



Teams Responding to Victims in Need
July 2006 Volume 48

Improving foster care in Oregon

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The MDT Quarterly is published by the Crime Victims' Assistance Section of the Oregon Department of Justice. The Quarterly is funded through the Child Abuse Multidisciplinary Intervention (CAMI) account. The opinions expressed herein are solely those of the authors and do not necessarily represent the views of CAMI, the Oregon Department of Justice, or the Crime Victims' Assistance Section.

This newsletter is available online at: <http://www.doj.state.or.us/crimev/cami.shtml>.

The MDT Quarterly is available in alternative formats. Please call DOJ/CVAS/CAMI at (503) 378-8705 to request an alternate format. Readers are invited to submit articles and training information. Contact: Alice Galloway, Editor, at PO Box 1691, Tualatin, OR 97062, (503) 692-6112 or email Alice at galloway@northwest.com.

Oregon home to national crime victims' institute

Protecting, advancing and enforcing victims' rights

By Meg Garvin, Director of Programs, The National Crime Victim Law Institute

The modern victims' rights movement was launched over 30 years ago, seeking to improve the treatment of victims in the criminal justice system. Today, 33 states have amended their constitutions to include victims' rights, and the remaining states and Congress passed statutes doing the same.

Despite these advances, history reveals that legislation alone is insufficient. Rights are given meaning only when asserted and enforced in court. To date, there are few examples of victims asserting their rights in criminal courts, and fewer examples of courts affirmatively enforcing those rights. Why is this so? First, the criminal justice system is a difficult place to navigate for a person recently victimized and not trained in law. Second, few lawyers are adequately trained to represent victims in criminal courts.

Established in 2000, the National Crime Victim Law Institute (NCVLI), a non-profit research and educational organization located at Lewis & Clark Law School in Portland, is seeking to change these realities.

One of NCVLI's core projects is the

State/Federal Clinics and System Demonstration Project. This Project is supported by a grant from the Office for Victims of Crime, U.S. Department of Justice. To date the Project has established nine legal clinics that provide pro bono legal services to victims in criminal courts. Clinics are located in Arizona, California, Idaho, New Jersey, New Mexico, Maryland, South Carolina, and Utah.

NCVLI works to advance victims' rights through other avenues also, including:

- *Amicus curiae* (friend of the court) participation in cases nationwide. NCVLI has submitted briefs in state and federal trial and appellate courts, including the United States Supreme Court.
- An on-line library of victims' rights laws and educational information.
- An on-line intake system for advocates and attorneys to access NCVLI's expertise.
- The annual Crime Victim Law & Litigation Conference in Portland,

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Proctor parents help youth achieve their goals

By Cheri Whitmire, Counterpoint Proctor Care Program Manager, Morrison Child and Family Services

Morrison Center's Counterpoint Residential and Day Treatment Program provides services to up to 20 boys who have engaged in inappropriate sexual behaviors. The intensive, year-round program, with a staff of highly experienced therapists, teachers and counselors, has helped hundreds of young people to understand and break patterns of hurtful behavior. Learning appropriate social skills, reintegrating into the community and earning educational credits at an on-campus accredited school is both challenging and rewarding for Counterpoint youth.

In 2004, I was asked to expand the proctor (foster care) component of the program. Having provided proctor care in my home for a couple of decades, and recruited, trained and certified homes for several agencies, I was excited at the prospect. Since most people naturally react with revulsion and fear when they hear the term "sexual offending," it became clear that any recruitment would need to address those concerns. The most effective method of recruitment was and continues to be educational. Inviting potential proctor parents to the treatment facility to eat lunch with the staff and clients helps to dispel the negative image many people have of this population. Although the harm these boys have caused is certainly not minimized, it is important to explain that the boys are motivated to learn how thinking errors, unresolved trauma and emotions contributed to their sexually acting out.

All clients begin treatment in residential care. When we are familiar with each individual we are then able to determine

with the help of proctor parents which clients would be the best match possible for their homes.

Proctor parents are the best recruiters and mentors to new proctor parents. Mature individuals who do not have children living at home are the focus of the recruitment efforts. Intense pre-certification and ongoing training assist proctor parents with the skills they need to work effectively with the youth. Proctor parents are supported by: 24 hour staff, 72 hours of respite per month, paid vacation after a year of service and monthly support groups. Proctor parents have youth in their homes for a year or more so they form supportive and therapeutic relationships.

