



CHILD ABUSE PREVENTION AND TREATMENT ACT

CITIZEN REVIEW PANELS 2018-19 FISCAL YEAR



EXECUTIVE SUMMARY

Baker, Linn, and Multnomah counties were selected as sites for Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panels in the 2018-19 fiscal year. These federal required panels of community members are tasked with selecting and researching a system issue within child welfare and making recommendations to improve related policies and practices. Panel members included former foster youth, Department of Human Services (DHS) managers, former DHS parent clients, Citizen Review Board (CRB) volunteers and staff, and CASA volunteers and staff.

Baker County

The Baker County Panel selected worker engagement of parent clients as its area of focus. For its research, the Panel developed a survey for parents to rate their level of satisfaction with child welfare services, and interviewed two DHS staff and two former DHS parent clients. The DHS staff talked about the challenges of engaging parents through the haze of addiction and/or mental health issues. The parents talked about how the best technique for engaging them was when the worker related to their thoughts and feelings, and how it felt like they had to start over with each change of their assigned worker. The Panel learned that Baker County DHS contracts with a local provider to facilitate family decision meetings, but the contract is small and few cases have them.

The Panel made the following recommendations for Baker County:

1. DHS implement the Parent Satisfaction Survey with Child Welfare Services developed by the CAPTA Citizen Review Panel (see Appendix A). Later, the Panel should meet again to review the results and discuss next steps.
2. DHS look into options for increasing facilitated family decision meetings early in cases. Expectations for parents and DHS should be clearly communicated at these meetings.
3. DHS continue to work on staff retention to improve continuity of worker assignments to

families. Consider options for improving the handoff between workers when the joint meeting between the parent(s) and sending and receiving workers per [Child Welfare Procedure Manual](#), Chapter 4, Section 3 (pgs. 466—470) is not possible. For example, perhaps a family decision meeting could be held at this time.

Linn County

The Linn County Panel selected timeliness of mental health services for children as its area of focus. Of concern was that CRB volunteers periodically hear during reviews that counseling hasn't started because children are on a waitlist at Linn County Mental Health (LCMH). For its research, the Panel conducted file reviews of cases that came before the CRB, and interviewed an LCMH staff person and a DHS Program Manager. The staff person from LCMH confirmed that their program does not have a waitlist. However, scheduling conflicts between foster parents and therapists can sometimes cause delays. The Panel learned about a variety of other mental health service options in the community, including LCMH therapists in schools. They also learned there is an expectation that caseworkers talk to their supervisor and/or Mentoring, Assisting, and Promoting Success (MAPS) worker when an issue is causing a mental health service to be delayed.

The file reviews showed that when children are recommended services in mental health assessments, those recommendations are documented in Child Specific Case Plans only 57% of the time. This documentation is required by DHS procedure. Lack of this documentation could have contributed to a handful of instances where recommendations were not implemented—mostly when family therapy was recommended in addition to individual therapy.

The Panel made the following recommendations for Linn County:

1. DHS provide caseworkers further information on mental health resources in the community, including specialty services, so workers can explore those options when there are delays at

Linn County Mental Health.

2. DHS ensure recommendations of mental health assessments are documented in case plans as required by [Child Welfare Procedure Manual](#), Chapter 5, Section 24, Number VII (pg. 919).
3. DHS ensure mental health assessments are included in the case material submitted to CRB for upcoming reviews as required by DHS/CRB [Memorandum of Understanding](#) 3.4.11 (pg. 4).

Multnomah County

The Multnomah County Panel selected meeting Adoption and Safe Families Act (ASFA) timelines as its area of focus. They were particularly interested in the timeline of reaching jurisdiction within 60 days. For its research, the Panel:

- Looked at Juvenile Court Improvement Program (JCIP) statistical reports as well as statistics JCIP pulled for Multnomah County's Urgency Committee;
- Interviewed three subject matter experts—a Parent Mentor, Senior Deputy District Attorney, and Deputy Trial Court Administrator; and
- Conducted file reviews of all the children who entered foster care in Multnomah County in January 2016 to see how delays in jurisdiction impact case outcomes.

The JCIP statistical reports showed Multnomah County 9% below the statewide average for reaching a first jurisdiction finding within 60 days, and 22% below the statewide average for reaching jurisdiction on both parents within 60 days. The statistics JCIP pulled for the Urgency Committee showed 75% of petitions resolve at settlement conferences; most (58%) by the second one; and, of those that don't resolve at a settlement conference, the vast majority (83%) ultimately resolve at the call proceeding held just before trial.

The Panel learned from the subject matter expert interviews that how the system is set up is a barrier to reaching jurisdiction within 60 days. When a petition is filed, a shelter hearing is held the following day and



a settlement conference 35 days later. If the case doesn't settle, a second settlement conference is held 45 days later. Other barriers to timely jurisdiction include discovery issues, full dockets, and a belief among some attorneys that it's beneficial for their clients to delay jurisdiction. Some system professionals question whether ASFA timelines are realistic given the complexity of cases. The Parent Mentor stated pre-jurisdiction is a gray area that is not good for parents in early stages of recovery.

The file reviews showed the likelihood of allegations being dismissed significantly increases if adjudication is delayed. However, it is rare for entire cases to be dismissed. Delays also appear to reduce the likelihood of reunification, and there appears to be a correlation between delays in jurisdiction and the number of placement changes for children.

The Panel made the following recommendations for Multnomah County:

1. The Court should consider piloting the scheduling of the settlement conference, call, and trial at the shelter hearing.
2. DHS partner with JCIP and the Office of Public Defense Services (OPDS) to provide education for community partners on the impact of ASFA timelines on children (including the impacts of both meeting and not meeting those timelines).
3. DHS bring up ASFA timelines at every hearing in a way that parents can easily understand.
4. DHS discuss with Parents Anonymous whether additional information about ASFA timelines is needed during parent orientation.

INTRODUCTION

In 1996, an amendment to CAPTA mandated that every state establish at least three Citizen Review Panels composed of members of the community to select and research an issue within the child welfare system and make recommendations to improve related child welfare policies and practices. Each year, CRB selects three counties as sites for a panel. Baker County, Linn County, and Multnomah County were selected as sites for the 2018-19 fiscal year (FY).

Panels were composed of members representing former foster youth, DHS, former DHS parent clients, CRB volunteers and staff, and CASA.

With a few exceptions, each Panel met four times with a homework assignment in the middle:

- FIRST meeting to select an area of focus and brainstorm ideas for data collection.
- SECOND meeting to review policies, procedures, and initiatives related to the area of focus; and finalize the data collection plan.
- HOMEWORK assignment to review a draft data collection instrument.
- THIRD meeting to interview subject matter experts.
- FOURTH meeting to review results of the data collection and draft recommendations.

