

SECTION VI. Final CAPTA State Grant Update to the 2004-2009 CFSP

Based on input received during the planning process, Oregon developed and implemented projects to support and improve the state's child protective services system in several of the fourteen areas over the last five years. DHS focused on six (6) of fourteen (14) areas during the last year of the plan (CAPTA State Plan FFY2005-2009). The areas were (1, 3, 4, 6A, 7, 10) and are noted in bold.

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

The following gives a brief overview of the activities, projects and training funded by the CAPTA grant.

Projects and Activities

The Department of Human services in conjunction with the Refugee Child Welfare Advisory Committee provided training to child welfare staff about working with refugee children and families that become involved with child protective services. A one day training, in Portland on June 27,2008, was presented to protective services workers and supervisors.

The training addressed the following issues:

- Cultural differences in parenting styles, expectations for children and child discipline.
- The special needs of refugee groups.
- Systemic barriers that affect services to refugee families and how those barriers impact service outcomes.

CAPTA grant funds were used to assist with training and related expenses.

Ongoing Activities/Projects

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, the coordinators participate in designing, developing and implementing modifications and enhancements to the Data Collection Information System. The coordinators also work to support changes in administrative rule and CPS procedure. These efforts will 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 services to maintain child safety. Obtaining medical examinations, as well as psychological, psychiatric and mental health evaluations are also addressed. A CPS consultant is a member of the child welfare and policy council, and participates 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 the OR-Kids project, including attending vendor demonstrations and developing requirements for the development of a data collection system that would support case management and increase efficiency.

Coordinators assist in development and delivery of training related to administrative rules, practice changes and technical changes.

Child Protective Service Coordinator - Position 1

Section 106(b)(2)(C)(ii),(iii)	CPS Areas All 16 areas	CFSR Items 1, 2, 3, 4
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Objectives

1. Provide statewide technical assistance and direction to District managers, child welfare managers, supervisors and workers as well with community partners on implementation, management and evaluation of CPS program and practice.
2. Evaluate 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 Children, Adults and Families (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 coordination of the state child welfare founded disposition review process.
6. Conduct quality reviews of CPS/Child Welfare practice, procedure and performance.
7. Provide technical consultation 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 funds 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 person in this position works in coordination with the other CPS Program Coordinator in CAF administration under direction of the CPS Program Manager. One role of this position is 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. Another key role for this position is involvement in the development of goals and objectives for policy and training in collaboration with other state agencies. The position also allows for increased opportunities to provide quality reviews of CPS/Child Welfare practice, procedure and performance.

Summary of Activities

- Oregon Safety Model Implementation (OSM): Coordinators continue to train (practice forums, supervisor quarterlies and worker quarterlies) on the OSM concepts. This includes training and ongoing consultation with designated OSM trainers.
- Participating in the Department of Human Services development of the Program Improvement Plan. This included development of a quality assurance tool to be used with CPS assessments. These quality reviews provide information regarding where training is needed in the field.
- Development of best practice procedures for CPS workers and supervisor use. Topics have included: marijuana and child welfare cases, threat of harm guidelines, assessing teens as parents and sexual abuse issues.

Child Protective Services Program Coordinator - Position 2

Section	CPS Areas	CFSR Items
106(b)(2)(C)(ii)(iii)	All 16 areas	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 state administrative offices of Children, Adults and Families and works closely with the Child Welfare Program Manger.

Accomplishments

The person in this position received the Director's Excellence Award for their work in the development of the Critical Incident Response Team (CIRT) Protocol and development of the policy and process for Child Welfare staff to access the Law Enforcement Data System. The CIRT protocol guides 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 reorganization and development of new or revised child welfare policy, administrative rules and protocols including the following:

- CPS Rules for CPS in general (which includes definitions), screening, assessment (which includes safety analysis), DHS and law enforcement cross reporting, child abuse assessment dispositions, daycare facility investigations and access to the law enforcement data system in local offices.
- Develop mandatory reporting curriculum and statewide tracking system.
- Protocols for child fatality review and critical incident response.
- Procedures for all aspects of CPS, including the creation and revision of forms.

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:

- Rule Advisory Committees
- Founded CPS Assessment Disposition Review Committee (Appeal process)
- CPS and Office of Investigation and Trainings meetings
- Policy Council
- Law Enforcement Data Systems Meetings
- Change Control Board for information system that supports CPS
- State Child Fatality Review Team

Summary of Activities

- Updating Chapter 2 (Screening and Assessment) of the Child Welfare Procedure Model.
- Provide Mandatory Reporting Training.
- Re-writing and updating Critical Incident Response Protocol.
- Complete case reviews.
- Facilitate improvements to the founded disposition review/appeal process.
- Analyze CPS related legislation.
- Collaborate on modifications to the Child Welfare information system (SACWIS).
- Develop Protocol for Rule Advisory Committee Process.
- Collaborating and finalizing revisions of the Domestic Violence Guidelines.
- Ongoing revision of CPS rules.
- Rewriting Service Reporting Administrative Policy.

