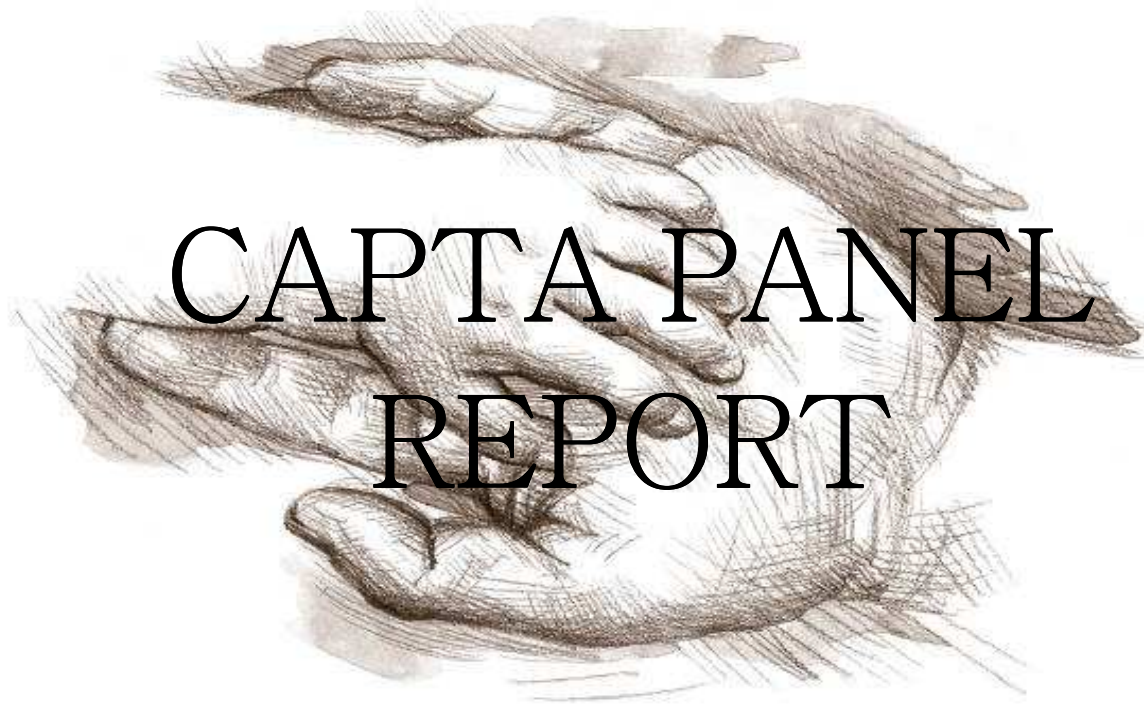


Oregon



**Child Abuse
Prevention and Treatment Act
2005**

Oregon CAPTA PANEL REPORTS

ANNUAL REPORT Multnomah County, Oregon CAPTA Panel May 1, 2005 to April 30, 2006

Panel Members:

Vivian Ashworth, Multnomah ESD, Department of School Health Services

Susie Barrios, Intensive Family Services

Judy Brandel, Multnomah County Health Department

Kirsten Brown, DHS, CPS Consultant

Miriam Green, DHS, Multnomah County Child Abuse Hotline

Maggy Khilnani, Bradley-Angle House/Safe Choice

Steve Lindeman, Citizen's Review Board

Suzie Rush, Cascadia

Ron Schwartz, Portland Police Bureau

Helen Smith, Multnomah County District Attorney's Office

Christine Stolebarger, Parents Anonymous

Ruth Taylor, Morrison Center

Charlene Woods, Multnomah County District Attorney's Office

Panel Facilitator: Kevin Dowling, CARES Northwest

Panel Coordinator: Shelley O'Brian, CARES Northwest

Summary of Multnomah County CAPTA Panel Meetings and activities During 2005-2006:

August 5, 2005

On August 5, 2005, the Panel reviewed the past year's meetings via the Annual Report as well as the June 13, 2005; letter to Sharon Bolen outlining ideas generated from the May 19, 2005, practice discussion (Sex Offenders and Children: Assessing Threat of Harm). One suggestion was to develop a reference notebook for caseworkers that included the "top ten" research articles relating to sex offenders and children. Miriam said that she would follow up with Cory Jewell Jensen and Katie Gotch for their suggestions. Sharon said that CAPTA might be able to fund copying costs for the notebook to be distributed to other counties in the state.

Sharon distributed the Executive Summary of Wayne Holder's, "Expert Review of the Safety Intervention System" and the "DHS Safety System Improvement Plan". Miriam explained DHS contracted with Mr. Holder to review DHS policies and procedures and make recommendations for improvement. These recommendations focused primarily on relieving the workload of caseworkers by redistributing non-casework tasks to others, revising the procedures manual so it is clear and precise, and emphasizing the development of supervisors as safety intervention experts.

The group brainstormed topic ideas for the upcoming year. They reviewed the "Findings" and "Next Steps" from the Holder report. Several suggestions for topics were made: continuing the focus on sex offenders having contact with children, domestic violence, staff retention issues, safety planning through the life of a case, threat of harm, and mandatory reporting. The group discussed the idea of focusing on cases that went well to learn from those involved. A suggestion was made to hold CAPTA meetings at different DHS branches, inviting caseworkers, clients and other professionals to present. At the end of the year, our annual report would contain examples of strengths and successes to replicate and build on.