The statewide panel coordinator completed the data collection in between the third and fourth meetings. The Panels' findings and recommendations were presented to community partners during local multi-disciplinary dependency system improvement meetings. In Baker County, this was the May 10, 2019 meeting of the Model Court Team. In Multnomah County, this was the April 23, 2019 meeting of the Child Welfare Council. In Linn County, this may be the June 14, 2019 Dependency Workgroup meeting.

The following report of the Panels' findings and recommendations was submitted to Oregon's Child Welfare Director on May 15, 2019. DHS then has six months to respond in writing whether or how they intend to incorporate the Panels' recommendations into their improvement efforts. The report and response will also be part of DHS' annual Title IV-B Progress and Service Report to the federal government.

A special thank you is owed to all the Panel members and subject matter expert speakers who participated in this project. Margaret Mead, an American cultural anthropologist, once said "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." This, is YOU.

Past Panel Locations*

2012-13 FY

Deschutes County
Lane County
Lincoln County

2014-15 FY

Douglas County
Lane County
Multnomah County

2016-17 FY

Benton County
Multnomah County
Umatilla and Morrow Counties

2018-19 FY

Baker County
Linn County
Multnomah County

2013-14 FY

Deschutes County
Lane County
Lincoln County

2015-16 FY

Douglas County
Lane County
Multnomah County

2017-18 FY

Baker County
Linn County
Multnomah County

*DHS transferred coordination of the Panels to CRB in 2012.

AREA OF FOCUS

Worker engagement of parents

PANEL MEMBERS

Former DHS Parent Clients (2)

Citizen Review Board

Kent Bailey, Board Member

Elizabeth Huntsman, Board Member

John Nichols, Field Manager

Department of Human Services

Chris Black, District Manager

PANEL COORDINATOR

Christina Jagermath

Baker County CAPTA Citizen Review Panel

Baker County is a mostly rural county in eastern Oregon with a population of 16,054. The county spans 3,088 square miles—about 1,000 square miles larger than the state of Connecticut. The economy is supported primarily through agriculture, stock raising, logging, and tourism; and Baker City is the county seat and largest city (population 9,783).

The Baker County CAPTA Citizen Review Panel included 6 members representing former DHS parent clients, CRB volunteers and staff, and DHS District 13.

Panel Meetings

The Panel held its first meeting on December 6, 2018 where panel members selected worker engagement of parents as their area of focus. Specifically, they were interested in:

- What techniques are workers using to engage parents, and are there any best practices?
- Are there professional boundaries workers should not cross in their efforts to engage parents? For example, what personal information can/should workers share about themselves in order to relate to clients and help gain their trust?
- What are the rules around backgrounds that exclude persons from child welfare positions? This came up from discussion about parents potentially responding more positively to someone who has walked in their shoes.
- How does worker turnover affect parent engagement?
- How effectively are workers engaging parents?
- Has DHS done any research around parent engagement, including any parent satisfaction surveys?

Prior to their second meeting on February 7, 2019, Panel members were sent information on related policies, procedures, and research. That information included:

- Child welfare procedures for family engagement, the initial meeting with parents when the case transfers from protective services to permanency, and working with parents based on a stages of change model ([Child Welfare Procedure Manual](#), Chpt. 3, Sec. 23 and Chpt. 4, Sec. 5 & Appx. 4.4);
- A best practices [bulletin](#) on family engagement from New Mexico;

- Rules for abuse background checks for DHS employees ([OAR 407-007-0400 to 0460](#)); and
- DHS' child welfare research [priorities](#).

During its second meeting, the Panel reviewed a draft parent satisfaction survey with child welfare services (see Appendix A) based on the work of Stephen A. Kapp, PhD and Rebecca H. Vela, LMSW in *The Parent Satisfaction with Foster Care Services Scale* (2004). The one-page survey asked DHS parent clients to anonymously rate their level of agreement with statements like “My worker treats me with respect,” and “My worker is clear about what is expected from me and my family.”

At its third meeting on March 7, 2019, the Panel interviewed two former DHS parent clients, a DHS protective services worker, and a DHS trainer/mentor of new workers. Below are summarized highlights from those interviews.

How do new workers learn to engage parents? How can existing workers gain skill in this area?

(DHS) A lot of workers come to DHS already having skills in engagement. The statewide core training for new child welfare workers also provides tools. However, the best training is hands on in the field—shadowing, role modeling, fast feedback. Every client is different, so workers have to become chameleon-like. Districts that implemented differential response several years ago also received specialized training for engaging parents.

Existing workers can gain skill in engagement by developing more fidelity to the model. For example, they practice more child safety meetings as they are supposed to happen. Learning to have those hard conversations is difficult. It takes screwing up and owning the fact that you just screwed up. When workers practice humility, they model it for clients.

How did you learn to work with DHS? What was similar to what you expected? What was surprising?

(Parent) I had to get sober first, and realize that I didn't know everything and couldn't beat the system. When my kids went into care, I doubted my ability to

be a good mother. There was nothing similar to what I expected. I thought my kids were gone and I'd never get them back. What surprised me was everything the workers were willing to do to help me be there for my kids.

(Parent) Being belligerent in your addiction is not a good way to build a relationship. We were unwilling to see that we were really messing up. Once we got through treatment, things went smoother. Instead of screwing up, I committed to doing everything.

What is hard about working with parents? What is rewarding?

(DHS) It's hard trying to talk to parents through the haze of addiction and mental health issues. Trying to plead with them to see something they cannot see. It also can be emotionally challenging for everyone when there are glimmers of things going well but the parent still isn't in a place to get their kids back.

There is a lot that is rewarding about working with parents—seeing families be successful, making good plans for their kids, and continuing to have relationships with families after their cases close. It is rewarding to see when that lightbulb goes off and you start seeing change. Success starts small, like showing up for a visit, and we celebrate the heck out of it. It's important for workers to switch their focus to what is going well. This can be challenging when what isn't going well is so big and in your face.

What is hard about working with DHS? What is rewarding?

(Parent) When our kids were taken out of our lives, it didn't feel like the punishment fit the crime. I had to prove to myself and others that I could be a good parent. It was hard working with the many caseworkers we had and all their opinions about our case. It felt like we had to start back at the beginning with each worker.

It was rewarding to get our kids back and, looking back on it now, the many, many hours the workers put into our family to make sure we were where we needed to be to be successful.



**How do parents provide input on the case plan?
What happens when parents and workers disagree?**

(DHS) Initially, when preparing the case plan, we ask parents questions to write their protective capacities. Parents may choose not to provide input in the beginning when things are contentious. Parents and workers disagree a lot. We have requirements for legal sufficiency, and it is sometimes hard to communicate to parents what we need to do. When there is disagreement, I try to have more social conversations with the parent about why we disagree, what it means, and how we can compromise.