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

Family Based Service Consultant

The Family Based Service (FBS) Consultant position is critical to develop policies and procedures for child welfare response and to provide training and consultation to staff on applying these policies and procedures to daily practice. The person in this position consults with child welfare caseworkers and supervisors to guide staff in the application of the Oregon Safety Model to maintain children safely in their home or to reunify them with their parents as quickly as possible.

In addition, the Consultant participates in work groups that design, develop and implement or modifies administrative rules and procedures. The Consultant trains staff and provides ongoing feedback about changes in administrative rule and FBS procedure. These efforts will increase consistency in practice across the state in maintaining children safely at home and in returning them home more quickly.

Family Based Services Consultant

106 (a)(1), (b) (2),(C)(ii)(iii)	CPS Areas	CFSR Items 1, 2, 3, 4
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Objectives

1. Provide statewide technical assistance and direction to District managers, child welfare managers, supervisors and workers as well with community partners on implementation, management and evaluation of FBS program and practice.
2. Evaluate effectiveness of FBS policy, performance, service delivery and outcomes.
3. Develop and establish goals and objectives for policy and training as a part of the CAF FBS program staff and in collaboration with other state agencies.
4. Improve communication between the state program office and local service delivery offices.
5. Conduct quality reviews of FBS/Child Welfare practice, procedure and performance.
6. Provide technical consultation to child welfare staff, other DHS staff, community partners and the general public on sensitive, high profile and high-risk family abuse situations.
7. Provide technical assistance and feedback to the state FBS program manager with current practice issues for field staff such as supervisors and caseworkers.

Approach

This project funds a .5 FTE Family Based Services Consultant position to ensure the quality and consistency of child safety practice and policy for two districts encompassing six counties in Oregon. The person in this position works in coordination with four other Family Based Services Consultants and the FBS Program Coordinator within the Office of Safety and Permanency for Children under direction of FBS CPS Program Manager.

One role of this position is 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. Another key role for this position is involvement in the development of goals and objectives for policy and training in collaboration with other state agencies. The position also allows for increased opportunities to provide quality reviews of FBS/Child Welfare practice, procedure and performance.

Summary of Activities

- Oregon Safety Model Implementation (OSM): Consultants continue to train and consult (practice forums, supervisor quarterlies and worker quarterlies) on the OSM concepts. This includes training and ongoing consultation with designated OSM trainers.
- Participate in the Department of Human Services development of the Program Improvement Plan. This included development of a quality assurance tool to be used with FBS assessments. These quality reviews provide information regarding where training is needed in the field.
- Development of best practice procedures for use by caseworkers and supervisors. Topics include: development of an initial in-home safety plan, conditions for return of children safely to their homes, assessing the protective capacity of parents and the use of the Child Safety Meeting to engage extended family members.

Baby Doe – Public Law 98-457

Section	CPS Area	CFSR Items
106	1, 3	N/A

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.

Medical provider(s) will supply neonatology and consulting services to DHS referred clients and consult with DHS employees during investigation of DHS Child Protective Service cases and supply information 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 investigations, Oregon’s response to PL 98-457 was 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 specialize 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 2009, funding has not been necessary for these services but funding continues to be allocated from the OCAN CAPTA Basic State grant budget.

Early Intervention Referrals

Section	CPS Area	CFSR Items
106 (b)(2)(A)(xxi)	1, 3	21

On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003. The Child Abuse and Prevention and Treatment Act (CAPTA) requires:

States receiving CAPTA funds must develop and implement “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 quickest 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 ‘under the age of 3’ to their local EI/ECSE program. DHS policy, CW Procedure Manual and form changes were made to clarify the Early Intervention Referral process. DHS will add a field (service code) for Early Intervention Referrals in their FACIS database. This will provide DHS with a better method for tracking how well child welfare is making referrals.

Each Child Welfare office and county Early Intervention (EI) program have an interagency agreement that prescribes referral procedures used for each child within 30 days of the founded date and follow-up procedures to ensure that child victims of abuse or neglect, under the age of three (3), are referred to the EI program in the county where the child resides. Any child under the age of three (3), with a founded abuse disposition, must be referred to EI using the ‘CPS Early Intervention Referral’ form (CF 323 - Version 12/07). For a child age three (3) up to kindergarten, a referral for Early Childhood Special Education (ECSE) is recommended, but not required. Up to kindergarten is defined as ‘the child is not yet in kindergarten’.