Since a substantial number of Panel members were not present to vote on the topic for this year, the group decided that Kevin and Shelley would draft an email with the ideas/suggestions for next year's topics, send it to the Panel, and request their feedback.

October 28, 2005

Based on feedback from the Panel, on October 28, 2006, Jan Slick was invited to the meeting to review the new DHS Safety Planning Policy (I-AB.5). Jan explained the new policy required the implementation of several new steps upon the establishment of a "safety threat". The policy created the expectation that at "critical junctures" DHS staff are required to contact other community partners who are providing services to the family. A "critical juncture" is defined by the policy as a time when substantial change is occurring within the family. The policy also created a time frame the safety plan should be established and reviewed.

The Panel expressed concern heavy caseloads and lack of supervision for caseworkers could make it difficult to meet the time frames outlined in the policy. One Panel member suggested the large number of policy changes/revisions might impact a caseworker's ability to feel confident about making decisions in regard to safety. This is particularly concerning for new workers whose lack of experience may not lend itself to intuitive decision-making.

The Panel decided to invite two caseworkers from two different DHS branches to come to a CAPTA meeting to present a case from start to finish. The focus would be on cases that went well, applying the policy to the case and looking at key decision points along the way. One goal of the process was to give caseworkers an opportunity to highlight how the policy works in day-to-day practice. The group also discussed inviting community partners and possibly parents involved in the cases presented to attend the meeting.

December 9, 2005

Case presentations by Katie Sangster and Deborah Martin were the focus of the December 9, 2005, meeting. The Panel developed a list of questions to help focus the discussion. These included:

1. At which places in case planning did you find yourself at critical decision points?
2. How did you gather and process information to determine the “right” course of action at these junctures?
3. In your review of the new Safety Planning Policy, how might this be additionally helpful to you when making safety decisions?
4. What do you see as potential challenges in the implementation of this policy?

Katie Sangster presented the first case about a 3-year-old boy who had ingested methamphetamine (“meth”). He was placed temporarily with his grandmother while DHS worked with the mother, a recovering meth addict. Safety issues centered around the mother and her addiction. The mother was petitioning to regain custody of the child, but the grandmother expressed concerns to DHS that her daughter was still using drugs. The Panel learned the importance of requesting a person be observed while producing a urine sample for drug testing. In this case, DHS had learned the mother was not being observed while providing her sample. DHS requested she be observed, and the mother tested positive for methamphetamine use.

Deborah Martin presented a case of two children in foster care. The children were removed from the family because of the father’s addiction to alcohol. The father completed treatment and wanted to regain custody of the children, however, several reports from law enforcement suggested he was still drinking. Due to those reports and a history of domestic violence, DHS recommended the children not

return to the home. In addition, the mother was not cooperating with DHS, and DHS was not able to locate other family members.

After the case presentations, the Panel discussed the cases in relation to the new safety planning policy. They agreed the policy seemed to represent “best practice.” There were several questions about the difficulty identifying and monitoring “critical junctures”, especially when they were occurring with regard to the child and his/her temporary environment, as well as the environment where the child may be returned.

One caseworker reported it would be difficult to follow the timelines outlined in the policy due to the above-average caseload of most workers. The Panel thought it would be helpful to assign legal advocates and/or drug and alcohol consultants to cases where necessary. The Panel also discussed the possibility of having administrative assistants on site to help with copying and mailing responsibilities. There were concerns there would not be enough managerial staff to supervise additional office staff. A Panel member suggested interagency forms be standardized to alleviate duplicative paperwork.

February 17, 2006

Case presentations continued at the February 17, 2006, meeting, with caseworker Sarah Fredericks presenting a case about a Russian-Romanian family. DHS first became involved with the case because of concerns of neglect of three children (ages 2, 3, and 4) after their mother left them with a homeless man while she went to work. The children returned home with a safety plan after this initial incident, but eventually were placed in foster care after suspicions of domestic violence, and the mother testing positive for methamphetamines. After two years in foster care, the case was accepted for termination of parental rights. Toward the end of this period, the father began showing progress, the case was transferred to a new caseworker, and that caseworker began engaging the father in services aimed at returning the children to his care.

The group discussed numerous critical junctures in the case and the caseworker’s choice to utilize Team Decision Meetings (TDMs) and meetings with family service providers to determine the course of action. The panel reviewed the Safety Planning Policy and asked the DHS caseworkers to comment about whether the new policy is helpful in the decision-making process. DHS and the Panel agreed that the specific timeframes in the policy (e.g., “return child and have face to face home visit within 3 days”) in regard to TDMs, return home visits, and consultation

with probation/parole were not realistic. In addition to workload impacting the ability to meet required timelines, there may be other reasons to wait. For example, the worker may already be in close contact with those involved in the case, or the family may be in a “honeymoon period” and not at a point to begin identifying or working on current challenges and goals.

After the case presentation and discussion about the Safety Planning Policy, the Panel talked about options for the format of the April 21st meeting. It was agreed that a small workgroup would meet to review the discussion and suggestions generated by the past two meetings. The workgroup would draft a list of questions and recommendations with regard to the new Safety Planning Policy and circulate the list via email to other CAPTA Panel members for their comments.

April 21, 2006

Kevin explained the annual CAPTA report deadline was approaching and suggested the discussion questions outlined on the agenda be used as the basis for the report. The Panel members agreed the questions were representative of the discussions generated from the past year’s case reviews.