**What techniques do workers use to engage parents?
Which ones work the best?**

(Parent) I've seen a few techniques. Our intake worker used the 'I don't think you're going to make it' reverse psychology technique. Then there was the 'just be honest and everything will be fine' technique. That wasn't entirely true. I would be honest and then see negative stuff about me in the case notes. My words were twisted to sound completely the opposite of what I meant. And because the case notes were part of the legal file, they could not be changed. The best technique for me was when the worker related to my thoughts and feelings, and I could see that they sincerely wanted me to succeed—not necessarily as a friend, but as someone supportive.

(DHS) I try to put myself in the other person's shoes. What would it be like if a government agency showed

up and told me I was doing something wrong? I try to be relatable, and partner with them to find common ground about something. Humor can be an effective tool when appropriate.

There are a lot of families that don't understand what we do, and that we never like taking their kids. Other techniques for engaging parents are clear communication, being as non-confrontational as possible, having thick skin, trying to meet parents where they are, and taking their cues. It can be hard in a small area like Baker County, but the good part about it is that we get to know families. We can have more personal connections with them. While workers are generally assigned to families on a rotation, sometimes we'll use a worker for a new assessment that has made a good connection with that family in the past.

Is it possible to repair a damaged relationship between a worker and parent? What advice would you give the worker? What advice would you give the parent?

(Parent) Yes, I think a damaged relationship can be repaired. I would tell the worker to be honest and open-minded, and the parent to toe the line of what DHS offers you.

(Parent) No, I don't think a damaged relationship can be repaired because without trust, there really isn't anything. There's only constant battling and head-butting until it no longer is about the children but all about who is right and wrong. I would tell the caseworker to always be honest and open-minded. I would tell the parent that it's not even about the caseworker. It's about bettering you as a parent so your kids can be taken care of. The caseworker is only a temporary guide until you get to where you need to be. Stay focused on solving the problem rather than proving yourself and creating more issues.

(DHS) Sometimes workers say things and find out later that they can't follow up on it. This can be a tough place to be in for the parent and worker. Hopefully, the worker has built a strong enough relationship with the parent to get through it. It is important for the

worker to not give up. To admit when you screw up and to be honest. There is nothing wrong with asking a parent ‘How can we repair this?’

What was your understanding of the role of the caseworker in the beginning? Did your understanding change over time? If yes, how?

(Parent) In the beginning, I understood that DHS would be a go between with my kids. That they would observe me in visits like a fish in a fish bowl. Over time, I learned caseworkers were willing to go the extra mile for me.

(Parent) My understanding in the beginning was that they were going to take my kids and that was that. My kids would be gone. I truly thought they were emotionless robots, and that everything was going to be black and white. But there was actually a lot of other colors, and I truly understand what case specific means now. I watched them do so much and put so much into my family and my children, even when I felt like I had nothing. I didn’t see it at the time, but I will forever appreciate their support.

Are there boundaries you try not to cross in working with families?

(DHS) Workers have to tread lightly in showing emotions with clients, even though we carry this work with us all the time—even after the cases close. Although we naturally share personal information about ourselves with clients, I don’t talk about my family for safety reasons and because the focus should not be on me. I have had clients who want to continue our relationship after their case closes. For example, one former client sends me an update every year on how she’s doing. DHS has rules for how staff can interact with current and former clients outside of work. I tell clients not to be offended if I don’t come up to them and say hi when we see each other in the community. I do this to maintain their confidentiality.

What advice would you give a parent whose child just entered foster care?

(Parent) I would tell them to take a good hard look at

themselves. Do they want to continue the life they’re living or get their children back? Rehab allowed me to step back and choose my children. I will have triggers for the rest of my life, but I know if I use one time, my kids will be gone.

(Parent) My advice would be that DHS doesn’t ask you to do anything you aren’t capable of doing, and there is no way you can beat their system. Just do everything you need to do and if you struggle, ask for help. Because as long as they are able to help, they will. And that doesn’t make you any less of a person.

The Panel held its final meeting on May 9, 2019. During this meeting, the Panel learned that Baker County DHS contracts with Kindred Support Services to facilitate family decision meetings, but the contract is small and few cases have these meetings.

With all this in mind, the Panel formed its recommendations to improve local child welfare policies and practices related to worker engagement of parents.

Recommendations

1. DHS implement the Parent Satisfaction Survey with Child Welfare Services developed by the CAPTA Citizen Review Panel (see Appendix A). Later, the Panel should meet again to review the results and discuss next steps.
2. DHS look into options for increasing facilitated family decision meetings early in cases. Expectations for parents and DHS should be clearly communicated at these meetings.
3. DHS continue to work on staff retention to improve continuity of worker assignments to families. Consider options for improving the handoff between workers when the joint meeting between the parent(s) and sending and receiving workers per [Child Welfare Procedure Manual](#), Chapter 4, Section 3 (pgs. 466—470) is not possible. For example, perhaps a family decision meeting could be held at this time.

AREA OF FOCUS

Timeliness of mental health services for children

PANEL MEMBERS

Former Foster Youth (1)

Citizen Review Board

Janet Blair, Board Member

Suzanne Brewster, Board Member

Richard Conolly, Board Member

Joy Jorgensen, Board Member

Anna Abraham, Field Manager

Court Appointed Special Advocates

Bonnie Vickers, CASA

Department of Human Services

Mayrean Carter, Program Manager

Mary Middleton, Alcohol and Drug

Treatment Outreach Manager

PANEL COORDINATOR

Christina Jagernauth

Linn County CAPTA Citizen Review Panel

Linn County is a mostly rural county in Oregon's Willamette Valley with a population of 116,672. The county spans 2,309 square miles, and the city of Albany is the county seat. The economy is supported primarily through wood products, agriculture, mining, and manufacturing.

The Linn County CAPTA Citizen Review Panel included 9 members representing former foster youth, CRB volunteers and staff, CASA, and DHS District 4.

Area of Focus

The Panel held its first meeting on November 7, 2018 where members selected timeliness of mental health services for children as their area of focus. Specifically, they were interested in:

- The number of children in foster care who need mental health services.
- Timeliness of mental health service referrals and service start dates.
- Types of referrals.
- How often are there delays in referrals and service start dates? What are the reasons for those delays?
- How aware are caseworkers of all the mental health providers in the area that serve children? How do they find out about these providers?
- What are the protocols/expectations around looking for other providers when there is a delay in getting a service started? How often are these protocols/expectations followed?
- What happens with youths' mental health services when they age out of the system?
- How much turnover is there with therapists?
- How often is there a "bad fit" with therapists?

