

SECTION XIII: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS

Based on input received during the planning process, Oregon developed and implemented projects to support and improve the state's child protective services system. DHS focused on six (6) of fourteen (14) areas during the last year of the plan (CAPTA State Plan FFY2005-2009). These 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 an overview of the activities, projects and training funded by the CAPTA grant.

Completed 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 becomes involved with child protective services. A day of training, in Multnomah County on June 27, 2008, was presented to protective services workers and supervisors. This training was repeated in Washington County on September 25, 2009. These two sites were chosen because the majority of refugees coming to Oregon settled in these counties.

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 State Automated Child Welfare Information System. The coordinators also work to support changes in administrative rule and CPS procedure. These efforts will increase consistency and quality of practice across the state in screening and assessment.

Areas addressed in administrative rule and procedures include the following: direction and guidance on identifying and establishing services to maintain child safety, obtaining medical examinations, psychiatric and mental health evaluations. 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, Oregon’s developing state automated child welfare information system, including attending new vendor demonstrations and developing requirements for development of a data collection system that will support case management and increase efficiency.

Coordinators assist in development and delivery of training related to administrative rule and practice 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 Children, Adults and Families (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 is involvement in the development of goals and objectives for policy and training in collaboration with other state agencies. The position also supports increased opportunities for quality reviews of CPS practice, procedure and performance.

Summary of Activities

- Oregon Safety Model Implementation (OSM): Coordinators continue to train (practice forums, supervisor quarterlies and worker quarterlies) on OSM concepts.
- Participate in the Department of Human Services implementation of the Program Improvement Plan. This includes development of a quality assurance tool to be used with CPS assessments. These quality reviews provide information regarding where training is needed for CPS workers.
- Develop best practice procedures for CPS workers and supervisors use. Topics included: marijuana and child welfare cases, threat of harm guidelines, assessing teens as parents and sexual abuse issues.
- Participate with Family Based Services Program in development of In-home Service procedures to help prevent removal and assist in earlier reunification efforts.
- Set up training with Robin Rose to provide caseworkers tools to work in stressful environments and improve their critical thinking skills under the Oregon Safety Model.
- Coordination of Critical Incident Review Team (CIRT) recommendations including development of a Teen Parent Safety Committee to review current DHS policies, practice and procedures for assessing teens as parents and teens involved in domestic violence relationships. In addition, provided a final report of findings and recommendations to the CIRT Team.

- Participate in branch reviews to determine practice and policy issues and provide feedback and recommendations for policy compliance and best practice improvements.

SUMMARY OF TRAINING ACTIVITIES

With implementation of the Oregon Safety Model, DHS Child Welfare workers are required to use critical thinking skills in making safe decisions for children throughout the life of a case. The Oregon Safety Model involves a comprehensive look at families, which is much different from past incident-based practice. DHS caseworkers need additional tools and training that teaches them to react in a calm and effective manner. This training emphasizes strategies that can help workers make safe, critical decisions under the intense pressures and stresses of their day to day work.

Robin Rose provided four regional training sessions (3 hours each) for social service specialist 1 positions. Schedules and locations were determined by the parties.

Robin has expertise in the field of brain physiology and how it relates to the decision making process in high-stress occupations.

She also has familiarity of the Oregon Safety Model and how caseworkers must use critical thinking skills in order to make safe and effective case decisions.

Training Outcomes:

Outcome 1: Participants will develop and practice immediate strategies for staying calm and effective in the work place rather than having impulsive, reactive responses.

Outcome 2: Participants will learn how to utilize effective critical thinking methods in their day to day practice under the Oregon Safety Model.

Outcome 3: Participants will have a minimal understanding of the brain's physiology and its relationship to the decision making processes that go into their work as case workers.

Child Protective Services Program Coordinator - Position 2

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

This position has been successful in providing greater 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:

- Administrative Rules for CPS which includes definitions of terms for screening, assessment, safety analysis for DHS and law enforcement cross reporting, for child abuse assessment dispositions, for daycare facility investigations, for access to the law enforcement data system in local offices and for assessing safety service providers.
- Revise administrative rule that guides services and plans as well as creation of a case in the state automated child welfare information system.
- Revise protocols for child fatality reviews and critical incident response teams and develop protocol for sensitive case reviews.
 - Create and revise forms and pamphlets including a pamphlet informing caregivers about what to expect during a CPS assessment.
 - Assist to revise domestic violence guidelines.
 - Coordinate founded dispositions reviews.
 - Develop and train on procedure for rule advisory committees.
 - Assist with reviews of critical cases.

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

- Forms Committee
- Policy Council
- Law Enforcement Data Systems Meetings
- Change Control Board for information system that supports CPS
- State Child Fatality Review Team
 - Rule Writer’s Workgroup

SUMMARY OF TRAINING ACTIVITIES

1. Provided Mandatory Reporting Training – 8 hours Child Welfare Staff and Child Protective Services staff.
2. Conducted training on accessing the law enforcement data system – 13 hours for the Law Enforcement Data Systems operators.

