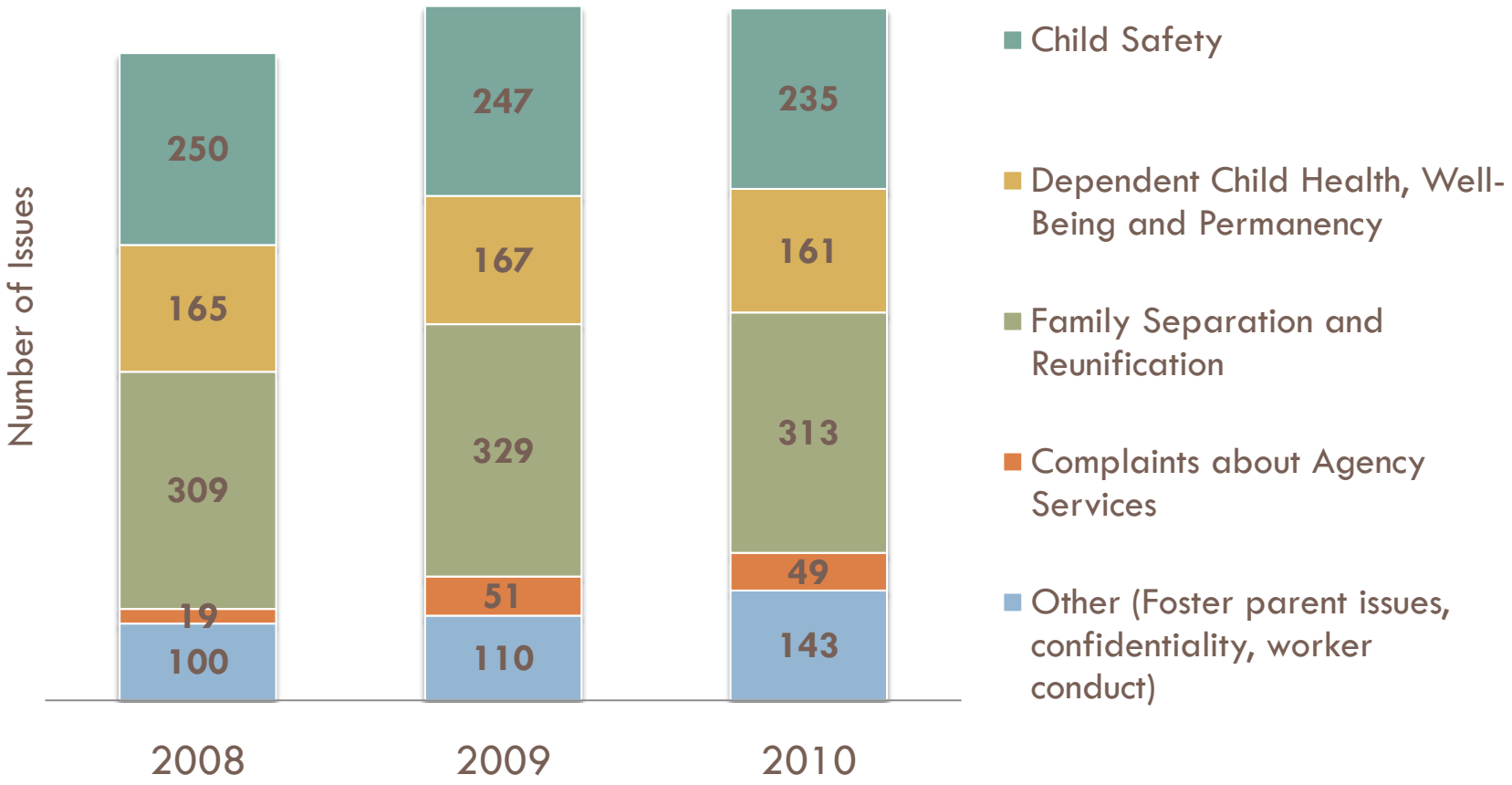

Note: Many complaints identified more than one issues.

