

**Oregon**  
**CJA**  
***CHILDREN'S JUSTICE ACT***

**Task Force**  
Three-Year Assessment and Report  
June 2009

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## **OREGON CHILDREN'S JUSTICE ACT TASK FORCE**

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Oregon's Children's Justice Act (CJA) Task Force is pleased to present its 2009 Three-Year Report to the people of Oregon and to the U.S. Department of Health and Human Services.

Every three years the Task Force performs a statewide assessment of the child welfare system - in particular the investigative, administrative and judicial handling of child abuse and neglect cases. This assessment is used to develop recommendations for improvements to the system and to establish priorities for the next three-year period. Upon approval of the report, the U.S. Department of Health and Human Services releases grant monies to the state to assist in implementing the recommendations.

Ever mindful of the economic crisis we are all facing, we approached this task with a common determination to assess the way our systems are currently working in each of these areas and to make compelling recommendations for any necessary change.

The CJA Task Force is a subcommittee of the Child Welfare Advisory Committee. Its membership includes representation from law enforcement, child welfare, juvenile justice, health and mental health, judges, attorneys, child advocates, child disability specialists, parent and foster parent groups, Citizen Review Boards, assessment/advocacy centers, and the Department of Justice. Each member serves on a CJA subcommittee that develops projects or solicits proposals to meet the recommendations outlined in the Three-Year Report. They then monitor progress and report on all of their projects.

The 2006-2009 projects addressed the trauma associated with the initial placement into foster care, neglect resulting from methamphetamine and other drugs, and children with disabilities. You can read, in this report, the work that was done in communities throughout Oregon in each of these areas.

The 2009-2012 identified priority recommendations are to assess the impact of Karly's law and improve community response and compliance with the intent of the law, to educate community partners about the Oregon Safety Model and how it is being implemented and to provide support for courts - particularly specialized courts.

The work of the Task Force could not be accomplished without its dedicated membership and staff. I wish to personally thank all of the members for the extraordinary amount of time and effort they put into this work. Their commitment and persistent action in their chosen professions as well as their work on this Task Force helps to protect our most vulnerable abused and neglected children.

Sincerely,

Shary Mason  
Chair, Oregon's Children's Justice Act Task Force

Oregon  
**CJA**  
Children's Justice Act  
Task Force  
Three-Year Assessment and Report  
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## Table of Contents

PRIORITY RECOMMENDATIONS .....	9
Task Force Mission and Funding Guidelines.....	9
CJA Planning Process.....	9
2009-2012 CJA Survey .....	9
PRELIMINARY ACTIONS .....	12
2009-2012 CJA Task Force Priority Recommendations.....	13
Task Force Oversight of Recommended Projects .....	19
PROJECTS .....	23
Current Projects .....	23
Strategic Planning for Child Safety .....	23
Reducing Trauma of Initial Out-of-Home Care .....	25
Foster Club .....	27
Training Interviewers: Children with Disabilities .....	28
Ongoing Projects.....	32
PROGRAM PERFORMANCE REPORTS .....	38
Strategic Planning for Child Safety .....	38
Reducing Trauma of Initial Out-of-Home Care .....	39
Meeting Facilitation and Report Writing.....	45
MAINTAINING THE TASK FORCE.....	48
Task Force Membership .....	48
Task Force Members .....	50

## APPENDIX

2006-2009 CJA Subcommittee Recommendation Status Reports .....	58
Disabilities Subcommittee .....	58
Foster Care Subcommittee.....	61
Safety Subcommittee .....	67
Karly’s Law .....	74
CJA Funded Project Deliverables.....	75
Training Child Abuse Interviewers: Children with Disabilities.....	75
Child Neglect Summits.....	77
Appendix A Summit Goals.....	82
Appendix B Community Agenda .....	84
Appendix C Action Planning Summits .....	85
Trauma Informed Practice Strategies (TIPS) .....	94
Oregon Children Justice Act Website.....	109

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## PRIORITY RECOMMENDATIONS



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## **Task Force Mission and Funding Guidelines**

Every three years, the Oregon Children's Justice Act (CJA) Task Force is required to conduct a comprehensive evaluation of the State's systems related to the investigative, administrative and judicial handling of child abuse, neglect, exploitation cases and child maltreatment-related fatalities. Once their evaluation is complete they are required to make recommendations for improvements to those systems.

## **CJA Planning Process**

In accordance with these guidelines, the CJA Task Force developed its priority recommendations for the three-year assessment by conducting a statewide survey. The information obtained from the survey was then used to generate recommendations that were finalized in a facilitated Task Force meeting.

## **CJA Survey**

The Oregon Children's Justice Act Task Force distributed a survey to child welfare staff, Court Appointed Special Advocates (CASA), Citizen Review Board staff and volunteers, juvenile court judges, law enforcement personnel, district attorneys, foster parents and other professional constituents represented on the Task Force and other community partners.

Questions concerning strengths and challenges in three areas: investigation (child welfare and law enforcement), prosecution, and judicial handling of child abuse and neglect cases and handling of child fatalities served as focus areas in the statewide survey. Percent of survey responses findings about strengths and challenges are identified and categorized below: *(Responses represent the percent of survey participants who agreed with the statement. Multiple responses to questions were encouraged.)*

### **Investigation (Child Welfare) Strengths**

- 59.6 % CPS workers are professional.
- 41.3% CPS workers meet the needs and concerns of the child and family and respond appropriately.
- 37.5% CPS workers provide timely responses.
- 36.5% CPS workers are well trained.

### **Investigation (Child Welfare) Challenges**

- 46.7% Utilizing the Oregon Safety Model to provide clarity and uniformity when determining which action to take.
- 40.0% Lack of experienced child welfare staff.
- 26.7% Engaging and supporting parents throughout the process of investigation.
- 20.0% Reducing trauma for children coming into foster care.

### **Investigation (Law Enforcement) Strengths**

- 62.5% Officers are professional.
- 43.3% Officers respond to the needs and concerns of the child and family.
- 34.6% Officers are well trained.
- 29.8% Officers' processes are timely.

### **Investigation (Law Enforcement) Challenges**

- 55.6% Difficulty locating or using interpreters when working with non-English speaking children and families.
- 22.2% Mandatory reporters not reporting.
- 22.2% Lack of experienced investigative staff.
- 22.2% Identifying and interviewing children with disabilities.

### **Prosecution Strengths**

- 45.2% Support and advocacy for the child and family members including support groups and victim advocates for parent and child.
- 40.4% Education of judges and juries on the dynamics of child physical and sexual abuse and neglect.
- 28.8% Coordination between civil, juvenile and criminal courts.
- 15.4% Applying culturally competent protocols and procedures to prosecutions.

### **Prosecution Challenges**

- 100% Educating judges and juries on the dynamics of child physical and sexual abuse and neglect.
- 75% Applying culturally competent protocols and procedures to prosecution of child abuse cases.
- 25% Preparing the child to testify.
- 25% Interviewing children with disabilities.

### **Judicial Strengths**

- 43.3% Appointments of CASAs.
- 43.3% Judges are knowledgeable with child abuse and neglect and physical sexual abuse.
- 29.8% Specialized courts (drug courts, treatment courts, attachments courts).
- 19.2% Appropriate priority given to cases of child abuse and child neglect.

### **Judicial Challenges**

- 64.4% Timely identification of relative placements.
- 51.1% Availability of CASAs.
- 51.1% Lack of support and advocacy for the child and family, including but not limited to, supportive family members and support groups.
- 22.2% Age appropriate consulting with children.

### **Child Fatality Review Teams Strengths**

- 35.6% Consistent case reviews.
- 23.1% Timely case referrals.

### **Child Fatality Review Teams Challenges**

- 35.9% Lack of resources.
- 18.8% Lack of inter-agency cooperation.
- 17.2% Lack of timely case referrals.

## **PRELIMINARY ACTIONS**

Preliminary action items and possible solutions to the challenges faced by investigators, prosecution and judicial handling include the following:

### **Investigation**

- Assess the impact of Karly's Law (See Appendix), make recommendations and follow up on recommendations.
- Provide Oregon Safety Model training and local planning across systems (Child Protective Services-CPS, Law Enforcement Agencies - LEA, District Attorneys, juvenile courts, Multidisciplinary Teams – MDTs, etc.).
- Improve placement of children with kith and kin.

### **Prosecution**

- Assess the impact Karly's Law has on child abuse and neglect response systems.
- Improve response to children with disabilities and children of color and increase the number of children who are prepared to testify through recruitment, retention, training of victim advocates and child abuse assessment center staff.

### **Judicial**

- Assess the impact Karly's Law has on the child abuse/neglect systems in Oregon.
- Increase the number of specialized courts (drug, mental health, treatment, etc.).
- Improve support and advocacy for children and their families.
- Improve the time it takes to make a relative placement decision to actual placement of the child in a kin or kith home.

Survey data was used in a facilitated meeting at which Task Force members developed three areas of focus for the 3-year plan. Task Force members volunteered to participate on one of three subcommittees. Each newly formed subcommittee will research one of the focus areas and use available survey data to complete and prioritize subcommittee recommendations. Each newly formed subcommittee compiled and reviewed the subcommittee's recommendations to ensure issues were adequately addressed in accordance with Task Force guidelines. The full Task Force will review recommendations adopted by each subcommittee.

## **2009-2012 CJA Task Force Priority Recommendations**

### ***2009 Priority Recommendations***

The Task Force determined the following priority recommendations to address in 2009, the first year of the three-year cycle:

#### **Priority Recommendations**

##### **Survey Recommendation 1**

**Karly's Law:** To assess the law's impact make recommendations and subsequently follow up. The goals of this recommended project are to improve community response to Karly's Law cases, improve collaboration and improve compliance with the intent of the law.

Resources needed include funding for assessment and follow through.

##### **Karly's Law Subcommittee Tasks:**

1. Assess the impact of Karly's Law, make recommendations and follow up on the recommendations.
2. Assess the impact Karly's Law has on child abuse and neglect response systems.
3. Assess the impact Karly's Law has on the child abuse/neglect systems in Oregon.

##### **Karly's Law Subcommittee Project Recommendations:**

**Recommendation 1:** Conduct research of the impact of Karly's Law in Oregon from a comprehensive multidisciplinary point of view.

**Recommendation 2:** Develop training based upon this research and create a plan for distributing the training statewide.

**Recommendation 3:** Provide information to and work with legislators to develop research-based legislative concepts for improvement of Karly's Law.

**Recommendation 4:** Conduct follow-up research on the effectiveness of the training and what the impact of Karly's Law is in post-training.

## Actions

- The 2009-2012 Karly's Law subcommittee met and developed recommendations for future projects. (*See above*)
- Develop and write RFP.
- Contract with researcher to assess impact of Karly's Law across systems.
- Present results to the Children's Justice Act (CJA) Task Force.
- Subcommittee review and action planning.
- Action plan implementation.

## Progress

Karly's Law (House Bill 3328) is named after three-year-old Karly Sheehan from Corvallis Oregon who was beaten to death in June of 2005 by her mother's boyfriend.

Each county in Oregon is required to have a child abuse multidisciplinary team (MDT) with representatives from the various agencies and individuals involved in child welfare and child protection – law enforcement, Department of Human Services, the county's intervention center, prosecutors, school personnel, counselors and other community partners. The MDTs meet regularly to review cases and to determine how to respond. Karly's Law establishes new mandates in how MDTs identify, document and respond to child abuse. It requires changes in protocols, additional data collection and increased communication between MDT members and community partners. House Bill 3328 requires a lot from MDTs in a short amount of time – and the mandates did not come with any funding.

Karly's Law requires that:

- Any person conducting an investigation who observes a child who has suffered "suspicious physical injury" (See Appendix for definition) must *immediately* photograph the injuries.
- Each MDT must identify a designated medical professional who is trained and regularly available to conduct medical assessments.
- Any person conducting an investigation who observes a child who has suffered suspicious physical injury must ensure that a designated medical professional conducts a medical assessment within 48 hours.

The goal is for children to be assessed quickly by specially trained medical professionals so that child abuse can be ruled out or, if confirmed, MDTs can provide comprehensive intervention to children and families without delay.

## **Recommendation 2**

**Specialized Courts Subcommittee** – Specialized Courts are courts in which the judge, the district attorney, and the public defender or private defense attorney work together in a non-adversarial fashion to help offenders obtain needed treatment and rehabilitation in the hopes of breaking cycles of crime. (Examples of specialized courts are drug courts, mental health courts and fostering attachment courts.) Offenders appear frequently before the judge at status hearings while undergoing appropriate treatment and having other supervisory constraints for at least one year.

The purpose of the subcommittee is to investigate the interest in and motivation for creation of specialized courts in communities throughout Oregon and to assist with the development of at least six specialized courts in urban and rural communities. A report of the status of the Oregon Judicial Department (OJD) budget revealed that support for current specialty courts was in danger of being cut. The OJD has submitted a grant to support current specialized courts.

Given the economic situation and the OJD budget, it is unrealistic to believe that new specialized courts could be instituted when current specialized courts may be eliminated. Therefore the subcommittee set about determining new recommendations that could be implemented in the current economic climate. The subcommittee went back to the survey and looked at other identified challenges and readjusted the recommendation to include those challenges.

### **Special Courts Subcommittee Tasks**

- Meet in subcommittee to discuss recommendations for future projects. (*See above*)
- Develop and write resultant RFP.
- Assist with implementation.

Resources needed include funding to provide training services and communications planning through DHS or the contractor.

### **Specialized Courts Project Recommendations - Dependency Courts**

**Recommendation 1** – Support identification of best practices in dependency courts for timely identification and placement with relatives.

**Recommendation 2** – Support efforts of the Juvenile Court Improvement Project (JCIP) to provide judicial education at annual training events such as “Through the Eyes of the Child” and the “JCIP Road Show”. Training should include information about best practices for the timely placement of children with relatives.

**Recommendation 3** – Support development and implementation of key performance measures to demonstrate the effectiveness of specialized courts in dependency cases.

**Recommendation 4** – Provide technical assistance to Model Court Teams regarding the Oregon Safety Model and use of the *Safety Model Bench Book*, when it’s released.

### **Actions**

- The new subcommittee met and developed recommendations for future projects. (*See above*)
- The subcommittee will either research elements of the recommendations or develop an RFP and contract to implement the recommendations.

### **Priority Recommendation 3**

**Oregon Safety Model (OSM)** – The purpose of this recommendation is to develop a method to educate community partners about the Oregon Safety Model and how it is being implemented by the Child Welfare program.

### **OSM Subcommittee Tasks**

The goal is to educate partners so they understand their roles in promoting child safety by developing OSM training and local planning across systems (Child Protective Services CPS, Law Enforcement Agencies - LEA, District Attorneys, juvenile courts, Multidisciplinary Teams – MDTs, etc.).

Resources, especially funding, are needed to provide training services and communications planning through DHS or a contractor.

## **Oregon Safety Model Subcommittee Project Recommendations**

**Recommendation 1** – Utilize focus groups and conduct a survey to determine the concerns of agency staff and community partners in regard to the OSM. Use results of the focus groups and survey to determine participants training needs. Develop a training plan to educate and train community partners and DHS staff on any misunderstandings, gaps in knowledge and to increase the comfort level of using the OSM.

