SECTION VIII. CAPTA STATE GRANT

The following gives a brief overview of the service description and collaboration of child protective service coordinators, citizen review panels, child welfare alcohol and drug addiction education and training and the Oregon Safety Model implementation**.**

Child Protective Service Coordinators

Child Protective Service (CPS) Coordinator positions are critical to developing policies and procedures for CPS response, providing training and consultation to staff on how to apply to daily practice. They are involved in writing administrative rules and procedures to direct and guide staff in the screening (intake) and assessment (investigation) of child abuse and neglect. In addition, designing, developing and implementing modifications and enhancements to the Information System to support the changes in administrative rule and procedure. These efforts are to increase consistency in practice across the state in screening and assessment.

The areas addressed in administrative rule and procedures include direction and guidance on identifying and establishing safety services. In addition, obtaining medical examinations, as well as, psychological, psychiatric and mental health evaluations is also addressed. With a consultant a being member of the policy council, they are able to participate monthly in the review of policies and administrative rules related to all aspects of casework practice, including face to face contacts, service delivery and treatment.

CPS Coordinators are involved in designing, developing and implementing modifications and enhancements to the Information System to support the changes in administrative rule and procedure. They are also involved in the SACWIS project, including attending vendor demonstrations and developing requirements in

an effort to work toward the development of a system that would support case management and increase efficiency.

Consultants provide monthly training to staff on mandatory reporting of child abuse. They provide bi-annual training to Oregon legislature on mandatory reporting of child abuse. Consultants also assist in the development and delivery of training related to administrative rules, practice changes and technical changes.

Providing support to management, coordinating field consultants that provide support to supervisors and managers, meetings with supervisors to illicit feedback on the Oregon Safety Model (OSM) and what they identify as their needs to support their caseworkers will result in more effective reports of child abuse and neglect and better decisions about child safety.

The implementation of the OSM will encourage better case management, including more appropriate and better reviews of child safety leading to safer children. It allows more thorough assessment of services and treatment needs of children and parents. The goal is the development and decisions about the provision of services while collaborating with the parents.

Citizen Review Panels (CAPTA Panels)

Citizen Review Panels or CAPTA Panels, as they are known in Oregon, work on local systemic issues related to child abuse and neglect within the three designated geographic areas (Jackson, Malheur and Multnomah counties) and provide feedback and recommendations to DHS. For detailed information on the panels, see Citizen Review Panel Overview included in a later section of this report.

Child Welfare Alcohol and Drug Addiction Education and Training

Provide alcohol and drug addiction education, treatment and training modules to Child Welfare (CW) Caseworkers and parents involved in the CW process. Research current effectiveness of evidence based and best practices in alcohol and drug treatment and education. Collaborate with parents to ensure that they are receiving appropriate services for their addiction issues.

Oregon Safety Model Implementation

Technical assistance for the Oregon Safety Model (OSM) was provided on research based methods for assessing and monitoring child safety. The key to implementation is developing appropriate training to implement to supervisors and CW staff. The technical assistance improves CW caseworker skills and services to assist in ensuring child safety and appropriate services for families.

Program Update

Based on input received during the planning process, Oregon will develop and implement projects that support and improve the state's child protective services

system in several of the fourteen areas over the next five years. DHS chose to focus on eight (8) of fourteen (14) areas during the first two years of the plan (CAPTA State Plan FFY2005-2009). The areas were (1, 3, 5, 6, 7, 12, 13 and 14).

DHS has chose to focus on the following areas during the next year (1, 3, 4, 6, 7, and 13) noted in bold. One of the Children's Justice Act Task Force is projects will fulfill area 13.

1. the intake, assessment, screening, and investigation of reports of abuse and neglect;
2. (A) creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and
   (B) improving legal preparation & representation, including-
      (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and
      (ii) provisions to appoint an individual to represent a child in judicial proceedings;
3. case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
4. enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
5. developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. developing, strengthening, and facilitating training including –
   (A) training regarding research-based strategies to promote collaboration with the families;
   (B) training regarding the legal duties of such individuals; and
   (C) personal safety training for caseworkers;
7. improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
8. developing and facilitating training protocols for individuals mandated to report child abuse or neglect;
9. developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect;
10. developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including-

(A) existing social and health services;
(B) financial assistance; and
(C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption.

11. developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect;
12. developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
13. supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems; or
14. supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

CAPTA Activities/Projects

Future Activities/Projects

CAPTA Advisory Committee

Section	CPS Areas	CFSR Items
106	All	N/A

DHS, Family Based Services (FBS) is in the process of forming a CAPTA Advisory Committee. The committee will meet quarterly to discuss projects and activities associated with the CAPTA OCAN Basic state grant funds and will review the annual reports and recommendations submitted by the CAPTA panels. The committee will include FBS Program Manager, Grants Coordinator, Assistant Manager of Foster Care and others.

