

Department of Human Services

CHILD WELFARE Program

MISSION

The Department of Human Services Child Welfare (CW) program is responsible for accepting and caring for Oregon's increasingly diverse children in need of protection (ORS 418.015). These children are dependent, neglected, abused, mentally or physically disabled, and placed in legal custody by a court in the State of Oregon (ORS 419B).

INDIVIDUALS WE SERVE

Child Welfare employees provide direct services through a network of local offices in every county across Oregon. For a list, see <http://oregon.gov/dhs/Pages/localoffices/index.aspx>

During 2011 we served approximately:

- 11,600 children through protective services investigations to keep them safe.
- 556 children found permanent, safe homes through our adoption services.
- Helped 8,920 domestic violence victims address safety concerns
- 4,673 Oregon families stepped forward to be foster parents
- 8,778 children on average in substitute care every day
- More than 75,000 reports of child abuse

Child Welfare Today

We provide prevention, protection and regulatory programs for Oregon's most vulnerable citizens keeping them safe and improving their quality of life. Prolonged economic stress is

increasingly putting Oregon children in situations that are unsafe. We know that the demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

The CW program focuses efforts that minimize risk to best meet challenges families are facing. The way we intervene enhances our ability to engage individuals who are less able to care for themselves, their families and communities. Today we are focused on a better array of interventions with community-based supports for families before, during and after involvement with the CW system, including strategies to safely and equitably reduce the number of children who experience foster care. This includes better outcomes, available services and supports so children are not at risk for re-entry into foster care and family stabilization. CW is working to improve services for children and families of color, targeting strategies to address issues such as overrepresentation in foster care, underrepresentation in family support and family preservation services, and potential disparities in decision-making.

CW services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon that has equated with removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, our strategic efforts are refocusing the service continuum to ensure safety while also focusing on child well-being, family stability and, when possible, avoid removal and placement in foster care by

supporting families safely parenting their children at home. Post adoption and guardianship support helps families bridge those difficult times as children move through childhood, again preventing them from returning to foster care.

SERVICES

This program is designed under four key areas representing a continuum of supports: child safety, substitute care, permanency, planning and post adoption, and program design and delivery.

Child Safety – Guided by the Child Abuse Reporting Law, ORS 419B.005 – 419B.050, which was enacted in 1971 and updated several times, this law was designed to provide early identification and protection of children who have been abused and neglected. DHS is required by statute to assess reports of alleged child abuse or neglect, complete comprehensive safety assessments of children, assess parent or caregiver capacity to protect, and determine whether child abuse or neglect has occurred. In addition, CW is governed by federal laws and performance indicators.

Child Safety Services: Services are provided to children reported to be abused or neglected and families who are impacted by abuse dynamics; typically substance abuse and domestic violence. With very few exceptions, a child abuse report begins with a call to a child abuse hotline. Trained social workers screen over 75,000 child abuse reports each year and collect key information in order to determine next steps and how the call should be handled. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a Child Protective Services

(CPS) trained worker who will conduct a comprehensive safety assessment of the family.

More than half of all reports (38,000 per year) meet criteria to receive an in-person investigation. This includes gathering information related to extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices, disciplinary practices, and cultural and communication issues. This combined information is used to determine overall child safety. Approximately 25 percent of those investigations result in necessary intervention to keep children safe.

Child Protective Services administrative rules incorporate a systematic approach to child safety decisions. A procedure manual has been developed to support and clarify this safety intervention approach. The chapters dealing with screening reports of child abuse and assessment are complete and available online.

Differential Response: Traditional child welfare services assume a single approach to protecting a child through investigations: an allegation occurs, and we investigate and decide if maltreatment occurred. This approach is very effective with some families. However, for families experiencing neglect, the children enter care at a higher rate than other forms of abuse and stay longer, suggesting the need for a different approach with these families. DHS data shows nearly 60 percent of children are involved with child welfare as a result of neglect or threat of harm of neglect (as opposed to other forms of abuse such as physical or sexual abuse). Differential response allows case workers to conduct a family assessment, gauge the needs and strengths of the family and

engage them and community partners in outcomes that keep the family together, benefitting the family as a whole. This alternative approach does not replace Child Safety Services described above or further assistance when there is imminent danger or significant safety risk.

