

Questions for DCYF Leadership Regarding Recent Issues & Concerns in Child Welfare

For DCYF Oversight Board Meeting | July 15th from 10 am to 1:30 pm

Questions were submitted by DCYF Oversight Board to DCYF in preparation for the July 15, 2021 meeting. Additional questions may have been asked by DCYF Oversight Board Members during the meeting. DCYF provided written responses to the DCYF Oversight Board after the meeting as requested by the Board.

Full meeting can be viewed at: <https://www.youtube.com/watch?v=H8cOGMSsBFc>

Regarding the King5 Investigative Reports from 5/20/2021, 6/8/2021 and 6/21/2021:

DCYF's internal process for validating what was reported in King 5 investigative report:

We can all agree that the behavior described in the King 5 investigation is unacceptable. DCYF leadership has already stated in follow up platforms that the tactics mentioned in the investigative report to coerce youth into accepting placements, described by former and current caseworkers, is not actually in practice. Can you describe for the board the internal steps DCYF has already taken, since the airing of this investigative report on May 20, 2021, to validate whether or not these tactics are being practiced?

- DCYF started a process to look at historical context (talked through these scenarios with frontline staff, then looked at general practice across the agency)
- We use HR "investigations" to look at HR misconduct, and that has a particular legal meaning that likely doesn't apply to this review of practice.
- We are relying rather on the external ombuds investigation (Patrick Dowd) who has full access to all our systems and documents, and we will depend on his investigation of our systems as an external observer. We have decided not to duplicate his efforts, and trust his process.
- If specific HR concerns arise from that investigation, we will then take appropriate HR actions.
- The hotel stay problem has been increasing for the last 5-7 years and is complex. Children typically in these situations have challenging needs and are difficult to place due to all placements being voluntary – there are no state-run facilities of last resort. We are no longer allowed to place youth in offices if they deny a placement. The only alternative would be a hotel, and some hotels turn us away as well.
- Due to this challenging context, we have sent recommendations to the Governor's office on ways we think we can address some of these issues upstream.
- We are willing to discuss individual cases offline due to privacy issues.

Can you describe steps DCYF is going to take to determine which, if any of these allegations are true if a thorough investigation has not already taken place?

- We are relying rather on the external ombuds investigation (Patrick Dowd) who has full access to all our systems and documents, and we will depend on his investigation of our systems as an external observer. We have decided not to duplicate his efforts, and trust his process.

Does DCYF have an investigation timeline to completely assess the use of these alleged practices?

- We are relying rather on the external ombuds investigation (Patrick Dowd) who has full access to all our systems and documents, and we will depend on his investigation of our systems as an external observer. We have decided not to duplicate his efforts, and trust his process.

Was DCYF aware of any complaints about workers depriving children of basic necessities before the King 5 story aired?

- No. We have bedding (cots or inflatable beds) in all offices where we would have children stay.
- We recently did a survey to ensure this is the case and can provide pictures if needed.
- Secretary Hunter has previously briefed members on the specific case in the report, and we are willing to discuss individual cases offline due to privacy issues.
- The Exceptional Placement report made a number of recommendations. Many were aimed at increasing services and placement options for youth in general including within mental health and developmental disability systems.
- <https://www.dcyf.wa.gov/news/exceptional-placement-report-and-recommendations>
- <https://www.dcyf.wa.gov/sites/default/files/HSReport.pdf>

DCYF's Next Steps Regarding the King5 Investigative Report Findings:

What if these accusations are validated, what is the department's plan to stop these practices? What are the department's concrete steps to address and remedy these issues identified in the King 5 report?

- We are working with Seattle Children's Hospital and Mary Bridge to slow the flow of some of this population of children into DCYF systems as they would be better served elsewhere. Most of these children are not in DCYF care due to abuse or neglect, rather their parents are unable to manage behavioral health issues and the children are in a placement.
- Children with extreme behavioral needs typically come to us from one of those hospitals, and we are working with them and with health care providers to seek appropriate treatment options outside of the child welfare system.
- The child welfare system can cause these children and families further damage due to the legal sanctions associated with founded findings, so we are working to transition the serving of these children to the appropriate system, whether it's through the Developmental Disabilities system, the Healthcare System, or one of ours.
- The legislature has been helpful in adding capacity, particularly with additional CLIP Beds and BRS plus services, however these are slow to come online and not adequate.
- We still see a need for a supported living situation for older teens (16-17), that include more supports and intensive case management.
- We need a new set of options for children who refuse placements, and we will continue to communicate on how meeting this need evolves.

Have there been internal directives stating that youth in cars and office are not suitable sleeping arrangements for youth and is not an option?

- Yes. We provided very clear direction to field staff that children should not be sleeping in cars.

In DCYF's Strategic Plan, the agency commits to "supportive supervision and management". If these accusations are validated, how will DCYF handle workforce personnel responsible for directing staff to use the alleged tactics and the workforce who utilized them?

- While we have to be supportive of staff put into impossible situations, we have behavioral standards that we need to enforce as well.

- Secretary Hunter reiterated in an all-staff communication that it is appropriate to make a whistleblower complaint to raise awareness about an issue they feel is not adequately addressed, as well as to make use of the Field Advisory Board meetings and the Union Management Communications Committee.

