

Citizen Review Panels (CAPTA panels): Multnomah County

Citizen Review Panels or CAPTA Panels, as they are known in Oregon, work on local systemic issues related to child abuse and neglect within the three designated geographic areas (Jackson, Malheur and Multnomah counties) and provide feedback and recommendations to DHS.

Citizen Review Panel Overview

Purpose

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 to provide annual federal grants to states, based on the population of children under the age of eighteen, in order to improve the child protective services system. An amendment in 1996 added a new eligibility requirement for states to establish citizen review panels. CAPTA panel members are volunteers who broadly represent the community in which the panel is established. The mandate of these panels is to “evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities”. The panels examine policies, procedures, and where appropriate, specific cases handled by state and local agencies providing child protective services. The panels also “prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the panel”.

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

Background/History

Citizen Review Panels were established in three counties in Oregon: Multnomah, Jackson, and Malheur. The counties were selected to reflect the demographic, economic, social and political conditions found in different areas of Oregon.

Together the panels provide a significant depiction of the varied conditions of child protective services in Oregon. Technical assistance, guidance and coordination are available to the panels through the Grants Coordinator for Family Based Services, Children, Adults and Families (CAF). CAF has contracted with the child abuse intervention (assessment and advocacy) centers in each of the selected communities to provide facilitation and staff support for the panels.

Citizen Review Panel Annual Reports

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

Panel Members:

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

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

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

Meetings:

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

Activities:

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

- October 2007 – the annual “Prevention Institute” sponsored by the Children’s Trust Fund of Oregon focused child neglect

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

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

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

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

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

Future Plans/Next Steps:

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

Recommendations:

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

instead of a 30-day timeline. This is in recognition of the fact that it frequently takes more time to gather information given the chronic nature and complexity of factors associated with chronic neglect.

Looking Ahead:

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

Acknowledgements:

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

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

Recommendations and Responses:

Multnomah County CAPTA Panel

Recommendation 1

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successfully intervene in cases of chronic neglect were hampered by the lack of a clear definition.

DHS Response 1

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

Recommendation 2

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

DHS Response 2

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

Recommendation 3

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

DHS Response 3

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