October 28, 2021

Governor Jim Justice
Joint Standing Committee on Government and Finance
Legislative Oversight Commission on Health and Human Resources Accountability
West Virginia Supreme Court of Appeals
West Virginia Department of Health and Human Resources, Bureau for Social Services

I am pleased to submit the first quarterly report of the Foster Care Ombudsman office for the 2021-2022 state fiscal year. This report captures the first fiscal quarter beginning July 1, 2021.

Please contact the Foster Care Ombudsman office with questions, comments, or for additional information.

Sincerely,

/s/ Pamela M. Woodman-Kaehler

Pamela M. Woodman-Kaehler, Director
Foster Care Ombudsman
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Introduction

The Foster Care Ombudsman (FCO), located within the West Virginia Department of Health and Human Resources (DHHR), Office of Inspector General, receives, investigates, and resolves complaints filed on behalf of foster children, foster parents, kinship parents, and on the Foster Care Ombudsman’s own initiative. This quarterly report provides summary data relating to complaints pursuant to the requirements of W. Va. Code §9-5-27, §49-9-102, and §49-2-126 et seq.

Mission:
The Foster Care Ombudsman is an independent, impartial, and confidential resource that advocates for the rights of foster children and foster/kinship parents, investigates and resolves complaints, and makes recommendations for systemic reform.

Vision:
We envision an empathic, healing, and accountable child welfare system where voices are heard, people are empowered, and systems are responsive.

Complaint Count by Month and Quarter

Data reflects complaints received by month and quarter within the state fiscal year (SFY). Complaint data in this report, unless otherwise specified, is presented to reflect complaints that were in a closed/concluded status as of October 25, 2021. As of that date, 31 complaints received were still in open/active status. The total incoming complaints combining open/active and closed/concluded equals 173. Due to rounding, not all column totals will compute to 100%.

Complaint Count by Alleged Bill of Rights Violations

Data reflects complaints received when a Bill of Rights provision is alleged to be violated. The count reflects DHHR’s Bureau for Social Services region by case county and the Foster Care Ombudsman determination of complaint validity. The date span for this table is July 1, 2021 through September 30, 2021. Of the 142 total complaints received during this period, 32 complaints (23% of the total) included alleged Bill of Rights violations and of those,
50% were determined wholly or partially valid. More detailed information around this topic will be addressed in future FCO reports.

**Complaint Count by Bureau for Social Services (BSS) Unit**

Data reflects complaints received according to the BSS unit that is most closely associated with a complaint’s main theme, for each quarter of the state fiscal year. The Interstate Compact on the Placement of Children governs the placement of children in other states. The Institutional Investigative Unit is responsible for child abuse and neglect investigations in residential facilities, schools, and foster homes.

**Complaint Count by Main Complaint Theme**

Data reflects complaints received according to the main theme of the complaint as expressed to the Foster Care Ombudsman by the complainant, for this first quarter of the state fiscal year. Additional theme levels and greater specificity regarding the topical content of complaints will be provided in future FCO reports.

**Complaint Count by Complainant Relationship to Child**

Data reflects complaints received according to the relationship of the complainant to the child, for this first quarter within the state fiscal year.
Complaint Count by FCO Case Intensity

Data reflects complaints received according to the level of assistance provided by the Foster Care Ombudsman, for this first quarter of the state fiscal year.

- **Intervention** involves routine case documentation review, interaction by the FCO with four or fewer contacts inside or outside of DHHR, facilitating communications between the complainant and other case participants and authorities, as well as providing education, context, and referrals to other entities, people, or resources. Cases of this intensity level may involve or exceed 20 hours of FCO time.
- **Information** involves providing education, context, and referrals to other entities, people, or resources. Cases of this intensity level vary significantly in content and may involve or exceed 10 hours of FCO time.
- **Investigation** involves non-routine, systemic, or more intensive/on-site review, interaction with five or more contacts inside or outside of DHHR, and may necessitate formal meetings/reports involving internal or external agency leadership. Cases of this intensity level may be case-specific or systemic and involve a team of FCO personnel.

### Complaint Count by Referral Source

Data reflects complaints received according to the referral source, i.e., the means by which the complainant learned about or was encouraged to contact the Foster Care Ombudsman, for this first quarter of the state fiscal year.

### Complaint Count by Closure

Data reflects complaints received according to the nature of the case closure, for this first quarter of the state fiscal year. The Foster Care Ombudsman continues to examine and label complaint closings with greater specificity, which will be reflected in future reports. In nearly all cases, complaints determined valid are with the concurrence of the involved agency which may or may not be BSS.
Complaint Count by Bureau for Social Services (BSS) Case County

Data on the right reflects complaints received according to the BSS case county for this first quarter, for the state fiscal year. Complaints are geographically determined by the county of the BSS case. It is important to consider that each county exhibits differences, including population, demographics, and number of child abuse and neglect petitions filed.

Complaint Count by Bureau for Social Services (BSS) Region

Data below reflects complaints received according to the BSS region during this first quarter for the state fiscal year. Complaints are geographically determined by the county of the BSS case.

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Totals</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>16.9%</td>
</tr>
<tr>
<td>2</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>22.5%</td>
</tr>
<tr>
<td>3</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>33.1%</td>
</tr>
<tr>
<td>4</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>18.3%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>9.2%</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>142</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Complaint Count by Method of Initial Contact with FCO

Data below reflects complaints received according to the means by which the complainant made initial contact with the Foster Care Ombudsman, for this first quarter of the state fiscal year.

<table>
<thead>
<tr>
<th>Method of Contact</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>104</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>104</td>
<td>73.2%</td>
</tr>
<tr>
<td>Email</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33</td>
<td>23.2%</td>
</tr>
<tr>
<td>Fax/Letter/Text/Other</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2.8%</td>
</tr>
<tr>
<td>In Person</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>142</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Conclusion

The Foster Care Ombudsman is committed to providing a helping service, and to vigorously endorsing that the voices of those served and affected by West Virginia’s foster care system are valued, respected, and integrated to the system’s development and improvement.