



**State of Oregon
Department of Human Services
Children, Adults and Families Division**

Annual Report 2011

**Including
Oregon CAPTA Panel Annual Reports**

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**Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-310
Grant to States For Child Abuse Or Neglect Prevention And Treatment Programs**

State Plan Assurances

**Governor's Assurance Statement for
The Child Abuse and Neglect State Plan**

As **Governor** of the State of Oregon, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. **coordination with the State plan under part B of title IV of the Social Security Act, to the maximum extent practicable (section 106(b)(2)(A) of CAPTA;**
2. provisions or procedures for **an individual** to report known and suspected instances of child abuse and neglect, **including a State law for mandatory reporting by individuals required to report such instances** (section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
3. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born **with** and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, **or a Fetal Alcohol Spectrum Disorder**, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(B)(ii) of CAPTA);
4. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms **or Fetal Alcohol Spectrum Disorder** (section 106(b)(2)(B)(iii) of CAPTA);
5. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(B)(iv) of CAPTA);
6. triage procedures, **including the use of differential response**, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v) of CAPTA);
7. procedures for immediate steps to be taken to ensure and protect the safety of **a victim of child abuse or neglect** and of any other child under the same care who may also be in danger of **child** abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(B)(vi) of CAPTA);
8. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(B)(vii) of CAPTA);
9. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.

Attachment D

- a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 10 below;
 - c. child abuse citizen review panels;
 - d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(B)(viii) of CAPTA);
10. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from **child** abuse and neglect (section 106(b)(2)(B)(ix) of CAPTA);
 11. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(B)(x) of CAPTA);
 12. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse **and** neglect (section 106(b)(2)(B)(xi) of CAPTA);
 13. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(B)(xii) of CAPTA);
 14. provisions and procedures requiring that in every case involving a **victim of child abuse or neglect** which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, **including training in early childhood, child, and adolescent development**, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
 - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(B)(xiii) of CAPTA);
 15. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(B)(xiv) of CAPTA);
 16. provisions, procedures, and mechanisms -
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of **child** abuse or neglect can appeal such finding (section 106(b)(2)(B)(xv) of CAPTA);

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17. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;
 - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;
 - e. **to have committed sexual abuse against the surviving child or another child of such parent; or**
 - f. **to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi) of CAPTA);**
18. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 17 above, conviction of any one of the felonies listed in number 17 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(B)(xvii) of CAPTA);
19. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(B)(xviii) of CAPTA);
20. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(B)(xix) of CAPTA);
21. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(B)(xx) of CAPTA);
22. 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 (20 U.S.C. 1431 et seq.) (section 106(b)(2)(B)(xxi) of CAPTA);
23. provisions and procedures for requiring criminal background checks **that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)** for prospective foster and adoptive parents and other adult relatives

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.

Attachment D

- and non-relatives residing in the household (section 106(b)(2)(B)(xxii) of CAPTA);
24. **provisions for systems of technology that support the State child protective service system described in section 106(a) of CAPTA and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii) of CAPTA); and**
 25. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions); and
 - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions (section 106(b)(2)(C) of CAPTA).

I further give assurance that:

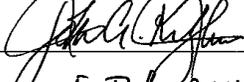
26. the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) of CAPTA (section 106(b)(2)(E) of CAPTA);
27. **the programs and training conducted address the unique needs of unaccompanied homeless youth, including access to enrollment and support services and that such youth are eligible for under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) and meet the requirements of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.) (section 106(b)(2)(F) of CAPTA);**
28. the State, in developing the State plan, has collaborated with community-based prevention agencies and with families affected by child abuse or neglect (section 106(b)(2)(G) of CAPTA); and

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29. there is authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from infants with disabilities who have life-threatening conditions (section 113 of CAPTA).

Signature of Governor:



Date: 5 July 2011

Reviewed by: _____

(CB Regional Child Welfare Program Manager)

Dated: _____

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.

CAPTA Projects and Activities

Ongoing Projects and Activities

Child Protective Service Coordinators

Child Protective Services (CPS) Coordinator positions are critical to developing policies and procedures for CPS response, and 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 State Automated Child Welfare Information System. The coordinators also work to support changes in administrative rule and CPS procedure. These efforts will increase consistency and quality of practice across the state in screening and assessment.

Areas addressed in administrative rule and procedures include direction and guidance on identifying and establishing services to maintain child safety, and obtaining medical examinations and psychiatric and mental health evaluations. A CPS consultant is a member of the Child Welfare Policy Council and participates in the review of policies and administrative rules related to all aspects of casework practice, including face-to-face contacts, service delivery and treatment, on a monthly basis.

CPS Coordinators are involved in the OR-Kids project, the State's automated child welfare information system, which includes attending new vendor demonstrations and assisting with the crafting of requirements for ongoing development of a data collection system that will support case management and increase efficiency.

Coordinators assist in development and delivery of training related to administrative rule and practice and technical changes.

Child Protective Service Coordinator - Position 1

Section 106(b)(2)(C)(ii),(iii)	CPS Areas All 16 areas	CFSR Items 1, 2, 3, 4
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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 Children, Adults and Families (CAF) administrative offices, under direction of the CPS Child Welfare Program Manager. The Coordinator develops and implements strategies for more effective communication between the state program office and child welfare field on child welfare policy and practice issues. In addition, this person is involved in the development of goals and objectives for policy and training in collaboration with other state agencies. Lastly, the position also supports increased opportunities for quality reviews of CPS practice, procedure and performance.

Objectives

- Provide statewide technical assistance and direction to District managers, Child Welfare Program Managers, supervisors and workers as well with community partners on implementation, management and evaluation of CPS program and practice
- Evaluate effectiveness of CPS policy, performance, service delivery and outcomes
- Develop and establish goals and objectives for policy and training as a part of the Children, Adults and Families (CAF) CPS program staff and in collaboration with other state agencies
- Improve communication between the state program office and local district offices
- Participate in coordination of the state child welfare Founded Disposition review process
- Conduct quality reviews of CPS/Child Welfare practice, procedure and performance

- 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
- Provide technical assistance to the state CPS program manager in research, policy and protocol development and legislative tracking

Summary of Activities

- Continued work on the Oregon Safety Model Implementation (OSM): Continuance of training that involves practice forums, supervisor quarterlies and worker quarterlies on OSM best practice
- Participate in the Department of Human Services development of the Program Improvement Plan. This includes development of a quality assurance tool to be used with CPS assessments. These quality reviews provide information regarding where training is needed for CPS workers
- Develop best practice procedures for CPS workers and supervisors use. Topics included: marijuana and child welfare cases, threat of harm guidelines, assessing teens as parents and sexual abuse issues
- Collaborated with Family Based Services and PSU Child Welfare Partnership in developing training curriculum titled “March ON” (Maintaining And Returning Children Home) for all child welfare workers in Oregon
- Provided statewide regional training sessions for all child welfare staff with Robin Rose, a nationally recognized expert. The training focused on working in stressful environments and improving critical thinking skills under the Oregon Safety Model
- Coordination of Critical Incident Review Team (CIRT) recommendations including development of a Teen Parent Safety Committee to review current DHS policies, practice and procedures for assessing teens as parents and teens involved in domestic violence relationships. In addition, provided a final report of findings and recommendations to the CIRT Team
- Participated in branch reviews to determine practice and policy issues and provide feedback and recommendations for policy compliance and best practice improvements

- Coordination of Critical Incident Review Team (CIRT) workgroup resulting from the death of a teenage girl in Oregon. Led workgroup that consisted of community stakeholders and child welfare experts who work with the teen population. Coordinator reviewed screening/assessment policy, practice and training with the workgroup to seek input for potential changes in policy, training, and/or procedure over a period of two sessions

Summary of Training Activities

1. With implementation of the Oregon Safety Model, DHS Child Welfare workers are required to use critical thinking skills in making safe decisions for children throughout the life of a case. The Oregon Safety Model involves a comprehensive look at families, which is much different from past incident-based practice. DHS caseworkers need additional tools and training that teaches them to respond in a calm and effective manner. This training emphasizes strategies that can help workers make safe, critical decisions under the intense pressures and stresses of their day to day work.

Robin Rose provided four regional training sessions (3 hours each) for Social Service Specialist 1 positions. Schedules and locations are determined by the parties.

Ms. Rose has expertise in the field of brain physiology and how it relates to the decision-making process in high-stress occupations.

She also has familiarity of the Oregon Safety Model and how caseworkers must use critical thinking skills in order to make safe and effective case decisions.

Training Outcomes

- Participants will develop and practice immediate strategies for staying calm and effective in the work place rather than having impulsive, reactive responses

- Participants will learn how to utilize effective critical thinking methods in their day to day practice under the Oregon Safety Model
- Participants will have a rudimentary understanding of the brain's physiology and its relationship to the decision-making processes that go into their work as case workers

2. Assisted in developing and providing the MARCH ON training (3.5 hr curriculum) provided to all Oregon child welfare caseworkers

3. Developed curriculum and provided two OSM training sessions to In Home Safety and Reunification Service (ISRS) providers in Multnomah County

4. Assisted in developing a template of a comprehensive CPS assessment example in collaboration with the new SACWIS system in Oregon (ORKIDS) to be used as a training tool for staff

5. Developed and implemented training for new policy on Creating and Maintaining Case Records, Service Plans

6. Developed curriculum for out of home care investigators, focusing on policy and objectivity/bias recognition during the investigations

Child Protective Services Program Coordinator – Position 2

Section 106 (b) (2) (C) (ii) (iii)	CPS Areas All 16 areas	CFSR Items 1, 2, 3, 4
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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 the Department of Human Services / Children, Adults and Families Division and works closely with the CPS Child Welfare Program Manager.