Related Policies, Procedures, and Research

During its second meeting on December 5, 2018, the Panel reviewed related policies, procedures, and research. They looked at Oregon Administrative Rule (OAR) [413-015-0465](#) that states within 60 calendar days of entering substitute care, children age 0 to 2 must

receive an Early Intervention (EI) screening and children age 3 and older must receive a mental health assessment. It also states that the caseworker must ensure the child receives all treatment and services that are recommended in the required assessments and screenings that are covered by either the Oregon Health Plan or the child's private health insurance. The Panel also looked at Chapter 5, Section 24, Numbers VII and X of the [Child Welfare Procedure Manual](#) that directs workers to document in the case plan services recommended by the mental health provider, and to arrange for additional services for children through other community mental health resources when appropriate.

According to the [2017 Child Welfare Data Book](#), 109 children entered foster care in Linn County in federal fiscal year 2017, and there was a total of 203 children in foster care in Linn County on September 30, 2017. In December 2017, the Linn County Department of Health Services published a [Community Health Assessment](#) that provided some statistics on the status of local mental health services. It showed that in 2014, there were 780 residents per mental health provider in Linn County compared to the statewide total of 250 residents per mental health provider (see pg. 80). It also showed that in 2015, the percentage of Oregon Health Plan members age 0 to 17 with a mental health condition was higher in Linn County compared to the entire state by around 3% to 4% (see pg. 153).

Among the overarching themes from the Community Health Assessment's key informant interviews was that the mental health service delivery system in Linn County, "especially for the working poor and disenfranchised is extremely complex and fragmented; and, for the most part, requires a professional navigator, or mentor, to access. Additional barriers to families and youth accessing mental health services consist of a cluster of elements including proximity and lack of transportation; service hours; and chaotic life styles that inhibit follow-through with services identified" (see pg. 168).

Subject Matter Expert Interviews

At its third meeting on February 6, 2019, the Panel interviewed a DHS Program Manager and a staff

person from Linn County Mental Health (LCMH). Below are summaries of those interviews.

Who are the major mental health providers for children in Linn County? Which are used most frequently by DHS?

LCMH receives the vast majority of mental health referrals from DHS. They do both the Child and Adolescent Needs and Strengths (CANS) screening and mental health assessment at the same time. Since Benton, Lincoln, and Linn counties combined into one InterCommunity Health Network Coordinated Care Organization (IHN/CCO), our pool of mental health providers has expanded. Some families prefer using the Old Mill Center for young children. We've used the Albany Counseling Center as well as IHN contracted providers like Tracey Iserhott, Kristi Muro, and Karen Weiner. LCMH is good for time-limited mental health services. We look to other providers if we are needing longer-term services or some type of specialty service. Also, sometimes teens have a history with LCMH and don't want to use them.

What types of services/therapies does LCMH offer to children? Are any of them relatively new? About what percentage of children LCMH serves are referred by DHS?

LCMH has multiple therapy modalities including solution-based therapy, cognitive behavioral therapy, dialectical behavior therapy, and structural family therapy. We have two clinicians who provide parent/child interactive therapy for outpatient clients, and one clinician who provides it to our DHS kids. New Solutions is our Wraparound (Wrap) Program. LCMH does not have play therapy, but the Old Mill Center does. LCMH is a voluntary program. When you are ready, we're here for you. In the Wrap Program, if a client isn't responding to a particular therapy, we look at the situation and try to address the barriers before switching treatment modalities.

DHS also has a contract with Jackson Street Youth Services to provide mentorship services to youth age 10 – 17. The youth spend 10 hours per week with an adult mentor. Sometimes a mentor can be a stepping stone to getting a resistant youth into counseling.

DHS referrals to the Wrap Program are significantly down. There were 15 referrals from DHS in the most recent year, this is down from 150 in the previous year. Most of these referrals are now going to Intensive Care Coordination, which is short-term (about three months) souped-up outpatient that does not quite meet the level of Wrap.

How do workers learn about the different mental health providers in the area? How do they decide which provider to refer the child to?

All children who enter foster care get an intake with LCMH. Caseworkers should be talking to their supervisors or MAPS worker if LCMH is not the best fit. If a child comes into care already having a specific mental health provider, we try to keep that provider.

What factors make providing mental health services to children in Linn County unique and/or challenging?

One of the barriers is Linn County's geography. It is a large county and most of the mental health providers are centralized in Albany and Lebanon. Linn County also has a somewhat transient population which makes consistent mental health services difficult. It is also difficult for foster parents with lots of children to juggle all the appointments. And a lot of children who qualify for Wrap services are placed outside of Linn County because there aren't enough Behavior Rehabilitation Services placements in the county.

Sometimes logistics is a barrier in that the child isn't available during the times the therapist is available. LCMH provides some outpatient services in schools and Wrap therapists will meet with the child in the home. Mentors with Jackson Street Youth Services also meet the children wherever they are at.

In what ways do you think Linn County is meeting the mental health service needs of children? Are there any service gaps? If yes, are there any efforts currently underway to address these gaps?

LCMH has a local care coordinating committee that reviews all Wrap referrals. This group also puts together a report of service gaps that is submitted to the IHN/CCO. Right now, the discussion around service

gaps is primarily focused on Wrap but could expand in the future. The biggest concern is that there are no Behavior Rehabilitation Services placements in Linn County, therefore, these high-needs kids are placed out of county where it is difficult for LCMH to provide Wrap services. LCMH also has a crisis team and office, and has a therapist ride along with police in the evening hours.



IHN/CCO helped DHS partner with Morrison Child & Family Services to recruit respite providers. My hope was that if we got Morrison down here that they would want to stay. Other Behavior Rehabilitation Services providers such as Maple Star, GOBI, Trillium, and OCP are also looking to build capacity in Linn and Benton counties.

Parenting Together offers Parenting Today Forward/ Collaborative Problem Solving classes, which are 10-week, 2-hour parenting support groups in Albany, Lebanon, Sweet Home, Scio, and Harrisburg. 250 families participate in these groups, which offer child care during the meeting. We have families coming in from Bend and Camas to attend these groups.

Does LCMH offer any type of Eye Movement Desensitization and Reprocessing (EMDR) therapy?

LCMH does not currently offer EMDR. The training for EMDR practitioners is intense—around 2 years or more. We do have success finding EMDR practitioners when that service is recommended, but it isn't recommended very often. Salem has some EMDR practitioners as well as the Old Mill Center and Milestones Family Recovery.

What are workers supposed to do when there is an unexpected delay in getting a mental health service started for a child?

DHS has one person who submits and tracks referrals for mental health assessments to LCMH. Lots of stuff has to happen before a referral can be made.

LCMH does not currently have a waitlist for services. In the past, there was a waitlist for PCIT. When services are recommended, LCMH calls the foster parent to schedule the child for a session. Sometimes foster parents have very limiting time constraints (like only available on Fridays to transport the child). This can sometimes cause a delay.