**Recommendation 2** – Provide training to caseworkers on how to present their case in court through an understanding of the similarities and differences in OSM and judicial terminology.

**Recommendation 3** – Utilize the Juvenile Court Improvement Project annual statewide Road Show and the Juvenile Judges Conference entitled “Through the Eyes of the Child” to provide training on the OSM.

**Recommendation 4** – Make a presentation to Juvenile court personnel via teleconferencing.

**Recommendation 5** – Depending on survey outcomes, train Child Welfare supervisors on specific aspects at statewide OSM Supervisor Quarterlies.

**Recommendation 6** – Research the OSM practices to determine if allegations of child abuse are being screened out by child welfare staff during initial reports.

**Recommendation 7** – Invite OSM trainers to present at an OSM subcommittee meeting. Trainers and the subcommittee members would develop recommendations concerning continuing education and training of child welfare staff and community partners.

**Recommendation 8** – Develop a presentation utilizing case studies on the OSM to courts, CASA, District Attorneys, CRBs.

**Recommendation 9** – Support OSM trainings for law enforcement and juvenile court personnel at the Shoulder-to-Shoulder conference.

**Recommendation 10** – Incorporate the work of the Trauma project done from the last Task Force subcommittee into the OSM trainings to promote an understanding

of the brain trauma children experience upon being placed into foster care.

**Recommendation 11** – Develop a public relations campaign using current data to demonstrate parent’s success upon completion of services provided by DHS for child welfare clients.

### **Actions**

- Develop recommendations to promote the development of the OSM training for community partners. (*see above*)
- Develop and write an RFP.
- Survey DHS staff for their feedback on implementation of the OSM.
- Research current data on impact of OSM on entry into the system and return home.
- Measure gaps in understanding of OSM by system partners.
- Identify barriers to successful implementation of OSM.
- Prepare an action plan to educate community partners.
- Complete communications plan to inform system, stakeholders, families and policy makers.

### **Progress**

At the request of Oregon’s governor a review was done by Wayne Holder, a national expert in child protective services, following the death of a child involved with Oregon’s Child Welfare was completed. Among the findings was the need for clear and precise step-by-step procedures and timelines for DHS Child Welfare professionals in conducting Child Welfare business. As a result DHS/CAF (Children, Adults and Families) revised policies and developed the Oregon Safety Model Procedure Manual. The Procedure Manual gives our Child Welfare professionals a tool to utilize in their daily work in determining services in cases assigned to them.

In the fall of 2006, CAF conducted the first training on the concepts of the (OSM). All current Child Welfare professionals were required to attend. The initial training was followed up by Child Welfare Supervisors who conducted individual trainings at local branches.

Early in 2008, a team of 13 OSM trainers was identified. The trainers were divided into four teams and assigned geographically disbursed areas across the state. From June 2008 through April 2009 their role was to conduct a preliminary

overview training of the OSM at each branch followed up by smaller training sessions with each specific unit. Those trainings were completed in early 2009. The same 13 OSM trainers then conducted training to Child Welfare's community partners. To date, they have trained over 2,400 Child Welfare Professionals and over 900 community partners.

In 2008 and 2009, Community partners were afforded the opportunity to attend a special training session just for them on the OSM. This was a 3-hour overview on the OSM and over 900 community partners have attended and participated in this training. This includes, but is not limited to: CASA, Citizen Review Board, foster parents, attorneys, judges, county mental health agencies, etc. In 2009, the DHS training unit is offering an OSM overview course for community partners via Netlink and is scheduled for six sessions in 2009 to offer additional opportunities for child welfare partners.

### ***Task Force Oversight of Recommended Projects***

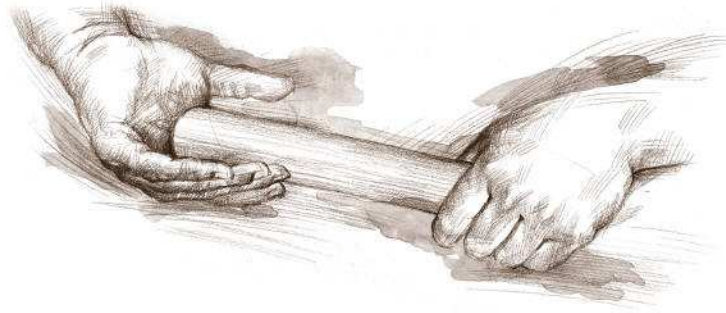
Based on experiences in developing and monitoring projects in previous years, the Task Force decided to take the following steps for future projects.

#### **CJA Task Force Actions for all Projects:**

- As stipulated in contract, each contractor will meet with the respective subcommittee at least three weeks in advance of the next CJA Task Force meeting.
- These meetings allow the subcommittee members and contractors to review progress, identify gaps and ensure project is on track.
- Subcommittees will report project progress to the entire CJA Task Force at regularly scheduled meetings.
- Recommend possible projects and funding requirements.

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## PROJECTS



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## PROJECTS

### Current Projects

Three subcommittees were developed from the Children’s Justice Act Task Force priority areas: “Child Neglect: The Hidden Cost of Meth’ and Other Drug Summits” (Safety Subcommittee), “Reducing the Trauma of Initial Out-of Home Placement” “Foster Care Novelas – Reducing Trauma Coloring Booklets and ‘Teen Mag’ booklets” (Foster Care subcommittee”), and “Training Child Abuse Interviewers – Children with Disabilities” (Disabilities subcommittee). Request for Proposals were offered in these focused areas and the following is an overview of the projects selected for each focus area and the services that will be provided.

#### *Strategic Planning for Child Safety*

Neglect: The Hidden Cost of Meth’ and Other Drug Summits: Develop a strategic planning process used to mobilize communities in developing local community-based solutions that will address child safety issues related to parental use of methamphetamines.	CJA Area (A) (B) (C)
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**Grant Funds Awarded: Phase I \$45,000**

#### **Purpose**

The subcommittee determined the need for a statewide strategic planning initiative to address safety as it relates to exposure to methamphetamine for children and families that: 1) focused on child safety in the investigation, prosecution and judicial handling of cases of child abuse and neglect, 2) engaged all stakeholders involved in the child welfare and juvenile justice system, 3) involved a grassroots/community-based planning activity, 4) established state and local priorities for funding and 5) focused on collaborative efforts to identify and organize existing community resources and to leverage and develop new resources from the local, state and national level.

#### **Outcomes**

1. The Task Force targeted five counties in High Intensity Drug Trafficking Areas (HIDTA) that were not previously involved in a neglect summit.
2. Every county had at least 100 attendees. The summits brought together many community partners to discuss a community issue of importance to all

and were successful in cross-training professionals including police officers, social workers, substance abuse counselors and others.

3. The summits consisted of a morning presentation discussing research and best practices and presenting community data. An afternoon session followed with a community panel of providers and clients who discussed methamphetamine issues and networking opportunities. Following the panel discussion, a series of afternoon breakout sessions engaged participants in action planning.
4. PSU developed a summary report that includes information from all 11 summits. (See Program Performance Report.) They have reviewed the strategies identified in action plans across counties and determined which were successful and why.
5. DHS Child Welfare attendees reported renewed enthusiasm and hope in working with children of drug affected families. Several people remarked on how much they enjoyed the summit and learned from it. They have already begun working on the group's ideas and action plans!
6. The Safety Subcommittee added an additional four summits located in counties identified as counties interested in specialized drug courts.

These projects address the following issues and recommendations from the 2006 CJA review process:

**Strategic Planning for Children's Safety Subcommittee Recommendations for each summit:**

1. Develop a statewide strategic planning effort to mobilize communities to address safety issues related to methamphetamine.
2. Gather and distribute factual information about the known effects of methamphetamine in each county i.e., number of children in care, number of arrests, availability of treatment, etc.
3. Develop and distribute community education materials such as a public service video on the effects of methamphetamine from the eyes of a child, or taped interviews with recovering addicts.
4. Develop a resource list of trainers that can provide factual information on methamphetamine for communities to use.
5. Develop a coordinated community-based planning process that includes partners who can bring resources to the table, particularly Mental Health and Alcohol and Drug services.
6. Develop a template for communities to use during this planning process that identified questions for the workgroup to develop action plans. The

template should pose questions such as “What are we going to do around methamphetamine in our community?”, “What are our resources?”, “How do we address child safety?”, etc. (*See Appendix Oregon Community Action Summits Child Neglect due to Substance Abuse, Appendix C.*)

7. Coordinate the planning effort with the Commission on Children and Families and utilize their community mapping process. The Commission would focus on prevention, while CJA would focus on the investigation, prosecution and judicial handling of child abuse and neglect.

**Progress**

Portland State University Child Welfare Partnership was selected as the provider to continue the summits with an emphasis on communities wishing to establish drug courts. PSU compiled information from all 11 summits to date to address successes and barriers. (*See Program Performance Report*)

**Grant Funds Awarded: Phase II \$51,600**

**Progress**

In the year 2007, Portland State University began a partnership with the Children’s Justice Act to initially provide seven action-planning summits on Child Neglect. In the year 2008 four additional summits were conducted with a focus on Neglect and Drug Abuse, specifically methamphetamine. Four additional summits are planned for the summer of 2009 in Grant/Harney, Josephine, Lincoln, and Wallowa counties. These counties were targeted as each county has expressed interest in development of specialized courts.

***Reducing the Trauma of Initial Out-of-Home Placement***

<p><b>Foster Care project:</b> To address trauma to children associated with the investigation of suspected child abuse and neglect and initial out-of-home placement.</p>	<p>CJA Area (A) (B) (C)</p>
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**Grant Funds Awarded: Phase I \$50,000**

**Purpose:**

The Foster Care subcommittee identified the need to address the trauma to children

associated with the investigation of suspected child abuse and neglect and the initial out-of-home placement. This project addressed that need by arranging for research on the nature of that trauma and then identifying approaches that can be taken by professionals and caregivers in a position to reduce its long-term effects on children. This information was shared with members of the multiple systems involved in child welfare investigations and initial placements. Following that they were engaged in a collaborative effort to plan for education, training and making necessary changes in protocol to reduce trauma to a child.

This project addresses the following issues and recommendations from the 2006 CJA review process:

- Reduce the trauma to children during the investigation and initial out-of-home placement.
- Provides training to law enforcement, foster parents, caseworkers, judges and other parties to specifically include training on child-centered case planning.

### **Outcomes:**

During this phase, research and initial curriculum development was conducted by Portland State University (PSU) in partnership with the Children’s Justice Act Task Force and professionals nationally and in Oregon. The following addresses the outcomes from this phase:

- Researching literature and curricula currently available.
- Conduct interviews or focus groups with members of child welfare, law enforcement, child mental health, medical, judicial systems, foster parents, FosterClub All Stars, tribes and CASA to clarify their training needs.
- Convene state level multidisciplinary curriculum design and action group. PSU designed and co-hosted a statewide design group in collaboration with the CJA Task Force Foster Care Subcommittee. The design group developed a plan for statewide dissemination of the “Reducing the Trauma of Initial Out-of-Home Placement’ curriculum and identified practices.

3. Create draft curriculum components.

**Progress**

Results of this project include the research and identification of curriculum components used to set the basis for Phase II of the Reducing Trauma of Initial Out-of-Home Placement project. (See Phase II)

**GRANT FUNDS AWARDED  
PHASE II \$45,000**

**Purpose**

Phase II is currently in progress and will be completed in August 2009. A resource book, based on finalized content from Phase I includes the training curriculum developed in Phase 1. The curriculum is currently being delivered to previously identified professional groups.

**Outcomes**

The first training completed by PSU took place at the Juvenile Law Seminar attended by 100 attorneys. A PowerPoint presentation accompanied by a parent story served as a case study for attorneys to comment on and to determine what attorneys could do to reduce the trauma of the child. An evaluation of the training is forthcoming.

**Progress**

Similar trainings are scheduled throughout the summer to identified professional groups.

<b>FosterClub:</b> Develop content and final artwork for a coloring book and a “Teen Magazine” to be provided to children and older youth as they enter the foster care system.	CJA Area (A) (B) (C)
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**Grant Funds Awarded: Not determined**

**Progress**

The Foster Care Subcommittee received a proposal from the FosterClub which includes a coloring book with content targeted to younger children, ages 5-10, and to youth, ages 10-18, with the following content:

- An introduction to foster care.
- Answers to questions young people have about foster care.
- Reassurances of their safety.
- Conversation starters to assist CPS staff and other supportive adults with communication during a traumatic time.

- Stories and quotations from peers who have experienced foster care (i.e. the FosterClub All-Stars).
- Mini-bios of famous people who were in foster care.

***Training Child Abuse Interviewers: Children with Disabilities***

<p><b>Training Child Abuse Interviewers: Children with Disabilities:</b> Develop a curriculum that provides child abuse interviewers, law enforcement, DHS employees and other related stakeholders with training in interviewing children with disabilities.</p>	<p>CJA Area (A)(C)</p>
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**Grant Funds Awarded: \$60,000**

The CJA Task Force identified interviewing children with disabilities as a priority area to focus on through the 2006 – 2009 reporting period. The Task Force wished to investigate the needs of children with disabilities when they enter the child welfare system as a result of a report of abuse or neglect. Collaboration must take place between professionals who understand disabilities and those responsible for child protection. Children with intricate medical needs who require specialized health care, children with mobility limitations, children with cognitive disabilities and children with other types of disabilities all necessitate that the child protective system understand and respond appropriately to their needs. To accurately assess such children, the child protection system requires the ability to recognize the disabilities of the child and appropriately interview or refer them to an appropriate interviewer trained in working with children with disabilities. This requires understanding of how the child welfare process works and when disability service providers, advocates and other professionals should be involved.

**Description**

The Child Abuse Response and Evaluation Services of the North West (CARES NW) Center was selected as the contractor for this project. This contract consisted of two projects within the children with disabilities contract.

Project 1 consisted of researching existing training curricula and modifying available curricula for use in Oregon’s child welfare system and reviewing the work with the CJA Task Force.

Project 2 consisted of CARES NW conducting six one-day trainings on “Interviewing Children with Disabilities” throughout the state.

### **Statistics and Characteristics of Children with Disabilities**

- 15.2% times more likely to be sexually abused than other children.
- 13.8% of all children in school have a disability.
- 1.7 times more likely to be abused.
- 1.6 times more likely to be neglected.
- 1.8 times more to be sexually abused.
- 2.1 times more likely to be physically abused.
- 2.8 times more likely to be emotionally abused.

### **Activity**

Activities included researching and reviewing existing curricula, modifying available curricula to use in Oregon’s child welfare system and consulting with the CJA Task Force for oversight approval. Six one-day trainings were held around the state at various facilities.

### **Progress**

Starting in January of 2008, Cares NW submitted their first progress report. The report included current research about the needs of children with disabilities and curriculums available and interviewing strategies. As the team researched various programs around the United States, the team visited and continued contact with several training programs to identify relevant portions included in the Disabilities project.

The Advisory Committee overseeing curriculum development organized into three subgroups: Project Group, Legal Group and Content Group. Advisory Committee subgroup members were selected and included a member of the CJA Disabilities subcommittee and various child welfare experts.

