CAPTA Panels in Oregon
2004 REPORT

PURPOSE:

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 to provide annual federal grants to states, based on the population of children under the age of eighteen, in order to improve their child protective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

public, on an annual basis, a report containing a summary of the activities of the panel."

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

BACKGROUND/HISTORY

Citizen Review Panels were established in three counties in Oregon: Multnomah, Jackson, and Malheur. The counties were selected to reflect the demographic, economic, social and political conditions found in different areas of Oregon. Together the panels provide a significant depiction of the varied conditions of child protective services in Oregon.

Technical assistance, guidance and coordination are available to the panels through the Grants Coordinator for CPS, Children, Adults and Families (CAF). CAF has contracted with the child abuse intervention (assessment and advocacy) centers in each of the selected communities to provide facilitation and staff support for the panels.

OVERVIEW OF CURRENT ACTIVITIES

CAF staff members, in conjunction with the child abuse intervention centers, have focused on building strong panels that are reflective of their communities and are able to partner with local and statewide child protective service systems to enhance the safety of children. The panels requested technical assistance, training and development of a stronger connection between the work they are doing in their local communities and child protection policy and practice decisions made by CAF administrative staff. The following goals were established by CAF in response to these requests:

1. **Sponsor a yearly statewide meeting to bring representatives from each panel together at one site to provide training, technical assistance and networking opportunities.**
   Statewide meetings were held in January 2002 and 2003. The panels have developed linkages and now share quarterly and yearly meeting minutes with each other. The statewide meeting for 2004 was canceled due to budget constraints and a state ban on all statewide meetings. The CAF Child Protective Services Program Manager, CAF Grants Coordinator and Assistant Grants Coordinator met with the child advocacy center directors from Multnomah and

Jackson County on March 5, 2004 in lieu of the statewide meeting. The purpose of this meeting was to provide an overview of CPS priorities in 2004, review the yearly CAPTA panel activities, discussion of areas of focus for 2004, review of recommendations for the five year plan, and a discussion of the new CAPTA panel requirements. The child abuse intervention center representative from Malheur County was unable to attend this meeting. The CAF Grants Coordinator met with the Malheur CAPTA Panel and Child Abuse Intervention Center representative at the quarterly panel meeting on March 31, 2004 and covered the information discussed at the March 5th meeting.

2. **Develop linkages between the panels, the CJA Task Force and CAF Statewide Advisory Committee.** The chair of the 2003 CJA Task Force, who is also a member of the CAF Advisory Committee, attended the statewide CAPTA Panel meeting in January 2003. Information from the statewide meeting was shared at the other advisory groups. The plan has evolved to try to have representation from each of the advisory committee on the panels as well as panel representation on the advisory committees.

3. **Promote information sharing and networking with Citizen Review Panels in other states.** Panels now have access to the national citizen review panel web site. A representative from the Malheur County CAPTA Panel attended Idaho's 2002 citizen review panel statewide meeting.

4. **Encourage panels to review the Program Improvement Plan (PIP) developed in response to Oregon's Child and Family Services Review.** CAF staff have shared the PIP with the panels and encouraged their involvement in implementation and monitoring components of the plan impacting their community.

5. **Link the panels with CPS practice changes such as the Guided Assessment Process (GAP).** This project will change the way the child welfare system in Oregon will address reports of child abuse from the intake process through the initial child safety assessment. The Multnomah County CAPTA Panel selected a review of the implementation of GAP as an area of focus in 2003-2004.

6. **Provide written feedback from the state on the panels' yearly recommendations.** The CAF written response to the panels' recommendations has been included in each CAPTA federal funding application and sent to each panel on a yearly basis beginning in 2001. The current CAPTA panel recommendations are included in the attached panel reports. Given the breadth and complexity of the 2004 CAPTA Panel recommendations, the CAF written response will not be included in the FFY 2005 CAPTA application. Oregon's response to the recommendations will be sent to both the panels and the Region X office by September 30, 2004.