CAPTA Statewide Meeting

Section	CPS Areas	CFSR Items
106 (c)	All	N/A

DHS, Family Based Services (FBS) is in the process of planning for a statewide CAPTA (Citizen Review Panel) meeting in late 2007 or early 2008. The meeting will include the three CAPTA panels and the Oregon Children's Justice Act Task Force.

Ongoing Activities/Projects

Oregon Safety Model Implementation

Section	CPS Areas	CFSR Items
106(b)(2)(C)(i), (ii)	1, 3, 4, 7	1, 2, 3, 4

The following outlines the current status of Oregon's Safety System Review and implementation of the Oregon Safety Model (OSM). DHS plans on allocating future funding to present technical assistance and consultation on 'Confirming Safe Environments' and other topics related to improving child safety.

Objectives

1. Implement currently recognized national best practices in safety intervention systems through execution of the OSM for child abuse and neglect and compare with the current Oregon practice. This will include train the trainer sessions on 'Confirming Safe Environments'.
2. Ongoing review and feedback about efforts to put OSM into practice. This will include periodic conference calls and consultation with Action for Child Protection.
3. Technical assistance for implementing training for CW supervisors on supervising for child safety.

Approach

A study of Oregon's response to fatality or serious injury cases was designed and conducted primarily through the resources of the National Resource Center for Child Protective Services (NRCCPS). The contractor providing the services was Wayne Holder, Executive Director for Action for Child Protection. The NRCCPS covered the costs associated with the initial 25 days of the review, while CAPTA funding covered the expenses for an additional 16 days plus related travel and per diem expenses.

Accomplishments

The review focused on seven components of a safety intervention system: policy, procedure, staff development, supervision, information system, program management, and quality assurance. Oregon's current practice in each of these areas was compared to national best practice. The review resulted in nine recommended safety intervention system improvement action steps. Overall comments included in were as follows the study found:

- Oregon's safety intervention system is comparable to the state of the art as it is applied.
- The approach to safety intervention in Oregon is more similar to what is occurring nationally than different.
- The work that has occurred to date is a good foundation for further development.
- Oregon should enhance what exists.

Outcomes

Oregon is currently implementing the OSM based on the above recommendations to make the changes necessary to improve its' safety intervention system based on this study.

In March 2007, Child Welfare management level staff completed developed a procedures manual which is more specific and provides step-by-step direction as well as direction on safety throughout the life of the case.

Children, Adults and Families (CAF) will continue to utilize CAPTA funding during the upcoming year to contract with Action for Child Protection or other consultants for technical assistance and support required to implement the recommended safety intervention system improvement action steps.

Child Protective Service Coordinator - Position 1

Section	CPS Areas	CFSR Items
106(b)(2)(C)(ii),(iii)	1, 2, 3, 4, 6, 7, 8, 11, 13, 14	1, 2, 3, 4

Objectives

1. Provide statewide technical assistance and direction to District managers, child welfare managers, supervisors and workers as well as community partners on the implementation, management and evaluation of CPS program and practice.
2. Evaluate the effectiveness of CPS policy, performance, service delivery and outcomes.
3. Develop and establish goals and objectives for policy and training as a part of the CAF CPS program staff and in collaboration with other state agencies.
4. Improve communication between the state program office and local service delivery offices.
5. Participate in the leadership of the state child welfare founded disposition review process.
6. Conduct quality review of CPS/Child Welfare practice, procedure and performance.
7. Provide technical advice to child welfare staff, other DHS staff, community partners and the general public on sensitive, high profile and high-risk family abuse situations.
8. Provide technical assistance to the state CPS program manager in research, policy and protocol development and legislative tracking.

Approach

This project will fund a 1.0 FTE Child Protective Services Program Coordinator position to ensure the quality and consistency of child protective services practice and policy on a statewide basis. The staff will work in coordination with the current CPS Program Coordinator in CAF administration under the direction of the CPS Program Manager. One of the roles of this position will be to develop and implement strategies for more effective communication between the state program office and child welfare field on child welfare policy and practice issues. This is in line with Wayne Holder's recent study where he identified Oregon practice of "localizing" policy and practice interpretation as resulting in inconsistency in the delivery of child welfare services. Another key role for this position will be their involvement in the development of goals and objectives for policy and training in collaboration with other state agencies. The position will also allow for increased opportunities to provide quality reviews of CPS/Child Welfare practice, procedure and performance.

Child Protective Services Program Coordinator - Position 2

Section	CPS Areas	CFSR Items
106(b)(2)(C)(ii)(iii)	1, 2, 3, 4, 6, 7, 8, 11, 13, 14	1, 2, 3, 4

Approach

A permanent, full time position was created in 2001 to ensure the quality and consistency of child protective service practice statewide. The CPS Program Coordinator is located in the central administrative offices of Children, Adults and Families and works closely with the Child Welfare Program Manger.