Complaints Against the Children's Administration by DSHS Region

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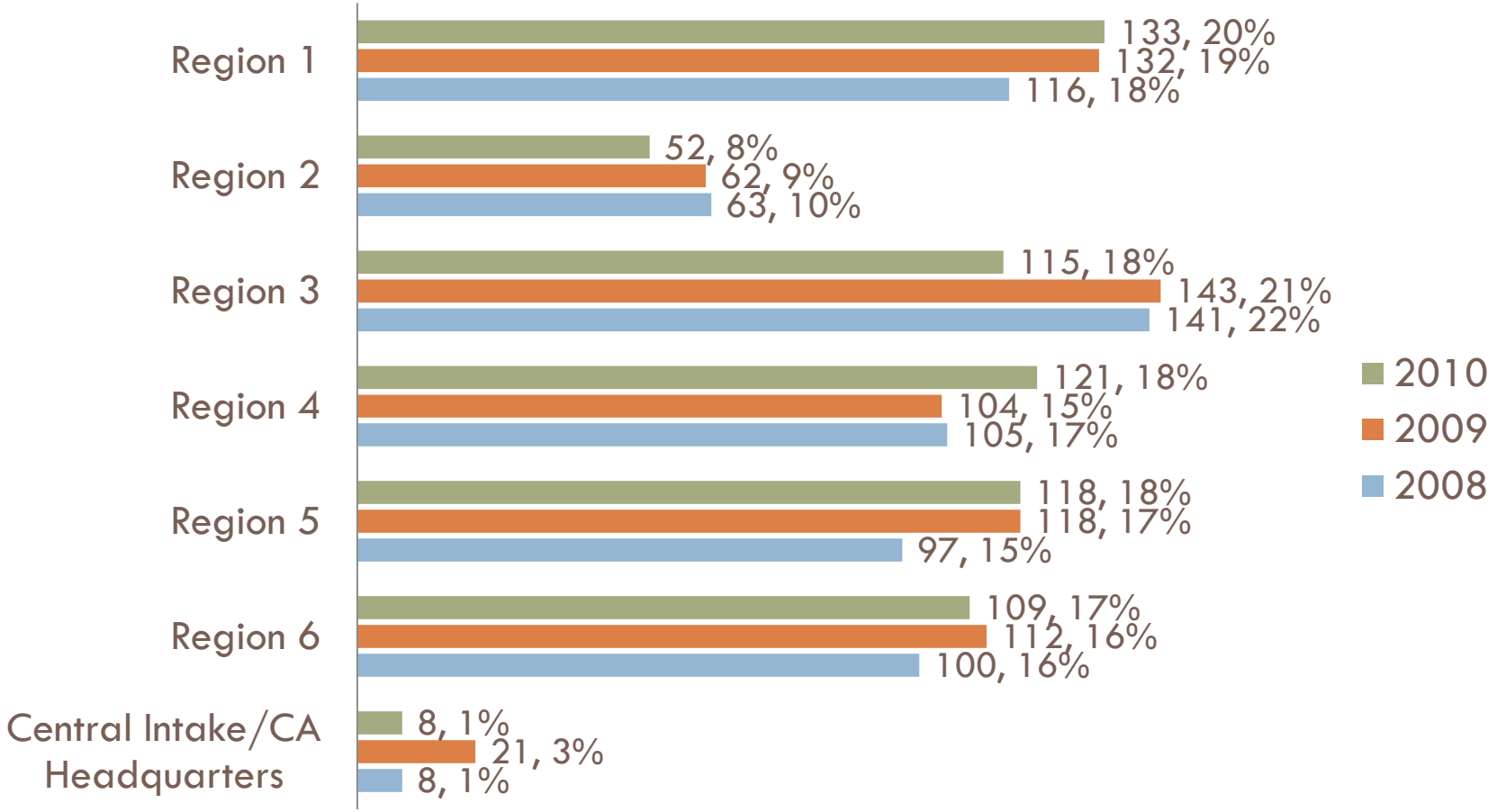

Complaint Investigations

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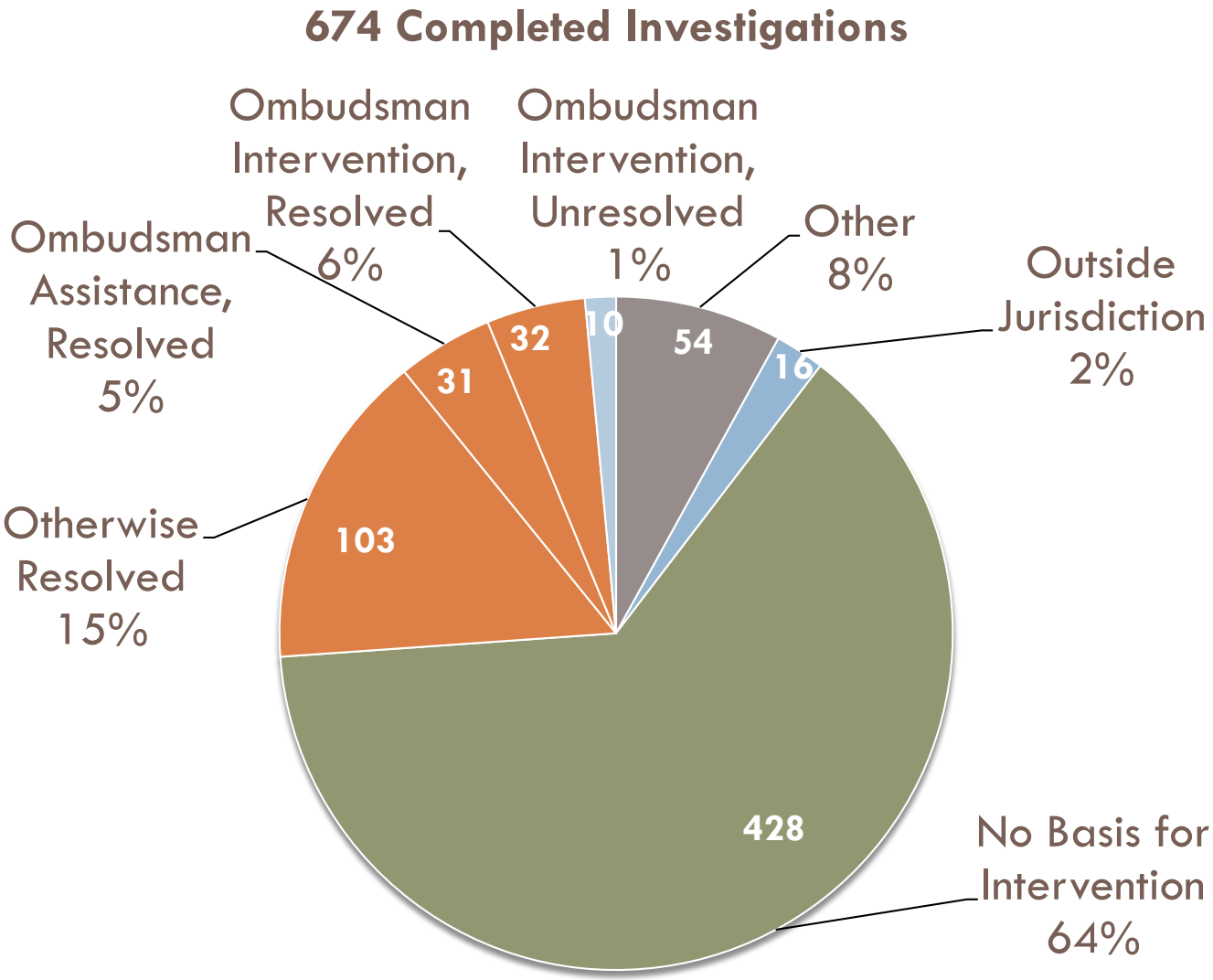

