

# Multnomah County Child Welfare Workgroup Report

*Safely and Equitably Reducing the Number  
of Children in Foster Care*

February 2011

*Report to the Multnomah County Board of Commissioners  
prepared by the Multnomah County Commission  
on Children, Families and Community*

*An effort of the Safe & Equitable Foster Care Reduction Initiative*



# **2010 Multnomah County Child Welfare Workgroup Report**

## *Acknowledgements:*

*Thank you to all of the Department of Human Services Child Welfare staff, County Department Staff, and County Contractors who took time out of their busy schedules to attend work sessions and answer survey questions.*

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# INTRODUCTION

The Commission on Children, Families & Community convened and we served as co-chairs of the Multnomah County Child Welfare Workgroup during the summer of 2010 to explore areas for increased collaboration between Multnomah County and the Oregon Department of Human Services Child Welfare (DHS) to improve outcomes for children and families in our community. Oregon places far more children in foster care than most states. And within Oregon, Multnomah County has a very high placement rate. When a child is removed from their home and separated from their family, even if required for safety reasons, the traumatic impact is severe and long-lasting. As a community, we have a moral obligation to do all we can to strengthen and stabilize families so they can safely care for their children.

The Multnomah County Child Welfare Workgroup spent six months exploring the connections and opportunities for collaboration between nearly one hundred programs administered by Multnomah County that serve children or families in the child welfare system. Multnomah County does not have primary responsibility for foster care and permanency placement. However, we do have significant resources committed to supporting, strengthening and keeping children and families safe that can and should be coordinated with the efforts of the State of Oregon. At all times, but especially given our current economic realities, efficiency, collaboration, and effective use of existing resources are critical. It is important to find opportunities for improvement in the delivery of services to children and families engaged with the child welfare system.

This report provides an overview of the Workgroup process and its findings and serves as a primer on the child welfare system and its impacts on children and families in Multnomah County. Our intention is that County Departments, State DHS staff, our colleagues on the Board of County Commissioners, non-profit partners and community members will use this report to find ways that they can support improved outcomes for our most vulnerable families.

We extend our deep gratitude to all of our colleagues here at Multnomah County, our contractors, community members and partners with DHS who contributed to this effort. It has been an honor to convene this Workgroup, and we look forward to ensuring that Multnomah County plays a pivotal role in safely and equitably reducing the number of children in the child welfare system. There is no more important work than keeping families intact so they can care for and raise happy, strong and successful children.

Sincerely,

DEBORAH KAFOURY  
Multnomah County Commissioner  
District 1

BARBARA WILLER  
Multnomah County Commissioner  
District 2

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# EXECUTIVE SUMMARY

Oregon has one of the highest rates of foster care in the country and Multnomah County has a foster care rate almost three times the national average. Locally, the Oregon Department of Human Services Child Welfare (DHS), the Multnomah County Commission on Children, Families and Community (CCFC), and the Multnomah County Family Court partner together on the Safe and Equitable Foster Care Reduction Initiative. The Child Welfare Workgroup was formed by County Resolution, as part of the Safe and Equitable Foster Care Reduction Initiative to explore how Multnomah County can become an active partner in the effort to strengthen families and prevent foster care placement or, if in care, move children to permanency faster. The County can have a strong impact on outcomes for children and families involved in the child welfare system as a provider of service and a funder of many community based services.

The goals of the Multnomah County Child Welfare Workgroup were to:

- establish a baseline of where County investments interact with DHS;
- catalogue County investments in serving children and families in the child welfare system;
- identify opportunities for better efficiency, coordination and collaboration; and
- identify a few key areas for further exploration in 2011 between DHS and the County around shared issues, goals, measurements and improved results.

It is our hope that work done on improving the connections between these services will provide more holistic and effective services for children and families that succeed at keeping children safe at home.

Intended outcomes of the workgroup were to develop:

- new and deeper relationships between DHS and County staff;
- a report that provides an overview of the Safe and Equitable Foster Care Reduction Initiative, provides local and national research on coordination and collaboration with child welfare agencies, a description of the Workgroup's findings, and recommendations for continuing work moving forward; and
- County Board led efforts to improve coordination and efficiency in the delivery of services to children and families served concurrently by Multnomah County and DHS.

## **Safe and Equitable Foster Care Reduction Initiative:**

Due to the high numbers of Oregon children in foster care and the disproportionate number of families of color, in 2009 the Oregon Commission on Children and Families, the Oregon Department of Human Services and the Oregon Judicial Department established a partnership with Casey Family Programs (Casey). Casey is the nation's largest operating foundation focused on safely reducing the number of children in foster care and improving the lives of those who remain in care. The partnership with Casey is intended to fundamentally change the way Oregon provides child welfare services so that fewer children are taken into care, more children at-risk are maintained safely with their families, and children of color are no longer disproportionately represented in our foster care system.

Locally, the partners working on the Safe and Equitable Foster Care Reduction Initiative are identifying areas to improve funding allocations, increase culturally responsive services, empower community members to become actively involved and develop cross-system collaborations to achieve the identified goals. The County Child Welfare Workgroup is a vital cross-system collaboration for the success of this initiative.

The figure below illustrates how all the parts of the initiative are connected.

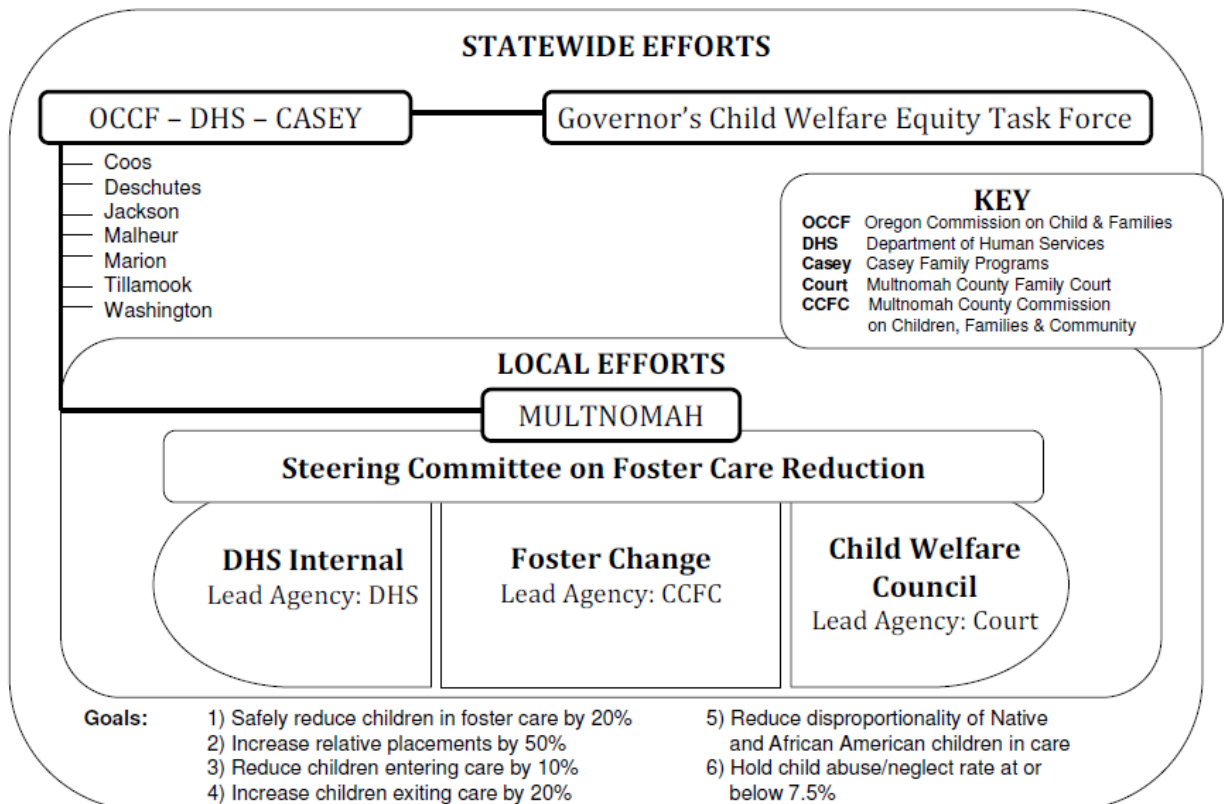


Figure 0.1

### **Workgroup Process:**

The County Child Welfare Workgroup met six times to explore the County's relationship with DHS across five departments, contractor perspectives, and examples of existing positive collaborations. A smaller group met to develop this report which:

- summarizes what was learned,
- provides recommendations for the County Board to consider in their budget process for fiscal year 2012, and
- informs individual board members' work plans over the next year.

After review of all the feedback collected the following recommendations were developed by staff and volunteers of the Commission on Children, Families & Community.

### **Recommendations**

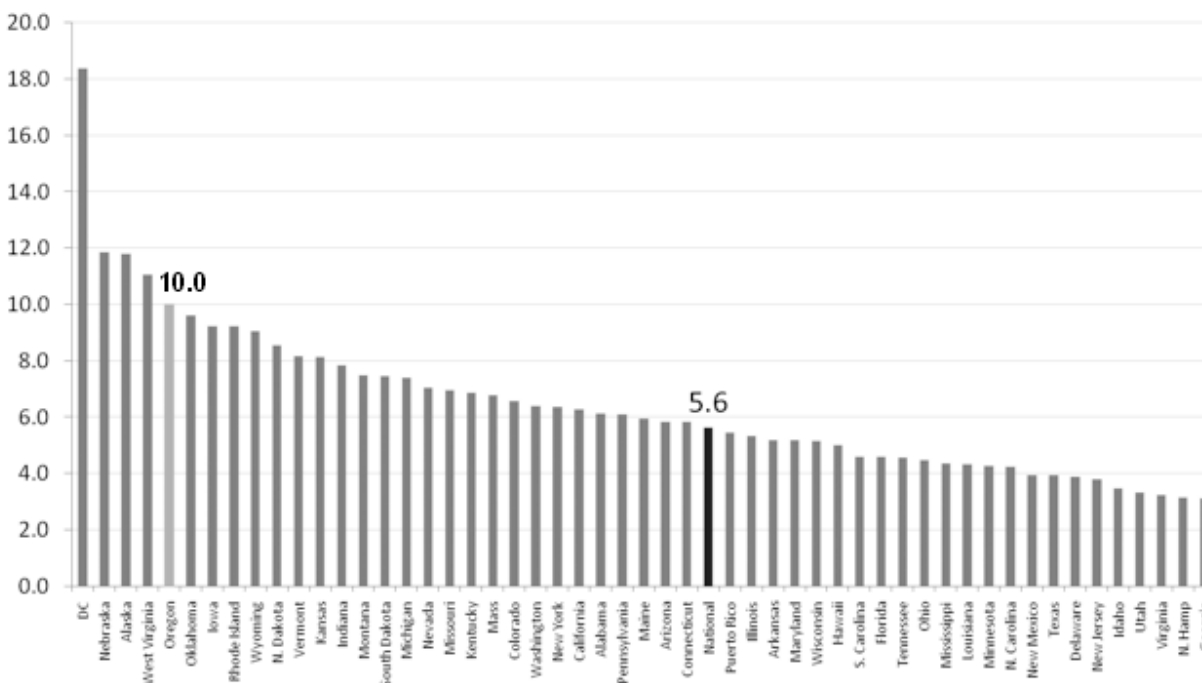
1. Multnomah County should continue to support Countywide efforts to promote racial equity and empowerment through policy, programmatic and organizational change efforts.
2. Multnomah County's legislative agenda should support the State maintaining investments in preventative and supportive services for struggling families that help prevent entry into the child welfare system.
3. Individual County departments should explore systematic ways to document child welfare involvement of the children and families they serve and work, where appropriate, to coordinate County and State investments with families.
4. Replicate the successful "30 Families in 30 Days" housing model created by Commissioner Kafoury and the Department of County Human Services, with a new focus on aligning County and State resources for a small set of families working to either keep their children out of the child welfare system or have their children returned.
5. Create a joint DHS/County workgroup to explore opportunities for greater partnership, coordination, and improved client care for children with developmental disabilities.
6. Establish a task force to study how DHS, the Courts, and Multnomah County might help decrease the number of family members who are excluded as placement resources because of past criminal records.
7. Continue to support the Community Response to Commercial Sexual Exploitation of Children program and support efforts to prevent victimization of children and provide support services for children who have been victimized. Continue working collaboratively across County departments and State agencies to address the needs of this population with a special attention to children who have been engaged in the child welfare system.

This report describes how these recommendations were developed, provides a primer on how the child welfare system in Multnomah County functions and is organized, and summarizes the research conducted as part of this effort. The report authors hope that this effort helps motivate individuals, County programs and anyone who touches the lives of children in the child welfare system to seek ways to help keep children out of foster care and help children in foster care find permanency.

# SECTION I: SAFE AND EQUITABLE FOSTER CARE REDUCTION OVERVIEW

## Foster Care in Oregon and Multnomah County

Foster care is an essential element of our system to keep kids safe, yet we know children should not grow up in foster care. Children who remain in foster care for long periods of time are at risk of multiple placement moves, lower educational attainment, higher teen pregnancy, lower rates of employment and increased involvement in the criminal justice system.



**Figure 1.1**

Oregon has one of the highest foster care placement rates in the country. In 2009, the national foster care placement rate was 5.6 per 1000 children. In Oregon it was 10.0 per 1000. In Multnomah County it was 13.8 per 1000.

African American and Native American children are disproportionately represented in Multnomah County's child welfare system. Disproportionality occurs when particular racial or ethnic group is represented at a higher rate than in the general population. In 2008, Native and African American children made up 12% of Multnomah County's child population, while they made up 43% of the foster care population. Native American children were particularly overrepresented. In Multnomah County, approximately 1.2% of the child population identified as American Indian/Native Alaskan yet American Indian/Native Alaskan children made up 21% of Multnomah County's foster care population. African American children were twice as likely to be in foster care as would be expected based on their representation in Multnomah County's population (10.8% in the total child population but 22% of the foster care population). This



means American Indian/Native Alaskan children were 16.5 times more likely to be in foster care and African American children twice as likely.

### **How Does a Family Travel Through the Child Welfare System?**

Families travel through the child welfare system in various ways. However, there are important decision points that affect many families that become involved in the system.

Families initially come to the attention of DHS when a report (typically a phone call to the Child Abuse Hotline) is received. At this point, an initial decision is made about whether it appears serious enough to refer for a full assessment or can be closed at screening. If it is assigned to a full assessment, then a Child Protective Services worker will conduct assessments with children, families, and others who have contact with the family. The result of the assessment, indicating whether or not abuse or neglect occurred, is known as the disposition. The disposition is used to determine whether or not a child should be removed from his/her family based on the immediate safety concerns arising from assessment of the report. The decision to remove a child is crucial because it has implications for the well-being of children and families, specifically concerning the short- and long-term effects of parent-child separation, safety, and service needs. For children who are placed in foster care, a process including DHS, the family and sometimes the court and other service providers, works to move the child along to a permanent safe family, either by reunification or another permanent family connection.

See Appendix A, for two illustrations of how families move through the system.

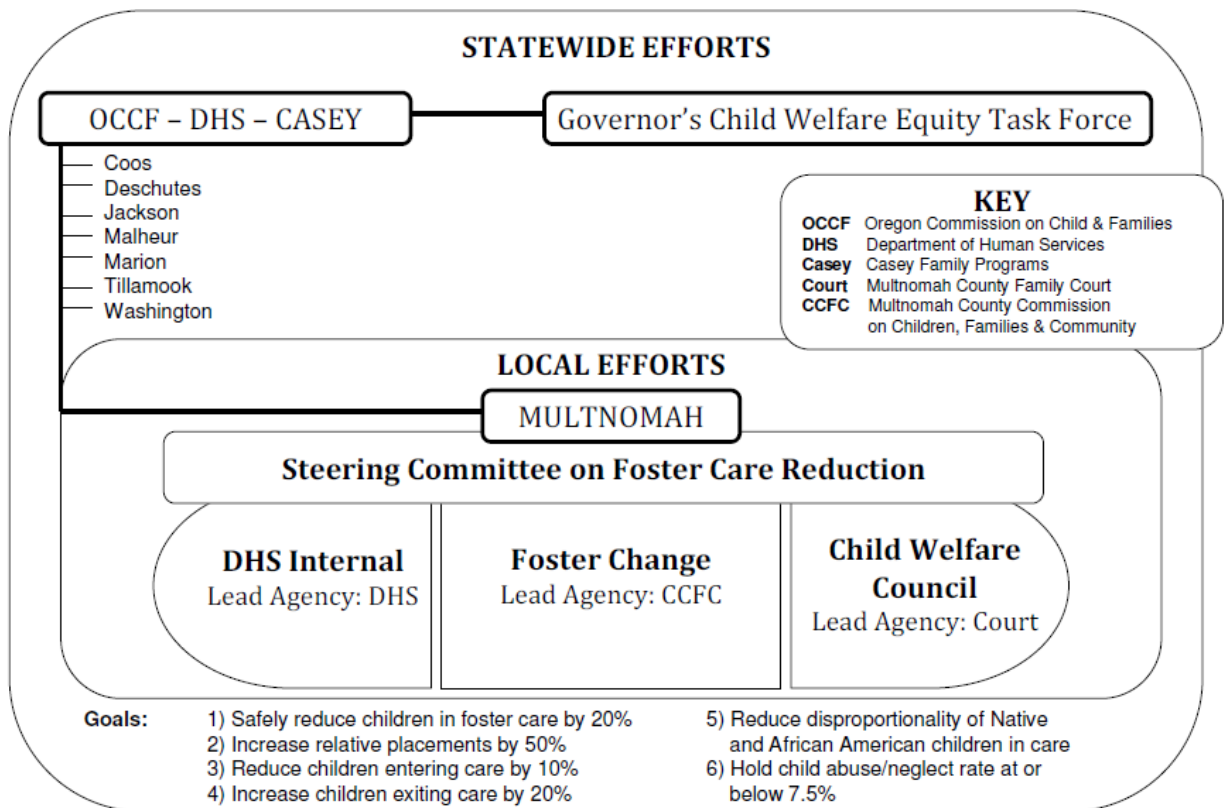
### **Statewide Safe and Equitable Foster Care Reduction Initiative**

Due to the high numbers of Oregon children in foster care and the disproportionate number of families of color, in 2009 the Oregon Commission on Children and Families, the Department of Human Services and the Oregon Judicial Department joined with Casey Family Programs (Casey), the nation's largest operating foundation focused on the goal of safely reducing the number of children in foster care and improving the lives of those who remain in care, to fundamentally change how Oregon provides child welfare services.

Six statewide goals to be met by 2011 are:

- Safely reduce children in foster care by 20%,
- Increase relative placements by 50%,
- Reduce children entering care by 10%,
- Increase foster care exits by 20%,
- Reduce disproportionality and disparities for Native and African American children, and
- Hold the child re-abuse and neglect rate stable.

Locally, the Department of Human Services District 2 (DHS), the Multnomah County Commission on Children, Families and Community (CCFC), the Multnomah County Family Court and other community partners are working together to identify areas to improve funding allocations, increase culturally responsive services, empower community members to become actively involved and develop cross-system collaborations to achieve the identified goals.



**Figure 1.3**

Figure 1.3 illustrates how the statewide and Multnomah County efforts are connected.