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 supervision of FBS 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 is involvement in 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 Child Welfare practice, procedure and performance.

Summary of Activities

- Oregon Safety Model Implementation (OSM): Consultant continues to train and consult (practice forums, supervisor quarterlies and worker quarterlies) on the OSM concepts.
- Participate in the Department of Human Services implantation 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.

SUMMARY OF TRAINING ACTIVITIES

July 6, 2009

1. Lincoln County supervisor training 2 hours.

Provided discussion, training and tools for supervisors on the CPS Assessment, specifically the 6 domains of the CPS assessment, as well as the Safety Analysis. Discussed goals that supervisors had developed to support further implementation of the Oregon Safety Model.

July 9, 2009

2. Benton County supervisor training 2 hours

Provided discussion, training and tools for supervisors on the CPS Assessment, specifically the 6 domains of the CPS assessment, as well as the Safety Analysis. Discussed goals that supervisors had developed to support further implementation of the Oregon Safety Model.

July 9, 2009

3. Benton and Lincoln county one on one training with branch manager 1 hour

Provided discussion, training and updates on branch implementation as well as supervisor goals.

July 13, 2009

4. Lincoln county permanency supervisor one on one training 1 hour

Training on the case plan documentation. Reviewed a case plan together to highlight the areas of further development needed.

July 20, 2009

5. Linn County supervisor training 2 hours

Provided discussion, training and tools for supervisors on the CPS Assessment, specifically the 6 domains of the CPS assessment, as well as the Safety Analysis. Discussed goals that supervisors had developed to support further implementation of the Oregon Safety Model.

July 28, 2009

6. Linn County one on one supervisor training 1 hour

Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

July 30, 2009

7. Linn County one on one training with Ongoing worker 3 hours
Training, mentor and model the PCA interview with worker and client. After the interview trained worker on how to identify diminished and enhanced protective capacities as well as expected outcomes for the case plan.

August 3, 2009

8. Benton County Ongoing unit training 2 hours
Training on the requirements and expectations for the 90-day case plan reviews per policy.

August 3, 2009

9. Benton County one on one training with supervisors 1 hour
Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

August 6, 2009

10. Lincoln county one on one training with supervisors 2 hours
Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

August 6, 2009

11. Lincoln County supervisor training 2 hours
Provided discussion, training and tools for supervisors on the CPS Assessment, specifically the 6 domains of the CPS assessment, as well as the Safety Analysis. Discussed goals that supervisors had developed to support further implementation of the Oregon Safety Model.

August 7, 2009

12. Linn County Supervisor one on one training 1 hour
Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

August 10, 2009

13. Linn County Supervisor one on one training 1 hour
Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

August 13, 2009

14. Benton County Supervisor training CPS and Screening one on one training 2 hours

Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

August 13, 2009

15. Polk County CPS unit training 2 hours

Provided training to CPS workers on the difference from Safety Service Providers and Service providers as well as Conditions for Return versus Expected Outcomes.

August 14, 2009

16. Salem Branch Supervisor training 2 hours

Provided training to supervisors including examples on the Conditions for Return concept.

August 17, 2009

17. Linn County Ongoing unit training 2 hours

Provided training on the difference between Conditions for Return and Expected Outcomes.

August 21, 2009

18. Yamhill County Teen Unit training 2 hours

Training, discussion and tools on working with Teens and their parents. Protective Capacities Assessment and Conditions for Return when parents haven't been involved for years.

August 24, 2009

19. Benton County Ongoing unit training 2 hours

Training, discussion and tools on Safety plans and Safety Service Providers.

August 24, 2009

20. Benton County individual worker coaching/ mentoring 3 hours

Through training and modeling meeting facilitation and discussing case planning pre and post facilitation this worker learned skills and techniques to facilitate meetings in the future.

August 26, 2009

21. Benton County CPS unit training 2 hours

Follow up on the 6 domains documentation. Provided case examples of documentation of the 6 domains as well as the Safety analysis. Also trained on safety threat identification.

August 27, 2009

22.Lincoln County CPS unit training 2 hours

Follow up on the 6 domains documentation. Provided case examples of documentation of the 6 domains as well as the Safety analysis. Also trained on safety threat identification.

August 27, 2009

23.Lincoln County ongoing unit training 2 hours

Training, discussion and tools on the protective capacity assessment, safety service providers and safety plans. Discussed specific case examples and barriers to success.

September 2, 2009

24.Benton County individual worker coaching/ mentoring 3 hours

Through training and modeling Protective Capacity Assessment interview with two parents on a case, discussed case planning pre and post interview. Benton county worker learned skills and techniques to conduct the protective capacity assessment in the future.

