

***Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements***

**Substantive Changes to State Law or Regulations**

There were no substantive changes in Oregon’s laws or regulations during the past year, relating to the prevention of child abuse and neglect, that could affect the State’s eligibility for continued CAPTA funding.

**Significant Changes to the State’s Approved CAPTA Plan**

In September, 2012, Oregon’s Department of Human Services (DHS) entered into an agreement with the Oregon Judicial Department’s Citizen Review Board (CRB) to establish at least three citizen review panels, as required by CAPTA, to evaluate state and local child welfare practices and make recommendations for improvement.

The work of the CRB is a natural complement to the requirements of CAPTA. The CRB already has 67 boards, composed of citizen volunteers in 33 of Oregon’s 36 counties. These citizen volunteers have the benefit of already having a detailed understanding of local child welfare practices from their monthly case reviews. Additionally, the CRB has access to statewide statistical data through its computer system that integrates data from Oregon’s state courts and child welfare agency.

Under this agreement

1. The CRB established three citizen review panels in Deschutes, Lane, and Lincoln counties.
  - a. The CRB volunteer board members from each board in Deschutes and Lincoln counties come together as the panels in those counties; and
  - b. For Lane County, one or two volunteer board members from each of the nine local boards volunteered to serve as the panel for Lane County.
2. These panels must prepare, on an annual basis, a report containing a summary of the activities of the panel, and recommendations to improve the child protection services system at the state and local levels.

**CAPTA State Grant Fund Use**

<b>2 FTE - Child Protective Service Coordinators</b>	
<b>CAPTA Sections 106(a)(1),(3) (4) and (5), and 106(b)(C)(ii),(iii)</b>	<b>CPS Areas All 16 areas</b>

Child Protective Service (CPS) Coordinators play a critical role in the intake, assessment, screening and investigation of reports of child abuse or neglect. CPS Coordinators develop policies and procedures; and provide training and consultation to staff to assure consistent and appropriate CPS response.

CPS Coordinators also participate in the design, development and implementation of modifications and enhancements to the State Automated Child Welfare Information System (SACWIS). SACWIS is Child Welfare's system of record and supports the program by tracking reports of child abuse and neglect from intake through final disposition.

The people in these positions work in partnership with the other CPS Coordinators in the Department of Human Services' Office of Child Welfare Programs, under supervision and direction of the Child Safety Program Managers. The CPS Coordinators develop and implement strategies for more effective communication between the State's central program office and child welfare field offices, on policy and practice issues. In addition, the CPS Coordinators participate in quality reviews of CPS practice and performance.

### **Responsibilities**

- Provide statewide technical consultation to District managers, Child Welfare Program Managers, supervisors, child welfare caseworkers and community partners on CPS program and practice.
- Evaluate effectiveness of CPS policy, performance, service delivery and outcomes.
- Coordinate training with other state agencies.
- Improve communication between the central program office and local field offices.
- Participate in the State's child welfare Founded Disposition review process.
- Conduct quality reviews of CPS/Child Welfare practice, procedures and performance.
- Provide technical consultation to community partners and the general public on sensitive, high profile and high-risk family abuse situations.
- Provide support and technical assistance to the Child Safety program managers in research, policy and protocol development and legislative tracking.

**Child Protective Service Coordinator – Position 1**

### **Summary of Activities from May 2012 – June 2013**

- Participated in Technical Assistance from the National Resource Center for developing advanced training for staff using the Oregon Safety Model (OSM).
- Developed curriculum and implementation of a four-day advanced OSM training for all CPS and Permanency supervisors in Oregon.
- Provided training for CPS screeners around screening policy and requirements for assignment and closed at screening reports.
- Completed ongoing reviews of CPS assessments, using a quality assurance tool developed by CPS program staff. These quality reviews help identify where additional training is needed for CPS caseworkers.
- Provided assistance in creating staff tools for working with domestic violence perpetrators and survivors.
- Provided ongoing reviews of statewide Safety Plans and in-person follow-up in field offices to work with staff on completing plans that are safe and appropriate to the specifics of the case.
- Coordination of Critical Incident Review Team (CIRT) recommendations including:
  1. Provided three web based training sessions on “Assessing Isolated Children”. Approximately 150 CPS staff received the training throughout the state.
- Ongoing participation in the design sessions for the State’s SACWIS system (OR-Kids) to insure CPS policies and best practice are being adhered to in the system.
- Completed sensitive case and CIRT reviews for the purpose of identifying systemic issues resulting in bad outcomes.
- Participated in providing statewide orientation sessions to staff and community partners regarding the implementation of Oregon’s Differential Response program.
- Assisted in developing comprehensive CPS assessment examples in collaboration with use as a training tool for CPS staff.
- Completed case naming decision tree that is now available online for CPS Screeners.
- Participated in developing training curriculum for “Working with Relatives” with Portland State University’s Child Welfare Partnership.
- Ongoing participation in the Founded CPS Assessment Disposition Review Committee (appeal process).