Accomplishments

This position has been successful in providing greater 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:

- Administrative Rules for CPS which includes definitions of terms for: screening; assessment; safety analysis for DHS and law enforcement cross reporting; child abuse assessment dispositions, for daycare facility investigations, for access to the law enforcement data system in local offices; and assessing safety service providers
- Revising Administrative Rule that guides services and plans as well as creation of a case in the State Automated Child Welfare Information System (SACWIS)
- Revising protocols for child fatality reviews and critical incident review teams, and develop protocol for sensitive issue reviews
- Creating and revising forms and pamphlets, including a pamphlet informing caregivers about what to expect during a CPS assessment
- Completing and implementing the revised domestic violence guidelines
- Coordinating Founded Dispositions reviews
- Facilitating rule advisory committees
- Assisting with reviews of critical cases
- Facilitating CPS case reviews for quality assurance
- Revising procedures
- Reviewing child abuse and neglect fatalities
- Legislative Bill analysis

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

- Rule Advisory Committees
- Founded CPS Assessment Disposition Review Committee (appeal process)
- CPS and Office of Investigations and Trainings meetings
- Forms Committee

- Policy Council
- Law Enforcement Data Systems meetings
- Change Control Board for information system that supports CPS
- State Child Fatality Review Team
- Rule Writer’s workgroup

Summary of Training Activities

Provided Mandatory Reporting Training (8 hours) to child welfare and child protective services staff, and to the legislature

Family Based Services Consultant

The Family Based Services (FBS) Consultant position is critical to the development of policies and procedures, for child welfare response and to provide training and consultation to staff on applying these policies and procedures to daily practice. The person in this position consults with child welfare caseworkers and supervisors to guide staff in the application of the Oregon Safety Model to maintain children safely in their home or to reunify them with their parents as quickly as possible.

In addition, the Consultant participates in work groups that design, develop, and implement or modify administrative rules and procedures. The Consultant trains staff and provides ongoing feedback about changes in administrative rule and FBS practice. These efforts will increase consistency in practice, across the state, in maintaining children safely at home and in returning them home more quickly.

Family Based Services Consultant

Section 106 (a) (1), (b) (2), (C) (ii) (iii)	CPS Areas All 16 areas	CFSR Items 1, 2, 3, 4
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Objectives

- Provide statewide technical assistance and direction to District managers, Child Welfare Program Managers, supervisors and

- workers as well with community partners on implementation, management and evaluation of FBS program and practice
- Evaluate effectiveness of FBS policy, performance, service delivery and outcomes
 - Develop and implement goals and objectives for policy and training as a part of the DHS/Children, Adults and Families FBS program staff, and in collaboration with other state agencies
 - Improve communication between the state program office and local district offices
 - Conduct quality reviews of FBS/Child Welfare practice, procedure and performance
 - 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
 - Provide technical assistance and feedback to the state Child Protective Services program manager about current practice issues involving field staff, including as supervisors and caseworkers.

Approach

This project funds a .5 FTE Family Based Services (FBS) Consultant position to ensure the quality and consistency of child safety practice and policy for two districts encompassing six counties in Oregon. The person in this position works in coordination with four other FBS Consultants and the FBS Program Coordinator within the Office of Safety and Permanency for Children, under supervision of Child Protective Services Program Manager.

This position develops and implements strategies for more effective communication between the state program office and child welfare field on child welfare policy and practice issues. Another key role is involvement in development of goals and objectives for policy and training in collaboration with other state agencies. Lastly, the position also allows for increased opportunities to provide quality reviews of Child Welfare practice, procedure and performance.

Summary of Activities

- Oregon Safety Model (OSM) Implementation: Consultant continues to train and consult via practice forums, supervisor quarterlies and worker quarterlies on the OSM concepts
- Participate in the Department of Human Services development of the Program Improvement Plan. This included development of Oregon Family Decision Meeting and Child Safety Meeting procedure, as well as involvement and ongoing consultation in the pilot of the new Oregon Family Decision Meeting procedure
- Development of best practice procedures for use by caseworkers and supervisors. Topics include: development of an initial in-home safety plan, conditions for return of children safely to their homes, assessing the protective capacity of parents and the use of the Child Safety Meeting to engage extended family members
- Assistance in the development and implementation of the In Home Safety and Reunification Services (ISRS) training and assistance in the implementation plan
- In December of 2010 agency management asked that consultants minimize organized trainings due to the OR-Kids roll out and training and time management issues for field staff. This request impacted the amount of training facilitated during Spring 2011

Summary of Training Activities

April 20, 2010

1: Technical assistance meeting with the trainers from the National Resource Center on in-home services and child protective services to discuss a plan for reorganization of FBS services to in-home safety services

April 21, 2010

2: Continued meeting as stated above (two day meeting)

April 22, 2010

3: Family Based Services unit meeting. Strategic planning continued using information obtained from the National

Resource Center for in-home services and child protective services.

4: Individual coaching/mentoring with Marion County worker on the protective capacity assessment and case plan development

April 23, 2010

5: Training and Consultation at the Marion County Permanency supervisor meeting

6: Individual coaching/mentoring with Marion County worker, and assisted with the facilitation of a child safety meeting

April 27, 2010

7: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

April 29, 2010

8: Meeting with Marion County program manager, Jason Walling to discuss training plans

9: Unit meeting training with Marion County permanency unit in regards to the protective capacity assessment

10: Individual coaching/mentoring with Benton County worker regarding ongoing safety planning and case planning

April 30, 2010

11: Training and consultation at the Marion County supervisor meeting

May 5, 2010

12: Training and consultation with two meeting facilitators regarding the child safety meeting. Observed a meeting and provided feedback

May 6, 2010

13: Consultation at the Multnomah County in-home supervisors meeting

May 10, 2010

14: In-Home Safety and Reunification Services (ISRS)
procedure writing committee facilitation

May 11, 2010

15: Benton County ongoing and CPS worker training on safety threats and safety planning

May 12, 2010

16: Benton County Teen Unit meeting training regarding engaging families in case planning in Behavioral Rehabilitation Services (BRS) cases

17: Organized and provided the DHS District 3 and 4 ongoing worker quarterly training (9-3 event)

18: Oregon Family Decision Meeting (OFDM) procedure workgroup

May 13, 2010

19: Provided consultation and training to the Conditions for Return workgroup at the Marion County

May 17, 2010

20: Benton County individual coaching and mentoring, and facilitation of a child safety meeting

21: Benton County individual coaching and mentoring; case plan development on a difficult case

May 20, 2010

22: Consultation at the OFDM procedure workgroup

May 24, 2010

23: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

May 25, 2010

24: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

May 26, 2010

25: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

May 27, 2010

26: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

27: Marion County branch case mentoring and coaching a difficult case staffing

May 28, 2010

28: Participated in the permanency roundtables (hosted by the Casey Foundation) at the Marion County office as an internal consultant in order to provide information regarding Oregon's child welfare policy and law

June, 1, 2010

29: Organized, facilitated, and trained at the DHS District 3 and District 4 teen worker quarterly training

June 3, 2010

30: Consultation and training at the Multnomah County in-home supervisors training

31: Individual worker training/mentoring, Benton County, family meeting facilitation

June 7, 2010

32: Facilitated the IRSR procedure workgroup

June 8, 2010

33: OSM/Family Decision Making (FDM)/Child Safety Meeting (CSM) workgroup

June 9, 2010

34: Facilitated the IRSR procedure workgroup

June 23, 2010

35: Benton County, individual training/ mentoring family meeting facilitation

June 24, 2010

36: Training/ mentoring at the Marion County Parole and Probation case staffing

June 30, 2010

37: Facilitation of the ISRS procedure workgroup

38: Benton County mentoring/ coaching on family meeting facilitation (ongoing)

July 14, 2010

39: Strategic development planning with National Resource Center for in-home safety planning and child protective services regarding ISRS

40: ISRS training development workgroup

July 15, 2010

41: Strategic development planning with National Resource Centers for in-home safety planning and child protective services regarding ISRS, day two

July 16, 2010

42: Strategic development planning with National Resource Center for in-home safety planning and child protective services regarding ISRS, unit meeting planning

July 19, 2010

43: ISRS training development

July 20, 2010

44: OFDM procedure development

July 22, 2010

45: ISRS training meeting planning

July 23, 2010

46: Marion County branch individual worker training, case plan development

47: Marion County branch individual supervisor training, approval of case plans

July 28, 2010

48: Marion County all-staff meeting with community partners, facilitation of discussion between staff and community partners in regards to communication and Oregon Safety Model

August 3, 2010

49: Training development with the National Resource Center for in-home services (ISRS training)

August 4, 2010

50: Organization, facilitation and training of the DHS District 3 and District 4 ongoing case worker quarterly training

August 5, 2010

51: Individual supervisor training, Marion County branch, approval of case plans

August 10, 2010

52: ISRS training planning meeting

August 16, 2010

53: Benton County FDM training/facilitation

August 17, 2010

54: OSM/FDM procedure workgroup

August 23, 2010

55: Marion County individual worker coaching/ mentoring/ training case planning

August 24, 2010

56: Train-the-Trainer training (ISRS)

August 25, 2010

57: Train the Trainer training (ISRS)

August 26, 2010

58: ISRS training, Linn County branch (maintaining and returning children home)

August 27, 2010

59: Marion County program manager, Jason Walling, Protective Capacity Assessment (PCA) training

60: Unit meeting training on PCA and case planning

September 1, 2010

61: ISRS training, Lincoln County branch (maintaining and returning children home)

September 2, 2010

62: ISRS training, Linn County branch (maintaining and returning children home)

September 7, 2010

63: Marion County individual coaching/mentoring regarding difficult case, planning

September 8, 2010

64: Training for Program Managers- statewide meeting, ISRS

September 9, 2010

65: Individual training mentoring coaching with Linn County branch worker, PCA

September 16, 2010

66: Training of the OFDM pilot branch supervisors, program managers and meeting facilitators

September 21, 2010

67: Marion County branch ISRS training (maintaining and returning children home)

September 23, 2010

68: ISRS training, Yamhill County branch (maintaining and returning children home)

October 7, 2010

69: ISRS training, Marion County branch (maintaining and returning children home)

October 19, 2010

70: OFDM procedure workgroup

October 21, 2010

71: OFDM pilot consultation

October 26, 2010

72: ISRS training, Marion County branch (maintaining and returning children home)