Accomplishments

The previous person in this position received the Director's Excellence Award for their work in the development of the Critical Incident Response Team (CIRT) Protocol to guide the Department of Human Services' response to fatality or serious injury cases or other highly concerning events where child abuse or neglect is suspected and there is emerging media or public interest. This position has been very successful in providing more consistency statewide in child welfare practice through extensive development of new or revised child welfare policy, administrative rules and protocols including the following:

- CPS Rules for screening, assessment, DHS/LEA cross reporting, child safety assessment and safety planning, interviewing, child abuse assessment dispositions, and introduction to CPS.
- Protocols for child fatality review and critical incident response.
- Revision of child welfare forms.
- Development of mandatory reporting curriculum and statewide tracking system.

In addition this position works closely with other agencies and community partners representing child welfare on a variety of work groups and committees such as:

- Governor's Council on Domestic Violence
- Juvenile Code Revision Workgroup
- Medical Polices Workgroup
- Mental Health Workgroup
- Methamphetamine Workgroup
- DHS Privacy Workgroup

DHS Child Protective Services is currently recruiting to fill this position.

50% of yearly CAPTA OCAN Basic state grant funds are allocated for the two CPS Program Coordinator positions.

Baby Doe – Public Law 98-457

Section	CPS Area	CFSR Items
106	1, 3	

In accordance with Oregon Administrative Rules 413-020-06600 through 0650 and State Office for Services to Children and Families, Client Services Manual I, Number I-B.2.2.2, Section B, Subsection 2, Subject 2, "Investigation of Suspected Medical Neglect – Infants, a portion of our OCAN CAPTA Basic state grant is set aside annually to contract with medical providers to comply with Public Law (PL) 98-457, if needed.

Our medical provider(s) will supply neonatology, consulting services to DHS referred clients and consult with DHS employees during the investigative phase of DHS Child Protective Service cases and supply information to be used to determine if reasonable medical judgment is being applied by attending physicians and hospital sites where clients are being reviewed.

The PL requires Oregon's CPS program to respond to reports of suspected medical neglect, including reports of withholding medically indicated treatment for disabled infants with life threatening conditions. The legislation requires that appropriate nutrition, hydration and medication shall always be provided to the infant, and that the effectiveness of treatment shall not be based on subjective opinions about the future 'quality of life' of an infant. The parents are decision makers concerning treatment for disabled infant based on the advice and reasonable medical judgment of their physician(s) with advice from a Hospital Review Committee, if one exists. It is not the State's intention to make decisions regarding the care and treatment for a child except in highly unusual circumstances where the course of treatment is inconsistent with applicable standards established by law.

Due to the sensitive nature of these cases and the specialized skills required to complete the investigations, Oregon's response to PL 98-457 was the implementation of Administrative Rules which require that DHS, Children, Adults and Families (CAF), Child Protective Services (CPS) Unit designate a CPS staff person in three cities in Oregon, (Eugene, Medford and Portland), to be a specialist in Medical Neglect Investigations.

The Medical Neglect Investigators (MNI), along with the CPS Program Manager, will be available to provide telephone consultations and to investigate reports

alleging medical neglect of handicapped infants with life-threatening conditions. The MNI will form a special investigative 'team' with a Designated Consultant Neonatologist and a local CPS caseworker to assess suspected medical neglect of disabled infants with life threatening conditions.

As of May 2007, funding has not been necessary for these services but funding continues to be allocated from the OCAN CAPTA Basic State grant budget. DHS is currently in the process of securing another neonatologist group to provide these services.

Early Intervention Referrals

Section	CPS Area	CFSR Items
106 (b)(2)(A)(xxi)	1, 3	

On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003. This legislation included language requiring states to establish "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act." 42 USC § 5106a(b)(2)(A)xxi). In addition, the Individuals with Disabilities Education Act (IDEA) 2004 requires "a description of the State policies and procedures that require the referral for early intervention services of a child under the age of 3 who (A) is involved in a substantiated case of child abuse or neglect; or is (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." 20 USC § 1437(a)(6). DHS and Oregon Department of Education (ODE) agreed to meet the requirements of these two new federal legislative mandates by doing the following:

- Have consistent contact to review referral policies and procedures and revise as needed
- Develop models of program collaboration based on shared information and shared decision-making at both the state and local level.
- Develop tools for implementation such as authorizations for the release of confidential information and referral/enrollment procedures.
- Create protocols with additional partners that provide the easiest and fastest way for families and infants to be referred to early intervention and to receive early intervention services for those who qualify.
- Define roles and responsibilities of each agency.
- Seek solutions focused on what is in the interest of children and families.
- Support and promote this agreement with our local partners.

- Require county-level implementation plans regarding screening, referral and evaluation of this population of children.

The Child Welfare (CW) Administrative Rule directs CW staff to refer all children who fall under this mandate to their local EI/ECSE program. The procedure manual further supports the referral process. Each count EI/ECSE Program and local CW office have a joint agreement that describes referral procedures that will be used for each child within 30 days of the founded date and subsequent follow-up procedures. DHS and ODE are currently in the process of reviewing the County agreements and compliance and developing new plans to further increase the number of referrals and reeducate CW Caseworkers on the referral process.