7. **Develop a method of linking specific CAPTA panel recommendations to the CAF administrative decision**

making process. At the 2003 statewide CAPTA Panel meeting, panels made funding criteria recommendations for consideration by CAF administrative staff in selecting CAPTA projects. The panels' recommendations were included in the selection criteria by CAF for 2004 CAPTA project awards. The panels' input and recommendations were included in the development of the CAPTA five-year plan for 2005-2009.

CAPTA PANEL YEARLY REPORTS AND RECOMMENDATIONS

Jackson County Citizen's Review Panel
FIFTH ANNUAL REPORT
April 1, 2003 through March 31, 2004

Activities:

This year the panel began by focusing on multiple referral cases that DHS felt didn't rise to the level of a removal response. DHS brought forward two cases that fell in these criteria. Through questioning of DHS workers familiar with these cases we believed that they handled them with appropriate action. With two meetings focused on case management of multiple referrals, the panel sought more constructive ways of utilizing our time. The panel was very excited to work on Prevention strategies and programs for 2004.

Recommendations:

Jackson County CAPTA Panel strongly recommends:

1. Devoting the majority of resources to families who will respond to services.

2. Opening state-to-state communication between agencies so abuse does not go undetected when families move.

3. Increasing the availability of dental care to children who are under protective services.

<u>Future Plans:</u>
(The panel has already put many of these activities in motion.)

1. Aid in Foster Care Recruitment and gain a better understanding of the needs of foster families.

   A. Hold a meeting where foster families can express their experiences as foster parents and discuss areas they feel need improvement.

   B. Encourage Foster Parents to attend a free, community awareness training at the Children's Advocacy Center. This training gives a systemic overview of the process a child goes through once in the states custody.

   C. Distribute survey to foster families on how we can better serve them.

2. Distribute "Lifesaver" newsletter bi-yearly to schools, daycares and other agencies to encourage safety and fatality prevention.

3. Encourage the use of the States Mandatory Reporting Video.

A. Public Access Channel
B. Community Forums
C. Human Resource Department Trainings

4. Educate the public about sex offenders and child sexual abuse by presenting the "Community Sexual Abuse Awareness Training." Target audiences such as parents, childcare workers, teachers, churches, rotary groups and students.

5. Distribute "Neglect Brochure" to agencies or individuals that need a clearer understanding of what legally constitutes neglect and its damaging effects.

6. Rather than taking cases from DHS the panel agreed to look at cases reviewed at the Multidisciplinary Team for 2004-05. These cases are more apt to have a variety of suggestions and views that may better assist ongoing cases.

7. Work to enhance our panel with foster parents and increase the number of community members.

Attachment

Jackson County CAPTA Membership for 2003/04

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

Facilitator: Dr. Curtis Oddo	Medical Director, CAC
Coordinator: Jennie Campbell	Administrative Secretary, CAC
Karla Carlson	Supervisor, DHS
Karen Doolen	Community Volunteer, CAC Board Member
Mary Curtis Gramley	Executive Director, CASA
Jane Hamilton	Executive Director, CAC
Christina Hill	Intake Coordinator, CAC
Diana Hills	Director Victim/Witness Services
Roxann Jones	Community Safety Net Program Coordinator
Doug Mares	Jackson County Branch Manager, DHS
Michelle Pauly	Deputy District Attorney
Thomas Price,Ph.d	Family Based Services Consultant, DHS
Carl Sieg	CAC Interviewer/LEA Consultant/Trainer
Linda Vanbuskirk	Medical Coordinator, CAC

List of Meeting Dates

Monday, June 16th, 2003 – 3:30–5:00 p.m. Full CAPTA Panel

Monday, September 15th, 2003 – 3:30–5:00 p.m. Full CAPTA Panel

Monday, December 15th, 2003 – 3:30–5:00 p.m. Full CAPTA Panel

Wednesday, February 11th, 2004, 11:00–1:00 Subcommittee Mtg

Monday, March 15th, 2004 –3:30–5:00 p.m. Full CAPTA Panel

MALHEUR COUNTY CAPTA PANEL

April 30, 2004

Annual Report

PANEL MEMBERS: Jerrimi Helmick, RN, STAR Center Program Coordinator; **Amy Romans**, Malheur County Sheriff's Department Law Enforcement Victim's Advocate; **Myrna Anderson**, CASA Director; **Kim Grosdidier**, DHS/Child Welfare; **Lavelle Cornwell**, Ontario Middle School Principal; **Tamara Fulwyler**, Executive Director Project DOVE; **Susie Robertson**, Community Member and Middle School Coach.