Proctor parents are an integral part of the therapeutic team. They are skill builders, mentors, counselors, cheerleaders, trackers and teachers. The recidivism rate is under 5 percent for the boys who graduate from our program. Proctor parents can take great pride in helping prevent the cycles of abuse for the next generation of children and the healing that occurs within these families. We can also rest assured that our efforts have an enormous impact on society by preventing further abuse of countless victims who may have otherwise been harmed. The greatest reward comes from the experience of watching youth graduate our program, reunite with family, make amends to those they have harmed and rejoin society with the knowledge they need to live healthy and productive lives. ♦



Needed: foster families to care for our future leaders

As more children and youth exit higher levels of care such as residential care, hospitalization and institutional care, there is a great need for highly skilled, experienced foster and proctor families.

Communities and the state are struggling to locate, recruit, train and support foster families. Foster families are the backbone of the child welfare and juvenile correction systems. They provide the day-to-day support and care that is so critical to the well-being of the children and youth in the state's custody.

Although more is being done to locate, engage and involve birth families, there is still a huge need for temporary, safe and healthy placements for children transitioning from corrections and residential care to the community.

Several innovative projects are underway, such as the "Forever Home" model in Salem and "Hope Meadows" in Portland. Also, more kin are stepping up to provide homes.

As communities make plans to move children and youth into the community, we all must work together to increase placement resources by:

- Locating and engaging birth family.
- Providing foster care reimbursements for all kin caregivers.
- Enlisting the help of foster families to recruit and support new resources.
- Encouraging new and innovative ideas to attract and keep skilled foster and proctor homes. ♦



So how can the Institute help you?

NCVLI regularly works with victim advocates and district attorneys to protect victims' rights by providing free legal research, writing, and consultation on victims' rights issues. You can seek our assistance on our website – www.NCVLI.org. You can also access our library of materials on the website. Finally, you can join NAVRA and participate in bi-annual telephone trainings, receive Quarterly Law Updates (which summarize the most recent cases affecting crime victims), receive *NCVLI News*, and learn from others via the member listserv. Membership is currently free!

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which brings together attorneys, advocates, and victims to learn about cutting edge victims' rights issues.

- A semi-annual newsletter, *NCVLI News*, which includes articles on legal developments in victim law and spotlights the work of partner organizations.
- The National Alliance of Victims' Rights Attorneys (NAVRA), a network of attorneys, advocates, law students and victims, dedicated to the exchange of information to enhance representation of victims in criminal courts.
- National and local training of criminal justice professionals.

For more information visit www.ncvli.org – or contact us at (503) 768-6819/ ncvli@lclark.edu. ♦

Supporting successful transitions



By Cindi Liebe, Community Resources Manager, Oregon Youth Authority

Youth committed to the Oregon Youth Authority may be placed in either a youth correctional facility or a sub-care resource. At the time of commitment a Risk and Needs assessment is completed that identifies the youth's needs and level of risk to recidivate (commit another felony crime). This assessment is used to make decisions about appropriate placement in the continuum of services.

From July 2005 through June 2006, OYA made 1155 sub-care placements throughout the state. All OYA youth living in community resources, residential care, youth offender foster homes, family homes or living independently are supervised through OYA Juvenile Probation/Parole Officers (JPPOs) until their commitment time expires.

OYA currently certifies approximately 75 youth offender foster homes which provide a resource for about 155 youth at any given time. Low/moderate risk youth are initially considered for youth offender foster care placements, the least restrictive of sub-care placements. Additionally, youth who complete treatment services in residential care or a youth correctional facility may be placed in youth offender foster care should no family resource be available.

While in "foster care," a youth may receive a variety of community treatment services based on need, such as family or individual counseling, or outpatient alcohol and drug treatment. Most youth in foster care attend school or vocational programming, while a few are employed. Of 327 foster care placements during the year, 55 youth transitioned to family resources after a period of stabilization in the community.