CAPTA OCAN Basic State grant funds are currently not necessary for this federal requirement.

Citizen Review Panels (CAPTA panels):
Jackson, Multnomah and Malheur Counties

Section	CPS Area	CFSR Items
106 (c)	All (Panels Option)	

DHS utilizes approximately 11% of the OCAN CAPTA Basic state grant to support the Citizen Review Panels (CAPTA) in Oregon. All three CAPTA panels will hold Community Child Neglect Summits sponsored by the Children's Justice Act (CJA) Task Force during July 2007. The grants coordinator and members of the CAPTA panels attended the National Citizen Review Panel Conference in Lexington, Kentucky in May 2007. Family Based Services is seeking approval from DHS to hold a statewide conference including the three CAPTA panels and the CJA Task Force. More information on the Citizen Review Panels (CAPTA panels) is included in the section titled Citizen Review Panel Annual Reports.

Completed Projects

Migrant/Seasonal Head Start: Training Curriculum Development for Recognizing and Reporting Child Abuse and Neglect

Section	CPS Area	CFSR Items
106(b)(2)(C)(i), (iii)	1, 8, 11, 12	14, 17, 18

Project Description

The focus of this project was the recognition and reporting of child abuse and neglect by child care providers and Head Start program staff. The project modified the existing state 'Recognizing and Reporting Child Abuse and Neglect (RRCAN)' curriculum and reproduced an enhanced training document that included culturally specific scenarios and a focused look at statistics and data for the migrant and seasonal population. The enhanced curriculum was disseminated through a "train the trainers" approach utilizing staff that is currently delivering this training to child care workers. In addition the enhanced training curriculum was made available to members of the training structure for the childcare provider system including Portland State University, Center for Childhood Care and Education, the Oregon Child Care Resource and Referral Network, Oregon Child Development Coalition (OCDC), and other Head Start programs throughout the state.

This project was originally scheduled to be completed in early 2006. The completion date of the project was extended through November 2006 to allow a train the trainer's event.

Overview

In Oregon there are two-hour Recognizing and Reporting Child Abuse and Neglect (RRCAN) training workshops being conducted for current and potential child care providers. This training outlines the nature and content of Oregon laws in child abuse reporting. The training is developed to follow the content of the DHS-Child Welfare publication, 'What You Can Do About Child Abuse'. Many childcare workers and Head Start staff who provide services to children from Latino families, especially those with parents who are migrant and seasonal workers, found that the RRCAN training curriculum did not address all of the issues encountered in working with these families. Migrant and seasonal families are highly mobile and experience both linguistic and cultural barriers in areas such as discipline, child supervision, and other general child welfare concerns. Major efforts were needed to develop more linguistic and culturally relevant information in dealing with these cultural differences.

A multi-agency planning committee met on a regular basis since October 2004 to guide the development of the curriculum and the training of trainers. The committee includes representatives from the Oregon Child Care Division, Oregon Child Development Coalition, DHS child welfare, county health departments, and

Portland State University. The group has selected a contractor to develop a revised curriculum that present information on the duties and responsibilities of child care providers to make reports on suspected child abuse and neglect in a manner which will recognize and address the differences in the cultural needs and barriers of the Latino community.

The curriculum was developed using the "popular education model" which includes opportunities for group work, specific activities, handouts, demonstrations, discussion and questions.

Outcomes

This project was presented at the National Latino Head Start Conference. Feedback was taken from Latino Head Start programs from all over the United States and was incorporated in the curriculum design. There have been several presentations of the curriculum to obtain feedback before finalization. On April 4, 2005, eleven parents on the Oregon Child Development Coalition (OCDC) were given three hours of training on the RRCAN curriculum. It was also presented at an outside agency in California on April 12, 2005, for soundness and cultural content.

During 2006, OCDC conducted an adapted Spanish RCCAN Curriculum training session with OCDC Family Service Managers in eleven identified counties within the State of Oregon. The curriculum reflects the cultural differences and barriers related to the Latino population with a special focus on migrant and seasonal farm workers and their families.

OCDC serves nearly 3,000 children and therefore the project impacts a large amount of children and families in Oregon. The training will provide mandatory reporters culturally and linguistically appropriate tools for recognizing and reporting child abuse and neglect within the Latino community. This curriculum will make a positive difference in our communities by providing tools for protecting children and supporting families.

The trainers will be certified through Oregon Center for Career Development in Childhood Care and Education. The will train all the OCDC staff in their local counties on an annual basis. Within OCDC this will include nearly 1,000 employees who serve children and families.

National Conference on Child Abuse and Neglect

Section	CPS Area	CFSR Items
106	All	

With our Children's Justice Act grant, DHS awarded funds to the National Conference on Child Abuse and Neglect (NCCAN) to provide scholarships for Oregon child welfare professionals and community members for admittance to the conference held in Portland, Oregon during April 16-21, 2007. Over 150 scholarships to Oregon professionals and a small amount of travel per diem were supported by the grant. The recipients included CASA, Citizen Review Board, County organizations, Child Welfare caseworkers, faith community, foster parents, law enforcement, mental health professionals, multidisciplinary teams, mentors, non-profits, parents, parent leaders, students, tribes, vistas and volunteers. The scholarships were geographically disbursed throughout Oregon.