September 3, 2009

25.Linn County ongoing supervisor training one on one training 2 hours

Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

September 10, 2009

26.Program manager meeting training 2 hours

Provided training on the Safety Model Bench Book to Program Managers at their monthly meeting in Marion County.

September 10, 2009

27.Linn County individual worker coaching/ mentoring 3 hours

Through training and modeling Protective Capacity Assessment interview with two parents on a case, discussed case planning pre and post interview. Benton county worker learned skills and techniques to conduct the protective capacity assessment in the future.

September 11, 2009

28.Marion County ongoing supervisor training one on one training 1 hours

Supervisors were asked to identify goals for professional development within their units in order to further implement the Oregon Safety model.

September 14, 2009

29.Eugene Supervisor Quarterly training 2 hours

Provided training on the Safety Model Bench Book to supervisors at the Fall Supervisor Quarterly.

September 15, 2009

30.Marion County Supervisor Training 2 hours

Provided follow-up training on the Conditions for Return curriculum and also provided training on Safety Service Providers.

September 17, 2009

31.Marion County Wellbeing Team training 1.5 hours

Provided training on the Child Safety Meeting as well as Conditions for Return to the Wellbeing Team at Marion County branch.

September 21, 2009

32.Lincoln County Supervisor training 2 hours

Training to supervisors in CPS and ongoing to discuss the new transfer procedure and possible implementation at the Lincoln Branch.

September 23, 2009

33.Benton County individual worker coaching/ mentoring 3 hours

Through training and modeling meeting facilitation and discussing case planning pre and post facilitation this worker learned skills and techniques to facilitate meetings in the future.

September 28, 2009

34.Marion supervisor Quarterly training 2 hours

Provided training on the Safety Model Bench Book to supervisors at the Fall Supervisor Quarterly.

September 29, 2009

35.CPS Quarterly in Hillsboro 1 hour

Provided one hour of training to CPS workers in the metro region on the Safety Service Providers and safety plans.

September 30, 2009

36.Linn County Manager training 2 hours

Training to discuss the CPS assessment as it relates to court and petition allegations against parents.

October 1, 2009

37.Lincoln County CPS training 4 hours

Met with CPS supervisor and each worker individually to review one of their CPS assessments each. Training on documentation of the 6 domains within the CPS assessment.

October 8, 2009

38.Polk County CPS and Ongoing supervisors 1 hour

Training for supervisors on the new transfer procedure. Polk was chosen as a pilot for the procedure so further development with staff was provided.

October 8, 2009

39. Marion County Wellbeing Team Training 2 hours
Conditions for Return follow up training.

October 14, 2009

40. Marion County Perm unit training 2 hours
Training, discussion and tools on conducting the Protective Capacity assessment and documenting it in the case plan and case notes.

October 27, 2009

41. Marion County individual worker training 2 hours
Met with worker and clients to provide training, mentoring and coaching on the protective capacity assessment as well as documenting it in the case plan.

November 2, 2009

42. Benton County individual worker training 2 hours
Met with worker to provide training, mentoring and coaching on the case plan document.

November 4, 2009

43. Marion County perm unit training 1 hour
Provided training, discussion and tools to the perm unit on techniques to measure progress of clients throughout the case plan.

November 9, 2009

44. Linn County CPS unit training 2.5 hours
Provided training to all three CPS units regarding gathering and documentation of the 6 domains within the comprehensive CPS assessment.

November 13, 2009

45. Polk and Yamhill County Teen units training 2 hours
Training on Voluntary custody and Family Support Services cases. What to do when Family Support services cases appear to have safety threats.

November 16, 2009

46. Marion County Training unit training 2 hours
Provided training on the protective capacity assessment to the unit of works who have been recently hired and are in the training unit.

November 18, 2009

47. Marion County CPS unit training 1.5 hours
Provided training on the 6 domains and Safety Analysis of the CPS assessment.
Provided examples and tools as well as feedback on cases.

December 1, 2009

48. Marion County SSA unit training 1.5 hours
Provided training on the Oregon Safety Model as it pertains to SSA work.

December 2, 2009

49. Marion County Legal Unit training 1.5 hours
Provided training to the unit of workers who carries cases once TPR petitions have been filed with the court. Training, discussion and tools on how to conduct a protective capacity assessment and the importance of doing one (even if one has already been done) at this juncture of the case.

January 12, 2010

50. Yamhill County Branch Ongoing worker training 1.5 hours
Discussion of the transfer process as well as the timelines of all required benchmarks throughout the case planning process.

January 14, 2010

51. Marion County Ongoing worker training 1.5 hours
Discussion, training and tools for Safety planning and assessing safety service providers.

January 20, 2010

52. Marion County Training Teen units 2.0 hours
Training, discussion and tools for conducting a Protective Capacity assessment on an old case.