PANEL CHAIRPERSON: Jerrimi Helmick, STAR Center

GUEST PANELIST: Sharon Bolen, DHS/CAPTA Grant Coordinator

Panel Activities for 2003-2004:

- Quarterly meetings for panel members with education provided by Kim Grosdidier related to the state of DHS around the state and locally.

- Community partnerships between Ontario Schools, DHS, and CASA were forged to provide after school and family activities for DHS clients.

- Raising awareness in the community of the extreme shortage of foster families in Malheur County and the record numbers being served by the foster care system.

- Discussion of the strain on the DHS system as a result of the high rate of drug and alcohol abuse in Malheur County, particularly Meth due to the relative inexpensive nature of the drug.

- Challenges for DHS case workers when trying to provide every opportunity available to parents to deal with their substance abuse issues while funding for this treatment is cut by the state.

- Increased education for mandatory reporters provided by many agencies in the county has resulted in increased calls and reports.

- Challenges for case workers, trained and qualified to work with children, spending a large amount of time following through with necessary and required documentation while assistants and drivers actually spend time with children.

- Discussion for the need to increase participation in MTD meetings by school personnel.

Malheur County CAPTA Panel Recommendations for 03-04 to the State:

Challenge: Funding for drug and alcohol treatment is scarce for DHS clients. Meth is an epidemic problem in Malheur County and affects a huge proportion of families requiring DHS services. Returning a child to the home if the parent has not been through treatment is setting the parent and child up for failure. Termination is not an option if DHS has not provided every effort to help the parent with their challenges, including their drug and alcohol issue. Children are therefore caught in limbo, remaining with multiple foster parents, rather than permanent placement with their family or adoption.

1. The panel recommends a funding stream for DHS clients to have access to drug and alcohol treatment.

2. The panel recommends all DHS employees and community partners are provided education related to meth and its long term effects in areas of the state where meth is a significant problem.

3. The panel recommends current research be reviewed and utilized when policy is being made and funding decisions are being discussed.

Challenge: The hiring trend for DHS child welfare workers is to utilized college graduates when filling positions left vacant by retiring workers. These graduates are trained to assess children, families, and their needs by direct contact and interaction. Due to the increased documentation requirements, case workers are spending time in front of their computer typing as opposed to spending significant time with the children.

1. The panel recommends researching documentation options (dictation, voice recognition programs…) that are user friendly and time saving for the use of case workers.

2. The panel recommends assessing the use of updated technology for caseworker documentation.

Challenge: Current numbers of children in foster care are putting extreme stress on the system and resources.

1. This panel recommends statewide recruitment for foster parents needs to include eastern Oregon media as Portland/Salem television stations are not available in Malheur County.

2. This panel recommends increasing education and support for current and future foster parents.

Goals for 2004-2005 CAPTA Panel:

- Increase the size of the current panel to include a variety of participants.

- Begin the year with strategic planning including all DHS specialties to raise awareness about points of interest.

- Work as a group to meet the new expectations of a CAPTA panel as dictated by the feds.

- Reach out to the community to invite participation in CAPTA panel discussions with the use of guest speakers who interact with children and DHS in various settings.

- Continue the positive partnership developing between DHS and the local schools using the CAPTA panel as a means for brainstorming and problem solving.

- Raise awareness among community partners related to the potential funding source provided by CAPTA Grants.