October 29, 2010

73: OFDM pilot consultation

November 4, 2010

74: ISRS training, Marion County branch (maintaining and returning children home)

November 10, 2010

75: DHS Districts 3 and 4 ongoing worker quarterly facilitation, organization and training

November 16, 2010

76: OSM / FDM workgroup

November 19, 2010

77: OFDM pilot consultation

December 3, 2010

78: OFDM pilot consultation

December 14, 2010

79: ISRS provider training planning meeting

December 15, 2010

80: OFDM procedure workgroup

December 16, 2010

81 OFDM pilot consultation

December 17, 2010

82: ISRS providers and DHS staff joint training Marion County branch

January 5, 2011

83: Polk County all-staff meeting training on confirming safe environments

January 7, 2011

84: OFDM pilot consultation

January 20, 2011

85: ISRS providers and DHS staff joint training Benton County branch

January 21, 2011

86: OFDM pilot consultation

February 4, 2011

87: OFDM pilot consultation

February 8, 2011

88: Benton County all-staff training on engaging relatives in case planning

February 18, 2011

89: OFDM pilot consultation

February 24, 2011

90: Benton County training, mentoring and coaching

February 28, 2011

91: Training preparation meeting with OPTIONS staff

March 1, 2011

92: Washington County joint training between ISRS providers and DHS staff

March 10, 2011

93: Benton County meeting facilitation coaching

March 15, 2011

94: Benton County meeting facilitation coaching

March 18, 2011

95: OFDM pilot consultation

CAPTA Training

Completed Training

1. 11th Annual Child Abuse and Family Violence Summit

This last year's Summit was April 27 – 30, 2010, in Portland, Oregon, and its theme was *The Power of One in Collaboration with Others*.

Our CAPTA grant funded three staff (two Child Protective Services and one Family Based Services) to attend.

The three-and-a-half-day Summit is a multi-disciplinary conference for professionals working in the areas of investigations, interviewing, assessment, prosecution, and treatment of child abuse, neglect and domestic violence.

This Summit is hosted by the Oregon Clackamas County Sheriff's Office/Child Abuse Team and the Domestic Violence Enhanced Response Team (DVERT). The Summit's goal is to educate professionals on the complex issues associated with child abuse and family violence, to broaden each professional's knowledge base in multiple areas, and to increase understanding of the other agencies' roles and responsibilities.

2. Abuse Allegations in Foster and Relative Caregiver Homes Training

This training was conducted by the DHS foster care program, DHS CPS program, Portland State University / Child Welfare Partnership, and Lori Schiedler (a foster parent). The audience included foster care certifiers, caseworkers, supervisors, program managers, and foster parents. The training curriculum included:

- improving practice around allegations of abuse in foster care, including:
 - how to understand each other's roles and responsibilities in the process of investigation of abuse; and
 - how to identify ways in which support one another.

Training locations included:

- 10/20/09 Washington County
- 11/10/09 Jackson County / Medford Rogue Regency
- 11/17/09 Multnomah County
- 11/24/09 Marion County
- 12/2/09 Umatilla County / Pendleton Oxford Suites
- 12/3/09 Baker County / Baker City BW Sunridge Inn

3. Robin Rose Brain Physiology Training

We contracted with Robin Rose to provide four (4) regional training sessions for child welfare caseworkers. Each training was 3.5 hours.

The dates and locations were:

- Umatilla County / Pendleton May 14, 2010
- Jackson County / Medford May 24, 2010
- Multnomah County / Portland June 8, 2010
- Marion County / Salem June 21, 2010

Robin was tasked with:

- Developing a training curriculum that focused on brain physiology, how it relates to the decision-making process in high-stress occupations, application of the Oregon Safety Model and how caseworkers must use critical thinking skills to make safe and effective case decisions; and
- Developing a pre-test and post-test to evaluate participants' knowledge and ability to apply skills learned in training.

The trainer's expected outcomes:

- Participants will have developed and practiced immediate strategies for staying calm and effective in the work place;
- Participants will demonstrate how to utilize effective critical thinking methods that are necessary in their day-to-day implementation of the Oregon Safety Model; and
- Participants will demonstrate an understanding of the brain's physiology and its relationship to the stress indicators and decision-making processes that apply to their daily work as caseworkers.

Trainers gave a pre and post test to attendees using the following questions:

- How do you calm yourself down when you feel anxious, angry or overwhelmed?
- How do you have successfully calmed down and are thinking clearly?
- What step in the Oregon Safety Model (OSM) do you wish you had more time to do?
- How do you know that you have successfully calmed down and are thinking clearly?

Following is a copy of the curriculum Powerpoint:

Welcome!

Please:

- Find a great seat!
- Drink some water
- Prepare to enjoy!

Thinking Clearly & Staying Professional Under Pressure

On most days, people can expect 250 – 800 moments of surprise, irritation and/or stress. Given the nature of your jobs, those numbers can be even higher.



Today you will learn skills that will prevent this from occurring – even when you are under stress, change is occurring, or people around you are out of control.



Before we get started, please take this simple 'Pre-test'.



1. How do you calm yourself down when you feel anxious, angry or overwhelmed?
2. How do you know that you have successfully calmed down and are thinking clearly?
3. What step in the OSM do you wish you had more time to do?



Each time you experience a stressor you turn off your health systems and your thinking brain. Not only can you not make good decisions, you experience physical ills.....

How can you tell if this is happening to you?

Upset indicators →



- Tension/migraine headaches
- TMJ
- Neck/shoulder/low-back pain
- Digestive upsets
- Fatigue, loss of zest
- Joint pain
- Fibromyalgia
- Sleep problems

Do you have any of these 2 – 5 times a month?

Why listen to me?



I like her because she smiles at me and means it.
~Anonymous

About Robin Rose

- Training since 1985
- Areas of expertise:
 - Accelerated Learning
 - Stress, Change & Conflict
 - Communication / Teambuilding
 - Leadership Skills
- M.A. Counseling / Psychology
- Presents research-based information
- Committed to making this time valuable for you



Increase Your Learning

- Keep your body comfortable
- Stay hydrated
- Remember QTIP
- Doodle
- ID 3 items you most want to remember



Your day (and stress level) starts in your brain:



TRIUNE-BRAIN MODEL

Thinking Brain

Limbic System

Survival Brain



The brain develops from the back to the front

Survival Brain

- ❖ First area developed
- ❖ Runs basic body functions
- ❖ Fight, flight, freeze (stress) reactions
- ❖ No thinking or reasoning
- ❖ No impulse control or self-awareness
- ❖ Can not relate to others' needs
- ❖ Rote memory, ingrained responses
- ❖ Activated by fear or discomfort



Survival Brain Indicators 

- ✓ Argues, insists on being right
- ✓ Blames, whines, complains, gossips
- ✓ Recycles events w/out solving them
- ✓ Explosive or 'sweet' temper
- ✓ Mad or stubborn when change occurs
- ✓ Short attention span – bad judgment
- ✓ Snide or critical remarks, put downs

The survival brain can't process information or reflect accurately.
(Testing anxiety)

It negatively influences communication and ***positions you against others.***
(fighting)

 When you're in survival, you're the last to know.
(but sure you're right) 

"You can't out-think someone who's not thinking!"

The Limbic System 

- Controls Emotions / Hormones
No emotion = no decision making
- Connects with other's limbic systems to regulate – *social contagion.*
-which is why one 'downer person' can affect the mood of an entire group.
Your mood alters the mood of the group you are working with.
Emotions have a collective existence.

Which is why:

**People will forget what you said,
people will forget what you did,
but people will never forget how
you made them feel.**

Maya Angelou 

**Memory and feelings are linked
(limbic system functions).**

 We 'catch' the attitudes of the people around us, just we catch their colds.

We can become like the 5 people we most time around.

Are your attitudes worth catching?



If you are around lots of negative or stressed people, it is essential to have a strong emotional immune system.

And Finally! The Thinking Brain

- ✓ Requires oxygen and glucose
- ✓ Last part to develop (age 24-26)
- ✓ Understands consequences of actions and decisions
- ✓ Self-awareness & impulse control
- ✓ Forethought, organization, planning
- ✓ Presumes success and goes for it!



Thinking Brain Indicators

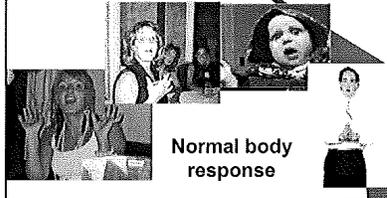
- ✓ Analyzes, problem-solves, adapts
- ✓ Listens (regardless of liking or agreeing)
- ✓ Approaches differences openly & optimistically
- ✓ Participates, helps & encourages
- ✓ Curious, constructive state of mind
- ✓ Can forgive, let-go & move forward



70-90% of the time people are reacting from their survival brains.

**Quick way to tell – when something happens that they don't like, do they:
Worry, react or adapt?
Become critical or curious?
Repeat the story or let it go?**

When a surprise or stressor occurs, people have a startle reaction and hold their breath.



But holding the breath sends the brain the message that something is wrong, and it immediately goes to work to help you survive!!!!



Notice that you hold your breath when you worry or have upset thoughts.



What chemicals?
Cortisol
and
Adrenaline

Within 8 seconds of holding your breath, your limbic system manufactures and releases chemicals which prepare you for fight, flight or freeze.



While these chemicals activate your fight-or-flight system, they simultaneously shut down your thinking brain and health systems. This is what we call stress.

Ever see an adult having a tantrum? This is what is occurring.



While holding your breath turns your thinking brain and health systems off and starts a stress reaction, Proper breathing stops a stress reaction and activates your health and thinking systems!



Not all breathing will do this. *Check yours!*

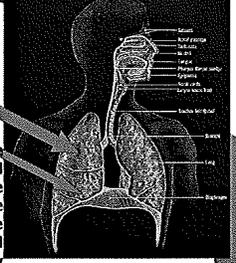
Chest breathing?	Belly Breathing?
30% lung capacity, barely increases oxygen & activates only the survival brain.	Necessary to activate the thinking brain.



Belly breathing produces more oxygen

Inefficient chest breathing uses the top of the lungs where there is little blood supply and air capacity.

