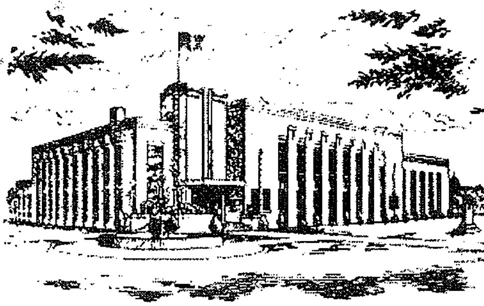

STEVENS COUNTY PROSECUTING ATTORNEY

March 18, 2009

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Re: Current and recurrent problems with the Colville DSHS office

Ladies and Gentlemen,

I am writing you regarding matters that gravely concern the people and children of Stevens County and in a larger sense all of the people of Washington.

Several months ago, at the request of Representative Kretz, I began an investigation into the practices of the Stevens County Department of Social and Health Services. His request to me was the result of many complaints about the Colville DSHS office.

I solicited information from the public and received responses to my request from many people. Many provided documents to me which substantiate serious concerns. Some people have shared concerns with me, but I am unable to obtain documents which might support those concerns because of the confidential nature of the documents and the rule preventing access to these court files except by parties to the action.

From the contact with people I have had, I have come to believe that a pattern of misconduct exists within the local department that has resulted in corruption of the meaning of the statutes that are in place to protect dependent children. While the complaints vary in nature, the effect of this corruption is that children, parents and foster parents are not well served by the Colville DSHS office. I provide the following as examples of the problems which have been communicated to me by the citizens of this county. I have documents to support many of the following situations.

One instance is the removal of five foster children from dedicated foster parents. The court characterized this removal as being on a "very questionable" basis and as "a draconian solution." The court indicated that although removal was not in the best interest of the children, the court believed it was powerless to prevent the department's actions. The court found that removal by the department was done primarily for financial reasons. The court noted its "displeasure and sense of outrage at the department's having operated the way it did in removing the children," and speaks of the department "having done a grave disservice" to the children.

This action to remove the foster children was followed by an attempt to remove two other children who were in a guardianship for several years with the same people. The judge stated that for the court to do what the department wanted would amount to "child abuse" and found a basis in the law to refuse the department's request. In this case, every single professional involved with the children recommended against termination of this guardianship, yet the department persisted in this course of action for some reason. Obviously, DSHS should not be involved in doing anything that a court would label as a "grave disservice" to children. Something is very wrong.

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The CPS workers have apparently developed a pattern of "shopping" for health care providers and counselors who are supportive of their objectives. Based on information I have received, if the physician or counselor fails to support their agenda with a particular child, reasons will be found to terminate that physician or therapist's services and find another. This practice has led to frequent changes in counselors for the children. Sometimes this is after the child is engaged in the therapeutic relationship and has come to trust the counselor sufficiently to reveal confidential aspects of their situation.

Specifically, CPS workers have engaged in maintaining a plan to reunite an abused child with an abusive father even though the child's therapist strongly advised against reunification at this time. After the therapist made this recommendation, the department sought a different counselor. When this effort was resisted by the CASA, the department cancelled the therapist's contract as a provider. This action caused the termination of the therapist's relationship with many other children thereby causing incalculable harm.

Another concern is the department's occasional attempts to keep children from contact with the CASA. This has occurred in cases where the CASA does not agree with the department's plan for the children. Documentation exists showing that the department directed its workers to keep children from the CASA. This is contrary to state law and in violation of specific provisions of the Statewide Agreement of Mutual Understanding between the Washington State CASA and the DSHS Children's Administration.

It has come to my attention that the department regularly does not abide by regulations requiring advance notification to foster parents of removal of a child from a foster placement. Examples of this abound.

There are instances where a child is placed outside a home and there are available relatives of the child who should have been considered for placement. However, sometimes these relatives are not notified or considered, and when they do request contact with the child, the department resists or creates obstacles to the contact.

Some of the actions of the department have had a direct and potentially injurious effect on dependent children. Children have been subjected to forensic examinations when no allegations of sexual molestation exist to justify such an examination.