Adverse Findings

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- Of 674 completed investigations – **82 adverse findings** (62 investigations with 1 or more adverse finding).
- **Top issues** for adverse findings:
  - Child Safety (15 findings)
  - Parents' rights (14 findings)
  - Poor practice resulting in harm (11 findings)
  - Foster parent issues (9 findings)
  - Dependent child health/well-being (8 findings)
  - Dependent child permanency (8 findings)
- **New Interagency Agreement** – Enhanced Transparency and Accountability
- OFCO received **5 requests from CA to modify the finding; 3** of these resulted in **some modification** of the finding.

Ombudsman in Action: Inducing Corrective Action

Case Example

Investigative Finding: CWS removed a 3 year old dependent child from a relative placement the child had been in for most of the child's life, after learning about the relative's history of mental illness over 20 years ago, and the relative's failure to disclose this history during the foster care licensing process. The Ombudsman found the decision to remove the child and deny subsequent visits between the relative and the child, to be clearly unreasonable, based on the excellent care provided to the child during the placement, and the relative's lack of problems in the last 20 years.

Ombudsman Action: The Ombudsman requested a review of this decision by CA Headquarters. After reviewing the case, CA agreed to conduct an adoption home study on the relative. While the adoption home study was being completed, the child's new foster-adopt home requested that the child be moved due to the child's failure to attach to the new family.

Outcome: The adoption home study on the relative was approved, and the now legally free child was placed back in the relative's home for adoption.

Ombudsman in Action: Facilitating Resolution

Case Example

Investigative Finding: CPS intake declined to accept a referral alleging bruising on a nine year old non-dependent child, reportedly inflicted by the parent's paramour, because the referent did not have the family's current address. The Ombudsman found that the family's address was already in the FamLink system, as there was a pending investigation regarding this family.

Ombudsman Action: The Ombudsman called the intake supervisor to inform her of this information.

Outcome: The intake supervisor agreed to call the referent and conduct an intake. In addition, the supervisor asked law enforcement to conduct a child welfare check on the children.

Ombudsman in Action: Assisting the Agency in Avoiding Errors and Conducting Better Practice

Investigative Finding: In reviewing a number of cases within a particular DCFS office, the Ombudsman found a pattern of inadequate safety planning to ensure children's safety.

Ombudsman Action: The Ombudsman contacted CA Headquarters to request a review of these cases with the goal of improving that office's practice to ensure child safety.

Outcome: A Headquarters Practice Consultant was assigned to the office to review the cases and work with the office to improve practice. This resulted in a work group developing a structured plan focused on child safety, including new procedures such as a review of all safety plans by the area administrator, weekly review of cases by a safety committee, additional staff training, a peer review process, and specific strategies for quality assurance monitoring.

Ombudsman in Action: Preventing Future Mistakes

Investigative Finding: In licensing a foster home, DLR failed to review a prior referral in which a foster parent had admitted to sexually abusing a four year old relative when the foster parent was an adolescent.

Ombudsman Action: The Ombudsman immediately contacted the DLR area administrator to inform her of this error. The administrator identified the likely cause of this oversight as DLR's failure to search FamLink using both the legal and common names of the foster care license applicant. The administrator initiated an immediate investigation of the foster parent's background.

Outcome: Following DLR's review of the license, the foster home was closed. The administrator directed the agency's background check specialists to check aliases and nicknames when doing background checks and child maltreatment history checks of the FamLink database.