- Participated in out-of-country adoption staffing to assist in safety planning for children transitioning to family members out of the United States.
- Participated in developing quarterly meetings for CPS Screeners.
- Developed and presented training for staff on OSM “conditions for return”.
- Developed agenda for CPS quarterly meetings throughout the State.

In addition, this position works closely with other agencies and community partners representing the Child Safety Program on a variety of workgroups and committees including:

1. Child Welfare Governance Committee;
2. Child Welfare Training Advisory Committee;
3. Child Welfare Refugee Committee;
4. Q & A following Mandatory Reporter Training; and
5. OR-Kids Implementation Team.

## **Child Protective Service Coordinator – Position 2**

### **Summary of Activities from May 2012 – June 2013**

The person in this position has been successful in providing greater statewide consistency in child welfare practice through extensive reorganization and development of new and revised child welfare policy, administrative rules and guidelines including the following:

- Oregon Administrative Rules (OAR) which include the definition of terms for screening, assessment, notice and review of founded dispositions; and safety analysis for DHS and law enforcement cross reporting, child abuse assessment dispositions, daycare facility investigations, and assessing safety service providers.
- Revised protocol for child fatality reviews, critical incident review teams, and sensitive issue reviews.
- Created guidelines addressing case practice when there is a new baby on an open assessment or open case.
- Created and revised forms and pamphlets, including a form for requesting cooperative services.
- Coordinating Founded Dispositions reviews.
- Facilitated rule advisory committees.
- Served as policy expert in trials.
- Assisted with reviews of critical cases.
- Facilitated CPS case reviews for quality assurance.
- Reviewed child abuse and neglect fatalities.

- Analyzed Legislative Bills, as needed.
- Critically evaluated current practice to identify need for potential changes to positively impact worker understanding of desired practice.
- Developed curriculum related to gathering sufficient information to make child safety decisions.
- Drafted communications to staff to facilitate information sharing regarding changes in practice.
- Worked closely with the National Resource Center to facilitate improvements in safety model. Assisted in the development of guidelines addressing the use of marijuana as a child protective services issue.
- Actively engaged in trying to improve the integrity of the child maltreatment fatality data.

In addition, this position works closely with other agencies and community partners representing child welfare on a variety of workgroups and committees including:

1. Rule Advisory Committees;
2. Founded CPS Assessment Disposition Review Committee;
3. CPS and Office of Investigations and Trainings meetings;
4. Forms Committee;
5. Peer Advisory and Review Committee
6. Policy Council; and
7. State Child Fatality Review Team.

**Summary of Training Activities**

Provided 45 hours of Mandatory Reporting training to child welfare and child protective services case workers, other DHS staff, community partners, and to the legislature.

Developed training plans for implementation of all new and revised rules.

Developed training for staff on policy, rule, procedure, protocol and forms.

Developed training for supervisors on safety (information gathering, safety threshold, safety threats, and safety planning).

<b>.5 FTE - Family Based Services Consultant</b>	
<b>CAPTA Sections 106(a)(1), 106(b)(C)(ii), and (iii)</b>	<b>CPS Areas All 16 areas</b>

This .5 FTE Family Based Services (FBS) Consultant position ensures 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 FBS Consultants within the Office of Child Welfare Programs, under the supervision of the Child Safety program managers.

The person in this position consults with child welfare case workers and supervisors to guide 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 FBS Consultant trains staff and provides ongoing feedback about changes in practice. These efforts increase consistency in practice across the State.

### **Objectives**

- Provide statewide technical assistance and direction to District managers, Child Welfare Program Managers, supervisors, case workers and community partners on the implementation, management and evaluation of FBS programs and practice.
- Evaluate effectiveness of FBS policy, performance, service delivery and outcomes.
- Develop and implement goals and objectives for policy and training in collaboration with other state agencies.
- Improve communication between the central program office and local field offices.
- Conduct quality reviews of FBS child welfare practice, procedures and performance.
- Provide technical consultation to child welfare and other DHS staff, community partners and the general public on sensitive, high profile and high-risk family abuse situations.
- Provide technical assistance and feedback to the state Safety program managers about current practice issues involving field staff.