The group was provided an overview of the action safety intervention model that DHS is working toward. According to Ted Keys of DHS, the new model is based on “precision” and the standardization of risk assessment criteria. The model will assist DHS staff in focusing on safety through the life of a case and will impact current policy.

Kevin asked the group if they wanted to continue the focus on safety planning throughout the life of a case in the next CAPTA grant year, or if they would like to move on to a different topic. The Panel discussed continuing to review DHS safety planning. One idea was for the CAPTA Panel year to focus on the life of a case and the safety planning issues involved. Ten cases could be chosen prior to the next meeting. At the July 28th meeting, cases would be presented and safety issues discussed. At each subsequent meeting, the progress of the cases would be updated and safety issues reassessed based on the current safety planning policies. There was also discussion of coordinating the focus of CAPTA with another child abuse related workgroup in the state (e.g. CJA Task Force). Given the majority of Panel members were not in attendance, a final decision on a topic for next year will be deferred until we are able to have more input.

Multnomah County Panel Recommendations for 2005-2006:

The following recommendations are based on the five CAPTA Panel meetings summarized above. The focus of the meetings was on the new DHS Safety Planning Policy (I-AB.5), with particular attention to activities required at “critical junctures”. We understand that many of these areas were also addressed in the report by Wayne Holder, and that DHS is in the process of working to address and implement policies and procedures as a response to that report.

1. Caseload – We recommend DHS consider how caseloads are defined. Is the number of cases a good measure of workload? Should we also count or report on the number of children on the caseload? Is there a way to capture the complexity of each case, or each child within a case? As we've seen from our case presentations, the number of critical junctures on a case can increase significantly depending on the number of children involved, and the needs of each child.
2. Supervision – We recommend DHS examine the level of supervision available for caseworkers. Is it sufficient? If the supervisor is not available, whom does the caseworker consult with for review and supervision (as required in the safety planning policy)?
3. Relationships -- We recommend DHS pay special attention to fostering positive relationships between caseworkers, children, families, and other people involved in cases. The case presentations highlighted the fact that the relationship between the caseworker and those involved on the case (particularly the children and adults in the parenting role) can have a significant impact on case outcomes. What is needed to foster those relationships?
4. Timelines – We recommend DHS examine the timelines in the safety planning policy. Are they realistic or best practice for all cases?
5. Courts – We recommend DHS continue to work with judges and the court system to recognize and support, per the safety planning policy, the caseworker's key role as the decision maker on issues involving the child's safety.
6. Training – We recommend DHS review the process for educating caseworkers about the new policy, based on concerns that staff in DHS

branches were unaware of the current policy and the particular timelines associated with it.

The Multnomah County CAPTA Panel values the opportunity to work collaboratively with DHS on keeping children safe in our communities. We would particularly like to thank the DHS caseworkers presenting cases for their time, expertise, and willingness to share the successes and challenges associated with child protection work.

Sincerely,

Kevin Dowling
Program Manager
CARES Northwest

ANNUAL REPORT
Malheur County, Oregon
CAPTA Panel
March 1, 2005 to April 30, 2006

Melody Smit, Project DOVE Executive Director

CAPTA Panel Members:

Melody Smit, Project DOVE Executive Director

Angela Sutton, STAR Center

Keely Ponce, SART Advocate, STAR Center

Marivel Jimenez, Project DOVE

Jerrimi Helmic

Myrna Anderson, CASA

Wendy Hill, DHS

Wendy Bristol, DHS

Steve Brown, DHS

Lavelle Cornwell, Ontario School District

This year the CAPTA panel experienced many changes in leadership with the new Executive Director for Project DOVE, Melody Smit, as well as the new STAR Center Coordinator Angela Sutton providing the leadership role for this committee. Later in 2005, Keely Ponce was placed as the new STAR Center Sexual Assault Advocate.

Goals of the CAPTA panel this year included focusing on recruiting new members, building an action plan centered on the community survey which measured child abuse knowledge, conducting outreach and education in our community and input on how to further the prevention of child abuse in Malheur County.

This year we successfully recruited three new members to the CAPTA panel team: Marivel Jimenez, Keely Ponce and Steve Brown.

We also engaged in a widespread outreach and education campaign that included the following:

1 PSA in English and Spanish on the local radio station that aired 180 times, educating the community at large about what constitutes child abuse.

1 billboard in English displayed for 12 months aimed again at the different forms child abuse takes.

A media campaign in the local theater informing the public of Child Abuse Awareness Month and how to contact the proper authorities if they witness child abuse; this ad runs each time a movie is shown in each of the local 8 theaters for 4 consecutive weeks.

In April, Child Abuse Awareness Month, Project DOVE set up outreach tables at the local libraries with Child Abuse Information, Mint Green Ribbons and bookmarks with “101 ways to Praise your Child” on them to hand out.

Project DOVE’s Executive Director, the STAR Center Coordinator and the Children’s Program Manager also attend the Family Violence and Child Abuse Prevention Multi-Disciplinary Team Meetings on a weekly basis.

Based on the findings of the survey conducted last year, the panel is currently discussing an action plan that will address the following recommendations compiled from the survey results.