January 21, 2010

53. Yamhill County CPS Unit training 2 hours
Follow-up training on the documentation of the CPS assessment, Provided case examples and techniques for gathering the information during the assessment period.

January 27, 2010

54. Winter Perm/Ongoing worker quarterly for D3 & D4 6 hours
Training provided regarding Protective Capacity Assessment, CPS assessments on ongoing cases, CPS assessments in foster homes.

January 29, 2010

55. Clackamas County ongoing unit training 2.5 hours

Provided training for ongoing unit regarding conditions for return. Wrote conditions for return for several cases together. Provided tools and discussion.

February 4, 2010

56. Polk County Branch CPS unit training 2 hours

Provided training, discussion and tools to the CPS workers, met individually with each worker as well as the supervisor to review one case at random in order to use as training for documentation of the 6 domains and safety analysis.

February 11, 2010

57. Benton County Branch CPS unit training 2 hours

Follow-up and review of cases from each worker regarding the documentation of the 6 domains. Provided tools and training for further development.

February 26, 2010

58. District 3 & 4 Teen winter quarterly training 4 hours

Training regarding relative rule, APPLA, CPS assessments on Teens, pregnant teens.

March 15, 2010

59. Marion County Individual training 2 hours

Individual training, mentoring and coaching to ongoing worker regarding the protective capacity interview, documentation in case notes as well as case plan development.

March 31, 2010

60. Marion County All Perm Meeting training 2 hours

Training on the Protective Capacity assessment. For this training a worker and I conducted a child safety meeting, protective capacity assessment interview, court report, and case plan and presented this to 50 plus permanency workers and supervisors.

April 8, 2010

61. Polk County training individual staff training 2 hours

Training new meeting facilitator on conducting the Child Safety Meeting, Safety Planning and Safety Service Providers. Provided discussion, tools and mentoring.

April 19, 2010

62. Marion County individual staff training 3 hours

Provided training mentoring and coaching on the child safety meeting, protective capacity assessment and case plan.

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 are always provided to the infant, and that effectiveness of treatment is not based on subjective opinions about the future ‘quality of life’ of the infant. The Parents are the final decision makers

concerning treatment for a 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 is 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 2010, funding has not been necessary for these services, but continues to be allocated from the OCAN CAPTA Basic State grant budget.

Early Intervention Referrals

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

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.

Child Welfare 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 SACWIS database. This will provide DHS with a better method to track how well child welfare is making referrals.

Each Child Welfare office and county Early Intervention (EI) program has an interagency agreement that prescribes referral procedures used for children 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 FBS Program Manager in November of 2008 to discuss the need to increase referrals in their counties and statewide. Data derived from EI trends and that found in the 2009 Child Welfare Data Book 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 51% of referrals made. This represents a rapid increase of 27 percentage points and a growth rate of 95% from 2008 - 2009. It is recognized lower referral rates could result 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 determine if referral rates are appropriate. The DHS CAF and ODE participated in a DHS Division of Addiction and Mental Health workgroup which established guidelines on mental health assessments and evaluations for children meeting the criteria requiring 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)

SERVICES AND TRAINING

Substantive Changes in State Law

There were no substantive changes in Oregon law.

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. Through 2009 – 2010 ten one-day training sessions were provided to DHS CW staff on Best Practices in Case Planning for 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

Six four-hour Marijuana education classes were taught in the Metropolitan 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 share experiences about addiction, recovery process and working with staff from state agencies.

CAPTA Panel Overview

Section 106 (c)	CPS Area All (Panels Option)	CFSR Items N/A
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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. 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”. Panel members 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 enacted. Public Law 108-36 revised panel duties to include: 1) examination of the practices (in addition to policies and procedures) of child welfare agencies, 2) provided public outreach and comment to assess the impact of current procedures and practices on children and families in the community, and 3) make recommendations to the State and public on improving the child protective services system. 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

CAPTA Panels were established in three Oregon counties: 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 credible 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.

CAPTA Panels 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 CAPTA Panels in Oregon. More information on the Citizen Review Panels (CAPTA panels) is included in the section titled Citizen Review Panel Annual Reports.

