

## Section VIII. CAPTA State Grant

### Program Updates

Based on input received during the planning process, Oregon will develop and implement projects that support and improve the state's child protective services system in several of the fourteen areas over the next five years. DHS chose to focus on eight (8) of fourteen (14) areas during the first two years of the plan (CAPTA State Plan FFY2005-2009). The areas were (1, 3, 5, 6, 7, 12, 13 and 14).

DHS has chosen to focus on the following areas during the next year (3, 4, 6, 7, and 13 and 14) noted in bold. One of the Children's Justice Act Task Force projects will fulfill area 13.

1. the intake, assessment, screening, and investigation of reports of abuse and neglect;
2. (A) creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and  
(B) improving legal preparation & representation, including-
  - (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and
  - (ii) provisions to appoint an individual to represent a child in judicial proceedings;
3. case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
4. enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
5. developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. developing, strengthening, and facilitating training including –

- (A) training regarding research-based strategies to promote collaboration with the families;
  - (B) training regarding the legal duties of such individuals; and
  - (C) personal safety training for caseworkers;
7. improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
  8. developing and facilitating training protocols for individuals mandated to report child abuse or neglect;
  9. developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect;
  10. developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including-
    - (A) existing social and health services;
    - (B) financial assistance; and
    - (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption.
  11. developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect;
  12. developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
  13. supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of

services and treatment, including methods for continuity of treatment plan and services as children transition between systems; or

14. supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

## **CAPTA Activities/Projects**

The following gives a brief overview of the service description of the activities, projects and training funded by the CAPTA grant.

### **Future Activities/Projects**

#### **CAPTA Statewide Meeting**

Section 106 (c)	CPS Areas All	CFSR Items N/A
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DHS, Family Based Services (FBS) is planning a statewide CAPTA (Citizen Review Panel) conference in 2008. The meeting will include five members from each of the three CAPTA panels\*, interested members of the Oregon Children's Justice Act Task Force and CAPTA Advisory Committee members.

\*This includes members from the following groups who serve on the local panels: CARES Northwest, DHS staff, County Health Department, Law Enforcement, School Health Services, Behavioral Health, Parents Anonymous, District Attorney's office, Domestic Violence Programs, CASA, Commission on Children and Families, Child Advocacy Centers, Early Childhood Partnership, Victim Witness Services, Community Safety Net and others.

#### **The conference will benefit CAPTA Panel members in the following ways:**

- Learn how other Oregon panels are managed
  - How other panels work?
  - How often they meet?
  - Who coordinates/facilitates?
  - Who are panel members?
  - How do members contribute?
- Collaboration - explore the possibility that all panels focus at least a portion of their time/efforts on a common issue (i.e., neglect)
- Increase member types to follow CAPTA guidelines (*children's attorneys, child advocates, CASA volunteers, parent/consumer representatives and*

*health/mental health professionals who are familiar with the intricacies of the CPS system)*

- Discuss CAPTA Panel Annual Report, Recommendations and DHS' Response
- Recognition of efforts
- Panels are seeking opportunities to collaborate and share information between groups working on child maltreatment or to combine groups and efforts when appropriate.

### **Projects and Activities**

The Department of Human services in conjunction with the Refugee Child Welfare Advisory Committee will provide training to child welfare staff about working with refugee children and families that become involved with child protective services. A one day training will be presented to protective services workers and supervisors. It will be in Portland on June 27, 2008.

The training will address the following issues:

- Cultural differences in parenting styles, expectations for children and child discipline.
- The special needs of refugee groups.
- Systemic barriers that affect services to refugee families and how does that impact service outcomes.

CAPTA grant funds are being used to assist with the training.

### **Ongoing Activities/Projects**

#### **CAPTA Advisory Committee**

Section 106	CPS Areas All	CFSR Items N/A
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DHS, Family Based Services (FBS) formed a CAPTA Advisory Committee during 2007. The committee met several times to discuss projects and activities

associated with the CAPTA OCAN Basic state grant funds and to review the annual reports and recommendations submitted by the CAPTA panels. The committee includes the following DHS staff:

### **CAPTA Advisory Committee Members**

A. J. Goins, Assistant Manager of Foster Care

Janvier Slick, Family Based Services Program Manager

Judy Helstrom, Child Welfare Training Coordinator

Julie Rahsaan, District 2 Human Service Manager

Karla Carlson, District 8 Child Protective Services Supervisor

Stacey Daeschner, Child Protective Services Coordinator

Heather Mowry, Family Based Services Grants Coordinator

Wendy Hill, District 14 Manager

### **Child Protective Service Coordinators**

Child Protective Service (CPS) Coordinator positions are critical to developing policies and procedures for CPS response, providing training and consultation to staff on how to apply to daily practice. They are involved in writing administrative rules and procedures to direct and guide staff in the screening (intake) and assessment (investigation) of child abuse and neglect. In addition, the coordinators participate in designing, developing and implementing modifications and enhancements to the Data Collection Information System. The coordinators also work to support changes in administrative rule and CPS procedure. These efforts will increase consistency in practice across the state in screening and assessment.

The areas addressed in administrative rule and procedures include direction and guidance on identifying and establishing services to maintain child safety. Obtaining medical examinations, as well as psychological, psychiatric and mental health evaluations are also addressed. A CPS consultant is a member of the child welfare and policy council, and participates monthly in the review of policies and administrative rules related to all aspects of casework practice, including face-to-face contacts, service delivery and treatment.

CPS Coordinators are involved in the SACWIS project, including attending vendor

demonstrations and developing requirements for the development of a data collection system that would support case management and increase efficiency.

Consultants assist in development and delivery of training related to administrative rules, practice changes and technical changes.

Providing support to management, coordinating field consultants provide support to supervisors and managers, meeting with supervisors to illicit feedback on the Oregon Safety Model (OSM) and identifying needed support for caseworkers will result in more effective reports of child abuse and neglect and better decisions about child safety.

Implementation of the OSM will encourage better case management, including more appropriate and better reviews of child safety leading to safer children. It allows more thorough assessments of services and treatment needs of children and parents. The goal is the development and decisions about the provision of services in collaboration with parents.

**Child Protective Service Coordinator - Position 1**

Section	CPS Areas	CFSR Items
106(b)(2)(C)(ii),(iii)	1, 2, 3, 4, 6, 7, 8, 11, 13, 14	1, 2, 3, 4

**Objectives**

1. Provide statewide technical assistance and direction to District managers, child welfare managers, supervisors and workers as well with community partners on implementation, management and evaluation of CPS program and practice.
2. Evaluate effectiveness of CPS policy, performance, service delivery and outcomes.
3. Develop and establish goals and objectives for policy and training as a part of the CAF CPS program staff and in collaboration with other state agencies.
4. Improve communication between the state program office and local service delivery offices.