DHS and ODE reviewed the rate of founded cases of abuse and neglect for children ‘under the age of three’ and the referrals received by local EI/ECSE Programs. DHS and ODE met with CW supervisors to discuss the need to increase referrals in their counties and statewide. Data for ‘*founded cases of child abuse and neglect for children ‘under the age of three’ compared with referral forms received by Early Intervention*’ suggests under referrals in most Districts with approximately 23% of referrals made. It is recognized that low referral rates could be from a number of factors (i.e., clients being referred, but not being recorded or data not being recorded correctly at EI/ECSE programs or clients not being referred for various reasons.

DHS and ODE continue to review referrals on a quarterly basis and will review the rate of referrals received by EI/ECSE Programs by comparing them to the annual The Status of Children in Oregon's Child Protection System report to watch for increased referral rates. The DHS CAF and ODE participate in a DHS division of Addiction and Mental Health workgroup working to establish guidelines on mental health assessments and evaluations for children meeting the criteria for receiving EI referrals.

DHS created a website for CAPTA resources including the following information on Early Intervention: <http://www.oregon.gov/DHS/children/committees/capta.shtml>

- Memo from Assistant Director (12/05) mandating CW referrals for Early Intervention & Early Childhood Special Education (EI/ECSE)
- Referral form (CF 0323)
- EI/ECSE Services in Oregon brochure
- Excerpts from the Child Welfare Procedure Manual
- PowerPoint Presentation from October 11, 2007 meeting with CW Supervisors
- Early Intervention Referral Data Comparison (DHS/ODE)

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

Section 106 (c)	CPS Area All (Panels Option)	CFSR Items N/A
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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.

DHS utilizes approximately 11% of the OCAN CAPTA Basic state grant to support the Citizen Review Panels (CAPTA) in Oregon. More information on the Citizen Review Panels (CAPTA panels) is included in the section titled Citizen Review Panel Annual Reports.

Completed Projects

Refugee Child Welfare Training to child welfare CPS and supervisors to address refugee children and families that become involved in child protective services.

SERVICES AND TRAINING

Ongoing and New Training

Child Welfare Alcohol and Drug Addiction Education and Training

Section 106	CPS Area Alcohol Recovery Teams	CFSR Items 17
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Child Welfare Alcohol and Drug Addiction Education and Training

A provider, contracted with CAPTA funds, provided alcohol and drug addiction education, treatment and training modules to Child Welfare (CW) Caseworkers and parents involved in the CW process. The contractor researches current effectiveness of evidence based and best practices in alcohol and drug treatment and education and collaborates with parents to ensure that they are receiving appropriate services for their addiction issues.

Ongoing

DHS has chosen to provide alcohol and drug addiction education and training modules to CW Caseworkers and parents involved in the CW process. Eight one-day training sessions were 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 were 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.

Completed Training

No additional trainings were completed.

Substantive Changes in State Law

There were no substantive changes in Oregon law.

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 the child protective services system. An amendment in 1996 added a new eligibility requirement for states to establish citizen review panels. CAPTA panel members are volunteers who broadly represent the community in which the panel is established. The mandate of these panels is to “evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities”. The panels examine policies, procedures, and where appropriate, specific cases handled by state and local agencies providing child protective services. The panels also “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 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
Jackson County 2008 Annual Report
Oregon CAPTA Panel
Annual Report
Jackson County - 2008 Annual Report

October 1, 2007 through September 30, 2008

Panel Members

<i>Chair:</i> Roxann Jones	Senior Project Coordinator, Commission on Children & Families
<i>Support Staff:</i> Lorna Conroy	Administrative Secretary, Children's Advocacy Center
Jan Hall (new member)	Intake Supervisor, DHS Child Welfare
Mary-Curtis Gramley	Executive Director, Family Nurturing Center
Diana Hamilton	Program Manager, Jackson County Victim Witness
Marlene Mish	Executive Director, Children's Advocacy Center (CAC)
Michelle Pauly	Deputy District Attorney, Jackson County
Linda VanBuskirk	Medical Coordinator, Children's Advocacy Center
Rene' Wold (new member)	Program Coordinator, The Job Council
Karen Doolen	Community Volunteer, CAC Board Member
 <i>Other Attendants:</i>	
Thomas Price, PhD	Family Based Services Consultant, DHS
Mary Chambers	Supervisor, DHS Child Welfare
Penny Esser	Foster Family Recruitment & Retention Specialist, DHS
Heather Mowry	Grants Coordinator, CAPTA DHS Child Welfare
Becky Mosier	Intake Worker, DHS Child Welfare
Karla Carlson	Supervisor, DHS Child Welfare
Denise Swort	Temporary Supervisor, DHS Child Welfare

Meetings

<i>Date</i>	<i>Time</i>	<i>Location</i>
Monday, October 29, 2007	3:30 pm – 5:00 pm	CAC