What does turnover look like for therapists at LCMH?

LCMH had significant layoffs last year but this mostly impacted the adult world. Linn County tends to be a good starting point for therapists to get their hours for licensure, and then they move to somewhere else. The majority of therapists stay about 3 years.

Data Collection and Analysis

During its second meeting, the Panel reviewed a proposed data collection plan for a file review of Court and CRB documents for all 37 children who had their first CRB review in Linn County between July 1, 2018 and December 31, 2018. The file review would look for dates of children’s mental health assessments, dates of referrals for recommended services, service start dates, and causes of any delays. Panel members reviewed a proposed data collection instrument in January, and the Panel Coordinator conducted the file reviews the following month.

At its fourth meeting on March 6, 2019, the Panel reviewed results from the file reviews. The results suggest that DHS appears to be completing CANS screenings, Early Intervention (EI) screenings, and mental health assessments well before the “within 60 calendar days of entering care” requirement. On average, CANS and EI screenings were completed in 19 days, and mental health assessments in 32 days. It is important to note that the averages were calculated only from dates provided to CRB and the

Court prior to or during CRB reviews and Court hearings; and that this data was largely incomplete (see below for further explanation). Additionally, three children had their initial mental health assessment beyond the 60-day timeline—at 62 days, 84 days, and 102 days.

The results also suggest that written documentation confirming the CANS and EI screenings occurred is often not included in case material submitted to CRB and the Court. DHS provided CRB or the Court information confirming the CANS occurred for only 51% (19 of 37) of the children reviewed. DHS provided information confirming an EI screening occurred in only 56% (5 of 9) of the children reviewed age 0 to 2. Information confirming a mental health assessment occurred was much more frequent— included for 79% (22 of 28) of children reviewed age 3 or older.

DHS also is doing a pretty good job of including the report from the mental health assessment in the material submitted to CRB or the Court for upcoming proceedings. It was included for 79% of the children reviewed who either had a mental health assessment or should have had one based on their age. However, DHS workers are not consistently documenting recommendations from children’s mental health assessments in case plans as required by Child Welfare Procedure Manual, Chpt. 5, Sec. 24, Num. VII. Of the 14 children who were recommended mental health services, only 57% (8) had those recommendations documented in the Child Specific Case Plan. It is possible this could have been a contributing factor in the small number of instances where a recommendation appeared to be either ignored or forgotten, and in one case, applied to a sibling. A common thread among these instances is that they occurred when family therapy was recommended in addition to individual therapy.

Results of the file reviews show the most commonly recommended mental health service for children is individual therapy at 51% (19 of 37) followed by family therapy at 19% (7), psychological evaluation at 14% (5), and Wrap services at 11% (4). Other mental health services were recommended less frequently.

Results also show that it is very difficult to determine the date mental health services start from the case material submitted to CRB and the Court. Clues about start dates can be gotten from the table of medical, dental, and mental health treatment for the past six months in the Child Specific Case Plan, but this information is incomplete. It shows the service dates and provider names, but the type of service provided is typically something very generic like “All Other Medical Procedures/DX.” This makes it hard to distinguish assessments from therapy sessions and impossible to distinguish between different types of services provided to a child by the same provider.

The Panel discussed that they periodically hear at CRB reviews that a child has not yet started therapy because the child is on a waitlist at Linn County Mental Health. This was confusing because the speaker from LCMH said there was no waitlist. It appears something is periodically causing delays, but it is not clear what that is. It could be scheduling conflicts between foster parents, children, and therapists.

With all this in mind, the Panel formed its recommendations to improve local child welfare policies and practices affecting timeliness of mental health services for children.

Recommendations

1. DHS provide caseworkers further information on mental health resources in the community, including specialty services, so workers can explore those options when there are delays at Linn County Mental Health.
2. DHS ensure recommendations of mental health assessments are documented in case plans as required by [Child Welfare Procedure Manual](#), Chapter 5, Section 24, Number VII (pg. 919).
3. DHS ensure mental health assessments are included in the case material submitted to CRB for upcoming reviews as required by DHS/CRB [Memorandum of Understanding](#) 3.4.11 (pg. 4).

AREA OF FOCUS

Meeting ASFA timelines

PANEL MEMBERS

Foster Youth Advocate

Brittany Hope

Citizen Review Board

Angela Donley, Board Member

Kate Kavanagh, Board Member

Brenna Moore, Board Member

Tony Richoux, Board Member

Shary Mason, Field Manager

Court Appointed Special Advocates

Deborah Sakamoto, Program Director

Department of Human Services

Kirsten Brown, Program Manager

PANEL COORDINATOR

Christina Jagernauth

Multnomah County CAPTA Citizen Review Panel

Multnomah County is Oregon's most populous county. While it spans just 466 square miles, it is home to 735,334 people. The county seat is in Portland, the state's largest city. The economy is supported primarily through manufacturing, transportation, tourism, and wholesale and retail trade.

The Multnomah County CAPTA Citizen Review Panel included 8 members representing foster youth, CRB, CASA, and DHS District 2.

Area of Focus

The Panel held its first meeting on November 11, 2018 where members selected meeting Adoption and Safe Families Act (ASFA) timelines as their area of focus. Specifically, they were interested in:

- How is Multnomah County doing with meeting ASFA timelines?
- What are the barriers to meeting the timelines?
- What do judges consider when allowing continuances?
- How do delays in jurisdiction impact ASFA timelines?
- Are ASFA timelines realistic? Are they good?
- What do tribes think of the timelines? How does this affect the timelines?
- How often are cases remaining with a plan of reunification just because of the timelines?
- How does staff turnover affect ASFA timelines?
- How do the timelines affect kids and parent engagement?

Related Laws and Research

During its second meeting on December 20, 2018, the Panel reviewed related laws and research. They looked at two technical assistance guides on ASFA timelines: 1) [What is ASFA?](#) and 2) [ASFA Timeline for Concurrent Planning](#) that showed:

- Jurisdiction and disposition should occur within 60 days after the date the petition is filed,
- There should be a permanency hearing no later than 12 months after jurisdiction or 14 months from placement, whichever is earlier, and



Subject Matter Expert Interviews

At its third meeting on February 21, 2019, the Panel interviewed three subject matter experts: a Parent Mentor, Senior Deputy District Attorney (Senior DDA), and Deputy Trial Court Administrator (Deputy TCA). Below are summaries of those interviews.

Multnomah County's Urgency Committee has been looking at improving timelines for some time. How long has this committee been meeting? What are some of the barriers to timely jurisdiction that the committee has discussed? What are some ideas the committee is discussing to address those barriers?