5. Participate in coordination of the state child welfare founded disposition review process.
6. Conduct quality reviews of CPS/Child Welfare practice, procedure and performance.
7. Provide technical consultation to child welfare staff, other DHS staff, community partners and the general public on sensitive, high profile and high-risk family abuse situations.
8. Provide technical assistance to the state CPS program manager in research, policy and protocol development and legislative tracking.

## **Approach**

This project funds a 1.0 FTE Child Protective Services Program Coordinator position to ensure the quality and consistency of child protective services practice and policy on a statewide basis. The person in this position works in coordination with the other CPS Program Coordinator in CAF administration under direction of the CPS Program Manager. One role of this position is to develop and implement strategies for more effective communication between the state program office and child welfare field on child welfare policy and practice issues. Another key role for this position is involvement in the development of goals and objectives for policy and training in collaboration with other state agencies. The position also allows for increased opportunities to provide quality reviews of CPS/Child Welfare practice, procedure and performance.

## **Summary of Activities**

- 2007 Legislation: Analysis of introduced legislative bills. When bills pass, convene workgroups to incorporate legislative changes into current CPS rules. Once rules were written, developed and implemented training plans to adequately train all staff on new legislative changes. 2007 legislative bills included: 279, 412, 379, 3113 and 3328.
- Oregon Safety Model Implementation (OSM): Coordinators continue to train (practice forums, supervisor quarterlies and worker quarterlies) on the OSM concepts.
- Participated in the Department of Human Services team development of the

Program Improvement Plan.

**Child Protective Services Program Coordinator - Position 2**

Section	CPS Areas	CFSR Items
106(b)(2)(C)(ii)(iii)	1, 2, 3, 4, 6, 7, 8, 11, 13, 14	1, 2, 3, 4

**Approach**

A permanent, full time position was created in 2001 to ensure the quality and consistency of child protective service practice statewide. The CPS Program Coordinator is located in the state administrative offices of Children, Adults and Families and works closely with the Child Welfare Program Manger.

**Accomplishments**

The person in this position received the Director’s Excellence Award for their work in the development of the Critical Incident Response Team (CIRT) Protocol and development of the policy and process for Child Welfare staff to access the Law Enforcement Data System. The CIRT protocol guides the Department of Human Services’ response to fatality or serious injury cases or other highly concerning events where child abuse or neglect is suspected and there is emerging media or public interest. This position has been very successful in providing more consistency statewide in child welfare practice through extensive reorganization and development of new or revised child welfare policy, administrative rules and protocols including the following:

- CPS Rules for CPS in general (which includes definitions), screening, assessment (which includes safety analysis), DHS and law enforcement cross reporting, child abuse assessment dispositions, daycare facility investigations and access to the law enforcement data system in local offices.
- Develop mandatory reporting curriculum and statewide tracking system.
- Protocols for child fatality review and critical incident response.
- Procedures for all aspects of CPS, including the creation and revision of forms.

In addition this position works closely with other agencies and community partners representing child welfare on a variety of work groups and committees such as:

- Governor’s Council on Domestic Violence
- Juvenile Code Revision Workgroup
- Medical Polices Workgroup
- Mental Health Workgroup
- Methamphetamine Workgroup
- DHS Privacy Workgroup
- State Child Fatality Review Team

**Summary of Activities**

- Updated Chapter 2 (Screening and Assessment) of the Child Welfare Procedure Model.
- Wrote Day Care Facilities investigation procedures and rules.
- Incorporated Karly’s Law and Legislative Bill # 379, 412 and 3113 into Child Protective Services rules.

Over 50% of yearly CAPTA OCAN Basic state grant funds are allocated for the two CPS Program Coordinator positions.

**Grants Coordinator**

Section	CPS Area	CFSR Items
106 (b)(2)(A)(xxi)		N/A

The Grants Program Coordinator position is funded with CJA and CAPTA grant funds. This staff position is responsible for program management, staff support for the CJA Task Force, Child Abuse Prevention and Treatment Act (CAPTA) and administrative oversight for CJA and CAPTA projects.

**Description**

- 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 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 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 CAPTA and CJA application process.
- Develop and maintain multidisciplinary linkages with community partners and other state/federal agencies and programs.
- Prepare budgets and monitor expenditure of CAPTA and CJA funds.
- Staff participates in at least one federally initiated CJA meeting each year that the grant is in effect. Coordinate attendance of Task Force Chairperson.
- Coordinate CAPTA panels.
- Attend Task Force meetings and subcommittee meetings.
- Update Task Force on grant activities and annual federal CJA grant application content.
- Develop, monitor and track contracts.

### **Summary of Activities**

The grants coordinator supports all contracts and projects created with CAPTA

funds, including the Baby Doe (Public Law 98-457) Early Intervention Referrals, and Karly's Law.

**Baby Doe – Public Law 98-457**

Section	CPS Area	CFSR Items
106	1, 3	N/A

In accordance with Oregon Administrative Rules 413-020-06600 through 0650 and State Office for Services to Children and Families, Client Services Manual I, Number I-B.2.2.2, Section B, Subsection 2, Subject 2, “Investigation of Suspected Medical Neglect – Infants”, a portion of our OCAN CAPTA Basic state grant is set aside annually to contract with medical providers to comply with Public Law (PL) 98-457, if needed.

Medical provider(s) will supply neonatology and consulting services to DHS referred clients and consult with DHS employees during investigation of DHS Child Protective Service cases and supply information used to determine if reasonable medical judgment is being applied by attending physicians and hospital sites where clients are being reviewed.

The PL requires Oregon's CPS program to respond to reports of suspected medical neglect, including reports of withholding medically indicated treatment for disabled infants with life threatening conditions. The legislation requires that appropriate nutrition, hydration and medication shall always be provided to the infant, and that the effectiveness of treatment shall not be based on subjective opinions about the future 'quality of life' of an infant. The parents are decision makers concerning treatment for disabled infant based on the advice and reasonable medical judgment of their physician(s) with advice from a Hospital Review Committee, if one exists. It is not the State's intention to make decisions regarding the care and treatment for a child except in highly unusual circumstances where the course of treatment is inconsistent with applicable standards established by law.

Due to the sensitive nature of these cases and the specialized skills required to complete investigations, Oregon's response to PL 98-457 was implementation of Administrative Rules which require that DHS, Children, Adults and Families (CAF), Child Protective Services (CPS) Unit designate a CPS staff person in three cities in Oregon, (Eugene, Medford and Portland), to specialize in Medical Neglect Investigations.

The Medical Neglect Investigators (MNI), along with the CPS Program Manager, will be available to provide telephone consultations and to investigate reports alleging medical neglect of handicapped infants with life-threatening conditions. The MNI will form a special investigative ‘team’ with a Designated Consultant Neonatologist and a local CPS caseworker to assess suspected medical neglect of disabled infants with life threatening conditions.