### **Summary of Activities from May 2012 – June 2013**

Continued Oregon Safety Model (OSM) training and consultation via practice forums and supervisor/case worker quarterly meetings.

Provided ongoing consultation related to Oregon Family Decision Meeting and Child Safety Meeting procedures.

Provided training on best practice procedures for use by case workers and supervisors. Topics include: development of an initial in-home safety plan; conditions for return of child(ren) safely to their homes; assessing the protective capacity of parents; and the use of the Child Safety Meeting to engage extended family members.

Continued to provide In-Home Safety and Reunification Services (ISRS) training statewide, as needed.

Provided regular and ongoing training and consultation focused in areas of safety planning, in-home safety, and reunification services, six domains and conditions for return.

Participated in the statewide review of randomly selected in-home safety plans to identify areas of concern and develop consistent practice. This involved reviewing multiple cases and in-home safety plans each month. When a safety plan was found to be inadequate, the FBS consultant followed up with the case worker and their supervisor. This was an extremely helpful and time consuming process which assisted field staff by using specific cases as learning tools for understanding safety planning, conditions for return and ISRS services.

<b>Child Welfare Alcohol and Drug Addiction Education and Training</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(6)(A) and (C), and 106(a)(13)(B)</b>	<b>CPS Areas All 16 areas</b>

Nationally recognized trainer, Eric Martin was utilized in the delivery of alcohol and drug education and training modules to DHS child welfare caseworkers and DHS partners, who refer and work with clients involved with Oregon's child welfare system. Oregon's continued increase in the illicit use of opiates, both prescription drug and heroin, was a primary reason opiates were a major emphasis in his trainings. However, methamphetamine remains a primary drug of abuse on Oregon, and trainings on the use of methamphetamine were also conducted in addition to a standard section of training on understanding addiction and working with addicted parents in the child welfare system.

Mr. Martin also delivered parent education and intervention classes to parents in the child welfare system regarding chronic use of marijuana. The rapidly evolving policies and practices around marijuana use, abuse, dependency, medical

marijuana; and our neighboring state to the north, Washington having legalized it, have created an even stronger need for clear information on this drug.

From July 01, 2012 through June 30, 2013 Mr. Martin will have completed 18 one-day sessions on the topics listed above.

- 12 training sessions on addiction and drug specific topics; and
- 6 parent education/intervention classes on chronic marijuana abuse.

Mr. Martin’s training sessions often include the participation of parents who have attained recovery from their addiction, and had their child welfare cases successfully closed.

This strategy not only allows the caseworkers to talk directly with clients who have come through the system, but it is empowering for parents to know they play a part in the training of workers who will be dealing with addiction in the future.

**Other CAPTA Funded Programs**

<b>Investigations of Suspected Medical Neglect</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(9)(A), (B) and (C)</b>	<b>CPS Areas All 16 areas</b>

A portion of our CAPTA state grant is set aside annually to contract with medical providers to assist in Investigations of Suspected Medical Neglect, as required by Public Law 98-457, which requires the State to respond to reports of suspected medical neglect, including reports of withholding medically indicated treatment for disabled infants with life threatening conditions.

In these cases, medical professionals provide neonatology and consulting services to clients referred by the Department of Human Services (DHS), and to DHS staff when necessary, to determine whether reasonable medical judgment is being applied by attending physicians and hospital sites where clients are being assessed.

Due to the sensitive nature of these cases and the specialized skills required to complete the investigations, DHS has designated a child welfare staff person in each of the three cities having tertiary care centers (Portland, Eugene, and Medford) to be a specialist in Medical Neglect investigations. These Medical Neglect investigators, along with the CPS program manager, are available for telephone consultation and will form a special investigation "team" including a

designated medical professional and a local CPS case worker on cases of medical neglect.

<b>Differential Response</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(1), (4), (10), (11) (13)(A), and (14)(A)</b>	<b>CPS Areas All 16 areas</b>

**Summary of Activities from May 2012 – June 2013**

Oregon continues its planning and design efforts to implement Differential Response.

During the past year, DHS finalized its differential response approach to assure it aligns with the State’s current CPS response model, the Oregon Safety Model. Regular meetings took place between DHS staff and community partners to refine the specifics of differential response in each community, and to define expectations and responsibilities. In addition, DHS met with key legislative members about our current practices, and new approaches to safely reduce the number of children coming into foster care by implementing differential response.

