

Kaua`i Citizen Review Panel For Child Welfare Services 2002 Report

Introduction

This is the Kaua`i Citizen Review Panel's (KCRP) fourth annual report since it became operational in July 1999. In the 2001 Report, the Panel reviewed the Foster Home Program on Kaua`i and the issue of Domestic Violence involving the children in the Child Welfare Services system. This year the Panel focused on Drug Babies in foster care and the use of the Risk Matrix used by the Department of Human Services (DHS) for determining the severity of referrals.

Drug Babies in Foster Care

❖ Speakers

The Panel interviewed a nurse midwife, a pediatrician, and our three Child Protective Service (CPS) supervisors concerning drug babies. The Assistant Program Administrator with Program Development of DHS provided background information on the subject. The nursing staff and doctors at Wilcox Hospital are well trained and comment that most drug-addicted mothers are concerned about their babies and are willing to work with the medical staff.

❖ CPS Policies in Place

CPS Policies are for the most part adequate; however, the timing of implementation of the policies is entirely too slow and given to subjective decisions in favor of drug rehabilitation for the parent(s) rather than the long term benefits of their children.

❖ Concerns from Case Experiences

Serious attention needs to be given to the drug problem on Kauai. Ever-increasing drug related problems include an increasing number of drug babies, creating new problems for the department. The few foster parents willing or able to take drug babies are not adequately informed, trained and/or compensated when they do take drug babies. The process is slow in working with the birth parents to resolve their drug problems in a timely manner, so life-long problems for the child result. The infants bond with the foster parents and bonding is important in the development of a child. Often it takes four or five months for the parent to agree to participate in a drug program that lasts three months. Then more time passes to determine if the parent can remain drug-free and acquire parenting skills. Often the infant involved has already bonded with the foster parents only to suffer long-term damage if removed. "Urgency" must be the key word for these infants.

Inconclusive or incorrect drug testing is another concern related to the focus on parent rehabilitation rather than the infant's welfare. Drug addicted mothers tend to use more

than one substance, making treatment more difficult. Drug testing of pregnant women is often a poor indication of the extent of drug abuse. Urine tests are most commonly used to determine drug levels at the time of giving birth. During pregnancy, women have more fluid in their system. The excess fluid in their system can mask drug consumption in the urine test. Women can also consume excess water prior to delivery to test negative at birth. The baby will then test negative as well. Other testing, such as meconium testing, is more expensive, less timely, and has the same threshold as urine toxicology.

❖ *Recommendations*

- 1) Since bonding begins at birth, the program policies must be implemented with a minimum of subjective delays. It is important to ensure parents are committed to rehabilitation, having expressed their desire to get their babies back. If there is no clear evidence that the parents are working toward that goal, they are likely to lose parental rights through the established legal process.
- 2) Foster parents for drug babies need consistent communication, training and support from the Child Welfare Services (CWS) staff. “Difficulty of care compensation” for drug babies should be initiated immediately. To this end we recommend:
 - a. Child Protective Services (CPS) ensures that drug babies receive consistent and frequent medical examinations with a pediatrician to properly assess the affect of the drugs on the baby for the duration of the case.
 - b. CPS provides readily available informed resource contacts for foster parents as they cope with the inevitable problems related to drug babies. Such problems can be varied and continuous.

Intake Using the Risk Matrix

❖ *Speakers*

The Panel interviewed the Assistant Program Administrator with Program Development in the Department of Human Services. He views central intake as a positive change. The Panel concurs with some reservations and has previously voiced favorable opinions regarding central intake. The Panel also notes that some useful subjective insights into cases may be lost with central intake.

❖ *CPS Policies in Place*

This year the Department of Human Services of Hawaii has centralized intake in Oahu. Each county will be added to central intake in the upcoming months of 2003.

❖ *Concerns from Case Experiences*

The Matrix is to be used at least six times throughout the course of a case. In the last three years intake personal and investigators have told the Panel that the Matrix is used only during intake, and not for the specified six times throughout the investigation of a given case. Another concern of the Panel is that the Matrix relies on too much subjectivity.

❖ *Recommendations*

- 1) The Panel recommends that the Matrix be made readily available to serve as the basis for the decisions of current DHS social workers. We recommend that training be regularly updated for current social workers, along with the training of new social workers.
- 2) The Panel recommends that the intake Matrix be compared to the investigator's Matrix to determine if the case warrants going forward. An equal or higher investigator's Matrix score would help the investigator in justifying removal of the child from unsafe home conditions and in defense on behalf of the child in court.

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| _____ Laurence Ryan | _____ Date | _____ Nancy Peterson | _____ Date |
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