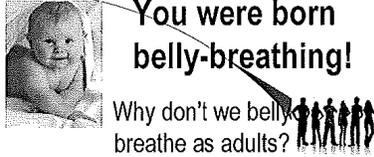
Effective abdominal breathing uses the lower lungs where there is a large blood supply and air capacity.




When you **exhale**, you send your brain the message that you feel safe. We call this a 'sigh of relief'.

When you exhale, your system stops making stress chemicals and makes calming & health chemicals instead.

Serotonin	Endorphins
✓ relaxes and calms	✓ reduce pain
✓ reduces anxiety	✓ increase alertness
✓ regulates appetite	✓ clarify thinking
✓ improves sleep	✓ increase pleasure



You were born belly-breathing!

Why don't we belly breathe as adults?

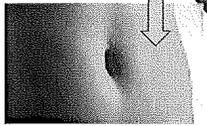
We have associated having a flat stomach with desirability. We 'suck-it-in' to look good.



Practice belly breathing

1. Place one hand on your belly and the other on your low back.
2. Feel both hands move away from each other as you inhale, and move back in as you exhale.
3. **EXHALE COMPLETELY.**

Imagine you are breathing in through your



Belly button



4-2-6-2 Breath

- ❖ Breathe in for 4
- ❖ Hold for 2 - 4
- ❖ Exhale for at least 6-10
- ❖ Rest for 2
- ❖ Repeat 6 Times

Belly out, shoulders down

Square Breathing

Breathe in for 4

Hold for 4

Out for 4

Rest for 4



Belly out
Shoulders down



Critical application:

Can you belly breathe when family members, clients or colleagues are upset, unkind or angry?

**The most important times
to breathe every day**



Before falling asleep

Practice breathing as a family!



Lie down
together each
evening and
breathe for 5
minutes.

Before getting out of bed in the AM



Breathe out last night's air!

Before you eat



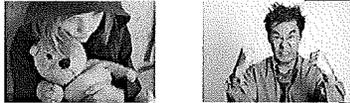
Before you greet



Before you address a tough issue



When you are with a person who is frightened or angry.



When you experience a change or surprise



It is **ESSENTIAL** that you stop and breathe every day. Otherwise your body stays in fight or flight. Breathing sends it the message that you are safe and that it can relax and restore.



These help belly breathing:

- Aerobic exercise
- Laughter**
- Music you love
- Yoga / Meditation
- Forgiveness
- Juggling

Another essential tool:



Are you aware of how much you talk to yourself?

Do you know what you say when you do?



What do you tell yourself about changes & stressors in your life?



Who's living rent-free in your head?
Does that voice build you up or break you

Whatever you give your attention to, will grow, regardless of whether it's positive or negative

I know I can succeed!



What you think about, You bring about!



Where do you focus your mind?

Check it out!



Your body will give you immediate feedback to let you know if your thought stresses (weakens) you or strengthens you!

Stress is not determined by what happens to us, but what we **SAY to ourselves** about what happens to us.



70% of most people's thoughts are negative and redundant (survival brain).



Are yours?
 Begin to notice what you say to yourself when you are waiting for someone, or standing in a long grocery line...



Though 97% of our lives work well,
-by the time you reach your first destination each day, you have already had 350 – 2000 successes.



Yet 98% of most people's conversations focus on the 3% that is not working well. This can increase during change.
(Anticipation)



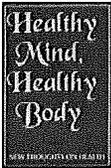
The top performing professionals use statements like:



I can work with this...
I can manage this.
I can handle this...
I can work with this person.
We can solve this issue.



Research shows that 87% of illness can be attributed to our thought life and approx. 13% to diet, genetics and environment.




What out for the tendency to bond through shared pain.

Notice if your conversations help you and others heal, or if they expand the pain.

Do you build others up, or break them down?
Tip: Consider creating a gossip-free time or zone!

Avoid these conversations – they stress you and hurt your health!

- ❖ Gossip
- ❖ Worry
- ❖ Blame
- ❖ Complaining
- ❖ Put others down



A Native American Story Telling Tradition



Listen twice, then move to solutions.
Consider making this a habit, at work and home.



As soon as you notice a sense of stress:

- ❖ Take 2 long, deep breaths
- ❖ Get in control of your inner dialog – remind yourself that you can manage the situation calmly and well.

Start a morning practice to set a great tone for your day:



1. Breathe out yesterday's air.
2. Identify something you love.
3. Order up! Set your intention for the day.



At the end of the day, take time to appreciate yourself, your teams and your work.

Had a tough day?

Don't take it home
Relax – Let it Go!



Leave work at work....

Keep it all in perspective:
Your job is a *means* to your life.

It is not your life.



Make sure you have a life you love outside of work.



Identify 5 things you love to do. Do them!

When you do what you love, you decrease cellular inflammation.

What do you do that is TIMELESS?

How much is needed?

- 30 minutes a day
- 3 hours a weekend.

If your stress increases – increase your playtime – maintain balance!

What do you love doing so much, it has a 'timeless' quality to it?

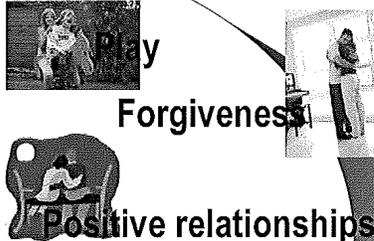


These are particularly important:

Play

Forgiveness!

Positive relationships



And my personal favorite-



10 Second Rule

How you treat people in the first 10 seconds sets the tone for the next 6 – 8 hrs

What does your greeting express?
Greet with enthusiasm – it's contagious!




Whew! What will you **DO** as a result of these ideas? Please get in to groups of 3-4 and make a list.

We've talked about a lot today!



Please take the 'Post-test'.



1. How do you calm yourself down when you feel anxious, angry or overwhelmed?
2. How do you know that you have successfully calmed down and are thinking clearly?
3. What step in the OSM do you wish you had more time to do?



Want more of this information?
Robin sends out a free weekly
email with coping strategies.
Sign-up at: www.robinrose.com



Her book and CD
are now available -
check her website

A promotional box with a white background and a black border. It contains text about a free weekly email and a sign-up link. Below the text are small images of a book and a CD. To the right of these images is more text about the book and CD being available on the website.

The trainers did not request evaluations from participants.

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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A provider, contracted with CAPTA funds, delivered 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 system. From January 2010-11, 14 one-day training sessions were provided regionally to DHS CW staff on: Best Practices in Case Planning for 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

Marijuana education and intervention classes for child welfare parents continued to be taught in Clackamas, Washington and Multnomah counties and added to Lane and Linn counties. Real-life scenarios and strategies on how to work more effectively with addicted clients is part of this training module. Speakers share experiences about addiction, recovery process and working with staff from state agencies. The topics of opiate and marijuana addiction are the most requested based on the increase in use of both of these substances.

Baby Doe – Public Law 98-457

Section 106	CPS Areas 1, 3	CFSR Items N/A
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In accordance with Oregon Administrative Rules (OAR) 413-020-0600 through 0650 and Oregon Department of Human Services (DHS or Department), Children, Adults and Families Division (CAF), Client Services Manual I, Number I-B.2.2.2, "Investigation of Suspected Medical Neglect", a portion of our CAPTA state grant is set aside annually to contract with medical providers to comply with Public Law (PL) 98-457, if needed.

PL 98-457 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.

Medical professional(s) will provide neonatology and consulting services to DHS referred clients, consult with DHS employees during investigation of DHS Child Protective Service (CPS) cases, and assess whether reasonable medical judgment is being applied by attending physicians and hospital sites where clients are being reviewed.

Due to the sensitive nature of these cases and the specialized skills required to complete the investigations, the Department will designate a Child Welfare staff person in each of the three cities having tertiary care centers (Portland, Eugene, and Medford) to be a specialist in Medical Neglect investigations. These Medical Neglect Investigators, along with the CPS program manager, will be available to provide telephone consultation and investigations or reports alleging medical neglect of handicapped infants with life-threatening conditions. The Medical Neglect Investigators will form a special investigation "Team" with a Designated Consultant Neonatologist and a local CPS caseworker.

The federal regulations emphasize that parents are the decision makers concerning treatment for their disabled infant based on advice and reasonable medical judgment of their physician(s) with advice from the Hospital Review Committee, if one exists. It is not

the Department not the HRC, nor any other committee, who makes decisions regarding the care and treatment for a child except in highly unusual circumstances where the course treatment is inconsistent with applicable standards established by law.

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. In response to a report of medical neglect of a disabled infant with a life-threatening condition, the Department's investigative role is to determine if the decision made to withhold treatment was based on reasonable medical judgment consistent with the definition of "withholding of medically indicated treatment", as defined:

(9) "Withholding of Medically Indicated Treatment" means the failure to respond to the infant's life-threatening conditions.

As of May 2011, funding has not been necessary for these services, but continues to be allocated from the CAPTA Basic State grant budget.

Early Intervention Referrals

Section 106 (b) (2) (A) (xxi)	CPS Areas 1, 3	CFSR Items 21
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On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003. The Child Abuse 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

Each Child Welfare office and county Early Intervention (EI) program has an interagency agreement that prescribes referral procedures used for children 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 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 determine if referral rates are appropriate.

DHS Data

Below are available data regarding the number of children in each district who received Early Intervention referrals following a substantiated child protective services assessment.