<b>CAPTA Citizen Review Panel Annual Reports</b>	
<b>Section 106 (c)</b>	<b>CPS Areas All (Panels Option)</b>

In September, 2012, Oregon’s Department of Human Services (DHS) transferred responsibility for ensuring compliance with federal Child Abuse Prevention and Treatment Act (CAPTA) grant requirements to the Citizen Review Board (CRB). The grant requires states to establish at least three citizen review panels to evaluate the extent to which state and local child protection system agencies are effectively discharging their child protection responsibilities. The citizen review panels must prepare, on an annual basis, a report containing a summary of the activities of the panel, and recommendations to improve the child protection services system at the state and local levels.

The CRB established three citizen review panels in Deschutes, Lane, and Lincoln counties. The CRB volunteer board members from each board in Deschutes and Lincoln counties come together as the panels in those counties. For Lane County, one or two volunteer board members from each of the nine local boards volunteered to serve as the panel for Lane County.

CRB panel members, with input from community partners, brainstormed a list of local areas of concern in child welfare. Panels considered both process and outcome matters when identifying system issues. The issue list was then turned into a systems issue survey. The systems issue survey was completed for each case reviewed in the panel counties for at least six months and statewide for three months. The results were used to identify the most prevalent statewide and local system issues. The CRB Panels in Deschutes, Lane, and Lincoln Counties each had meetings with community stakeholders throughout the year to keep them informed of their work, progress, findings, and recommendations. The CRB Panels appreciate the time that community stakeholders dedicated to these meetings. Their questions, comments, and support for the work of the CRB Panels are greatly appreciated. Community stakeholders included:

- Local Juvenile Court Judges
- Local Trial Court Administrators and/or court staff
- Child Welfare managers and staff
- Local CASA Program representatives
- Attorneys involved in juvenile dependency cases
- Foster Parents
- Service Providers
- Educators
- Business Leaders

Each county has developed their own structure in addition to their natural lines of communication. In all areas, local DHS offices work closely with the directors of the CRB. Generally, specific case inquiries are directed to the assigned case worker for immediate resolution and overarching issues are presented to the program manager then communicated to supervisors and line staff to address the concern(s).

We believe these concerns are invalid as we are linking these concerns back to OR-Kids and how the OR-Kids system is reporting Health and Education related information. Our plan is to research this issue and remedy any data or systemic errors we discover.

## **DESCHUTES COUNTY CITIZEN REVIEW BOARD PANEL**

### **Meeting Dates and Activities**

The Deschutes County CRB reviewed 158 cases of children in foster care in the 2012 calendar year. During the time the citizen review panel was doing its work, the local CRB conducted case reviews on the following dates: October 3 and 4,

November 7 and 8, and December 5, 2012; and January 9 and 10, February 6 and 7, March 6 and 7, April 3 and 4, and May 1 and 2, 2013.

**November 8, 2012** - The Deschutes County panel held its initial meeting where it reviewed CAPTA requirements and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

**November 9, 2012** - The CRB Panel met with community partners and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern, and the areas they identified were included in the issue list and ultimately the survey.

**February 7, 2013** - The CRB Panel reviewed and discussed local data and top issues identified in the preliminary survey results, as well as reviewed DHS policies related to the Indian Child Welfare Act (ICWA) and relative searches. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

**March 11, 2013** - The CRB Panel shared preliminary survey results with representatives from DHS. Additionally, they asked DHS for detailed information on their current practices, especially as related to the ICWA and relative search efforts, and for input on the panel's recommendations to address the top issues. DHS reported that they were not surprised by the results, shared the panel's concerns, and are currently working to address those issues. Because they recognize ICWA and relative search as important areas of work, DHS has a support staff person assigned to conduct ICWA searches, and a caseworker assigned as an ICWA and relative search liaison. However, because of understaffing partly caused by vacancies, the caseworker was pulled off the liaison duties and assigned cases.

Now DHS has filled the vacancies, and the worker will be able to spend more time on ICWA and relative search efforts. An issue that recently came to light is that caseworkers do not know how to access the ICWA and relative information the liaison had been entering into OR-Kids system because it is not always automatically appearing in case plans. Another issue that has come up with relative search efforts is that newly assigned caseworkers do not review the case plan to follow up with relative information. Deschutes County DHS is working to educate their workers on these issues. On a positive note, Deschutes County DHS

has developed a practice of calling relatives even though it is more time consuming and not required by current law and policy because phone contact has been found to be more fruitful. Finally, the caseworker assigned to conduct relative searches is beginning “family finding” on long-term cases such as those with a permanency plan of Another Planned Permanent Living Arrangement (APPLA). The DHS supervisor noted that cases and casework have gotten significantly more complicated and there is too much expertise required throughout the process. She believes that specialized assignments such as this one provided there is good communication between the specialized staff and assigned caseworker is the best system.