- A petition to terminate parental rights should be filed when the child has been in substitute care for 15 of the most recent 22 months, unless an exception is allowed by law.

The Panel chose to focus its research on the timeline of reaching jurisdiction and disposition within 60 days. They looked at Juvenile Court Improvement Program (JCIP) statistical reports that showed Multnomah County quite a bit below the statewide average for cases reaching jurisdiction within 60 days. For dependency petitions filed between 10/1/2016 and 9/30/2017, Multnomah County reached a first jurisdiction finding within 60 days 44% of the time. The statewide average was 53%. For that same time period, Multnomah County reached jurisdiction on both parents within 60 days 20% of the time. The statewide average was 42%.

The Panel also reviewed statistics JCIP prepared for Multnomah County's Urgency Committee, a multi-disciplinary workgroup tasked with addressing barriers to timely jurisdiction. The statistics showed that:

- Most dependency allegations (74.8%) resolve at settlement conferences;
- The majority (57.6%) resolve by the first or second settlement conference;
- For those that don't resolve at a settlement conference, the vast majority (83%) settle at a call proceeding held several days before trial; and
- The median time for when a dependency petition is filed to the first day of trial is 124 days.

The above statistics are for dependency petitions filed in Multnomah between 10/1/2015 and 9/30/2016.

(Senior DDA) First, I want to give some background on how cases move through the system. When a dependency petition is filed, a shelter hearing (also called a preliminary hearing) is held, usually within 24 hours. At the end of this hearing, the court schedules a settlement conference 35 days out. At the settlement conference, parents spend 30 minutes in the hallway with their attorneys and then 30 minutes in court with the judge. If the case doesn't settle, subsequent settlement conferences may be held (at around 45-day intervals). Eventually, if the case doesn't settle, a call hearing and trial are scheduled. These are typically running roughly 3 months after the preliminary hearing. Call is held on a Thursday and the trial is the following Monday, Tuesday, and Wednesday. Cases that do not settle at the first settlement conference are pretty much always outside the 60-day timeline for jurisdiction.

The Urgency Committee started looking at timeliness of jurisdiction in 2015. One barrier to timeliness were delays in discovery or getting way too much information with not enough time to review it. To address this, the Committee updated the preliminary report that DHS prepares, and did some training on it. Other things that can cause delay are amended petitions late in the case, high attorney caseloads, difficulties reaching parents, new information learned late in the case, and that there is belief among some attorneys that it is in the best interest of their parent clients to delay jurisdiction. For example, based on current case law, it may be hard for the court to find jurisdiction if the mother of a drug-affected baby has successfully completed drug treatment. Delay would give the mother time to do this.

The Urgency Committee recognized that further progress would require out-of-the-box solutions with incredibly strong leadership from the bench. The Committee has recently disbanded and a new JCIP Model Court Team has formed to address this issue.

How long have you been a parent mentor? About how many parents have you mentored? At what stage of a case is a parent mentor typically assigned? What do parent mentors do?

(Parent Mentor) I've been a parent mentor for 4 years. Prior to that, I was a child welfare parent client. At any given time, I carry 17 to 25 parents on my caseload. I do have an office, but I'm not in it very much. Our program (Parents Anonymous) works on alcohol and drug treatment contracts, and Strengthening, Preserving and Reunifying Families (SPRF) and Levering Intensive Family Engagement (LIFE) referrals from DHS. Parents can also refer themselves to our program.

Our program puts on a parent orientation right before preliminary hearings where we walk parents through paperwork, their next court date, and what will happen at the first visit with their children.

Basically, I walk with parents from the first hearing through the life of their case. I have many hats—system navigator, translator both before and after court, transportation to drug treatment, support at family decision meetings, and a specialist in helping parents find housing. We are a parent-led voluntary program, and we provide DHS monthly updates on their clients.

(Deputy TCA) I saw an immediate positive change when Parents Anonymous started the orientation. Parents often feel like the system is against them. They get hope from being with a peer.

How does the court track timelines in dependency cases (both in individual cases and county-wide)? What happens when a case does not meet a timeline? From the court side, what thoughts/concerns/frustrations are you hearing around timeliness of jurisdiction and disposition?

(Deputy TCA) Odyssey, the court's electronic case management system, manages case timelines

automatically. I'm not sure how aware judges are of how Odyssey tracks timelines, but they are used to setting hearings according to the timelines. The court also receives quarterly JCIP statistical reports that provide aggregate data.

Settlement conferences are typically held 35 days after the preliminary hearing. I'm not sure DHS could be ready if they were held sooner. The court also has trouble getting reports from DHS. They [DHS] has lots of new caseworkers learning the job.



Full dockets can present challenges too. It can sometimes take 10 to 15 minutes at the end of a hearing to schedule the next one at a time that works for everyone. Partly contributing to this is that the court holds review hearing every 60 to 90 days. One judge recently started adding an extra month to this review cycle. It resulted in a lot more docket time available for other matters. The 60-day mark for jurisdiction is hard to make, but I know there are other counties making that mark.

Ideally, jurisdiction and disposition should occur within 60 days after a petition is filed. What is it like for parents leading up to jurisdiction/disposition, immediately after, and several months after? What helps set parents up for success, and what can get in the way?

(Parent Mentor) Right after the preliminary hearing, attorneys are telling parents what they can and can't discuss. We try to respect that as parent mentors. Parents also typically get lots of advice from friends and family who tell them they can't say something or not to admit to something they can't fix.

Cases end up settling most of the time, but it often takes two settlement conferences. Most of our parent mentor work happens after jurisdiction. Attorneys are often not allowing their clients to work with service providers prior to jurisdiction.

Pre-jurisdiction is a gray area that is not a good place for parents in early recovery. They think they can pull the wool over the caseworkers eyes. While there are cases that dismiss prior to jurisdiction, these are the kids we usually see come back into care. Each re-entry is a new trauma, and each time it's harder for parents to get their kids back. Providing a gray area is essentially cosigning with parents not to do work.

(Senior DDA) It can be hard pre-jurisdiction because parents can feel like they're still great parents even though they're using substances. They'll think that just because they have a roof over their head and food in the refrigerator that they're meeting the kids' basic needs.

While there is a belief that delaying jurisdiction can be beneficial for parents because it's harder to prove the parents aren't safe, it can result in longer stays in foster care, shorter ASFA timelines, and negatively impact parent engagement.

I've been advocating for several years for call and the trial to be scheduled at the preliminary hearing along with the settlement conference. If a case goes to call, parents know they can either resolve today or go to trial in two days. 85% of the cases that go to call, settle at call.

What advice do you give parents about working with DHS? What advice do you give them about court hearings?