## **Disproportionality and Racial Equity**

### *Definitions*

Often the terms *disproportionality* and *disparity* are used interchangeably, however the terms have different meanings.

*Disproportionality* is generally defined as the extent to which a specific group experiences some event, either at a higher or lower rate (over or underrepresented) than the same group’s proportion of the general population. The comparison is **within** a group.

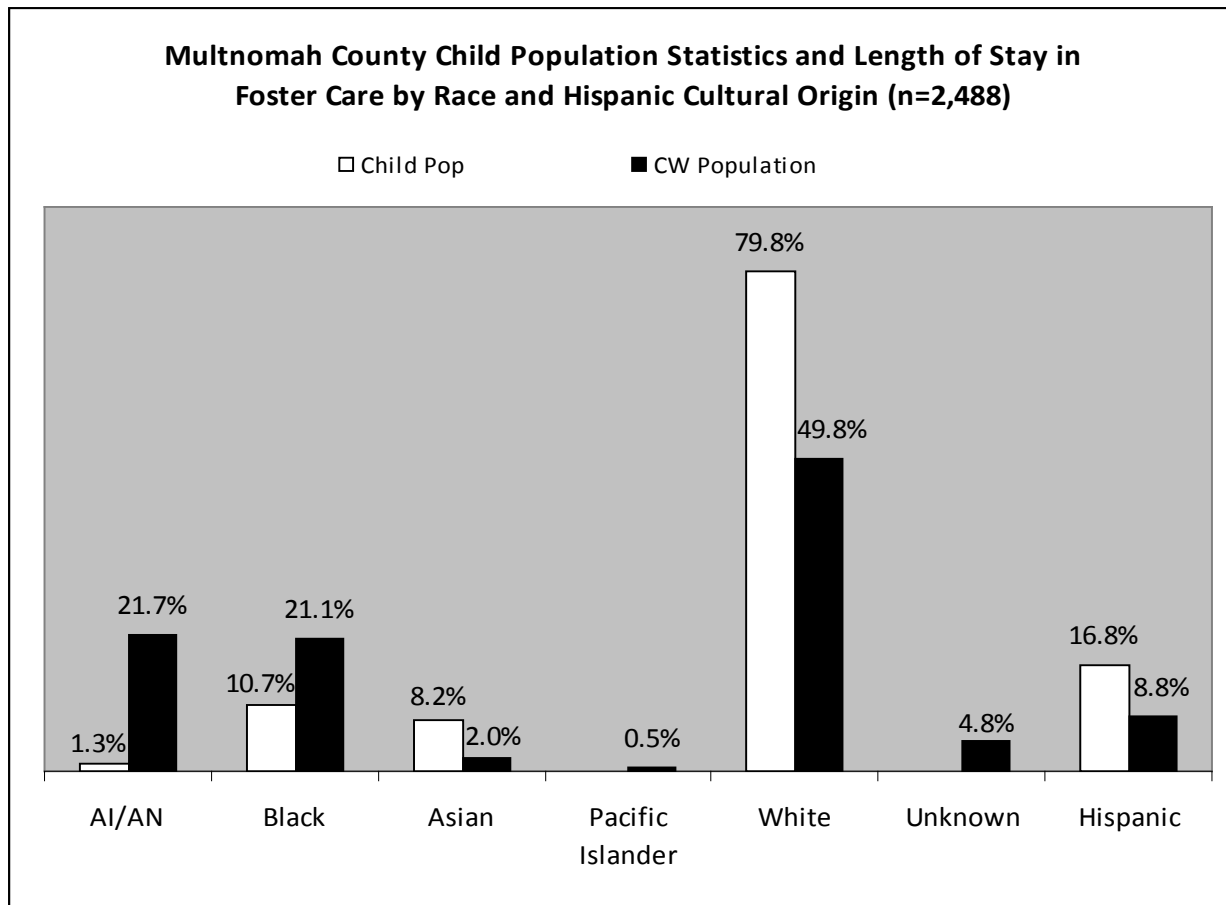
*Disparity* is generally defined as the comparison of one group’s disproportionality (over or underrepresented) to another group. Typically, the majority population is used as the benchmark or reference group in the comparison. The comparison is **between** groups.

### *Disproportionality in Multnomah County*

As is mentioned, African American and Native American children are disproportionately represented in foster care. This trend exists in Multnomah County, Oregon and nationwide.

In 2009, if Native and African American children in Multnomah County were in foster care at the same rate as their percent of the county population, DHS would have had over 750 fewer foster care cases, and a one third reduction in their caseload.<sup>1</sup>

In 2008, Native American children were 16.5 times more likely to be in foster care. African American children, in the same year, were twice as likely to be in foster care, when compared to their total population in the county [see figure 1.4].



**Figure 1.4**

There are multiple theories for why these disparities exist. National “research shows that children of color in foster care and their families are treated differently from—and often not as well as— white children and their families in the system. For example, fewer African American children receive mental health services even though the identified need for this type of service may be as great (or greater) for African Americans as for other racial or ethnic groups.”<sup>2</sup>

When children become involved in the child welfare system, they come into contact with many professionals who make decisions that impact the rest of their lives. In 2009 the Child Welfare Partnership at Portland State University’s School of Social Work conducted a decision point

<sup>1</sup> Department of Human Services, District 2, *2010 Refocus Plan*

<sup>2</sup> Hill, R. (2006).

analysis on behalf of the Safe and Equitable Foster Care Reduction Initiative. This research evaluated disparities at critical decision points in the child welfare system.

The research concluded that Native American families were three times more likely to be reported to the child abuse hotline. African American families were twice as likely to be reported. However, at the hotline, the intake decision point, African American and Native American families were referred for further assessment at proportionate rates to all families.

At other decision points, there were disparities for Native and/or African American families. Native American families were more likely to have a “founded” case of abuse, neglect or threat of harm. Native and African American children were more likely to be removed from their families and more likely to stay in foster care longer.

Many societal factors, barriers and challenges contribute to this issue. Children of color are in families that:

- are more likely to be in poor, single parent homes, which are risk factors for maltreatment;
- have less access to services that prevent placement and hasten permanency;
- are more likely to come into contact with social service or other workers who notice and report maltreatment; and
- are more likely to be reported and less likely to be reunified with family due to biased decision making.<sup>3</sup>

### *Statewide Efforts*

In addition to the statewide Safe and Equitable Foster Care Reduction Initiative, in January 2009, Governor Kulongoski issued an executive order establishing a Child Welfare Equity Task Force composed of leaders from across the state. A bill enacting this Task Force passed the Oregon legislature in the 2009 legislative session. The Task Force was charged with submitting a report with recommendations to the Oregon Legislative Assembly by the end of 2010.

### *Local Efforts*

Beginning in 2009, the local steering committee of the Safe and Equitable Foster Care Reduction Initiative hosted community forums in the Native and African American communities in order to ensure they were informed about the disproportionate outcomes for their children and families. The steering committee heard from the community what barriers and opportunities exist to change outcomes of their children and families. The feedback from community forums informed the work of the County Child Welfare Workgroup. A summary of the feedback from the forums is included in Appendix B.

## **Moving Forward Multnomah County’s Policy Goals**

Multnomah County provides supports and services to our community’s most vulnerable populations; the elderly, disabled, low-income, individuals who struggle with mental health and addictions and children. Through County investment, as well as State, Federal and private

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<sup>3</sup> Adapted from Congressional Research Service. August 2005. *Race/Ethnicity and Child Welfare*

grants, Multnomah County is currently engaged in many efforts that support the Safe and Equitable Foster Care Reduction Initiative. For example,

- Healthy Start is the largest, nationally accredited child abuse prevention program in the State of Oregon. The Multnomah County Health Department serves hundreds of children in this program and screens hundreds more for risk factors that could lead to abuse or neglect.
- Schools Uniting Neighborhoods (SUN) Service System is the County's largest investment of general fund in children and families. The goals of the system are to support the academic success and financial security of children and their families.
- The homeless & runaway youth continuum, supported in large part by Multnomah County, helps young people leave homelessness, find employment, complete their education and reunify with family.
- Community Response to Commercial Sexual Exploitation of Children program works to free minor victims of sex trafficking and provide treatment and support so they can lead healthy lives.

This list is in no way exhaustive. These are only a few programs and initiatives that improve the outcomes for children and families in the child welfare system. Additionally, the success of these programs is diminished if we are not able to safely and equitably reduce the number of children in foster care. National statistics show that youth in foster care have a 25% chance of becoming homeless<sup>4</sup>. A national study of foster youth alumnae showed that 17.2% of the female alumni gave birth to at least one child while in foster care. The same study found that only 54% of foster care alumni had completed high school.<sup>5</sup> If we do not actively partner and work to keep children out of foster care, Multnomah County will bear the costs of many of the negative outcomes associated with foster care placement. Prevention and intervention services for abuse, neglect, teen pregnancy, homelessness, juvenile and criminal justice involvement are all within the purview of Multnomah County.

Over the last several years Multnomah County and the City of Portland have partnered to support the academic success of youth and reduce the drop out rate. Neither the County nor the City has direct authority over schools, but both understand the critical importance of student success to their missions and the health of our community. Engagement in safely and equitably reducing our County's foster care population is much the same. Multnomah County does not have direct responsibility for child welfare, but does have an interest in children and youth experiencing lives free of abuse, neglect, and other negative outcomes. By investing our time and resources in this effort we help reduce costs to the County by mitigating the negative outcomes children experience once placed in foster care. It is not only a moral imperative but also a financially prudent investment to work to prevent foster care placement and support permanency for children already in the State's custody.

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<sup>4</sup> Casey Family Programs (2008). <http://www.raisemeup.org>.

<sup>5</sup> Pecora, P., Williams, J., Kessler, R., Downs, A., O'Brien, K., Hiripi, E., & Morello, S. (Revised December 10, 2003). *Assessing the effects of foster care: early results from the Casey National Alumni Study*. Casey Family Programs.

## SECTION II: CROSS-SYSTEM COLLABORATION FOR FAMILIES IN THE CHILD WELFARE SYSTEM

### Research on Collaboration

In the State of Oregon, DHS is the agency charged with the primary responsibility for child protection. However, having a positive impact on these children and their families is not the responsibility of any one agency or department, but is a shared community responsibility.

DHS, along with many other child welfare agencies across the country, recognize that the many needs of the children and families they serve require a collaborative and integrated system of care in order to achieve permanency, safety and well-being for children.

Successful partnerships can benefit communities by:

- strengthening families,
- extending the reach of limited resources,
- improving service access and delivery,
- enhancing relationships among public and private service providers, and
- creating community responsibility for child safety and family stability.<sup>6</sup>

### **Principles to Guide Collaboration**

Collaboration is rooted in interdependent relationships. There are a number of research-based guidelines for a successful collaboration. These principles will be helpful in development of new collaborations between DHS and County departments as well as the enhancement of existing collaborative efforts. The following collaborative principles are from the Department of Health and Human Services, Office of Child Abuse and Neglect:

**Build and maintain trust.** Trust enables people to share information, perceptions and feedback. Collaborators can build trust by:

- reaching agreement regarding norms for behavior for working together;
- developing mutual respect;
- correcting common misconceptions and learning up-to-date information regarding other agencies;
- developing an informal, relaxed atmosphere; and
- viewing all participants as equal members in designing and implementing the collaborative efforts.<sup>7</sup>

**Reach agreement on core values.** All the parties must reach consensus on a core set of values for the collaborative effort. Each of the parties must honor the importance of the values and their implementation in practice.

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<sup>6</sup> Child Welfare Information Gateway. (2000). *Communities have the power to prevent child abuse and neglect*. Available: [http://cbexpress.acf.hhs.gov/articles.cfm?&issue\\_id=2000-03&article\\_id=37](http://cbexpress.acf.hhs.gov/articles.cfm?&issue_id=2000-03&article_id=37)

<sup>7</sup> Lawson, H., & Barkdull, C. (2001). Gaining the collaborative advantage and promoting systems and cross-systems change. In A. Sallee, H. Lawson, & K. Briar-Lawson (Eds.), *Innovative practices with vulnerable children and families* (pp. 245-269). Dubuque, IA: Eddie Bowers.

**Reach agreement and stay focused on common goals.** A well-coordinated system is based on common goals, such as the prevention of child abuse, child safety and permanency. In spite of the fact that the professionals or agencies involved in child welfare have differences in philosophy, focus, mission and perceptions, it is possible to agree on common goals. This requires that all parties:

- set aside or merge their vested interests and
- believe that by developing and maintaining common goals children and families will attain more positive outcomes.

**Develop a common language.** Each profession and agency has its own terminology, jargon, and acronyms. It is important to overcome language barriers. Each of the parties should:

- explain the technical language, words, and phrases they use;
- refrain from using acronyms and professional jargon; and
- achieve a common understanding of what terms mean.

**Demonstrate respect for the knowledge and experience of each person.** Effective collaboration requires the expertise and knowledge of all parties, who should listen to and be respectful of each person's opinions and ideas. Any misunderstandings, unreasonable expectations, myths, previous problems, or other issues must be worked through.

**Assume positive intentions of all parties.** When a variety of professionals and nonprofessionals come together to develop and implement a collaborative effort, they bring with them different ideas, perspectives and approaches. It is important to recognize that all parties are genuinely interested in working toward the agreed upon goals and positive outcomes for children and families.

**Recognize the strengths, needs, and limitations of all of the parties.** This may require being open to and exploring alternative ways individuals can contribute to the collaborative effort.

**Work through conflict.** Conflict is healthy and inevitable when people work collaboratively. The extent to which people feel comfortable with conflict and airing differences has an impact on process and decision making. Great care must be taken to encourage the equal participation of all members.

**Share decision-making, risk taking, and accountability.** A true collaborative effort means that decisions are made and risks are taken as a team. Members feel a professional responsibility for the performance of the partnership. This means the entire team is accountable for achieving the outcomes and goals.<sup>8</sup>

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<sup>8</sup> Stark, D. R. (1999). *Collaboration basics: Strategies from six communities engaged in collaborative efforts among families, child welfare and children's mental health: A partnership for action*. Washington, DC: Georgetown University, Child Development Center, National Technical Assistance Center for Children's Mental Health.

## **National Models**

There are many national models of communities working to develop integrated service delivery collaborations. Here are a few examples of how these collaborations can strengthen families, keep children safe and out of foster care.

**San Francisco.** For many years African American children have been overrepresented in the San Francisco child welfare system. DHS, the Department of Public Health, the California Department of Social Services, Inter-City Family Resource Network, Inc., Bay Area Academy, the Children's Council of San Francisco, the Youth Law Center, the District Attorney's Office, the Commission on the Status of Women, the Kinship Support Network, community-based and faith-based organizations and interested community advocates came together to create the Disproportionality Task Force and action plan. This collaborative has made great progress and is listed as a "Place to Watch" by The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy.<sup>9</sup>

**New York City.** Leaders of nonprofit groups and officials from the New York City Administration for Children's Services are confronting the challenge of community collaboration, through twenty-five Neighborhood Networks which work locally to improve both the quality and accessibility of social services for families while reducing the number of children entering foster care. They are doing this through emphasizing the integration of services in neighborhoods and across organizations. The number of New York City children entering foster care each year has dropped nearly in half between 1998 and 2004, and the total number of children in foster care declined from 41,000 in 1998 to 22,000 in 2004.<sup>10</sup>

**Montgomery County, Ohio.** Montgomery County has taken the integration of human services to another level with five and a half acres of office space, known as the Jobs Center. In addition to the co-location of all human services, they have developed multi-program community collaborations that provide neighborhood-based supportive services. Montgomery County also developed Integrated Service Teams that include County staff and contracted caseworkers to address multiple client needs.<sup>11</sup>

## **Local Case Studies**

### **Collaborative Case Study I: Crossover Youth Practice Model**

Abbey Stamp (Family Court), David Koch (Juvenile Justice) and Jerry Burns (DHS) presented information about the Crossover Youth Practice Model at the second work session of the County Child Welfare Workgroup.

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<sup>9</sup> The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006). *Places to watch: Promising practices to address racial disproportionality in child welfare.*

<sup>10</sup> White, A., Rosenbaum, N., Lerner, S., & Nyary, S. (2005). *Community collaboration in New York City: Charting the course for a neighborhood-based safety net.* New York City: New School University, Milano Graduate School of Management and Urban Policy, Center for New York City Affairs.

<sup>11</sup> Ragan, M. (2002). *Human Services in Montgomery County, Ohio - Service Integration Writ Large-Prepared for the Casey Strategic Consulting Group.* Ohio: Rockefeller Institute of Government.



Multnomah County is one of 12 different sites across the county that is implementing the model, developed by Casey Family Programs and the Center for Juvenile Justice Reform at Georgetown University.

“Crossover youth” have simultaneous involvement in both the child welfare and juvenile justice systems. The Crossover Youth Practice Model describes specific practices and philosophies needed in order to reduce the number of youth who crossover between the child welfare and juvenile justice systems.

In Multnomah County this collaborative between juvenile justice, child welfare and family court began with a gap analysis to identify areas and practices needing improvements to enhance positive outcomes for crossover youth.

Though juvenile justice staff had informal relationships with child welfare staff there was no uniform systematic collaboration with shared goals and outcomes prior to implementing this practice model. Oregon Youth Authority, DHS and the Department of Community Justice developed a co-management agreement to clarify roles and responsibilities.

Using the gap analysis, the collaborative has developed an implementation plan to improve interventions and outcomes for these youth.

Some of the lessons the collaborative learned in this process about how to effectively work together are:

- allow sufficient time to grow the collaboration;
- set common goals;
- learn each others language;
- build relationships; and
- cultivate strong judicial leadership.

### **Collaborative Case Study II: Homeless Youth**

Caitlin Campbell (County Human Services) and Dennis Morrow (Janus Youth Programs) presented information about a collaboration between the Homeless Youth Continuum and DHS regarding homeless youth at the second work session of the County Child Welfare Workgroup.

In the early 2000’s approximately 20% of homeless youth in Multnomah County were involved in the child welfare system. 90% of homeless youth reported past involvement with child welfare. The Citizen’s Crime Commission requested that the Homeless Youth Oversight Committee (HYOC) develop policies and recommendations in partnership with DHS to address this issue.

As a result, the following actions were taken:

- The HYOC designated a liaison at the child abuse hotline;
- DHS sent a representative to the HYOC;
- In 2005, a mandate went into effect that required a plan for housing for all youth who were exiting the foster care system;

- DHS developed “bridge beds” in runaway youth shelters, like Harry’s Mother to prevent a youth’s exposure to homeless youth culture;
- Janus Youth Programs provides back-up staff to the child abuse hotline. Now Janus staff have a deeper understanding of the child welfare system; and
- Diversionary resources from the Department of County Human Services and the Reception Center were developed.

The results demonstrate the success of this collaboration. On average in the years 2006-2009, 6% of homeless youth had current child welfare involvement, and only 35% had past child welfare involvement.

Some of the aspects that lead to the success of the collaboration were:

- An external mandate from the Citizen’s Crime Commission;
- Recognition that this work would require practice changes for both DHS and the Homeless Youth Continuum; and
- The Homeless Youth Continuum is based on the principles of positive youth development, so youth have been involved in the collaboration and are on the boards of many of the agencies that make up the Continuum.