Research and development included gathering national curricula available regarding interviewing children with disabilities. Such curricula included:

- The OAKS Project, Oregon
- CAN DO/ARC of Riverside, California
- Omaha’s Children’s Center/Boys Town, Nebraska
- Butler County’s Moving Mountains, New York
- US Department of Justice and the Office of Crime Victims (OCV), Federal

program

- Children's Justice Center (CJC), Federal program

With the hiring of an expert on disabilities issues and technical curriculum writing, a working outline for Project Ability's curricula was developed. Drafting the content and chapters began and ended March of 2008. The project team continued synthesizing training available curriculum to build on expertise already established on interviewing children with disabilities. This information was incorporated into Project Ability's curricula.

### **Progress**

Throughout May 2008 the project team continued writing curriculum content, refining the training outline and developing the PowerPoint presentation for the trainings. Progress on the grant during May 2008 included securing six locations and dates for trainings held in geographically diverse locations. Project group leaders attended and presented the feedback about the project to the CJA Task Force to which reviewed the project's progress and ensured the training content was acceptable. Reviews of the various committee groups (Content, Legal and Project) were positive.

*(See Appendix, CJA Funded Deliverables)*

<p><b>Shoulder-to-Shoulder Conference:</b> Supports the intention of the Children’s Justice Act to minimize further trauma to child victims of abuse and neglect who are placed in foster care or with relative caregivers through the provision of training to foster parents, adoptive parents, child welfare professionals and judicial system personnel.</p>	<p>CJA Area (A)(B)</p>
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**Funds Awarded: \$3250**

**Purpose**

The Shoulder-to-Shoulder Conference began in 1998 with 138 attendees. Today the conference is considered a major training opportunity for all who work and volunteer on behalf of children and youth in Oregon’s child welfare system. Over 700 attended the 2008 conference. The goal of the founders was to “develop a truly collaborative, professional training opportunity for foster parents, caseworkers, CASAs and other community partners,” with the belief that cross-system training builds a stronger partnership on behalf of children in the child welfare system.

In its tenth year, the Shoulder-to-Shoulder Conference provides training for adoptive and foster parents, attorneys, CASA, CRB members, DHS caseworkers, Oregon Youth Authority staff, educators, mental health therapists and social workers. Parents and professionals come from across the state of Oregon to attend this annual conference. The all day conference features morning and lunchtime keynote speakers, as well as a comprehensive offering of approximately 27 workshops and roundtables.

**Outcomes**

CJA funded scholarships for 50 attendees at \$65 per attendee to attend the 2008 Shoulder-to-Shoulder Conference held November 13, 2008.

## Ongoing Projects

<b>Child Fatality Review:</b> Handling of cases of suspected child abuse or neglect related fatalities.	CJA Area (A)(B)(C)
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The CJA Task Force requested the State Child Fatality Review Team attend a Task Force meeting in January 2009. Discussions included the Team's research, data collection and trends about Oregon's child fatalities, especially those due to abuse and neglect. The Task Force's potential opportunities to support the Team's work via CJA projects was discussed.

The CJA Task Force and the State Fatality Review Team decided to keep the conversations ongoing and have the Team report on research, data collection and trends biannually.

<b>Grants Management:</b> Provide ongoing staff for program support.	CJA Area (A) (B) (C)
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### **Grant Funds Awarded: \$89,000**

The Grant Program Coordinator position is funded through an alternative funding source while the Grants Program Assistant position is funded with CJA funds. These two staff positions are responsible for program management, staff support for the CJA Task Force and administrative oversight for the CJA projects during FFY 2008-2010 and FFY 2009-2011 as well as other activities related to CJA goals.

#### **Description** (*Grants Coordinator responsibilities*)

- Coordinate and support the CJA Task Force.
- Prepare and provide mandated reports and other written materials.
- Provide support and technical assistance to the Task Force in the development of the Three-Year Assessment and Report and recommendations.
- Provide technical assistance in the implementation of CJA projects, monitor progress of project development to ensure goals and objectives are being met and to coordinate evaluation of the projects.
- Prepare and provide regular reports and updates about the CJA program to state administration.

- Prepare and provide mandated reports and other written materials to the Office on Child Abuse and Neglect.
- Coordinate the preparation of the yearly CJA application process.
- Develop and maintain multidisciplinary linkages with community partners and other state/federal agencies and programs.
- Prepare budgets and monitor expenditures of CJA funds.
- Grant staff participation in at least one federally initiated CJA meeting each year the grant is in effect. Coordinate attendance of Task Force Chairperson.

**Grant Program Assistant 10/31/07-4/30/09 \$89,000**

**Description** (*Grants Support staff responsibilities*)

- Provide administrative and technical assistance for the acquisition, administration and expenditure of federal grant funds.
- Provides primary staff support to the Children's Justice Act Task Force.
- Provide administrative and technical support in the implementation, coordination and administration of the Children's Justice Act Task Force.
- Assist Grants Coordinator to monitor and evaluate projects funded by federal grant monies in order to insure compliance with federal and state laws and guidelines.
- Work with federal, state and local agencies to accomplish identified program goals and objectives.
- Assist Grants Coordinator in development, coordination and management of the annual federal grant application process.
- Assist Grants Coordinator in developing and monitoring federal grant budget.
- Provide administrative and technical support in the implementation, coordination, and administration of the Refugee Child Welfare Advisory Committee (RCWAC).
- Provide administrative and technical support to the Family Based Services (FBS) Program Manager and the FBS unit. CJA Task Force activities are managed in the FBS program.

This project provided the services of a program coordinator and an administrative assistant throughout FFY2007-2009, FFY2008-2010 and will provide program coordinator and administrative assistant services during FFY 2009-2011.

Grant coordination provides the support necessary for the CJA Task Force to function optimally. The evaluation of the state’s service system for abused and neglected children and the recommendations for changes creates an atmosphere that encourages productive modifications in the child welfare and other coordinating systems.

<b>Maintaining the CJA Task Force:</b> Provide services and supports necessary to maintain the Task Force	CJA Area (A) (B) (C)
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**Grant Funds Awarded: \$6,200**

**Description**

Grants Management funds are also used for service and supplies, indirect costs, and miscellaneous expenses including office space, telephone service, travel, printing and supplies required to administer the grant funds.

10/31/07-4/30/09 \$6,200

These funds provide the coordination and support necessary for the Children’s Justice Act Task Force to review Oregon’s child welfare system and develop recommendations to improve the state’s response to child abuse.

The CJA Task Force is dedicated to improving Oregon’s investigative, administrative and judicial handling of cases of child abuse, testing innovative approaches with experimental, model and demonstration programs, and reforming state laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse.

This year, the CJA Task Force members worked in subcommittees on a comprehensive system review and evaluation for the three-year report due in 2009. The subcommittees have reviewed survey recommendation and have developed project recommendations. The subcommittees are in the process of prioritizing recommendations. The prioritized recommendations serve as the basis for future projects for FFY 2009-2012 projects.

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## PROGRAM PERFORMANCE REPORTS



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## PROGRAM PERFORMANCE REPORTS

### *Child Neglect: The Hidden Cost of Methamphetamine Summits*

In the year 2007 Portland State University (PSU) began a partnership with the Children's Justice Act to initially provide seven action-planning summits on Child Neglect. In the year 2008 four additional summits were conducted with a focus on Neglect and Drug Abuse, specifically methamphetamine. Four additional summits are planned for the summer of 2009 in Grant/Harney, Josephine, Lincoln and Wallowa counties.

Beginning in 2008, the presenter provided greater emphasis on best practices. PSU assisted in grouping suggestions into three main areas of practice for a community responding to child neglect:

1. Child-focused practices which provide extra developmental stimulus and support for children so they can recover from the initial damage caused by neglect and continue to grow and develop in positive ways.
2. Parent-focused practices to support parents in recovery from the underlying issues contributing to the neglect and to provide networks of support to parents. This includes strategies that teach parents how to re-attach to their children and re-form positive parenting patterns with children who may be more challenging than others due to the initial neglect.
3. Community capacity building practices that build stronger integrated networks to improve collaboration, coordinate service delivery and keep eyes and ears on the child.

### **Outcomes**

Follow up contacts were made at six months for each of the 2007 sites. These summary action plans includes projects that individual workgroups have undertaken. (*See Appendix*)

## *Reducing the Trauma of Initial Out of Home Placement*

### **Purpose:**

The Foster Care subcommittee identified the need to address the trauma to children associated with the investigation of suspected child abuse and neglect and the initial out-of-home placement. This project focuses on fulfilling that need by first developing an understanding of the nature of that trauma and then identifying approaches that can be taken by those professionals and caregivers in a position to reduce its long term effects on children. This information has been developed and is currently scheduled for training with members of the multiple systems involved in child welfare investigations and initial placements and used to engage them in a collaborative effort in planning for education, training and making necessary changes in protocol to reduce the trauma to the child. Curriculum will be developed by:

- Defining and understanding the nature of the trauma to children, at different ages and developmental stages, associated with the investigation of suspected child abuse and neglect.
- Defining and understanding the nature of the trauma to children associated with the initial out-of-home placement.
- Identifying effective practices for reducing the trauma to children during investigation and initial out-of-home placement.
- Disseminating this information to members of the various systems involved in investigation and initial placement through training, education or other strategies identified.
- Facilitating collaboration between the various systems to create a plan of action to provide information, education and training to implement effective practices to reduce trauma to children during investigations and initial out-of-home placements.

This project addresses the following issues and recommendations from the 2006 CJA review process:

- This project reduces the trauma to children during the investigation and initial out-of-home placement. This project provides training to law enforcement, foster parents, caseworkers, judges and other parties to specifically include training on child-centered case planning.

## **Outcomes:**

During Phase 1, research and initial curriculum development was conducted by Portland State University (PSU) in partnership with the Children's Justice Act Task Force and professionals nationally and in Oregon. The following addresses the outcomes brought forth from this project:

1. Research and identification of curriculum components was developed by researching literature and curricula currently available that focused on:
  - Identifying, understanding and reducing the trauma associated with the removal of a child from his/her parents or primary caregivers and initial placement in substitute care.
  - Oregon laws, administrative rules and practice approaches that may have impact on the level of trauma.
  - Best practices for professionals to gain an understanding of and reduce the trauma associated with the removal of a child from his/her parents or primary caregivers and initial placement in substitute care.
2. PSU gathered information from multiple sources to identify issues related to reducing the initial trauma to children during investigation and initial out-of-home placement and identified and examined the following:
  - The trauma associated with the removal of a child from his/her parents or primary caregivers and initial placement in substitute care.
  - How children at different ages and stages of development are affected by this type of trauma.
  - The difference in the type and level of trauma sustained and resilience promoted by placement with kin as compared with placement with strangers.
  - Specifics about the process of investigating suspected child abuse or neglect that can contribute to the traumatization of the child and what could be done to reduce trauma to the child.
  - The actions by various partners throughout the process of removal of a child from his/her parents or primary caregiver that can be

done to reduce the trauma of removal and placement.

- Evidence-based practices for which training resources and curricula are currently available for caseworkers, foster parents, mental health providers, medical providers and members of the judicial/legal system.

3. Reviewed the following sources of information:

- Literature and curricula.
- Consulted and interviewed local and national experts and professionals (e.g. members of the Child Welfare and Foster Care Committees in the National Child Traumatic Stress Network (NCTSN) and a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative.
- Consulted with professionals and foster parents in child welfare, mental health, medicine and courts.

4. Conducted interviews or focus groups with members of child welfare, law enforcement, child mental health, medical, and judicial systems, foster parents, FosterClub All Stars, tribes and CASA to identify:

- Current practice related to child welfare investigations and initial placements.
- Current training and levels of knowledge about child trauma in these systems.
- Apply knowledge gained through the review and research strengths and training needs in these systems.
- Current practices and resources utilized in various parts of the state that help to reduce child trauma during investigations and placement that could be promoted more widely.

5. Convened state level multidisciplinary curriculum design and action group. PSU designed and co-hosted a statewide design group in collaboration with the CJA Task Force Foster Care Subcommittee. The design group developed a plan for statewide dissemination of the “Reducing the Trauma of Initial Out-of-Home Placement’ curriculum and identified practices.

At this gathering, participants from multiple disciplines statewide were invited to:

- Review information and knowledge gained from this project.
  - Make specific curriculum recommendations for their own discipline or program area to educate people in how to reduce the trauma of initial out-of-home placement.
  - Identify other non-training related changes, such as changes in policy or practice, which would help reduce the trauma of initial out-of-home placement.
  - Develop a plan of action for education, training and other changes.
- Participants included: Multidisciplinary Teams, Foster Parents, Child Welfare, Law Enforcement, Department of Public Safety Standards and Training, CASA, the mental health field, tribal representatives and parents among other groups. The event was well attended and resulted in immediate excitement as various attendees requested copies of the curricula and information to begin training their own professional groups.

PSU drew together findings from the research, focus groups, and interviews into draft curriculum components that included findings that included:

6. A set of recommended competencies (knowledge and skills/practices) for each discipline:
  - (a) “Knowledge” included key points drawn from the literature, focus groups and interviews.
  - (b) “Skills” included specific practices that were discovered during the research process.
8. A proposal concerning the best approach to training delivery for identified professional groups included:
  - Standardized handouts of PowerPoint slides.
  - Identified video materials (such as interviews with children or professionals or panels) brought voices to those participants in the training.

Results of this project include the research and identification of curriculum components used to set the basis for Phase II of the Reducing Trauma of Initial Out-of-Home Placement project. (*See Phase II*)

## **Outcomes Phase II**

Phase II is currently in progress and will be completed in August 2009.

The resource book, based on finalized content from Phase I includes the development of the training curriculum. The curriculum is currently being delivered to previously identified professional groups.

### **Purpose:**

To package the curriculum resource book based on finalized content from Phase I and provide Technical Assistance to disciplines receiving the training.

1. Foundation material common all disciplines include for each:
  - Competencies to be completed in Phase II.
  - Index Resources gathered in Phase I:
    - (a) A list of training resources such as articles, videos, trainers and books.
    - (b) How to obtain the resources (websites, ordering information, etc.)
    - (c) How to use resources most effectively in training, as needed.
  - Power Point presentations, handouts, or other materials prepared or located in Phase I.
  - Any resources that have been found, specific to each profession, including TIPS. (*See appendix*)
2. Complete development of list of “Trauma Informed Practice Suggestions” (TIPS), for specific professions, drawing on focus group data and resources collected in Phase I.
3. Offer technical assistance to training directors or other state-level representatives of each system accountable for training. Help the training directors to envision whether the training materials could be incorporated in their system. Upon agreement to prepare curriculum, develop training to provide to the Training Directors or other state-level representatives. Provide the training curriculum and technical assistance for up to ten sites to train respective disciplines. Technical assistance is divided into two parts as follows:
  - (a) Initial meeting with training director or delegate to share data, competencies, resources and other additional information and to discuss training strategy. Estimated 3 hours consultation time plus the

Curriculum Writer's collective time dedicated to developing project curriculum.