**March 11, 2013** - The CRB Panel shared their preliminary survey results and draft recommendations with the community partners, and asked for any feedback they had. Caseworker turnover, training, and supervision have been identified as a statewide concern, and the community partners agreed that it is a serious issue. One way that is evident locally is that caseworkers do not have enough time to properly mentor parents. The community partners identified increasing the frequency and quality of visits between children and parents as a local priority. They discussed utilizing volunteers, and identified Jackson County's Partners in Parenting (PiP), and a mentor grandparent program in Nevada as promising models.

**April 1, 2013** - The CRB Panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then they asked for community feedback and input. The community members agreed that the panel's identified issues are areas of concern, especially caseworker turnover and face-to-face contact.

One suggestion was to develop and implement a better communication system so that there is less disruption when a case is transitioned from one caseworker to another. Another suggestion was to prioritize visitation. Members of the public also identified potential areas of concern to focus on in the next annual report, including a need for additional foster families, additional supports for parents, efforts to prevent removal, and more timely finalization of adoptions. A representative from Action to Advocacy, an organization dedicated to connecting foster and adoptive families with the services and resources they need to thrive, reported that they have offered to help DHS with certification efforts, but are being underutilized. The CRB Panel was concerned that DHS is not certifying non-relatives to become foster parents. Central Oregon has a huge need for more

foster parents and the community often sees children placed far away. The area is also greatly lacking in trained special needs foster parents. However, Deschutes DHS appears to put no resources into recruiting new qualified foster parents, let alone returning phone calls or completing the training and certification process with potential non-relative foster parents. This is a very dangerous problem, and is impacting the care provided to Deschutes County.

## **DESCHUTES COUNTY AREAS OF CONCERN**

In addition to the statewide issues identified earlier in this report, the Deschutes panel identified four areas of concern. The CRB Panel also noted that based on the local system issue survey results, basis of jurisdiction was also identified as a prevalent issue that the panel plans to address next year.

### **Timely ICWA Determinations**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that DHS has determined whether ICWA applies. ICWA is a federal law that seeks to keep American Indian children with American Indian families. When ICWA applies, caseworkers must provide active efforts, follow ICWA placement preferences, and work to involve the tribe.

Timely ICWA determinations are essential to compliance with the ICWA requirements and protecting the best interests of American Indian children. The CRB Panel believes the lack of information is due to a combination of non-compliance with ICWA policies and insufficient documentation.

Through its meeting with DHS, the panel learned that although Deschutes DHS has a specialized caseworker assigned as a ICWA and relative liaison, the position has been weakened because the staff person has most recently been removed from the position and assigned cases due to understaffing, and that there has been barriers in communication to the assigned caseworker.

### **Insufficient Efforts to Develop Concurrent Plan**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating compliance with concurrent planning requirements, such as diligent relative search efforts. Concurrent planning is an effort to reunite the family while simultaneously establishing an alternative plan that can be implemented if reunification is no longer possible. This allows children to be moved much more quickly from foster care to a stable permanent placement. In addition to better outcomes, untimely concurrent planning efforts result in delays in permanency for children. The CRB Panel believes the lack of

information is due to a combination of non-compliance with concurrent planning policies and insufficient documentation.

### **Insufficient Medical and Dental Services**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure their health and well-being and help them cope with the abuse and neglect they have endured. The CRB Panel believes the lack of information is due to a combination of children not getting sufficient services and a lack of documentation.

### **Lack of Diligent Efforts to Search for and Engage Relatives**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating compliance with relative search requirements. Federal and state law, and DHS policy require diligent efforts to search for and engage relatives because research has demonstrated that children in relative placements have better outcomes.

For example, they are as safe or safer in relative care and are more likely to be placed with siblings, maintain stability, and maintain family and community connections. The CRB Panel believes the lack of information is due to a combination of non-compliance with diligent efforts policies and insufficient documentation.