### **What Opportunities Exist? (Inventory of County Programs)**

DHS District 2 and CCFC staff, used County department organizational charts (Appendix E) to identify 97 county programs in fiscal year 2011 that served children and families involved with the child welfare system (Appendix C). Feedback was requested from each of these County programs regarding what sort of interaction they currently have with DHS Child Welfare. Forty-four programs responded. Some of the responses came from community agencies that contract with the County to provide services.

Each feedback form requested the following information:

- Summary of services provided to children or the caregivers/families of children in the child welfare system;
- Estimated number of children served by the program who are involved with child welfare;
- Estimated number of caregivers/family members served by the program who are involved with child welfare;
- How staff determine if a client is engaged in child welfare;
- If a child/caregiver or family member is identified as being engaged in the child welfare system, how many cases they currently connect with DHS;
- How program staff connect with DHS;
- Interactions with DHS that benefited children or families in the child welfare system; and
- Factors that prevented this program and DHS from interacting in ways that benefit children or families in the child welfare system.

The feedback forms received are included in Appendix F.

County programs have a variety of ways of knowing whether the children or caregivers they are serving are involved in child welfare. Some programs do not ask about child welfare involvement. Others include it on all of their intake assessments.

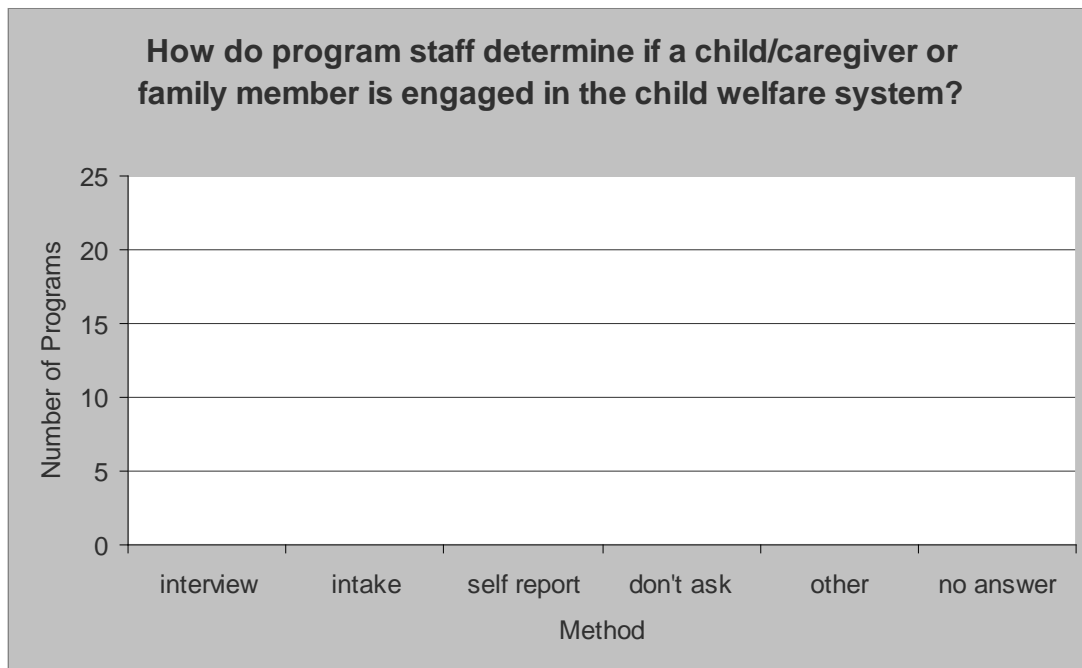


Figure 2.1

It is of note in the survey that when respondents were asked "Once a child/caregiver or family member is identified as having child welfare involvement, how often does your program contact DHS?" Most commonly, respondents chose not to answer this question. It could be that this is something they do not track, were hesitant to estimate, or they rarely connect with DHS.

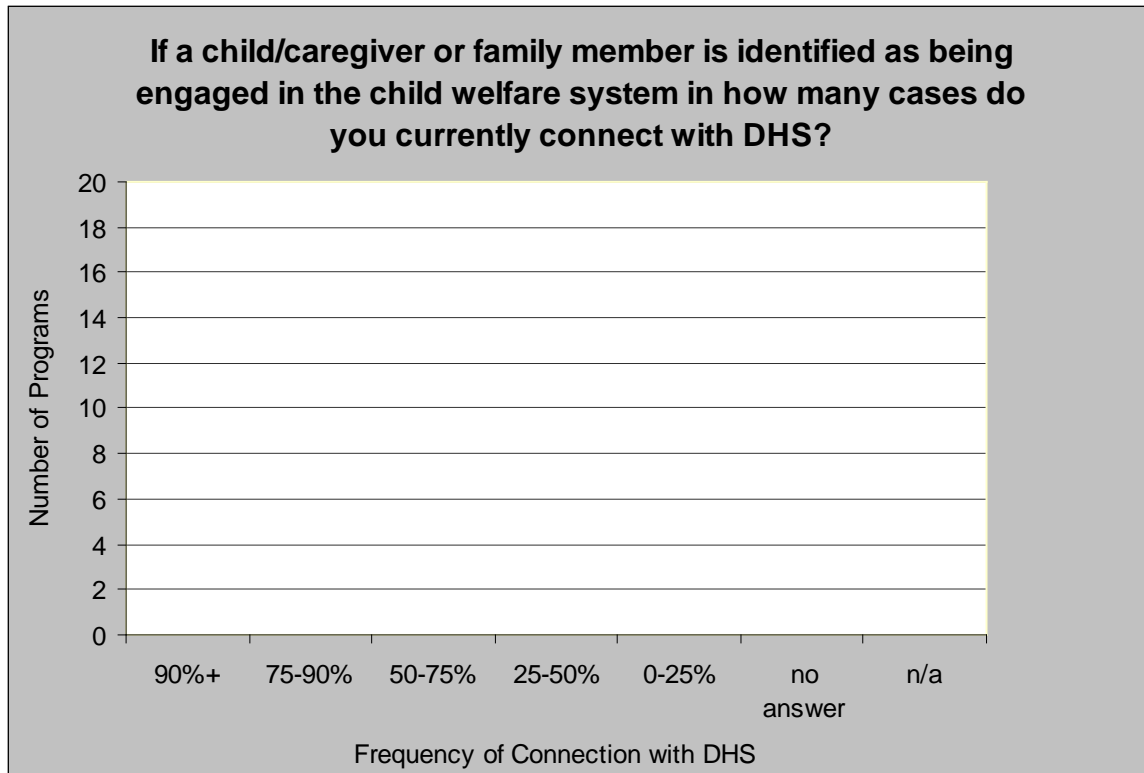


Figure 2.2

For those who did respond to the question, the most common response was they connect with DHS more than 90% of the time. For some programs, referrals come from DHS, so the connection happens from the outset of the case.

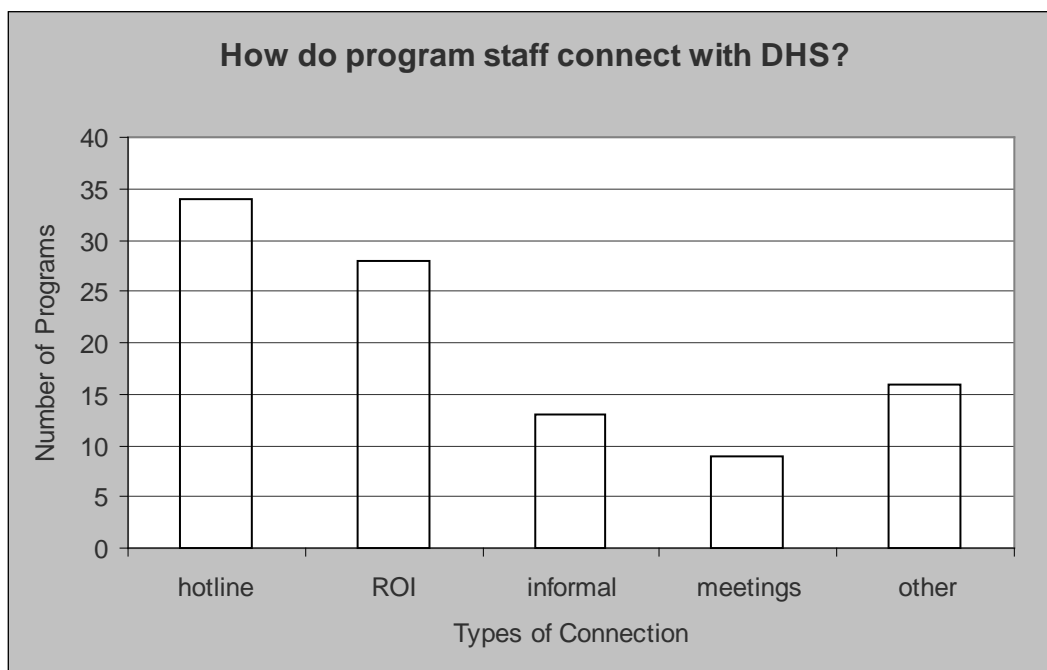


Figure 2.3

The most common way that programs reported having contact with DHS was through reporting concerns to the child abuse hotline. A formal interaction with DHS, via a Release of Information from the family involved, was the second most common way that County programs connected to DHS. Many programs also have contact with DHS in a myriad of different ways, ranging from legal cross-reporting to involvement in case planning.

## SECTION III: MULTNOMAH COUNTY CHILD WELFARE WORKGROUP

### **Description and Process**

#### **Overview**

The Child Welfare Workgroup was formed by County Resolution (Appendix D), as part of the Safe and Equitable Foster Care Reduction Initiative, to explore how Multnomah County can become an active partner in the effort to strengthen families and prevent foster care placement and move children to permanency faster. The County can improve outcomes for children and families involved in the child welfare system as a service provider and a funder of many community based services.

The goals of the Multnomah County Child Welfare Workgroup were to:

- establish a baseline of where County investments interact with the DHS;
- catalogue County investments in serving children and families in the child welfare system;
- identify opportunities for better efficiency, coordination, and collaboration; and
- identify a few key areas for further exploration in 2011 between DHS and the County around shared issues, goals, measurements and improved results.

It is our hope that work done on improving the connections between these services will provide more holistic and effective services for children and families that succeed at keeping children in safe and permanent homes.

Some of the intended outcomes of the workgroup were to develop:

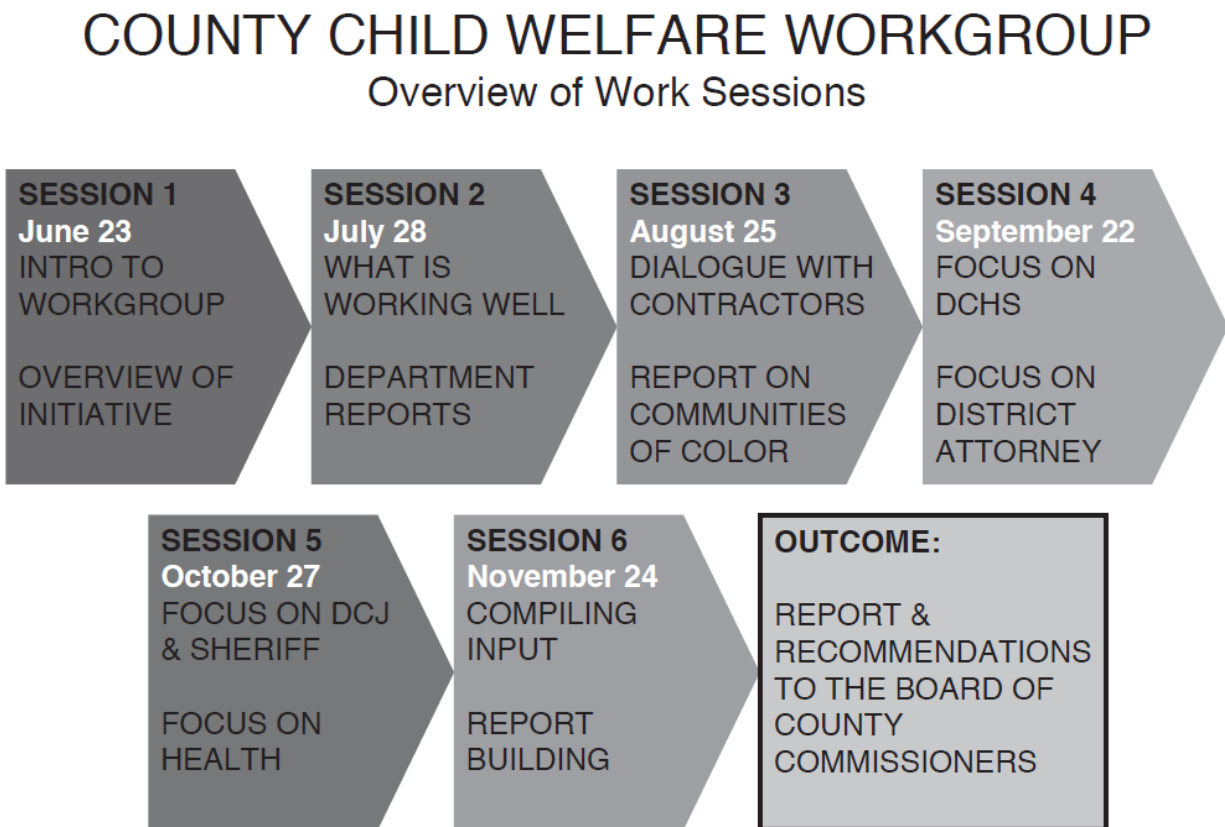
- new and deeper relationships between DHS and County staff;
- a report that provides an overview of the Safe and Equitable Foster Care Reduction Initiative, provides local and national research on coordination and collaboration with child welfare agencies, a description of the Workgroup's findings, and recommendations for continuing work moving forward; and
- County Board led efforts to improve coordination and efficiency in the delivery of services to children and families served concurrently by Multnomah County and DHS.

#### **Process**

First, the Multnomah County Commission on Children, Families and Community (CCFC) worked with DHS staff to identify County funded services provided to children and families involved with the child welfare system. This involved identifying which County departments, divisions, programs and contracted services had a direct impact on children and families involved with child welfare. The programs identified can be found in Appendix C. The multitude of programs was one factor which led to the adoption of the County Resolution and creation of the workgroup.

Second, the CCFC collected feedback from the programs and contracting agencies that provide services to children and families in the child welfare system. The feedback was done via email by completing a data collection form.

Third, the Multnomah County Child Welfare Workgroup had six work sessions from June to November 2010. Participants explored the County's relationship with DHS across five departments, the perspective of contractors and brought forth examples of existing positive collaborations. Figure 3.1 provides an overview of the work sessions.



**Figure 3.1**

Fourth, a smaller report writing group met three times between December 2010 and January 2011. The group compiled feedback from the work sessions and County programs (Appendix F) to develop this report in order to summarize what was learned, create recommendations for the County Board to consider in their budget process for fiscal year 2012 and to inform individual board members' work plans over the next year. Staff from the offices of both Commissioner Kafoury and Commissioner Willer served on the writing group to ensure the report provided a level of detail and analysis that could inform the County budget process.

A draft of the report was submitted to DHS Child Welfare managers, County Department directors and Workgroup participants for final review. The final draft was approved by the Multnomah County Commission on Children, Families and Community in January of 2011.

Finally, this report and recommendations were submitted to the Multnomah County Board of Commissioners in February 2011 for their approval. Moving into fiscal year 2012, the second phase of this work will be determined by individual County Commissioners and Department Directors who choose to move recommendations forward by sponsoring workgroups or similarly targeted conversations. The CCFC, if requested by the Board of County Commissioners, is available to help support implementation efforts and report progress on recommendations moving forward.

## **Participants**

Sincere thanks to Commissioners Deborah Kafoury and Barbara Willer for their guidance, leadership and willingness to abide a fast-paced and sometimes nebulous process in service as the co-chairs of the Multnomah County Child Welfare Workgroup. Their involvement made all the difference.

### **County Child Welfare Workgroup Chairs**

*Deborah Kafoury*, Multnomah County Commissioner

*Barbara Willer*, Multnomah County Commissioner

Additionally, none of this work would be possible without the dozens of committed professionals and dedicated volunteers who shared their wisdom, experience and insight. The individuals listed below contributed to making this report possible.

### **County Child Welfare Workgroup Participants**

<i>Vanetta Abdellatif</i>	Multnomah County Health Department
<i>Raimond Adgers</i>	Multnomah County Sheriff's Office
<i>Amy Baker</i>	Cascadia Behavioral Healthcare
<i>Joslyn Baker</i>	Multnomah County Department of Community Justice
<i>Cheryl Baldomaro-Lucas</i>	Oregon Department of Human Services
<i>Georgianne Bales</i>	Multnomah County Department of Human Services
<i>Lisa Begelow</i>	Native American Youth and Family Center
<i>Keith Bickford</i>	Multnomah County Sheriff's Office
<i>Drew Brosh</i>	Multnomah County Sheriff's Office
<i>David Brown</i>	Multnomah County Health Department
<i>Jerry Burns</i>	Oregon Department of Human Services
<i>Caitlin Campbell</i>	Multnomah County Department of Human Services
<i>Lee Po Cha</i>	Immigrant and Refugee Community Organization
<i>Coury Coates</i>	Multnomah County Department of Human Services
<i>Tom Eby</i>	Multnomah County Health Department
<i>Barb Fletcher</i>	Multnomah County Department of Community Justice
<i>Terry Forrest</i>	DePaul Treatment Center



<i>Joanne Fuller</i>	Multnomah County Department of Human Services
<i>Nick Gallo</i>	Oregon Department of Human Services
<i>Christine Glidden</i>	Multnomah County District Attorney's Office
<i>Beth Glisczinski</i>	Lifeworks Northwest
<i>Julie Goodrich</i>	Multnomah County Health Department
<i>Lee Gosson</i>	Multnomah County Sheriff's Office
<i>Carolyn Graf</i>	Oregon Department of Human Services
<i>Sharon Grant</i>	Multnomah County Health Department
<i>Miriam Green</i>	Oregon Department of Human Services
<i>Kendra Johnson</i>	Impact Northwest
<i>Maurita Johnson</i>	Oregon Department of Human Services
<i>Sandy Johnson</i>	Multnomah County Health Department
<i>Alicia Hahn</i>	Oregon Department of Human Services
<i>Tim Hartnett</i>	CODA
<i>Amy Holmes Hehn</i>	Multnomah County District Attorney's Office
<i>Leila Keltner</i>	Multnomah County Commission on Children, Families and Community
<i>David Koch</i>	Multnomah County Department of Community Justice
<i>Mary Li</i>	Multnomah County Department of Human Services
<i>C. Manning-Ferguson</i>	Quest Center
<i>Shalonda Menefee</i>	Multnomah County Commission on Children, Families and Community
<i>Dennis Morrow</i>	Janus Youth Programs
<i>Marcia Morrow</i>	Multnomah County Health Department
<i>Kory Murphy</i>	Oregon Department of Human Services
<i>Andrea Muzikant</i>	Multnomah County Department of Human Services
<i>Annie Neal</i>	Multnomah County Domestic Violence Coordinator's Office
<i>Lonnie Nettles</i>	Multnomah County Department of Community Justice
<i>Kathy Norman</i>	Multnomah County Health Department
<i>Pam Olbrich</i>	Multnomah County Health Department
<i>Cathy Olsen-Dennis</i>	Multnomah County Health Department
<i>John Pearson</i>	Multnomah County Department of Human Services
<i>Edgar Perez</i>	Oregon Department of Human Services
<i>Roberta Phillip</i>	Multnomah County Chair's Office
<i>John Richmond</i>	Oregon Department of Human Services
<i>Aaron Ridings</i>	Multnomah County District 1 Commissioner's Office
<i>Diane Ruminski</i>	Multnomah County Health Department
<i>Emily Ryan</i>	Multnomah County District 2 Commissioner's Office
<i>Peggy Samolinski</i>	Multnomah County Department of Human Services
<i>Tawna Sanchez</i>	Native American Youth and Family Center
<i>Steve Smith</i>	Multnomah County Sheriff's Office

<i>Rachel Spigal</i>	Impact Northwest
<i>Abbey Stamp</i>	Multnomah County Family Court Services
<i>Susan Stoltenberg</i>	Impact Northwest
<i>Thuy Vanderlinde</i>	Multnomah County Department of Community Justice
<i>Patrick Walker</i>	Choices Domestic Violence Intervention Program
<i>Elaine Wallick</i>	Oregon Department of Human Services
<i>Ned Walls</i>	Multnomah County Sheriff's Office
<i>Michael Ware</i>	Multnomah County Commission on Children, Families and Community
<i>Serena Wesley</i>	Self Enhancement Inc.
<i>Gloria Wiggins</i>	El Programa Hispano Catholic Charities

## **Findings**

### **Themes from Program Feedback**

As mentioned, DHS and CCFC staff identified 97 county programs in fiscal year 2011 that served children and families involved with the child welfare system. The full list of programs can be found in Appendix C. The level, intensity and number of children and families served by these programs vary widely. The feedback from these programs illustrated their current patterns of interaction with DHS.