- (1) Further consultation as needed to support training director or delegate in the implementation of a training strategy. Technical Assistance Time shall not exceed 5 hours unless additional consultation time is requested and approved by the Foster Care Subcommittee of the Children's Justice Act Task Force and Staff.
4. The groups to whom assistance will be offered includes state level training directors, representatives or policy makers from the following prioritized groups:
- Foster Parents
  - Law Enforcement
  - Judges/Referees
  - Parent Mentors
  - All Foster Clubs
  - Educators
  - Attorneys/Public Defenders
  - Regional Training Network (for Medical Professionals)
  - Child Protective Services (CPS) Case Workers
5. As follow-up evaluations of the implementation, an evaluator will call each "Client" of the technical assistance after the activity is complete, including those for whom assistance was offered and declined. From these conversations the evaluator will create a report on how the project unfolded in that sector of the child protection community. A report might address for each sector and for the program as a whole the following:
- (a) How did it go? Was training utilized, offered to staff, and was training implemented? If yes, to how many people? Were there any evaluation results to report?
  - (b) Were additional resources developed or used by this profession or group?
  - (c) Were there barriers to implementation that could inform future CJA multidisciplinary training?
  - (d) Were there special successes that could inform future CJA training?

## Meeting Facilitation and Report Writing

<b>Meeting Facilitation and Report Writing:</b> Provide meeting facilitation for the 3-year assessment requirement for the CJA Task Force; prioritize findings and recommendations and submit a final report.	CJA Area (A) (B) (C)
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**Funds Used:** \$1,250

### Project Objectives

- Facilitate Task Force meetings designed to engage Task Force members in discussion surrounding assessing and planning to meet the 2009 –2012 grant requirement.
- Assist the Task Force in gathering information and prioritizing findings to develop the Three-Year Assessment Report.

### Outcomes

- Project managers and coordinator met with facilitator to discuss survey data and strategic meeting format.
- A mid-term CJA Task Force meeting was held to compile and prioritize recommendations.
- Subcommittees were formed to discuss and develop preliminary action plans.
- The purpose, goals and needed resources were outlined for the 2009 through 2012 period.
- Subcommittee reports and CJA recommendations for 2009-2012 were discussed and future work will be conducted in the coming CJA Task Force meetings.

## MAINTAINING THE TASK FORCE



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## **MAINTAINING THE TASK FORCE**

Oregon has maintained a Children's Justice Act Task Force since it was first established in 1987. By legislative authorization and mandate, the initial Task Force served the goals of the Children's Justice Act. The interim legislative Task Force became an agency-appointed, ongoing Children's Justice Act Task Force in 1993. The Task Force has maintained an expanded membership in accordance with federal guidelines. Three-year assessment reports were issued in 1995, 1997, 2000, 2003, 2006 and 2009. These reports contained recommendations in each of the areas mandated by Section 107(e) of the Child Abuse Prevention and Treatment Act (CAPTA).

### **Task Force Membership**

The Task Force meets on a regular quarterly basis to acquire information, identify issues, develop strategies for intervention, review progress and network with state and community organizations. The Task Force meetings provide an opportunity for statewide information gathering. This information is supplemented by Task Force members' contact with multiple organizations throughout the state.

The Children's Justice Act Task Force is a subcommittee of the Children, Adults and Families (CAF) Child Welfare Advisory Committee. CAF is the section within the Department of Human Services that is responsible for providing child protective services in Oregon. Several members of the Child Welfare Advisory Committee are also members of the CJA Task Force. This dual role provides direct access to leading policy makers regarding child protective services.

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## Task Force Members

### *Law Enforcement Community*

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*Steve Duvall*, Lt. Criminal Investigations  
Division, Oregon State Police

- Oregon State Police (1995 to present)
- Oregon State Police Major Crime Section Sergeant, Salem Oregon since 2004
- Oregon State Police Major Crimes Section Detective, Salem (1997-2004)
- Athens-Clarke County Police Department, Athens, Georgia (1991-1995)
- United States Air Force Law Enforcement (1986-1991).
- Current participation in the following organizations:
  - Participated as a member and/or agency representative for Multidisciplinary Teams in Polk and Marion counties (1997-2004)

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### *Law Enforcement Community*

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- Suzanne Isham, Captain, Regional/Advanced Training Supervisor, Department of Public Safety Standards and Training.
- Former Traffic Safety Training, Lieutenant for Regional Training
- Current instructor in S.F.S.T., Drug Recognition (D.R.E.), Intoxilyzer 5000, Intoxilyzer 8000, Mobile Video, Range 3000/MILO, Scenario/Evaluator, and Drug Impairment Training for Educational Professionals. (D.I.T.E.P.)
- Current committee chair DPSST Child Abuse Training Committee
- Former Deputy for the Marion County Sheriff's Office for ten years (general patrol, Detectives/M.A.G.N.E.T/D.E.A. Task Force/Street Crimes, S.R.O., D.U.I.I. Enforcement Officer)
- BA in Criminology, Southern Oregon State College
- Certificate of Public Management, Willamette Atkinson Graduate School of Management

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***Civil/Criminal Court Judges-Related to  
Child Abuse/Neglect***

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*Hon. Lorenzo Mejia*, Jackson County Circuit  
Court Judge

- Born in Chihuahua, Mexico 1953
- Migrated to Oregon at three years of age
- North Bend High School Diploma 1972
- University of Oregon BS History 1981
- University of Oregon, School of Law JD 1986
- Law Clerk for The Honorable James Hargreaves, Lane County Circuit Court Judge 1986-1987
- Attorney, Oregon Department of Transportation, Contract Compliance 1987-1988
- Staff Attorney Southern Oregon Public Defenders 1988-2001
- Circuit Court Judge, First Judicial District, Position 1, 2002 to present
- Carry a Juvenile Delinquency, domestic relations and general civil case load
- Backup for our Juvenile Dependency Judge and have heard a great number of Dependency cases
- Will be one of two Dependency Judges in 2009

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***Child Abuse Investigation and  
Advocacy/Legal Representation of Children  
and Families***

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***Department of Human Services***

*Margaret Semple*, Deputy Director, Office of  
Investigations and Training, DHS

- University of Maine School of Law, Juris Doctor 1982
- University of Maryland Bachelor of Arts
- Mediation Training International, Inc., Certification in Conflict Resolution
- Law Office of Margaret Semple, Saco, Me
- Assistant and Senior Assistant AG: Maine Department of Attorney General
- Sole owner: Spring Point Group (Consulting organization involved in Writing, Research, Education and Training, Advocacy, focus on representing children in family law matters)
- Director, Maine Court Appointed Special Advocate (CASA) Program
- Chief Hearings Officer, DHS Administrative Hearings Unit, Maine Department of Human Services
- Director, Bureau of Child & Family Services, Maine Department of Human Services
- Special Counsel to the Commissioner, Maine Department of Behavioral & Developmental Services
- Assistant AG, Maine Department of Attorney General
- Oregon Judicial Department, Citizen Review Board June 2006-May 2007
- Office of Investigations and Training, Oregon DHS

***Prosecuting Attorney***

\*\*\*\*\*

*Steve Atchison*, District Attorney, Columbia County

- District Attorney for Columbia County since 1998 (Elected to 3<sup>rd</sup> term in 2006)
- Vice President of Oregon District Attorneys Association
- Appointed Deputy District Attorney in Columbia County in 1980
- Practiced law in Portland for three years
- Law Degree from Lewis and Clark 1976
- 4 years in U.S. Navy
- BS from University of Oregon
- Educated in Portland Public Schools
- Born and raised in Portland, Oregon

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***Defense Attorney/Child Advocate Attorney for Children***

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*Amy Miller*, Staff Attorney, Metropolitan Public Defender Multnomah County

- Bachelor of Science, Industrial Engineering, Georgia Tech
- JD. Lewis and Clark Law School
- Multnomah Bar Association, Leadership Committee
- Oregon State Bar, Member
- Staff Attorney, Juvenile Rights Project: experience representing children in juvenile court

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***Defense Attorney***

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***Defense Attorney/Representing Parents***

*Robin Wright*,

Gervurtz, Menashe Larson and Howe, PC

- Bachelor of Arts, Reed College, Portland, Oregon 1979, Phi Beta Kappa
- Juris Doctorate, Columbia University School of Law, New York, NY. 1984
- Member, Executive Committee Juvenile Law Section
- Member, Family Law Section, Oregon State Bar
- Member, Multnomah Bar Association
- Member, Washington County Bar Association
- Member, Oregon Women’s Lawyers
- Board of Trustee’s, Old McDonald’s Farm, Inc.
- Troop Leader, Girl Scouts of America

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***Foster Parent Representative***

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*Don Darland*, President

Oregon Foster Parent Association

- Thirteen years as a foster parent
- Served as President of Linn County Foster Parent Association
- Seven years consultant trainer for foster parents
- Served on diverse boards concerning the prevention of child abuse
- Served 8 years on the Linn County Commission on Children and Families

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**Court Appointed Special Advocate Representative**

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*Becky Smith*, Vice Chair  
CASA State Program Coordinator  
Oregon Commission on Children and Families

- CASA State Program Coordinator, Oregon Commission on Children and Families 1998-present
- Oregon Child Welfare Advisory Committee, National CASA Association – NCJFCJ Judicial Liaison Committee
- Juvenile Court Improvement Project Advisory Committee
- Masters Degree in Organizational Development
- BS: Community Services and Public Affairs

Certificate: Program Evaluation and Development (1974)

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**Health Professional**

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*Teri Shultz*, RN  
Nursing Services/Personal Care Program Coordinator, Oregon Department of Human Services (DHS)

- Nursing Services/Personal Care Coordinator since 1997
- Adoption Assistance Consultant since 1997
- DHS Medical Response Team Coordinator

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**Child protective Services Agency**

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*Stacey Ayers*, Child Protective Services Program Manager  
Children, Adults and Families, Oregon Department of Human Services

- Psychology degree, Oregon State University
- Began career with DHS as Permanency Worker
- Consultant Educator and Trainer
- Protective Service worker
- Child Abuse Hotline Supervisor
- Adolescent/Permanency Supervisor
- Law Enforcement as a Reserve Police Officer and as a sworn Police Officer

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***Parent Group Representative***

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- Actively recruiting

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***Citizen Review Board***

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*Shary Mason*, Program Manager, Citizen Review Board

Oregon Judicial Department

- Program Manager, Citizen Review Board since 1993
- Board Member, Tillamook County CASA Program
- Member, Tillamook County Commission on Children and Families
- Member, Emerging Issues Committee, Oregon Commission on Children and Families
- Member, Tillamook County Citizen Review Board, 1987-1993
- Past Chair, Citizen Review Board State Advisory Council
- Director, Teen Parent Program, Tillamook Bay Community College, 1987-1993
- Former Oregon Department of Human Resources Volunteer Services Supervisor
- Juvenile Court Improvement Project Advisory Committee

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***Oregon Network of Child Abuse Intervention Centers***

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*Tonia Hunt*, Executive Director, The Children’s Center of Clackamas County (January 2004 to present)

- Research Analyst and Public Policy Director/Assoc for Children First for Oregon (October 1996-December 2003)
- Policy Research Analyst for Oregon State Representative Dave Hunt (January 2003 through June 2003)
- Office Manager for American Baptist Churches of the Rochester/Genesee Region, Rochester, NY (November 1995-August 1996)
- Summer Programs Coordinator/Senior Counselor for Center for Work and Career -Development, University of Rochester, Rochester NY (January 1994-October 1995)

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***Oregon Youth Authority***

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Steve Brinlee  
Foster Care Manager  
Oregon Youth Authority

- Currently the Foster Care Manager with Oregon Youth Authority
- Has worked in State services for 30 years in a variety of roles including parole, corrections institutions, and community programs

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***Represents County-based Child Abuse  
Multidisciplinary Teams***

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*Stacey Liskey*, Child Abuse Multidisciplinary  
Intervention Program Coordinator, Crime  
Victim’s Assistant Section, Department of  
Justice

Child Abuse Multidisciplinary Intervention  
Program Coordinator for the Oregon  
Department of Justice

- Worked in the victim’s services field with the Department of Justice for over six years.
- Worked as a claims examiner for DOJ’s Crime Victims’ Compensation Program
- Volunteered as a sexual assault response advocate for the Marion County Victims Assistance Program
- Graduate of Western Oregon University

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***Addictions and Mental Health Division***

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Matthew Pearl, LCSW

Child and Adolescent Program Specialist

- Masters Degree in Social Welfare from UCLA, licensed clinical social worker in Oregon since 2000
- Clinical experience providing mental health services to children and families in residential, day treatment and outpatients settings
- Administrative experience coordinating intensive treatment services in the managed care environment and implementing legislative initiatives through policy health programs and mental health providers

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## APPENDIX



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## APPENDIX

### 2006-2009 CJA Subcommittee Recommendation Reports

#### *Children with Disabilities Subcommittee Recommendations*

##### **Data Recommendations:**

1. Support improvements in the state child welfare data system to identify the number of disabled children in Oregon who are victims of abuse or neglect.

*Status: CJA staff met with the Children, Adults and Families (CAF) research unit to review the type of data currently being collected. The data collected in different categories is fraught with problems. The data is not time specific. The worker may not be aware of any special problems at the time the data is collected and may not enter the data at a later time. Further, the data includes problems that may be suspect, as well as those that have been verified by the appropriate professional. In addition, not all workers are using categories appropriately. DHS is in the process of initializing a new data system call ORKIDS.*

##### **Interviewing Recommendations:**

1. Make specialized training available to professionals on interviewing skills for children with a variety of different disabilities. (For example, recognizing and understanding the difference between interviewing children with developmental disabilities versus behavioral disorders.)

*Status: "Project Ability: Demystifying Disability in Child Abuse Interviewing" was developed and presented to 127 people from various disciplines at six sites throughout Oregon. Roughly, 80 percent of the attendees represented professionals from law enforcement, child welfare and child abuse centers. The remaining 20 percent included CASA, mental health professionals, medical providers, disability specialists, educators, attorneys and administrators. The training focused on how the interviewer can understand how any given disability may impact a child and how the interviewer can then focus on the child's strengths.*

2. Provide specialized training on appropriate interviewing techniques based on where children reside such as foster care or group home residential care.

*Status: The project concentrated on interviewing techniques utilized in Child Abuse Centers rather than by living arrangements.*

**System Recommendations:**

1. In order to maximize resources, develop a coordinated systems' response protocol in each geographical area of the state as a guide to agencies on how to respond to abuse investigations involving children with disabilities. Consider using Multidisciplinary Teams to coordinate the development and ongoing implementation of this protocol.

*Status: Beyond purview of CJA.*

2. Include appropriate services to children with disabilities as part of the operating principles for all child abuse intervention centers in Oregon.

*Status: Beyond purview of CJA.*

3. Develop procedures or policies that encourage child welfare workers to utilize the expertise of mental health and developmental disabilities offices throughout the state when conducting abuse investigations of children with disabilities.

*Status: Beyond purview of CJA*

4. Use Multidisciplinary Teams to direct the investigation of child abuse in state residential facilities and other institutional care settings such as the School for the Deaf or School for the Blind.

*Status: Beyond purview of CJA.*

5. Develop specialized units with expertise in residential treatment to investigate allegations of abuse within the context of residential treatment programs. Individuals staffing this unit need expertise in various treatment models and behavior management techniques for various disorders.