Citizen Review Panel Overview

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

Multnomah County 2009 Annual Report

Oregon CAPTA Panel Annual Report

County: Multnomah	Date: December 31, 2009
Time Period: 10/1/2008-9/30/2009	

Mission Statement: N/A

Panel Members (as of 09/30/09):

Name	Agency
Abbasov, Alenka (Nov, Feb, May meetings)	CARES Northwest
Baker, Teresa (Aug meeting)	CARES Northwest
Baynes, Beth	Multnomah County Ed. Service District
Brandel, Judy	Multnomah County Health Dept.
Dowling, Kevin	CARES Northwest
Gibbs, Karen	DHS
Green, Miriam	DHS
Kaer, Jeff	Portland Police
Kelly, Pat	Portland Police
Keltner, Leila	CARES Northwest
Mowry, Heather	CAPTA Grant Coordinator/DHS
Stolebarger, Christine	Parent Mentor
Taylor, Ruth	Parents Anonymous, Morrison Center
Underhill, Rod	Multnomah County DA's Office

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
DeGennaro, Amy	DHS
Duncan, Melissa	DHS
Thompson, Chris	DHS
Wagenknecht, Matthew	Portland Police
Uehara, Chris	Portland Police
Bridenbaugh, Holly	CARES Northwest
Echeverria, Ana	CARES Northwest
Jenkins, Charlie	DHS
Slick, Janvier	DHS
Thompson, Gwen	DHS
Woods, Charlene	Multnomah County DA's Office

Meetings:

Meetings were held during this review period on August 7, 2009. Meetings were held at Emanuel Hospital from 11:00 am – 1:00 pm.

Activities:

At our August 2009 meeting, the Panel had lengthy discussions during a series of case reviews. The reviews raised a variety of questions and issues. For example, we realized the outdated "good touch bad touch" concept for interviewing children was still being used. The group agreed to review their agencies' various trainings to make sure the content was up to date. In addition, several recommendations came out of the case reviews. Those are highlighted below. The CAPTA Panel also reviewed a draft Table of Contents created by Karen Gibbs for the training manual. We discussed the idea of moving the project forward by drafting sections of the training manual, and seeking the CAPTA Panel members' expertise in reviewing the different sections.

Subcommittees: No subcommittees were formed, however, Karen Gibbs and Kevin Dowling met a number of times between meetings to discuss the logistics of creating the training manual proposed by the Panel.

Future Plans/Next Steps:

Panel members were committed to the concept of supporting the creation of a training manual to assist caseworkers in consistently responding to child sex abuse cases. Unfortunately, we encountered some roadblocks. For example, we initially hoped Karen Gibbs could be granted time in her position at DHS to work on the manual. We explored DHS reallocating some of the funds for the CAPTA Panel to help support additional FTE for Karen's position, which would be focused on developing the manual. This idea was not possible, however, given the current priorities and needs at DHS. At this time, we continue to explore who might be able to draft the training manual, and how to reimburse the person for their time.

Recommendations:

- 1. The Panel recommended DHS develop a training manual for DHS caseworkers to assist them in assessing cases of alleged child sexual abuse. (The Multnomah County CAPTA Panel would like to support DHS in this effort.)**

This recommendation was based on findings from multiple case reviews, and statements from caseworkers, highlighting the lack of specific guidelines for them to follow in assessing a case of child sex abuse. Topics might include:

- a. Responding to multiple sex abuse referrals on one family – how to evaluate multiple reports over time? Should a second or third allegation of sex abuse be treated differently than the first? If yes, what extra considerations should be taken?
- b. How do we ensure neutrality/privacy in an interview?
- c. How to assess for threat of harm sex abuse -- Who does the caseworker need to interview? What questions need to be asked? What documentation should be reviewed? What outside assessments are needed to help the caseworker determine whether a child is safe around someone with a history of a sexual offense? How does the caseworker evaluate the quality and recommendations found in a psychosexual evaluation?
- d. Teen “consensual” sex abuse.
- e. Recantation.

Response: DHS is currently facilitating a statewide work group with members representing a broad range of professionals involved with child sexual abuse and treatment of offenders. This group is developing protocols and guidelines to address various issues related to sexual abuse of children. These issues include recantation, psycho-social evaluations of offenders, threat of harm for sexual abuse, responding to the non-offending parent. It is anticipated that additional training will be provided for CPS workers based on the work group's recommendations.

The CPS Program previously developed guidelines for responding to the sexual abuse of a teen by another teen.

2. The Panel recommended ongoing training for DHS staff on interviewing children in the field.

We discussed the trainings being quarterly and no more than two hours in length. Training topics should include information on how children disclose. Law enforcement would ideally also be invited to the training. Note that Karen Gibbs (Multnomah County CPS Consultant) and Sue Lewis (CARES Northwest Regional Center Lead Interviewer) have already been conducting several of these types of trainings over the past few months, with good turnouts and positive reviews.

Response: Ongoing training for those interviewing alleged victims of child abuse is important to ensure they have access to the latest information about research and interviewing techniques. While initial training for CPS workers is provided by the Portland State University Child Welfare Partnership. Current resources do not allow DHS the opportunity to provide training on an ongoing basis. CPS workers are encouraged, when local training budgets allow, to obtain training at conferences or other venues.

The Children's Justice Act Task Force is sponsoring 3 trainings on interview children with disabilities who may be abuse victims. The training is being held in 3 different locations of the state to make it as accessible as possible and is taking place in June and July. The second day of this training is focused specifically on skill building for those who such as law enforcement and CPS who directly interview children.