The recommendations of the CAPTA in order of importance are as follows:

1. Make strong changes in DHS Child Welfare policy and procedure that would allow for earlier intervention and removal of the child from the home when there are findings of child abuse. Also to work on modifying the assumption that the biological parent is naturally the “best” parent for the child, especially when the child is thriving in a foster care home that wishes to adopt the child, and the parent has a repeated history of child abuse, drug and alcohol abuse or abandonment, yet policy states that the child must be reunited with the parent if at all possible within the 18 month time frame.
2. Do outreach and education about child abuse prevention, support groups, and referrals for parental support at Parent Teacher Association meetings.
3. Start a parent-mentoring group to provide new or inexperienced parents with a home visitor to allow for parenting skills to be taught in the home, and respite care, as well as a safe place for their children.
4. Trainings with the faith community on child abuse recognition, screening and making appropriate referrals.
5. Utilizing play therapy in the mental health community when parents are ordered to go to counseling so they get hands on skills and mentoring on how to interact with and enjoy their children in a therapeutic supervised

setting where they are using real skills that can be transferred to the home environment with the help of therapist and para-professionals.

6. Better quality screening of potential foster care parents including bringing the name and background histories of potential foster care parents before the Child Abuse Prevention Multi-Disciplinary Team for screening and a team decision on appropriateness for licensure.
7. More parenting classes that are not just preaching to the choir but are required for offenders.
8. More outreach and education efforts to engage the community as a whole, as based on the community survey results, it is apparent that the community still is unaware of the significant problem of child abuse and child sexual abuse in our community, and what referral and protective systems are in place.
9. More funding and resources devoted to prevention and intervention of child abuse service agencies. Staff are consistently overworked, have extremely high caseloads, burn out and this is when children start falling through the cracks.

The finalized action plan will be forwarded as it is completed.

Respectfully submitted,
Melody A. Smit, Executive Director
Project DOVE

ANNUAL REPORT
Jackson County, Oregon
CAPTA Panel
April 1, 2005 through March 31, 2006

Meeting Activities:

This year the Jackson County CAPTA Citizen Review Panel continued their focus on foster care recruitment and understanding the needs of the foster families; reviewing cases that were problematic to the Multidisciplinary Child Abuse Team; supporting Dr Oddo's legislative reform efforts; and promoting child abuse prevention through the "Lifesaver" Newsletter and the Community Sexual Abuse Awareness Trainings.

Case Reviews:

In June, Karla Carlson, DHS Intake Supervisor, presented a case for review where a child had been removed and conditionally returned several times to the mother, who was a methamphetamine addict. Although the state recommended the child stay in care, the child was returned to the mother and immediately came back into care. It is the panel's opinion that caseworkers are well trained in doing child abuse assessments and presenting those cases to the court, but sometimes the court lacks sufficient information to make informed decisions. The question was raised about drug testing parents prior to court and a child's return, but it is difficult to get UA results in a short amount of time and some of the tests are very expensive.

What information does a judge need to make better conclusions?

Conclusive drug test results would be helpful. It was recommended that DHS have a Legal Representative at all of the shelter hearings, to present the case in the most effective manner for the judges to make their rulings. DHS does not want judges to rubber-stamp their decisions but it would be helpful if judges had more specific training before doing juvenile casework. Currently, Judges meet with DHS on a monthly basis to discuss concerns.

In September the panel reviewed a controversial case from the Multidisciplinary Team where an offender had disclosed to his attorney and wanted to make a plea agreement. The controversy arose since the District Attorney's Office agreed to a plea prior to contacting the victim/ interviewing the child. The DAs office felt it was the only way to ensure a conviction, since the offender's attorney would not

disclose the name of the victim to the DA's office.

A second case reviewed was of a 19 month old with a spiral fracture who developed blisters due to not changing the bandages but it was difficult to prove medical neglect. It was suggested that DHS caseworkers need more legal support to more effectively argue in court.

In December Thomas Price presented a matrix to help identify the key findings of the Wayne Holder Report. The discussions transitioned into concerns about how child welfare workers are pulled in many directions and the coming cut in specialty positions. Jackson County currently has these positions and the system is a model of success statewide. The summary of the report is very black and white and there needs to be flexibility for the needs of the counties. The panel was concerned with the staff retention and the investment of getting caseworkers up to speed. It was suggested new trainees get paired up with a worker to prevent burnout and feelings of besiegement by the caseloads. It was recommended that one of the suggestions for the annual summary is that DHS caseworkers get heard more frequently. In the past, workers have been afraid to give honest feedback. It was mentioned that Bruce Goldberg, M.D., new DHS Director, responds to emails on Friday's and is a good recourse.

In March a summary draft of Dr Oddo's legislation efforts on preventing pornography exposure to children was distributed to the panel. The CAPTA Panel supported Dr Oddo's trip to testify to the Oregon Law Commission in Salem regarding this proposed legislation. This proposed legislation would make it a crime to knowingly expose children to adult pornography. The bill was drafted with the assistance of Bill Taylor, who does juvenile law drafting and was assigned by Senator Kate Brown. This bill is currently set to go to vote at the next legislative session. A copy of it has been sent to several committees for review, including the American Civil Liberties Union (ACLU). The bill does have full support by many, including Senators Bates and Kate Brown. Dr. Oddo plans on going to Salem to defend the bill when it comes up for vote. If passed, a violation of this law would be a Class A misdemeanor.

In summary, 15% of all sex offenders use grooming techniques, which include showing children adult pornographic material. The literature on the harmful effects of showing children adult pornography is limited. One of the correlated harmful effects is later developing a sexual addiction in adulthood. One of the main questions is does it lead to sexually reactive behaviors in children. The literature has shown that in general viewing adult pornography does not lead to becoming a

sex offender as an adult. Karla Carlson noted DHS is seeing more and more younger children, being caught touching other children including attempting sexual intercourse. Obviously these children are acting out what they have seen somewhere.