DHS solicited six hospitals with Neonatology Intensive Care Units (NICU) to secure another neonatologist group to provide these services. Two neonatologist groups expressed interest in providing these services. Due to liability issues in terms of practice, contract language submitted to the Department of Justice resulted in physician requested indemnification language. Risk Management was consulted and discussions concerning Torte Liability are in progress.

As of May 2008, funding has not been necessary for these services but funding continues to be allocated from the OCAN CAPTA Basic State grant budget.

**Early Intervention Referrals**

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

On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003. The Child Abuse and Prevention and Treatment Act (CAPTA) requires –

*States receiving CAPTA funds must develop and implement “provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act.” 42 USC § 5106a(b)(2)(A)xxi).*

In addition, the Individuals with Disabilities Education Act (IDEA) 2004 requires “a description of the State policies and procedures that require the referral for early intervention services of a child under the age of 3 who (A) is involved in a substantiated case of child abuse or neglect; or is (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.” 20 USC § 1437(a)(6). DHS and Oregon Department of Education (ODE) agreed to meet the requirements of these two new federal legislative mandates by doing the following:

- Have consistent contact to review referral policies and procedures and revise as needed.
- Develop models of program collaboration based on shared information and shared decision-making at both the state and local level.
- Develop tools for implementation such as authorizations for the release of confidential information and referral/enrollment procedures.
- Create protocols with additional partners that provide the easiest and quickest way for families and infants to be referred to early intervention and to receive early intervention services for those who qualify.
- Define roles and responsibilities of each agency.
- Seek solutions focused on what is in the interest of children and families.
- Support and promote this agreement with our local partners.
- Require county-level implementation plans regarding screening, referral and evaluation of this population of children.

The Child Welfare (CW) Administrative Rule directs CW staff to refer all children ‘under the age of 3’ to their local EI/ECSE program. DHS policy, CW Procedure Manual and form changes were made to clarify the Early Intervention Referral process. DHS will add a field (service code) for Early Intervention Referrals in their FACIS database. This will provide DHS with a better method for tracking how well child welfare is making referrals.

Each Child Welfare office and county Early Intervention (EI) program are required to have an interagency agreement that prescribes referral procedures used for each child within 30 days of the founded date and follow-up procedures to ensure that child victims of abuse or neglect, under the age of three (3), are referred to the EI program in the county where the child resides. Any child under the age of three (3), with a founded abuse disposition, must be referred to EI using the ‘CPS Early Intervention Referral’ form (CF 323 - Version 12/07). For a child age three (3) up to kindergarten, a referral for Early Childhood Special Education (ECSE) is recommended, but not required. Up to kindergarten is defined as ‘the child is not yet in kindergarten’.

DHS and ODE reviewed the rate of founded cases of abuse and neglect for children ‘under the age of three’ and the referrals received by local EI/ECSE Programs. DHS and ODE met with CW supervisors to discuss the need to increase referrals in their counties and statewide. Data for ‘*founded cases of child abuse and neglect for children ‘under the age of three’ compared with referral forms received by Early Intervention*’ suggests under referrals in most Districts with approximately 21% of referrals made. It is recognized that low referral rates could be from a number of factors (i.e., clients being referred, but not being recorded or data not being recorded correctly at EI/ECSE programs or clients not being referred for various reasons.

DHS and ODE continue to review referrals on a quarterly basis and will review the rate of referrals received by EI/ECSE Programs by comparing them to the annual The Status of Children in Oregon's Child Protection System report to watch for increased referral rates.

DHS created a website for CAPTA resources which includes the following information on Early Intervention:

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

- Memo from Assistant Director (12/05) mandating CW referrals for Early Intervention & Early Childhood Special Education (EI/ECSE)
- Referral form (CF 0323)
- EI/ECSE Services in Oregon brochure
- Excerpts from the Child Welfare Procedure Manual
- PowerPoint Presentation from October 11, 2007 meeting with CW Supervisors
- Early Intervention Referral Data Comparison (DHS/ODE)

**Citizen Review Panels (CAPTA panels):  
Jackson, Multnomah and Malheur Counties**

Section 106 (c)	CPS Area All (Panels Option)	CFSR Items N/A
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Citizen Review Panels or CAPTA Panels, as they are known in Oregon, work on local systemic issues related to child abuse and neglect within the three designated geographic areas (Jackson, Malheur and Multnomah counties) and provide feedback and recommendations to DHS.

DHS utilizes approximately 11% of the OCAN CAPTA Basic state grant to support the Citizen Review Panels (CAPTA) in Oregon. All three CAPTA panels held Community Child Neglect Summits sponsored by the Children's Justice Act (CJA) Task Force during July 2007. More information on the Citizen Review Panels (CAPTA panels) is included in the section titled Citizen Review Panel Annual Reports.

## **Completed Projects**

### **CFSR Review**

Youth clients of Independent Living Programs were invited to attend as Stakeholders in Marion county, Multnomah county and Deschutes county. In Marion county, one person attended; in Multnomah, a few attended; in Deschutes county a broadly based group of teens in independent living programs and in long-term foster care, aged 14-19, including some tribal members spent an hour and a half being interviewed by CFSR review team co-leads who asked about the type and quality of services and family contact they received from DHS.

A youth from a part of the state not being reviewed was hired to explain to the youth clients what questions would be raised in the interviews and to familiarize them with the process. She was present at each site for an hour before the interview to answer questions and help youth feel comfortable. She was also available after the interview to answer any questions.

### **Mandatory Reporter Video**

The "The Role of Mandatory Reporters in Child Abuse Cases" (A video guide for mandatory reporters) was revised in 2007 and DVD copies were distributed to the superintendent of all school districts in Oregon. Copies of the "What you can do about child abuse" booklet were provided with the video.

The video of “The Role of Mandatory Reporters in Child Abuse Cases” (A video guide for mandatory reporters) is also available at the following website <http://www.oregon.gov/DHS/children/committees/capta/capta.shtml>

### **“What you can do about child abuse?” Booklets**

Oregon’s ‘What you can do about child abuse?’ booklet was revised and 20,000 copies were printed in English. Translated copies in Spanish, Russian and Vietnamese will be available in the future. Contact Juanita Raymond at 503-945-6624 to request English version copies.

## **SERVICES AND TRAINING**

### **Ongoing and New Training**

#### **Child Welfare Alcohol and Drug Addiction Education and Training**

Section 106	CPS Area Alcohol Recovery Teams	CFSR Items 17
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#### **Child Welfare Alcohol and Drug Addiction Education and Training**

A provider contracted with CAPTA funds provided alcohol and drug addiction education, treatment and training modules to Child Welfare (CW) Caseworkers and parents involved in the CW process. The contractor researches current effectiveness of evidence based and best practices in alcohol and drug treatment and education and collaborates with parents to ensure that they are receiving appropriate services for their addiction issues.