## **DESCHUTES COUNTY RECOMMENDATIONS**

1. DHS preserve the specialized staff position for relative searches and ICWA determinations, and ensure that workload duties are not compromised due to general casework assignments. DHS develop practices to ensure the specialized staff follows up with ongoing relative search, and ICWA efforts, communicate efforts to the assigned caseworker, and accurately and timely document efforts.
2. DHS comply with policies and provide adequate and timely medical and dental services.
3. DHS work with community partners to increase parent/child visitation, and continue to explore foster parents and/or foster grandparents as mentors and visit supervisors. The CRB Panel recognizes caseworker training, supervision and turnover as a major statewide issue, a significant impact of the issue is that caseworkers do not have enough time to properly mentor parents and ensure quality visitation between parents and children. Frequent, quality visitation between children and parents is a key indicator of successful reunification.

## **LANE COUNTY CITIZEN REVIEW BOARD PANEL**

### **Meeting Dates and Activities**

The Lane County CRB reviewed 1,065 cases of children in foster care in the 2012 calendar year. During the time the local citizen review panel was doing their work, the Lane County CRB conducted periodic reviews on the following dates in 2012: September 5, 6, 7, 12, 13, 19, 20, 26, 27, October 3, 4, 5, 10, 11, 17, 18, 24, 25, November 1, 2, 7, 8, 9, 14, 15, 16, 28, December 5, 6, 7, 12, 13, 14, 18, 19, 20; and the following dates in 2013: January 3, 4, 9, 10, 11, 16, 17, 23, 24, February 1, 6, 7, 13, 14, 20, 21, 27, 28, March 1, 6, 7, 13, 14, 20, 21, 27, 28, April 3, 4, 5, 10, 11, 17, 18, 24, 25, May 1, 2, 8, 9, 10, 15, 16, 22, 23.

**October 18, 2012** - The Lane County panel held its initial meeting where it reviewed CAPTA requirements, and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

**December 3, 2012** - The panel met with community partners, and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern and the areas they identified were included in the issue list and ultimately the survey.

There are nine Citizen Review Boards (CRB) and thirty-five CRB volunteers in Lane County. All of the Lane County CRB volunteers make up the Lane CRB CAPTA Panel; however, at the initial Lane CAPTA meeting, the volunteers indicated a desire to have a smaller committee composed of board members who would strive to consistently attend the CAPTA meetings and work to finalize efforts for the annual report. Therefore, a Lane CRB CAPTA Panel Advisory Committee was established.

The members of the Lane CRB CAPTA Panel Advisory Committee include:

- Marjorie Biehler (2002)
- Ellen Hyman (1997)
- Norton Cabell (2006)
- Beverly Schenler (2003)
- Barbara Newman (2002)
- Lou Ann Martin (2003)
- Stephen John (2007)

**February 22, 2013** - The panel reviewed and discussed local data and top issues identified in the preliminary survey results. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

**March 22, 2013** - The panel shared the preliminary survey results with representatives from DHS, and asked DHS for their perspectives on the issues. DHS agreed that OR-Kids system issues are an area of concern. They reported issues with complete and accurate transfer of information from the old FACIS program to the OR-Kids system, and other glitches with the system that they do not have the time or manpower to correct. Furthermore, the OR-Kids system is confusing and time consuming for the caseworkers. Additional internal training and data entry help would be beneficial to address the concerns. DHS also reported that they are currently working with community partners to recruit volunteers to help with transportation for visits, as well as working on quality foster parent recruitment and improving parent/child visits. The CRB Panel also discussed concerns about the number of children served in Independent Living Programs (ILP).

**March 22, 2013** - The panel shared their preliminary survey results and draft recommendations with community partners, and asked for any feedback they may have. The community stakeholders shared concerns regarding case plans. They pointed out that improved case plans are important for parents, who are confused by the current inaccurate plans, and for caseworkers transitioning cases to other workers. Community stakeholders agreed that visitation and ILP services are also a concern within the county, because there are not sufficient services to meet the needs. Stakeholders would like to see DHS be more creative regarding locations for visitation services, especially when older children are involved. Community stakeholders suggested the following areas for future study: services for children and families when the child is on a “Trial Home Visits” and attorneys for children who are in foster care that can handle legal issues in the civil area, for example immigration, probate trust funds, and name changes.

**April 9, 2013** - The panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then they asked for community feedback and input. Community members voiced concern regarding an adequate number of foster homes and respite providers, especially for teens and in Florence. Additionally, there was concern regarding a lack of other services in Florence such as adequate parenting classes and

counseling. Furthermore, community members questioned whether the space DHS provides for sibling visits is appropriate, especially for older children. Finally, the community members advocated for DHS to provide more upfront services to prevent removal of children. Finally, the community members advocated for DHS to provide more upfront services to prevent removal of children.