Child Fatalities Reviewed by OFCO

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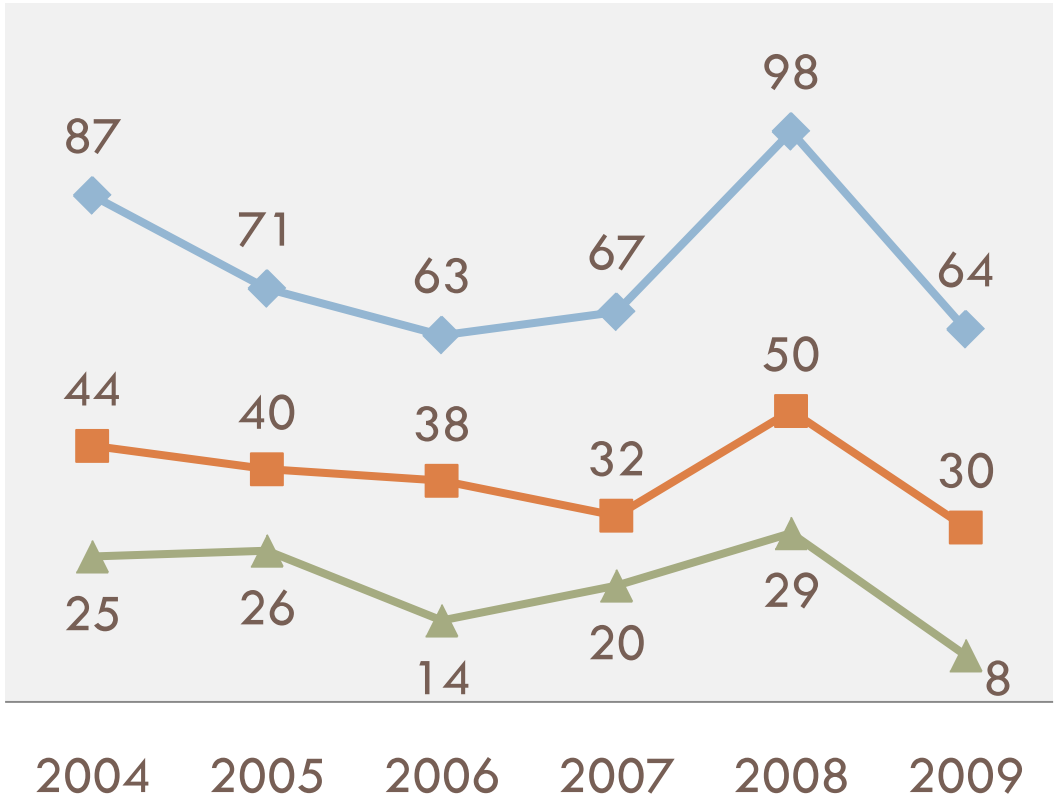

Child Fatalities

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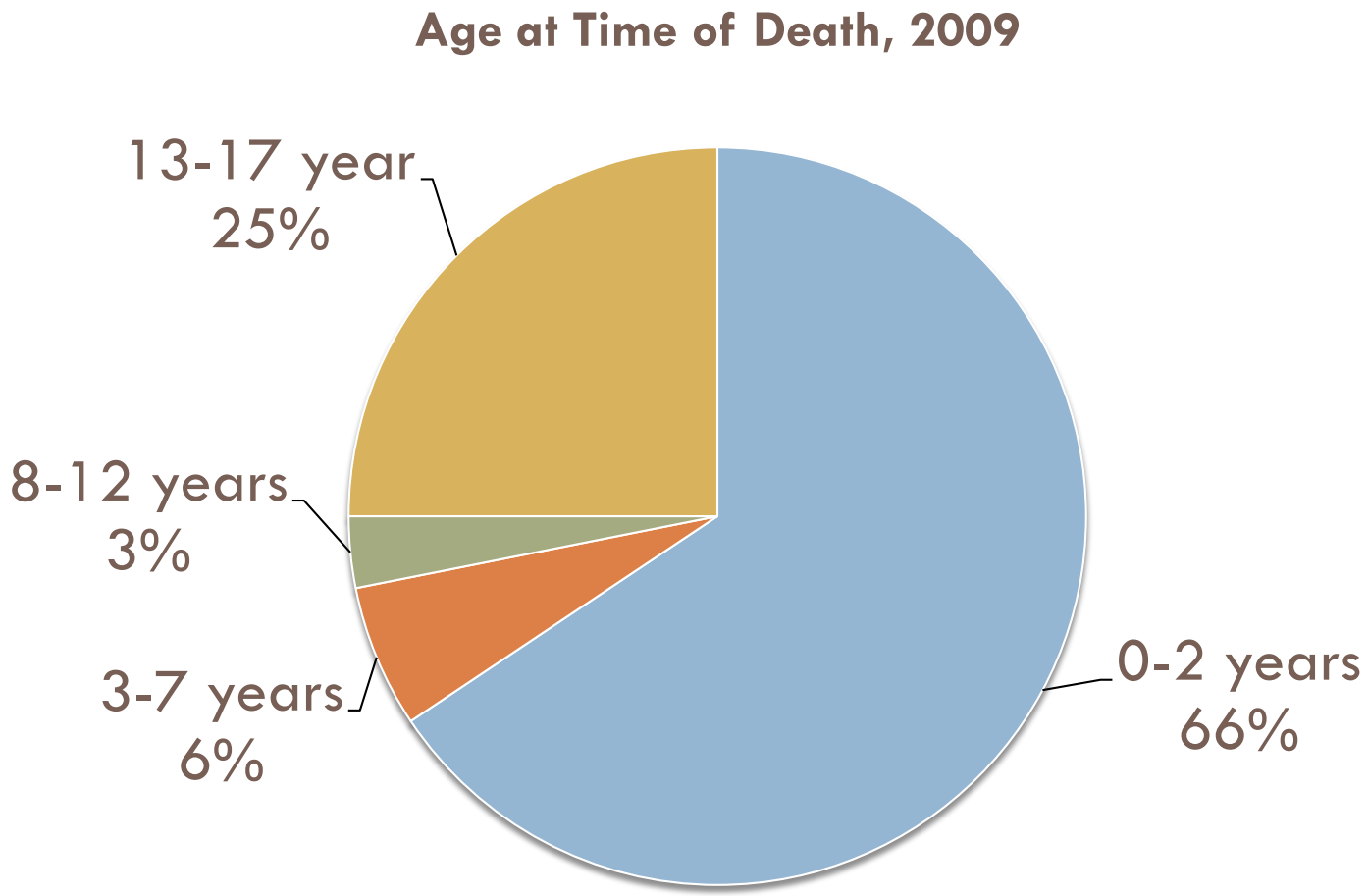