#### **Ongoing**

DHS has chosen to provide alcohol and drug addiction education and training modules to CW Caseworkers and parents involved in the CW process. Eight one-day training sessions will be provided to DHS CW staff on Best Practices in Case Planning: Clients with Methamphetamine Abuse/Addiction, Clients with Heroin Addiction and Working with Methadone Maintenance Treatment Programs, Clients with Marijuana Addiction and Working with Marijuana Users and Clients with Alcoholism.

## **New**

Seven four-hour Marijuana education classes will be taught in the Portland-metro area of Clackamas, Washington and Multnomah counties to child welfare parents and caseworkers. Real life information on strategies to work more effectively with addicted clients is part of this training module. Speakers will share experiences of addiction, recovery process and working with staff from state agencies.

## **Completed Training**

### **Karly's Law Training Days (HB3328)**

DHS Child Protective Services program, District Attorney offices and multidisciplinary teams (MDT) in Oregon partnered together to offer "Karly's Law" (House Bill 3328) training from February to April 2008. Seven trainings were funded by CAPTA grant funds and focused on House Bill 3328 definitions, practice and implementation of the law, forensic photography training by Jennifer Schindell communicating with the non-designated medical professionals and networking with MDT partners to strengthen local protocols. The trainings were located geographically throughout Oregon and held in Eugene, Salem, Coos Bay, Medford, Bend, Pendleton and Portland. MDT members and Child Protective Services (CPS) staff were encouraged to attend the trainings.

Staff from Child Welfare, Law Enforcement, Medical Examiners, District Attorneys, Designated Medical Professionals and Juvenile Departments attended the trainings. Approximately 65 attendees in Eugene, 20 in Salem, 30 in Coos Bay, 25 in Medford, 60 in Bend, 23 in Pendleton and 60 in Portland attended the training.

DHS provided "L-shaped" photo scales to participants who attended the "Karly's Law" training. Jennifer Schindell provided instructions on use of the photo scales to attendees. Photo scales are used for measuring the size of injuries while photographing children. CAPTA grant funds were used to purchase the photo scales.

Jennifer Schindell, RN BSN CCRN D-ABMDI, is an experienced critical care nurse who serves as deputy medical examiner and forensic nurse for Linn and

Benton Counties in Oregon. She is a Registered Diplomat with the American Board of Medicolegal Death Investigators (D-ABMDI) and is Co-Chair of the International Association of Forensic Nurses Death Investigation Council. Jennifer is an instructor for the UC Riverside Forensic Nursing Certificate program, the Linn-Benton Community College Criminal Justice program, and for the Oregon State Medicolegal Death Investigator program. She teaches on topics including forensic photography, criminalistics and death investigation.

## **Substantive Changes in State Law**

There were no substantive changes in Oregon law.

## **Citizen Review Panel Overview**

### **Purpose**

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

The act was most recently amended in June 2003 when “Keeping Children and Families Safe Act,” Public Law 108-36, was signed by the President. The law reauthorized CAPTA through federal fiscal year 2008. Public Law 108-36 revised citizen review panel duties to include: 1) requiring each panel to examine the practices (in addition to policies and procedures) of the state and local child welfare agencies, 2) providing for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community, and 3) requiring each panel to make recommendations to the state and public on improving the child protective services system. In addition, the

appropriate state agency is required to respond in writing no later than six months after the panel recommendations are submitted. The state agency's response must include a description of whether or how the state will incorporate the recommendations of the panel (where appropriate) to make measurable progress in improving the state child protective services system.

## **Background/History**

Citizen Review Panels were established in three counties in Oregon: Multnomah, Jackson, and Malheur. The counties were selected to reflect the demographic, economic, social and political conditions found in different areas of Oregon. Together the panels provide a significant depiction of the varied conditions of child protective services in Oregon. Technical assistance, guidance and coordination are available to the panels through the Grants Coordinator for Family Based Services, Children, Adults and Families (CAF). CAF has contracted with the child abuse intervention (assessment and advocacy) centers in each of the selected communities to provide facilitation and staff support for the panels.

**Citizen Review Panel Annual Reports**  
*Jackson County 2007 Annual Report*  
**April 1, 2007 through September 30, 2007**

(Please see Eighth Annual Report submitted by Jackson County, for the time period covering October 1, 2006 – March 31, 2007)

*Panel Members*

Dr. Curtis Oddo (Chair)	Medical Director, Children’s Advocacy Center (CAC)
Tracy Thompson	Administrative Secretary, CAC
Karla Carlson	Supervisor, DHS
Karen Doolen	Community Volunteer, CAC Board Member
Marlene Mish	Executive Director, CAC
Diana Hamilton	Director, Victims’ Assistance Program
Roxann Jones	Project Coordinator, Commission on Children and Families
Doug Mares	Jackson County Branch Manger, DHS
Michelle Pauly	Deputy District Attorney
Rainy Olsen	Child Welfare Program Manager, DHS
Penny Esser	Foster Family Recruitment & Retention Specialist, DHS
Thomas Price, PhD	Family Based Services Consultant, DHS
Linda Vanbuskirk	Medical Coordinator, CAC
Mary Curtis Gramley	Director, Family Nurturing Center
 Other Attendees:	
Mary Chambers	Supervisor, DHS
Pam Bergreen	Supervisor, DHS
Stephanie Stafford	Grants Coordinator, CAPTA at DHS

**Meetings**

Date	Time	Location
Monday, December 19, 2006	3:30 pm - 5:00 pm	CAC
Monday, March 19, 2007	3:30 pm - 5:00 pm	CAC
Tuesday, June 19, 2007	3:30 pm - 5:00 pm	CAC
Monday, September 17, 2007	3:30 pm - 5:00 pm	CAC