Joint training for CPS and law enforcement personnel is sometimes available as part of the resources provided to each county's multidisciplinary child abuse team through the CAMI Program. The CPS Program Manager is a member of the CAMI Advisory Council and will convey to them the suggestion to provide joint CPS & LEA training on interviewing child abuse victims

3. The Panel recommended DHS focus on helping children and non-offending parents access therapy quickly in cases involving founded sex abuse.

The Panel appreciated the numerous stressors for the child and non-offending parent in cases involving sex abuse, especially if the child is placed in protective custody or foster care. For example, if the safety plan involves the child remaining in the care of the non-offending parent, how does that parent get the information and support they need to help appropriately respond to their child and keep them safe? In addition, ideally, the child would have a consistent therapist who would be consulted regarding recommendations about the child's current functioning and needs.

***Response:** There are a variety of resources for non-offending parents if they are involved with child welfare. The new in-home services could be a source of support when children remain in the home. Both OHP and Crime Victims Compensation which provide mental health counseling for the child victim have provisions to assist parents in appropriately responding to and supporting their child's treatment needs. Issues regarding timeliness or access to services and consistency of a child's therapist are best addressed by the treatment provider.*

4. The Panel recommended DHS explore replicating the case triage process used by the Multnomah County MDT in counties without a formal process.

During the case triage meetings, caseworkers have the opportunity to present challenging cases to their MDT partners from law enforcement, the district attorney's office, and the local child abuse intervention center to help them determine resources available to the child/family and next steps in case assessment/planning.

***Response:** Many counties already use a similar process at MDT meetings. In some counties all cases either being assessed or criminal investigated for child abuse and neglect are staffed with the MDT.*

The CPS Program Manager is a member of the CAMI Advisory Council and will work with that group to provide additional information to MDTs through the CAMI Program about the importance of case staffing.

- 5. The Panel recommended DHS implement a standard documentation tool to place at the beginning of a child's DHS chart to help summarize the totality of complex cases.**

This recommendation was generated after a case review that involved a child seen at CARES Northwest three times for alleged sexual abuse. The caseworker attending the third evaluation had just been assigned the complicated case, and understandably struggled to make sense of the complete history and not miss important details and connections that could impact the child's assessment and safety planning. A diagram at the beginning of the chart showing the key people involved, how they were related to the child, and information about known history or risk factors for each person would have been very helpful.

***Response:** The new State Automated Child Welfare Information System (OR-Kids) has been designed to make more comprehensive case information readily accessible. Caseworkers also receive training regarding the importance of doing a thorough review of case history when working on complex cases.*

Looking Ahead:

In 2010 we plan to continue to focus on the challenges DHS has in responding to child sex abuse, and support the creation of a manual to help guide caseworkers in responding to various types of child sex abuse allegations. Once complete, the Panel intends to help develop and host a training based on the manual.

Acknowledgements:

We want to acknowledge the ongoing commitment of the Panel members and attendees, who gave of their time and expertise, and who made it a priority to participate on the CAPTA Panel despite the many other demands on their time. We appreciated the collaborative approach they brought to the meetings and their commitment to promoting the safety and well-being of our community's children.

In particular, we want to thank the Multnomah County DHS staff who participated as Panel members and who came to present cases for review. Their willingness to patiently explain policies and procedures, share their success and frustrations, and

answer questions about casework served as the foundation for the work of the Panel.

Jackson County 2009 Annual Report
Oregon CAPTA Panel

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 (CAC)
Jan Hall	Intake Supervisor, DHS Child Welfare
Mary-Curtis Gramley	Executive Director, Family Nurturing Center
Diana Hamilton	Program Manager, Jackson County Victim Witness
Jennifer Mylene	Executive Director, CASA
Marlene Mish	Executive Director, Children's Advocacy Center (CAC)
Michelle Pauly	Deputy District Attorney, Jackson County
Rene' Wold	Program Coordinator, The Job Council
 <i>New Members:</i>	
Lisa Lewis	Branch Manager, DHS Self Sufficiency
Cydne Collins	Supervisor Teen Team, DHS Child Welfare
 <i>Other Attendants:</i>	
Violetta Ibarra	Academy Supervisor, DHS Child Welfare
Karla Carlson	Supervisor for Screener's, DHS Child Welfare

Dr. Kerri Hecox	Physician, Children’s Advocacy Center
Adrienne Auxier	Independent Living Program Coordinator, Community Works
Jennifer Henderson	Transitional Living Program Coordinator, Community Works
Heather Mowry	Grants Coordinator, CAPTA DHS Child Welfare