Strengthening, Preserving and Reunifying Families (SPRF): The Oregon Legislature recognized and codified this performance-based approach to developing community-based programs and services for children and families involved in the child welfare system. This effort complements the work of the Coordinated Care Organizations and the future work of the Early Learning Council hubs, targeting children and families involved in the child welfare system. Local collaborations of interested stakeholders determine community strengths and service gaps and request funding targeted to specific outcomes focusing on keeping children safe and families together. These programs are an essential complement to the implementation of Differential Response and supporting children being safely parented at home. Implementation of this approach and investment in a more comprehensive service continuum has begun in seven counties with the rest of the state projected to implement in the 13-15 biennium.

Family Support Team: Also known as Addiction Recovery Teams (ARTs). These teams provide coordinated, culturally appropriate multi-disciplinary services to substance abusing families referred to Child Protective Services.

Domestic Violence/Sexual Assault Funding: DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis

lines, crisis response, emergency shelter and other related services to survivors of sexual assault and survivors of domestic violence and their children in a culturally appropriate manner.

In-Home Safety and Reunification Services (ISRS): This program provides culturally appropriate service options to families with children who can remain safely in their homes, or in their communities, in addition to children and families who can be safely reunited. The goals of ISRS are to provide a combination of concrete safety and strengths-based change services that will lead to lasting safety changes within the family's home. Services are designed to protect children, stabilize the family, and assist parents in establishing linkages to formal, informal, and natural supports and resources so that a child can remain safely with their family without further intervention of the Oregon child welfare system. ISRS supports crucial child welfare initiatives to increase percentage of children remaining safely at home after a child safety threat is identified, and decreases length of time children spend in foster care. ISRS allows for culturally and linguistically appropriate approaches to reduce the disproportionate placement of children of color in foster care as well. Flexible and targeted services are uniquely adapted for populations overrepresented in the child welfare system. These services are time limited in duration and are complimented by SPRF services for families in need of a longer term or more intensive service.

System of Care (SOC) Flexible Funds: These funds continue to be a valuable resource for Oregon's most vulnerable children by offering resources that meet the family's identified needs in

relationship to the safety, permanency and well-being of the child. Child Welfare staff use SOC funds to provide culturally specific, individually tailored services not otherwise available. Services are planned through family involvement in case planning, community collaboration, including diverse communities, and a shared funding of custom-designed services in collaboration with community partners.

Substitute Care – Also known as the Foster Care Program, this is a safety net for children with immediate safety needs. DHS is responsible for accepting and caring for children who cannot remain safely with their parents or families. Services are designed to meet the federal requirement of placing a child in the least restrictive, most home-like setting that can meet the child’s individual needs when a child cannot safely be cared for by his or her parent(s). This program operates 24 hours a day, seven days a week to accept and care for children. These children are dependent, neglected, mentally or physically disabled and placed in the legal custody of DHS by a court. A family, under limited circumstances and for a short time, may place a child in State custody on a voluntary basis; however, most of the children served in shelter care are there involuntarily as a result of abuse or neglect they experienced in their family home.

Types of substitute care include: Relative Care, Family Foster Care or Family Shelter Care and Residential Care. DHS is responsible for background and reference checks, assessment of the family and certification, training and support of all substitute care resources. We also work with Therapeutic and Enhanced Therapeutic Foster Care organizations, Residential Shelter Care and Residential Treatment facilities.

DHS partners with community members and organizations representing diverse linguistic and cultural perspectives to deliver shelter services across the state. DHS is mandated to provide reasonable efforts to return children to their parents. Today, approximately 64 percent of children return home to a parent. Substitute care also responds to the overall well-being of the child in care addressing behavioral, emotional and social functioning; meeting core educational needs, physical, mental health and needs for family and community connections. DHS works in collaboration with multiple State and local government agencies such as the Oregon Health Authority, Oregon Department of Education, and local law enforcement, community programs, schools, the faith community and volunteer programs.