## Activities

1. The Jackson County CAPTA Panel was a co-sponsor of the “Focus on the Child” child abuse symposium on May 18<sup>th</sup>, 2007. One hundred and thirty participants, representing a broad spectrum of agencies, programs and counties committed to improving the evaluations of child victims of abuse attended the symposium. The keynote speaker was internationally acclaimed child abuse and child sexuality expert Toni Cavanagh-Johnson. The presentation focused on various sexual behaviors that raise concern; in addition there was a focus on “victimization”. Dr. Oddo presented on ways in which law enforcement officials might confuse physical abuse with mimicking conditions as well as an overall presentation on signs of physical abuse. He also emphasized that physical abuse and neglect have longer lasting effects than sex abuse, according to research. Local law enforcement officials presented on how to conduct an appropriate investigation, as well as training regarding how to photograph injuries to assist with the evidence gathering to substantiate cases. Twenty-six digital cameras were purchased with CAPTA funds and distributed to local law enforcement and DHS child welfare staff to insure agencies provide responsible child abuse investigations with adequate equipment for documenting injuries.
2. The panel distributed over 30,000 Life Saver flyers to local schools and daycare centers to publish the results of fatality reviews during the last year. Co-sleeping and aboveground pools were the main cause of death.
3. The Jackson County CAPTA Panel was awarded a Children’s Justice Act (CJA) grant to host a community-wide Child Neglect Summit on July 27, 2007. The summit was attended by 85 individuals representing 18 different community organizations that are committed to increasing the awareness and response to child neglect in Jackson County. Dee Wilson, Director of the Northwest Institute for Children and Families, provided a comprehensive picture of child neglect and its impact on children and ultimately our communities. In addition to the formal presentation, we had a multidisciplinary panel made up of local experts from the following fields: early childhood; substance abuse; affordable housing; health care; and child welfare. Our community engaged in developing ten innovative Action Plans to impact child neglect covering topics ranging from: a public awareness campaign; increased coordination and knowledge of resources between child welfare system partners; quality childcare; foster parent recruitment and training; and parent education and support. The Jackson County Commission on Children and Families will utilize the Action Plans during their comprehensive planning process as potential strategies during planning for the focus area of Child Abuse

and Neglect. The Jackson County CAPTA Panel forwarded the results of the community-wide summit to all registered participants, and will be connecting with the key contact for each Action Plan to track results of the plan.

4. CAPTA provided a dunk tank, tee shirts and distributed 1,000 Life Saver flyers at Channel 10's Kids' Day in the Park. Law Enforcement and staff from the Children's Advocacy Center were on hand to discuss child safety issues, as well as to answer questions regarding child abuse. The community turnout for the event was amazing, providing a wonderful opportunity to engage the community in conversation regarding serious child safety issues that have been a concern for the Jackson County Fatality Review Panel and CAPTA.

### **Future Plans/Next Steps**

1. Explore options for providing training for foster parents, to insure that they have the skills and supports to provide safe and nurturing homes to the children placed in their care.

2. Recruit new members to participate in CAPTA to insure that our panel is a broad representation of the community, and that expertise in prevention, intervention and treatment of Child Abuse and Neglect is represented. Additionally, provide training opportunities for CAPTA Panel members to guarantee they are prepared to meet the responsibility of assisting the State in improving the child protective system.

3. Continue to support training and the importance of collaboration and communication in the investigation of child abuse.

4. Explore which Action Plans created at the Child Neglect Summit, would be appropriate for CAPTA to endorse.

5. Review cases from DHS.

### **Subcommittees**

The Jackson County Child Neglect Summit sub-committee was formed to pursue the Children's Justice Act grant to host a community-wide Child Neglect Summit. The Jackson County CAPTA Panel applied and was awarded the grant. The

subcommittee worked with Dr. Katharine Cahn and Kellie Herold to plan for our local summit. The subcommittee did the following: secured an appropriate location, recruited local community experts and service providers to serve on the multidisciplinary panel, recruited key stakeholders and other community members to participate in the summit, provided each participant with a packet of information regarding the impact of neglect; and provided support on the day of the event. Subcommittee members were Michelle Pauly, Dr. Curtis Oddo, Mary Curtis Gramley, Libby McDaniel, Roxann Jones, and Linda Vanbuskirk.

## **Recommendations**

The Jackson County CAPTA Panel strongly recommends the following:

1. Oregon seeks ways to develop cooperative agreements with states for the sharing of confidential Child Welfare information. The efforts of prosecutors and child welfare professionals to protect children are often hampered by the various states and federal laws governing the sharing of information regarding children and families who have been involved in the system.
2. Increase team building with an emphasis on strong partnerships among community-based organizations and public systems to provide support and effective services. Develop state-wide/regional trainings inclusive of the partners in the child welfare system (i.e.; Child Welfare, Local Enforcement Agencies (LEA), MDT's, Child Abuse Prevention Programs) incorporating the development of trust and respect necessary for collaborative partnerships.
3. Provide statewide/regional trainings on appropriate investigation and documentation of injuries. Insure that LEA and Child Welfare have the training, and appropriate equipment to document injuries to comply with Karly's Law.
4. Target trainings to medical professionals, to better equip the medical profession in identifying child abuse traumas.

## **In addition the Jackson County CAPTA Panel encourages the state to:**

1. To explore tougher state legislation and modification to federal laws regarding the protection of children from sexual predators including online predators. The focus needs to be on child safety issues and on protecting children from online sexual abuse, as well developing prevention and deterrence tools (e.g. education

and awareness campaigns, filtering solutions, anti-grooming tools, etc.). Additionally, effective law enforcement responses to hold accountable those who exploit children via the internet.

### **Looking Ahead**

We look forward to being informed of DHS's responses to our local CAPTA Panel recommendations in a written report at least quarterly, or more frequently if information becomes available. We appreciate the opportunity to assist the State of Oregon in improving our child protective services system, to be accountable for safety, permanency, and well being of children.

## Malheur 2007 Annual Report

October 1, 2006 – September 30, 2007

### Panel Members

Jeana Critchfield	Executive Director, Project DOVE
Roberta Donovan	Former Executive Director, Project DOVE
Keely Ponce	STAR Center Coordinator
Christina Bautista	STAR Advocate, STAR Center
Marivel Jimenez	Project DOVE
Myrna Anderson	CASA
Wendy Hill	DHS
Wendy Bristol	DHS
Linda Beal	Malheur Co. Sheriff's Office
Kelly Poe	Executive Director Malheur Commission on Children and Families
Jeannette Buck	Project DOVE
Suzi Douglas Sapp	Ontario Middle School
Ed Galdabini	DHS

### Meetings

December 6, 2006 5:30 PM @ Fiesta Guadalajara; January 24, 2007 @ DOVE office 5:30 PM; March 7<sup>th</sup>, 2007 @ Sizzler 5:30 PM; May 29, 2007 @ Fiesta Guadalajara 5:30 PM; September 6, 2007 @ DHS 11:00 AM

### Activities

For the **2007 April Child Abuse Awareness Month**, CAPTA focused on an awareness campaign in partnership with Walmart in Ontario, OR. Members of CAPTA handed out packets of information and activity books to parents and children. Balloons, bracelets, suckers, and stickers were provided to children and parents. Panel members were available to answer any questions from the public regarding child abuse and or neglect.