ANNUAL REPORT
Multnomah County, Oregon
CAPTA Panel
April 30, 2004

Panel Members: Kevin Dowling, CARES Northwest; **Linda Sheeley**, CARES Northwest; **Carol Cole**, retired MPH, RN, community participant; **John Richmond,** DHS; **Maggy Khilnani**, Bradley-Angle House / Safe Choice; **Kirsten Brown,** DHS Hotline; **Judy Brandel**, Multnomah County Health Dept.; **Miriam Green**, DHS Hotline; **Sharon Bolen**, DHS Central, CAPTA grant coordinator; **Kristin Hilficker**, Medical Foster Parent CW/DD; **Gloria Wiggins,** El Programo Hispano; **Karen Phifer**, LCSW, Doernbecher Children's Hospital; **Bill Sinnott,** Portland Police Bureau; **Helen Smith,** Mult. Co. District Attorney; **Alicia Hahn,** Mult. CW Program Manager DHS/CW; **Mike Hannan,** Unit B - Protective Services-N/NE Child Welfare Branch #44; **Vivian Ashworth**, Multnomah ESD- Dept. of School Health Services; **Veronica Roman,** Options Counseling Services;

Panel Chair: Kevin Dowling, CARES Northwest

Panel Coordinator/Secretary: Linda Sheeley, CARES Northwest

Guest Speakers: Jan Slick, DHS; **Jim White,** Portland State University; **Una Swanson,** DHS

Multnomah County Panel Activities During 2003-04:

The Multnomah County CAPTA Panel focused on the Guided Assessment Process (GAP). We began the year with a presentation by Jan Slick of the Department of Human Services (DHS) on GAP and why it is needed. As the year progressed, GAP was still evolving, and the Panel continued to learn how the process of implementation was affecting the DHS workers who were involved with the rollout. For example, the required time-frames to respond at screening went from two responses (immediate and 7-day response) to three responses (immediate, impending or 24 hour response and 5-day response). It became clear throughout the rollout of GAP that in an effort to make things more structured the three responses given were still confusing to workers, therefore, GAP was changed back to two responses: immediate response (must connect within 24-hours) and response required (must connect within 5 days).

Jim White of Portland State University was invited to speak on his work doing research and statistics on the implementation of GAP. He spoke to the changes that GAP will bring to the CPS workers, but also that DHS is implementing tighter guidelines. Jim spoke of the need to making the Guided Assessment Process a tool for more structured decision making for more consistency in worker response. In the past, Risk Assessment was the model used to look at risk factors and take appropriate actions. The GAP changed the focus from risk assessment to safety assessment. There have been challenges to the roll-out of GAP, with the two biggest challenges being training of staff and buy-in by supervisors/staff. Jim also

shared a little about the Children & Family Services Review (CFSR) and recommended a presentation of CFSR to better understand how GAP is included.

Una Swanson of DHS was invited to present a CFSR overview to the Panel. **In 1997 legislation was passed (ASFA) to ensure the safety and time frames of children in the foster care system and permanency outcomes. The CFSR (or Children and Family Service Reviews) was developed for the Federal Government to review how that is being accomplished. The review process looks at three areas: Safety outcomes, Permanency outcomes, and Well-being outcomes.** CFSR is more the internal assessment of the work of DHS. GAP is the tool to provide the conformity in the areas of safety and timeliness. Both CFSR and GAP focus on safety.

The Panel discussed the area of Team Decision Meetings (TDM) and their effectiveness in the assessment process. Karen Phifer of OHSU brought case examples of Team Decision Meetings that were not as effective as hoped. There were also concerns brought up during the TDM discussions of the average cases per caseworker and whether the expectations are practical for what a worker can accomplish.

There was also a brief discussion of Domestic Violence and possible future areas of focus in this topic. Maggy Khilnani of Bradley Angle House and Safe Choice brought the question to the panel of what resources are available to children, as the Battered Woman Movement puts focus on the Mom, but not so much on the children.

Panel activities for 2003-04 included:

- Presentation and discussion of Guided Assessment Process by Jan Slick, DHS
- Presentation and discussion of implementation of GAP by Jim White of Portland State University
- Presentation of Children and Family Service Reviews (CFSR) and how that is interlinked with the Guided Assessment Process by Una Swanson, DHS
- Discussion of new outreach requirements set by the federal government and what that means for the CAPTA Panel
- Discussion of areas of Domestic Violence and possible future focuses
- Discussion of Team Decision meetings effectiveness and caseworker work loads
- Continued discussion throughout year of GAP changes
- Multnomah County discussion and choices of preferred focuses for 5-year Funding Focus Plan
    - ◊ Improve the intake, assessment, screening and investigation of reports of abuse and neglect
    - ◊ Develop and update technology to support the program and track reports from intake through final disposition and allow inter/intrastate information exchange
    - ◊ Improve skills, qualifications, and availability of workers and supervisors, including improvements in the recruitment and retention of case workers
    - ◊ Collaboration among public health agencies, CPS and private community-based programs to provide services and to address the health needs of children identified as abused or neglected including evaluations for children

who are the subject of substantiated child maltreatment reports.