Monday, December 3, 2007	3:30 pm – 5:00 pm	CAC
Monday, January 7, 2008	3:30 pm – 5:00 pm	CAC
Monday, March 17, 2008	3:30 pm – 5:00 pm	CAC
Monday, June 16, 2008	3:30 pm – 5:00 pm	CAC
Monday, August 18, 2008	3:30 pm – 5:00 pm	CAC

Activities

1. The Jackson County CAPTA panel in partnership with the Jackson County Fatality Review Team sponsored and distributed 14,000 English and 1,000 Spanish Life Savers flyers to local schools and daycare centers in an effort to provide prevention tips regarding preventable child fatalities. In 2007, eight child fatalities were reviewed in Jackson County. While one child fatality is unacceptable, only two of the deaths reviewed were determined non-preventable. That means that the remaining six might have been prevented if appropriate prevention efforts had been in place. The prevention topics covered on the Life Savers flyer were suicide prevention, water safety, firearms safety, smoke detector information, and co-sleeping.
2. Two members of our panel attended “The River Rushes On” 7th Annual National Citizen Review Panel Conference, Keeping Children Safe from Abuse and Neglect in St. Paul, Minnesota. Our representatives were able to attend workshops that covered topics such as: 1) involving citizens in the child protection system; 2) best practices for Citizen Review Panels – ways in which Citizen Review Panels can collaborate to keep children safe; 3) child safety, permanency and well-being; 4) Indian Child Welfare Act; 5) court improvement projects; and 6) overview of Minnesota’s child maltreatment prevention program (very closely resembles Oregon’s Community Safety Net model and Family Support and Connections model).

The conferences provided an opportunity to network with other panels from across the United States and learn how other panels operate. Additionally, of great importance was the opportunity to hear how to influence policy makers and legislation to meet the safety, permanency and well-being needs of all children.

3. Our panel reviewed OAR 413-015-0520 – Legislation requiring Child Welfare to investigate allegations of abuse by childcare providers/centers. No additional funding was provided to meet the requirements of this new mandate.

New panel member Rene' Wold, presented to the panel the status of childcare in Jackson County. The panel noted a concern that it is quite possible for legally exempt child providers to never receive any training for recognizing and reporting child abuse and neglect, and for others to only attend training once on mandatory reporting. Additionally, legally exempt child care providers are not regulated and would not be required to pass a criminal background check unless they accept DHS child care subsidy payments for low income families.

We made inquiries of the Child Care Division of how many reports they felt would happen monthly based on the new legislation. Initially upon our inquiry it appeared that the increase caseload impact for Child Welfare workers would be approximately the equivalence of a part-time worker (.5FTE). However, after closer review in August 2008, it appeared that it was too soon to be able to realistically measure the impact on the system. Our panel has agreed to revisit this topic in the future if it becomes an issue.

4. Our panel is part of a countywide collaborative to rollout "Stewards of Children" as a countywide child sexual abuse prevention program. The program seeks to protect children from sexual abuse by placing responsibility squarely on adult shoulders. Our goal is to educate adults to prevent, recognize and react responsibly to child sexual abuse.

We have materials available provided through CAPTA funds and a grant from Jackson County Health & Human Services to present training in English and Spanish free of charge to our community. The Jackson County Commission on Children and Families is providing staff for coordination of the trainings in the community. The collaborative consist of trained facilitators from the Children's Advocacy Center, Family Nurturing Center, The Job Council, Community Works, Neighborhood Watch, and the Commission on Children and Families. We have provided trainings to over 175 Jackson County residence representing: volunteers; school personnel; agency staff; and students in the Human Service track at the Rogue Community College and Southern Oregon University Higher Education facility.

Future Plans/Next Steps

1. Review cases in DHS/Child Welfare that have teen parents and their children in care. Goal is to review the current resources, issues, and ways to enhance the system for this special population.
2. Explore prevention activities focused on youth in the DHS population that would impact and decrease the rising trend in our county around teen pregnancy. Research conducted by *Chapin Hall for Children* indicated that foster care youth are more likely to report having sexual intercourse, and 2-5 times more likely than those not in foster care to have been pregnant.
3. Recruit new members to participate in CAPTA to insure that our panel is a broad representation of the community, and that expertise in prevention, intervention and treatment of child abuse and neglect is represented. Additionally, provide training opportunities for CAPTA panel members to guarantee they are prepared to meet the responsibility of assisting the State of Oregon in improving the child protective system.

Recommendations

1. DHS/Child Welfare and the Child Care Division strive for better coordination between the agencies. Insure that there is a coordinated response between the two agencies when conducting interviews with the child care centers and families involved in the child abuse cases. Additionally, better coordination will insure that the Child Care Division and Child Welfare are not duplicating each other's efforts.

Looking Ahead

We look forward to being informed of DHS's responses to our local CAPTA panel recommendations in a written report as information becomes available. We appreciate the opportunity to assist the State of Oregon in improving our child protective services system, to be accountable for safety, permanency, and wellbeing of children.