One was that some programs lacked sufficient coordination between DHS and County staff. Some County funded programs do not identify if a child or family they are serving is involved with child welfare, unless the client self discloses. Some staff reported trouble coordinating services for families due to an inability of the two information systems to communicate. Also, programs that work outside of standard business hours had trouble coordinating with DHS.

A second theme in the feedback was funding to bring programs to scale and maintain them over a long period of time is difficult in a budget climate of year after year budget cuts for both the County and the State. In a number of surveys from County staff, the items listed as working well were only available in one DHS branch or were slated to be cut. One contractor said, "The County knows what it needs to do to help solve this problem, they need to go through their archives and restore those prevention programs that were very effective that they used to fund."

Finally, it was clear from the program feedback that those programs that had standing meetings with DHS staff, clear protocols for interaction, and/or joint case planning reported the highest level of collaborative interactions that benefited children or families in the child welfare system. In several cases program staff attributed high levels of coordination and collaboration based on collocation of staff or joint funding of staff to ensure systems integration, as happens with DHS and the County's homeless youth, domestic violence, and mental health programs. This same model was suggested as a way to address disproportionality by the County and DHS jointly hiring culturally responsive staff, housed as DHS, who serve as a central point person for Native American and African American community members and service providers.

### **Themes from County Child Welfare Workgroup**

In work sessions 4 and 5 DHS, County department staff, and County contractors were asked to identify: what was currently working well, gaps and barriers to working together and recommendations for improvement. Then, they were asked to organize the feedback by theme and prioritize the themes. Four themes that were identified by nearly all parties were:

- Disparities for African American and Native American families,
- Prevention,
- Policy, and
- Service coordination and communication.

Both the County and DHS are working on efforts to become more culturally responsive. DHS is currently supporting efforts to address racial bias by implementing cultural awareness trainings and working to disaggregate outcome data to explore more deeply practices which support or create barriers to success for children of color. At the County, the Health Department has developed an Equity and Empowerment Lens and the Office of Diversity and Equity has efforts to create more culturally responsive internal systems. Many participants indicated that additional coordinated equity work would need to be done in order to fully address the disproportionate number of African American and Native American children in foster care.

Participants in the work sessions often identified families that ended up in the child welfare system due to a lack of adequate prevention services and services to address basic needs. Housing was identified as a critical need to prevent removal and expedite the return of children home. Even those departments that predominantly provide intervention services when crises happen, such as the Sheriff's Office, felt that primary prevention and early intervention programs should be provided to families "at-risk" of child welfare involvement.

Workgroup participants mentioned that very few departments have written standard protocols and procedures for serving families that are concurrently involved with County programs and DHS. In order to effectively improve the outcomes for children and families, departments need to review the impact of current policies and procedures on child welfare involved families. For instance, one participant indicated there was no written procedure for how a child should be transferred from a DHS foster parent to a developmental disability foster care provider.

Finally, while DHS and County funded programs attempt to communicate and coordinate services, there are still many gaps and barriers to be addressed. These barriers include:

- incomplete information sharing regarding family issues,
- lack of knowledge of each system's services, and
- lack of shared goals for family outcomes.

Co-location of staff, liaisons between programs, multi-disciplinary teams, and co-management agreements were all recommended as strategies to overcome these barriers.

## **SECTION IV: RECOMMENDATIONS**

### **Authority**

The Oregon Commission on Children and Families system was created by state statute and county ordinance to provide policy advice to the Governor, State Legislature, and Boards of County Commissioners on issues related to children and families. Additionally in Multnomah County, the Commission on Children, Families and Community (CCFC) serves as Multnomah County's Community Action Board with oversight and authority for poverty-related policy. This report is presented given this authority and because Multnomah County is a pilot site for the Safe & Equitable Foster Care Reduction Initiative of which the CCFC serves as convener. Policy recommendations can take many forms; from specific interventions that can be quickly implemented to systemic solutions that require multiple partners, thorough review and cultural change. Given the complex nature of the child welfare system and the significant impact changes can have on the lives of children, families and communities, the recommendations in this report are intended less as "quick fixes" and more as a roadmap for Multnomah County to follow. When explored further, these areas of work could more deeply align DHS and County efforts and investments to ensure that vulnerable families are stabilized and strengthened. Strong alignment may help to prevent foster care placements and support children to overcome the trauma of removal and to foster resiliency, success and permanency.

### **Workgroup Premise**

A State has no more awesome power than when it exercises its ability to terminate someone's life or parental rights. These powers require stringent standards to ensure they are exercised as last resorts and with diligent restraint. When a parent's rights are terminated, the trauma for both the child and parent can be devastating. When this trauma is experienced repeatedly for generations (as is the case in some communities of color), the impact on the community is profound. In Multnomah County, African American and Native American children experience higher rates of foster care placement, longer stays in placement and more frequent terminations than white children. If termination of parental rights and removal are to become last resorts for only the most serious cases of abuse and neglect, then a fundamental shift in how the County and State think about child welfare must occur. The basis of the Child Welfare Workgroup is rooted in this shift.

The responsibility for children in the child welfare system should not rest with the State alone. Communities must come together to support children and ensure they are loved, nurtured and successful. This workgroup asserts that:

- Multnomah County is an important part of the child welfare system;
- even when systems work well together, there is always room for improvement;
- in times of shrinking resources and as stewards of the public trust, it is our responsibility to seek innovative and efficient ways to use available resources; and
- the Workgroup's effort compliments the larger statewide initiative to fundamentally change the way child welfare services are delivered.

These efforts are driven by the belief that institutional racism and implicit biases exist. For the statewide, local and workgroup efforts to be successful, these must be addressed systematically. For this reason, a racial equity and empowerment lens, as developed by the Multnomah County Health Department, was used to develop the following recommendations.

The following recommendations are organized by starting with those recommendations that have the broadest impact but also are the least likely to see immediate change. To ignore the impacts racial bias and available funding have on our ability to improve outcomes for children in the child welfare system, would be to ignore two of the most critical issues. The recommendations that follow try to strike a balance between calling out issues that are most critical and issues which are the most actionable. All implementation efforts should pay special attention to the needs of African American and Native American children and families to ensure we address the significant, disproportionate, negative outcomes for these two populations.

## Recommendations

1. Multnomah County should continue to support Countywide work to promote racial equity and empowerment through policy, programmatic and organizational change efforts.

If African American and Native American children were represented in the foster care population at the same rate they are represented in our overall child population, there would be an immediate reduction in the number of children in foster care by one-third. Addressing bias by interrupting and unlearning racism, whether found in conduct, words, policies, practices or protocols, is a moral imperative and key strategy to safely and equitably reduce the number of children in foster care. The Coalition of Communities of Color, in partnership with Portland State University, recently published a profile of communities of color in Multnomah County that establishes the need for policy and practice changes.<sup>12</sup> DHS is currently supporting efforts to address racial bias by implementing cultural awareness trainings and working to disaggregate outcome data to explore more deeply practices which support or create barriers to success for children of color. As a strong partner in the child welfare system, Multnomah County should continue its efforts at eliminating racial bias and increasing equity throughout Multnomah County government to ensure our services to the community are culturally responsive, desired by the communities they are intended to serve, and provided by employees with a strong understanding of the communities in which they work. The Health Department's development of an Equity and Empowerment Lens and the Office of Diversity and Equity's efforts to create more culturally responsive internal systems serve as a starting point. Equity work should include:

- building the capacity in communities of color to address their own needs. This will help build their capacity to meaningfully partner with DHS and Multnomah County to support the systemic changes needed to keep children safely at home and return them to their families as quickly as possible.
- prioritizing culturally proficient prevention and intervention services to African American and Native American children and families

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<sup>12</sup> Curry- Stevens, A., Cross-Hemmer, A., & Coalition of Communities of Color (2010). *Communities of Color in Multnomah County: An Unsettling Profile*. Portland, OR: Portland State University.

- Engaging the African American and Native American community regarding how to improve services
2. Multnomah County's legislative agenda should support the State maintaining investments in preventative and supportive services for struggling families that help prevent entry into the child welfare system.

As one provider quipped, "We used to argue over how to divide up a dollar. Now we fight over a penny." For years, Oregon has struggled to afford all the services and supports necessary to maintain and improve the quality of life for its residents. For Multnomah County to prevent children from entering the foster care system, it needs to be able to adequately fund early childhood services, SUN Community Schools, school-based physical and mental health care, family supports and interventions, and other prevention services. Funding for prevention services has been continually reduced due to shrinking budgets.

In Oregon, the tax system is dependent on personal income taxes (which shrink during times of economic hardship) and property taxes (which can only increase by a limited amount each year under State law). The tax structure is broken; such that when Oregonians have the greatest need for services and support the State is least able to provide those services because of reduced revenue.

The State must protect children when they are in danger, despite the economic climate. Child welfare intervention is expensive. Some estimates place the cost of maintaining a child in the foster care system for one year over \$20,000.00. When demands for services increase and revenue does not the State is forced to cut those services which are not mandatory to be able to afford its services that are obligatory. The State must provide child welfare services but can not afford the services which would help reduce the need for child welfare interventions. It does not make financial sense for the State, yet decisions are made based on the system we have, not the system which would best support the needs of Oregonians.

While this recommendation may not be easily achieved, adequate and stable funding for prevention services may have the greatest impact on keeping children safe at home. As important as new resources are, we cannot allow lack of resource to stop us from creating positive change. There are several areas we could explore which would require few, if any, new resources; although they may require that we use our existing resources differently.

3. **Individual County departments should explore systematic ways to document child welfare involvement of the children and families they serve and work, where appropriate, to coordinate County and State investments with families.**

DHS District 2 and CCFC staff used County department organizational charts (Appendix E) and county budget program offers to identify 97 county programs in fiscal year 2011 that served children and families involved with the child welfare system (Appendix C). Feedback was requested from each of these County programs regarding what sort of interaction they currently

have with DHS. Forty-four programs responded. Some of the responses came from community agencies that contract with the County to provide services.

Each feedback form requested the following information:

- Summary of services provided to children or the caregivers/families of children in the child welfare system;
- Estimated number of children served by the program who are involved with child welfare;
- Estimated number of caregivers/family members served by the program who are involved with child welfare;
- How staff determine if a client is engaged in child welfare;
- If a child/caregiver or family member is identified as being engaged in the child welfare system, how many cases they currently connect with DHS;
- How program staff connect with DHS;
- Interactions with DHS that benefited children or families in the child welfare system; and
- Factors that prevented this program and DHS from interacting in ways that benefit children or families in the child welfare system.

Of the forty-four programs that responded twelve relied on self reports of DHS involvement and seven reported they don't ask at all. The most frequent response to the question "Once a child/caregiver or family member is identified as having child welfare involvement, how often does your program contact DHS?" was no response. Those that did respond reported connecting with DHS on more than 90% of the identified cases. It is clear that connection between County programs and DHS can be beneficial as evidenced by strong working relationships in areas like care for homeless youth, juvenile justice, and petitions for terminations of parental rights (District Attorney). It is also clear that these beneficial connections are happening not because of a coordinated policy or procedure but in an ad-hoc, disjointed manner.

The functions of individual departments and programs are myriad. It is not the recommendation of this report to create a one-size fits all approach to fostering collaboration between Multnomah County and DHS. No one policy mandate, program requirement, or contract statement will effectively address this issue. Several things are clear:

- Each department should review their current practice and monitor how and when they track and subsequently follow up with DHS on clients who are engaged in the child welfare system;
- Flexibility is required to meet the needs of individual programs in developing more effective communication and coordination with DHS; and
- A focus on improving care for children and families should drive all decisions. If tracking whether families are engaged in the child welfare system would be damaging to families or create barriers to high quality care then our service goals should trump our collaboration goals.

4. Replicate the successful “30 Families in 30 Days” housing model created by Commissioner Kafoury and the Department of County Human Services, with a new focus on aligning County and State resources so families would be able to keep their children out of foster care or have their children returned.

In the winter of 2009/10, Multnomah County under the leadership of Commissioner Deborah Kafoury and the Department of County Human Services created a model for marshalling County resources to move 30 families from winter shelter to permanent housing. The model successfully helped 34 families find housing and then continued to support those families to find employment. Again this year, the County utilized this approach (although with new dedicated resources not just realigned funding) to help 70 families experiencing homelessness and domestic violence find housing through the “Homeless Families Rapid Re-Housing Initiative.” This successful model shows that providing housing first with a small amount of assistance can provide stability for families. In the report back on this program, JOIN shared a very specific example of a family reunited within three months due to this housing support.

Housing is one of the most critical and difficult resources for low and moderate-income families to secure. Lack of housing or unsafe housing can, not only cause removal of children from their families, but can also make it difficult for DHS to return children home. A rapid re-housing initiative for families experiencing impending or current involvement in the child welfare system could help achieve the County’s goal to move families into long-term housing instead of relying on shelter services. This would help achieve reductions in Multnomah County’s foster care population by providing this critical resource - a clean, safe, and stable place to live. Additionally, beyond just coordinating the resources of the County and the State, it is recommended that the City of Portland, Housing Authority of Portland, Worksystems, Inc, school and community resources be included in the planning for this project. This will ensure that families who receive housing have the resources and supports necessary to maintain their children in their care with no further DHS involvement. To determine if this approach is transferable to families at risk of child welfare involvement, the County would need to explore:

- How to identify families and more specifically how to narrow the focus to a manageable number of families to participate in this pilot effort;
- Whether a place-based or school-based model would be an effective way to narrow the number of eligible families. This place-based strategy could allow for more targeted community engagement and help to promulgate the belief that to be successful families need the support of their entire community;
- If a place or school-based strategy is chosen then the target area needs to ensure that we reach families of color to help achieve not only our foster care reduction goals but also our goal to reduce disproportionality within our foster care population; and
- How existing resources could be realigned to implement this project or whether it would require new resources. If new resources are required, the County would need to ensure that this approach was the best investment of the very limited resources Multnomah County has to support children and families at risk.



5. Create a joint DHS/County workgroup to explore opportunities for greater partnership, coordination, and improved client care for children with developmental disabilities.

Both Multnomah County and DHS serve children with developmental disabilities and their families. In some cases these children may have both a DHS caseworker and a Multnomah County Developmental Disabilities case worker. This report does not suggest this is duplicative, as these workers may play very different roles. However, it is clear that there are opportunities for improved communication and coordination within this service area.

A joint workgroup should:

- Clarify the roles of all County and State staff when both are assigned individual cases;
  - Where redundancies do not add value, explore ways to streamline the joint service plan;
  - Use joint agreements regarding ease of placement planning to improve the quality of services for clients and maximize the investments made by both Multnomah County and the State;
  - Discuss the relationship between DHS, County Developmental Disabilities and Mental Health staff, with a focus on how deeper connections across County departments and divisions might enhance service outcomes; and
  - Create a co-management agreement similar to an existing agreement between Department of Community Justice, DHS and the Oregon Youth Authority to clarify roles, improve collaborative case management and improve systems.
6. Establish a task force to study how DHS, the Courts, and Multnomah County might help decrease the number of family members who are excluded as placement resources because of past criminal records.

Prior to the establishment of the County Child Welfare Workgroup, the Multnomah County Safe and Equitable Foster Care Reduction Initiative hosted over twenty community forums and engaged close to five hundred Multnomah County residents. The goals of the forums were two fold. First, the forums provided opportunities to raise awareness about the initiative and joint efforts to change the child welfare system in Multnomah County. Second, the forums allowed community members to share their experiences and ideas for how the system could be improved. Due to the focus on racial disproportionality, a majority of the participants in the forums were members of the African American and Native American communities. Community members frequently shared their frustration that they, or members of their family, had been ruled out as foster and adoptive resources because of past criminal records. In some cases, family members reported that records over twenty years old for non-violent crimes excluded them from serving as adoptive resources for their family members' children.

DHS has invested significant resources and attention to increasing relative placements. While bias against biological family members may exist, it is also true that multiple, complex regulations at both the federal and state level guide child welfare practice. Additionally, DHS has a legal responsibility to keep children safe that leads its employees to err on the side of caution to avoid risk of placing a child in a potentially unsafe environment. Multnomah County could support this effort by bringing the Sheriff, District Attorney and Department of

Community Justice together and encouraging DHS and the Courts to work collaboratively to see if improvements can be made to increase family placements and reduce the barriers created by past criminal convictions when possible. This work should look at several key considerations:

- How can the Oregon Safety Model, a tool used by the courts and DHS to assess risk and guide system practice, be used to explore more deeply the nature and threat that exists when past criminal records are discovered? Further investigation, guided by the Safety Model, might allow workers to more clearly place past criminal involvement within the context of current child safety.
  - In some cases it would never be safe to place a child with an adult that has a specific criminal background and State and Federal prohibitions are clearly appropriate. In cases where the threat to the child is less clear, explore what policy solutions may exist at the State and Federal level (waivers, legislative action, etc).
  - How can law enforcement, the courts, DHS, and the County work together to support expunging the records of those family members they deem safe to care for children?
  - What possible opportunities exist to intervene before sentencing to ensure that family members, who could safely care for a child, repair the harm they created and are rehabilitated to prevent future criminal involvement in exchange for having their criminal case dismissed? For many, the motivation of being able to keep their child or family member out of foster care could serve as powerful motivation to engage in services (domestic violence counseling, alcohol and drug treatment, anger management, mental health services) and avoid future criminal involvement. In so doing, this effort would avoid the costs of both the child welfare system and the criminal justice system (incarceration and parole/probation).
7. Continue to support the Community Response to Commercial Sexual Exploitation of Children program and support efforts to prevent victimization of children and provide support services for children who have been victimized. Continue working collaboratively across County departments and State agencies to address the needs of this population with a special attention to children who have been engaged in the child welfare system.