In addition to meeting the needs of children, this program is also responsible for the certification and support of families that care for children in the State’s custody. This includes recruitment, retention, training, and support for foster families. Families are trained by agency staff and through contracted providers. They participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family’s readiness to meet the needs of children that enter the system. Through deliberate attention to these structures and supports, abuse in foster care is less than one percent. We take abuse in foster care seriously and expect zero tolerance for abuse of children in our care.

Children receiving family foster care services are provided with the basic necessities for the child by the foster parent or relative caregiver. DHS reimburses the foster parent for a portion of the cost of the child’s care.

Education services are provided most often through Oregon's public education system. A number of children and youth in substitute care also receive special education services where there is an identified need.

Some children who enter the foster care system are in need of a level of care that combines intensive mental health services and highly skilled foster providers or facility based care. These children are serviced by Behavioral Rehabilitation Services. These are services that are designed to meet youths' mental and behavioral health needs in a time limited environment with a goal of moving into a less service intensive foster setting.

The complexity of the needs of children coming into substitute care demands comprehensive services to address these needs. Complex mental health needs require oversight of treatment and medication options; complex medical needs require oversight of both treatment and provider capacity; and complex daily care needs demand services and supports for foster parents that include regular respite from daily caregiving responsibilities and day care services for working foster and relative caregivers.

The reliance on the substitute care system over the years has reached a capacity that is no longer sustainable in Oregon. This includes: financial support for the system, limited availability of foster parents, and ongoing research that indicates if substantive preventive services can be immediately put into place that then diverts the removal of children from their families and into the substitute care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children

in the substitute care system by reinvesting in upfront and in-home services within communities will pay far greater dividends to Oregon in the future. This reinvestment will support a Substitute Care Program that will only be necessary if in home safety and support services are not successful for some families and children.

Permanency, Planning & Post Adoption –DHS establishes permanency through adoption and guardianship for children in foster care who are unable to return to the care of their biological parents. The Federal Adoption and Safe Families Act (ASFA) of 1997 mandated that public child welfare agencies provide permanency for children within shorter timeframes; this was added to Oregon statute in 1999.

DHS helps find a permanent family for youth in our care through adoption or guardianship. Once children are placed in a permanent family, the program continues providing support to the families to meet the special needs and lifelong challenges of children who have been abused and neglected.

DHS provides a comprehensive array of services and operations that include consultation and direction to the process of legally-freeing children for adoption, recruitment of potential adoptive and guardianship families, and selection of adoptive family resources to support services that help ensure the post-legal success and longevity of adoption and guardianship placements. The program provides final consent to all DHS adoptions. Adoption Assistance, Guardianship Assistance and post adoption services are also available to children through the program. This supplemental support enhances the capacity of parents to meet the special needs of

their children and strengthens placement stability. Benefits may include medical and mental health coverage, financial assistance and post adoption or guardianship advocacy, consultation, training, and referral services.

DHS develops administrative rules for private and independent adoption vendors in Oregon and monitors for compliance to include approval of allowable waivers. DHS is also responsible for the Coordination of the Voluntary Adoption Search and Registry Program for Oregon's public and private adoptions. Additionally, adoptions may be entered into for children with relatives living in other countries pursuant to The Hague Convention and the Intercountry Adoption Act.

Interstate Compact – The Interstate Compact on the Placement of Children (ICPC) was adopted into law by the 1975 Oregon Legislature. At this time, all states are members of the Compact, as are the District of Columbia and the U.S. Virgin Islands. The Compact requires entities seeking to place children with out-of-state families, or into certain types of out-of-state treatment facilities, to obtain approval from the Child Welfare authorities in the other state before making the placement. If the planned placement is for purposes of foster care, adoption or reunification of a child with a parent, the compact provides for a home study to be completed in which the prospective placement is evaluated to determine if it is safe and suitable before the child is placed. When DHS seeks to place a child with a parent, relative or other identified placement resource in another state; this is done using the Compact.