County: Multnomah	Date: December 31, 2008
Time Period: 10/1/2007-9/30/2008	

Mission Statement: N/A

Panel Members:

Name	Agency
Alenka Abbasov (coordinator)	CARES Northwest
Judy Brandel	Multnomah County Health Dept.
Kevin Dowling (facilitator)	CARES Northwest
Karen Gibbs	DHS
Miriam Green	DHS
Pat Haley	Multnomah County Ed. Service District
Shelley O'Brian (coordinator)	CARES Northwest
Christine Stoleberger	Parent Mentor
Ruth Taylor	Parents Anonymous, Morrison

	Center
Rod Underhill	Multnomah County DAs Office
Matt Wagenknecht	Portland Police

In addition to the members listed above, the Multnomah County CAPTA Panel actively encourages other community members to attend and participate in meetings. Additional attendees over the course of the year included:

Name	Agency
Heather Mowry	CAPTA Grant Coordinator/DHS
Janvier Slick	DHS
Jennifer Bren	DHS
Glenna Hayes	Center for Family Success
Dr. Leila Keltner	CARES Northwest
Ted Keys	DHS
Dr. Mel Kohn	State Epidemiologist
Kelly Sullivan	Open Adoption and Family Services
Russell Janson	DHS
Sara Woodcock	DHS
Ronika Ferguson	DHS
Lauren Fries-Brundidge	Multnomah County Health Dept.
Dr. Dan Leonhardt	CARES Northwest
Allison Long	DHS
Chris Uehara	Portland Police

Meetings:

Meetings were held December 14, 2007, February 1, 2008, May 2, 2008, and August 1, 2008. All meetings were held at Emanuel Hospital from 11:00 am – 1:00 pm.

Activities:

Panel activities continued to focus on the issue of chronic neglect, following up on the Community Neglect Summit sponsored by the CAPTA Panel with funds from the Children's Justice Act Task Force in the summer of 2007. Members were involved in ongoing training opportunities, including:

- October 2007 – the annual “Prevention Institute” sponsored by the Children's Trust Fund of Oregon focused child neglect
- October 2007 -- Dr. Keltner (CARES Northwest Medical Director) presented “Child Neglect in 2007” at CARES Northwest's annual “A Clinical Response to Child Abuse”
- Fall 2007 -- Dr. Keltner and Karen Gibbs (DHS), presented to approximately 80 members of the Multnomah County Health Department on chronic neglect
- December 2007 -- Kirsten Brown, DHS CPS Consultant presented at CARES Northwest on the Oregon Safety Model as it relates to assessing neglect
- August 2008 – the CAPTA Panel helped sponsor a day of training by Tony Loman, Ph.D. from the Institute of Applied Research in St. Louis, Missouri. The topic was “Chronic Neglect and Frequently Encountered Families in Child Welfare and Child Protection.”

In addition to the activities listed above, the Panel provided input to staff from the Portland Children's Investment Fund regarding the needs of our community's children as they related to child abuse intervention and prevention. Needs identified included:

- Specialized training regarding child trauma, for: 1) Therapists, to specialize in assessment and treatment; 2) Parents – to help them better understand and respond to their children's needs; 3) Foster Parents – to help them better understand and respond to children in their care;
- Consistent access to medical, mental health and developmental assessments for children entering foster care;
- Access for caseworkers to child abuse medical experts to help them evaluate the health and safety of children (especially those at risk for chronic neglect);
- One-stop-shops placed in high-risk communities to provide families access to support and services under one roof;
- Educating all parents with newborns about Shaken Baby Syndrome (e.g. could use “Period of Purple Crying” video and materials);

- Community-wide training for parents about childcare and the difficulty of parenting.

The Panel also made it a priority to invite DHS staff to meetings to review cases involving chronic neglect. Information learned from those reviews highlighted the challenges and successes involved in working with children exposed to chronic neglect, and helped form the basis of our recommendations.

***Subcommittees:** A number of subcommittees formed following the 2007 Community Neglect Summit. CAPTA Panel meetings included updates from those subcommittees that were still active. More detailed information was made available in our “Multnomah County Community Child Neglect Summit Action Plan Final Report” submitted earlier this year. For example, the committee named “Stop Neglecting Chronic Neglect” led by Dr. Mel Kohn drafted a white paper in 2008 highlighting the impact of chronic neglect on children and making recommendations that included DHS adopting an operational definition of neglect, conducting more holistic assessments of children, and providing parent-child attachment interventions for families meeting the definition of chronic neglect.*

Future Plans/Next Steps:

Panel members discussed possible topics for 2009. Those included minor victims of sex trafficking, a continued focus on chronic neglect, and how DHS responds to sex abuse cases. Panel members agreed on having DHS’ response to child sexual abuse as the main topic for the February 6th meeting. Prior to that meeting, Panel members will be asked to respond to the following questions: “What are your key questions for DHS about how they respond to child sex abuse cases? What are the gaps in their response? What are the strengths of their response?” The agenda will be built around discussing the answers to the questions raised, and clarifying what specific areas within the topic of child sex abuse we want to focus on.