OYA contracted residential programs must meet the requirements of Behavioral Rehabilitation Services, a federal Medicaid program that is skill based. Additionally, these programs provide evidence based treatment, such as cognitive behavioral therapy or Aggressive Replacement Therapy. Residential services for 429 youth are provided in group living environments and in professional foster homes, called proctor homes, supported 24 hours a day by program staff. Youth offender case plans identify short and long term goals in areas of family, life/social skills, mental health, substance abuse and offense specific issues, and progress is monitored in each of these areas.

As soon as a youth enters a sub-care placement or youth correctional facility, transitional planning begins to develop the youth's next placement. JPPOs and the facility or program treatment staff, with input from the youth and their families, identify the best option. Youth may transition to the family home, Independent Living Program when age appropriate, or to another less restrictive sub-care placement. Outpatient therapy, such as Functional Family Therapy, is available to support the youth in his/her placement. For those youth whose commitment is time-limited or those who "age out" of the system, OYA suggests community resource options to support a successful transition to unsupervised community living. ♦

Annual state accounting of child abuse lacks plan of action

By Robin Christian, Executive Director, Children First for Oregon

Released without fanfare in May, the state's annual report on Oregon's child protection system showed the number of children victimized by abuse and neglect reaching a 10-year high of 11,255 children, a 6 percent increase from the 2004 level. The state's rate of abuse/neglect rose to 13 for every 1,000 children.

The number of reports received also continued to climb. The Department of Human Services (DHS) logged 55,114 reports of suspected child abuse and neglect, an increase of 18.5 percent over the previous year. Over the last 10 years, reports have increased 125 percent.

The introductory letter to the report noted that methamphetamine is the most prominent child welfare problem of this decade in Oregon. The letter went on to state, "By limiting the availability of pseudoephedrine and providing long-term treatment for caregivers, we can ensure a safer future for Oregon's children."

When the data warn us there is a serious problem afoot, we expect a more urgent response. By focusing on meth, DHS distracts everyone from the bigger problem: Oregon's failure to invest in a quality child protection system. No one disagrees that meth is a serious problem for children and families in our state. It is putting tremendous strain on state and local human services and public safety systems. However, the "meth problem" does not explain why the state has not strengthened Oregon's response to protecting its most vulnerable children and youth.

Even though DHS officials acknowledge the importance of effective substance abuse treatment for parents and other caregivers, the availability of treatment has decreased dramatically. DHS data show that the percentage of parents involved in the child welfare system who need substance abuse treatment and receive it has gone from 88 percent in 2000 to just 42 percent in 2004.

Research tells us that children whose parents do not get appropriate treatment remain in foster care longer and are more likely to reenter care after being returned home. This year's report confirmed the need to address this glaring lack of treatment options: For the third year in a row, more children are entering foster care than leaving.

Parental drug and alcohol abuse is a serious issue and has long been the leading stress factor for families involved in the child welfare system, both in Oregon and around the country. However, we must remember that meth is not the entire story here. While legislative action last year may have helped curb the spread of home-based meth labs, the public discussion about how best to support families trapped in the cycle of addiction has been sorely lacking.

What's the plan to keep children safe and improve outcomes for them? That's the question we will continue to ask agency officials and elected leaders in the next legislative session. ♦

Improving the child welfare system

Last year, Children First published a report discussing strategies for improving Oregon's child welfare system, including:

- Decreased caseload sizes so child welfare workers can do the best job possible for Oregon's most vulnerable children.
- Expanded availability of proven substance abuse prevention and treatment programs for parents.
- Increased supports for foster families.
- Increased supports for foster youth.

The state's report – The Status of Children in Oregon's Child Protection System 2005 – can be found at <http://www.oregon.gov/DHS/abuse/publications/children/index.shtml>.

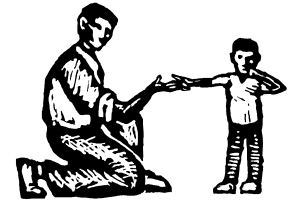
Children First for Oregon works to make Oregon a place where all children thrive. A non-profit, non-partisan organization, we educate and engage Oregonians to promote programs and policies that get results for kids. Visit the website at www.childrenfirstfororegon.org. ♦





Oregon foster care – what works and what doesn't work

By Robin Holmes, Multnomah County Citizen Review Board member



A teenager is referred to the Independent Living Program (ILP) only to be placed on an indeterminate waiting list. In an ILP training session, Citizen Review Board (CRB) has just been told there are plenty of openings but not enough referrals.