Race/Ethnicity of Child Fatalities, 2009

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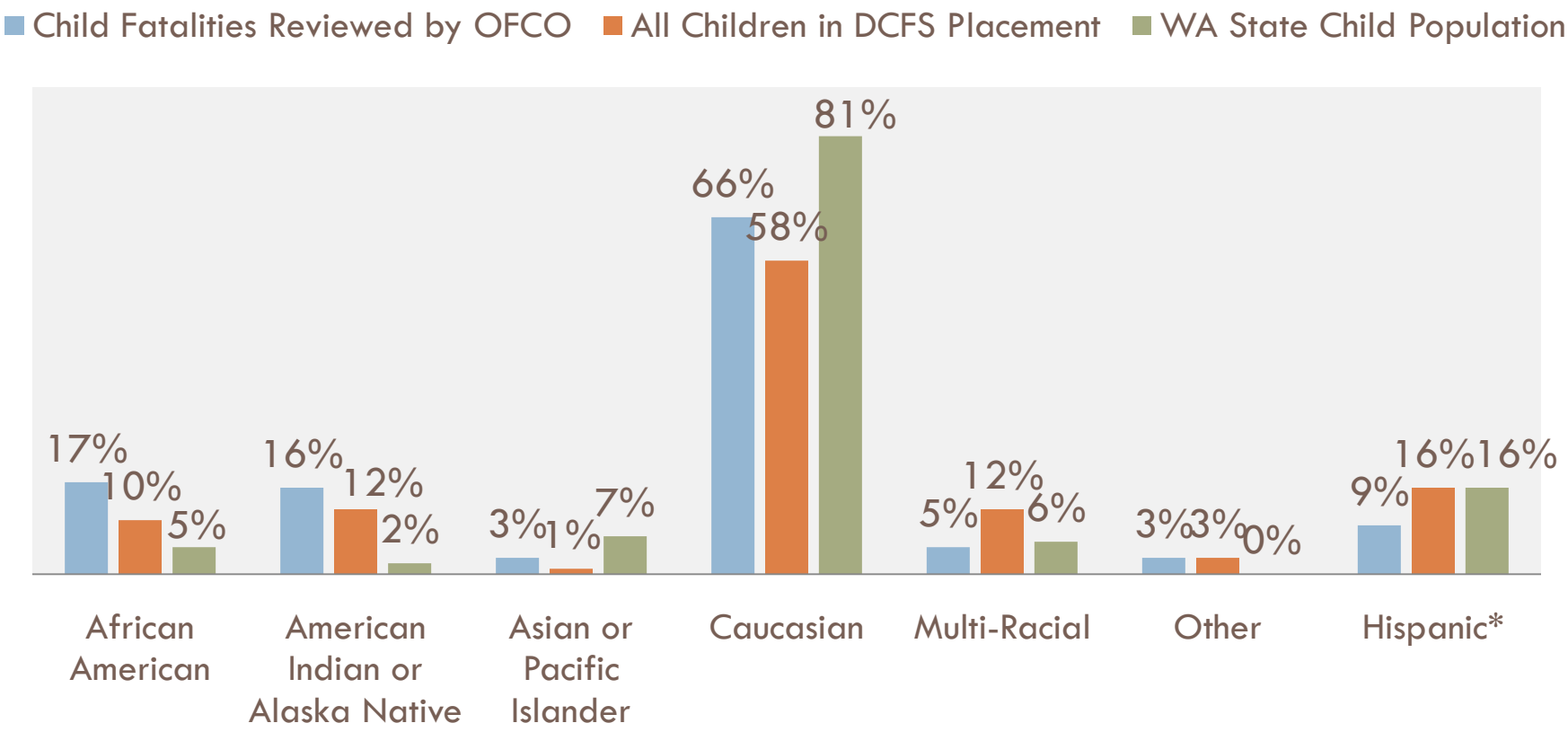

WA State Children populations taken from Children's Administration Performance Report 2008
http://www.dshs.wa.gov/pdf/ca/08Report1.pdf

*People of Hispanic ethnicity may be of any race, so also are included in applicable race categories

Note: Data adds up to over 100 percent because people may self-identify with multiple races.

Child Fatalities

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- Sleep Environment: In 41% of the infant fatalities reviewed, sleep environment/co-sleeping was identified as the cause of death or a contributing risk factor.