Today in the United States, it is estimated that 300,000 minors are being trafficked for sexual exploitation. Ninety percent of the victims are American citizens. A recent FBI Operation Cross Country sting found Portland has the second highest standing in the country for sex trafficking with over 50 percent of those victims being children. Multnomah County, under the leadership of Commissioner Diane McKeel, has been a leader on the issue of minor victims of trafficking. The County has supported the Community Response to Commercial Sexual Exploitation of Children program, sponsored discussion groups, lecture series, conferences, and allocated resources to provide shelter services to this vulnerable population. As this work moves forward it is especially important to continue engaging the Oregon Department of Human Services

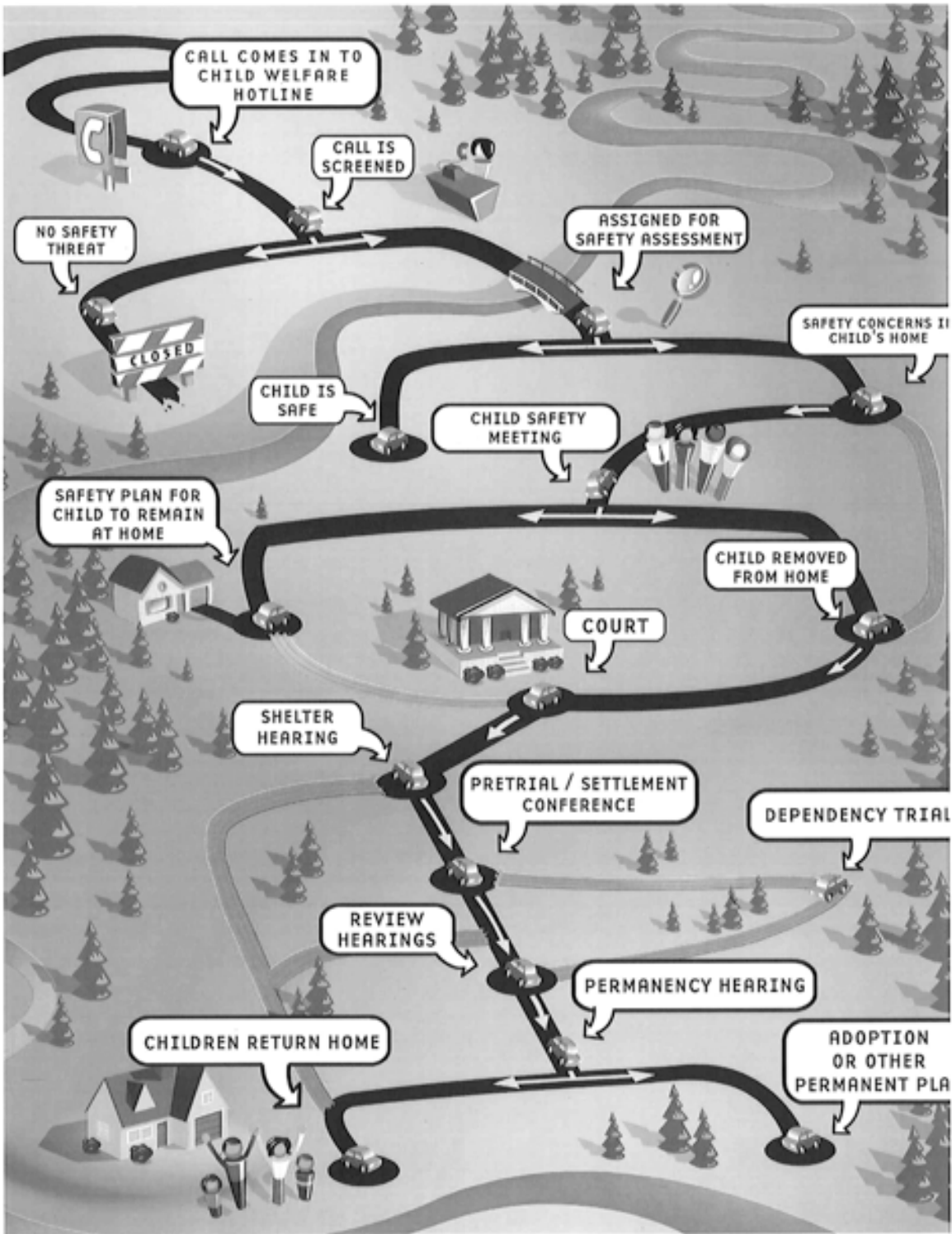
In 2010, FBI agent Gregory Christopher was named the State/Federal Law Enforcement Officer of the Year for his work in Florida's Hillsborough and Pinellas counties to establish a task force that worked to free children from sex slavery. Agent Christopher estimated that 70% of the children they encountered had at some point been in foster care or had runaway from foster care.

A January 14, 2011 article in Oregon Live highlighted the work Multnomah County is doing reporting that officials are tracking about 120 children who are involved in sex trafficking. The intent is to coordinate responses by police, prosecutors, child welfare workers and social service providers. Joslyn Baker, a collaboration specialist for the Department of Community Justice was quoted in the article saying "Predominantly we see kids that are known to child welfare." Similar to victims of domestic violence the cycle of abuse, affection, and manipulation can be extremely difficult to separate from, especially for a child. If minor victims of sex trafficking and commercial exploitation are going to be able to escape their abuse and rebuild their lives they need support, specialized treatment, and long-term, safe and supportive housing to achieve their goals. This recommendation will not help us achieve our goals of preventing children from entering the system or helping children leave the system but it is our moral obligation to ensure that children who have been in the care of the state are supported to achieve healthy, productive lives. When engagements in the child welfare system causes damage it is our responsibility to work to repair that damage.

***“Having heard all this, you may choose to look the other way... but you can never say again that you did not know.”***  
*~William Wilberforce, Abolitionist*

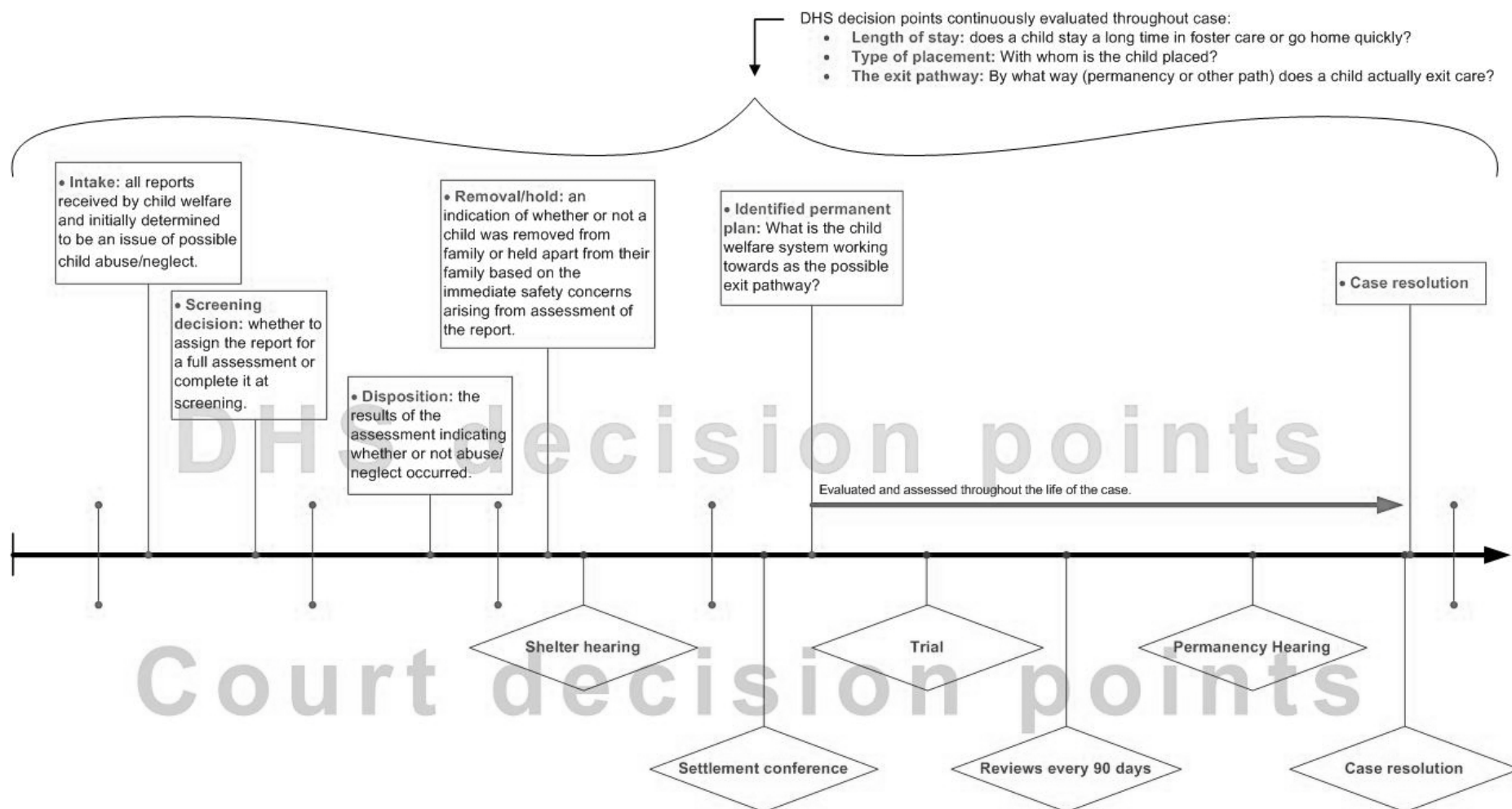
# APPENDICES: INVENTORY OF FEEDBACK

## Appendix A: Child Welfare System Maps



Created for Multnomah County by Amber Clough, MSW

## Dependency System Decision Points Map: From Intake to Exit



## Appendix B: Feedback from Community Forums

### FEEDBACK FROM THE NATIVE AMERICAN COMMUNITY

as of August 3rd, 2010

#### Questions:

- What is different this time?
- Can former parents in the system become foster parents?
- What is the government doing to sustain community voice?
- What kind of culturally specific services does DHS have for Native families?
- Who does training for DHS? What do the trainers know about the Native community?
- How can community members hold DHS accountable?
- Where is the support for moms who get kids returned after they leave prison?
- How long does someone need to be in recovery before they can become a foster parent?
- How is visitation time determined?
- When can a parent/family member who was initially involved at the time of removal become involved in a case?
- When does the non-offending parent have to pay child support?
- Do you consider the trauma of pulling a child out of their home?
- Is there a way for a parent to report when they believe they have experienced racism from a worker?
- Why are children kept in care for a reason other than the reason they were removed?
- Why limit visitation with non-offending parent?
- Why is child support assessed to one parent and not both parents?
- How can birth parents become informed about foster homes their children are placed in?
- What is the impact of mental illness on case planning? Will a child be returned to a parent suffering from mental illness?

#### Issues:

- Case workers don't always have experience with the Native community
- Native parents don't know the rules of the system
- Case workers sometimes have little life experience of their own
- Some community members do not trust DHS
- When kids grow up in care they get their kids taken away because of that fact
- Housing is a critical need to prevent removal
- Assumptions that Native American grandparents have grandkids who aren't Native American
- DHS tries to terminate for parents who are in prison more than 2.5 years
- There is difficulty getting needed medical services for children who are under the jurisdiction of a tribe in a different state- this discourages relative placement

- Once per week visitation is insufficient for young kids
- DHS makes bio parents jump through hoops- recovery, no TANF, full time employment, etc.
- NARA is a good place for families and addressing addiction
- Spirituality is an important part of recovery
- Visitation tends to happen according to DHS schedule, and don't always follow the judges orders.
- Visitation is too short.
- In ICWA cases where a family is assigned 2 case workers, one with the tribe and one with the State, they tend to have poor coordination and give parents mixed messages.
- DHS won't place grandkids with a grandparent who is a certified foster parent, caring for other children, because of a 20+ year old criminal record.
- The process families have to go through to have children returned to them takes long enough to traumatize children and create long term behavioral issues.
- Child support payments can get in the way of working to get kids back.
- When wages are garnished for child support payments it creates an additional financial burden for a parent trying to gain stability
- Children only hear one side of the story, because parents are not allowed to talk about a case.
- Parents didn't have any contact or receive any photos of their children for 8 months.
- Sometimes foster parents show favoritism to certain children, and do not treat them equally
- A father was denied placement due to his name not being listed on the birth certificate, even though he signed paternity and completed a DNA test
- DHS computer system is inadequate which creates problems in getting information.
- There is poor coordination during a transfer of jurisdiction from state to tribal court, which leaves families in limbo and children immeasurably traumatized.
- Case workers tend to have a lack of compassion for clients- often unwilling to forgive parents and/or acknowledge change in parents

#### Suggestions:

##### *DHS Staff/Processes*

- Have workers get familiar with family's issues (i.e. reasons for missing a U.A., relationship within family)
- Connect the various requirements expected of parents- do not make them more difficult over time
- Information on families should be shared between child welfare and self sufficiency
- Need more opportunities to make up missed UAs- rather than considering it "dirty"

- Better balance of staff at DHS from communities of color
- More Native case workers are needed
- Include representation of Native peoples in meetings
- Need people from the Native community who have been in the system on planning committees
- Partner with NARA on systems change
- Training for mandatory reporters on what warrants DHS involvement
- Drill down into data to see what brings families into care
- Look at prevention at every decision point
- Increased funding for prevention services
- Allow clients to text DHS workers
- Train workers in Historical/Generational Trauma
- Community engagement staff to be trained in how to engage our communities in a relational way
- Native community should have equal power in system-wide decision-making
- Create a system of checks and balances
- Encourage and support innovative services and solutions
- Native community should receive the same percentage of dollars as the percentage of Native children within the foster care system
- The tribe should be involved at all points in the court process. It is especially important that parents facing termination are aware of how their tribes are involved.
- Case workers need to be more available via phone. Too often parents leave voice mails that are never returned.
- DHS should have all necessary paperwork in place, before promises are made to parents that their children are going to be returned
- The court and DHS should have access to the same data about a family
- Moms and Dads should be evaluated by the same standards
- Children should not be in court when sensitive issues involving their parents are being discussed
- When in treatment it is hard to receive communication from DHS- DHS should consider making case workers available at times treatment centers allow for phone usage.
- There needs to be timely notification to parents when there is a change in case workers
- Case workers need better training in Drugs & Alcohol, Domestic Violence, and Cultural Competency
- Don't throw in extra "loops" for families to jump through midway through a case.
- DHS may be able to provide more transportation of children to visits if they transported more than one child at a time.
- When children are being removed, allow them to take security items with them in a bag.



- Court orders should be fulfilled by DHS. If parents don't comply with court orders, there are serious consequences.
- Both parents should be notified of all changes in a case.
- There is poor coordination between the State and private community services (i.e. conflicting visitation services)
- UAs should be available when required.
- Incarcerated parents should not be excluded from visitation, receiving photos, etc.

### *Family Support*

- Services must be culturally responsive
- Give parents information and support.
- Improve services for dads
- Notification and communication to fathers at investigation and removal- automatically place children in dad's care if safe
- Dads should have equal rights & opportunities as moms
- Need residential treatment options for fathers where their children can stay with them
- Need access to housing for single people whose kids are not in their custody currently
- Develop a separate hotline to process concerns of families involved in the child welfare system
- Clarify for families what benefits are available to them through Child Welfare and Self Sufficiency and how those benefits might interact with one another
- Provide family mentors to support families in the system
- Better transition of infants when removal occurs at birth
- There should be fair and appropriate visitation between children and parents
- Increase resources/supports for single parents
- Historical trauma includes effects of alcohol and drug use- support programs that address these issues (like NARA)
- Children should be allowed to see family members when there is a death or other serious trauma in the life of the family
- Siblings should stay together
- Improve visitation in tribal system
- Better response to abuse claims from bio family members
- Focus on support rather than jumping through hoops
- Time is important to parents- move faster
- Need concurrent treatment for mom and dad
- Develop alternative tracts to avoid DHS involvement
- More help to expunge felonies from people's records
- More family advocates from within the Native community
- Services should be offered in places where parents and children feel safe and comfortable

- Fathers should be able to have children placed with them in treatment.
- Visitation times should be set at times extended family members can attend.
- Consider the biological parents' recommendations about who in their family is and is not safe.
- Explore family members who may be able to provide transportation to visits
- Having advocates, like NARA, make a big difference
- It is important for DHS to hear from parents what their needs are
- Case workers and the court should recognize that when you are talking about a native family that includes the extended family.
- Have DNA tests available to determine paternity, and ensure father's involvement
- There should be one transitional person who coordinates between the tribe, state and family.
- Services need to be made available for non-biological parents

#### *Foster/Adoptive Homes*

- More Native foster and adoptive homes
- Encourage traditional ways to be used in foster homes
- Allow Native children to teach their traditional ways to non-Native foster parents
- Increase/improve involvement of foster parents with bio parents
- Native American children should be adopted by Native families
- Target cultural diversity classes for foster parents
- More support needed for Native foster homes
- Community involvement in Foster Care recruitment
- There need to be stronger securitization of foster parents. One man used to sell drugs to foster parents.
- Place Native children with Native families.
- Children should have the opportunity to have input in placement decisions
- Fathers should have equal opportunities and placement
- Out of State relatives should be considered for placement.
- Grandparents should be given visitation, even if they can't be a placement option.

### **FEEDBACK FROM THE AFRICAN AMERICAN COMMUNITY** as of August 11th, 2010

#### Questions:

- What is DHS doing to sustain community voice in this process?
- How can community members hold DHS accountable, when they disagree with decisions that are being made?
- How much does it cost to raise a child?

#### Issues:

- DHS staff often lack understand of the unique cultural needs of African American families
- Case workers who have never had children telling parents how to parent
- There is a lack of trust & confidence between the African American community and DHS.
- Children are prevented from being placed with family members (much less traumatizing) because of very old criminal records
- There is insufficient visitation made available to families.
- The African American community should have a stronger voice in policy making bodies
- There is a lack of culturally appropriate mental health services for AA children and parents
- Stable AA community members should be paid by DHS to be mentors and advocates for AA families in the system
- There is not enough culturally specific services for AA families
- Case workers are not willing to let go of what the initial allegations of abuse were and often don't people that parents can change
- The idea that "one size fits all" often crams African American families into a box that doesn't value their families ways of doing things
- African American children and families face overrepresentation in the justice system as well; this leads to a disproportionate number of children whose parents are incarcerated.
- African American people were disproportionately affected by the "War on Drugs", because of the drugs that were targeted. This leads to smaller pool of placements that DHS will approve within the community.
- Many family caregivers want to provide a permanent home for a child but can't afford to lose the financial support they receive.