Community Activities:

1. The “Lifesaver” bi-annual newsletter was distributed to over 15,000 children within the Medford, Central Point, Rogue River and Eagle Point School Districts, and various Daycare facilities. This was the third edition of the newsletter. This is produced in collaboration with the Jackson County Fatality Review Team and the CAPTA Panel. Included in this issue were statistics on the child fatalities in the county, prevention tips and information on child safety seat distribution clinics.

2. Foster Parent Recruitment:

The CAPTA Panel partnered with DHS in producing a street banner, bookmarks, t-shirts and business cards to help get the word out for the need for more foster homes. The banner was displayed over the street in downtown Medford, reflecting the theme “Neighborhoods Count”. The business cards were distributed by foster parents, staff and the community at large to give exposure about the foster parent program. Many were left in the Jackson County schools along with posters on bulletin boards. The bookmarks were distributed to all the libraries in Jackson County. In addition, they were used in response cards handed out to people at the “Back to School” nights at over 15 local schools. The T-shirts were given out to newly certified foster parents for them to wear as a visual “advertisement” for fostering. Penny Esser, Foster Parent Recruitment and Retention Specialist for DHS; expressed their gratitude to the CAPTA Panel for helping with these recruitment materials for their effort to solve the critical shortage of foster homes in Jackson County. She expressed in a thank you letter that they felt very privileged to have been chosen as recipient of the CAPTA program’s mission to improve the foster parent situation and she felt that this use of funds to help with recruitment has had an ongoing impact on the community.

3. Jackson County Community Sexual Abuse Awareness Training:

Michael Fansler (retired Jackson County Sex Offender Parole and Probation Officer) and Ann Wright (Jackson County Sex Offender Treatment Provider) developed an ongoing presentation that informs the community about sexual abuse prevention and offenders. Other child abuse professionals (therapists, probation officers and victim service workers) have presented the program in conjunction with Michael and Ann to over 10 audiences. This year the target audience was the religious community with presentations in five churches.

Recommendations:

Jackson County CAPTA panel strongly recommends:

1. Legislative Reform, making knowingly exposing children to adult pornography a crime.
2. That judges have a solid training base for doing juvenile casework.
3. It would be helpful if DHS had legal representation on all cases.
4. Shortening the turn around time on urine drug testing of parents would be helpful in decreasing the number of times a worker would have to go to court.
5. DHS workers need an easy forum where they feel they can voice their concerns and someone will take action.

Future Plans:

1. Continue to aid Foster Parent recruitment and retention.
2. Continue to distribute "Life Saver" bi-annual newsletters
3. Continue to promote community awareness of child sexual abuse by presenting the Jackson County Community Sexual Abuse Awareness Training. Conduct a survey of the churches and religious community regarding their awareness of mandatory reporting laws and the need for prevention policies. The survey will be a springboard into trainings in the churches in the community during the coming year.

4. Work toward Legislative reform of child abuse prosecution laws.
5. Review problematic cases from MDT and DHS

Jackson County CAPTA Membership for 2005/2006

According to Federal guidelines: “CAPTA Panels are to be made up of people who are broadly representative of the community in which they are established, including those who have expertise in the prevention and treatment of child abuse and neglect.”

<i>Facilitator:</i> Dr. Curtis Oddo	Medical Director, CAC
<i>Coordinator:</i> Tracy Thompson	Administrative Secretary, CAC
Mary May	Grants Coordinator, CAPTA at DHS
Karla Carlson	Supervisor, DHS
Karen Doolen	Community Volunteer, CAC Board Member
Mary Curtis Gramley	Early Childhood Partnership
Jane Hamilton	Executive Director, CAC
Diana Hills	Director Victim/Witness Services
Roxann Jones	Community Safety Net Program Coordinator
Doug Mares	Jackson County Branch Manager, DHS
Michelle Pauly	Deputy District Attorney
Rainy Olsen	Child Welfare Manager
Penny Esser	Foster Parent Recruit. & Retention Spec.
Thomas Price, PhD	Family Based Services Consultant, DHS
Carl Sieg	CAC Interviewer/LEA Consultant/Trainer
Linda Vanbuskirk	Medical Coordinator, CAC
Carl Sieg	CAC Interviewer/LEA Consultant/Trainer
Linda Vanbuskirk	Medical Coordinator, CAC

Other Attendants:

Phil Niemeyer	DHS Intake Supervisor
Sharon Bolen	State CAPTA Coordinator

List of Meeting Dates

- Monday, June 27th, 2005 – 3:30 – 5:00 pm
- Monday, September 26th, 2005 - 3:30-5:00 pm
- Monday, December 19th, 2005 – 3:30-5:00 pm
- Monday, March 27th, 2006 –3:30-5:00 pm



RESPONSE TO 2005/2006 CAPTA PANEL RECOMMENDATIONS

CAPTA Panel Overview

Purpose

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 to provide annual federal grants to states, based on the population of children under the age of eighteen, in order to improve their child protective services system. The act has been amended, on average, every four to six years. The amendment in 1996 added a new eligibility requirement for states to establish citizen review panels. The panel members are to be volunteers who were broadly representative of the community in which the panels were established. The mandate of the citizen review panels was to “evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities.” The panels were required to examine policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services. The panels were also mandated to “prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the panel”.