Nine professionals appear at a court review to discuss an extremely good, fast-moving adoptive placement. Across town, CRB is prepared to review a tragic case of child abuse and multiple placements, with only the caseworker in attendance.

A foster child has been on the run for months, with no apparent way to reconnect the child with services.

These are all anecdotes, not of particularly unusual cases, but still inappropriate for generalizations or decision making. It is too easy to remember the bad outcomes and forget the thousands of successful foster parenting and case management stories. What would help all of us get a better handle on what is working—to improve our ability to deploy services and advocate for more effective children's programs?

Better Data for Analysis and Advocacy: Most organizations, including CRB, bewail the lack of user-friendly data systems and flexible analysis tools, and timely, reliable data. For example, Multnomah County has a much higher percentage of older foster children than the state average. Are we failing to push hard enough and early enough for higher levels of permanency in Multnomah County, or are there other reasons? We are relying on educated guesses to explore that situation. Caseworkers routinely report difficulties with FASCIS, and that system feeds into the reports used for CRB reviews.

Flexibility in Service Delivery: Fluctuating service demand is the reality. The problem is an inflexible delivery system which delays service provision, and the budget is not always to blame. If timely referrals are being made—for ILP, or any other service—and current contract providers cannot be flexible enough to meet the demand, maybe community colleges or volunteer mentors can offer backup.

Case loads and budget restrictions prevent the police and DHS from providing around the clock surveillance for runaways. Can the community help more?

Close Collaboration: CRB reviews are always improved by the presence of foster or biological parents and family members, developmental disability workers if applicable, CASAs, education surrogates, and attorneys. We would like to work more closely with courts and other partners.

Schools are a major source of stability and positive reinforcement for foster children. Effective use of schools for service delivery supports that experience

and encourages family involvement. Multnomah County's SUN (Schools Uniting Neighborhoods) schools are a model of delivering a variety of services after school hours in a collaborative process with other programs.

Wraparound Oregon is another collaborative and inclusive process focused on improved service delivery to a group of children with very complex mental health needs—a better process, not another new program. The same philosophy, centered on cutting costs and duplication while achieving and demonstrating better outcomes, could be applied to all services for foster children. ♦

Citizen Review Board members are volunteers working under the direction of the Chief Justice of the Oregon Supreme Court. Under Oregon law, CRBs are required to review case plans of children and youth offenders in substitute care to ensure their placements and services are appropriate and timely. They also advocate for effective policies and laws in child welfare and the juvenile justice system.

There are about 400 board members statewide serving on approximately 85 boards. Boards meet monthly to review cases, in accordance with legislatively established timelines, and prepare a written report with recommendations which become part of DHS and court case files.

See www.ojd.state.or.us and click on CRB for more information. ♦



The Oregon Network of child abuse intervention centers prevention strategies

By Kathleen Coleman, Network Chair & Jennifer Cole, Network Vice-Chair

The Oregon Network is a collaborative effort on the part of Oregon's 19 child abuse intervention centers to ensure quality, comprehensive services for all of Oregon's children who need child abuse intervention services. The Network recognizes that child abuse is a serious public health problem and the long-term health consequences for abused children are significant and well documented.

Child abuse intervention centers around the state of Oregon are engaged in a number of strategies aimed at preventing child abuse, helping adults understand the role they play in protecting children, and helping children recover some of their self-esteem when they are victimized.

- Klamath-Lake CARES, in Klamath Falls, is collaborating with a number of community partners to prevent sexual abuse and violence in Klamath County through a grant from the Attorney General's Sexual Assault Task Force.
- Lincoln County CAC, in Newport, provides intensive home services and life skills programs for at-risk families.
- Douglas CARES, in Roseburg, is launching a teen program modeled after the highly successful *Reach for the Stars* program developed by Jackson County CAC in Medford.
- Mt. Emily Safe Center, in LaGrande, works with local schools to provide *Girl Circle*, a self-esteem building program for middle-school aged girls.