*Status: Beyond purview of CJA.*

### **Training Recommendations:**

1. Educate professionals in all areas regarding the prevalence of abuse of children with disabilities.

*Status: This recommendation was fulfilled through the “Project Ability: Demystifying Disability in Child Abuse Interviewing”. The training power point and curriculum are posted on our CJA website. (See Appendix) The curriculum has been requested across the country.*

2. Offer training on the types of disabilities and typical behaviors associated with the disabilities.

*Status: This recommendation was fulfilled through the “Project Ability: Demystifying Disability in Child Abuse Interviewing”. The training power point and curriculum are posted on our CJA website. (See Appendix) The curriculum has been requested across the country.*

3. Develop and institutionalize different tiers of training for the evaluation of child abuse in children with disabilities. Begin with a basic, “101”, training for the majority of professionals. This type of training could be web based and available on an ongoing basis. Develop advanced training for a smaller number of specialists such as law enforcement, child welfare, health, and intervention centers by geographic area.

*Status: This recommendation was fulfilled through the “Project Ability: Demystifying Disability in Child Abuse Interviewing”. The training power point and curriculum are posted on our CJA website. (See Appendix) The curriculum has been requested across the country.*

4. Include training on child abuse neglect investigations as a special class available through the Child Welfare Partnership Training offered by Portland State University.

*Status: Beyond purview of CJA.*

5. Utilize the MDT day at the annual statewide child abuse conference sponsored by SCAR. Focus on the role of each discipline in abuse investigations of children with disabilities.

*Status: This recommendation was unable to be implemented because the SCAR conference no longer occurs.*

### ***Foster Care Subcommittee Recommendations***

**Purpose:** Minimize further trauma to child victims of abuse and neglect who are placed in foster care or with relative caregivers through training, advocacy, support, and empowerment.

**Training:**

1. Provide training to law enforcement, caseworkers and foster parents on reducing trauma to children during the initial placement process.

*Status: The Task Force contracted with Portland State University (PSU) to research and develop curriculum on reducing trauma to children during the initial placement process.*

*In Phase I, a review of the literature and other resources was conducted, and curriculum components were developed and presented in a statewide symposium. The symposium involved members from law enforcement, the judiciary, child welfare, Developmental Disabilities, child abuse assessment centers, CASA, the Citizen Review Board, Receiving Centers, Foster Club, parents, school districts, and foster parents. The members in attendance reviewed the information, provided recommendations for change and developed a plan of action for education, training and utilization of the resource. The power point from this presentation was posted on the CJA website.*

*In Phase II, various handouts or “briefs”, and Trauma Informed Practice Strategies (TIPS) were completed and distributed to various professional contacts. Training curriculum materials were also developed and distributed that include basic materials useable by a variety of professional audiences and components that allow for customizing the training for child welfare workers, and foster, adopt of relative care providers. Technical assistance was made available to other professional groups interested in developing training components for their own discipline. TIPS in Appendix*

*PSU has incorporated material from this project into their training for child welfare and tribal staff. PSU has also added information about reducing trauma to their website. Child welfare is interested in having a regular workshop utilizing the 3-hour training delivered over the course of a year at the Child Protective Services (CPS) quarterlies that are attended by CPS workers and Supervisors. Workers in individual branches are interested in the Briefs and it has been suggested that they be disseminated to all branch managers and unit supervisors to in unit meetings.*

*Multnomah County SAFE project is using the material in a 2 day training for caseworkers, mental health providers, domestic violence providers, CASAs, educators, judges, district attorneys, and other professionals who work with children and families in child welfare. Planners of the training are hoping to ultimately design it so that it is sustainable beyond the life of the grant could be implemented on an ongoing basis.*

*The Portland Police Bureau is promoting the briefs in their 5-minute roll calls. Materials will also be disseminated to state policy officers in their basic training courses.*

*Portland State University is adding the training to their menu of ongoing trainings for foster and adoptive parents and/or converting it into Netlink Training.*

2. Provide training to caseworkers, CASA, CRB, foster parents on child centered planning.

*Status: PSU investigated an established program in Marion County Courts regarding “Child Centered Case Planning”. This was incorporated into the research material conducted for this project.*

*CJA funded scholarships to the Shoulder-to-Shoulder Conference, a multidisciplinary conference. One of the workshops focused on Child Centered Case Planning. The Citizen Review Board conference also had a workshop on Child Centered Case Planning. Foster children spoke at both conferences about the trauma they incurred upon entering foster care and the need to involve children in their case planning.*

*PSU made revisions to their initial caseworker training to make it more comprehensive and inclusive of materials related to child centered case management. The Oregon Safety Model and the resulting training focused on the children's section of the case plan that looks at child safety, health and well-being.*

*Oregon's new data system, ORKIDS, has increased emphasis on documentation of the child's needs.*

*The Child and Family Services Review and the Program Improvement Plan focus on adequate mental health treatment for children.*

Provide training to the dependency court staff including judges and attorneys on the foster care system and its impact on children.

*Status: The information was presented at the Juvenile Law Academy for attorneys and is scheduled to be presented at the Juvenile Court Improvement Project's "Through the Eyes of the Child" conference for judges.*

Provide training for foster parents on the juvenile court process.

*Status: Revisited the "Oregon's Juvenile Dependency Court: A Guide for Foster Parents" This was funded by CJA in an earlier project and was written and updated by Juvenile Court Improvement Project (JCIP). The guide was developed for foster parents (including pre-adoptive parents and relatives caring for children in foster care) and explained the rights each has to notice and an opportunity to be heard in any juvenile dependency court review or hearing regarding their foster child(ren). The guide explains the juvenile court dependency process in Oregon and describes how each caregiver can provide information to help the court make its decisions.*

3. Provide practice training for child welfare caseworkers on making placement decisions for children. Teach them to utilize a child's strengths and to do placement matching.

*Status: Two legislative changes, one requiring the Department of Human Services Child Welfare to make reasonable efforts to place siblings*

*together (unless the placement with siblings is not in the best interest of the child) and another requiring the agency to make diligent efforts to place with a relative or person with a caregiver relation. A temporary rule was developed and is waiting finalization. Therefore, no specific training on existing rules was scheduled.*

*The PSU contract targeted the child welfare professionals and resulted in Trauma Informed Practice Strategies (TIPS) for state child welfare workers. The PSU Child Welfare Partnership, the training arm of the State's child welfare workers, is incorporating the material into their training curriculum.*

**Advocacy:**

1. Improve advocacy for children by developing models of collaboration between CASA workers, the court system, foster parents, and child welfare workers.

*Status: Two focus groups were held at the annual Child Abuse Summit. Participants shared how they saw children being traumatized during investigation and removal. They also shared current practices and resources they have utilized or suggestions that help to prevent or reduce the trauma. Through these groups, areas for needed change and training were identified.*

2. Utilize a child centered case model and placement matching when planning for foster care services for children.

*Status: Investigated established program in Marion County Courts regarding "Child Centered Case Planning".*

3. Use a team approach when making placement decisions where foster parents and caseworkers are partners in the planning process.

*Status: The "Foster Parent's Bill of Rights" was made law and the second tenent states that a foster parent has the right to, "**Be included as a valued member of a team** that provides care and planning for a foster child placed in the home of the foster parent". Many counties are using the "Team Decision Meetings" model for case planning.*

4. Support implementation of Foster Parent Bill of Rights (Senate Bill 815).

*Status: Department of Human Services (DHS) and the Foster Parents Association have trained staff and foster parents at the Shoulder-To-Shoulder conference. (See Program Performance and Reporting)*

**Support:**

1. Create a plan for an evidence-based, statewide respite care program for foster and relative care parents.

*Status: This recommendation did not receive further consideration due to the state economic situation.*

2. Support foster and relative care parents in reducing trauma to children by providing a place to call and providing more information at initial placement.

*Status: Upon further deliberation, the subcommittee did not recognize this project under CJA purview.*

3. Conduct ongoing regional forums for foster and relative care parents on the variety of services available to them through DHS and other community partners. Include community partners in the forums to build relationships at a local level.

*Status: The Subcommittee supports this recommendation. The Foster Parents Association works in partnership with the Oregon Foster Parents Association which is linked to DHS community partners and to provide ongoing training.*

4. Work with the Foster Parent Association to establish a formalized, statewide mentoring system for foster and relative care providers.

*Status: Beyond purview of CJA. DHS contracted with the Oregon Foster Parents Association to develop consulting services to the Foster Parent program in alleged home child abuse and neglect.*

5. Pursue funding for relative care support groups.

*Status: Beyond purview of CJA. DHS contracted with the Oregon Foster Parent Association to support the development of relative care support groups.*

6. Support and encourage the development of local/regional newsletters for foster and relative parents.

*Status: Beyond purview of CJA. DHS contracted with the Oregon Foster Parent Association to develop a statewide newsletter. Some regional districts and individual branches may continue to support a newsletter.*

**Empowerment:**

- Have a CASA for every child.

*Status: While there is not enough CJA funding to fund this particular recommendation, it is an official CJA system's issue recommendation. This is important to those advocating for increased funding for full implementation of CASA when speaking to the legislature and other multidisciplinary partners.*

- Empower foster children by teaching them how to advocate for themselves.

*Status: The subcommittee has negotiated a contract with the "Foster Club" to produce coloring books for young children and a magazine-type booklet for older children who are either currently in or are entering foster care. The booklets will be distributed by child protective staff, foster parents, police officers, Relief Nurseries, etc.*

- Have older foster children write a handbook for younger children in foster care.

*Status: The Foster Club, consisting of former foster children, has been contracted to produce color books for young children and a magazine-type booklet for older children who are either currently in or are entering foster care. These are being printed in large quantities to be distributed to partners and community partners throughout Oregon. They will be available to download through the CJA website in November 2009. (See Appendix, CJA website)*

- Use child centered and youth directed case planning.

*Status: PSU made revisions to their initial caseworker training to make it more comprehensive and inclusive of materials related to child centered case management. The Oregon Safety Model, and the resultant training, has intentionally focused on the children's section of the case plan that looks at child safety, health and well-being.*

- Develop natural supports for children in foster care.

*Status: The Foster Care subcommittee has committed to producing child-friendly coloring booklets and teen magazine booklets to help ease the transition into foster care. The subcommittee has contracted for services to develop Trauma Informed Practice Strategies to support the adults and children in reducing the trauma of initial placement.*

- Provide opportunity for planned living arrangements.

*Status: Beyond purview of CJA.*

### ***Strategic Planning for Children's Safety Subcommittee Recommendations***

1. Develop a statewide strategic planning effort to mobilize communities to address safety issues related to methamphetamine.

*Status: This was accomplished through the "Neglect: The Hidden Cost of Meth and other Drugs Summits". In phase I, four counties were selected to hold summits. One additional county offered to cover its own expenses. All five counties had at least 100 attendees. All counties participated in action planning sessions.*

*Phase II placed an emphasis on counties with an identified interest in drug courts. Drug courts have proven successful both in Oregon and the nation. Since part of our CJA mission consists of the judicial handling of child abuse and neglect cases, and there were counties on the verge of beginning a drug court, the subcommittee believed that presenting information on drug courts along with information from the previous summits and providing a way for communities to mobilize an action plan around the topic of drug courts would be*

*beneficial. Four counties have been contacted and indicated their desire to host a summit. The first one will be held in May.*

*CJA funds are used to lead the planning effort, develop the planning tools, provide technical assistance, support community teams, finance convening of the teams and compiling the data.*

2. Gather and distribute factual information about the known effects of methamphetamine in each county i.e., number of children in care, number of arrests, availability of treatment, etc.

Status: *The summit format consists of a presentation in the morning to discuss research and best practice and present community data; followed by a community panel of providers and clients who discuss the issue; and a series of breakout sessions to engage participants in action planning.*

3. Develop and distribute community education materials such as a public service video on the effects of methamphetamine from the eyes of a child, or taped interviews with recovering addicts

Status: *The Task Force made copies of the Reunited DVD, a previously funded CAPTA project that highlighted parents speaking about their journey through child welfare, their ability to conquer their addiction and the successful reunification of their families. It was distributed to judges statewide.*

*All of Oregon's major broadcasting studios blocked out their regular programming at one time and presented Crystal Darkness, a video that address the effect of meth on users, victims, children, business, etc.*

4. Develop a resource list of trainers that can provide factual information on methamphetamine for communities to use.

Status: *The Subcommittee determined that this recommendation has already been addressed by other entities and decided against duplication of effort.  
The Oregon Alliance for Drug Endangered Children has a website that provides bios and lists people who can provide information about*

*drug endangered children.*

*The Oregon Partnership, the Oregon Criminal Justice Commission and Southern Oregon Public Television developed a Community Action Guide called “Target Meth” which provides a power point and presentation instructions that can be customized for specific audiences and is widely available to communities.*

*The impact of substance abuse is covered in one of the sessions in Foster Parent Foundations training. Foster Parents are also offered a number of ongoing classes on the impact of substance abuse, both drugs and alcohol on families and children. Some of the classes are provided through the Child Welfare Partnership and others are provided through Department staff or those in the mental health field.*

5. Develop a coordinated community-based planning process that includes partners who can bring resources to the table, particularly Mental Health and Alcohol and Drug services.

Status: *The summits brought together many community partners to discuss a community issue of importance to all and were a very successful cross-training of professionals. Attendees included police officers, social workers, substance abuse counselors and others who talked about the effects of neglect on children and how agencies, law enforcement and other community partners can team up to address the issue.*

6. Develop a template for communities to use during this planning process. The template should pose questions such as “What are we going to do around methamphetamine in our community?” “What are our resources?” “How do we address child safety?” etc.

Status: *The template for the action planning process was developed as part of the contract with Portland State University, who conducted the summits. (See Appendix, Action Planning Summits on Child Neglect)*

7. Coordinate the planning effort with the Commission on Children and Families and utilize their community mapping process. The Commission would focus is prevention, while CJA would focus on the investigation, prosecution and judicial handling of child abuse and neglect.

Status: *A subcommittee member is employed by the Oregon Commission on Children and Families. Each county in the commission system is required to do a community plan including a map of current community resources. The member reviewed all of the plans and gave a report to the subcommittee.*

*Local Commission on Children and Families hosted some of the summits, participated on the planning committee for others, and were participants, most, if not all, of the summits.*

8. Coordinate the planning effort with MDTs, the hub of child abuse investigation. MDTs are required to have a drug endangered child protocol. The planning process should interface with that protocol.

Status: *CAMI funds were utilized to provide training to MDTs to improve their protocols related to investigative and protective steps for drug endangered children.*

*A subcommittee member is an employee of the Department of Justice, and is the CAMI Program Coordinator. She provided information about possible resources and identified MDT members who could be brought into the summit planning process.*

9. Provide communities with information about what MDTs throughout the state are doing to address this issue.

Status: *This recommendation was not addressed.*

10. Compile information from the community plans to present to the legislature, including a map of current community resources to address the issue and resources that are lacking.