The act was most recently amended in June 2003 when “Keeping Children and Families Safe Act,” Public Law 108-36, was signed by the President. The law reauthorized CAPTA through federal fiscal year 2008. Public Law 108-36 revised the citizen review panel duties to include: 1) requiring each panel to examine the practices (in addition to policies and procedures) of the state and local child welfare agencies, 2) providing for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community, and 3) requiring each panel to make recommendations to the state and public on improving the child protective services system. In addition, the appropriate state agency is required to respond in writing no later than six months after the panel recommendations are submitted. The state agency’s response must include a description of whether or how the state will incorporate the

recommendations of the panel (where appropriate) to make measurable progress in improving the state child protective services system.

Background/History

Citizen Review Panels were established in three counties in Oregon: Multnomah, Jackson, and Malheur. The counties were selected to reflect the demographic, economic, social and political conditions found in different areas of Oregon. Together the panels provide a significant depiction of the varied conditions of child protective services in Oregon. Technical assistance, guidance and coordination are available to the panels through the Grants Coordinator for CPS, Children, Adults and Families (CAF). CAF has contracted with the child abuse intervention (assessment and advocacy) centers in each of the selected communities to provide facilitation and staff support for the panels.

CAPTA Panel Recommendations and DHS Responses

Multnomah County Panel Recommendations:

The following recommendations are based on five CAPTA Panel meetings in 2005 and 2006. Focus of the meetings was on the new DHS Safety Planning Policy (I-AB.5), with particular attention to activities required at “critical junctures”. Panel members understand that many of these areas are also addressed in the report by national consultant Wayne Holder, and that DHS is in the process of working to address and implement policies and procedures as a response to that report.

1. *Caseload – We recommend that DHS consider how caseloads are defined. Is the number of cases per caseworker an appropriate method of measure of workload? Should the agency also count or report on the number of children on the caseload? Is there a way to capture the complexity of each case, or each child within a case? As we've seen from case presentations at our meetings, the number of critical junctures on a case increases significantly depending on the number of children involved, and the needs of each child.*

DHS Response

The issue of overworked staff and high caseloads are of ongoing concern for DHS as well and were one of the findings of concern in Wayne Holder’s report “Expert Review of the Safety Intervention System”.

DHS is working with national experts to examine issues of child welfare caseload and has developed several strategies to reduce child welfare workload requirements. The first step to address workload was done by obtaining additional legal assistance in juvenile dependency cases. Additional attorneys at the Oregon Department of Justice and 30 new paralegal positions were added in the last legislative session. This will reduce the time caseworkers spend in writing petitions and other legal documents and appearing in court.

DHS received 30 additional casework positions during the Legislative interim session and is currently filling these positions.

Further a work group on caseworker workload is considering the utilization of non-case carrying staff to assist caseworkers with some duties and the use of electronic devices to aid workers in paperwork tasks.

2. Supervision – We recommend DHS examine the level of supervision available for caseworkers. Is it sufficient? If the supervisor is not available, who does the caseworker consult with for review and supervision (as required in the safety planning policy)?

DHS Response

DHS recognizes that adequate and appropriate supervision for casework staff is an issue and is developing strategies to address it.

DHS is receiving technical assistance from a National Resource Center to reevaluate supervisory roles and responsibilities, improve the caseworker/supervisor ratio and provide suitable training for supervisors on clinical as well as management skills.

3. Relationships -- We recommend DHS pay special attention to fostering positive relationships between caseworkers, children, families, and other people involved in cases. The case presentations highlighted the fact that the relationship between the caseworker and those involved on the case (particularly the children and adults in the parenting role) can have a significant impact on case outcomes. What is needed to foster those relationships?

DHS Response

A DHS administrative rule was adopted in October 2005 requiring that caseworkers have face-to-face contact with children and parents on their caseloads every 30 days. This rule is intended to address this concern. Research in child welfare indicates that caseworker relationships with parents and children does have a significant impact on case outcomes and that face to face contact on a regular basis is an effective method of building those relationships.

The Safety Intervention Model DHS will implement later this year emphasizes development of caseworker relationships with children and their families especially in the Protective Capacity Assessment process.

4. Timelines – We recommend DHS examine the timelines in the safety planning policy. Are they realistic or best practice for all cases?

DHS Response

DHS is revising timelines and work requirements involved in assessing child safety and developing child safety plans. With implementation of the Safety Intervention Model, current requirements will be modified so that safety planning occurs in a more timely fashion.

Further administrative rule now has and will continue to have exceptions to the timeline so workers may take additional time with their supervisor's approval, if they feel it is necessary to ensure child safety.

5. Courts – We recommend DHS continue to work with judges and the court system to recognize and support, per the safety planning policy, the caseworker's key role as the decision maker on issues involving the child's safety.

DHS Response

One of the findings of the National Resource Center's report is that child welfare caseworkers have primary responsibility for making decisions regarding child safety when DHS becomes involved in a case.

Ramona Foley, DHS Administrator for Children, Adults and Families, meets with juvenile court judges at their annual conference. She presents information to

the judges on current issues related to child abuse and child safety. At the last conference in August 2005, she spoke specifically about the caseworker's role as the primary safety decision maker.

As DHS implements other recommendations from the National Resource Center report, Child Welfare Managers and supervisors in each county are working with juvenile court judges to clarify and support this practice.

6. Training – We recommend DHS review the process for educating caseworkers about the new policy, based on concerns that staff in DHS branches are unaware of the current policy and the particular timelines associated with it.