Recommendations:

1. Our Panel's first recommendation last year was for DHS to establish a working definition of chronic neglect. This year, the Panel recommends DHS adopt a definition of chronic neglect consistent with those proposed by experts Anthony Loman and Dee Wilson. For example, a case would be identified as chronic neglect if a child's family had at least three referrals to CPS in one year, at least four in two years, or at least five in three years. The referrals would not need to be founded or associated with any one form of child maltreatment. As noted last year, our efforts to identify, understand and successfully intervene in cases of chronic neglect were hampered by the lack of a clear definition.
2. Following up on the first recommendation, the Panel recommends DHS work with community partners to educate professionals (including judges) on the definition of chronic neglect.
3. The Panel recommends Oregon consider a 90-day assessment period for DHS to respond to cases involving chronic neglect (as defined above), instead of a 30-day timeline. This is in recognition of the fact that it frequently takes more time to gather information given the chronic nature and complexity of factors associated with chronic neglect.

Looking Ahead:

We appreciated the work of Heather Mowry and Janvier Slick of DHS in support of the Multnomah County CAPTA Panel this past year. Ms. Mowry was a regular attendee at meetings, and Ms. Slick was readily accessible to answer questions, clarify issues, or attend meetings when needed. We look forward to hearing their response, on behalf of DHS, to our Panel's three recommendations listed above.

Acknowledgements:

The work of our CAPTA Panel relies on the close partnership with the Multnomah County DHS staff. We would like to acknowledge the DHS staff managers, supervisors and caseworkers who responded to the Panel's request to come to the CAPTA Panel meetings and present cases for review. Their willingness to openly share issues associated with some of their most challenging cases was critical in the Panel's efforts to better understand our child protection system, and identify opportunities for improvement.

We also want to recognize the commitment of the Panel members and attendees, who gave of their time and expertise, who made it a priority to participate on the CAPTA Panel despite the many other demands on their time, and who share in a commitment to actively work together toward promoting the safety and well-being of our community's children.

Oregon CAPTA Panel

Annual Report

County: Malheur

Date: 2008 Annual Report

Time Period

October 1, 2007 – September 30, 2008

CAPTA Panel Members:

Jeana Critchfield, Executive Director-Project Dove

Amy Grosvenor, Shelter/Transitional Housing Coordinator

Keely Ponce, STAR Center Coordinator

Christina Bautista, SART Advocate, STAR Center

Bobbi Rudell, CASA P.O. Box 1355 Ontario, Oregon 97914

Jane Pagett, DHS

Kelly Poe, Executive Director Malheur Commission on Children and Families

Angie Uptmor, Malheur Commission on Children and Families Ontario

Suzi Douglas Sapp, Ontario Middle School, Ontario OR

*Keely Ponce resigned her position on September 19, 2008

*Christina Bautista resigned her position on September 30, 2008

Meetings:

November 7, 2007

December 12, 2007

January 9, 2008 (Planning session for April Events)

February 6, 2008, February 20, 2008, (Planning session for April Events)

March 5, March 12, March 26, 2008 (Planning session for April Events)

April 9, 2008 (Finalization Session for April Events)

May 21, 2008

June 11, 2008 (Quarterly meeting)

August 20, 2008 (World Child Abuse Prevention Planning session)

October 1, 2008 (CAPTA recruitment and information meeting for World Prevention Day)

Activities:

Throughout the year the train the trainer, “How to Protect your Children: Advice from a Child Molester” presentation has been utilized and presented. The presentation was done for the Ontario School District Administrative personnel and they were very interested in providing this training to more of their teachers, staff and parents. Scheduling the training and presentations has been more difficult. Two trainings were scheduled for the Four Rivers Cultural School, a charter school in our community. One was cancelled due to lack of attendance and one was attended by a small group of parents.

For the 2008 April Child Abuse Awareness Month, CAPTA engaged in several activities to involve all members of our community and raise awareness regarding child abuse and neglect. CAPTA provided the Ontario Chamber of Commerce an educational presentation regarding the statistics and types of abuse and neglect most commonly seen in our area as well as what to do if they suspect abuse and neglect and resources that they could use. Each Chamber meeting during the month of April we honored an individual who was nominated by community members/agencies who provided services to children and families in reducing the effects of child abuse and neglect. We honored four individuals with the “Making a Difference” award. During the month of April we provided two free presentations, one in English and one in Spanish, on “How to protect your Children: Advice from a Child Molester”. Thirty parents/adults attended the English presentation and 12 adults attended the Spanish session. We provided a family fun run/walk where there were drawings for bikes and various other prizes. This event was sponsored by many organizations and businesses in our community. We were able to provide a t-shirt to every participant and we had 250 participants.