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	Apr 09 - Jul 09			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	24	57%	22	52%
2	157	64%	115	47%
3	186	78%	134	56%
4	46	81%	42	74%
5	92	61%	86	57%
6	46	92%	33	66%
7	40	63%	41	65%
8	79	69%	14	12%
9	8	47%	6	35%
10	29	91%	14	44%
11	52	98%	43	81%
12	38	81%	23	49%
13	7	47%	9	60%
14	16	89%	17	94%
15	44	80%	34	62%
16	71	62%	50	43%
Statewide	935	71%	683	52%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	June 09 - Sept 09			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	21	47%	17	38%
2	142	59%	106	44%
3	219	84%	147	56%
4	49	78%	42	67%
5	84	66%	66	52%
6	60	92%	37	57%
7	42	65%	30	46%
8	81	70%	41	35%
9	8	40%	9	45%
10	26	84%	16	52%
11	46	98%	41	87%
12	26	68%	25	66%
13	22	85%	20	77%
14	13	87%	10	67%
15	46	68%	30	44%
16	56	60%	53	57%
Statewide	941	71%	690	52%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	Sept 09 - Dec 09			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	31	66%	23	49%
2	148	71%	99	48%
3	163	75%	131	60%
4	43	84%	39	76%
5	75	55%	75	55%
6	55	96%	32	56%
7	38	60%	34	54%
8	32	62%	26	50%
9	11	52%	6	29%
10	25	69%	3	8%
11	40	100%	33	83%
12	20	91%	6	27%
13	17	94%	14	78%
14	12	71%	9	53%
15	57	70%	32	39%
16	62	78%	60	76%
Statewide	829	76%	622	57%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	Oct 09 - Jan 10			
District	Number of children referred for assessment W/in 21 Days	% of children referred for assessment W/in 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	27	73%	8	22%
2	145	80%	95	52%
3	194	90%	160	74%
4	49	80%	41	67%
5	103	62%	97	58%
6	58	88%	34	52%
7	36	57%	28	44%
8	54	72%	48	64%
9	8	57%	5	36%
10	21	57%	1	3%
11	27	100%	23	85%
12	26	87%	9	30%
13	9	90%	8	80%
14	7	58%	1	8%
15	56	62%	27	30%
16	65	81%	63	79%
Statewide	885	81%	648	59%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	Dec 09 - Mar 10			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	35	71%	14	29%
2	178	89%	114	57%
3	212	93%	178	78%
4	34	68%	29	58%
5	139	77%	108	60%
6	61	86%	48	68%
7	37	62%	36	60%
8	65	87%	41	55%
9	11	65%	7	41%
10	25	68%	6	16%
11	33	100%	30	91%
12	35	100%	21	60%
13	17	74%	16	70%
14	4	100%	4	100%
15	73	86%	48	56%
16	59	77%	50	65%
Statewide	1018	89%	750	65%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	Jan 10 - Apr 10			
District	Number of children referred for assessment W/in 21 Days	% of children referred for assessment W/in 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	22	69%	5	16%
2	221	93%	132	55%
3	251	94%	199	75%
4	71	81%	62	70%
5	145	77%	107	57%
6	53	91%	36	62%
7	38	66%	34	59%
8	81	90%	62	69%
9	10	59%	6	35%
10	21	58%	9	25%
11	36	100%	36	100%
12	27	100%	16	59%
13	17	65%	18	69%
14	4	100%	4	100%
15	79	88%	55	61%
16	62	82%	53	70%
Statewide	1138	92%	834	67%

District Tracking Log for 60 Day Mental Health / EI assessments

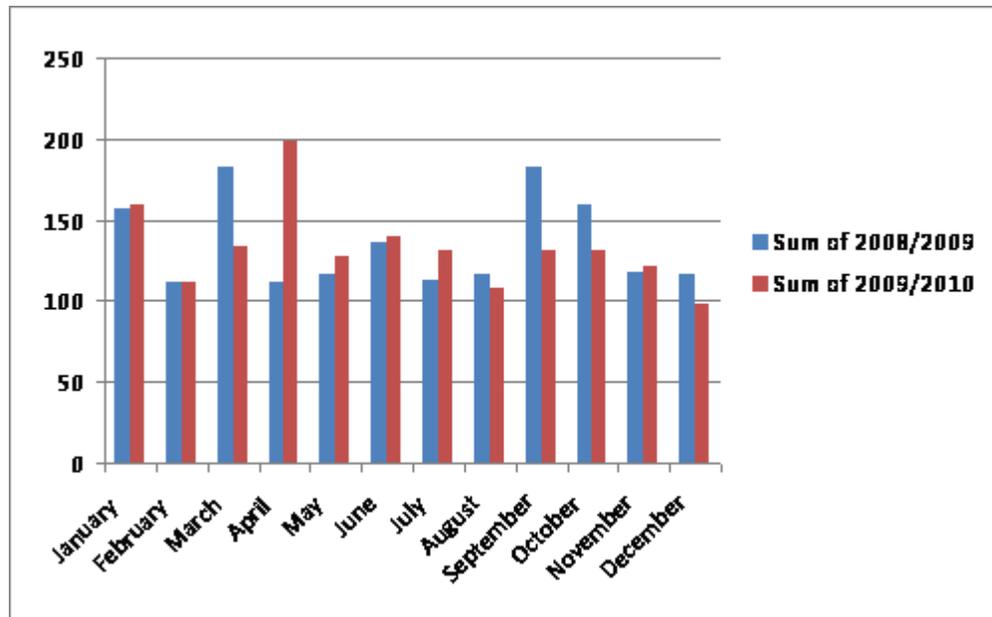
Summary Sheet	Feb 10 - May 10			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	27	66%	8	20%
2	236	94%	134	54%
3	230	93%	192	78%
4	49	83%	37	63%
5	147	77%	96	50%
6	54	92%	39	66%
7	30	63%	33	69%
8	104	95%	64	58%
9	14	64%	14	64%
10	23	46%	14	28%
11	48	100%	48	100%
12	26	100%	12	46%
13	14	56%	16	64%
14	10	100%	7	70%
15	80	96%	54	65%
16	72	85%	63	74%
Statewide	1164	94%	831	67%

District Tracking Log for 60 Day Mental Health / EI assessments

Summary Sheet	March 10 - June 10			
District	Number of children referred for assessment W/In 21 Days	% of children referred for assessment W/In 21 days	Number of children who got an Assessment W/in 60 days of placement	% of children who got an Assessment W/in 60 days of placement
1	22	67%	3	9%
2	264	93%	144	51%
3	253	92%	186	68%
4	64	89%	48	67%
5	156	77%	122	60%
6	49	83%	35	59%
7	18	53%	21	62%
8	109	96%	71	62%
9	13	68%	12	63%
10	18	36%	14	28%
11	32	97%	33	100%
12	21	95%	13	59%
13	11	85%	6	46%
14	9	100%	4	44%
15	69	97%	51	72%
16	74	81%	67	74%
Statewide	1182	93%	830	66%

ODE Data

Month	Data	
	Sum of 2008/2009	Sum of 2009/2010
January	157	159
February	111	111
March	183	133
April	111	198
May	117	128
June	136	140
July	113	131
August	117	108
September	182	131
October	159	131
November	118	121
December	116	98
Grand Total	1620	1589



CAPTA Citizen Review Panel Overview

Section 106 (c)	CPS Areas All (Panels Option)	CFSR Items N/A
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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.

Public Law (P.L.) 111-320, signed into law on December 20, 2010, reauthorized and amended the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, and Adoption Reform Act of 1978 (the Adoption Opportunities Program), and the Abandoned Infants Assistance Act of 1988.

The CAPTA Reauthorization of 2010 places particular emphasis on several areas, including use of differential response systems in response to allegations of child maltreatment and as a prevention strategy; collaboration among child protection, domestic violence services, substance abuse services, and other agencies in investigations, interventions and service delivery to children and families affected by child abuse or neglect; and addressing the needs of infants affected by a Fetal Alcohol Spectrum Disorder. There is also a requirement to ensure that programs and training address the needs of unaccompanied homeless youth and help to ensure that they are served by other Federal programs, including the McKinney-Vento Homeless Assistance Act.

Panel members are volunteers who broadly represent the community in which the panel is established. The mandate of these panels is to “evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities”. Panel members examine policies, procedures, and where appropriate, specific cases handled by state and local agencies providing child protective services. The Panels also “prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the panel”.

Background/History

Oregon has three active Panels located in Multnomah, Jackson and Malheur counties. These counties represent demographic, economic, social and political populations found throughout Oregon. In the same way, our Panels provide a diverse perspective of recommendations and activities related to child protective services delivered to children and families. The Department of Human Services (DHS)/Children, Adults and Families (CAF) Division contracts with child abuse intervention (assessment and advocacy) centers in each of these counties, to carry out the work of the Panels.

Our Panels receive guidance and technical assistance from the CAPTA grant manager or coordinator, who are based in the central office of the DHS/CAF Division.

Citizen Review Panel Annual Reports

Oregon CAPTA Panel Annual Report

County: Jackson	Date: April 29, 2011
Time Period: July 1, 2010 through June 30, 2011	

Panel Members

Name	Agency
<i>Chair:</i> Roxann Jones Senior Project Coordinator	Commission on Children & Families
<i>Support Staff:</i> Michelle Wilson Development Director	Children's Advocacy Center (CAC)
Josh Miller Intake Supervisor	DHS Child Welfare
Mary-Curtis Gramley Executive Director	Family Nurturing Center
Diana Hamilton Program Manager	Jackson County Victim Witness
Jennifer Mylenek Executive Director	CASA
Marlene Mish Executive Director	Children's Advocacy Center
Michelle Pauly Deputy District Attorney	Jackson County
Rene' Wold Program Coordinator	The Job Council
Melissa Wolff Branch Manager	DHS Child Welfare

Alternate Members:

Name	Agency
Lisa Smith Program Manager	CASA
Dawn DelRio	Family Nurturing Center

Clinical Supervisor	
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Other Attendees:

Name	Agency
Pam Bergreen Branch Manager	DHS Child Welfare
Mary Chambers Unit Supervisor	DHS Child Welfare
Karla Carlson Supervisor for Screeners	DHS Child Welfare
Rosemary Jernigan Supervisor	DHS Self-Sufficiency
Anna Loeffler Volunteer Coordinator	Children's Advocacy Center
Kelly Packard Caseworker	DHS Child Welfare
Jodi Matheny Caseworker	DHS Child Welfare

Meetings

<i>Date</i>	<i>Time</i>	<i>Location</i>
Tuesday, July 20, 2010	3:30 pm – 4:30 pm	CAC
Tuesday, August 17, 2010	3:30 pm – 4:30 pm	CAC
Tuesday, September 21, 2010	3:30 pm – 4:30 pm	CAC
Tuesday, October 19, 2010	3:30 pm – 4:30 pm	CAC
Tuesday, November 16, 2010	3:30 pm – 4:30 pm	CAC
Tuesday, January 18, 2011	3:30 pm – 4:30 pm	CAC
Tuesday, February 15, 2011	3:30 pm – 4:30 pm	CAC
Tuesday, March 15, 2011	3:30 pm – 4:30 pm	CAC
Tuesday, April 19, 2011	3:30 pm – 4:30 pm	CAC
Tuesday, May 17, 2011 (scheduled)	3:30 pm – 4:30 pm	CAC
Tuesday, June 21, 2011 (scheduled)	3:30 pm – 4:30 pm	CAC

Activities

- 1) The Jackson County CAPTA panel contracted with an outside facilitator to conduct three focus groups around the topic of teens in foster care. The following groups were represented in the focus groups: youth in care or who had been recently returned to their parents' custody; CASAs; foster parents; child welfare workers; mental health workers; developmental disability service caseworkers, and Independent Living Program (ILP) staff. The primary goals of the focus groups were to: 1) determine what foster care looks like for teens in Jackson County; 2) discuss how we could improve the child welfare system for teens, caseworkers, foster parents, ILP, and CASAs; and 3) what we need to change or build into the system for programs like CASA, mentors and foster parents who serve the teen foster care population.