- Infant Safe Sleep Workgroup

Child Fatalities

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- Abusive head trauma case example:

  As a result of being shaken as a baby, eleven year old Hailey now endures cerebral palsy, blindness, mental retardation, respiratory disorder, severely brittle bones, and limb atrophy. She is unable to speak, and requires tube feeding. Hailey frequently suffers from pneumonia. She requires round-the-clock care and resides in a state-facility where she is cared for by a team of 12 medical professionals.

- Period of PURPLE Crying www.purplecrying.info

Child Fatalities

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Under current CPS intake practices, CPS referrals reporting bruises to infants are not always opened for investigation.

Case Example:

A four month old died from injuries consistent with abusive head trauma. Two referrals alleging bruises on infant did not screen in for investigation in the month prior to the infant's death.

Child Fatalities

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OFCO Recommendation:

CPS accept for investigation all reports of bruises to pre-mobile infants.

Child Near-Fatalities

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- In 2010, OFCO reviewed 25 child near fatality cases
- 2010 Legislation SHB 3124– DUI arrest, with children present in the vehicle, requires referral to CPS
- OFCO Case Review Findings:
  - Flawed CPS Investigations
  - Inadequate use of Assessment Tools
  - Lack of Supervisory Review

Recurrent Maltreatment

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OFCO received 84 notifications of recurrent maltreatment from Children's Administration regarding 78 families

Recurrent Maltreatment

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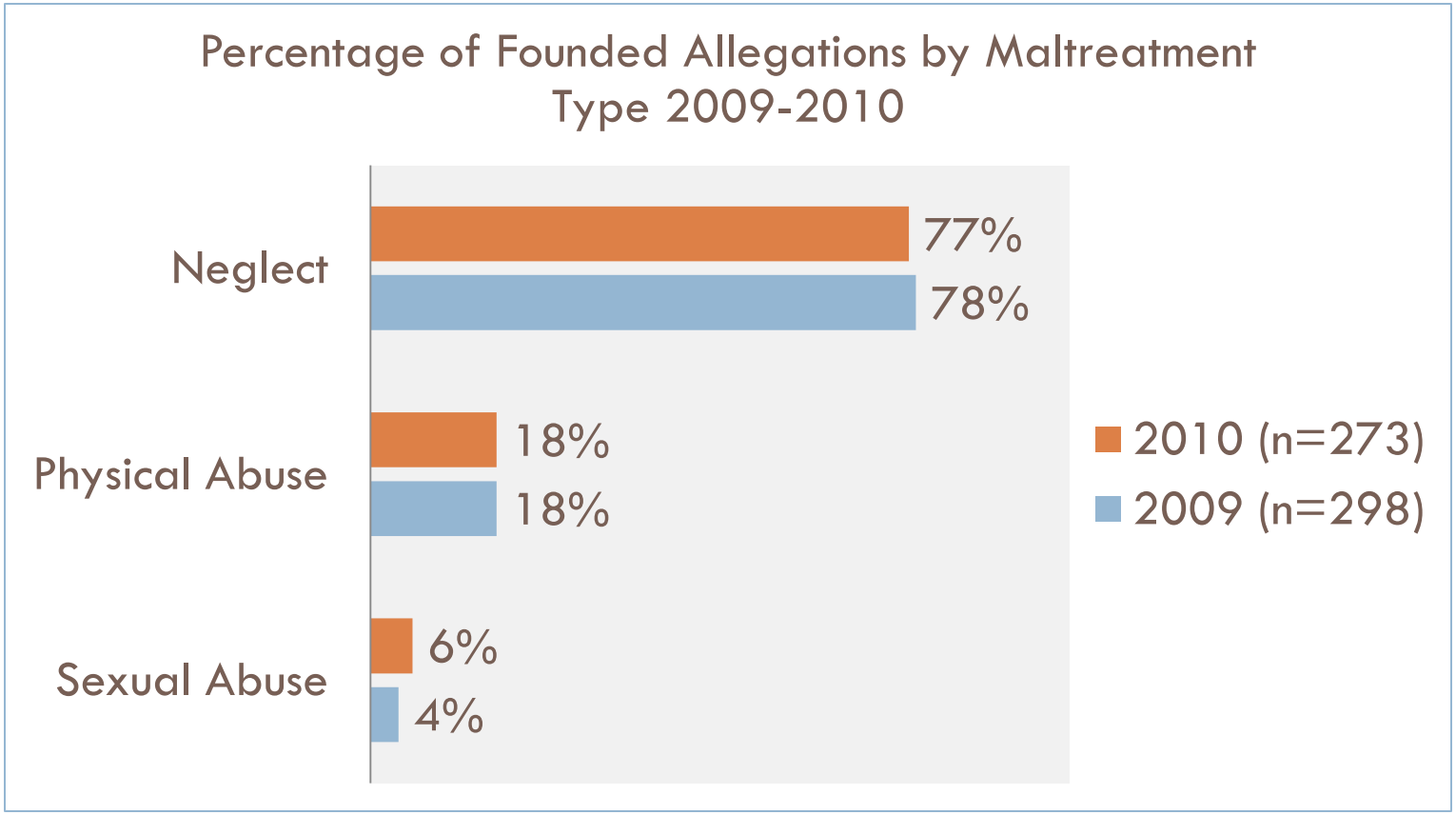
Recurrent maltreatment cases continue to primarily involve child neglect.