On June 18, 2021, a joint proposed order was filed in US District Court that outlines 13 conditions DCYF must comply with if signed by the federal court judge (currently not signed at time of submitting these questions). Can you share with the Board the preliminary planning ideas the agency is currently considering?

- As part of these conditions, DCYF is expected to draft a proposed plan by September 1, 2021 outlining how the agency will stop using hotel and office stays for placement exception youth. DCYF is developing the work plan to reach the September 1st deadline to submit a plan to Plaintiffs to eliminate the use of hotel stays.

If any counterproductive or inappropriate child welfare practices have proliferated in the field, how would DCYF go about correcting them? What steps are in place to ensure it no longer and/or does not happen to other children?

- We provided very clear direction to field staff that children should not be sleeping in cars.
- If someone is choosing to do this, then that falls into the category of HR investigations.
- However, we cannot enforce practice standards that it is impossible to comply with – for example without appropriate placement options, sometimes the only option is a car or a hotel stay.
- Secretary Hunter has a quarterly discipline review where he looks at all HR investigations. If someone cannot or chooses not to comply with practice expectations, they will be fired, and prosecuted if necessary.
- Due to practices changes, we have seen these investigations significantly decline.

Emergency Placements & Continuum of Care:

What are the specific reasons why we have not developed a solid continuum of care when the issues being discussed today are not new -- this has been a problem for decades? The Braam settlement prohibited office stays. Considering the settlement can the department comment on why this is still occurring today?

- While the number of children and youth who experience exceptional placements is small as a percentage of the overall number of children and youth in out-of-home care, these children and youth frequently present complex needs that are not easily met and require significant resources.
- In some cases, we need more of a specific service like behavioral health treatment beds – also known as CLIP beds – which DCYF does not control.
- We are continuing to develop recommendations and requests on building out the continuum of care, some of which will be submitted to the Governor’s office for the upcoming legislative session.

The DCYF Strategic Plan document for 2021-2026 refers at a very high level that the agency plans to expand placement options for “high need” youth through the expansion of CLIP beds and DDA placements. Can you explain to the Board how DCYF plans to execute this specific strategy and pathways it is pursuing?

- A few of our strategies include: Expanding the definition of “relative” to include suitable others, which would widen the availability of placement resources; Developing housing resources for these young people; Continued collaboration to meet the needs of these youth through the developmental disability or mental health systems rather than through the child welfare system.

In recent years, DCYF has referred to the need to recruit and support professional therapeutic foster homes as a strategy for addressing the increasing number of hotel and office stays as outlined by OFCO’s 2020 report. Has DCYF made progress on this effort?

- DCYF Launched a new caregiver recruitment and retention team with the goal of attracting a diverse pool of caregivers who can meet the unique needs of children placed in out-of-home care. The effort aims to achieve the following:
 - Increase the number of caregivers who are racially, ethnically, and culturally diverse
 - Increase the number of caregivers who can accommodate sibling groups
 - Increase the number of caregivers for medically fragile children
 - Increase the number of caregivers for children with extensive emotional, behavioral, and physical needs
- In partnership with Alliance for Child Welfare Excellence, we offer supports for prospective foster parents and existing caregivers across the state through our caregiver retention and support contract Caregiver Retention, Education and Support (CaRES) program (training **and** recruitment specialist)
- You can find more information here: <https://www.dcyf.wa.gov/about/media/media-releases/2020-04-15>

What does DCYF need in order to make this a reality?

- Additional supports that will promote this work and reach these professional therapeutic foster homes.
- Compensation/rates – increased rates and funding for this line of therapeutic foster care
- Service array to wrap around these homes – including education advocates, case-aids/respice care
- Targeted recruitment strategy for this line of service – currently working to recruit and is a challenges. Need to know more about how to recruit this line of service.

What are DCYF’s plans to communicate its own findings and agency response towards change regarding this situation to the public?

- Communication on this is in our Exceptional Placement report submitted to the legislature and posted publicly on our website: <https://www.dcyf.wa.gov/sites/default/files/HSReport.pdf>.
- We typically rely on reports, press releases, and our other email and social media communications channels to communicate findings and plans.

Regarding Follow Up to the Dr. Elizabeth Woods Situation

Impacted families brought this situation to the DCYF Oversight Board's attention at the last quarterly Board meeting on April 16, 2021. Following the meeting, the DCYF Oversight Board issued a request to understand DCYF's strategy for addressing the cases and families who claim to be wrongly impacted by Dr. Woods based on her medical opinion.

Frank Ordway, DCYF Chief of Staff, issued a formal response letter - in collaboration with Seattle Children's Hospital and Mary Bridge Children's Hospital - to the DCYF Oversight Board on June 2, 2021. The following questions are from the Board in response to that letter.

Do you know how many cases Dr. Woods input contributed to either the removal of children from their families or resulted in a dependency case?