Several themes emerged from the focus groups, and our panel identified the following areas that the panel could explore supporting: 1) relationship building; 2) system communication/collaboration; 3) mentoring; and 4) training.

- 2) The Jackson County CAPTA panel had recommended to the State in our 2009 Annual report the need for mentoring type relationships for adolescents in the foster care system. Based upon the additional information we gleaned from the focus groups that we conducted, our panel agreed to pilot two mentoring projects in Jackson County that would serve youth in the foster care system. The duration of the projects is from January 2011 – September 2011. Provided below is a description of the two pilot projects that we are providing funding for this year:

A) *CASAs Mentoring Youth to Independence (MYTI)* is an advocacy/mentor driven program utilizing volunteers to advocate for services for youth preparing to age out of foster care, and to provide mentorship beyond each youth's

wardship. The vision is to help ease the transition into adulthood from foster care for older youth and to provide them with a positive mentor relationship to support them as they grow into independent adults. The project will serve 8-10 youth ages 14 and older in permanent foster care. The youth will complete a goal assessment at the beginning of the MYTI program and at the end of the year to record progress. MYTI will focus on 4 key areas when working with the older youth: life skills, job readiness, education, and living options/plans.

- B) The Children's Advocacy Center's *Reach for the Stars* mentoring project will serve 8-10 adolescent girls in foster care to participate in a weekly group mentoring project that utilizes evidence-based practices. The benefits to these youth include: increased self-esteem; increased relationship and communication skills; increased skills in setting and maintaining healthy boundaries; and increased ability to make positive decisions for their lives. The desired outcome is to decrease risk factors and increase protective factors like resiliency and positive mental health. The youth will be provided with a community volunteer mentor and will experience weekly activities that include meal preparation, craft projects, outings, and reflective activities such as journaling and group sharing. The project will be measured through written assessment by both the participants and staff members. The youth will be assessed for their beginning and ending abilities and behaviors.
- 3) We reviewed two cases whose status was still open in the child welfare system at the time of the review. The first case was a critical injury case involving a toddler which had been founded for Threat of Harm, due to parental substance abuse issues. The second case our team reviewed was a multiple referral

case involving a toddler resulting in the child being placed in relative foster care due to a founded Threat of Harm.

In both cases much of the Panel's discussion focused on on-going supportive services either for the parents or the relative foster care placement, not only while the case is open but directly following the decision to return children or develop a permanency plan with a placement resource. Family support services are used to strengthen the ability of families to care for their children, and quite often are tied to eligibility factors based upon the status of the case. Removing these supports too early can adversely impact the family's ability to safely continue to parent their child.

Another area of discussion was whether or not there is a central place for DHS, law enforcement, and the courts to learn if a person who comes into their case load is involved with one or the other systems. A centralized system would be a prudent way for agencies to work together to ensure the safety of children. While some systems do exist for this, they are not all used by all agencies. More consistency in this area would give all parties more complete information when making decisions which could impact the safety of children in families who come into contact with these agencies.

Recommendations

- 1) Our panel recommends that DHS/Child Welfare continue to explore and expand supportive services to caregivers to ensure that, during the reunification process, important services are tapered off at an appropriate level and new community resources are enlisted for the long-term. This will ensure that families who have been experiencing a high level of supportive services do not find themselves resource-poor during a difficult transition period in their lives, resulting in a lowered chance for success and ongoing child safety.

DHS Response:

This recommendation is consistent with the needs and development of children and their families during the reunification process. It will be forwarded to the Family Based Services consultant who oversees the contracts for time-limited reunification services.

- 2) We recommend that DHS/ Child Welfare work with law enforcement and the court systems to develop a centralized system that would allow the agencies to cross-check system involvement. This would enhance the effectiveness and collaboration amongst the systems and, most importantly, provide better outcomes for child safety.

DHS Response:

The Department utilizes databases such as OJIN and LEDS to conduct background checks on individuals of interest. These databases enable the agency to cross-check involvement with courts (including restraining orders, criminal and civil cases) and law enforcement (criminal charges).

- 3) We recommend that DHS continue to work proactively to allow timely referrals and connection of children in the system to supportive services. We recommend that mentoring programs with proven positive results be invested in for youth in the foster care system, with a high priority placed on offering this resource to teens, especially those who may age out of care without a permanent family support system.

DHS Response:

Currently, there are projects such as Powerhouse and Oregon Mentors, which provide mentoring for teens. Oregon Fostering Youth Connections has also identified this area as a priority.

Looking Ahead

We look forward to being informed of DHS's response to our local CAPTA recommendations in a written report as information becomes available. We appreciate the opportunity to assist the State of Oregon in improving our child protective services system in its goal of ensuring safety, permanency, and well-being of children in our communities.

**Oregon CAPTA Panel
Annual Report**

County: Malheur	Date: May 10, 2011
Time Period: 7/1/2010 – 6/30/2011	

Panel Members

Name	Agency
Chair: LaDonna Wiedenman	Project DOVE
Co-Chair: *Jennifer Fugate, Lead Advocate	Project DOVE
*Cindy Ranae, Fiscal Coordinator	Project DOVE
Claudia Wilcox, Board Member	Treasure Valley Children's Relief Nursery
Bobbi Rudell	Malheur County CASA
*Dennis Savage	Malheur County CASA
Jane Padgett	DHS
Kelly Poe, Executive Director	Malheur County Commission on Children & Families
Angie Uptmor	Malheur County Commission on Children & Families
Tanya Ebbers, MSW Intern	Northwest Nazarene University
*Anne Bolin, Student	Treasure Valley Community College
Wendy Hill, Region 14 Manager	DHS
Sharron Kipling	DHS
*Theresa Mairs	The Family Place
Onie Mansor, Executive Director	The Family Place
*Vicky Espinoza	Malheur County Child Development Center – Head Start
*Susan Robinett	Malheur County Child Development Center – Head Start
*Sue Faw	DHS Child Welfare
*James Aalgaard, Minister	St. Paul's Lutheran Church
*Kelley Richardson, Family Law Attorney	Oregon Law Center
*Perry Tolman, Bishop	Church of Jesus Christ of Latter-Day Saints
*Christine Phillips	DHS
*Juli Gundle, Student	Eastern Oregon University

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* denotes a new member who joined during the reporting year. A highlighted name denotes a member who left during the reporting year.

Meetings

July 22, 2010.....August 19, 2010
September 16, 2010.....November 18, 2010
January 20, 2011February 17, 2011
March 17, 2011April 22, 2011
May 19, 2011June 16, 2011

Activities:

1. In July 2010 the panel renewed the lease for the “prevent child abuse and neglect” bulletin board which also displays the child abuse reporting phone number.
2. In August 2010 the panel established a constant meeting time of every third Thursday of the month.
3. At the September 2010 meeting, the panel began planning the support for the Treasure Valley Relief Nursery’s Fun Run event set for April 2011. Panel members agreed that donating \$1000 to the Foster Parents Association during the holidays would be a good use of CAPTA funds. However, that did not happen because the donation did not fit within one of the fourteen grant areas.

Also during this month, prevention information and child abuse awareness items were displayed and available to participants of the Jordan Valley, Oregon “Kids Fair.” This is an isolated and small community in Malheur County, but the event drew a good sized crowd of parents and children of all ages. Several of the educators from that community were involved in the Kids Fair as well.

4. January 2011 the panel received a very precise and informative training on the Oregon Safety Model by Sue Faw in Child Welfare at DHS. This training created a good foundation

of understanding which immediately preceded our first case review.

5. CAPTA panel reviewed its first case in February 2011. The case was extensive. Because it dealt with two different children who had different final outcomes, it was a heavy way to begin the review process. There are some concerns that it may have scared away some members. In general, though, most viewed the process as both informative and beneficial.
6. During March, the panel agreed to support the Treasure Valley Children's Relief Nursery with \$2500. The Relief Nursery works directly with parents to prevent child abuse and neglect. Among other services, the Nursery facilitates home visits using the "Parents as Teachers" curriculum.
7. For Child Abuse Awareness & Prevention month, CAPTA supported the Fun Run hosted by TV Children's Relief Nursery. There had been an all-community partners event planned immediately following the fun run/walk, but inclement weather cancelled the Family Fun Day.
8. CAPTA plans to provide funding for The Family Place's "Parenting Inside Out" class. Specifically, the workbooks for the participants will be purchased with CAPTA funds. This class provides direct instruction to parents and provides child abuse and neglect prevention strategies.
9. Focused efforts to recruit new panel members is an on-going process. We have recruited and maintained twelve new members. Two presentations related to CAPTA panel member recruitment occurred in May—one at a city chamber of commerce meeting in Nyssa, Oregon and the other at the local MCS meeting.
10. A second case review is planned for May 2011.
11. Restructuring plans will be proposed and implemented at the June 2011 meeting. A training that discusses the CAPTA program areas to the panel members is planned.