Recurrent Maltreatment

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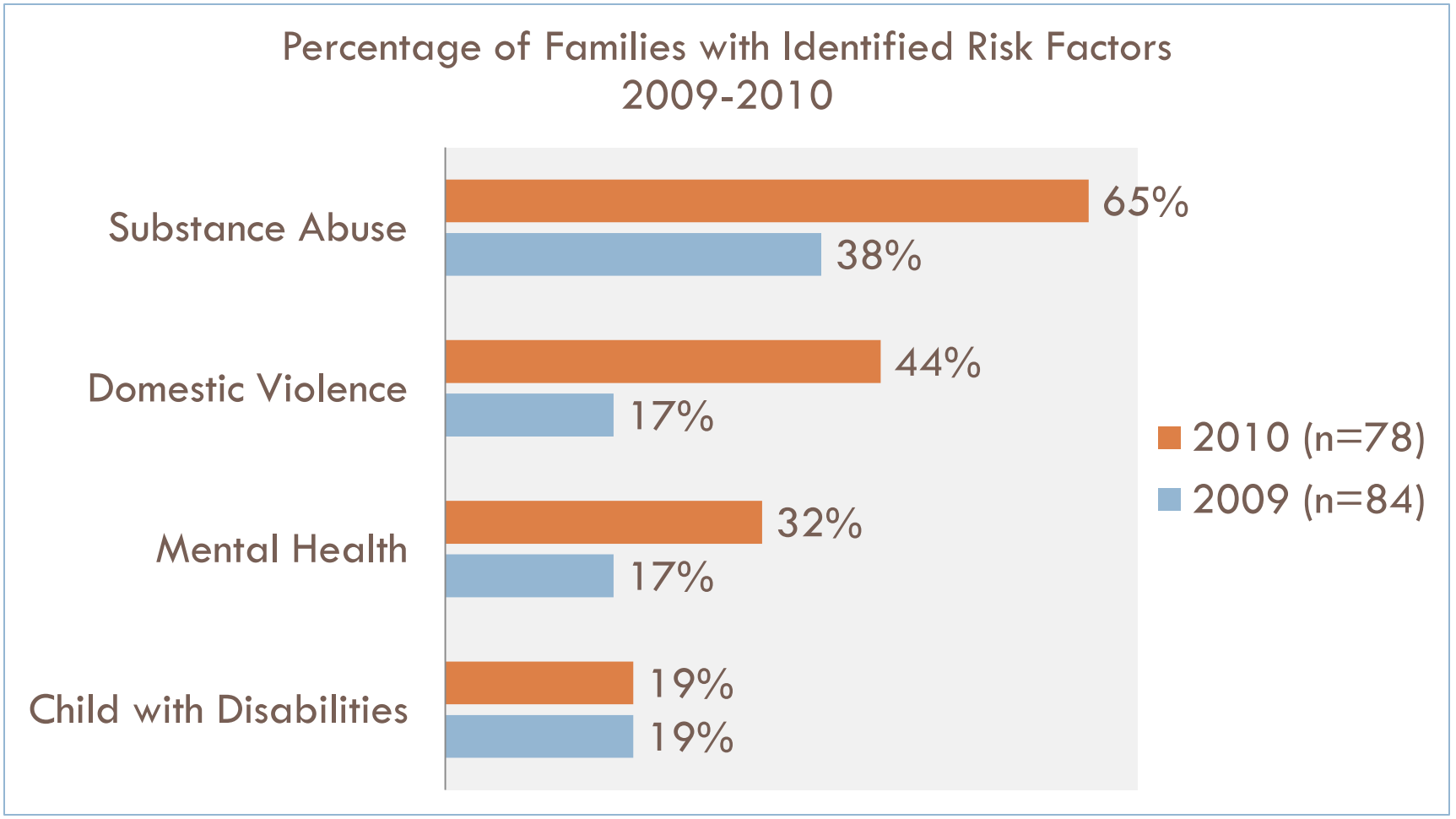
Common risk factors: mental health, substance abuse, and domestic violence.