Meetings

<i>Date</i>	<i>Time</i>	<i>Location</i>
Monday, August 17, 2009	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 30,000 English and 2,000 Spanish Life Savers flyers though out Jackson County. The Life Savers flyer was able to provide our community with information and resources on the prevention and intervention of activities that might lead to a child fatality. Topics for the flyer are based upon the child fatality reviews in Jackson County, most notably was a spike in youth suicides over the past two years. Jackson County had 18 teen suicides between 1990 and 2006, whereas five teens completed suicides in 2008 and as of September 2009 an additional four teens had completed suicide.
2. Our panel strongly endorsed the joint effort between Jackson County Health Department and the Children’s Advocacy Center in their successful application to the Children’s Trust Fund of Oregon to implement in Jackson County “The Period of P.U.R.P.L.E Crying” child abuse prevention program for all new parents, with particular targeting of high-risk groups.
3. We reviewed 3 cases of teen parents in the foster care system, and discussed possible gaps in services as well as potential partnerships for enhancing the system for this special population. One area of discussion was the need for mentoring relationships for these young parents who have been abused or neglected, resulting in a host of emotional and developmental needs. Not

only must a pregnant or parenting teen change her role to motherhood, but their involvement in the foster care system may lead to frequent transitions and instability. Additionally, the role of the foster parent and their need for training opportunities specific to the needs of adolescents in care and providing opportunities for youth to develop healthy relationships was an area of interest in our discussion.

The coordinators of the Independent Living Program (ILP) and Transitional Living Program (TLP) contracted through Community Works attended one meeting to explore what resources were already available for older youth in the foster care system as well as youth at-risk. TLP and ILP host a Life Skills class every week where youth are provided a variety of opportunities to develop self-sufficiency skills. One area of potential collaboration was to explore curriculum that focused on developing healthy relationships and boundaries.

Our panel was joined by the Child Welfare teen team case manager and Self-Sufficiency branch manager providing their expertise regarding their systems response to adolescents.

4. We continued to support the county-wide collaborative to roll-out “Stewards of Children” as a county-wide child sexual abuse prevention program. The program seeks to protect children from sexual abuse by placing responsibility for protecting children squarely on adult shoulders. Our goal is to educate adults to prevent, recognize and react responsibly to child sexual abuse.

Materials to provide the training in English and Spanish free of charge to our community were provided through CAPTA funds and a grant from Jackson County Health & Human Services. The Commission on Children and Families provided staff support for the coordination of the trainings in the community until September 2009, where the Children’s Advocacy Center (CAC) assumed responsibility for the coordination of the program in Jackson County. Through a commitment from the CAC to obtain certification to be a train the trainer for “Stewards of Children” we now have the capacity to train additional trainers. To date over 600 Jackson County residents have participated in the “Steward of Children” training representing the following: foster parents; child care providers; youth and family serving agencies staff; volunteers; school personnel; volunteers; and students in the Human Service track at the local community college and university.

5. For April Child Abuse Prevention month our panel participated in the planning and coordination of a public awareness event to “bring a voice” to the 760 confirmed victims of child abuse and neglect in Jackson County from the previous year. As part of a long-term response to child abuse and neglect in our community the Jackson County Child Abuse Network initiative was born. The mission of the network is to involve agencies and the broader community in addressing the following three areas: 1) Prevention; 2) Community Awareness; and 3) System Coordination.
6. Our panel has formed a sub-committee and contracted with a local television station to develop and deliver media messages to improve public education relating to the role and responsibility of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect. Our messages will be part of the broader Jackson County Child Abuse Network “Don’t Turn Away” community awareness campaign. Additionally, our sub-committee held a focus group in October 2009 with Child Welfare screeners to gather their input regarding messaging and discuss what resources they might need to help meet an increase in child abuse calls.

Future Plans/Next Steps

1. Explore opportunities to increase case review as an activity for our panel. Gather information from local Citizen Review Panels regarding trends that they may be seeing in their case reviews as well as work with Child Welfare Consultant to bring forward cases.
2. Proceed with media campaign to raise awareness and developing a strong community responsibility to reduction child abuse and neglect in Jackson County.
3. Explore focus groups with teens in foster care to gather information about their needs, what gaps in services exists, and how can we as a system better coordinate our efforts.
4. Endorse the use of programs like “Stewards of Children” and “The Period of P.U.R.P.L.E Crying” as education tools for building a stronger healthier community for children. Explore opportunities to include trainings like the aforementioned ones into pre-existing training programs (e.g., foster parent and youth serving programs).

5. Initiate a conversation with Child Welfare and community partners to assess the available community expertise available and explore creating and enhancing existing relationships to strengthen services for children and families in Jackson County.

Recommendations

1. Our panel recommends that DHS/Child Welfare consider the development of training specific to foster parents who are fostering a teen with a child of their own in the home. Explore mentor type relationships that allow the teen to be the primary caretaker of their child with the guidance and support of the foster parent.