12. The Make a Difference Awards are forthcoming for the CAPTA panel.

Subcommittees:

Make a Difference Award Subcommittee: This group is in charge of selecting individuals from our community who have made a difference in the lives of children by working to prevent child abuse and neglect either through their jobs or through their voluntary service.

Future Plans/Next Steps

1. Establish clear and concise structure for the organization of the panel. This will include pre-determining the meeting dates, setting the meeting agendas and maintaining good communication among members. The core panel members are a dedicated and strong group of individuals; however, diversity for the panel is a goal, and efforts to recruit will continue.
2. We will continue to focus on the prevention of child abuse and neglect in our community. Major events like the April activities need re-evaluation and pre-planning. The panel needs to focus on what the goal of the activity is and make it workable. Our Family Fun Days events in the past were not well attended for several reasons.
3. Clear understanding of the CAPTA program areas and negotiating how the panel can make improvements are on the future agenda.

Recommendations:

1. Ensure that wrap-around services are provided to clients who enter the system. Communication among community partners seems critical at all junctures of case planning.

DHS Response:

This recommendation is consistent with the agency's priority to ensure a child's safety, permanency, and well-being needs are addressed when there is agency involvement. We support our local offices to utilize team meetings, FDMs, and CSMs. In Malheur County, the local office works with Lifeways, the medical community, specifically the care coordinators from Treasure Valley Pediatric Clinic, ACT team, MDT, DV Team, the faith community, Dove, Treasure Valley Children's Relief Nursery. In addition, referrals are made to Legal Aid, Boys and Girls Club, Season Youth Program, ILP Program, Juvenile Dept, The Commission on Children and Families, CASA, local bar association, Community Members, Parole and Probation, the DA's office, and The Family Place Parenting program coordinators.

2. Maintain connections when it is feasible among siblings who have been given separate outcomes in a case.

DHS Response:

The Department is firm in the commitment to sibling connections. Eight counties, including Malheur participated as a Casey pilot which further solidified the need for connections for our kiddos. Workers do a great job district wide of maintaining connections for siblings.

3. Several panel members expressed a need for a summary page which could be added to a case review and serve as direction for the reader. Additionally, ample time to read through the material would be appreciated.

DHS Response:

This recommendation is consistent with the needs of the Panel, in order to provide timely and appropriate consultation to the local office during its case reviews. This could easily be accomplished and the local office has committed to providing this summary page for future staffings. In addition, the local District and Program Managers believe that three days to review the material is adequate time for committee members.

Oregon CAPTA Panel Annual Report

County: Multnomah	Date: April 29, 2011
Time Period: 7/1/2010 - 6/30/2011	

Panel Members

Name	Agency
Baker, Teresa	CARES Northwest
Baynes, Beth	Health and Social Services, Multnomah County Education Service District
Brandel, Judy	Multnomah County Health Dept.
Dowling, Kevin	CARES Northwest
Gibbs, Karen	DHS, Child Protective Services
Goldstien, Kim	CARES Northwest
Gotch, Katherine	Multnomah County Parole and Probation
Green, Miriam	DHS, Child Abuse Hotline
Harding, Michelle	Parent Mentor
Kendoll, Skylar	DHS
Montgomery, Dawn	Community Member (formerly with DHS, Child Protective Services)
Roelandt, Diane	Juliette's House
Stolebarger, Christine	Community Member (former parent mentor, now working for DHS)
Swanson, Judith	Multnomah County DA's Office
Taylor, Ruth	Parents Anonymous, Morrison Center
Underhill, Rod	Multnomah County DA's Office

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

Name	Agency
Broadbent, Jaime	DHS
Burns, Jerry	DHS
Farrenkopf, Marieka	CARES Northwest
Findlay, Tom	CARES Northwest
Grose, Cory	Lifeworks NW
Holmes, Caroline	FBI
Jacobowitz, Kim	CARES Northwest
Jewell Jensen, Cory	Center for Behavioral Intervention
Kaer, Jeffrey	Portland Police Bureau
Keating, Sarah	DHS
Keltner, Leila	CARES Northwest
Kroeger, Kathy	CARES Northwest
Nelson, Esther	Sexual Assault Response Center
Ovelmen, Keith	Janus Youth Programs – Cordero House
Parulski, Amanda	CARES Northwest
Porubsky, Amanda	Children’s Center of Clackamas County
Williams, Patrick	Gresham Police Department

Meetings:

Meetings were held on August 13 and November 5 in 2010, and February 4 and May 6 in 2011. All meetings were at Emanuel Hospital from 11:00 am – 1:00 pm.

In addition to the full CAPTA Panel Meetings, the "Core Writing Group" met monthly at CARES Northwest to draft chapters of the training manual. This group was comprised of members of the CAPTA Panel, as well as experts from the community.

Activities:

The CAPTA Panel continued to focus on promoting children's safety by evaluating the current practices and policies at DHS regarding their response to child sex abuse. Our goal is to develop a training manual to assist DHS child welfare workers in responding to these types of cases.

At the August 13, 2010 meeting the Panel clarified plans to create the training manual. Three groups were formed to work on the manual. A

"core writing" group was created to draft the manual. The group met monthly to discuss different topic areas and work on the draft. It included Karen Gibbs and Skylar Kendall from DHS, as well as experts from the community.

A separate "e-mail group" was created to allow for input on the training manual as it was being developed. People participating in the e-mail group were those who expressed an interest in the project, but were not able to meet in person at the monthly core writing group meetings, or the quarterly CAPTA Panel meetings.

The third group was the CAPTA Panel itself. We decided to use our CAPTA Panel meetings as an opportunity to review the status of the training manual, to educate ourselves about different types of cases and issues involving the investigation of child sex abuse, and to give input to help inform the writers.

A key method for educating ourselves at the CAPTA Panel meetings was the use of case presentations. At the August meeting, a Child Protective Service worker presented a case highlighting threat of harm sexual abuse. The case highlighted the challenges DHS sometimes experiences in trying to obtain information to help them make a decision about children's safety. In this case, an adult had been investigated for neglect and sex abuse of clients at a group home for developmentally disabled, nonverbal adults. DHS was investigating concerns of threat of harm to the alleged offender's own children, but was not able to access the full report regarding the allegations in the group home. This significantly limited their ability to assess the threat of harm. At the meeting, Katherine Gotch from the Multnomah County Parole and Probation Office presented on psychological evaluations and risk assessments of alleged sex offenders. She recommended that when requesting an assessment, DHS should ask that a measure of physical sexual arousal be included, in addition to the other evaluation tools.

At the November 5 meeting, after reviewing progress on the training manual, the focus was on cases involving "non-believing" parents. Two case presentations by DHS staff helped highlight questions regarding the role of DHS in those cases. We struggled with issues such as "When would a non-believing parent's behaviors be

considered emotional abuse?" The point was made that when determining whether a child had been emotionally abused or neglected, the court typically required evidence showing an immediate effect of the alleged abuse/neglect on the child. For these types of abuse, this can be very difficult to show.

At the February 4 meeting, we began by discussing the training manual. Sections on threat of harm and sex offenders had been completed. The draft section on commercially sexually exploited children (CSEC) was distributed and feedback was requested.

Caroline Holmes (FBI) and Esther Nelson (Sexual Assault Resource Center) then presented on working with CSEC. The presentation included watching excerpts of the "Pornland" video with Dan Rather, featuring an interview with the mother of a trafficked teen. Caroline and Esther led the group through an exercise highlighting how the words we use in referring to CSEC can have a significant impact on how the children are perceived. Panel members generated words that came to mind when considering the terms "child sex abuse victim" and "juvenile prostitute". Sexually exploited children have historically been referred to as "juvenile prostitutes", which does not reflect the fact that these are children who are victims of abuse.

The meeting included a case presentation by DHS of a 14-year-old girl who'd been in 13 different DHS placements, and had been trafficked multiple times. The case highlighted the many challenges associated with helping these child victims, such as their living circumstances which make difficult for them to remain in placement, their exposure to drugs, the lack of caring or support from people who aren't associated with an agency, the danger for caseworkers in trying to help these children who are often involved with pimps and other people with a criminal and/or drug and alcohol use history. The case also highlighted the importance of having a high level of collaboration between DHS, law enforcement, medical and social service agencies in order to successfully intervene and help these children.

At the May 6 meeting, we plan to focus on sibling sex abuse cases to help the core writing group address that topic in their training manual. The meeting will include a case presentation, and education from an

expert in working with juvenile sex offenders on clarification and reunification.

In addition to the meeting activities noted above, the CAPTA Panel offered scholarships to The Child Abuse and Family Violence Summit for members attending two of the last four meetings. The Summit is a multi-disciplinary conference for professionals working in the areas of investigations, interviewing, assessment, prosecution, and treatment of child abuse, neglect and domestic violence. Scholarships for registration were provided to Christine Stolebarger, Dawn Montgomery, Skylar Kendall, and Kim Goldstien.

Subcommittees: *The core writing group, led by Skylar Kendall and Karen Gibbs of DHS, and involving numerous experts on topics related to child sex abuse, met monthly at CARES Northwest to draft chapters of the training manual.*

Future Plans/Next Steps:

This year the CAPTA Panel continued to work toward the goal established at the end of last year and create a training manual to assist caseworkers in responding to child sex abuse cases. We anticipate the project extending through the next year. Chapters on threat of harm, and working with sexual offenders were completed. We are currently drafting chapters on commercially sexually exploited children, and sibling sexual abuse. Future chapters will include familial sex abuse, teen "consensual" sex abuse, and child pornography. Others close to completion include recantation, tips on child interviewing, and children with sexual behavioral problems.

Recommendations:

- 1. The Panel recommended DHS develop a training manual for DHS caseworkers to assist them in assessing cases of alleged child sexual abuse.**

This recommendation was made last year, and we are excited to report there has been much progress since then, as outlined in the information above. We are looking forward to continuing to partner with DHS on this project in the upcoming year.