**July 2007 CAPTA** co-sponsored and assisted Malheur Commission on Children and Families in planning the **Child Neglect Summit**. The Summit consisted of speakers from Northwest Institute for Children and Families. There were 118 attendees and Malheur County was well represented in all aspects of our

community from Social Workers from DHS to officers from the Ontario Police Department and Sheriff's Department. Representatives from the District Attorney's office also participated. There were many community action agencies participating and learning about child abuse prevention. In addition to the educational speakers, a parents' voice was heard by all as she spoke about her own dealings with community agencies, police department and DHS especially due to her own negative choices and the impact that her choices had on her children and herself. She spoke about how she and her children benefited from the close working relationships of multi-agencies and therefore they did not "fall through the cracks" in the system and have since been returned together as a family.

The Summit concluded with participants forming small focus groups in which ten different action plans were developed to address child abuse and neglect within our community. The CAPTA Panel continues to follow up with the action groups each month at CAPTA meetings and they continue to stay on the forefront of discussion at many multi-agency meetings. To date we continue to see progress and success in the building of the *Boys and Girls Club/ Our Kids- Our Future*, a grant has been written to fund a coordinator who will continue to oversee fundraising and further development of this action plan; *Networking for Youth* continues to move forward with youth topics being discussed or presentations made in public forums as well as multi-community based meetings; *Pater Later/ S.P.E.R.M. (Sexual Promotion through Education from Responsible Mentors)* has moved forward with their action plan and will be entering the schools at the first of the year 2008. The lead worker in this action group attended a conference where information and curriculum was discussed for young men's groups within school systems. A curriculum has been purchased and will be used for the boy's process group. Currently recruitment is being done for male mentors to assist with this group; *Malheur County Relief Nursery* continues to be an ongoing project that is seeing progress and fruition. This group has recently organized a Board of Directors and is working on a non-profit status. The official name has now become "Treasure Valley Children's Relief Nursery"; with a community "visioning" meeting to be held on November 15, 2007.

CAPTA's primary focus this year has been "**Train the Trainer: Advice from Child Molesters**" presented by Cory Jewel Jensen. The goal of this training is for CAPTA and trained community members to present trainings to parents within the Malheur County 8C School District. Our hope is that parents will become educated and informed and take back the responsibility of providing safety to their children from child sexual abusers. It is the intent of CAPTA to present several community forums during the month of April 2008 in Malheur County for the

purpose of informing and educating parents about child abuse awareness, specifically child sexual abuse awareness.

### **Subcommittees**

None for this period.

### **Future Plans/Next Steps**

CAPTA plans to continue educating the community, parents especially, regarding protecting their children from child molesters. We strongly believe that this is an issue that needs to be addressed in our community and that responsibility to protect children needs to be on the shoulders of adults.

CAPTA looks forward to activities in April 2008 for Child Abuse Awareness Month. The planning will begin in January and we hope to form new partnerships with community organizations in order to include a variety of activities that are unique and informative to the public regarding the effects of child abuse and the need to prevent such abuse.

### **Recommendations**

Malheur CAPTA Panel makes the following recommendations in the areas of number 7 and 8 in the CAPTA 14 Program Areas.

#7- Surveying workers who have been in the child welfare system for five or more years and identify coping strategies, trainings and personal self-care practices that allow them to continue working in a difficult population and field is key. There are those workers who have maintained in the child welfare system for many years and who continue to work tirelessly to assist children and families. What makes these individuals different from those who burn out quickly and how can DHS recruit workers that will be able to sustain and maintain in a high stress career and make the difference needed?

#8- We recommend that at both the County and State level more trainings are conducted for professionals and para-professionals in schools, private non-profits that work with children and families, individual counselors or behavioral mental health agencies that come into contact with children and families be required to have additional trainings in the area of mandated reporting and that protocols are more “spelled” out for reporting child abuse or neglect.

## **Looking Ahead**

We would request that our recommendations and feedback come in the form of written or oral reports quarterly from our local County DHS agency.

## **Acknowledgments**

We have several that deserve to be recognized for their contributions in our efforts to educate and prevent child abuse and neglect. Our local Walmart in Ontario has been a consistent partner in assisting us with space to educate patrons in our community. Malheur Commission on Children and Families assisted greatly in attaining a grant and organizing the Child Neglect Summit. The Malheur District Attorney's office partnered with CAPTA to bring Cory Jewel Jensen to Malheur County for training. CAPTA and CAMI funds were used to provide this training to professionals in our community. Malheur Department of Human Services allows us to meet for CAPTA meetings in their building as needed. We also appreciate our CAPTA Panel members who continue to give of their time and assist in our efforts to prevent child abuse and neglect.

## **Multnomah 2007 Annual Report**

**October 1, 2006 – September 30, 2007**

### **Panel Members**

Judy Brandel	Multnomah County Health Dept.
Kevin Dowling (facilitator)	CARES Northwest
Karen Gibbs	DHS
Miriam Green	DHS
Maggy Khilnani	Retired (Bradley-Angle House)
Shelley O'Brian (coordinator)	CARES Northwest
Sara Perkins	Multnomah ESD
Suzie Rush	Cascadia BHC
Christine Stoleberger	Parent Mentor
Ruth Taylor	Parents Anonymous, Morrison Center
Rod Underhill	Multnomah County DAs Office
Matt Wagenknecht	Portland Police

### **Meetings**

October 10, 2007; January 26, 2007; April 27, 2007; May 24, 2007; June 28, 2007; September 20, 2007. All meetings were held at Emanuel Hospital from 11:00 am – 1:00 pm.

### **Activities**

Community Neglect Summit (July 23, 2007). The purpose of this interactive training was to increase community awareness of child neglect, educate the child-serving community about interventions that support families identified for concerns of neglect, and engage a wide variety of community stakeholders in action planning for vulnerable children and families. Evaluations were collected from attendees to determine if the following learning objectives related to child neglect were met: to increase knowledge, to learn about impact on children, to learn about programs that work and to make action plans for Multnomah county. Based on a scale of 1-5 (1= not at all, 3=somewhat, 5=completely), the training received an average score of 4.0. Approximately 86 people attended, including: Commissioner Dan Saltzman and Warren Fish from Commissioner Jeff Cogan's Office, Judge Paula Kurshner and Char Woods (DA's Office), 23 attendees from DHS, 2 parent mentors, 7 attendees from the Health Department, 7 attendees from

CARES Northwest, 7 from the Health Department, 3 from Head Start, and approximately 16 other community organizations were represented.

Approximately 75% of attendees participated in the afternoon “action planning” session.

Groups were asked to consider the parents’ voice as well as the issues of linguistic/cultural diversity and poverty as they generated their plans. Seven action plans were developed around the following topics:

- Community collaboration to identify families at risk of neglect before involvement with DHS.
- Improved communication and shared information between CYFC (including the Poverty Advisory Committee), Child Welfare Advisory Committee, CAPTA Panel and Self Sufficiency Advisory Group.
- Community collection of best strategies for Wrap Around Family Driven Services.
- Multidisciplinary teams for families at risk of or experiencing neglect.
- Starting with DHS data, determine characteristics of chronic neglect in Multnomah County to explore more population-based assessment options
- Community partners will help provide trainings to caseworkers and DHS will reciprocate.
- Increase preventative services to families receiving TANF.