During the month of May, CAPTA provided information at Nyssa, OR kids fair. Brochures, bracelets, and necklaces were distributed at the Kids Fair. In June a similar Kids Fair was held in Ontario, OR at the County Fair grounds. Similar brochures, bracelets and necklaces were distributed.

June 17, 2008 CAPTA sponsored a training presentation on the Relief Nursery model and how it could work in our community to prevent child abuse and neglect.

Subcommittees:

None for this period.

Future Plans/Next Steps:

CAPTA plans to participate in the World Child Abuse Prevention Day November 19th, 2008. CAPTA plans to utilize the information that is provided as well as add specific data and information specific to our county. In addition to this, CAPTA plans to assist the local FAPA (Foster Adoptive Parent Association) with their annual Christmas Toy Drive for foster and adopted children in our community.

CAPTA plans to continue educating the community, parents especially, regarding protecting their children from child molesters. We strongly believe that this is an issue that needs to be addressed in our community and that responsibility to protect children needs to be on the shoulders of adults. Unfortunately we had two of our presenters for this training resigned their positions with Project DOVE and the CAPTA panel. Reorganization and commitment from remaining trainers needs to be renewed.

CAPTA looks forward to activities in April 2009 for Child Abuse Awareness Month. The planning will begin in January and we hope to form new partnerships and renew old relationships with community organizations in order to include a variety of activities that are unique and informative to the public regarding the effects of child abuse and the need to prevent such abuse. With the success that we experienced in 2008 we hope to continue to encourage the growth of this event.

Recommendations:

Malheur CAPTA Panel makes the following recommendations in the areas of number 7 and 8 in the CAPTA 14 Program Areas.

#7- Surveying workers who have been in the child welfare system for five or more years and identify coping strategies, trainings and personal self-care practices that allow them to continue working in a difficult population and field is key. There are those workers who have maintained in the child welfare system for many years and who continue to work tirelessly to assist children and families. What makes these individuals different from those who burn out quickly and how can DHS recruit workers that will be able to sustain and maintain in a high stress career and make the difference needed?

#8- We recommend that at both the County and State level more trainings are conducted for professionals and paraprofessionals in schools, private non-profits that work with children and families, individual counselors or behavioral mental health agencies that come into contact with children and families be required to have additional trainings in the area of mandated reporting and that protocols are more “spelled” out for reporting child abuse or neglect.

Looking Ahead:

We would request that our recommendations and feedback come in the form of written or oral reports quarterly from our local County DHS agency.

Acknowledgments:

We have several that deserve to be recognized for their contributions in our efforts to educate and prevent child abuse and neglect. Our local Walmart in Ontario has been a consistent partner in assisting us with space to educate patrons in our community and provide donations for our events. Ontario Police Association provided support and bike donation for our Family Fun Run/Walk in April. Safe Kids of Malheur County also partnered with CAPTA in order to provide activities for kids and parents at the Family Fun Run/Walk. Malheur Commission on Children and Families assisted with the training presentation on the Relief Nursery. Malheur Department of Human Services allows us to meet for CAPTA meetings in their building as needed. We also appreciate our CAPTA Panel members who continue to give of their time and assist in our efforts to prevent child abuse and neglect.

RECOMMENDATIONS AND RESPONSES

Jackson County CAPTA Panel

Recommendation 1

DHS/Child Welfare and the Child Care Division strive for better coordination between the agencies. Insure that there is a coordinated response between the two agencies when conducting interviews with the child care centers and families involved in the child abuse cases. Additionally, better coordination will insure that the Child Care Division and Child Welfare are not duplicating each other's efforts.

DHS Response 1

DHS Child Welfare and Child Protective Services workers work with representatives of other entities such as the Child Care Division when investigating a day care facility as required by OAR 48.747(2)(e) and 419B.020.1. Training is ongoing and is usually provided at statewide CPS worker quarterly meetings. Child Welfare trains CPS workers to investigate child care facilities. The Child Care Division has received training as requested to train certifiers concerning DHS contact with day care providers. DHS is responsible for child safety and has the authority to investigate a childcare facility through OAR 657A.400. The rules require DHS to notify the Child Care Division of an inspection and work with the division as DHS contacts the childcare providers accused of abuse and neglect.

DHS appreciates the recommendation and acknowledges the benefit and challenges of two agencies working cooperatively to ensure safety for Oregon's children.