DHS Response:

The CPS Program previously developed guidelines for responding to the sexual abuse of a teen by another teen. The Panel's current project will complement that guideline.

Looking Ahead:

As noted above, we foresee working on the training manual over the course of the next year. Once complete, the Panel intends to help develop and host a training based on information in the manual.

Acknowledgements:

We want to acknowledge the ongoing commitment of the Panel members and attendees, who gave of their time and expertise, and who made it a priority to participate on the CAPTA Panel despite the many other demands on their time. We appreciated the collaborative approach they brought to the meetings and their commitment to promoting the safety and well-being of our community's children.

We also would like to thank the Multnomah County DHS staff who participated as Panel members and who came to present cases for review. Their willingness to patiently explain policies and procedures, share their successes and frustrations, and answer questions about casework served as the foundation for the work of the Panel.

And finally we want to thank Karen Gibbs and Skylar Kendall of DHS. Without their vision and perseverance, our current project involving the development of a training manual to help caseworkers would not have happened. As a result of their energy and leadership, our CAPTA Panel was revitalized and has been enthusiastically supportive and involved in the project.

State CAPTA Plan

Oregon CAPTA Panels identified areas of priority, from which they developed projects and/or activities. Of the fourteen (14) program areas, Panels focused on 7 of them. These areas are 1, 2A, 3, 4, 7, 11, and 14A **and are noted in bold**.

The following 14 program areas reflect updated language, as a result of the CAPTA Reauthorization Act of 2010.

- 1. the intake, assessment, screening, and investigation of reports of child abuse or neglect;**
2. **(A) creating and improving the use of multidisciplinary teams and intra-agency, interstate, and intrastate protocols to enhance investigations;** and
(B) improving legal preparation and representation, including-
 - (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and
 - (ii) provisions for the appointment of an individual appointed 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, including the use of differential response;**
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, including the use of differential response, to promote collaboration with the families;
 - (B) training regarding the legal duties of such individuals;
 - (C) personal safety training for caseworkers; and
 - (D) training in early childhood, child and adolescent development;

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, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
9. 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;
 - (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
 - (D) the use of differential response in preventing child abuse and neglect;
10. 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, including the use of differential response;
11. **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;**
12. 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;
13. supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs-
 - (A) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and

- (B) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or
14. **developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in-**
- (A) **investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;** and
 - (B) the provision of services that assist children exposed to domestic violence, and that also support the care giving role of their non-abusing parents.

Significant Changes from State’s Previously Approved CAPTA Plan

N/A

Substantive Changes to State law or regulations

There were no substantive changes in Oregon law.

Policies and procedures regarding the use of differential response, as applicable

Oregon is in the preliminary phases of the planning and designing of our differential response. Oregon is in the process of identifying rule changes and designing the format differential response will take with a goal of implementation in 2012.

CAPTA Annual State Data Report

1. Information on Child Protective Service Workforce (for Federal FY 2010)

MINIMUM QUALIFICATIONS (MQs) Revised 12/22/00:

Social Service Specialist – Entry

- 60 semester or 90 quarter hours of college coursework. NOTE: You must obtain a Bachelor's degree within two calendar years from the date of hire

Social Service Specialist 1

- a Bachelor's or higher level degree in Social Work/Human Services or a closely related field; OR
- a Bachelor's degree in a field not closely related (to Social Work/Human Services) and one year of human services related experience (i.e., work providing assistance to individuals and groups with issues such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, inadequate housing).

Principal Executive/Manager C-Level 28 (supervisory positions)

- Bachelor's or higher degree in Social Work/Human Services, or related field **AND** two years of direct experience working for a Protective Services Agency (providing protective services to children, adults, families, seniors and/or people with disabilities) as a caseworker.

OR

- Bachelor's degree in a field not closely related **AND** two years of experience in supervision, staff-technical, or professional-level work of human services related experience (i.e., work experience, paid and non-paid, providing assistance to individuals and groups with issues such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, health, cultural competencies, inadequate housing).

This experience must have included **at least one year** program/project leader responsibility related to human services which included **one or more** of the following areas:

- Development of program rules and policies;
- Development of long- and short-range goals and plans;
- Program evaluation; **or**
- Monitoring, controlling or preparing a budget.

DHS/CPS Workforce Data

DEGREE CODE	DEGREE CODE DESCRIPTOR	CLASS	CLASS TITLE (Caseworkers)	Total
AAN	Associates in a Non-Related Field	C6612	SOCIAL SERVICE SPECIALIST 1	4
AAR	Associates in a Related Field		SOCIAL SERVICE SPECIALIST 1	5
BAN	Bachelors in a Non-Related Field		SOCIAL SERVICE SPECIALIST 1	169
BAR	Bachelors in a Related Field		SOCIAL SERVICE SPECIALIST 1	742
MAN	Masters in a Non-Related Field		SOCIAL SERVICE SPECIALIST 1	24
MAR	Masters in a Related Field		SOCIAL SERVICE SPECIALIST 1	100
MSW	Masters in Social Work		SOCIAL SERVICE SPECIALIST 1	71
NOD	No Degree		SOCIAL SERVICE SPECIALIST 1	52
Grand Total				1167

DEGREE CODE	DEGREE CODE DESCRIPTOR	CLASS	CLASS TITLE (Supervisors)	Total
AAN	Associates in a Non-Related Field	X7004	PRINCIPAL EXECUTIVE/MANAGER C	1
AAR	Associates in a Related Field		PRINCIPAL EXECUTIVE/MANAGER C	6
BAN	Bachelors in a Non-Related Field		PRINCIPAL EXECUTIVE/MANAGER C	19
BAR	Bachelors in a Related Field		PRINCIPAL EXECUTIVE/MANAGER C	113
MAN	Masters in a Non-Related Field		PRINCIPAL EXECUTIVE/MANAGER C	3
MAR	Masters in a Related Field		PRINCIPAL EXECUTIVE/MANAGER C	11
MSW	Masters in Social Work		PRINCIPAL EXECUTIVE/MANAGER C	16
NOD	No Degree		PRINCIPAL EXECUTIVE/MANAGER C	9
Grand Total				178
				1345

DHS Training for Child Protective Services Workforce

Child Welfare CORE is the primary training for all new Child Welfare caseworkers in the state. CORE incorporates the key concepts of the Oregon Safety Model as they relate to the safety, permanency, and well being of children involved with public Child Welfare. Child Welfare CORE Training is mandatory for all new child welfare staff classified as Social Services Specialists and other employees who perform functions generally assigned to these classifications. Employees must complete CORE prior to having responsibility for a child welfare caseload. Newly hired employees must be attending or have completed training within three months. CORE meets the statutory requirements outlined in ORE 418.749 for all Child Protective Services staff that screen, assess and investigate allegations of child abuse and neglect.

CORE – Fundamentals of Child Welfare

This two week cluster introduces the participant to an array of social issues common in child welfare and provides strategies for implementing best practice standards when working with children and families. Topics include but are not limited to domestic violence, mental illness, substance abuse, child sexual abuse, drug endangered children, developmental issues of abused children, and child neglect. Sessions providing a foundation for child welfare practice include educational resources, working with relative and non-relative caregivers, cultural considerations, the Indian Child Welfare Act, engagement skills, self-sufficiency, and a caseworker's role in the courtroom.

Fundamentals of Child Welfare Agenda

See <http://cwpsalem.pdx.edu> Click on Training Resources / Agendas

CORE – Life of a Case

This two week cluster introduces the participant to all aspects of the Oregon Safety Model, from initial contact to reunification and case closure, and sessions covering screening, mandatory reporting, interviewing children, visitation planning and vicarious traumatization. Sessions supporting legally sound casework practice and concurrent permanency planning are provided and include identifying fathers,

diligent relative search, placement priorities, reasonable efforts, types of juvenile court hearings, and Citizen Review Boards.

Life of a Case Agenda

See <http://cwpsalem.pdx.edu> Click on Training Resources / Agendas

For the 2011-2013 Biennium the CORE Curriculum will be reviewed to assure that it reflects the competencies that will support workers in their efforts to engage, preserve and reunify families. Content will emphasize the importance of maintaining children with their families and within their cultural heritage. These concepts will be taught both theoretically but also in application opportunities within the framework of expected case management activities such as Child Safety Meetings and Family Decision Meetings. Concurrent planning will be introduced in CORE, stressing reunification as the primary permanency plan. Portland State University Child Welfare Partnership will continue to partner with the Department of Human Services CPS consultants to provide field follow-up for staff assigned to perform child abuse assessments that have completed Child Welfare CORE training.

New revisions expected include expanding the range of CORE materials that are offered via distance including but not limited to NetLink, computer-based training module(s) (CBT) or other delivery options. In addition, new content will be integrated into CORE including: Trauma Informed Practices (TIPS), Maintaining and Returning Children Home (MARCH ON), Involving the Non Custodial Father in Case Planning, Engaging Relatives, Transitioning Children and a Parent Panel which discusses Permanency Options from the parent's perspective.

DHS/CPS Race and Gender Data

Number of caseworkers in the workforce, by demographics

Race	Gender	
	Female	Male
Asian	25	11
Black	28	17
Hispanic	77	21
Native American	13	6
White	825	173
Total	968	228

DHS/CPS Caseload/Workload Requirements

Based on our workload model adopted by Legislature in the 2009 session, the method to determine staffing changed from a caseload standard to a workload standard. The workload model tells us Statewide how many front-line workers should carry certain types of cases. Other factors include the current hiring freeze and the fact that the front line workforce is currently only staffed at 67%.

The most recent Workload Allocation model includes data from 08/01/09-07/31/10. This data reflects that SSS1 workers at the Statewide Average for Screening should be 1:34.8 and Child Protective Services workers should be 1:8.4 **if CW was staffed at 100%**, as mentioned **CW is currently at 67% staffed overall**, not including the many vacancies in the field.

Current supervisor ratio is 1:7.

2. Juvenile Justice Transfers

According to data available to DHS, between 10/1/10 and 5/20/11, there were nine (9) foster children exiting to Oregon Youth Authority. The estimated FFY 2011 number is 14 children.