- We contract with Children's Hospital to provide this medical consultation service. We use it as consulting. The decision to remove a child is made by the court, and they do not always agree with our recommendation.
- The contract calls for consultation to come from a consensus of doctors, and not from an individual doctor.
- We do not have an exact number of the panels she was on and whether we took her advice. We do not need these medical consultations frequently.
- Child welfare case records are confidential. Consequently, they are legally prohibited from providing specific information about that case. Moreover, they are not aware of any pending dependency case in which Dr. Woods is listed as primary expert witness.

If DCYF does not currently know all the cases impacted by Dr. Woods, what is the agency's strategy for identifying these cases?

- Our partners at the Attorney General's Office put considerable time into researching this question. To put this in context, their office has nearly 100 Assistant Attorneys General and approximately 100 professional staff that handle dependency cases, spread out across 13 offices. They currently have 7,200 active cases. Unfortunately, these cases are not sortable by expert witness, so they cannot answer questions unless they conduct a manual review of all 7,200 cases. That said, they are only aware of one dependency case in which Dr. Woods testified as an expert witness in the last year.
- Child welfare case records are confidential. Consequently, they are legally prohibited from providing specific information about that case. Moreover, they are not aware of any pending dependency case in which Dr. Woods is listed as primary expert witness.
- Their five division chiefs who oversee child abuse and neglect cases are aware of KING 5's reporting about Dr. Woods. These division chiefs provide oversight to all cases. They have and will follow up on any case of concern.

Out of those cases identified with Dr. Woods' medical opinion as a child abuse expert, how many of these children are still in out-of-home placement?

- Child welfare case records are confidential. Consequently, they are legally prohibited from providing specific information about cases. Moreover, they are not aware of any pending dependency case in which Dr. Woods is listed as primary expert witness.

Has the department, or will the department, have the identified cases reviewed by an independent panel outside of the existing multidisciplinary teams that used Dr. Woods' medical opinion in the decision making to remove a child or resulted in a dependency case?

- After careful review, DCYF, Seattle Children's, and Mary Bridge stand by the recommendations DCYF made to the court. We are confident in this particular process.

Investigations into Dr. Woods' credentials reveal she was not qualified to lead Mary Bridge Children's Hospital's Child Abuse Intervention Program, due to a lack of experience in examining child abuse cases and not having completed an immersive fellowship training. Will DCYF continue to contract with the hospital with the information revealed through these investigations?

- We intend to continue to contract with Seattle Children's Hospital and Mary Bridge to provide medical consultation in child abuse and potential medical abuse cases.
- The fellowship is not required for doctors to provide medical consultation.
- We like to get multiple opinions as these are typically very complex cases. We review multiple opinions, make a recommendation to the court, and then they make a final decision.

Per the King 5 article published on March 25, 2021, Dr. Woods may return to consultation work for the panel. If this happens, will DCYF continue its contract with either organizations?

- Dr. Woods is not providing medical consultation for DCYF at this time.
- Dr. Woods will not be returning to provide consultation.

In DCYF's formal response letter to the DCYF Oversight Board, the agency mentions a multidisciplinary team of physicians and experts who review available evidence to determine in a child's injuries may have resulted from abuse or neglect. Can you tell the Board exactly what roles make up this multidisciplinary team and how every role contributes to the final decision to remove a child from his/her/their home?

- Per email conversation with Crista, we will provide more in-depth information on Med Con at the September 2 meeting.

The investigative reports regarding Dr. Woods state that Dr. Woods' opinion was given particular weight in assessing the decision to remove a child. Can you please explain exactly how Dr. Wood's input was weighed and why it may differ from other medical experts or the other members of the multidisciplinary team if at all?

- Doctors have different opinions, and so we weigh multiple opinions in each medical consult.
- The decision to have a medical consultation has already gone up the management chain and has a number of senior administrators reviewing the results.

How are medical practitioners, whether their consultation services are contracted or volunteer, vetted to ensure they have experience in this line of work?

- As part of the contract, Seattle Children's oversees the vetting process.

In his June 5th letter to the DCYF Oversight Board, Frank Ordway referred to “strong protocols in place to ensure validity” of child maltreatment assessments by the medical community. There is no science-based “test” for maltreatment, assessments are based upon individual or collective judgment. As a result of DCYF, Seattle Children’s Hospital and Mary Bridge Children’s Hospital’s review of the medical consultation system, did the medical providers identify any strategies for improving accuracy of these assessments since provider judgement is not infallible?

- In response to the media coverage, the executive leadership of DCYF, Seattle Children’s Hospital, and Mary Bridge Children’s Center met to review the medical consultation system.
- After careful review, DCYF, Seattle Children’s, and Mary Bridge stand by the recommendations DCYF made to the court. We are confident in this particular process.

What, if any, mental health support is the department offering the children and families who were wrongly separated due to Dr. Woods’ input?

- We do not believe that any children were wrongfully removed due to Dr. Woods’ input.

What is DCYF’s communications plan, outside of this meeting, to inform the public on its strategies for addressing the Dr. Woods situation and/or the families impacted by Dr. Woods’ input?

- We plan to communicate more about the med con process to make it clear to families how it works and how we can support families throughout the process.
- After careful review, DCYF, Seattle Children’s, and Mary Bridge stand by the recommendations DCYF made to the court. We are confident in this particular process.