#### Suggestions:

##### *DHS Staff/Processes*

- DHS needs to collaborate better with other entities that come in to contact with the same kids and families (i.e. law enforcement, schools, etc.)
- DHS needs to recruit and retain more African American staff
- DHS needs to access natural community resources (i.e. faith communities, sororities, etc.)
- DHS and the County know what works; they are in their old files. There are many programs that have served the community over the years that succeeded at supporting kids and families, but they have been cut in tight budget times.
- DHS needs to have increased accountability to the community it serves
- DHS should communicate in plain language with community stakeholders when changes in policy or funding decisions happen
- DHS needs to address the institutional racism that remains in the system

- DHS should continue to measure, document and analyze disparities- and make them publicly accessible.
- Cultural competency should be a core requirement for all agency policies, procedures and training

#### *Family Support*

- Work with relatives
- Put money back in the community to birth parents and relative placement
- Assure that communication with relatives actually happens
- Include former youth on policy boards
- Use community to assist with relative search/engagement
- Threat of harm as defined by DHS creates barriers and cultural conflict with the AA community
- Maintain youth in the community they came from when in foster care
- Traditionally in the African American community extended family members and friends of the family take care of the children during times of crisis. DHS could learn about and utilize these networks.
- Increase family's engagement and voice in the decision-making process in every case- for instance through family group decision meetings
- DHS should provide better greater access, incentives and resources for in-home services

#### *Foster/Adoptive Homes*

- There need to be more foster and adoptive homes in the African American community
- DHS needs to provide additional culturally specific training for foster parents led by other African American foster parents, that discuss the unique needs these families face
- Adoptive Agencies should actively encourage the recruitment of African American parents by adopting and implementing targeted recruitment and support strategies.

## Appendix C: County Programs that Serve Children and Families Involved with Child Welfare

### County Programs utilized by Families involved in Child Welfare

Department of Community Justice	Program Offer	General Fund	Total Cost	Program Contact
1. Family Court Services	50009	\$ 115,994	\$ 1,256,114	Janice Ashe
<i>Family Court Services provides parent education, mediation, evaluation, information and referral and support to the dependency court.</i>				
2. DCJ Response to Commercial Sexual Exploitation of Children	50010	\$ -	\$ 199,241	Kathleen Treb
<i>Project to combat CSEC by providing victim-centered coordinated response in Multnomah County through the State of DHS and other community providers</i>				
3. Shelter & Residential Placements	50013	\$ 376,411	\$ 890,049	Rick Jensen
<i>Juvenile detention alternatives in the form of short-term shelter and residential placement protect the public by safely supervising identified high risk youth in the community.</i>				
4. Probation Services for Young Men	50015	\$ 1,392,735	\$ 1,563,515	Thach Nguyen
<i>JPS for young men promotes public safety by supervising youthful offenders, ages 12-18 using evidence based practices: hold youth accountable, reduce recidivism, repair harm to victims, prevent school drop-outs and improve public safety</i>				
5. Probation Services for Young Women	50016	\$ 300,562	\$ 300,562	Thach Nguyen
<i>JPS for young women ages 12-18 by using appropriate gender-specific approaches to hold youth responsible for their actions and prevent them from committing new crimes, JPS improves public safety.</i>				
6. Juvenile Sex Offender Probation Supervision	50017	\$ 706,563	\$ 706,563	Thach Nguyen
<i>Provides supervision and involvement with community-based agencies to adolescent SO through supervision, treatment and accountability.</i>				
7. Gang Resource Intervention Team (GRIT)	50018	\$ 193,044	\$ 1,613,077	Thach Nguyen
<i>Provides probation supervision to high risk, gang-involved delinquents using strategies that are tailored to each youth's problems, strengths, needs, culture and environmental influences.</i>				
8. Secure Residential A&D Treatment (RAD)	50020	\$ 578,076	\$ 2,029,471	Thuy Vanderlinde

*A secure treatment program for high risk probation youth with serious D&A abuse, chronic offending behaviors and M/H issues. (RAD is a "last chance" resource for youths)*

9. Youth Development Services	50021	\$ 834,279	\$ 1,299,322	Thuy Vanderlinde
<i>Provides structure, supervision, assessment, cognitive behavioral interventions, and other resources for high risk probation youth who are not enrolled in an educational setting and are predominately youth of color</i>				
10. Assessment & Treatment for Youth & Families (ATYF)	50022	\$ 235,687	\$ 1,442,354	Thuy Vanderlinde
<i>Services provided in the youth's home, school and other community settings on changing anti-social behaviors along with M/H services for youth held in detention.</i>				
11. Culturally Specific Intervention	50023	\$ 75,931	\$ 443,802	Thach Nguyen
<i>Provides culturally specific services to African American and Latino youth who are medium to high risk offenders. Receives a comprehensive assessment and individualized case plan.</i>				
12. Informal Intervention & Prevention Program	50024	\$ 237,024	\$ 389,414	Thach Nguyen
<i>Provides cost-effective sanctions and case management to medium and high risk juvenile who could be adjudicated in court.</i>				
13. Adult Transition and Re-Entry Services	50030	\$ 590,505	\$ 696,737	Truls Neal
<i>Supports community safety by initiating supervision planning prior to an offender's release from custody and working to ensure the offender has some measure of stability upon release.</i>				
14. Adult Re-Entry Enhancement Coordination Grant	50031	\$ -	\$ 934,979	Truls Neal
<i>Transitional services to offenders who have successfully completed substance abuse and or co-occurring disorder treatment. Provides wraparound services in the first few months of release.</i>				
15. Adult Offender Mental Health Services	50034	\$ 1,123,637	\$ 1,123,637	Kathleen Treb
<i>Mental Health Services (MHS) help PPOs access necessary services for severe and persistent mentally ill adult offenders.</i>				
16. Adult Sex Offender Supervision & Treatment	50039	\$ 458,819	\$ 2,550,965	Patrick Schreiner
<i>Requires offenders to participate in comprehensive evaluation, sexual offense specific treatment and polygraph examinations. On going assessment of risk, group and ind therapy and sexual arousal assessment</i>				
17. Family Services Unit	50041	\$ 1,286,242	\$ 1,588,587	Kevin Criswell
<i>A multi-disciplinary team to protect children and work to break the cycle of cross-generational antisocial behavior and crime. Approach to strengthen the family's resistance to future involvement in the system</i>				
18. Adult Day Reporting Center	50042	\$ 1,792,199	\$ 1,792,199	Kevin Criswell

*A non residential sanction and skill building program for adult offenders who have been released from incarceration but had supervision violations.*

19. Adult Community Service - Formal Supervision	50046	\$ 420,656	\$ 853,144	Truls Neal
<i>Courts sentence offenders to community service as a condition of probation to assist them with their court mandated obligations of community service work.</i>				
20. Londer Learning Center	50047	\$ 707,560	\$ 740,620	Kevin Criswell
<i>Addressing low employability, lack of education and poor behavioral skills of offenders by providing vocational and adult education.</i>				
21. Domestic Violence Deferred Sentencing Program	50051	\$ 151,138	\$ 151,138	Patrick Schreiner
<i>Program for first time offenders to assist in ending the cycle of violence by holding offenders accountable for their actions and giving them the opportunity to make long term positive changes.</i>				
22. Adult Sex Offender Reduced Supervision	50052	\$ -	\$ 126,095	Patrick Schreiner
<i>Provides supervision and monitoring of sex offenders who are low risk</i>				
23. Adult Prostitution Alternatives	50055	\$ -	\$ 250,000	Kathleen Treb
<i>A collaborative program to reduce offender risk and promote long-term behavioral and attitudinal change (M/H, D&amp;A, mentoring, housing, job search etc.)</i>				
24. Adult DUII Supervision & Enhanced Bench	50057	\$ 110,164	\$ 403,532	Truls Neal
<i>Monitor the activities of offenders allows the courts to effectively supervise these cases and address violations in a timely manner.</i>				
25. Juvenile Detention Services	50011A,B	\$ 7,988,868	\$ 8,140,868	Craig Bachman
<i>Holds youth in custody who have been deemed to be serious offenders and/or youth who are unlikely to appear for court and are not appropriate for community placements.</i>				
26. Juvenile Community Detention/Electronic Monitoring	50012A	\$ 251,770	\$ 457,570	Craig Bachman
<i>Allows pre-adjudicated at risk youth to remain in community placements or at home while awaiting court with 4 levels of supervision</i>				
27. Employment Transition Services for Gang Members	50032B	\$ 50,000	\$ 50,000	Carl Goodman
<i>Provide skill building and employment services to high risk African American males ages 17-30 who are either in prison and within 120 days of release.</i>				
28. Addiction Services- Adult Offender Outpatient	50036A	\$ 344,294	\$ 485,932	Kathleen Treb
<i>Services provided through contracts with 8 non profit providers that are dually licensed to provide D&amp;A treatment and M/H services.</i>				
29. Addiction Services- Adult Offender Residential Treatment	50037A	\$ -	\$ -	Kathleen Treb

		3,560,176	3,560,176	
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*Residential drug treatment that serves high and medium risk offenders and allows courts and probation officers an alternative option to jail use.*

30. Addiction Services- Adult Women's Residential Treatment	50038A	\$ 1,686,546	\$ 1,686,546	Kathleen Treb
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*Residential drug treatment for high risk female offenders which offers services to address addiction, M/H, parenting, relapse prevention and so forth.*

31. Domestic Violence Supervision	50040A	\$ 1,333,726	\$ 2,308,538	Patrick Schreiner
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*Supervise offenders convicted of misdemeanor and felony level and promote offender change along with working victims to empower them to make changes.*

32. Adult Offender Housing	50048A	\$ 2,371,675	\$ 2,800,099	Truls Neal
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*Provides short and long term housing to high risk and disabled offenders newly released from prison who are homeless or have inadequate housing arrangements that pose public safety concerns.*

30. Community Service-Bench Probation	50050A	\$ 223,342	\$ 223,342	Truls Neal
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*Provides direct visibility of offenders as they restore the damage done to the community as a result of criminal actions. These offenders report directly to the sentencing judge.*

31. Addiction Services- Adult Drug Court	50054A	\$ 856,575	\$ 1,152,620	Kathleen Treb
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*Serves adults charged with various drug-related offenses and provide various treatment services through contracted service providers who works closely with the court.*

**\$30,354,198      \$44,210,808**

District Attorney's Office	Program Offer	General Fund	Total Cost	Program Contact
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32. Juvenile Court Trial Unit	15014	\$ 1,051,338	\$ 2,423,042	Scott Marcy
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*Prosecutes juvenile crimes ranging from misdemeanors to homicides with 3 primary functions: delinquency, prosecuting juveniles and litigative child protection cases in juvenile court.*

33. Domestic Violence Unit	15015A	\$ 830,949	\$ 1,088,523	Scott Marcy
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*Screens and prosecutes D/V cases including misdemeanors, felonies, and works in conjunction with the Victims Assistance program to provide outreach and support services for all victims of D/V.*

34. Child Abuse Team MDT	15016A,B	\$	\$	Scott Marcy
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		851,509	1,662,792	
<i>A multidisciplinary Child Abuse Team that reviews and investigates all reported cases of child abuse or child mistreatment in the county and all fatalities which involves a child under the age of 18.</i>				
35. Victims Assistance	15019A	\$ 485,889	\$ 740,125	Scott Marcy
<i>Provides legal information an support for victims throughout the processing of the case.</i>				
36. Child Support Enforcement	15020	\$ 484,015	\$ 2,719,169	Scott Marcy
<i>Provides parents with minor children with legal assistance in establishing, modifying and collecting child support, medical support and with legally establishing paternity.</i>				
		<b>\$ 3,703,700</b>	<b>\$ 8,633,651</b>	
<b>Sherriff's Office</b>	<b>Program Offer</b>	<b>General Fund</b>	<b>Total Cost</b>	<b>Program Contact</b>
37. Court Services	60034A,B,C	\$ 4,550,256	\$ 4,550,256	Raimond Adgers
<i>Provides armed deputies for the courts for various duties, escorting inmates, taking persons into custody, providing public services within the court, and maintaining court holding areas for inmates.</i>				
38. Domestic Violence Gateway One Stop	60035E	\$ 66,370	\$ 66,370	Elizabeth Daily
<i>Provides entry screening, court security, and public information for both the public and professionals transacting business at the Gateway Center facility.</i>				
39. Detectives, CAT, INTERCEPT	60066	\$ 1,021,585	\$ 1,471,937	Ned Walls
<i>Investigates state and federal laws relating to crimes against children, child pornography, child exploitation and the use of computers to promote these crimes</i>				
40. Special Investigations Unit	60067A	\$ 661,670	\$ 1,086,749	Ned Walls
<i>Investigation of crimes involving the sale, distribution, and manufacturing of dangerous drugs.</i>				
41. Human Trafficking Task Force	60073A	\$ -	\$ 139,697	Ned Walls
<i>MCSO in partnership with the Dept. of Justice, local US Attorney and others to provide public awareness of human trafficking, identifies victims of severe trafficking.</i>				
42. Domestic Violence Enhanced Response	60076A,B	\$ 55,753	\$ 94,246	Ned Walls

A one stop victim center to support D/V victims in an array of services, advocacy, safe emergency shelter, financial assistance and so forth.

\$  
6,355,634      \$  
7,409,255

Department of County Human Services	Program Offer	General Fund	Total Cost	Program Contact
43. Developmental Disability Services for Children	25013	\$ 53,804	\$ 3,847,772	Jeanne Wheaton
<i>Services for children I child-centered and family focused, providing assistance required to maintain in home placement.</i>				
44. DV Services & Coordination	25040A,B,C	\$ 2,158,374	\$ 3,470,789	Chiquita Rollins
<i>Provides professional staffing coordination efforts to provide a forum for collaborative efforts including training, policy and program development and implementation, and system wide problem solving.</i>				
45. Behavioral Health Crisis Services	25055	\$ 1,073,345	\$ 6,897,871	Ron Lagergren
<i>A 24 hour, 365 day a year behavioral health emergency crisis response system including the following services: crisis hotline, mobile crisis outreach and an urgent walk in clinic.</i>				
46. Inpatient, Sub-acute and Residential Mental Health Services for Children	25057	\$ -	\$ 2,847,600	Godwin Nwerem
<i>Three program elements combined: psychiatric inpatient hospitalization, secure alternative to psychiatric hospitalization and least intensive services for child and families in need of M/H services</i>				
47. Mental Health Commitment Services	25058	\$ 1,098,489	\$ 5,675,579	Sandy Haffey
<i>Staff to investigate and determine whether individuals on an E hold presents a risk of harm to themselves or others: services include Emergency holds, involuntary commitment and commitment monitors.</i>				
48. Mental Health Residential Services	25060	\$ 1,113,979	\$ 8,951,466	Sandy Haffey
<i>Programs provide intervention and service coordination in the provision of housing, comprehensive community supports and services as well as facilitating discharge of adults with M/H illness to the com. res. prg.</i>				
49. Mental Health Services for Adults	25062	\$ -	\$ 21,526,586	Len Lomash
<i>Contains 3 distinct service elements that contribute to a system of care for adults: psychiatric inpatient, respite and outpatient services.</i>				
50. Mental Health Treatment and Medications for the Uninsured	25063A	\$ 1,177,976	\$ 1,437,976	Len Lomash
<i>Provides funds to the network of providers to treat uninsured persons during periods of aggravated symptoms in acute stages of illness.</i>				
51. Mental Health Org. Provider Tax	25066	\$ -	\$ 428,121	Karl Brimner

*Fund Or. Health Plan benefits so that ind. At a higher percentage of the federal poverty level can receive healthcare, including M/H care.*

52. Community Based MH Services for Children and Families	25067	\$ 1,456,486	\$ 14,333,834	Godwin Nwerem
<i>Provides a continuum of services for children to ensure the best outcomes for children and youth and to prevent and early intervention services to address child and families needs before they become more acute.</i>				
53. Family Care Coordinators	25068	\$ -	\$ 1,067,423	Godwin Nwerem
<i>Sole access point to the integrated services array for children and family where children served are at risk of out of home placements or who are already out of their home due to their M/H needs.</i>				
54. Bienestar Mental Health and Addiction Services	25070	\$ 319,547	\$ 319,547	Godwin Nwerem
<i>Provides M/H assessments, crisis intervention, ind. Family, group treatment services, referrals and consultation.</i>				
55. School Based Mental Health Services	25075	\$ 531,914	\$ 1,515,354	Godwin Nwerem
<i>Program reaches youth who have not accessed services in a mental health center and 47% of those served were children of color, 95% of children were uninsured or insured by the Or. Health Plan.</i>				
56. Culturally Specific Mental Health Services	25078	\$ 1,292,239	\$ 1,292,239	Len Lomash
<i>Address M/H problems through early access to culturally and linguistically appropriate treatment.</i>				
57. Adult Addictions Treatment Continuum	25080	\$ 3,026,170	\$ 11,495,516	Ray Hudson
<i>Supports recovery and a return to a healthy lifestyle by offering access to addictions treatment that addresses the negative consequences of alcohol and other drugs.</i>				
58. Addiction Services Alcohol and Drug Prevention	25086	\$ -	\$ 194,259	Ray Hudson
<i>A structured after school program for public housing residents that consist of after school clubs, tutoring, mentoring, family support home visits for children ages 8-12.</i>				
59. Detoxification and Post-Detoxification Housing	25090A	\$ 1,037,166	\$ 2,915,525	Ray Hudson
<i>Assist in detoxification of alcohol &amp; drugs along with providing other services, M/H, case management, job training and supportive housing services.</i>				
60. Family and Youth Addictions Treatment Continuum	25094A	\$ 272,941	\$ 1,136,493	Ray Hudson
<i>Provides a continuum of youth outpatient and residential treatment as well as two culturally-specific intensive outpatient service packages for high risk Latino and African American youth and their families.</i>				
61. Sexual Offense and Abuse Prevention	25096	\$ 200,000	\$ 200,000	Godwin Nwerem
<i>Provides treatment services for children and youth who are exhibiting significant sexual reactivity and/or who are sexually predatory.</i>				

62. Enhanced Family Involvement Team	25098	\$ -	\$ 1,724,171	Ray Hudson
<i>Recovery program that is a team effort to connect parents with an allegation of child abuse/neglect with alcohol and/or drugs involved appropriate treatment.</i>				
63. Bridges to Housing	25114A,B	\$ 467,516	\$ 467,516	Mary Li
<i>Provides housing units to a difficult to house population, and case managers coordinate services across service systems, increasing their efficiency and effectiveness.</i>				
64. Energy Services	25119	\$ 331,985	\$ 20,077,918	Mary Li
<i>Contribute to reduction the number of households living in poverty by increasing households self-sufficiency and improving local economic conditions through energy conservation.</i>				
65. Homeless Family Shelter System	25120	\$ 295,000	\$ 295,000	Mary Li
<i>Provide access to year around shelter for homeless families and their children.</i>				
66. Youth Gang Prevention	25123A,B	\$ 1,272,279	\$ 1,324,202	Mary Li
<i>Supports community based, culturally, and gender specific prevention services to young people and their families at highest risk of gang membership, who are already involved with gangs but not yet in Juvenile sys.</i>				
67. East County Homeless Outreach	25124	\$ 75,000	\$ 75,000	Mary Li
<i>Support on going assessment of and interim response to the outreach needs of homeless populations currently camping in East County cities.</i>				
68. Court Care	25127	\$ 28,673	\$ 56,783	Mary Li
<i>Provides on site child care for children whose parents are involved with legal proceedings at the Multnomah courthouse.</i>				
69. Housing Stabilization for Vulnerable Populations	25133	\$ 1,503,738	\$ 2,130,299	Mary Li
<i>Provide shelter, rent assistance, teen parent housing, homeless children's education etc to faith based efforts and workforce support to households.</i>				
70. Family Warming Center	25134	\$ 153,000	\$ 153,000	Mary Li
<i>Provides basic life and safety services for homeless families and their children during the winter months, November through March.</i>				
71. Homeless Youth System	25136A	\$ 2,142,163	\$ 3,246,211	Mary Li
<i>Provides late stage interventions for homeless youths up to age 25: provide continuum of screening, crisis intervention, safety services, shelter, housing, education, employment and health services.</i>				
72. Native American Child Development Services	25137	\$	\$	Mary Li