With OCAN CAPTA Basic state grant funds, we were able to assist DHS Child Welfare staff located in remote locations in Oregon to attend the NCCAN.

Services and Training

Ongoing or New Training

Child Welfare Alcohol and Drug Addiction Education and Training

Section	CPS Area	CFSR Items
106		

Ongoing

DHS has chosen to provide alcohol and drug addiction education and training modules to CW Caseworkers and parents involved in the CW process. Approximately 5% of CAPTA OCAN Basic state grant funding is allocated for the following training modules.

Eight one-day training sessions will be provided to DHS CW staff on Best Practices in Case Planning: Clients with Methamphetamine Abuse/Addiction, Clients with Heroin Addiction and Working with Methadone Maintenance Treatment Programs, Clients with Marijuana Addiction and Working with Marijuana Users and Clients with Alcoholism.

New

Seven four-hour Marijuana education classes will be taught in the Portland-metro area of Clackamas, Washington and Multnomah counties to child welfare parents and caseworkers. Real life information on strategies to work more effectively with addicted clients is part of this training module. Speakers will share experiences of addiction, recovery process and working with staff from state agencies.

Substantive Changes In State Law

There were no substantive changes in Oregon law to affect eligibility.

Citizen Review 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 Family Based Services, 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.

Citizen Review Panel Annual Reports

Citizen Review Panel: Multnomah County, Oregon

Time period: May 1, 2006 to April 30, 2007

Panel Members:

Susie Barrios	Intensive Family Services
Judy Brandel	Multnomah County Health Department
Kirsten Brown	DHS, CPS Consultant
John Eckert	Portland Police Bureau
Miriam Green	DHS, Multnomah Cty Child Abuse Hotline
Maggy Khilnani	Bradley-Angle House/Safe Choice (retired)
Sara Perkins	Multnomah ESD, Depart of School Health Serv
Suzie Rush	Cascadia Behavioral Healthcare
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 2006-07

July 28, 2006

The meeting began with a brief review of the purpose of CAPTA Panels for new members and a review of some of the activities of the two other Oregon CAPTA panels. The panel in Jackson County developed a child safety newsletter and the Malheur County panel used some of their funds for public service announcements to increase awareness and educate the public about child abuse. Kevin stated that the Multnomah County CAPTA panel has approximately $5,000 for this grant year to use for public outreach activities.

The group then discussed possible topics on which to focus between now and the end of the CAPTA grant year in May '07. Some of the ideas mentioned were a focus on neglect (e.g., medical needs of children in foster care, developmental screening, children of developmentally delayed parents, and best practice in handling cases of child neglect), domestic violence, drug endangered children and sexual abuse between children in foster care and the training available for foster parents in regard to that issue. Several panel members felt that it was important to continue to focus on the new DHS "Safety Intervention Model" developed in response to the Wayne Holder Report. The final decision was made that the group would focus on the Safety Intervention Model in relation to how field workers determine "safe environments".

As the policy itself is still in development and training won't actually take place until January, the group determined that the next October 27, 2006 meeting would consist of several presentations about neglect. The January 26, 2007 meeting will focus on the Safety Intervention Model in relation to neglect and the group will determine how to wrap up the year at the April 27, 2007 meeting (i.e., do we want to have a training, develop a list of resources for neglect issues, or public service announcements/education).

October 27, 2006

Dr. Leila Keltner, medical director of CARES Northwest, presented on child neglect. In Oregon, neglect is defined as "negligent treatment or maltreatment of a child, including but not limited to, the failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child." She stated that neglect is the most prevalent form of child abuse but it is often not diagnosed because unlike other forms of abuse, neglect is frequently an act of omission. Dr. Keltner described the types of neglect currently reviewed in literature as physical, healthcare, supervisional, emotional and educational/ developmental. She stressed the importance of objective and factual documentation and inclusion of collateral reports when diagnosing neglect with a multidisciplinary (MDT) approach. Dr. Keltner also presented a case of six (6) and three (3) year old siblings whose 17 month old brother was found dead.

The case presented by DHS was an ongoing case that had been in the system from 1999-2006. It focused on a mother with 3 children. The mother had a history of drug/alcohol abuse and chronic mental health issues. The father was not a steady presence in their life. The caseworker said they were concerned about medical neglect of the children as one of the children was diagnosed with high sodium levels and the mother wasn't facilitating the follow up blood screens recommended by the doctor to monitor the child's sodium levels. DHS also discussed concerns about the children's exposure to domestic violence (DV), chronic homelessness and sexual acting out by one of the children.