Status: *Neglect and Meth summits will have been conducted in 16 counties at the end of this three-year plan. The contractor and the Task Force will be conducting follow-up evaluations with participating counties to determine issues, accomplishments and identified barriers.*

11. Use the information in a statewide campaign to raise awareness about what is occurring in Oregon.

Status: *A great deal of public awareness has been accomplished through the Drug Endangered Children Alliance, the Guido Caldarazzo Methamphetamine Task Force, the statewide media presentation of Crystal Darkness, Target Meth, our own CJA summits, the Reunited video and presentations at the Shoulder-to-Shoulder Conference for which the Task Force funded scholarships, etc.*

**Karly's Law – House Bill 3328 Definition of “Suspicious Physical Injury”**  
ORS 418.747, 418.785, 419B.028

Suspicious physical injury includes but is not limited to:

- Burns or scalds.
- Extensive bruising or abrasions on any part of the body.
- Fractures of any bone in a child under the age of three.
- Multiple fractures in a child of any age.
- Dislocations, soft tissue swelling or moderate to severe cuts.
- Loss of the ability to walk or move normally according to the child's developmental ability.
- Unconsciousness or difficulty maintaining consciousness.
- Multiple injuries of different types.
- Injuries causing serious or protracted disfigurement or loss of impairment of the function of any bodily organ.
- Bruising, swelling or abrasions on the head, neck or face.
- Any other injury that threatens the well-being of a child.

## **CJA Funded Projects Deliverables**

### ***Training Child Abuse Interviewers: Children With Disabilities***

The Child Abuse Response and Evaluation Services (CARES) Center was founded at Legacy Emanuel Hospital & Health Center in response to the need for a centralized assessment center for children who may have been abused or neglected. CARES mission is the promotion of children's well being through quality child abuse interventions in a multidisciplinary approach with community partners.

CARES NW's core service is providing medical evaluations and documentation for suspected victims of child maltreatment. Referrals for children birth through 18 typically involves concerns of sexual abuse, physical abuse, neglect, emotional abuse and/or exposure to critical incidents (e.g. witness to domestic violence, exposure to methamphetamine manufacturing or use).

CARES NW is adept in providing comprehensive evaluations for children with a variety of disabilities. These disabilities include: learning disabilities, speech or language disorders, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), developmental delay, social/emotional disturbances, mental retardation, other health impairment, hearing impairment, visual impairment, autism and orthopedic impairment. Approximately 30% of children seen in the last three years have some form of disability and approximately 29% children presented with more than one disability.

In addition to child abuse evaluations, CARES NW provides training and consultation to other professionals on issues of child abuse and neglect that include, but are not limited to, identification of maltreated children, the medical examination and interviewing of alleged victims, mandatory reporting responsibilities, interviewing children with special needs, and how best to assist children and their families involved in the child abuse response system.

In summary, 127 people from various disciplines attended the trainings. Roughly, 80 percent of the attendees represented professionals from law enforcement, Department of Human Services and child abuse centers. The remaining 20 percent of professionals included CASA representatives, mental health professionals, medical providers, disability specialists, an education professional, an attorney and an administrator. The average rating of the trainings was a 4.63 on a scale of 1 through 5.

Since the completion of the curriculum and trainings, CARES Northwest has received requests for the Project Ability curriculum across the country. As well, Brenda George of the Western Regional Children's Advocacy Center in Colorado expressed interest in having the Project Ability training presented at worldwide child welfare conferences, including San Diego and Dallas.

In conclusion, the Project Ability curriculum provided succinct yet thorough information on disabilities as well as specific and useable interviewing techniques for children with disabilities. Project Ability's curriculum successfully introduced the Demystifying Disabilities Rubric, a guide to understanding how any given disability may impact a child and how the interviewer can then focus on the child's strengths. Focusing on strengths and what the child can do allows for the most successful interview. This shift in thinking was new to many who attended the trainings, but through interactive discussion and group activities, it proved to be a very useful and well-received tool.

# Oregon Community Action Summits Child Neglect due to Substance Abuse

Three-Year Report – September, 2009

## Introduction

During the 3-year period from October 1, 2006 to September 30, 2009, the Children's Justice Act Task Force sponsored local summits to improve multi-disciplinary collaboration in fifteen counties. Summits were designed to educate the community and take action to improve the support of children at risk for neglect due to parental substance abuse. In each county, local professionals, business and faith community leaders, parents, and community volunteers came together to learn about the causes, impact, and practices related to child neglect. Action plans developed on this foundation built new responses for the counties. This report will briefly describe the seminar itself, name and describe each county, and discuss lessons learned. It is recommended that the next Phase of the project bring together participants for a final summit statewide to understand how to keep children safely at home.

## Description of the Action Planning Summit

**Planning Activities.** Each one-day Summit was hosted by a local interdisciplinary planning committee, consisting of such civic leaders as child welfare managers, child advocates, professionals involved in prevention and those from juvenile court. Multidisciplinary teams and citizen review board members also participated in planning. Portland State University offered technical assistance for planning activities. A lead-time of 4-5 months worked best for identification of dates, locations, focuses of concern, panelists, and assure that key players (such as court personnel) were able to clear the calendar to attend. To support planning, the Children's Justice Act Task Force provided a local allowance of \$2,000. This generally went towards copying, staff of the planning agency, or on-site supports (room rental and refreshments) on the day of the summit. *A list of roles and responsibilities for local committees is attached. (See this section Appendix A)*

**The Summit.** Community Summits were attended by anywhere from 60 – 110 people. Each followed a standard format *(See this section Appendix B)*

In the morning, participants were welcomed by one or several local civic leaders, such as a juvenile court judge or a county commissioner. This provided local credibility and assured participants of the importance of the day's work.

After a brief overview of the day by the university-based facilitator, a speaker

presented research findings on the causes of neglect, the severe long-term consequences of neglect on child development, and best practices to prevent or mitigate that impact. Mr. Dee Wilson, MSW, from the University of Washington was the most-often requested speaker. Dr. Leila Keltner from CARES Northwest (Portland, Oregon) presented in Multnomah County and Ms. Mary Ann Murphy from the Partners for Children project (Spokane, Washington) presented in Wallowa County. By the end of the project talking points for this presentation were standardized and accompanied by a Power Point slide show for each segment. *(See CJA website)*

The morning session closed with information on local practices, resources, and problems. This usually included a presentation on the new Oregon Safety Model and how it applied to child neglect, and a panel of local experts provided information on local data and resources. Often a parent in recovery was able to address what supports were helpful.

A working lunch kept participants on site and provided multidisciplinary networking opportunities. Sometimes communities offered a lunch-time speaker or cultural event celebrating local families.

The afternoon session was dedicated to Action Planning. Over the three years of the project, the format for this section varied, but always included a) a segment where participants chose an issue or best practice to address; b) a period where participants broke into small groups to share expertise and build specific action plans to address the problem; and c) reporting back to the civic leaders or planning body intending to carry out the plans. In two counties, the format varied to work from the list of best practices and conduct an assessment of community strengths and resources, developing action plans from that assessment. The usual process was to break into small groups assigned to work from a list of priorities generated by the large group discussion. *(Sample action planning worksheet attached, See this section Appendix C).*

Sometimes participants were tempted to stay for the morning educational session only, and expressed reluctance to stay for afternoon action planning. Many communities addressed this dynamic by offering awards, raffle ticket drawings or other ritual events to sustain interest throughout the end of the day. (One community even had an ice cream social.)

The session closed with formal comments by local officials providing assurance of the continuity of the planning process. Evaluations were provided at each session to assess the degree to which objectives were met and what learning participants would take home with them from the summit in addition to action plans.

**Follow up to Action Plans.** Each community took responsibility for following through with the action plans. For this reason, the selection of the right people and organizations for the local planning committee was very important.

### **The Counties/Locations**

#### 06/07

Coos County (held in Coos Bay) – June 22, 2007

Crook County (Prineville) – June 1, 2007

Jackson County (Medford) – July 27, 2007

Malheur County (Ontario) – July 13, 2007

Lane County (Eugene) – July 19, 2007

Multnomah County (Portland) – July 23, 2007

Wasco County (The Dalles) – July 2, 2007

#### 07/08

Clackamas County (Clackamas) – June 16, 2008

Deschutes County (Bend) – June 18, 2008

Douglas County (Winston) – July 21, 2008

Umatilla County (Pendleton) – June 26, 2008

#### 07/09

Grant and Harney Counties (combined) (Seneca) – 5/15/09

Josephine County (Grants Pass) – 6/18/09

Lincoln County (Newport) – 6/11/09

Wallowa County (Enterprise) – 4/23/09

### **Lessons Learned**

#### Oregon's communities are resourceful and powerful.

Times are challenging financially, especially for Oregon's rural counties who experienced devastating cuts to their tax base with the loss of timber revenues even before the current economic crisis. Even so, most jurisdictions were able to develop imaginative ways to improve and expand the safety net for children at risk of neglect related to substance abuse. For example, one rural county identified that a barrier to drug treatment (and mental health treatment) was the lack of transportation in their rural area. A local tribe had a van which they donated, and the Salvation Army for that area had the capacity to recruit and train volunteer drivers. This was a very imaginative solution for a problem that is often left unsolved. Others created efficiencies by pooling resources or coordinating

services. For example, one county set up a regular meeting among home visitors from several social service programs (Healthy Start, Head Start and school-based programs) to increase coordination.

There are strong organizational skills at the local level.

Local action committees were critical to the success of each summit. Skilled planners from local agencies or advocacy centers hosted each summit. These planners had current knowledge of key players and local issues and were able to develop a ‘buzz’ around the summit. The local hosts varied from county to county. Sometimes the strongest planners were found with a Commission on Children and Families; other times with a child advocacy agency or Child Abuse Protection Team; and other times from DHS (child welfare). During the first year, counties applied for the project and the applicant agency assembled a team. During subsequent years, the university partner contacted local child welfare agencies or other advocates to identify the most active community organizer for that county. Sometimes it took university planners 2-3 months to identify the right collection of local sponsors.

Simple action planning technologies can work well.

An important lesson learned from this project is that local planners can develop good workable plans within a short time when given a clear framework. The model used is one developed by the University advisors drawing on key elements of successful action planning:

- Sponsored by committed local actors.
- Built on common foundation of knowledge and addressing best practices established by trainer.
- Clear goals and benchmarks.
- First step identified to be taken within one-two weeks post-summit (using who-what-by when format).
- Project champions, team members and resources named from those in the room.

The technology is based on the notion that the best action plan is one to which local people are committed. Success builds upon success.

Which action plans are more likely to succeed?

Action planning is conducted without certain knowledge of resources or opportunities that will present themselves over time. Some plans will run into barriers that are insurmountable or be replaced with a better approach. Others will

succeed beyond all expectations. For that reason it is impossible to predict on the day of the summit which action plans have greater odds of successful completion. Event organizers have learned that for any summit only 50-75% of the projects are likely to succeed. Projects that work the best have the following characteristics. They:

- involve participants from multiple disciplines.
- have a 'champion' who is tenacious in his/her commitment to seeing the project through (does not have to be highly-placed, though that helps).
- build on and expand work already underway.
- become part of the institutional strategy of a local group that meets regularly.

A complete menu of action plans has been submitted under separate cover. A more detailed report on project success will be completed by July 30, 2009.

## **Recommendations**

The three years of use of this local planning approach (one year funding from the Neglect Subcommittee, and two years from the Safe Child Task Force) show that local committees are highly capable of building solid responsive action plans for the protection of children at risk of neglect due to parental substance abuse or other problems. With very modest resources, the Children's Justice Act Task Force has joined with the university partner and local planners to leverage important improvements in the safety net for children in local communities.

Recommendations for the future are:

- Convene a statewide meeting of leaders of local plans to compare notes on action plans that work.
- Build stronger ties between the work of the Children's Justice Act Task force and other agency and multi-agency strategic planning processes, such as the Child Welfare Program Improvement Plans, Court Improvement Plans, and Casey "Safe Reduction of Foster Care/Disproportionality" initiative.
- Invest in follow up tracking and support of projects over the course of the project planning period.

## **For more information**

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<b>Appendix A</b>
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### **“Neglect: The Hidden Cost of Meth”**

The Oregon Children’s Justice Act (CJA) Task Force and Portland State University’s Center for Improvement of Child and Family Services are excited your community has accepted the invitation to host an action-planning summit on child neglect. The theme for these summits is ‘Neglect: The Hidden Cost of Substance Abuse’. Below we have listed the goals of the summit and the roles and responsibilities regarding the summit.

#### Goals of the Summit

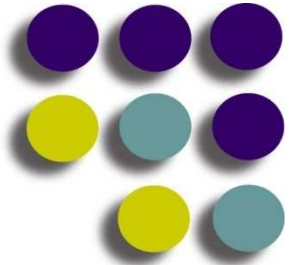
1. Increase community awareness to raise the profile of child neglect caused by parental use of methamphetamine or other substances and increase the sense of urgency concerning the child neglect problem.
2. Educate the child-serving community about interventions that support neglectful families due to parental use of methamphetamine and other substances.
3. Engage a wide variety of community stakeholders in action planning for vulnerable children and families due to parental substance abuse.
4. Mobilize communities in developing local community-based solutions that will address child safety issues related to parental use of methamphetamines and other addictive substances.

<b>Center for Improvement of Child &amp; Family Services Roles &amp; Responsibilities</b>	<b>Local Planning Committee Roles &amp; Responsibilities</b>
<ul style="list-style-type: none"> <li>• Facilitate the Neglect Summit; including content experts in the morning and community action planning in the afternoon</li> <li>• Coordinate and contract with content experts</li> <li>• Provide standardized planning format and handouts</li> <li>• Provide information and materials regarding best practice and interventions</li> <li>• Assist local planning committee</li> <li>• Provide up to \$2000 for local event planning</li> </ul>	<ul style="list-style-type: none"> <li>• Appoint local summit coordinator to work with PSU facilitators and CJA Task Force</li> <li>• Identify and invite local community partners to participate in Summit</li> <li>• Coordinate facility and refreshments</li> <li>• Manage local registration</li> <li>• Assemble Neglect Summit binders</li> <li>• Secure local sponsorship for additional funding and donations</li> <li>• Identify and invite local dignitary to do welcome and express importance of this summit</li> <li>• Assure local support and follow through on action plans</li> </ul>

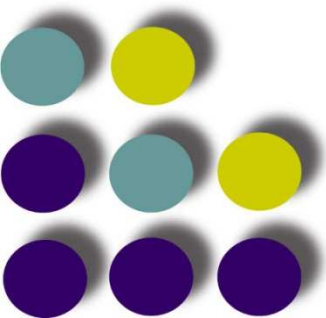
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**Appendix B**

*Community Agenda*



- 8:00 Registration & Networking
- 8:30 Welcome - Local Dignitary
- 9:00 Dee Wilson, MSW Presentation
- 10:30 Break
- 10:45 Dee Wilson cont. - Best Practices
- 11:30 Best Practice Q & A
- 12:00 Lunch / Multi-disciplinary Networking
- 12:45 Action Planning: Brainstorming and Project Selection
  
- 1:15 Community Action Planning: Small Groups
- 2:15 Break
- 2:30 Closing Comments
- 4:00 Adjourn



## Action Planning Summits on Child Neglect

### Action Planning Sheet

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**PROJECT NAME:**

*(Select a name that captures the possibility of the project. It's ok – in fact preferable – to make the title corny or fun as well as to capture the imagination.)*

**CONCERN?**

*(Write one sentence or two about the problem that you're trying to solve. Don't spend your time here.)*

**PROJECT DESCRIPTION / OUTCOME:**

*(If the project is successful, what results will you observe?)*

**TIME-SPECIFIC MILESTONES:**

*(Start in the future at the time you expect the project to be completed and work backwards. For example, what will be there in two years? In one year? In six months? In three months? Pick the intervals that make sense to you.)*

**DESCRIPTION – who will do what by when:**

*(Make sure you have at least one action or commitment that is within the next two weeks.)*

**CONTACT PERSON / EMAIL:**

*(Select a "champion" or central communication point for this action plan.)*

**CONTACT PERSON / EMAIL:**

*(Select a "champion" or central communication point for this action plan.)*

Name	Email Address	Phone

**OTHERS INVOLVED and EMAIL ADDRESSES (please print clearly):**

Name	Email Address

# County Community Action Plans

## COOS COUNTY

The Coos County Neglect Summit took place in Coos Bay, Oregon on July 16, 2007. The community partners present identified:

Three children-focused strategies:

- “Coos County Relief Nursery” to build a relief nursery for children in the community.
- “LIFE...that’s what’s going on” to provide interactive life skills training targeted for 5<sup>th</sup> and 6<sup>th</sup> graders with high school mentors.
- “The Michael House” to create a structured bed facility for homeless teens. Providing food, shelter and life skills training.