		38,604	38,604	
<i>Provide services for families with young children, birth through age 5 to promote positive parenting, healthy child development and school readiness.</i>				
73. Runaway Youth Services	25138	\$ 744,054	\$ 933,529	Mary Li
<i>Provides 24/7 reception center, crisis line, shelter, support services, family counseling and reunification services for youths ages 12-17 who have run away, as well as their families.</i>				
74. Anti-Poverty Services	25139	\$ 572,370	\$ 3,460,376	Mary Li
<i>Assist homeless and low income households to become self-sufficient by providing 4 vote services: basic needs, anti poverty education/support, housing and system collaboration.</i>				
75. Housing	25140	\$ 156,884	\$ 668,900	Mary Li
<i>Administers public resources to expand affordable housing and infrastructure in low and moderate income communities through CDBG, AHDP and the home improvement loan program.</i>				
76. SUN Community Schools	25145	\$ 2,957,668	\$ 3,560,661	Peggy Samolinski
<i>Provides school based educational, recreational, social and health services focusing on school age children at risk of academic failure and their families.</i>				
77. Child and Family Hunger Relief	25147	\$ 186,043	\$ 186,043	Peggy Samolinski
<i>Allows SUN CS sites to increase the number of meals served to hungry children and families and develop on going capacity for food support.</i>				
78. Social and Support Services for Education Success	25149	\$ 1,915,056	\$ 2,237,887	Peggy Samolinski
<i>Provides year around school linked, age appropriate and culturally specific academic support, case management, family engagement, and skill building groups.</i>				
79. Parent Child Development Services	25151	\$ 1,301,274	\$ 1,453,627	Peggy Samolinski
<i>Provides young children (birth-5) and their parents to promote positive parenting, healthy child development and school readiness.</i>				
80. Alcohol, Tobacco and Other Drug Services	25154	\$ 203,000	\$ 203,000	Peggy Samolinski
<i>Provides D*A screening, assessment, referral, and prevention services to youth aged 12-17 and their families.</i>				
81. Services for Sexual Minority Youth	25155	\$ 106,940	\$ 106,940	Peggy Samolinski
<i>Offers counseling, skill building and support services for sexual minority youth.</i>				
82. Bienestar Social Services	25156A	\$ 482,976	\$ 482,976	Peggy Samolinski

*Provides culturally specific and linguistically appropriate case management, information and referral, service linkage, etc to address the needs of the Latino community.*

**\$  
29,746,653**      **\$  
132,436,593**

<b>Health Department</b>	<b>Program Offer</b>	<b>General Fund</b>	<b>Total Cost</b>	<b>Program Contact</b>
83. Early Childhood Services for First Time Parents	40013A,B	\$ 6,203,193	\$ 13,974,077	RUMINSKI Diane T
<i>Services begin in early pregnancy and continue through infancy for high risk pregnant women, infants and children who can receive a range of services: home visits, hospital visits, classes and groups.</i>				
84. Lead Poisoning Prevention	40015	\$ 15,322	\$ 157,322	WICKHAM Lila A
<i>Prevents child hood lead poisoning by providing information and referral in multiple languages, and screens for lead levels in blood, environmental investigations, case management, education and advocacy services.</i>				
85. Women, Infants and Children (WIC)	40018	\$ 1,287,286	\$ 4,131,752	David Brown
<i>Serves lower-income pregnant, postpartum and breast feeding women, infants and children under age 5 who have health or nutritional risks.</i>				
86. Adolescent Health Promotion	40025	\$ 79,000	\$ 903,743	NORMAN Kathy M
<i>Designed to delay sexual activity and build healthy relationships for middle school students using peer educators to teach 5 sexually education sessions.</i>				
87. Dental Services	40017	\$ 100,544	\$ 15,738,515	Susan Kirchoff
<i>Provides residents with essential, urgent, routine, and preventive services in clinic settings and school based-programs.</i>				
88. North Portland Health Clinic	40019	\$ 204,138	\$ 4,236,145	THIELE Margaret
<i>Provides comprehensive, culturally appropriate primary care to vulnerable citizens who are uninsured or underinsured and other wise might not have access to health care.</i>				
89. Northeast Health Clinic	40020	\$ 70,747	\$ 5,310,621	SAUM Robert E
<i>Provides primary care and behavioral health services to the diverse, poor, underserved residents in NE Portland</i>				
90. Westside Health Clinic	40021	\$ 295,789	\$ 6,327,512	WILEY Lynne
<i>An outreach program that provides medical, behavioral and addiction case management, access to medication and social services for Multnomah County's homeless.</i>				
91. Mid County Health Clinic	40022	\$	\$	COCKRELL Deborah

		80,398	9,785,283	S
<i>Serves clients in the poorest and most culturally diverse area of Multnomah County.</i>				
92. East County Health Clinic	40023	\$ 90,002	\$ 8,178,345	MORROW Marcia M
<i>Serves residents in east county including seasonal migrant workers, pregnant women, infants and children that reside in the East Multnomah County.</i>				
93. School Based Health Centers	40024	\$ 1,868,119	\$ 5,204,087	Susan Kirchoff
<i>Provides services beyond regular school times with multiple sites, open during the summer and school breaks for school age youth to keep them healthy and provide needed health care services.</i>				
94. La Clinica de la Buena Salud	40026	\$ 80,982	\$ 1,720,154	Sandra Holden
<i>"The Clinic of Good Health": provides health services to residents in the NE Cully neighborhood.</i>				
95. Rockwood Health Clinic	40029A,B	\$ 222,897	\$ 2,373,217	Susan Kirchoff
<i>A new program to provide services in the Rockwood community: primary care, dental and pharmacy services.</i>				
		<b>\$ 10,598,417</b>	<b>\$ 78,040,773</b>	
<b>Total Cost of Programs</b>				<b>\$ 270,731,080</b>
Total General Fund				\$ 80,758,602

## Appendix D: Resolution establishing the County Child Welfare Workgroup

### BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR MULTNOMAH COUNTY, OREGON

#### **RESOLUTION NO. 2010-051**

Creating an Interdepartmental Work Group on Children and Families in Foster Care.

#### **The Multnomah County Board of Commissioners Finds:**

- a) Our future doctors, teachers, business owners and community leaders are all children currently learning and growing in our communities. Each of us has a responsibility to ensure they have what they need to grow up safe and healthy.
- b) All children deserve nurturing home environments, safe places to play, good medical care and stimulating schools. Children who experience secure, loving relationships and stimulating environments become confident, caring and contributing adults.
- c) The primary responsibility for children's health and wellbeing rests with parents, but parents need to be supported. All families benefit from strong, supportive neighborhoods and communities, where there are opportunities to ask for help. We each play a role in helping all children thrive.
- d) In Multnomah County, there were 2,813 incidents of abuse/neglect in 2009. 293 of these incidents were for sexual abuse and exploitation.
- e) Multnomah County has a higher placement rate of children in foster care than both the national rate and the rest of our State. More troubling, in Multnomah County African American children are twice as likely to be in foster care than are white children and Native American children and youth are 16.5 times more likely to be in foster care.
- f) Child abuse is an issue with serious long-term consequences for individuals, families and communities. Children who are abused suffer effects that often last a lifetime. The human cost is heartbreaking. The monetary cost of intervention in child abuse and neglect cases (conservatively estimated at \$258 million a day in the United States) places an enormous burden on our child protective services, educational, juvenile and mental health systems.
- g) To reduce the incidence of child abuse and neglect we must do all we can to prevent abuse before it happens. The majority of child abuse cases stem from situations and conditions that are *entirely preventable* in an engaged and supportive community.
- h) Multnomah County Departments and staff are to be commended for their hard work to reduce child abuse and neglect in our community by providing important services and advocacy on behalf of children and their families. Multnomah County should continue to view child and family safety as a funding and policy priority, and help in creating a supportive community in order to prevent child abuse.
- i) The Department of Human Services District 2 and the Multnomah County Commission identified 67 separate programs across 5 County departments which serve the families of children or children in the foster care system and coordination between these 67 programs and DHS does not happen in a consistent and coordinated fashion.
- j) Better outcomes for children and families require better coordination and collaboration among all of the services and supports serving the needs of individual families and children.

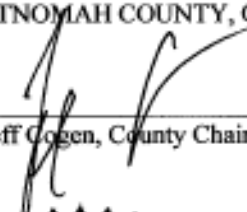


**The Multnomah County Board of Commissioners Resolves:**


1. To create an interdepartmental workgroup represented by as many of the Departments and Divisions who provide services to children in foster care or the families of children in foster care. Representatives of the Department of Human Services will be invited to serve as partners in this workgroup and will study the scope of services currently provided to children and families served by DHS District 2, opportunities for collaboration, coordination and improved efficiencies that lead to better outcomes for children and families.
2. To charge the Commission on Children, Families & Community with supporting the interdepartmental workgroup under the leadership of a member of the Board of County Commissioners and to report to the Board before January 31, 2011.

ADOPTED this 29<sup>th</sup> day of April, 2010.

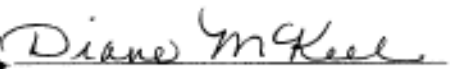
**BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

  
\_\_\_\_\_  
Jeff Cogen, County Chair

  
\_\_\_\_\_  
Deborah Kafoury,  
Commissioner District 1

  
\_\_\_\_\_  
Barbara Willer,  
Commissioner District 2

  
\_\_\_\_\_  
Judy Shiprack,  
Commissioner District 3

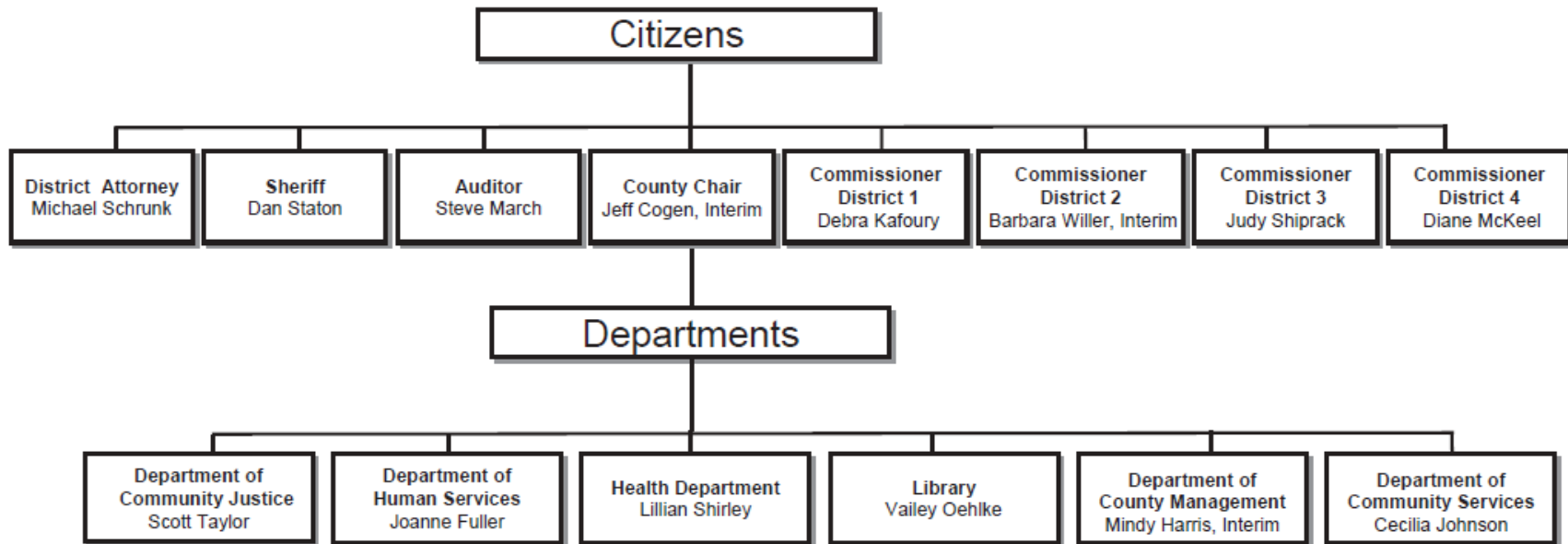
  
\_\_\_\_\_  
Diane McKeel,  
Commissioner District 4



SUBMITTED BY:  
Commissioner Deborah Kafoury, District 1

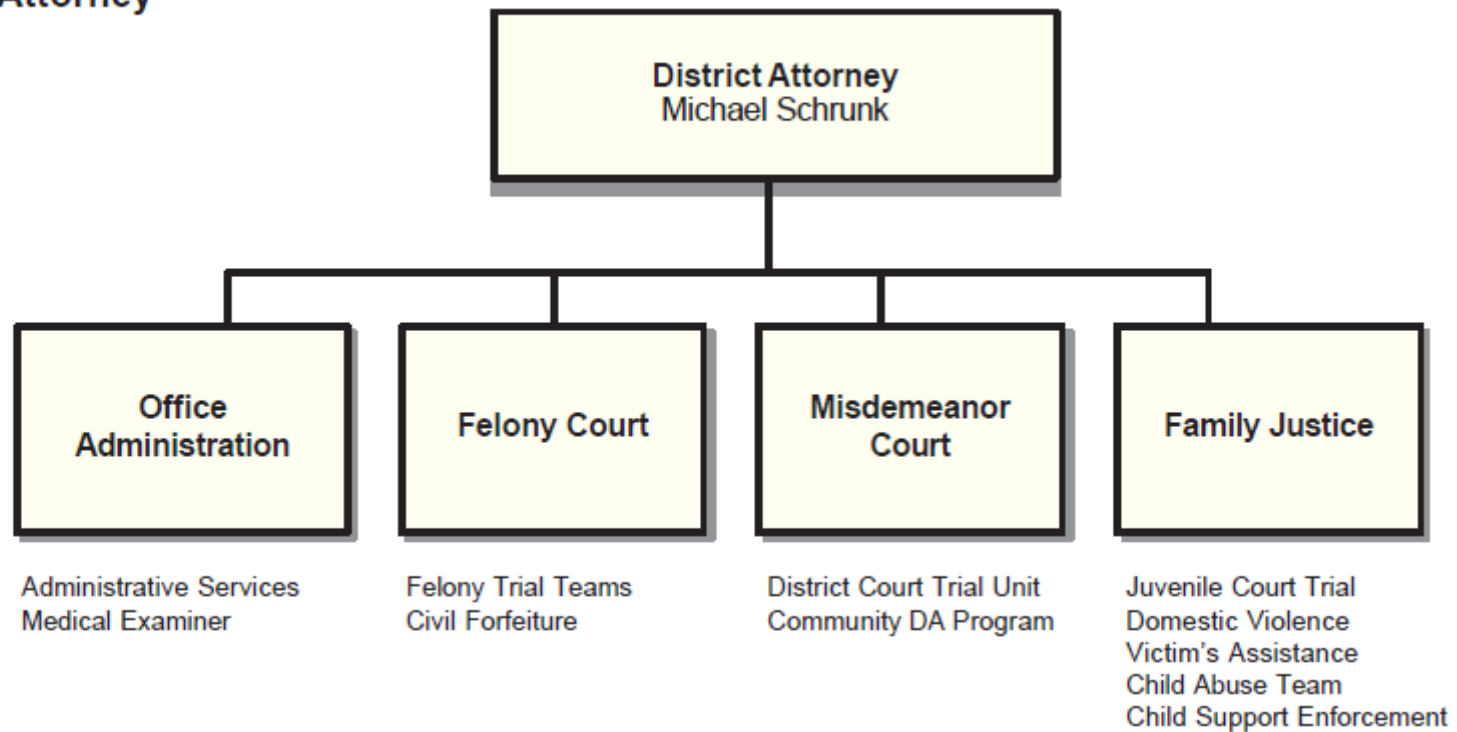
## Appendix E: County Organizational Charts

### **Multnomah County** **Organizational Chart**



**Multnomah County**  
**District Attorney**

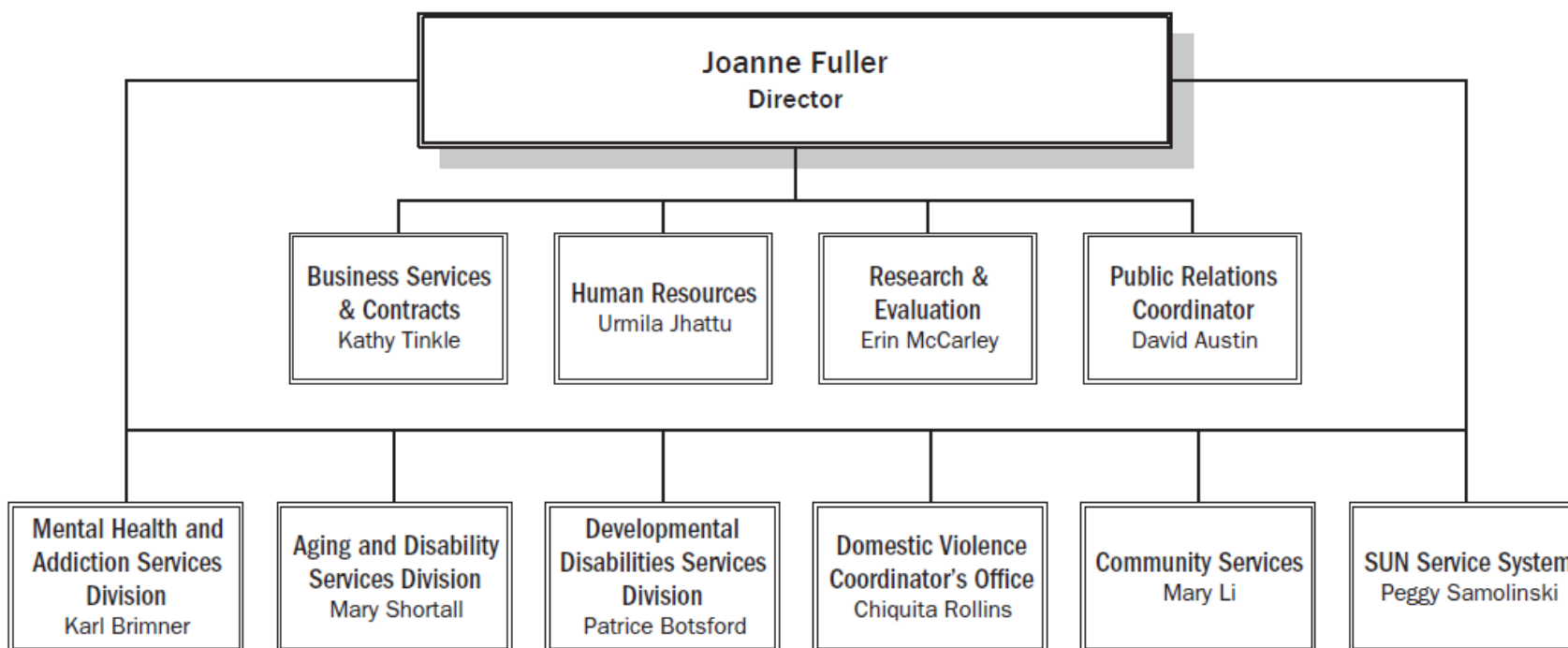
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## Multnomah County