January 26, 2007

Una Swanson, Julie Rahsaan, Kirsten Brown and Ted Keys presented the Safety Intervention Model in relation to neglect. The model includes a safety threshold criteria that ranges from "safety risk" to "present danger." The concepts of "present danger" and "impending danger" were discussed. "Impending danger" was defined as a state of danger, out of control, that is anticipated to have severe affects on the child at anytime. "Present danger" was defined as a visible and current safety threat.

The DHS case presented at the meeting on 10/27/06 was reviewed and applied to the Safety Intervention Model. The "Oregon Safety Threats Guide" used in training was explained and the DHS case was viewed in light of the 16 universal safety threats included in the model. These safety threats are designed to assist in

identifying present danger or impending danger for a child. The attempt to make services consistent throughout the state was discussed. Ms. Swanson mentioned the Safety Intervention Model is not intended to increase or decrease the number of cases, but rather to clarify who DHS serves. The model is intended to identify conditions for a child's return. The group recommended the model be presented to community partners for training across disciplines.

A letter from the Children's Justice Act (CJA) Task Force dated January 16, 2007 was distributed. It detailed an opportunity to apply to host a local Community Child Neglect Summit.

The following plan was determined:

- The CAPTA Panel will apply for the CJA Community Child Neglect Summit grant. The application is due February 16, 2007.
- We will contact other agencies to determine if they are planning to apply.
- Evidence of "strong local sponsorship" is a requirement of the application. Kevin agreed to contact Portland City Commissioner Dan Saltzman to ask if he would be interested in providing local leadership.
- We will ask CAPTA members to help solicit letters of support as required by the grant application.
- If selected as a host site, we will send an e-mail to panel members and interested community partners inviting them to join a subcommittee for planning the one day summit.

April 27, 2007

The CAPTA Panel was awarded a grant to host a Community Neglect Summit on July 23, 2007. This meeting will be the first Neglect Summit planning meeting and will include PSU facilitators Katharine Cahn and Kellie Herold, as well as Shannon Callahan from Commissioner Saltzman's office. The meeting will focus on the following topics:

- Concepts of the project and objectives of the Summit
- Role of the PSU faculty
- Brief overview of the sample Summit agenda
- Plan morning portion of the Summit (review options for 9-10:45 and 11-noon time slots)
- Brief overview of sample materials for packet

- Logistics (location, invitations, marketing and registration)

Multnomah County Panel Recommendations for 2006-2007:

The following recommendations are based on the three CAPTA Panel meetings summarized above. The focus of the meetings was to educate the panel on issues related to neglect and look at how they can be applied to the new Safety Intervention Model.

1. The group recommended that the Safety Intervention Model be presented to community partners for training across disciplines. Panel members thought the model's checklist would assist community partners in understanding what to look for in assessing children's safety, and help them communicate those factors when making a mandatory report to DHS.

2. Panel members recommended the CAPTA Panel submit a proposal to host a Child Neglect Summit in Multnomah County. The Panel agreed that the Summit would not only educate those working with children at risk of neglect, but also provide a forum for community partners to discuss ways to address neglect issues.

Sincerely,

Kevin Dowling	Shelley O'Brian
Program Manager	Regional Coordinator
CARES Northwest	CARES Northwest

Multnomah County CAPTA Panel

Citizen Review Panel: Malheur County, Oregon

Time period: April 1, 2006 to March 31, 2007

Panel Members:

Roberta Donovan	Project DOVE Executive Director
Keely Ponce	STAR Center Coordinator
Christina Bautista	SART Advocate, STAR Center
Marivel Jimenez	Project DOVE
Myrna Anderson	CASA
Wendy Hill	DHS
Wendy Bristol	DHS
Steve Brown	DHS
Linda Beal	Malheur Co. Sheriff's Office

Panel Facilitator: Roberta Donovan, Project DOVE Executive Director
Panel Coordinator: Keely Ponce, STAR Center Coordinator

Summary of Malheur County CAPTA Panel meetings and activities during

2006-07

CAPTA is very excited to have the position of STAR Center Coordinator filled by Keely Ponce who moved up from the STAR Center Sexual Assault Advocate. Her position has been filled by Christina Bautista. Both Keely and Christina are real assets to this viable program and the CAPTA panel.

Goals of the CAPTA panel this year were to focus 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 Chelle Robbins to the CAPTA panel. We have had changeover in the panel but no additional members overall.

We continued the widespread outreach and education campaign that included the following:

PSA's in English and Spanish on the local radio station that aired 180 times educating the community at large about what constitutes child abuse. We once again have the billboard in English displayed for 12 months aimed again at the different forms child abuse takes.

During 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.

The Panel is also heading up the Child Abuse Neglect Summit to be held this coming July 13, 2007 in Ontario. We are anticipating at least 100 participants throughout the community. This summit is following a very high profile murder case of a small child by his step-mother that will make people more aware of the abuse in Malheur County.

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 are basically the same as in the past and are 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 PTA 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 MDT for screening and a team decision on appropriateness for licensure.
7. More parenting classes.
8. More outreach and education efforts to engage the community as a whole.
9. More funding and resources devoted to prevention and intervention of child abuse service agencies.