Concern brought up during discussions:

- Health Department representative brought up the fact that, by their policy, as mandatory reporters they must contact the family to let them know that they are reporting a possible abuse case, unless there is extenuating circumstances not to make that call. This raised concerns about increasing the threat to children's safety if the parents were made aware of the mandatory report before DHS and/or a Law Enforcement Agency (LEA) contacted them.

CAPTA Panel Recommendations to the State:

7/25/03 – It is difficult for DHS staff to find historical information on cases closed at screening and logged calls.

1. **The panel recommends improving the system to allow easier and quicker access to DHS history on these cases.**

7/25/03 – The previous Domestic Violence (DV) Advocate at hotline was funded by CAMI and then by DHS, but has been cut.

2. **The panel recommends exploring the possibility of bringing back a DV Advocate to DHS to assist on the hotline. In the meantime, it is important to continue working with and utilizing the resources of the Community Safety Net.**

11/21/03 – Mandatory reporters should only need to make one call to the hotline to determine jurisdiction, instead of being referred by DHS from one branch to another before completing the mandatory report.

3. **The panel recommends branches to have more inter-office communication between other branches so that mandatory reporters only need to make one phone call to file a report.**

9/26/03 – The CAPTA panel requests regular updates from CAPTA Grant Coordinator or other staff on current CAPTA funded activities and how new CAPTA requirements are being met.

4. **The panel recommends regular updates on CAPTA funded activities**

11/21/03 – DHS to get community partner feedback by survey.

5. **The panel recommends DHS send out a community partner feedback survey to gauge how the implementation of GAP is working for them as partners.**

11/21/03 – Better comprehensive training for DHS workers on Guided Assessment Process (GAP).

6. **The panel recommends more comprehensive training for DHS workers on GAP.**

11/21/03 – DHS work on getting buy-in from management/supervisors on GAP.

7. **The panel recommends DHS work on getting buy in from management/supervisors on GAP.**

11/21/03 – Evaluation of Team Decision Meetings for effectiveness. In the discussion of Team Decision Meetings' effectiveness, concerns were raised about the duplication of documentation, as workers do all of their own documentation vs. dictating for another person to record. The concern is that the work load may be too heavy for a caseworker to manage. In addition, there is the question of how workers will be impacted by the new requirement of referring children in an abuse situation who are 3-years of age and younger to Early Childhood Intervention.

8. **The panel recommends a full evaluation of the effectiveness of Team Decision Meetings (TDM's) as related to worker caseloads.**

Responses given to Panel on early recommendations and concerns:

- From 7/25/03 recommendation – Panel was informed the issue of finding historical information on cases has been addressed.
- From 7/25/03 recommendation – Panel has been informed that due to a Safe Neighborhood Grant (formerly granted through the Violence Against Women Act) the Portland Police will have three domestic violence advocates available to work in conjunction with the hotline.
- From concerns about case load with new regulation of Early Childhood Intervention – If every child in an abuse situation under the age of 3-years old were brought to Early Childhood Intervention directly it would overwhelm the system. DHS currently working on a triage system with the

Public Health Department to assist in triaging to Baby's First, Cocoon or Early Intervention. They are working to develop inter-agency agreements to meet the requirements. Many of the children are already being referred, but need to capture all children under 3-years with founded cases. Still working on how to handle the sharing of data appropriately.

Goals for 2003-04 Multnomah County CAPTA Panel:

- Strategic Meeting planned in May to decide focus for upcoming CAPTA cycle for 2004-05 and to make decisions on outreach project.
- Continue to recruit prospective Panel members that represent a cross-section of our community.
- Continue to invite speakers to come to meetings to present on areas of focus.
- Continue to explore the role of CAPTA in local community.
- Find alternative ways to connect with other CAPTA panels, due to the restrictions in statewide travel.