A local physician's medical group has expressed its concerns in writing to the Colville DSHS office repeatedly over the years in an attempt to resolve the issues of distrust that exist between them, with no positive results.

There exists documentation of department Team meetings where department personnel mislead parents of dependent children by expressing their intentions about a particular child when the parent was present and then expressing directly the opposite view after the parent left the meeting.

The department uses the confidentially requirement, originally intended as a shield to protect children, as a shield to disclosure and discovery of misconduct by the workers. I am aware of situations where DSHS supervisors have implied to foster parents that if they reveal concerns regarding the department's treatment of them or of dependant children to others, the department would take the foster children away from them.

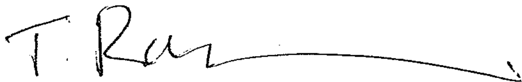
I have attached a letter from a physician to Mr. Kretz that documents a very troubling situation. Apparently CPS personnel conveyed information that an infant was born addicted to Methamphetamine and other drugs when the workers had a good basis for knowing that such information was false. This misinformation was passed on to medical providers of the infant and ultimately resulted in the infant being placed on a morphine drip. This baby was not addicted to drugs at birth but became addicted as a result of misinformation supplied by DSHS.

The forgoing are examples of the kinds of misconduct that is unfortunately engaged in by the Colville DSHS office. This conduct is in violation of multiple statutes and regulations and is contrary to any basic sense of honesty and morality. In all of these situations the ones who ultimately suffer are the children. They have been forgotten.

These must be addressed at the state level. There are some things that I can and will do here in Stevens County to try and correct these wrongs, but as public officials, you bear a greater responsibility to do something. You must at least try and correct the systemic problems that allow abuses of children to go unchecked. If you choose to do nothing, then you are morally complicit in this. Please do not fail these vulnerable citizens of our state.

I write to illuminate this problem so you who are in a better position to act, will act.

Sincerely,



Tim Rasmussen
Stevens County Prosecuting Attorney

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Colville Medical Clinic
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Kettle Falls Clinic
(509) 738-6607

Garden Homes Specialty Clinic
(509) 684-3701

November 18, 2008

Joel Kretz

Re: [redacted]
[redacted]

To Whom It May Concern:

I am writing to you regarding the case of [redacted] and her child Baby Girl [redacted] of which I have personal knowledge. I am the treating physician who was caring for this patient prior to the delivery of her infant in early June 2006. This patient has occasionally used drugs in the past. During the course of her pregnancy we talked about this frankly and the patient was adamant that she was not misusing any medications. She was, however, receiving some narcotic pain medications by prescription from me during her pregnancy. I had a conversation with the CPS workers regarding their concern about the patient's use of medications during the pregnancy as well as some illicit drugs that she was allegedly using. However, based on my review of the laboratory testing including urine tests that were done on more than one occasion, we could not find any evidence, at least nothing that was convincing that would convince us that she was using anything other than the prescription narcotic medication that I was giving her. Many of her records are available and I am sure that the patient would release these records should you desire to review these.

In March 2006 I had a conversation with one of the CPS workers. A copy of that letter is attached. In the letter I stated I did not have concerns about the infant going with the mother at the time of delivery but that I was planning to test the baby using a technique called meconium toxic drug screen. I was not planning to release the child to the mother's care until I had seen the results of that meconium test.

At the time of the delivery of the child we performed the meconium test. The testing was consistent with the mother's reported medication use. There were no unexpected results on the meconium test. I had a personal conversation with the testing facility supervisor in Iowa City, Iowa. He stated that the amount of hydrocodone that was present in the meconium was consistent with a small dosage taken by the mother.