DHS Response

In the last year CAF implemented a Child Welfare Training Committee to review training proposals for all child welfare and determine whether they were adequate and appropriate for the intended purpose and target audience. Part of the goal of this committee is to address the concern raised.

Further, DHS is in the process with its training partner Portland State University's Child Welfare Partnership of revising the curriculum for training new and current casework staff. These changes are intended to give new workers a firmer foundation in practice issues. It is intended that training to implement new policies will be better understood by casework staff, and they will be better able to implement practice changes with this practice foundation.

Jackson County Panel Recommendations:

1. Legislative Reform- makes knowingly exposing children to pornography a crime.

DHS Response

The CAPTA panel may want to work with the Children's Justice Act Task Force and the Oregon District Attorney's Association on this recommendation.

One of the Children's Justice Act Task Force mandates is the reform of State laws to provide comprehensive protection for children from abuse, particularly sexual abuse and exploitation.

The District Attorney's Association will have responsibility for prosecuting any violations if this passes so it will be important they understand and are supportive of this legislation.

2. That judges have a solid training base for doing juvenile casework.

DHS Response

This also has been a concern of the CJA Task Force. One of the projects they are currently funding is to provide training to juvenile court judges about the issues of teens who have been abused.

The Juvenile Court Improvement Project (JCIP) sponsors a three-day Juvenile Judge's Conference annually. The CJA Task Force provides funding for this conference. Ramona Foley, the CAF Administrator is a regular presenter at the conference on current child welfare issues.

The State Court Administrator's Office provides a yearly comprehensive orientation training for all new judges that includes a component on child abuse and neglect

The JCIP in collaboration with the Citizen Review Board and DHS provides training in each county statewide on dependency law updates or changes after each legislative session.

A conference on family law is sponsored annually by the State Family Law Advisory Committee and the Domestic Violence Subcommittee

Guidelines, manuals, tables and information packets are available for judges and other court staff. These are prepared by the Court Programs and Services Division

Education for tribal judges on child welfare issues is coordinated through the JCIP and DHS' ICWA Program Manager.

Oregon has developed integrated family courts throughout the state to connect and coordinate criminal, juvenile and family law issues.

3. It would be helpful if DHS had legal representation on all cases.

DHS Response

During the last legislative session DHS received funds for additional legal representation from the Attorney General's Office and to hire paralegal staff in several offices. This is intended to alleviate some of the legal work currently done by caseworkers and to shorten the time that children are in out of home care by moving cases more quickly and effectively through the court process. If these steps to provide legal presentation are successful, it is anticipated that additional legal representation will be available for DHS staff.

4. Shortening the turn around time on urine drug testing of parents would be helpful in decreasing the number of times a worker would have to go to court.

DHS Response

This issue presented is that juvenile court judges are holding hearings and making case decisions often about child placement before the results of drug tests are available. Then after receiving test results, making different decisions based on those test results.

Casework decisions especially about child placement should be based on child safety and the parent's ability to protect and provide for their child not on drug testing. If parents have relapsed, the effects of use should be demonstrated in their behavior toward their child and in the way they are caring for their child. Those can be observed and reported to the court separate from drug testing results.

Malheur County Panel Recommendations:

1. Make strong changes in DHS Child Welfare policy and procedure that would allow for earlier intervention and removal of the child from the home when there are findings of child abuse. Also to work on modifying the assumption that the biological parent is naturally the "best" parent for the child, especially when the child is thriving in a foster care home that wishes to adopt the child, and the parent has a repeated history of child abuse, drug and alcohol abuse or abandonment, yet policy states that the child must be reunited with the parent if at all possible within the 18 month time frame.

DHS Response

Child welfare is required by state and federal laws to provide reunification services to parents when children have been removed from their custody due to abuse and neglect. Parents are required to successfully complete a change based service agreement to remove the safety threats and any risk influences that create potential harm to the child. The state is also required to explore an alternate permanent plan for the child in case the reunification plan fails. This may include permanent placement with relatives or adoption. Federal and state law provide provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction to have:

- a. Committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
- b. Committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
- c. Aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
- d. Committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi);

Federal and state law also assure that conviction of any one of the specified felonies constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii)).

2. Do outreach and education about child abuse prevention, support groups, and referrals for parental support at PTA meetings.

DHS Response

This is an excellent recommendation. We suggest forming a partnership between the local Family Support and Connections program, Commission on Children and Families, and the Malheur CAPTA Panel to establish this as a community wide prevention goal. Some of the funding provided to support the CAPTA Panel

could be used to support this project such as covering the cost of printing informational material.

Parents Anonymous of Oregon is another resource to explore for your community. They provide parent support groups and information and material on preventing child abuse and neglect. In the past, they received CAPTA funding to establish a parent support line serving Multnomah, Clackamas, and Washington counties.

3. Start a parent-mentoring group to provide new or inexperienced parents with a home visitor to allow for parenting skills to be taught in the home, and respite care, as well as a safe place for their children.

DHS Response

The local health department in your community receives state funding to operate a program called Healthy Start. This program is intended to provide voluntary comprehensive screening and risk assessment of newborn children and their families. Local Commissions on Children and Families are also mandated to promote wellness for children and their families and to address the needs of children and families at highest risk. As noted in the response to Recommendation Number 2, the CAPTA panel may want to consider this as an area of focus for the upcoming year and form a partnership with the local child welfare office, the health department, safety net, and Commission on Children and Families. CAPTA panel funding could be used to support pieces of this project.