(Parent Mentor) I tell parents that communication is key. That the child protective services worker will always be not liked, but they'll have a chance to start fresh with the permanency worker. Try to have as many meetings as possible—monthly family decision meetings, meetings in the office, etc. If these aren't happening, find out what the barrier is to having them. There are lots of people on the team and if you are doing what you're supposed to be doing, someone is going to notice, regardless of how much you think

[Pre-jurisdiction] is a gray area that is not a good place for parents in early recovery.

- Parent Mentor

the caseworker despises you or is biased in their judgment of you.

For court hearings, I always let parents know first impressions mean everything. That a meltdown in court is the worst. In Multnomah County, you'll have the same judge for your entire case. Parents can cuss me out in the parking lot, but when they get to court...breathe. Anger is an emotion of fear, and parents are scared.

Is there something you think DHS could do to improve timeliness to jurisdiction and disposition?

(Senior DDA) Hire more caseworkers, provide them with better training, and ensure reports are timely. Any way that DHS can assist parents in getting in contact with their attorney would help. Let them know how important it is to talk to their attorney.

From my perspective, what settles cases is information. When attorneys have all of it, they can appropriately advise their clients on the odds of winning at trial, and potentially get them engaged in services sooner. It helps if an absent parent is located right up front.

The 60-day timeline for jurisdiction is very old. Things have changed dramatically in 10 years. Cases are more complicated, and lawyers must ensure due process. Dependency trials now often take 3 days.

Data Collection and Analysis

During its second meeting, the Panel reviewed a proposed data collection plan for a file review of court documents for all 43 children who entered foster care in Multnomah County in January 2016. The file review would look at how delays in jurisdiction impact the bases of jurisdiction; parental engagement; and selected case outcomes like

reunification with a parent, time to permanency, number of placement changes, and re-entries into foster care. The Panel reviewed a proposed data collection instrument in January 2019. The Panel Coordinator conducted the file reviews.

At its fourth meeting on March 21, 2019, the Panel reviewed results from the file reviews. The results showed the likelihood of allegations being dismissed increases if jurisdiction is delayed 120 to 150 days (about 4 to 5 months) after the child enters foster care. Among these cases, 77% of the allegations (89 of 116) in the initial petitions were dismissed. This almost always happened at call. Almost all of these children were still in foster care three years after entry, and few had moved to the concurrent plan. It should be noted that results for cases adjudicated in 121-150 days are significantly impacted by a large sibling group.

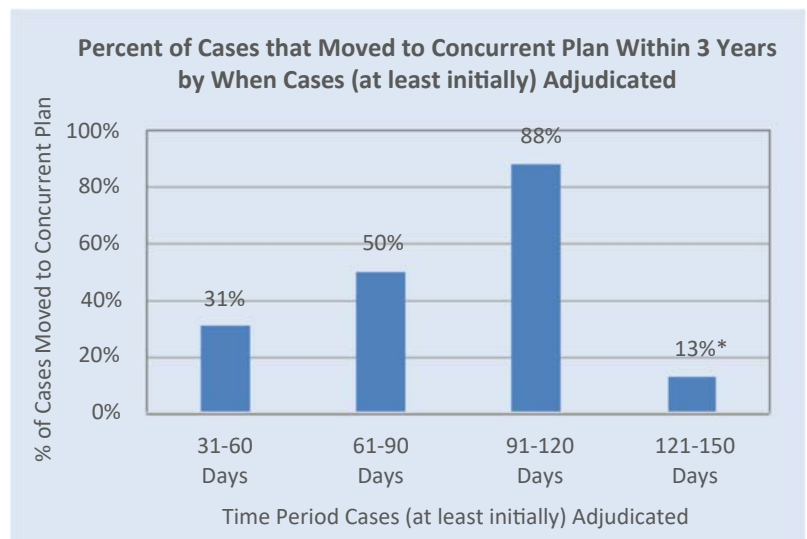
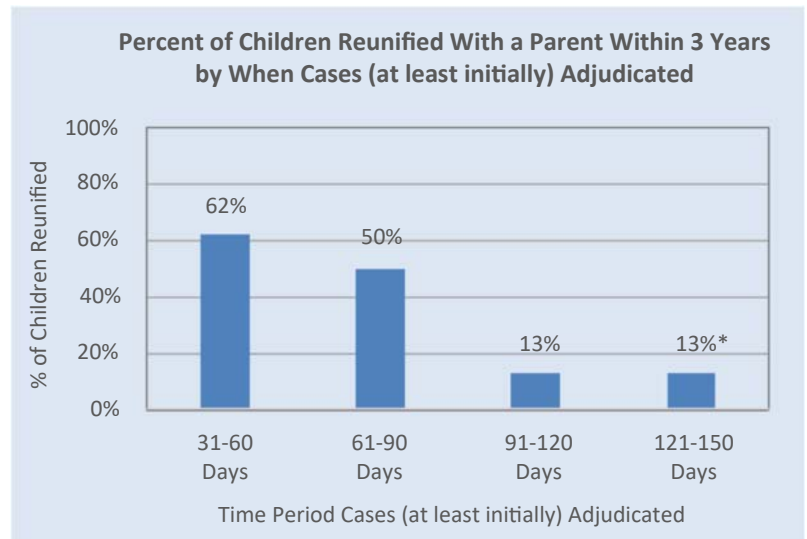
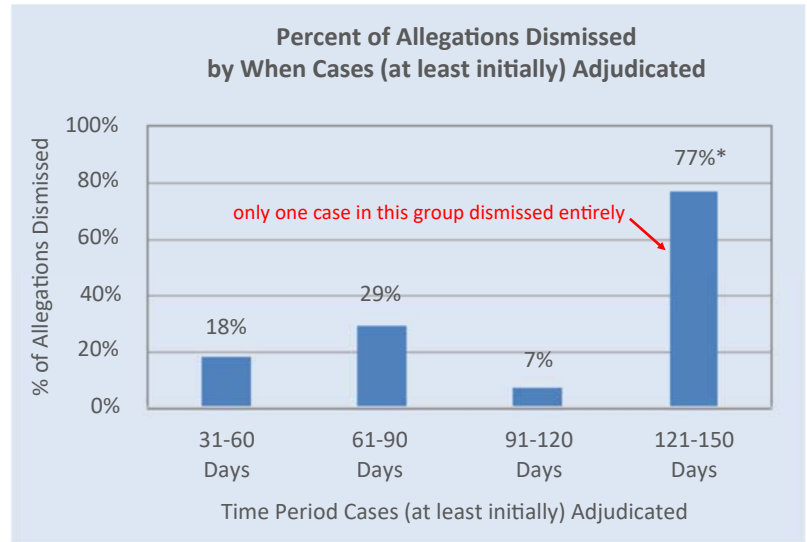
It was rare for cases to be entirely dismissed prior to jurisdiction. This only happened for 2 cases out of all those adjudicated 31 or more days after entry of the child into foster care. All the cases adjudicated 0–30 days after entry were dismissed.