Respectfully submitted,
Roberta Donovan, Executive Director
Project DOVE
Malheur County CAPTA Panel

Citizen Review Panel: Jackson County, Oregon

Time period: April 1, 2006 to March 31, 2007

Panel Members:

Dr. Curtis Oddo	Medical Director, CAC
Tracy Thompson	Administrative Secretary, CAC
Mary May	Grants Coordinator, CAPTA at DHS
Karla Carlson	Supervisor, DHS
Karen Doolen	Community Vol., 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 Coord.
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 Consult./Trainer
Linda Vanbuskirk	Medical Coordinator, CAC
Carl Sieg	CAC Interviewer/LEA Consult./Trainer
Linda Vanbuskirk	Medical Coordinator, CAC

Panel Facilitator: Dr. Curtis Oddo, Medical Director, CAC
Panel Coordinator: Tracy Thompson, Administrative Secretary, CAC

Summary of Jackson County CAPTA Panel meetings and activities during

2006-07

Meeting Activities:

This year the Jackson County CAPTA Citizen Review Panel focused on foster care recruitment, improved physical abuse evaluations, promoting trainings and education in child neglect and child abuse prevention, and improved child abuse legislation. The CAPTA panel members felt strongly that ongoing activities supported by the CAPTA panel needed to receive continued support in order complete the goals set in previous years.

Further, two child abuse cases were reviewed in regards to the return of children by judges quickly back to there parents despite evidence of the dangers to the children.

Community Activities:

1. Lifesaver bi-annual newsletter was distributed to over 43,000 children within the Jackson County School Districts including Medford, Central Point, Rogue River, and Eagle Point School Districts. It was also sent out to the daycare centers and Head Start programs. This year the newsletter was translated into Spanish and had a bilingual distribution. The CAC continues to have enormous request for this service from the community. The Lifesaver newsletter included many child safety education tips.
2. There was follow through from a previous CAPTA panel activity with Dr. Oddo continuing to push for anti-grooming legislation and anti-internet luring legislation. This push was rewarded with the legislation becoming a bill, House

Bill 2843 and House Bill 3515. The two bills are currently sponsored by Senator Kate Brown and Representative Andy Olson. The Bills are currently being reviewed by the House Ways and Means Committee for a review of the cost to the state jail system if it was implemented. CAPTA money could not be spent on lobbying for the legislation but CAPTA members still supported the bill as a follow through because the proposal started at our CAPTA meetings.

3. All the CAPTA members agreed on continuing the support of the foster parent recruitment activities. There was a continued effort to work with Pat Fisher and Penny Esser of DHS on foster parent recruitment activities and how to best fund the efforts. Our CAPTA panel donated funds for an advertisement banner, a foster parent recruitment dinner, and childcare for foster parent association meetings as well as other ongoing efforts to aid in foster parent recruitment.
4. The Jackson County CAPTA panel applied for and was awarded a Children's Justice Act (CJA) grant to host a Child Neglect Summit which will be held July 27th, 2007 at the Smullin Center in Medford. Strong community participation is anticipated.
5. The Jackson County CAPTA panel also agreed to support the "Focus on the Child" child abuse symposium on May 18th, 2007. There is a critical need in our county and surrounding counties to improve evaluations of child victims of physical abuse. By supplying qualified law enforcement and DHS offices who attend the symposium with quality digital cameras purchased by the CAPTA panel to document child abuse injuries vital to the investigation of child abuse cases, children throughout Southern Oregon will be better protected from further abuse. 20 cameras were purchased with the use of CAPTA funds.
6. Two cases were reviewed in regards to returning children quickly to their parents by local judges where it was felt that the children were placed in dangerous homes despite good evidence provided by DHS of these dangers. A review process was discussed concerning these types of cases.
7. A survey was sent to 80 local churches to help provide information about sexual abuse awareness and prevention trainings.

Recommendations:

1. Improvement needs to be made in the investigation of physical abuse cases including better documentation, better interviews of victims, communication between DHS and law enforcement, improved community awareness of physical abuse issues, improved outcomes of DHS custody and LEA criminal cases.
2. Improved legislation protecting children from sexual predators including online predators.

3. Improvement of local community networks dealing with child neglect issues.
4. More funding for foster parent recruitment and retainment.
5. There needs to be an investigation into the review process of disputed court cases between DHS and judges. These questions need to be addressed-What can be done to improve child outcomes and safety in contentious DHS cases? Are children being returned too quickly to dangerous home environments?