## **LANE COUNTY AREAS OF CONCERN**

### **Insufficient Medical and Dental Services**

At reviews, the board is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure their health and well-being, and help them cope with the abuse and neglect they have endured. The panel believes the lack of information is due to a combination of children not getting sufficient services and a lack of documentation. DHS policy requires that all children who come into foster care have a mental health assessment within 60 days. Sometimes assessments are not completed in a timely fashion, and thus the initiation of appropriate services does not happen timely.

DHS is responsible to ensure that children are receiving appropriate medical, dental, and mental health services while they are in care. There are problems with the OR-Kids reporting system, and there are CRB concerns that kids are not being seen by doctors and dentists regularly while they are in care. There is a lack of services and service providers in a county as large and spread out as Lane County. Add in transportation issues and provider turnover rates, and the negative impacts on children in foster care are even more concerning.

### **Insufficient Psychotropic Medication Information**

The case plan does not always list a current summary of medication, the specific medication prescribed, or if a psychiatrist is overseeing the medication. Sometimes, the foster parents report medication changes at the reviews that the caseworker is not aware of. With the new OR-Kids form, information about medication is often not reported. When it is, the language is very generic and often not clear who is managing the medications, a psychiatrist or a pediatrician. The CRB Panel is concerned with the number of medications children are prescribed, their side effects, who is authorizing the medications and any changes made in doses or medications, amount of time children are on a particular medication, and contradictions in information they hear about children's medications.

### **Insufficient Visitation Between Parents and Children**

The CRB Panel is supportive of DHS efforts to increase supervised parent child visits for some families. Lane County DHS has made positive strides with new programs like the baby bonding groups and the visitation house that improve the quality of visitation. Additionally, the CRB Panel acknowledges DHS efforts to increase the quantity of visitation by splitting a visitation supervisor position so there are more opportunities available for visitation between 3:00 PM and 7:00 PM, for school age children and their parents. Visits are a key indicator in the success of a return home plan, yet many parents and children still have only visits for one hour a week. DHS has indicated that this is a resource issue. Other concerns include that visit locations can be stressful, and caseworkers use visits as a time to gather information.

### **Insufficient ILP Services**

The Independent Living Program (ILP) has a long wait list. DHS needs to make sure children are receiving the required services, and work more actively with the teens to get them in the program and ensure the required documentation is completed. DHS should also address transportation issues.

### **LANE COUNTY RECOMMENDATIONS**

1. DHS comply with policies and provide adequate and timely medical, dental and mental health services.
2. DHS increase both the quantity and quality of visitation services.
3. DHS increase efforts to identify and engage community resources that may be able to supplement DHS services (e.g. churches that are willing to develop programs to supervise visits).

### **LINCOLN COUNTY CITIZEN REVIEW BOARD PANEL**

#### **Meeting Dates and Activities**

The Lincoln County CRB reviewed 125 cases of children in foster care in the 2012 calendar year. During the time the local CRB Panel was doing their work, the Lincoln County CRB conducted periodic reviews on the following dates: September 26 and 27, October 24 and 25, November 14 and 15, December 19 and 20, 2012; and January 23 and 24, February 27 and 28, March 27 and 28, April 24, May 22 and 23, 2013.

*September 26, 2012* - The Lincoln County CRB Panel held its initial meeting where it reviewed CAPTA requirements and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

**October 24, 2012** - The CRB Panel met with community partners and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern, and the areas they identified were included in the issue list and ultimately the survey.

**January 24, 2013** - The CRB Panel reviewed and discussed local data and top issues identified in the preliminary survey results. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

**February 12, 2013** - The CRB Panel shared the preliminary survey results with local DHS staff, including both caseworkers and supervisors, and asked them for their feedback on the identified issues and for input on recommendations to address those issues. DHS staff agreed that caseworker turnover and training, and insufficient medical and dental services are indeed local issues. They shared that errors with the OR-Kids system has been very time consuming, and agreed that additional mandatory OR-Kids training is essential. DHS staff also shared that they are operating at approximately 65% staffing, and the office has not been able to hire support staff. Therefore, caseworkers are carrying heavy loads and responsible for support staff tasks such as copying, filing, and discovery. Consequently, they have not prioritized some important issues, such as gathering medical and dental service information. They suggested that a productive recommendation would be to establish a specialized support staff person to ensure that DHS is provided with regularly updated provider information, as well as a support staff person assigned for relative searches and ICWA determinations.

**February 27, 2013** - The CRB Panel shared their preliminary survey results and draft recommendations with community partners and asked for any feedback they had.