Response: *This recommendation is consistent with the needs and development of teens and especially of teen parents needing to develop parenting skills. It will be forwarded to the Foster Care Program and to the Portland State University Child Welfare Partnership which provides training for foster parents.*

2. Following up on our first recommendation, the panel recommends that DHS/Child Welfare explore training curriculums for foster parents who are fostering teens to help them better understand the uniqueness and issues of adolescents to better prepare foster parents for teens in the foster care system.

Response: *The Portland State University Child Welfare Partnership provides a variety of training for foster parents. Some of the trainings are specifically for those parenting teens others are more generic but have components specific to fostering teens.*

Foster Adopt Relative Parent Trainers provide the following:

- *Ten Tips for Parenting Teens*
- *Child Development: Tweeners through the Teen Years*
- *Enhancing Teen Attachment (debuting via NetLink in July)*

They also contract with these trainers for the following topics:

- *Kathy Nordahl- Preparing for Adulthood*
- *Gary & Jean Lasater- Creating Positive Behaviors in Teens*
- *Sarah Duval- Common Mental Health Disorders in Teens*

3. We recommend that DHS/Child Welfare conduct geographical focus groups of youth in foster care to gather information from youth on how better to meet their needs and system improvement.

Response: *The Independent Living Program in conjunction with the Portland State University Child Welfare Partnership recently completed research regarding foster teens' views about permanency. Five focus groups were held statewide involving a total of 37 youth ranging in age from 14- 22.*

While the group focused primarily on youths' understanding of permanency options extensive feedback was also provided by the youths about their perceptions and experiences in foster care and suggestions for DHS.

ILP is also in the process of surveying youth and adults regarding which ILP services they value most. The link is listed below if any advisory group members would like to take the survey or share it with youth in their area who have been involved with ILP. There are 71 responses - 51 are youth (up to age 23) and 20 are adults. End date of the survey is June 10th.

<http://www.surveymonkey.com/s/8992NS9>

The Independent Living Program works extensively with two organizations- Oregon Foster Youth Connections and FosterClub, Inc. which are made of youth either currently or formerly in foster care. These groups are actively involved in advocating for the needs of teens. They have been successful in making systemic changes including extended OHP health and mental health care coverage for teens leaving foster care.

4. Parents with infants that come to the attention of the system/enter the system should be provided with education about Shaken Baby Syndrome (e.g., "The Period of P.U.R.P.L.E Crying" information and video).

Response: *Both the CPS and FBS Programs will explore opportunities to provide this information to parents of infants involved with child welfare. The FBS Program is initiating new in-home services that would provide a good opportunity to include this information.*

5. DHS/Child Welfare should explore creating an on-line/interactive recognizing and reporting child abuse training.

Response: Professional groups representing mandatory reporters are responsible for arranging training for their constituents. DHS is not funded to develop new mandatory training materials. There are training materials, including a video, currently available on the DHS website.

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 well-being of children.

MALHEUR County 2009 Annual Report Oregon CAPTA Panel

Panel Members (as of 09/30/09):

Name	Agency
LaDonna Wiedenman	Project DOVE
Sharon Kiplinger	DHS Self Sufficiency
Claudia Wilcox	Child Welfare
Bobbi Rudell	CASA
Jane Pagette	DHS
Ramone Rodrigues	Ontario City Police
Kelly Poe	Executive Director Malheur Commission on Children and Families
Angie Uptmor	Malheur Commission on Children and Families Ontario, OR
Sheri Smith	SAFE KIDS

Meetings:

August 20, 2009 (World Child Abuse Prevention Planning session)
September 9, 2009

Activities:

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 Four Rivers Cultural School personnel and parents.

During the month of May, CAPTA provided information at the Nyssa Kids Fair. Brochures about child abuse prevention, bracelets, and necklaces were distributed. A Family Fun Run was planned, however it was rained out. In June we participated in a similar Kids Fair held in Ontario at the County Fair grounds. Similar brochures, bracelets and necklaces were distributed.

CAPTA leased a bulletin board for one year with the message of preventing child abuse and neglect along with the child abuse reporting phone number.

CAPTA printed brochures to inform people of what CAPTA is and gave two presentations to community clubs (Lions and Eastern Star) with the purpose of informing people about CAPTA and recruiting members.

Subcommittees:

None for this period.

Future Plans/Next Steps:

CAPTA plans to participate in the World Child Abuse Prevention Day in November and will utilize information and add specific county data and information to address child abuse . 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 resign 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 2010 for Child Abuse Awareness Month. 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.

Recommendations:

1. We recommend that at both the County and State level more training are conducted for professionals and para-professionals 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.

***Response:** Professional groups representing mandatory reporters are responsible for arranging training for their constituents. DHS is not funded to develop new mandatory training materials. There are training materials, including a video, currently available on the DHS website.*