Five parent-focused strategies:

- “Family Friends: A Family Mentoring Project” to increase support for parents & families.
- “Families to Families: A Family Activities Project” to develop parent education and family enrichment programs.
- “Housing: A Home for All” to create a combination of a central housing facility and scattered housing opportunities.
- “Tic Toc Time to Involve the Community” to maintain and increase slots for parenting education through home visits.
- “Trans-More-Tation” to create low cost transportation county-wide to individuals in need.

Two community-focused strategies:

- Enhanced Resource Guide for ease of locating services in the community.
- Neglect training for Coos County LEA.

## CROOK COUNTY

The Crook County Neglect Summit took place on June 1, 2007. Community partners present identified:

Three parent-focused strategies:

- “Foster <sup>2</sup>” to recruit community partners to adopt families and provide additional support to high-risk families.
- “Parents R Us” parent support groups and community coordination of classes with a focus on parent leadership.

- Head Start and DHS to offer foster families and parents with a reunification plan additional support.

Two community-focused strategies:

- “Hi Ho Hi Ho A Recruiting We Will Go” to increase community volunteer recruitment.
- “The GAP Mappers” to design a systems map showing all home visit programs, gaps, strengths and overlaps in community systems.

## **JACKSON COUNTY**

The Jackson County Neglect Summit took place in Medford, Oregon on July 27, 2007. Community partners present identified:

Four children-focused strategies:

- “Anchor’s House/Anchor’s Away/Anchor’s of Hope” to develop a network of child care homes by collaboration with education, head start, early intervention and the “Y”.
- “Generations of Hope/Connections” family support model using adoptive families and seniors in a co-housing situation to nurture/care for DHS special needs children.
- “Lady Bugs & Literacy” providing weekly volunteers who will read with children.
- “Child Care Paradise” to develop a cadre of childcare providers trained to effectively manage high needs children.

Four parent-focused strategies:

- “Resolutions” to develop a professionally facilitated peer support group for men and women.
- “Forever Family” to provide parent education and skills at an early stage.
- “Mufasa” to provide abundant, consistent, well trained and supported foster and respite providers.
- “Spirit of Bahamas” to develop community based team meetings for families.

Two community-based strategies:

- “Children Matter” public awareness and education campaign in partnership with media.
- “KISS: Keep it Simple Solutions: A Child Welfare System Partnership” to

utilize existing resources and services, increase coordination and enhance relationships between CW partners.

## **LANE COUNTY**

The Lane County Neglect Summit occurred on July 19, 2007 in Eugene, Oregon. Community partners present identified:

One children-focused strategy:

- “Welcome baby” to provide early home visits for all newborns.

Two parent-focused Strategies:

- “Parenting Resource Center” to provide a Parenting Resource Corner in partnership with the 4J School District that coordinates and provides parenting skills.
- “There is No Place Like Home” providing in-home supports for Child Welfare and Self Sufficiency Program families to teach basic life skills.

Three community-based strategies:

- “Listen Up Lane” increasing community awareness and engagement in solution building and implementation around neglect issues.
- “Let’s Talk Lane” to increase collaboration. This later became “Ocean’s Eleven” and focused on identifying and implementing 1-2 key strategies to reduce incidence of abuse/neglect.
- “Do Not Neglect Child Neglect Training” providing child neglect training for cross-agency participants.

## **MALHEUR COUNTY**

The Malheur County Neglect Summit occurred on July 13, 2007. Community partners identified:

Seven children-focused strategies:

- “Boys & Girls Club: Our Kids-Our Future” to provide safe and positive places for kids to go.
- “I Think I Can” program for encouragement of children of incarcerated parents.
- “Malheur County Relief Nursery” to develop a relief nursery in the county (Treasure Valley Children’s Relief Nursery)
- “Oops! I didn’t do it again” teen pregnancy prevention program.

- “E.I.E.I.O Early Intervention & Education In 0-3 year olds” providing a safety net for children who don’t qualify for EI services but exhibit delays or concerns in neglect, abuse, development or behavior.
- “Homeless/Runaway Youth N.E.S.T (Nurturing Environment Supportive Transition)” establishing a runaway hotline, a homeless liaison for kids to go to and development of 2 shelter/transition homes for youth.”
- “Pater Later/ S.P.E.R.M (Sexual Promotion through Education from Responsible Mentors) groups to teach young men about healthy relationships.

One parent-focused strategy:

- “F.I.T: Family Investment Team” to create a parenting program coordinated with agency workers.

Two community-focused strategies:

- “Professional Caregivers” for recruitment and retention of professional foster parents.
- “Networking For Youth” building a network across businesses and the faith based community to create an informed, giving support base for youth programs.

## **MULTNOMAH COUNTY**

The Multnomah County Neglect Summit occurred on July 23, 2007 in Portland, Oregon. Community partners present identified:

Four parent-focused strategies:

- “Stone Soup” & “Talk Amongst Yourselves” involving community collaboration to identify families at risk before DHS involvement and increase parent leadership opportunities.
- “Collaborative Solutions” providing easier access for families to services and an MDT for families at high risk of neglect.
- “The Dig” to provide training for workers in motivational interviewing, engagement and biases.
- “The Stinky Shoe Project” providing an increase in preventative services to TANF families.

Two community-based strategies:

- “Hear me: Family Driven Planning” to involve the community in learning best practices for family-driven planning.

- “Stop Neglecting Chronic Neglect” to describe characteristics of chronic neglect in Multnomah County and continue education around neglect.

## **WASCO COUNTY**

The Neglect Summit for Wasco County was held on August 2, 2007. Community partners identified:

One child-focused strategy:

- “Operation Incubators” to create a community childcare center in The Dalles.

Five parent-focused strategies:

- “Families Together” providing skill building and wrap around services for families.
- “HYPE” multi-media campaign to spread positive parenting messages.
- “Ghost Buster” providing parents with a fresh start opportunity.
- “Aunties/Uncles: Tias/Tios” mentorship program for parents & families.
- “Healthy Start” to expand healthy start services to ensure that all eligible families receive home visits. Expansion of home visiting services to high-risk clients referred by DHS.

Three community-focused strategies:

- “Mandatory is Grandatory” increase training to mandatory reporters.
- “Get-R-Done” motivational event to bring in business owners and managers to get them involved in the community work on Neglect.
- “Bridge the Gap” establishing better dissemination of resource and referral information.

## **CLACKAMAS COUNTY**

The Clackamas County Neglect Summit occurred on June 16, 2008 in Clackamas, Oregon. Community partners identified:

Two children-focused strategies:

- “No Child Left at Home” to increase efforts to ensure regular attendance by children at school.
- “Family Stepping Stone” to develop a community relief nursery for children.

Three parent-focused strategies:

- “Parent to Parent” providing parent mentoring and parent support.

- “F.A.T” (Families All Together)” increasing the system approach to families that are high risk yet and do not meet the criteria for DHS involvement.
- “Early Connections Team” for early identification of families with existing mental health conditions.

Three community-focused strategies:

- “CRBs” to address systems issues and services that are being used for families where neglect is identified.
- “Local Family Access Network” to increase the ease of availability of services to families with a goal of bringing services to the family.
- “Kin 2 Kin” to increase financial supports to families taking care of relatives without agency involvement.

## **DESCHUTES COUNTY**

The Deschutes County Neglect Summit was held in Bend, Oregon on June 18, 2008. Community partners present identified:

Two children-focused strategies:

- “Therapeutic Child Development” to enhance the things already available in the community with a goal to increase the capacity for the number of children and families served.
- “Positive Youth Development and Resiliency” to work with a target group of at risk youth and children who are in foster care and preparing to age out.

Five parent-focused strategies:

- “Big Mama/Big Papa” to develop a parent mentoring service.
- “Family Drug Treatment Courts” to increase the foundation of the funding for this program to ensure that it can be maintained. Increasing community and family knowledge of this process.
- “Motivational Interviewing & Engagement” to provide more training across the community and increase use of this technique with families.
- Creation of a “Visitation House” to provide a more natural setting for parent/child visits and offer parent coaching.
- “In My Own Words” to increase services available to different ethnic groups and ensure that parents can get services in their own language and culture.

Five community-focused strategies:

- “Early Intervention & Family Support” to revive the best parts of the community safety net model and give the community an earlier entrance

point for chronic neglect families.

- “Concrete Supports” to increase the ease of access to information about local services.
- “Teaming across disciplines” to increase the ease of communicating about these cases (universal ROI).
- “Streamline the referral process” to make sure the community has training on child abuse and neglect. Training for partners on the Oregon Safety Model.
- Increase bilingual staff and volunteers.

## **DOUGLAS COUNTY**

The Douglas County Child Neglect Summit occurred in Winston, Oregon on July 21, 2008. Community partners identified:

Two children-focused strategies:

- “Taking the Trauma out of Treatment” for children 0 to age 8 providing mental health groups and parent child interactive therapy.
- “DCAMP” (Douglas County Adolescent Mentor Program) to provide youth with positive community interactions and encourage development of leadership and life skills.

Four parent-focused strategies:

- “Housing First” to provide more transitional housing to parents leaving substance abuse treatment.
- “Playful Parenting” to increase the nurturing parent series and intensive support to parents.
- “The Incredibles” providing increased parent mentor services, expanding to all DHS CW clients and all ADAPT Treatment Prevention clients.
- “Just Say Yes” to create a family dependency drug court.

Three community-focused strategies:

- “Life Care” to maintain a trained, qualified pool of volunteers to work with families.
- “Can You Hear Me Now” to increase clarity and understanding between community partners and DHS around child abuse and neglect issues.
- “The Locator” to establish a community hotline to increase availability and knowledge community services.

## **UMATILLA COUNTY**

The Umatilla County Child Abuse Summit was held on June 26, 2008 in Pendleton, Oregon. Community partners present identified:

Two children-focused strategies:

- “Lilly pad” to increase up to full day therapeutic childcare at the center in Hermiston.
- “C.O.A.C.H” (Community Outreach Activities for Children’s Hope, Health & Happiness) to provide mentoring services for children.

Three parent-focused strategies:

- “Drug Court Works” to increase the connections between the drug court and self sufficiency programs.
- “Parents Helping Parents” providing a safe environment for parents to problem solve issues with teens.
- “Free Wheeling” to provide parents transportation services to TANF Jobs Program and childcare.

One community-focused strategy:

- “Money Group” to increase and expand finances available for services.

# What Is The Potential Trauma to Children during Initial Out-of-Home Placement?

1. Abrupt and overwhelming change; loss of all things familiar
  - Places, pets, friends, possessions, routines, etc.
    - Kids often arrive at foster homes with only the clothes on their backs.
    - They are immersed into a different family system, with different rules, roles, routines, dynamics, smells, tastes, etc.
    - They miss and worry about their pets.
    - They're homesick and have tummy aches.
  - Changing schools and/or missing school
    - If they change schools they may never again see friends they had at their previous school.
    - They lose the sports and extra curricular activities they may have participated in at their previous school.
    - School may have been the one place they felt safe.
  - Loss of culture; different language
    - They may be placed with a family that is racially or ethnically different.
    - Occasionally they do not speak the language of the foster family or the caseworker and are thus effectively isolated.

In the process of initial placement, kids are removed from familiar surroundings and lose everything they are used to and comfortable with. Change of this magnitude has a detrimental effect on brain and neurological function. Their systems are flooded with cortisol, a hormone, that, when elevated for a brief time, facilitates the fight or flight response by reducing pain and inflammation. However, if elevated for an extended time, it destroys neurons and neurological connections and has other negative physiological effects. This is one reason why children, especially very young children, may regress in their development and behaviors (e.g. toilet training, talking, etc.) when initially placed.

## 2. Attachment disruption; loss of caregiver

- Separation, grief loss
  - Separation from caregiver
  - Separation from siblings
- Multiple moves in the first few days or couple of weeks – trauma is repeated and intensified with each move.

Separation from family, especially caregivers, and the resulting attachment disruption, intensifies the detrimental physiological effects of abrupt and overwhelming change described above. This is particularly devastating for infants, toddlers and preschoolers. Some kids already have insecure attachment. They may be very clingy, with the caseworker, then the foster parent when they first come into the placement. Changes in placement are particularly devastating, even a move from shelter care to foster care.

*Example: A 2 year old was removed and cried all night long. She was moved the next day to a relative. Then a few days later, the relative decided they couldn't keep her so she was moved again. She became attached to the worker when in the DHS office waiting for a placement to be found and became upset when she had to leave her. Then she became attached to the SSA who transported her to the new placement and cried when she had to leave her.*

## 3. Older kids worry about parents and siblings

- In a domestic violence situation a child may be worried about the abused parent.
- Distress at seeing their parents interrogated and arrested – are they all right?
- Siblings are often separated and placed in different homes.
- They may not have visits for 3-4 weeks after placement.

## 4. Confused and conflicted – a loyalty bind. Is this their new family?

- Children coming out of a dangerous situation may expect that they are going into another dangerous situation.
- There may be no one trustworthy (in child's eyes) around to talk to.
- Feeling betrayed by the person they "told."

# What Is The Potential Trauma to Children during Investigation & Removal?

1. Surprise, shock, chaos (e.g., drug bust)
  - Depends on how people are reacting. Parents may escalate.
  - Especially traumatic when it happens suddenly, unexpectedly. Children see their parents in great distress and that distresses them.
  - Presence and intrusion of strangers in the home – police, caseworker. In tribal communities it is common to have tribal police, tribal worker, and state police and caseworker.
2. Negative view of police and DHS
  - Depends on what the child has been told. The child may have been told by parents that police and DHS are bad, so they fear them.
  - Kids have heard horror stories about foster care.
  - May have prior experience with DHS.
3. Loss of control, sense of being kidnapped, powerlessness, helplessness
  - Being taken against their will, and to the great distress of their parents.
  - Distress at seeing their parents interrogated and arrested.
4. Betrayal, loss of trust, reinforcement or exacerbation of previous loss of trust – a sense that the world is unsafe.
  - Children coming out of a dangerous situation may expect that they are going into another dangerous situation.
  - There may be no one trustworthy (in child's eyes) around to talk to.
  - Feeling betrayed by the person they “told.”
5. Confusion, unpredictability, it doesn't make sense.
  - Children may not understand why they are being removed. They may think, “all we were doing was carving pumpkins and they came and took us away.”
  - Example: A family in which the children were removed for neglect because of substandard housing. But mom was feeding and bathing kids regularly and they were very emotionally bonded. The children's experience was that their mom was a good mom who took care of them the best she could.
6. Fear of the unknown, lack of information.