**April 4, 2013** - The panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then they asked for community feedback and input. The community members agreed that the currently identified issues are areas of concern. They also identified potential areas of concern to focus on in the next annual report. One area of concern is addressing a need for more foster families in Lincoln County including recruitment, training, and continuing support; the second area of concern is focusing on increasing the quality and quantity of visitation between children and parents.

Members of the Lincoln County Citizen Review Panel:

Diane Flansburgg (2008)

Edward Brittain (2007)

Steve Waterman (2006)

Fawn Hewitt (2006)

Sener Otrugman (2012)

Sandra Allen (2012)

## **LINCOLN COUNTY AREA OF CONCERN**

### **Insufficient Medical and Dental Services**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure children's health and well-being and to help them cope with the abuse and neglect they have endured. For example, all too often the case plan provided to the board does not include any record of the child having had a dental exam, wellness check, an initial mental health evaluation, or developmental assessments. Furthermore, information regarding immunizations, prescribed medication, and regular mental health services, if any, is not included in the packet. Unfortunately, this is exacerbated at reviews because the caseworker does not know when or if the children have had these required appointments. Another frequent occurrence is that the case plan states that the child had a recent appointment, but because the entry is not dated and the date of the appointment is not provided, it is impossible to decipher if the appointment occurred three months or three years ago. With the lack of information, it is very difficult for the CRB to determine whether the children are receiving adequate medical, dental, and mental health services. Furthermore, it is virtually impossible to determine if there were provider recommendations made, such as follow-up appointments or specialist referrals, and if so, if they were followed. There is concern that these services are falling through the cracks, and children are doing without basic services as well as services recommended for them, such as eyeglasses, orthodontia work, or regular counseling, that are essential for their health and wellbeing.

The CRB Panel believes this is both because children are not getting sufficient services and because there is a lack of documentation. The CRB Panel noted that lack of sufficient medical and dental services likely relates to the two major statewide issues of adequate case plans and DHS caseworker support. Historically, the board had been provided with more complete and adequate medical and dental information. However, the information drastically decreased with statewide budget

cuts and the implementation of OR-Kids. Furthermore, the local DHS office has indicated that the current workload responsibilities have limited their ability to regularly follow-up with providers and gather medical and dental service information.

**LINCOLN COUNTY RECOMMENDATIONS**

1. DHS comply with policies, and provide adequate and timely medical, dental services, and developmental assessments and services.
2. DHS develop a specialized staff position to follow up with providers; children and parents may be involved with to ensure parents and children are receiving regular appointments, DHS timely follows up with recommendations, and DHS obtains school and treatment progress reports. DHS ensure that workload duties are not compromised due to general casework assignments.
3. DHS develop practices to ensure the specialized staff track services and progress for parents and children, communicate efforts to the assigned caseworker, and accurately and timely document efforts.

<b>CAPTA Fatality and Near Fatality Public Disclosure Policy</b>	
<b>CAPTA Section 106(b)(2)(B)(x)</b>	<b>CPS Areas All 16 areas</b>

DHS’ policy on confidentiality (which broadly discusses disclosure and touches upon the major statutes) is I-A.3.2, Confidentiality of Client Information. If the fatality or serious injury is determined to be abuse and neglect or is founded for abuse/neglect, then statute mandates specific information must be disclosed, if information is requested.

The entire policy can be found at:

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-a32.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a32.pdf)

Oregon Revised Statute (ORS) 419B.035, Confidentiality of Records, section 1(i) reads:

(1) Notwithstanding the provisions of ORS [192.001](#) (Policy concerning public records) to [192.170](#) (Disposition of materials without authorization), [192.210](#) (Definitions for ORS 192.210 and 192.220) to [192.505](#) (Exempt and nonexempt public record to be separated) and [192.610](#) (Definitions for ORS 192.610 to 192.690) to [192.990](#) (Penalties) relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records

compiled under the provisions of ORS [419B.010](#) (Duty of officials to report child abuse) to [419B.050](#) (Authority of health care provider to disclose information) are confidential and may not be disclosed except as provided in this section. The Department of Human Services shall make the records available to:

... (i) Any person, upon request to the Department of Human Services, if the reports or records requested regard an incident in which a child, as the result of abuse, died or suffered serious physical injury, as defined in ORS [161.015](#) (General definitions). Reports or records disclosed under this paragraph must be disclosed in accordance with ORS [192.410](#) (Definitions for ORS 192.410 to 192.505) to [192.505](#) (Exempt and nonexempt public record to be separated).

### **State CAPTA Coordinator Contact Information**

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