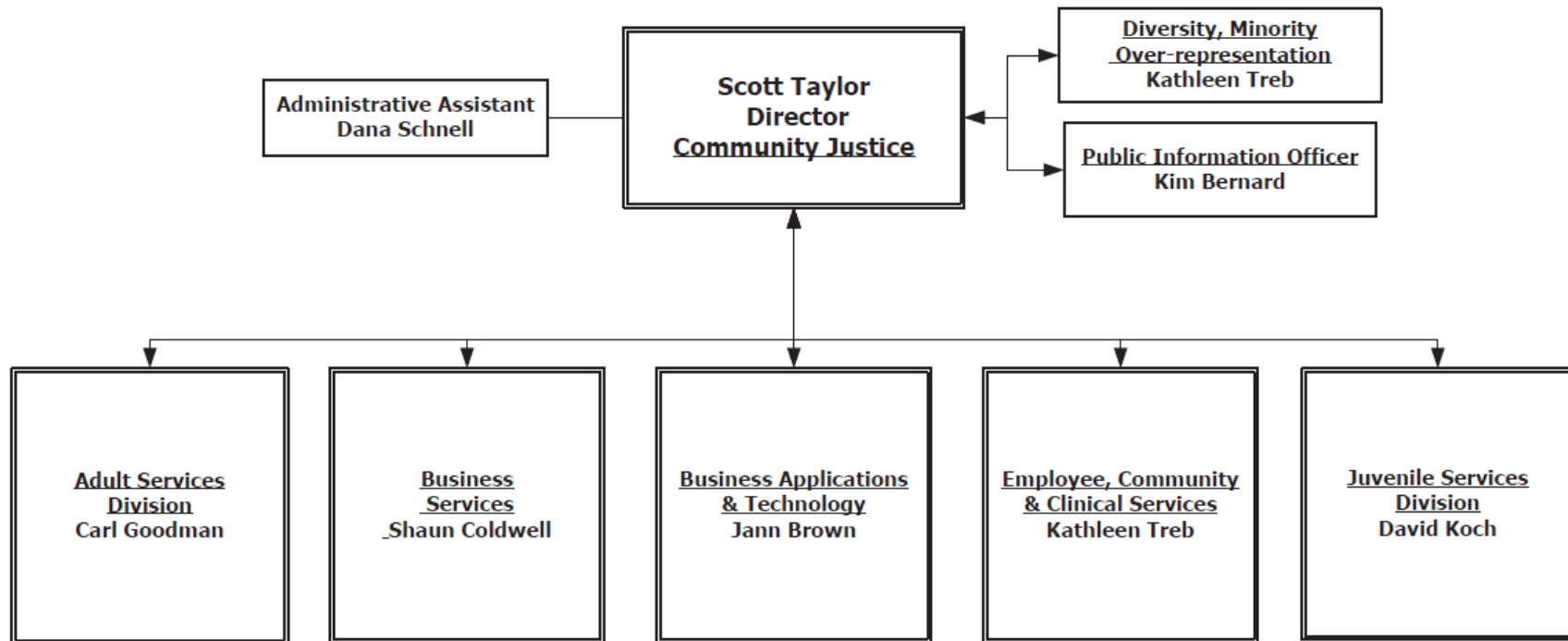
### Department of County Human Services Fiscal Year 2011



Last updated May 13<sup>th</sup>, 2010

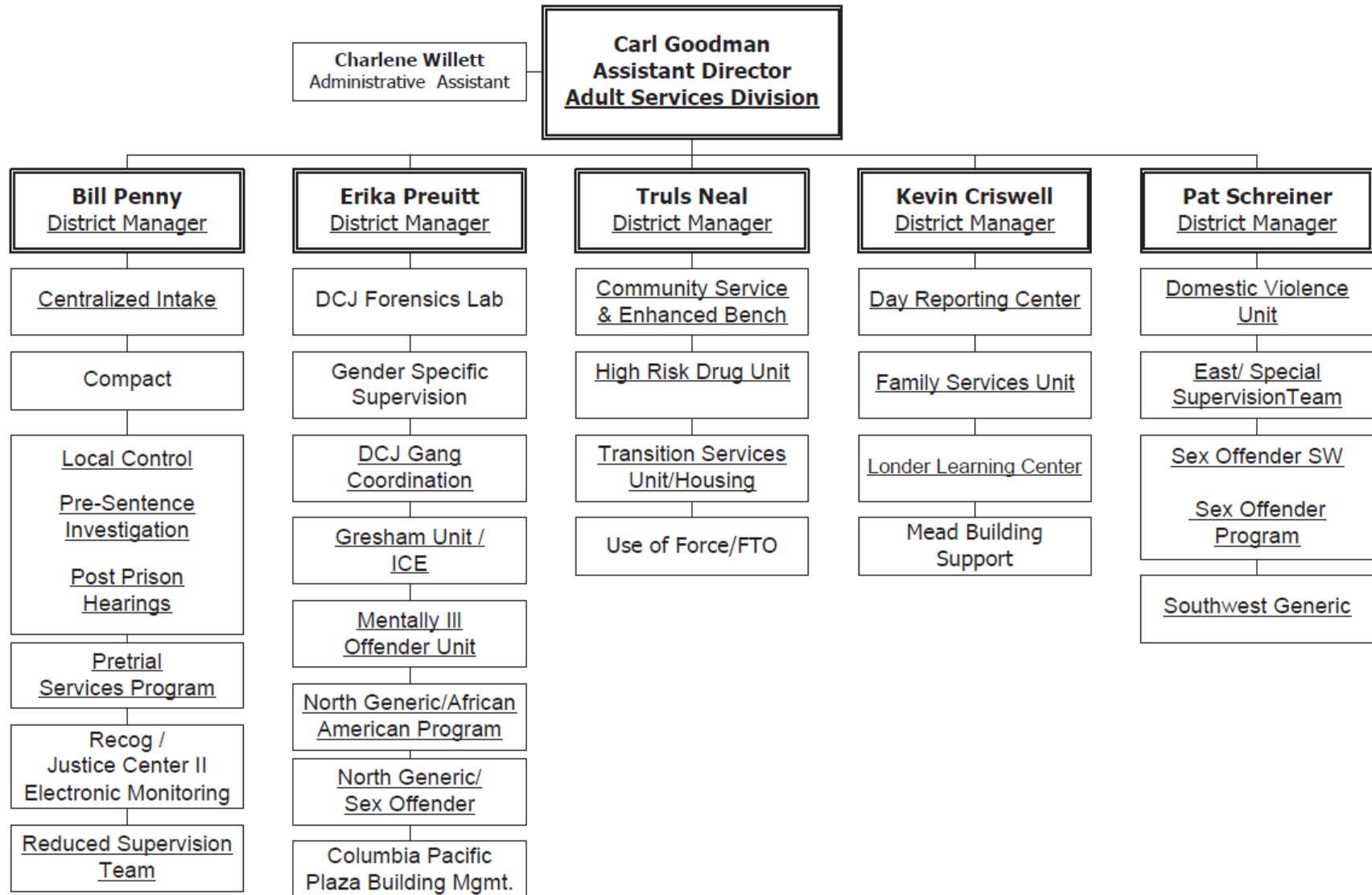


# Department of Community Justice





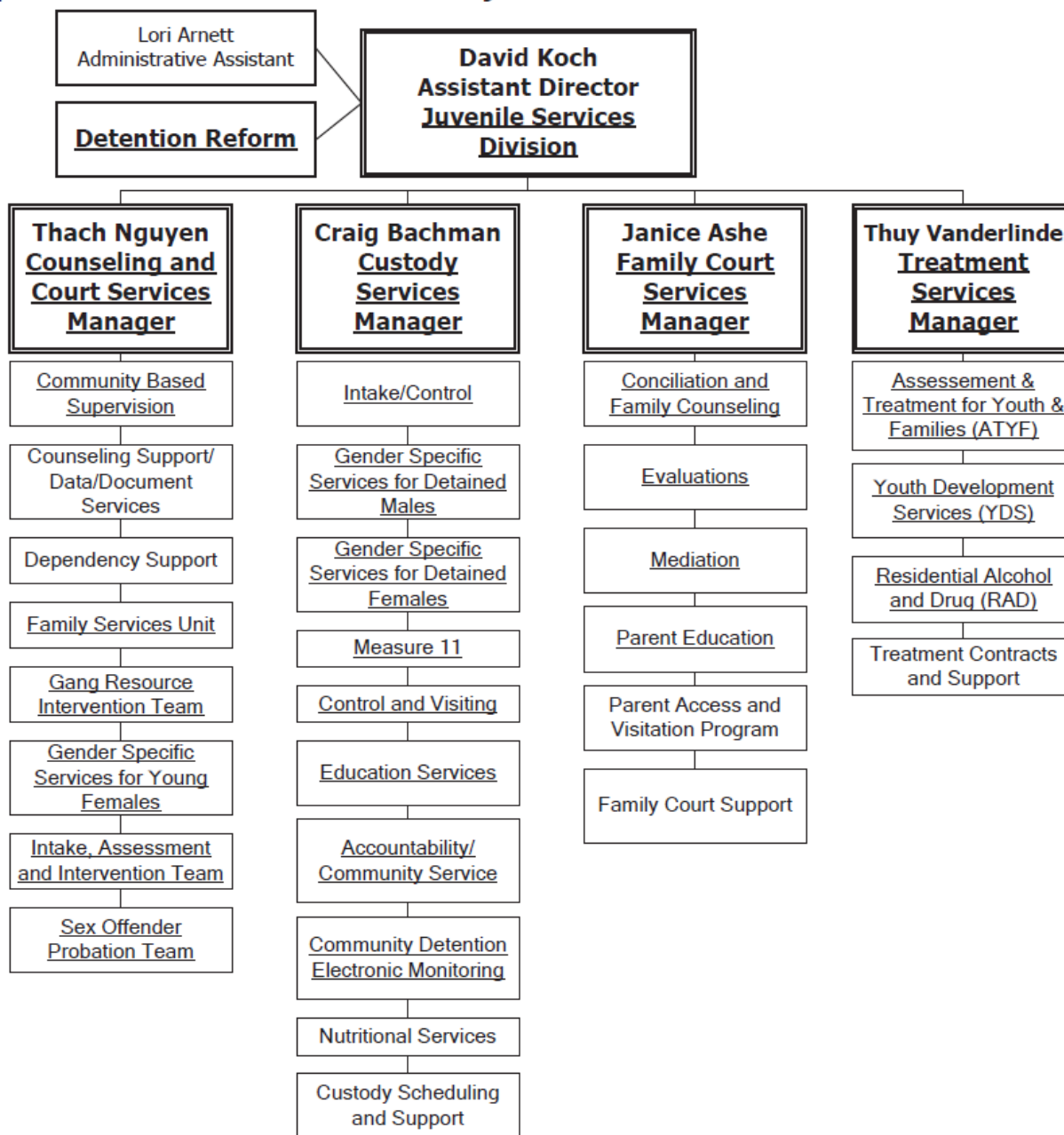
# Department of Community Justice- Adult Services Division



Last date updated 11/09/09

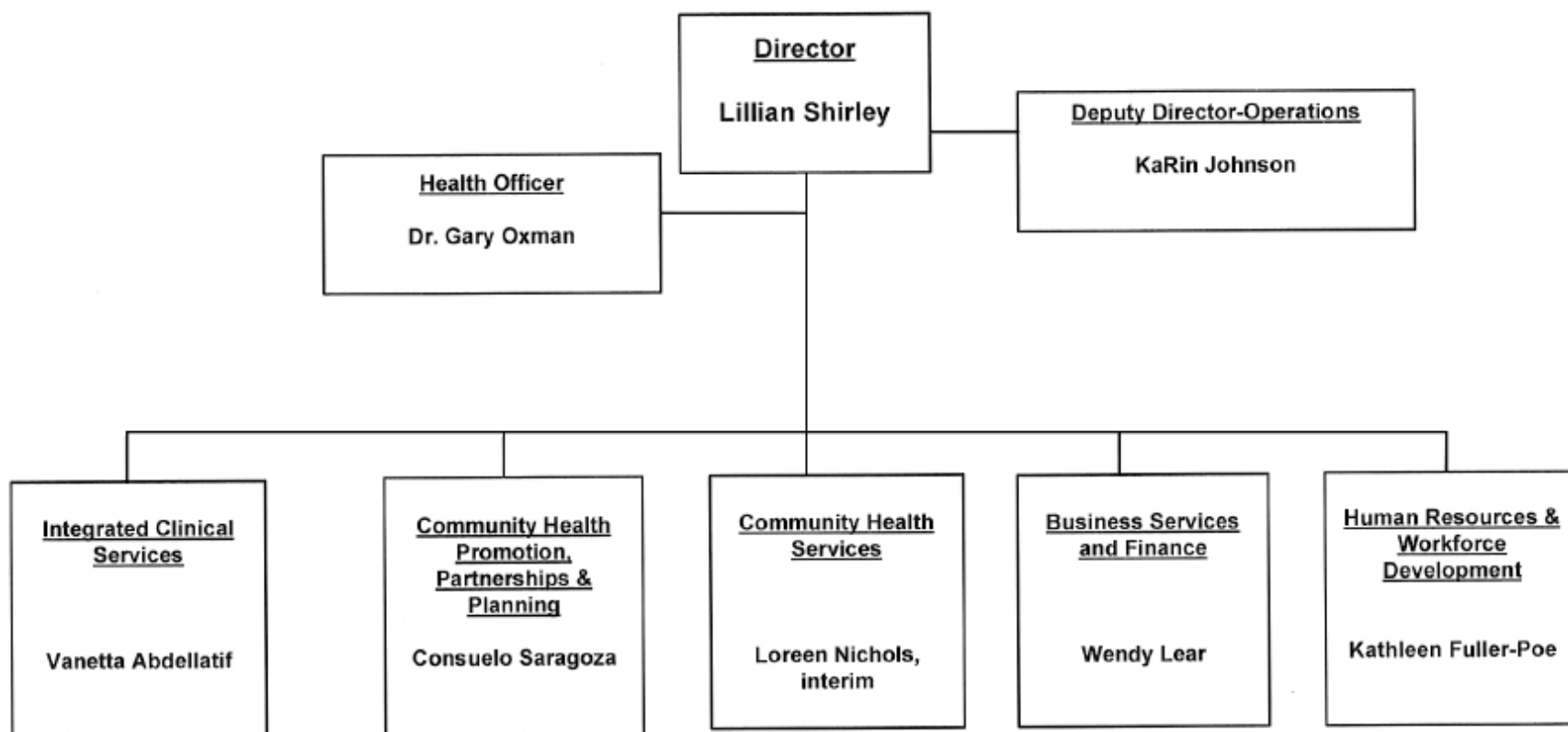


# Department of Community Justice- Juvenile Services Division



Last date updated 11/09/09

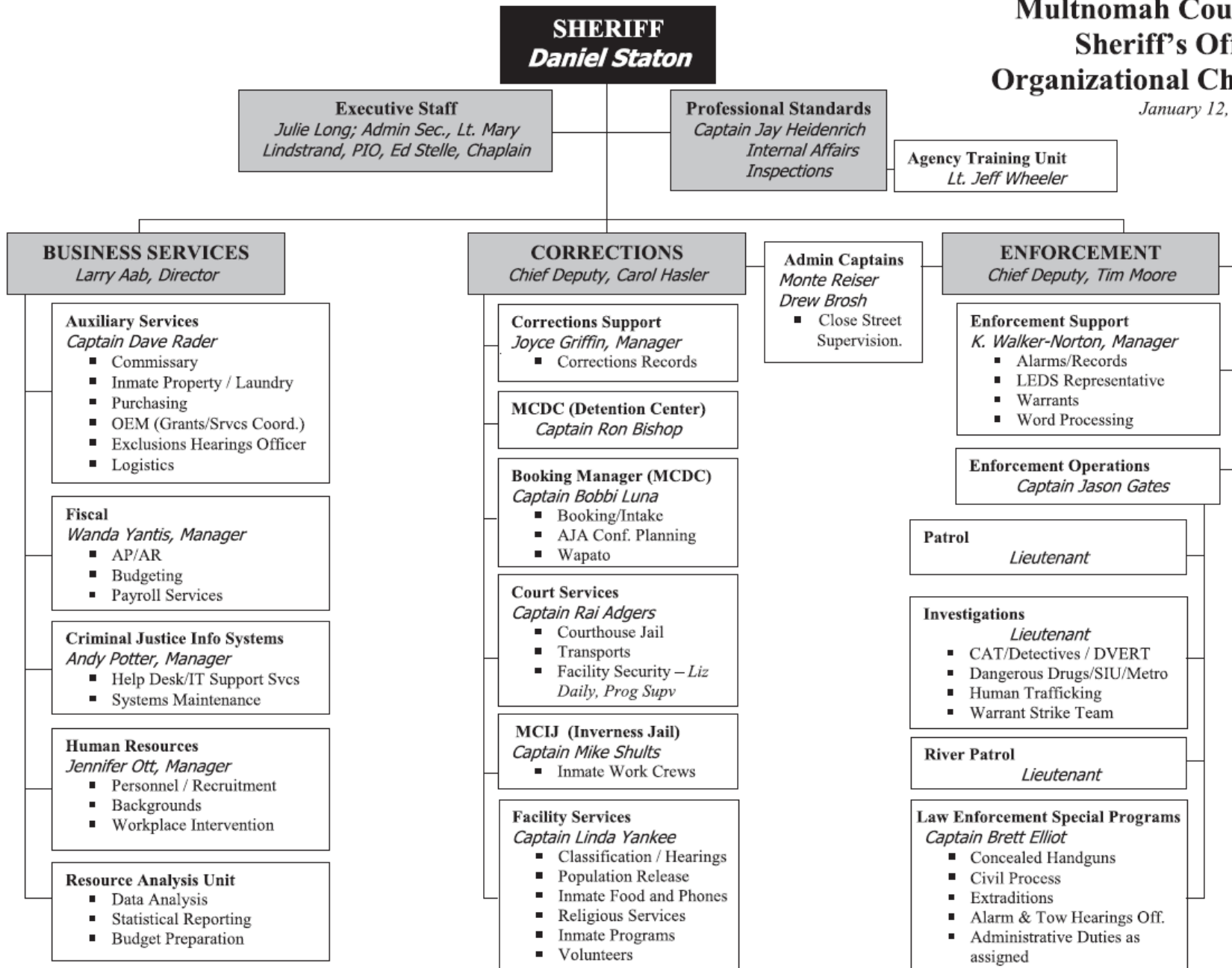
**Health Department Leadership Team  
Functional Organization as of July 1, 2008**





# Multnomah County Sheriff's Office Organizational Chart

January 12, 2010



## Appendix F: Feedback from Work Sessions, County Programs and Contractors

Copies of all of the feedback that was submitted by County Programs and Contractors can be found at [www.fosterchange.org](http://www.fosterchange.org) under the heading “County Child Welfare Workgroup” This website also contains additional information and documents referenced in this report.