### **Subcommittees**

N/A

### **Future Plans/Next Steps**

The Multnomah County CAPTA Panel will monitor progress made on the action plans developed at the Community Neglect Summit and report back to the community stakeholders.

## **Recommendations**

1. We recommend DHS establish a working definition of “chronic neglect”. Efforts to identify, understand and successfully intervene in cases of chronic neglect are hampered by the lack of a clear definition.
2. We recommend DHS improve practice and outcomes regarding chronic neglect cases by utilizing the principles in the Oregon Safety Model such as identifying protective and diminished parental capacity, child vulnerability, and the impending danger inherent in chronic neglect cases.
3. We recommend DHS involve community partners in addressing cases of chronic neglect to facilitate sustained change for families with the acknowledgment that efforts involve a substantial commitment of time and resources.

## **Looking Ahead**

At their first meeting in 2008, Panel members plan to review the past year’s activities focusing on child neglect, hear updates from the various subcommittees formed after the July 2007 Neglect Summit, and discuss our focus for the next year.

## **Acknowledgements**

The CAPTA Panel would like to thank Commissioner Dan Saltzman for his time and commitment to the Community Child Neglect Summit.

# **CITIZEN REVIEW (CAPTA) PANEL RECOMMENDATIONS AND DHS RESPONSES**

## **From CAPTA Panel Reports 10/06-09/07**

These are all excellent recommendations and areas in which the Oregon Department of Human Services staff strives to create the best possible situation for children and youth.

### **Jackson County CAPTA Panel**

#### **Recommendation 1**

Oregon seeks ways to develop cooperative agreements with states for the sharing of confidential Child Welfare Information. The efforts of prosecutors and child welfare professionals to protect children are often hampered by the various states and federal laws governing the sharing of information regarding children and families who have been involved in the system.

Clarification: Families move from state to state and can stay 'under the radar'. Thus, their histories with the Child Protective Services (CPS) in other states is often undiscovered. Once they do come to the attention of Oregon Department of Human Services (DHS), Oregon may not be able to discover the family's involvement with the CPS of other states because of confidentiality issues.

The states inability to obtain records from other states is a huge and ongoing obstacle to fully litigating a case and advising the dependency court of a child's situation. Because the state cannot obtain complete child welfare records from other states, the child remains at risk. We cannot adequately protect children. This is true of all child welfare cases.

A release of information is not the answer. The state is not able to obtain a release of information because it is generally the parent(s) whose records the state is seeking. Since they are an adverse party, they are generally uncooperative in acceding to a request for a release of information. The state does not have subpoena power nor can the state utilize any other force of law which would permit Oregon to obtain records that another sovereign state has deemed confidential or otherwise protected.

The CAPTA Panel realizes that it will take federal legislation to remedy this problem; the obstacles to obtaining CPS records from other states is still a concern to the CAPTA Panel.

### **DHS Response 1**

DHS appreciates this recommendation to develop information sharing between States, however, this recommendation requires federal legislation and is beyond the scope of DHS.

### **Recommendation 2**

Increase team building with an emphasis on strong partnerships among community-based organizations and public systems to provide support and effective services. Develop state-wide/regional trainings inclusive of the partners in the child welfare system (i.e.; Child Welfare, Local Enforcement Agencies (LEA), MDT's, Child Abuse Prevention Programs) incorporating the development of trust and respect necessary for collaborative partnerships.

### **DHS Response 2**

As a local issue, the Jackson CAPTA Panel has partnered with Jackson County Health and Human Services and the Commission on Children and Families to bring "Stewards of Children", an evidenced based Child Sexual Abuse Prevention program developed by Darkness of Light, a grass-roots national non-profit organization, to Jackson County. The program is designed to place the responsibility squarely on adult shoulders to prevent, recognize and react responsibly to child sexual abuse.

The Jackson County CAPTA Panel held a train the trainer workshop and trained ten facilitators representing eight different organizations in the county: Community Works; Job Council; Girl Scouts; Commission on Children and Families; Children's Advocacy Center; Family Nurturing Center (Crisis Relief Nursery); Neighborhood Watch and a privately licensed counselor. There are 11 trained facilitators to date and the training is also available in Spanish.

The Commission on Children and Families plan on taking the lead to get the word out to the community and scheduling presentations. Each partner has agreed to present the training a minimum of four times in the next year to a variety of

community-based groups. The CAPTA Panel and the Jackson County Health and Human Services provided the funding for facilitator training and for purchase of the notebooks for the classes. The CAPTA Panel hopes to obtain another grant from Jackson County Health and Human Services to train additional community trainers.

Child Abuse Multidisciplinary Intervention (CAMI) presented a team-building event at the Multidisciplinary Team (MDT) Training Day in Medford during June 2007. MDTs may be better served by focusing on new member orientation for MDTs. Klamath County developed a MDT orientation manual available from CAMI. The CAMI Program Coordinator is Stacy Liskey. She can be reached at 503-378-5344 ext. 238. The CAMI Grant Assistant, Mackenzie Gray, can be reached at 503-378-5344 ext. 239.

DHS Child Welfare (CW), District Attorney Offices and MDTs in Oregon partnered together to offer "Karly's Law" (House Bill 3328) Training Days from February to April 2008. The trainings were funded by CAPTA grant funds and focused on House Bill 3328 definitions, practice and implementation of the law, forensic photography training by Jennifer Schindell, communicating with the non-designated medical professionals and networking with MDT partners to strengthen local protocols. The trainings were located geographically throughout Oregon and held in Eugene, Salem, Coos Bay, Medford, Bend, Pendleton and Portland. MDT members and Child Protective Services (CPS) staff were encouraged to attend the trainings.

### **Recommendation 3**

Provide statewide/regional trainings on appropriate investigation and documentation of injuries. Insure that LEA and Child Welfare have the training, and appropriate equipment to document injuries to comply with Karly's Law.

### **DHS Response 3**

DHS Child Welfare (CW), District Attorney Offices and MDTs in Oregon partnered together to offer "Karly's Law" (House Bill 3328) Training Days from February to April 2008. The trainings were funded by CAPTA grant funds and

focused on House Bill 3328 definitions, practice and implementation of the law, forensic photography training by Jennifer Schindell, communicating with the non-designated medical professionals and networking with MDT partners to strengthen local protocols. The trainings were located geographically throughout Oregon and held in Eugene, Salem, Coos Bay, Medford, Bend, Pendleton and Portland. MDT members and Child Protective Services (CPS) staff were encouraged to attend the trainings.

DHS provided “L-shaped” photo scales to participants who attended the “Karly’s Law” Training Days.