Youth Transition Services–The foster care Independent Living Program (ILP) serves current and former foster youth to age 21. Services include help with life skills, money management and budgeting, communication and social skills, community connections and supportive relationships, informed decision-making, parenting, health, education support, housing, job readiness, and individual emancipation plans including resolving legal issues in the case of foreign nationals unable to return to their country of origin. A continued focus is to develop transitional plans to ensure youth complete high school and successfully make the transition from school to post secondary education or employment at a level that allows them to be self sufficient. Housing support options are available to eligible youth through the federal Chafee housing and independent living subsidy programs. Enhanced attention to comprehensive, culturally appropriate transition planning for youth as they transition to living independently will increase successful transition of youth who have long-lasting resources, support, connections and stability in adulthood after leaving foster care.

Program Design and Delivery- This program is the field structure that supports the safety of children across Oregon who are abused or neglected. There are approximately 1,257 child welfare caseworkers across Oregon responding to over 75,000 reports of abuse and neglect, and serving approximately 13,000 abused children annually that experience foster care. This structure is administered in our central office in Salem to support field staff through technical support, policy and standards, evaluation, analysis, and parameters program areas in Child Welfare.

Our service delivery innovation depends on adequate child welfare staffing focused on serving more children safely in their own homes. Currently, staffing is at less than 67% of what is needed. Staff are critical to the integrity of the Oregon Safety Model, our intervention model for safety assessments and safety management.

The program also provides clinical supervision of direct service staff which is critical to building worker competencies including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the worker through case work decision-making and crises. This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Safety services are delivered through the Oregon Safety Model which is an overarching process that requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entrance into the foster care system for their common clients. In addition, Child Welfare coordinates with other child and family serving systems including Housing, Oregon Health Plan, Addictions and Mental Health, county-based health and support services, etc. Child Welfare continues to work to eliminate disparities and ensure equitable outcomes for families and children. Contributing cost factors of this program include program mandates (either Federal or State); the number of report/abuse notifications; family stress factors which affect abuse risk (substance abuse, unemployment, mental or physical

health issues, criminal history, etc.); personnel turnover (training/travel costs); work effort required to provide services and personnel packages (i.e., furlough mandates, position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with Federal mandates such Indian Child Welfare Act (ICWA).

DHS has implemented Lean Daily Management Systems in all districts across the State and central offices. This active process of identifying ways to improve efficiencies will allow DHS to reinvest staff resources to close the gap between positions earned and authorized positions as they are identified.

Currently this effort is directed at delivering more efficient processes surrounding new technology, OR-Kids (Our child welfare reporting system as required by federal regulations.), with a goal of increasing the time staff has to work with families and children, and decreasing the time spent on the processes used to deliver the work. Child Welfare is in the third year of a five-year strategic plan to safely and equitably reduce the number of children in the foster care system.

A critical element of successfully practicing the Oregon Safety Model for child welfare system is staffing at a level adequate to do the work. At the current staffing levels, it will not be possible to implement significant change and it will negatively impact the program's ability to reduce the number of children in the foster care system. At the current staffing levels, it is challenging to practice to the critical elements of the Oregon Safety Model which may result in additional children entering

the foster care system.

DHS is responsible for caseworker visits with parents and children as well as arranging family and sibling visitations. Research has shown that frequent visitation is one of the single most predictive factors in reunification of children with their biological families. Contact with the caseworker and visitation also are measures in the federal Child and Family Services Review (CFSR).

Karly's Law - Since the law went into effect in 2007, more children have been seen by identified medical professionals, resulting in a more accurate and earlier identification of child abuse victims. *Karly's Law* has resulted in the development of a review process that has added a greater degree of oversight, transparency and accountability to the Department. This statute was further refined and strengthened in 2009. Since that time the Department has also developed a discretionary review process for cases where systemic issues are or maybe present or where a child has suffered severe harm and a review is likely to impact system change in a manner that increases child safety.

Indian Child Welfare Act- Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a federal mandate. The Act is complex and requires a higher level of expertise and effort than cases involving non-Tribal children. DHS has Tribal Liaisons in child welfare programs to enhance relationships with Tribal governments and to work with Tribal children and families to reduce disparities and improve compliance with the Act.