Future Plans:

1. Continue to aid Foster Parent recruitment and retention.
2. Continue to distribute "Life Saver" bi-annual newsletters.
3. Continue to support important child abuse legislation.
4. Continue to support better investigation of child physical abuse.
5. Follow through on the plans for the Child Neglect Summit on July 27th, 2007

Sincerely,
Dr. Curtis Oddo
Medical Director, Jackson Children's Advocacy Center
Jackson County CAPTA Panel

CAPTA Panel Recommendations and DHS Responses

Multnomah County Panel Recommendation

Recommendation 1

The group recommended that DHS present info on the OSM to community partners for training across disciplines. Panel members thought the model's checklist would assist community partners in understanding what to look for in assessing children's safety, and help them communicate those factors when making a mandatory report to DHS.

DHS Response 1

Currently, training is being developed and delivered to Juvenile Court Judges and attorneys who will represent children and parents, services providers and other community partners.

Jackson County Panel Recommendations

Recommendation 2

Improvement needs to be made in the investigation of physical abuse cases including better documentation, better interviews of victims, communication between DHS and law enforcement, improved community awareness of physical abuse issues, improved outcomes of DHS custody and LEA criminal cases.

DHS Response 2

Procedures being implemented with the OSM will result in better assessment victim and collateral interviewing and documentation of child physical abuse. Statewide initiatives are taking place to improve methods of cross-reporting to law enforcement agencies. During the last legislative session, Senate Bill 94 changed in conjunction with law enforcement agency new rules.

Recommendation 3

Improved legislation protecting children from sexual predators including online predators.

DHS Response 3

Legislation was introduced during this session with House Bill 2843 (creates crime of furnishing sexually explicit material to child, creates crime of luring minor and modifies crime of sending obscene materials to minors to crime of sending sexually explicit material to minor) and House Bill 3515 (anti-internet luring).

Recommendation 4

Improvement of local community networks dealing with child neglect issues.

DHS Response 4

DHS, in collaboration with the CJA Task Force, choose seven counties (Coos, Crook, Jackson, Lane, Malheur, Multnomah and Wasco) in Oregon to participate in Community Child Neglect Summits. The summit locations are geographically distributed throughout Oregon. The Counties will host one-day action-planning summits on child neglect from June through August of 2007.

The summits will provide information about child neglect to an interdisciplinary group of community professionals. Information will be provided in a morning session regarding incidence, impact on children, effective models of intervention, and what programs in the community might be related to this issue. An afternoon session would be structured to engage participants in a community action planning process.

Agencies involved include, but are not limited to, local Commission on Children and Families, law enforcement, juvenile courts, drug or alcohol treatment providers, schools and educators, public/mental health, DHS Child Welfare/Self Sufficiency, CASA, family support agencies, community action programs, local tribal or off-reservation providers or other ethnic/community-based agencies, and youth development groups.

The summits will engage participants in a community action-planning process on child neglect which will result in a final plan to implement for each community.

Recommendation 5

More funding for foster parent recruitment and retainment.

DHS Response 5

DHS has a legislative request for additional DHS positions for foster parent recruitment and retainment.

Recommendation 6

There needs to be an investigation into the review process of disputed court cases between DHS and judges. These questions need to be addressed-What can be done to improve child outcomes and safety in contentious DHS cases? Are children being returned too quickly to dangerous home environments?

DHS Response 6

Implementation of OSM will provide clearer information about child safety issues that will assist courts in making better safety related decisions for children and families.

In the last year, Oregon's legislature provided funds for attorney's to assist caseworkers with disputed or difficult juvenile court cases. Additional funds are now being sought to make more legal representation available.

Implementation of the OSM puts in place clearer procedures and decision making processes for determining when children can safely be returned home.

Malheur County Panel Recommendations

Recommendation 7

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 7

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 Unites States) or 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)).

Recommendation 8

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

DHS Response 8

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.

Recommendation 9

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 9

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.

Recommendation 10

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

DHS Response 10

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.

Recommendation 11

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 11

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.

Recommendation 12

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 12

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.

Recommendation 13

More parenting classes.

DHS Response 13

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.

Recommendation 14

More outreach and education efforts to engage the community as a whole.

DHS Response 14

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.

Recommendation 15

More funding and resources devoted to prevention and intervention of child abuse service agencies.

DHS Response 15

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.

Provisions and procedures for criminal background check for prospective foster and adoptive parents, other adult relatives, and non relatives in the household.

It is the goal of DHS to reduce the risk of exploitation and/or abuse of children entrusted in the care of or receiving services from DHS. Therefore, DHS conducts criminal offender information background checks as described in DHS Oregon Administrative Rules (OAR: 413-120-0400 thru 0470) dated July 25, 2005. The rules can be found at the following URL: (http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-g14.pdf).

The rules establish 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 under rules of CAF program and policy administration, an how DHS uses criminal offender information to determine the suitability of the subject individual to provide relative, foster or adoptive care.

The rules provide guidelines on the procedures DHS will use when DHS receives requests to conduct criminal offender information record checks from licensed private agencies who are studying adoptive families for placement of children in the custody of DHS under rules of CAF program and policy administration.

The rules provide guidelines on the procedures DHS will use granting exceptions for subject individuals convicted of certain felony and misdemeanor crimes to provide relative, foster or adoptive care if an exception is permitted under these rules.