4. Trainings with the faith community on child abuse recognition, screening and making appropriate referrals.

DHS Response

One of the requirements for Oregon to receive CAPTA funding is the provision of training to individuals required to report suspected cases of child abuse and neglect. Oregon Revised Statutes require child welfare to develop and make available training material to mandatory reporters. A CAPTA funded project began in 1999 to meet these requirements. It included rewriting and distributing a booklet on mandatory reporter. In 2004, ten thousand copies of the newly written “What You Can Do About Child Abuse and Neglect” booklets were printed and almost all the copies distributed. DHS reprinted them to provide agencies,

organizations, schools and churches approximately 4,000 copies of the booklet each month. DHS also produced and continues to distribute copies of a mandatory reporter training video. A statewide mandatory reporter-training curriculum funded through CAPTA was developed in April 2005. The CJA Task Force is in the process of issuing a request for proposals to develop and implement specialized training for mandatory reporters of child abuse and neglect. The target audience includes physicians, teachers and other school employees. The mandatory reporter booklet and videotape are available for use in your community.

5. Utilizing play therapy in the mental health community when parents are ordered to go to counseling so they get hands on skills and mentoring on how to interact with and enjoy their children in a therapeutic supervised setting where they are using real skills that can be transferred to the home environment with the help of therapist and para-professionals.

DHS Response

Play therapy has become an outdated treatment modality. Clinical studies indicate that other treatment modalities such as Cognitive Behavior Therapy are more effective.

DHS is exploring the use of Parent-Child Interaction Therapy and Attachment Coaching as methods to support development of parental attachment. This type of intervention is demonstrating effectiveness in supporting parent-child bonding and in development of specific parenting skills. However it is an intensive and expensive modality.

6. Better quality screening of potential foster care parents including bringing the name and background histories of potential foster care parents before the Child Abuse Prevention MDT for screening and a team decision on appropriateness for licensure.

DHS Response

Oregon Administrative Rule: 413-120-0400/0470 and 413-200-0301 to 413-200-0401 prescribes the process and standards to be used in screening and certifying prospective foster parents, adoptive parents, and other adult relatives and non-relatives residing in the household. The rules were established to reduce the risk of exploitation and/or abuse of children in the care of or receiving services from

DHS and outlines how DHS conducts criminal offender information and other background checks of individuals. It outlines the procedures by which DHS obtains criminal offender information on subject individuals who are seeking to provide relative, foster or adoptive care to children in DHS custody. It lists the convictions, criminal history, or arrest record that makes applicants ineligible. In addition, these rules provide opportunities for individuals to appeal and challenge the department's decisions to deny, suspend, and revoke certifications through Oregon Administrative Hearing process.

This is a process established in rule and directed by statute, DHS does not believe transferring decision-making responsibility and liability process to a larger body would best serve children and families. Further it would jeopardize the confidentiality of foster and adoptive applicants.

7. More parenting classes that are not just preaching to the choir but are required for offenders.

DHS Response

Parents are required to demonstrate behavioral changes to reduce the safety threats and provide stability in the lives of their children. Parenting classes, counseling, and alcohol and drug treatment services are some of the many strategies the department uses to help parents meet their child's safety and attachment needs. If parents do not complete their change based services agreements, they risk losing permanent custody of their children.

8. More outreach and education efforts to engage the community as a whole, as based on the community survey results, it is apparent that the community still is unaware of the significant problem of child abuse and child sexual abuse in our community, and what referral and protective systems are in place.

DHS Response

One of the roles of the CAPTA panels in providing education on the extent and significance of child abuse and neglect and the resources available to address these issues directly in each of their communities. Although the specific role of the panel is to examine child welfare procedures and practices on a local level, a broader role for the panels was also envisioned: mobilizing all areas the community to take responsibility for keeping children safe such as service clubs, churches, the business community, law enforcement, community organizations

and city, county, state, and federal agencies. A single agency cannot accomplish the task of keeping children safe. A far more effective way to deal with the issues surrounding child abuse and neglect is on a community wide basis. We can provide support to the CAPTA panel if they would like to take a leadership role in this effort. There are other organizations that are also involved in this task in your community such as the Commission on Children and Families and the Community Safety Net Program. We can obtain training and technical assistance from one of the National Resource Centers through the Administration on Children and Families on development of a community-wide awareness campaign or other activities the panel would like to pursue.

9. More funding and resources devoted to prevention and intervention of child abuse service agencies. Staff is consistently overworked, have extremely high caseloads, burn out and this is when children start falling through the cracks.

DHS Response

The issues of overworked staff, high caseloads, and burnout are of ongoing concern for DHS as well. Through a process of working with national experts to examine issues of child welfare caseload, training for field and supervisory staff, and improvements in child welfare policy and procedures, DHS developed several strategies to reduce child welfare workload requirements. This was done by obtaining additional legal assistance in juvenile dependency cases from paralegals and attorneys at the Oregon Department of Justice in the last legislative session. This will reduce the time caseworkers spend in writing petitions and appearing in court.

DHS also received additional casework positions during a Legislative interim session and is currently filling these positions. Other strategies DHS is pursuing include improving the caseworker/supervisor ratio, training for both supervisors and caseworkers and utilization of non-case carrying staff. Child welfare administration is continually working on ways to provide better training and support to caseworkers to avoid burnout and improve services to children and their families.