DHS provides CPS workers with one (1) digital camera per two (2) workers. Additional cameras have been purchased and provided to DHS CW offices for CPS workers with funding from local MDTs.

Karly’s Law was covered during Department of Public Safety Standards and Training’s (DPSST) February 2008 Child Abuse Training Conference, as well as the Basic Detectives Academy in March 2008. Last year’s Child Abuse Training Conference (Jan 24-25, 2007), DPSST provided appropriate investigation and documentation of injuries training, as well as case studies, to attendees.

#### **Recommendation 4**

Target trainings to medical professionals, to better equip the medical profession in identifying child abuse traumas.

#### **DHS Response 4**

Information was provided at the “Karly’s Law” Training Days on communicating with the non-designated medical professionals.

DHS worked in collaboration with CARES NW, a Regional Child Abuse Medical Assessment Center and CAMI, the Child Abuse Multidisciplinary Intervention Program at the Department of Justice in the Crime Victim Assistance section to provide training to the local medical professionals.

#### **Malheur County CAPTA Panel**

#### **Recommendation 5**

CAPTA Area #7- Surveying workers who have been in the child welfare system for five or more years and identify coping strategies, trainings and personal self-care practices that allow them to continue working in a difficult population and

field is key. There are those workers who have maintained in the child welfare system for many years and who continue to work tirelessly to assist children and families. What makes these individuals different from those who burn out quickly and how can DHS recruit workers that will be able to sustain and maintain in a high stress career and make the difference needed?

### **DHS Response 5**

The McKenzie Group was hired by DHS to study and make recommendations about changes to the Departments organizational structures including child welfare. McKenzie was specifically charged with examining the workload of child welfare caseworkers and staff turnover. Their work includes a survey of child welfare staff and an examination of the percentage of time that caseworkers spent in accomplishing required duties. They also examined factors that assist in retaining staff. They are providing DHS administrators with finalized recommendations in June of this year.

### **Recommendation 6**

#8- We recommend that at the County and State levels more trainings are conducted for professionals and para-professionals in schools, private non-profits that work with children and families, individual counselors or behavioral mental health agencies that come into contact with children and families. These groups would be required to have additional trainings in the area of mandated reporting and that protocols are more “spelled” out for reporting child abuse or neglect.

### **DHS Response 6**

The “The Role of Mandatory Reporters in Child Abuse Cases” (A video guide for mandatory reporters) was revised in 2007 and DVD copies were distributed to the superintendent all school districts in Oregon.

Copies of the “What you can do about child abuse” booklet are available by calling DHS, Juanita Raymond at (503) 945-6624 or Lisa Zacharias at (503) 945-5683.

The first five (5) copies are available at no cost; additional copies are available for one dollar each.

The video of “The Role of Mandatory Reporters in Child Abuse Cases” (A video guide for mandatory reporters) is available at the following website  
<http://www.oregon.gov/DHS/children/committees/capta/capta.shtml>

MDTs routinely provide training in their counties concerning the responsibilities of Mandatory Reporters.

## Multnomah County CAPTA Panel

### **Recommendation 7**

We recommend DHS establish a working definition of “chronic neglect”. Efforts to identify, understand and successfully intervene in cases of chronic neglect are hampered by the lack of a clear definition.

### **DHS Response 7**

DHS Child Welfare developed a workgroup to review the definition of “chronic neglect.” A workgroup member attended a training presentation by Dee Wilson concerning chronic neglect. Currently, the workgroup is exploring various definitions of chronic neglect and the surrounding issues involved with identifying, understanding and successfully intervening in cases of chronic neglect.

### **Recommendation 8**

We recommend DHS improve practice and outcomes regarding chronic neglect cases by utilizing the principles in the Oregon Safety Model such as identifying protective and diminished parental capacity, child vulnerability, and the impending danger inherent in chronic neglect cases.

Clarification: Some members of the community and CAPTA Panel expressed concern that the Oregon Safety Model would lead to neglect cases not being assigned or followed up on by DHS. In looking more closely at the model, however, we recognized it provided very helpful questions and guidelines to assist caseworkers in evaluating the safety of children exposed to chronic neglect. It also provided a useful framework to generate recommendations for follow-up.

Recommendation #2 arose from our understanding that training on the Oregon Safety Model was just beginning, and did not necessarily highlight the model’s usefulness in working through the complicated and sometimes overwhelming nature of chronic neglect assessments. We wanted to emphasize the model’s applicability in addressing chronic neglect, and encourage DHS to emphasize this as well.

### **DHS Response 8**

DHS continues to provide training and consultation to the CAPTA panels to clarify how the Oregon Safety Model and CPS assessment are more comprehensive and more responsive to child neglect issues.

### **Recommendation 9**

We recommend DHS involve community partners in addressing cases of chronic neglect to facilitate sustained change for families with the acknowledgment that efforts involve a substantial commitment of time and resources.

Clarification: Discussion from CAPTA meetings and the Neglect Summit consistently highlighted the chronic and pervasive nature of neglect. It was clear through case examples that collaboration and coordination with various community agencies was essential to sustained change, and that successful intervention often took years. This recommendation grew out of the realization that, for chronic neglect cases involving DHS, caseworkers often do not have the time needed to accomplish these goals. We support any efforts by DHS to provide the time and resources necessary to help caseworkers address these complicated cases. For example, one idea generated from our meetings was for a DHS branch to establish a team of caseworkers, and perhaps include multidisciplinary partners and representatives from community agencies, who specialized in cases of chronic neglect.

### **DHS Response 9**

DHS is working with other state agencies to develop a wraparound and process for providing services that would provide a more comprehensive response to neglect cases.

It is the goal of DHS to reduce the risk of exploitation and/or abuse of children entrusted in the care of or receiving services from DHS. Therefore, DHS conducts criminal offender information background checks as described in DHS Oregon Administrative Rules (OAR: 413-120-0400 thru 0470) dated July 25, 2005. The rules can be found at the following URL:

([http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-g14.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-g14.pdf)).

The rules establish procedures by which DHS obtains criminal offender information on subject individuals who are seeking to provide relative, foster or adoptive care to children in DHS custody under rules of CAF program and policy

administration, and how DHS uses criminal offender information to determine the suitability of the subject individual to provide relative, foster or adoptive care.

The rules provide guidelines on the procedures DHS will use when DHS receives requests to conduct criminal offender information record checks from licensed private agencies who are studying adoptive families for placement of children in the custody of DHS under rules of CAF program and policy administration.

The rules provide guidelines on the procedures DHS will use granting exceptions for subject individuals convicted of certain felony and misdemeanor crimes to provide relative, foster or adoptive care if an exception is permitted under these rules.

Oregon, an opt-out state, will comply with the Adam Walsh Child Protection and Safety Act by October 1, 2008.