- They don't know what's going to happen now.
- They don't know how to negotiate the unknown.
- They don't know who these people are or where they are going. We tell kids not to talk to or trust strangers and these are strangers.

7. Sense of guilt or failure

- May have been warned by parents about what will happen if they "tell."
- Seeing their family torn apart and may be asked by parent "you didn't say that, did you?"
- Child may have taken on a degree of responsibility of taking care of their parents, or their siblings, and feel they have failed.
- Fear and guilt that what is happening is their fault.

8. Repeated interviewing; being asked about negative self-traits.

- When a child discloses at school, they may talk to teachers, and principals, then police, then DHS and have to tell their story over and over.
- When older children are asked questions about negative behaviors (e.g., fire starting, hurting animals) they think "Is this the kind of person they see me as?"

# Trauma Informed Practice Strategies (T.I.P.S.) Caseworkers

As much as is safe and possible, the following is suggested:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise.
  - Slow down, plan out investigations and removals.
  - Let the family know an assessment is going on, that removal is a possibility. Suggest they keep a school-aged child at home so the child doesn't have to be interviewed at school.
  - Work with the parents to identify support individuals for their children during the assessment and/or for placement resources – relatives, friends, etc. Ask the parent and the child - Who does this child know and trust?
  - Collaborate with other agencies, especially law enforcement.
    - For example, in Multnomah County the Child Abuse Team police detectives are housed in the same building as the child abuse hotline.
    - The hotline sends people to police academies to educate and train – How can they better collaborate out in the field? Clarify roles and expectations.
  - If possible, identify a placement before removal.
  - If the child needs to wait at the DHS office while a placement is found, try to find a comfortable place for them to wait, away from your phone conversations with prospective placements (to avoid hearing rejections), and perhaps with something to do to entertain themselves.
  - Ask the child if they are hungry or thirsty.
  - Follow current placement policy and procedures – e.g. in order of preference: placement with relative, someone the child knows and trusts, same culture, same language, same school, etc. If diligently followed these can reduce the impact and trauma of removal for many children.
2. Try to keep things calm during the investigation, assessment and removal. Engage the parents in helping the child.
  - Remain calm. Move slowly.
  - Talk down the parents. Calm the parents to calm the child.
  - Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.

- Let the parent put child into the car seat, say good-bye, assist in the process of removal.
3. Provide sensory comfort, familiarity, help with settling in.
- Ask the parent, or the child, to gather together some familiar things before taking them away.
  - If picking a child up from school to remove, create a chance for the child to go home and pick up some things from home. Perhaps a relative or friend could meet them there or go with them to help pack some belonging.
  - Ask children if they are hungry or thirsty. Provide comfort food. Ask them what they would like.
  - Ask the parent and the child about medical conditions, allergies, medications.
  - Especially for babies and very young children, ask the parent for information about feeding, schedules, routines.
  - Take time to help the child transition into the foster home. The child may have connected to you during the removal. They have already had one abrupt separation. It may be reassuring to the child to know that the worker knows the people and place where they will be staying. Be a constant in the child's life until visits with parents can start.
  - If at all possible avoid moving the child, even from shelter care to foster care.
  - Ask the foster parents to meet with the bio parents to exchange information about the child and the child's living situation.
4. Empathize, connect, and try to understand the child's perspective.
- Be open to listening if they want to talk.
  - Acknowledge their feelings and the difficulty of what they are going through.
  - Acknowledge their love for their parents and their parents love for them.
5. Provide information
- To the child:
    - Explain what is happening. Tell them where they are going.
    - Assure them that this is not their fault.
    - Assure them that they are safe and will be cared for.
    - Assure them that their siblings, if separated, are safe and will be cared for.

- Don't make promises you can't keep.
  - To the foster parent:
    - About the child – medical conditions, allergies, medications, known behavioral and emotional issues, important people, anything that will help them to understand the child and to help them feel safe and comfortable.
6. Support child's relationships and family connections
- Place siblings together, even if only in a temporary setting (e.g. the receiving center) until a placement can be found where they can be together.
  - Visitation is extremely important. In addition to their own trauma of being separated, children may worry about the safety and well being of those family members from whom they are separated. Seeing that they are OK can ease that worry.
  - For cross-cultural placements, do a cultural assessment. NOTE: There are numerous unofficial cultural assessment forms throughout the agency. Some thing more standardized is suggested.
  - Notify the child's school so they can be supportive, if the child remains in the school, or to provide classmates the opportunity for closure or continued connection if the child is to attend a different school.
  - Allow the child to resume attending school as soon as possible. School may have been the one place where they felt safe.
7. Provide services aimed at healing and well being as soon as possible, including trauma informed services.
- For the child:
    - Make sure the child has someone to talk to about what's happening so they feel comfortable with them.
    - Mental health assessment.
    - Counseling and/or other trauma informed therapy.
  - Provide training, information and support to the foster parents to help them care for the child and to address the child's particular needs.
8. Ongoing training for caseworkers
- Workers may be uncomfortable with removals where a child is distressed and crying. They need more training about what they might experience during this process and how to help a child through it.

# Trauma Informed Practice Strategies (T.I.P.S.) Educators

1. Collaborate, develop rapport with the local child welfare agency. Ask to be notified as soon as possible if a child from your school is placed into foster care, whether they remain in the school or go to a different school.
  
2. If a new child enrolls in your school and has just been placed into foster care, or a child already in your school is placed into foster care:
  - Whoever at the school is aware of the situation, be sure the child's teacher and the school counselor know about the child's experience.
  - Stay in touch with the child's foster parents and caseworker.
  - Teachers:
    - Be patient and understanding.
    - The child may have missed, or will miss school for a period of time. Assure them you will help them to catch up.
    - Allow extra time for work to be completed.
    - Be aware of how the other students are treating the child.
  - School counselors:
    - Let the child know you are available to talk if they would like.
    - Ask the child if they had any special friends from their previous school with whom they would like to stay in touch.
    - If the child is attending a new school, support a process for closure with teachers and students from the previous school (e.g. invite teachers and students from the child's class in the previous school to send notes or cards to say good-bye, wish them well, etc.)

# Trauma Informed Practice Strategies (T.I.P.S.)

## Foster Parents

1. Provide sensory comfort, familiarity, help with settling in.
  - Ask children about their favorite foods, their bedtime routines, hobbies and favorite things to do.
  - Have a welcome basket for new children when they arrive.
  - Babies and very young children (e.g. preverbal) need physical soothing, maybe a snack when they first arrive.
  - Cooking kids' favorite foods can provide soothing sensory stimulation which has an effect on the brain, relieving stress and anxiety.
  - Show them around the house when they arrive.
  - Show them their room and what is theirs.
  - Ask them if they're hungry or thirsty.
  - Show them where there are snacks that they can have whenever they want. For younger children, have a snack drawer that they can reach.
  - Ask them what they would like to do.
  - Ask if they take any medications.
  - If they come in the middle of the night, offer to rub their back (be sure to ask if it's OK before touching or hugging), stay with them for a while if they want, play soothing CD's, have stuffed animals, be available if they need anything.
  - If they mention something they didn't bring with them or that they wished they had, ask the caseworker if he or she can get it.
2. Empathize, connect, try to understand the child's perspective, but don't probe.
  - Be open to listening if they want to talk, but don't probe or grill them.
  - Acknowledge their feelings and the difficulty of what they are going through.
  - Assure them that they are safe and will be cared for.
3. Support child's relationships and family connections
  - Honor the relationship between children and their parents. Acknowledge their love for their parents and their parents' love for them. Realize that, despite abuse or neglect, the child is experiencing grief and loss at being separated from their parents (and siblings if in a different placement).
  - Support contact with siblings.
  - Support visits with parents.
  - Provide the parent with information on how the child is doing, what their

- routines are and what it's like in your house (e.g. at the beginning of visits if transporting the child, at icebreakers, family meetings, etc.). Parents may convey worry to the child if they don't know where they are or what it's like where they are.
- If there is an opportunity (e.g. to attend an icebreaker) ask the parents about the child's routines, what is soothing to the child, likes and dislikes, medical conditions, allergies, etc. (especially important for babies and very young children).
  - Children benefit and feel reassured when they see all the adults (foster parents, parents, caseworkers, school staff, etc.) working together to resolve issues, to make a good plan and to make things better.
4. Provide structure, control, inclusion, predictability
- Create a positive environment in the home.
  - Keep the menu kid friendly, include them in making dinner.
  - Talk to them about their likes and dislikes and honor those during the first few weeks, or even days.
  - Older children – talk to them. Let them know what to expect around your house. Gradually introduce them to rules.
  - Ask them if there's anything they need or would like to happen for them to feel safe and comfortable.
5. Advocate for the child by advocating for personal support and training.
- Seek ongoing education and training. Additional training and feelings of competency in the foster parent can help relieve stress for you and the child.
  - Ask the caseworker if you need assistance with a child.
  - Seek clarity with regards to policy and case specifics around contact between siblings or other family members.

# Trauma Informed Practice Strategies (T.I.P.S.)

## Law Enforcement

As much as is safe and possible, do the following:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise.
  - Slow down, plan out investigations and removals with Child Protective Services with the intent of minimizing trauma to the children.
  - Collaborate with other agencies, especially Child Protective Services.  
Examples:
    - In Multnomah County the Child Abuse Team police detectives are housed in the same building as the child abuse hotline.
    - In Salem, caseworkers work in partnership with DART (Drug Activity Response Team) officers investigating drug houses.
    - Establish rapport with other first responders. Promote dialogue between law enforcement and child welfare about clarifying roles and expectations.
2. When responding to a CPS, domestic violence, or drug activity call where children are present,
  - Remain calm. Move slowly.
  - Talk down the parents. Calm the parents to calm the child.
  - If possible, avoid interrogating parents in a child's presence.
  - If possible, avoid making an arrest in a child's presence.
  - Keep children with known adults. Identify someone at the scene who can focus on and take care of them, perhaps take them to another room. Call CPS if they aren't there or haven't yet been contacted.
  - Don't talk badly about a parent in the child's presence.
  - Introduce yourself and describe your role in simple terms to the child.
  - Be physically at the child's level when talking to them.
3. Engage the parent in helping the child.
  - Help the parents to consider and focus on the child's well-being. Ask them how their child looks to them, how they think they are doing.
  - When possible, allow the parent to talk to the child to reassure them.
  - If the child is being removed, allow the parent to gather together some of the child's belongings and to say good-bye.

# Trauma Informed Practice Strategies (T.I.P.S.)

## Medical Examiners

### 1. Interviewing

- Avoid the need for multiple interviews
- Tape record interviews.
- Law enforcement watches the interview (outside of the room) and may ask that a particular question be asked.

### 2. Before the exam

- Explain as much as possible (and appropriate to age and understanding of child) what's going to happen – going to check your body for some things.
- Ask them, or their parent, what their worst fear is about what's going to happen today. Even speaking it, it's been acknowledged, and may alleviate some of the fear. Address fears as much as possible.

### 3. During the exam

- Let them wear their own clothing. Don't use gowns. They should always have some of their own clothing on – Take off their top to exam chest and heart, put that back on before taking off bottoms.
- Let them choose who is in the room during the exam.
- Explain everything ahead of time and again while doing it.
- Be calm and confident. Assure them it's not going to hurt. Let them know that you have done this many, many times (e.g. one examiner sees a hundred or more kids a month). Let's them know there are others like them. Kids are curious and ask questions – How many babies? How many kids are you seeing today?
- Have books and toys to play with child during the exam. Kids are happy to be distracted.
- Use language appropriate to the child. Find out the child's name for body parts.
- Always start with the least traumatic body parts first. Develop rapport. Perhaps talk about school or something else first. By the time the examiner gets to examining the genitals or anus the child should be pretty relaxed and know that the examiner is not going to hurt them. The examiner has looked at lots of other body parts before that.

- Be as honest as we can in answering questions. If we don't know we say we don't know.
- Give information appropriate to understanding and age. Fear of the unknown is the worst. For example, some children are worried about being pregnant, having HIV, or being gay.

# Trauma Informed Practice Strategies (T.I.P.S.)

## Parents

1. Focus on your child's needs during the investigation and removal
  - Try to stay calm and maintain a calm atmosphere for the child.
  - Be cooperative with police and/or the caseworker to reduce the shock and chaos of removal.
  - If you are arrested, or know you are likely to be arrested, contact, or provide names and numbers of relatives, friends or someone your child knows and trusts, to come and be with the child and assist with the process of removal.
  - Gather together some items for the child to take with them that may be important to them – a few clothes, items they may use for soothing (e.g. blanket or stuffed animal), pictures, favorite toy, etc.
  - Tell the worker or police about medical conditions, medications the child takes. If available, send the medication along with the child.
  - Assure your child that you will be OK.
  - Assure your child that they will be taken to a safe place and cared for.
  - Assure them that you will see them and talk to them as soon as possible.
  - Assure them that you will be doing all that you can and working with others to solve the problems leading to the removal.
  
2. Help the agency in working to maintain connections with people (e.g. relatives, friends) and places. For example, work with the agency in finding a relative placement or placement with someone your child knows and trusts.
  
3. Do all you can to provide the agency with important information about your child – medical conditions and needs, medications, concerns about their development or well-being, activities they may have been engaged in prior to removal (e.g. sports or other programs).

4. Focus on your child's needs during your visits and while they are in substitute care.

- Be faithful and regular in attending visits.
- Engage fully with your child during visits. Focus on their needs.
- If it comes up, acknowledge the child's feelings and the difficulty of what they are going through.
- Continue to assure them that you love them and are doing all that you can to solve problems so that they can come home.
- Provide information to the foster parents about the child's likes, dislikes, routines, what works to comfort them.
- Let them know that you are OK.
- Tell the caseworker if you notice that something is not right with your child, or if you are worried about them for any reason.
- If given the opportunity, meet with the foster parents. Ask them what it's like at their house and how your child is settling in.
- Be amiable with foster parents around your child. They will feel more secure if they see the adults in their life cooperating and working together.

5. If possible and allowed, attend medical appointments and school appointments for your child. To the greatest degree possible, continue to play a role in their life.

6. Advocate for your child to receive mental health services and other services they may need to assist them in dealing with the trauma of separation from you as well any trauma they may have experienced before removal.

7. Learn about and assess your child's risk factors and protective factors. Consider what you might do, and prepare to do what you can to increase your child's protective factors and reduce their risk factors after reunification.

## **Oregon Children Justice Act Website**

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

### **Foster Care**

[PSU Child Welfare Partnership: Trauma Informed Practice](#)

### **Strategic Planning for Child Safety**

[Promising Practices in Chronic Neglect – by Dee Wilson \(PowerPoint\)](#)

[Substance Abuse and Chronic Neglect – by Dee Wilson \(PowerPoint\)](#)

### **Children with Disabilities**

[Demystifying Disability in Child Abuse Interviewing](#)

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