Recurrent Maltreatment

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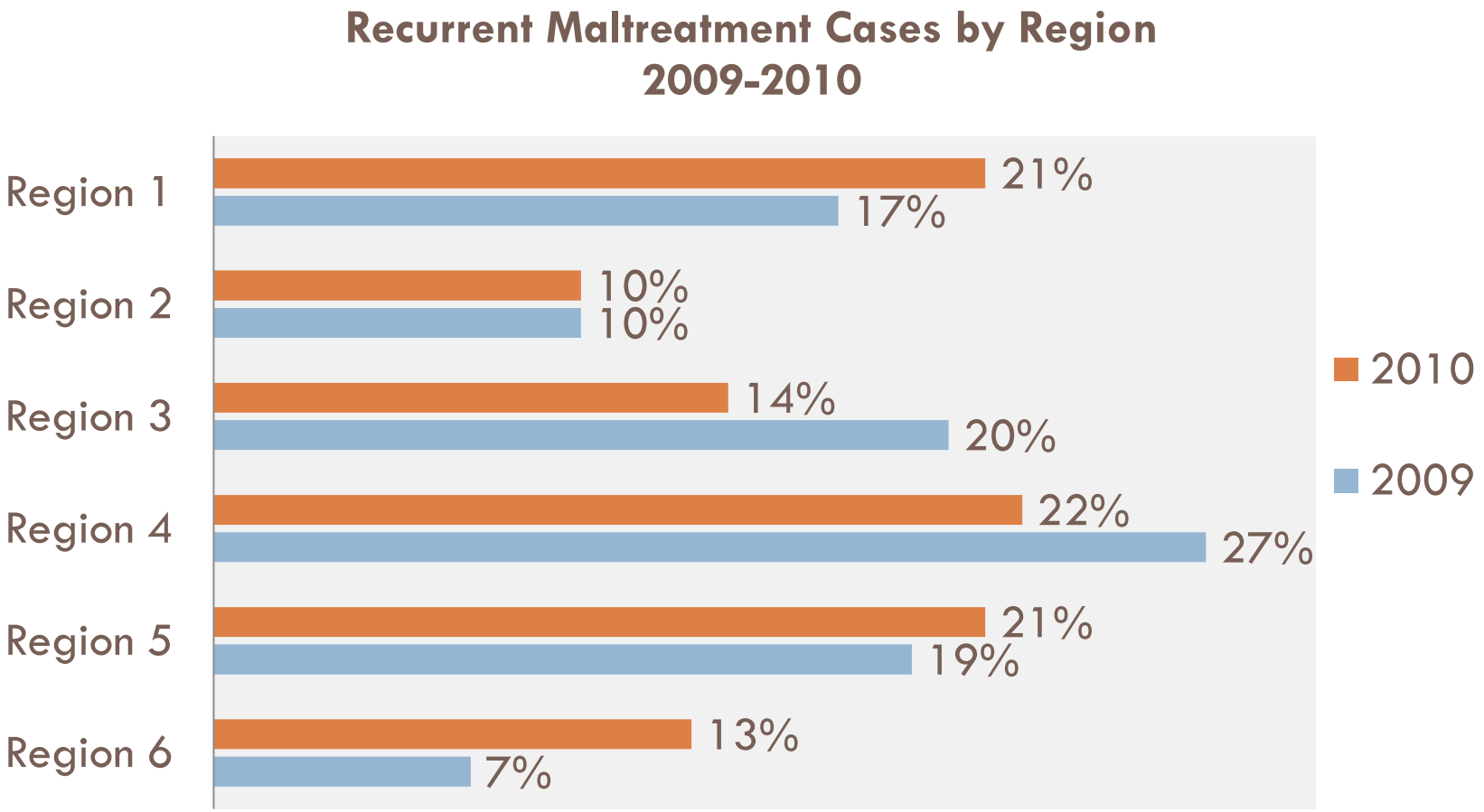

Recurrent Maltreatment

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OFCO Finding: Failure to complete Investigative Assessments in a timely manner.

OFCO Recommendation:

Identify the common causes of delays in completing CPS investigations and take steps to ensure that Investigative Assessments are completed in a timely fashion

Systemic Issue

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Psychotropic Medications and Dependent Children

- King Co CASA brought concern to OFCO; OFCO also noted systemic problem in other complaints
- Multi-state study done by Tufts found psychotropic medications **prescribed at much higher rates**

  (13-52%) with foster children than with general population (4%).

Multi-State Study on Psychotropic Medication Oversight in Foster Care, L. K. Leslie et al, Sept. 2010. http://160.109.101.132/icrhps/prodserv/docs/Executive_Report_09-07-10_348.pdf

Systemic Issue

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OFCO Concerns:

- Possible overuse of psychotropic medications for children in foster care present the following risks:
  - "Off label" use
  - Medication used as a behavioral restraint, punishment of children or for staff/caregiver convenience
  - Lack of coordination between providers
  - Lack of oversight
- Legally free children are especially vulnerable as caseworkers may authorize use of psychotropic medications
- Children in group care may be at particular risk due to the need for management of behaviors

OFCO Recommendation

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Psychotropic Medications and Dependent Children

Establish an effective process for the oversight and coordination of medical and mental health services, including prescription medicines, for children under state supervision and care. This should include:

- Strict compliance with informed consent requirements
- Independent review of children receiving psychotropic medications
- Include in ISSP information regarding all prescribed medication for the child
- Collaboration between the department, AAG, parents, youth, youth's attorney, CASA/GAL, caregiver and involved professionals regarding prescribed medications, evaluations of the child, and requests for a second opinion.

OFCO Recommendation

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Parental Fitness and Permanency Planning

- Parental rights may only be terminated if the parent is unfit. *(In re A.B.)*
- Case planning should incorporate a two step process:
  1) Determine whether or not the parent is fit, or capable of caring for the child.
  2) If the parent is unfit, identify a case outcome that is in the child's best interest.

OFCO Recommendation

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Placement of a Child with an out-of-state Parent

- ICPC Requirements do not Apply to Placing a Child with a Parent (*In re the Dependency of D.F.-M*)
- Develop procedures for conducting home studies, background checks and for making placement recommendations for parents residing out-of-state.

OFCO Recommendation

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Application of "Sirita's Law"

Amend RCW 13.34.138 to apply both when a child is returned home to a custodial parent as well as when the child is placed in the home of a non-custodial parent.

HB 2106

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- Transformation Design Committee
- OFCO's Role
  - Update