The likelihood of reunification within three years appears to decline as jurisdiction is delayed. The highest rate of reunification (62% or 8 of 13 children) occurred when cases were at least initially adjudicated 31 to 60 days after the child entered foster care. It is noteworthy that the majority of the cases (8 of 13) adjudicated in 31 to 60 days had one or more allegations held in abeyance that were adjudicated later - almost all at a call proceeding held an average of 174 days after the initial adjudication.

The likelihood of moving to the concurrent plan appears to increase as jurisdiction is delayed. For the cases that adjudicated 31–60 days after the child entered foster care, 31% moved to the concurrent plan (in an average of 12.4 months from entry). For the cases that adjudicated 61–90 days after entry, 50% moved to the concurrent plan (in an average of 19.2 months from entry). For the cases that adjudicated 91–120 days after entry, 88% moved to the concurrent plan (in an average of 22.1 months from entry). It is unclear what will happen to the cases adjudicated between 121–150 days, where

File Review Results

(for all children who entered care in Multnomah County in January 2016)



*Results for cases adjudicated in 121-150 days are significantly impacted by a large sibling group.

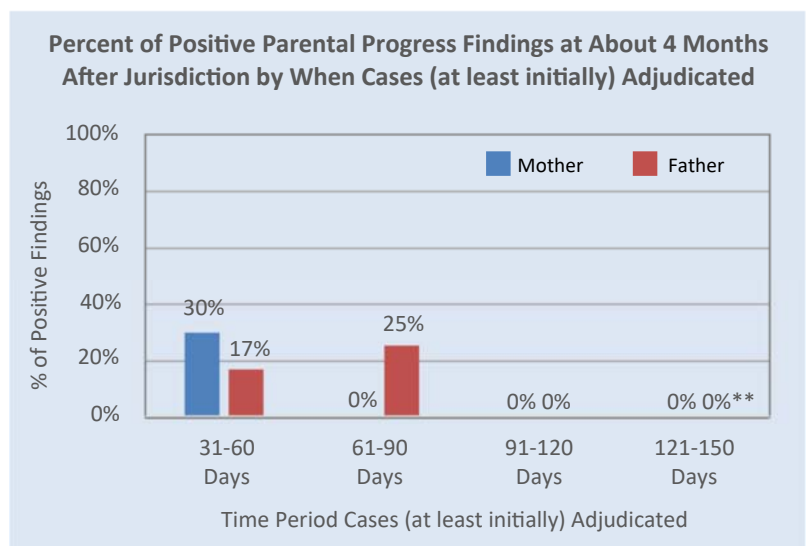
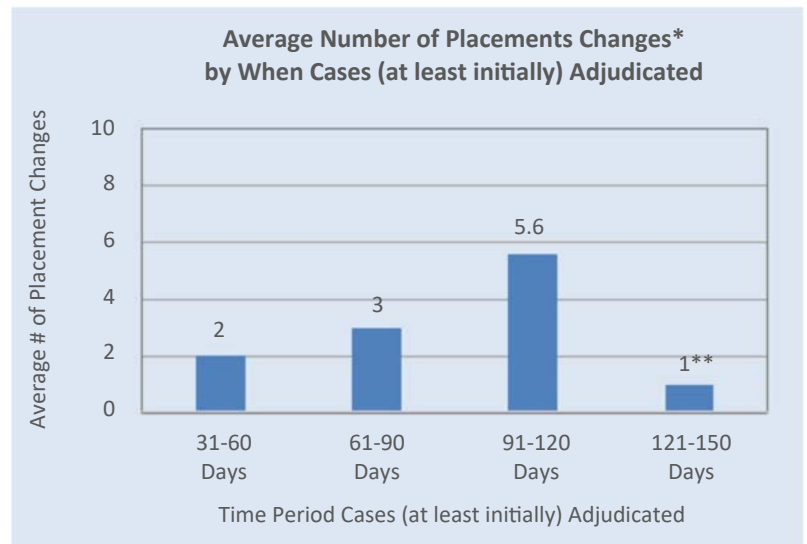
most of the children are still in foster care after three years. Will these cases ultimately move to the concurrent plan (way past the 14-month ASFA timeline) or will the children be returned home?

As one would expect, results showed a correlation between delay in jurisdiction and total number of placement changes for children. Keep in mind that some cases were still open at the end of the file review period, therefore, these children could have additional placement changes in the future. Children whose cases adjudicated in 31–60 days had an average of 2 placement changes, those adjudicated in 61–90 days averaged 3 placement changes, and those adjudicated in 91–120 days averaged 5.6 placements.

Parental engagement was measured by looking at the Court or CRB parental progress finding closest to 4 months after jurisdiction. Positive parental progress findings were highest for cases adjudicated in 31–60 days: 30% for mothers and 17% for fathers. Except for one more positive finding in a case that adjudicated in 61–90 days, there were no additional positive parental progress findings.

Lastly, re-entry rates were low for all time periods. Only one child re-entered foster care. Also, it should be noted that results from three children were not included in any of the statistics. One started out with a voluntary case for over a year. The other two were adopted and their underlying cases were sealed.

With all this in mind, the Panel formed its recommendations to improve policies and practices related to meeting ASFA timelines.



*Average number of placement changes over the life of the case for those that closed before three years in care, or average number of placement changes in three years for those that remained open at the end of the file review period.

**Results for cases adjudicated in 121-150 days are significantly impacted by a large sibling group.

Recommendations

1. The Court should consider piloting the scheduling of the settlement conference, call, and trial at the shelter hearing.
2. DHS partner with JCIP and the Office of Public Defense Services (OPDS) to provide education for community partners on the impact of ASFA timelines on children (including the impacts of both meeting and not meeting those timelines).
3. DHS bring up ASFA timelines at every hearing in a way that parents can easily understand.
4. DHS discuss with Parents Anonymous whether additional information about ASFA timelines is needed during parent orientation.

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Appendix A

Survey of Parent Satisfaction with Child Welfare Services



The Baker County Child Abuse Prevention and Treatment Act Citizen Review Panel has partnered with DHS to survey parents on their satisfaction with child welfare services. Results of this anonymous survey will be used to improve child welfare policies and practices. Please use the stamped self-addressed envelope to return completed surveys. You may also complete the survey online at [insert link].

1. Please circle the number indicating your level of agreement with the following statements:

Table with 4 columns: Statement, Agree, Unsure, Disagree. Rows A-M containing various statements about worker treatment and satisfaction.

2. Please use the space below to share any additional comments you have about how you are being served.

Five horizontal lines for writing additional comments.

Use back for additional space ->

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