Multnomah County CAPTA Panel

Recommendation 2

Our Panel's first recommendation last year was for DHS to establish a working definition of chronic neglect. This year, the Panel recommends DHS adopt a definition of chronic neglect consistent with those proposed by experts Anthony Loman and Dee Wilson. For example, a case would be identified as chronic neglect if a child's family had at least three referrals to CPS in one year, at least four in two years, at least four in two years, or at least five in three years. The referrals would not need to be founded or associated with any one form of child maltreatment. As noted last year, our efforts to identify, understand and successfully intervene in cases of chronic neglect were hampered by the lack of a clear definition.

DHS Response 2

The Child Protective Services (CPS) unit is studying the recommendation and will release their findings at a future date.

Recommendation 3

Following up on the first recommendation, the Panel recommends DHS work with community partners to educate professionals (including judges) on the definition of chronic neglect.

DHS Response 3

The Child Protective Services (CPS) unit is studying the recommendation and will release their findings at a future date.

Recommendation 4

The Panel recommends Oregon consider a 90-day assessment period for DHS to respond to cases involving chronic neglect (as defined above), instead of a 30-day timeline. This is in recognition of the fact that it frequently takes more time to gather information given the chronic nature and complexity of factors associated with chronic neglect.

DHS Response 4

The Child Protective Services (CPS) unit is studying the recommendation and will release their findings at a future date.

Malheur County CAPTA Panel

Recommendation 5

CAPTA Area #7- Surveying workers who have been in the child welfare system for five or more years and identify coping strategies, trainings and personal self-care practices that allow them to continue working in a difficult population and field is key. There are those workers who have maintained in the child welfare system for many years and who continue to work tirelessly to assist children and families. What makes these individuals different from those who burn out quickly and how can DHS recruit workers that will be able to sustain and maintain in a high stress career and make the difference needed?

DHS Response 5

The McKenzie Group was hired by DHS to study and make recommendations about changes to the Departments organizational structures including Child Welfare. McKenzie was specifically charged with examining the workload of child welfare caseworkers and staff turnover. Their work included a survey of child welfare staff and an examination of the percentage of time that caseworkers spend to accomplish required duties. They also examined factors that assist in retaining staff.

The McKinsey Corporation analyzed the manner in which case work is performed in Oregon's child welfare system and examined how casework could be performed in the most efficient manner. They reviewed tasks of every position from the caseworker to support staff by reviewing work processes. The results quantified and documented, in a way never done before, the over-burdened work of frontline staff. The report showed, in a different, more thorough manner than case-staffing numbers previously used, what level of work is needed by staff for each child and family on their caseload.

The workload assessment study resulted in a list of areas for improvement. The study found that consistent approaches are not used throughout the state to help children in care, nor is there an easy way to share best practices among districts. Some areas have more local resources than others. Staffing standards are outdated and staff-to-case ratios vary among districts. The workload study demonstrated

clearly the need for additional staff and that many caseworkers lacked equipment, such as laptops and Blackberries that could help them be productive while traveling or waiting for court hearings.

Various studies addressing the challenges new social workers face and describing strategies to recruit and retain child welfare workers provide insight into long-term retention. One study “Rookie Burnout: Eager College Grads Hit Culture Shock with Poor Urban Kids” discusses the challenges new social workers face when confronted with troubled youth and families, and describes strategies to recruit and retain new front-line staff. Strategies for preventing burnout include being up-front about the rigors of the job, looking for applicants with real-world experience, providing orientation and classroom training and supporting staff.

A Children and Youth Services Review study from University of Georgia, examined Child Welfare (CW) workers intent to remain in child welfare and the role of human caring, self-efficacy beliefs and professional organizational culture. Core findings revealed human caring as an important and new variable linked to CW employees’ intentions to remain employed in CW. Many factors contribute to child welfare employees’ decisions to remain in or leave their jobs such as personal characteristics, organizational constraints, low salaries and benefits, lack of career mobility and opportunities for advancement, and many other factors.

Recommendation 6

#8- We recommend that at the County and State levels more trainings are conducted for professionals and paraprofessionals in schools, private non-profits that work with children and families, individual counselors or behavioral mental health agencies that come into contact with children and families. These groups would be required to have additional trainings in the area of mandated reporting and that protocols are more “spelled” out for reporting child abuse or neglect.

DHS Response 6

The “The Role of Mandatory Reporters in Child Abuse Cases” (A video guide for mandatory reporters) was revised in 2007 and DVD copies were distributed to the superintendent all school districts in Oregon.

Copies of the “What you can do about child abuse” booklet are available by calling DHS, Juanita Raymond at (503) 945-6624 or Lisa Zacharias at (503) 945-5683.

The first five (5) copies are available at no cost; additional copies are available for one dollar each.

The video of “The Role of Mandatory Reporters in Child Abuse Cases” (A video guide for mandatory reporters) is available at the following website

<http://www.oregon.gov/DHS/children/committees/capta/capta.shtml>.

MDTs routinely provide training in their counties concerning the responsibilities of Mandatory Reporters.