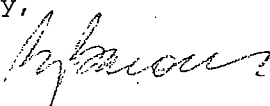
In spite of my recommendations and that the child be left with the mother and in spite of good parent bonding with the child here in the hospital, CPS chose to remove the child from the mother's care. When the child was taken to foster care, the child began having a difficult time with formula intolerance and the foster parent tried to get hold of us to ask what should be done. (CPS had been informed of [redacted]s intolerance to formula prior to her removal from the hospital.) My recommendation was that the child be brought back into the hospital allowing the mother to breast-feed the child since the child was tolerating breast milk without difficulty. The mother and infant could be kept separate and any breast-feeding could be observed so that any attempt on the mother's part to remove the child from the facility could be stopped. In this way we could stabilize the baby's situation and observe for a period of time. This was vetoed by the CPS workers as being unacceptable. They therefore brought the child into the Emergency Room here at Mount Carmel Hospital in Colville where the child was evaluated by the physician on call at the time, Doctor [redacted], who personally called me. I again reiterated my recommendation that the child be kept locally. The nurse supervisor called me

and said that was not acceptable according to CPS and they were requesting a transfer to Spokane. I refused to give a transfer to Spokane because I had already given them my best medical advice. They took the child to Spokane where they were evaluated and the child was admitted. The initial evaluation was consistent with some mild irritability. I personally spoke to the admitting physician at Sacred Heart Medical Center and this pediatric neonatal specialist told me that based on his recommendation he did not see any reason to administer morphine. The report listed in the medical document states that the mother used "prescription narcotics in addition to methamphetamine, marijuana and nicotine during the pregnancy". I would like to point out that there is no evidence that methamphetamines were used during the pregnancy and that marijuana, while perhaps used very early on, again we do not have any evidence that marijuana was used throughout the pregnancy, once I had had a conversation with the mother about the use of this drug. The meconium test conclusively proved that methamphetamines, marijuana and other controlled substances, other than the prescribed drug in the prescribed amount, were not present in this child. I believe this infant was unnecessarily placed on a morphine drip for "narcotics withdrawal" and this information was fed to the neonatologist and was completely fabricated by CPS. This information given to the doctor and documented in the medical record is completely at odds with the facts as proven by the meconium test. It is really unfortunate that this child was put through this degree of trauma at such an early age and I believe it can only be laid at the feet of the CPS workers at the time who are responsible for having given this information to the neonatologist.

The bottom line with this particular care, many of the details of which I have left out, is that as a result of this and numerous other cases in my practice and in the practices of my partners has left us with a very low level of trust of Child Protective Services in our local area. There are instances where information has been fed to other providers, as is noted in the medical record in this case, such that the provider is given an inaccurate and very damaging picture of the true situation, which results in interventions that could potentially be harmful or redundant and certainly not necessary in the case of some of these patients.

In the case of this individual, [redacted] with her child, I believe that with proper support she could have demonstrated to the Department her ability to appropriately care for this child. I believe she has the capacity to be a caring and attentive mother and with appropriate community and medical support she could have demonstrated this to CPS.

Sincerely,



Barry J. Bacon, M.D.
BJB/emb
D: 11-18-08
T: 11-19-08
24802.0

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Kettle Falls Clinic
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Garden Homes Specialty Clinic
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Garden Homes Physical Therapy
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March 17, 2006

RE: [redacted]
DOB: 10-01-76

To Whom It May Concern:

I had a conversation with [redacted] on 03-15-06. During my conversation with [redacted], she expressed her concern regarding the patient's care and also use of medications as well as her ability to care for her newborn. I talked to [redacted] about having a meconium test, which she is in agreement with. [redacted] expressed her concern also that she would be communicating with the patient, possibly taking the child at birth, given the fact that this patient has lost her other three children to CPS. She asked me if I had any concerns regarding this patient's ability to take the newborn home and I stated that I did not at this time. I explained that the patient has been willing to comply with any of the recommendations I have given her including testing for drug abuse and that these urine screens have been negative to date. I told her I believe it would be prudent for the infant to have a meconium test done for toxic drugs at the time of birth and that I am planning to keep the child in the hospital until that test is completed. Beyond this I have not made any plans for drug rehabilitation or cessation of the current medications she is using for her medical problems at the present time. I also explained to [redacted] that I feel she could stop the narcotics at any time without significant harm for withdrawal. However, I am not recommending that she stop taking the medications because I cannot offer her much in the way of alternatives during her pregnancy. Following her pregnancy, it is very possible that she would be able to use some other medication for pain relief rather than the narcotics she is currently using.

Sincerely,

Barry J. Bacon, M.D.
BJB/emb
D: 03-17-06
T: 03-20-06
24802.0