- The KIDS Center in Bend has created a tri-county partnership to implement *Darkness to Light* in their communities. This national research-based program educates adults to recognize, react responsibly, and prevent child sexual abuse. Seven hundred individuals have already been trained, and more sessions are scheduled.
- Juliette's House, in McMinnville, has *Safe Kids*, an in-school abuse prevention program modeled after the research-based National Child Assault Program. Over 3500 children and adults participate annually in this program.

Child abuse is a public health problem that deserves our community's attention and resources. All involved in responding to child abuse recognize the role prevention must play in a long-term strategy to eliminate child abuse. Currently, there is a good deal of attention on prevention efforts and Centers are active partners in these efforts.

The Network believes the investment now in child abuse prevention through primary prevention and risk reduction programs can help end the trauma for all abused children.

For information about the Oregon Network, contact Kathleen Coleman at kathleen@julietteshouse.com. ♦



Marion County Organizes to Respond to Abuse and Neglect

Alarmed by high rates of protective custody placements and increasing methamphetamine use, Marion County community leaders are devoting themselves to crafting an effective community-wide response to these problems.

The Marion County Commission on Children and Families (CFC), with members representing business, the judiciary, the faith community, and social services, is the locus of efforts to develop new collaborative approaches, pool funds, and raise public awareness about the importance of nurturing the county's youngest children.

In April, the Marion County Commission adopted a statement that early brain development would be the organizing principle for all of its work. Marion County Circuit Judge Pamela Abernethy, the commission's Vice Chair, explained that in deciding to make Marion County "a place of excellence" when it comes to services for infants and toddlers, she and her colleagues were motivated by research on the plasticity of brains in the first three years of life. "Infants and toddlers are the fastest-growing segment of the population of abused and neglected children. Yet we now know that abuse and neglect can have lasting neurological damage if it occurs in the first three years. And the effects of early abuse and attachment problems cause us to spend much more money later on health care, corrections and education. It's

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Assuring healthy mind/brain development in early childhood

The Developmental Home model

By David W. Willis, M.D., Director, Northwest Early Childhood Institute and Anne Stone, MA, Deputy Director, Northwest Early Childhood Institute

We are witnessing amazing opportunities in the fields of early intervention and prevention to address risk and promote healthy development for all young children. We are developing scientific knowledge about the importance of the early years - the critical value of carefully attuned and specific interactions with babies that build the brain's architecture and capacity for security, happiness, and behavioral regulation. The fundamental systems for stress management, emotional regulation, empathy, work ethic and intimate relationships are created by exclusive and playful exchanges within the first year of life with a nurturing and consistent caregiver – usually the parents.

Home visitation and health system screening programs help find problems early so we can intervene. We have new intervention tools like parent-infant psychotherapy and “Circle of Security” groups, which have been demonstrated to heal and build healthier relationships, even if there has been a trauma history in the parent. We can now begin to break generational violence and build capacity in the young child by focused early childhood treatments.

In addition, the medical/pediatric community has begun to realize its important role in prevention. Since pediatric practitioners see an estimated 99 percent of children under three years old, they are in a unique position to screen, monitor, and connect children and families to community supports.

The Portland-based Northwest Early Childhood Institute (NWECI) has created the “Developmental Home” model, a cost-effective means for pediatricians to become consultants to families and participate in a multi-disciplinary team that surrounds the family with supports. The Developmental Home professionals guide parents toward effective strategies that promote social and relational growth and utilize existing community psychological, supportive and home based interventions.

The Developmental Home model is now being delivered in the Portland Metropolitan region, with families coming from as far away as Bend and Eugene. Additionally, NWECI is partnering with Morrison Child and Family Services, Neighborhood House, Community Partners for Affordable Housing, and Family Building Blocks Relief Nursery in Salem to extend the model to very high risk populations through grant funded efforts.

NWECI focuses on clinical services in developmental/behavioral pediatrics and behavior, professional training, collaboration, research promotion, and the introduction of new scientific knowledge in child development to the community. For more information about the NWECI Developmental Home model and potential partnerships contact Anne Stone, MA (annes@nweci.org). To make a referral to the program please call (503) 672-7857 and talk to our clinical services coordinator. ♦



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staggering to me that we don't act on this information.”

Judge Abernethy says the CFC's multi-pronged approach is still taking shape, but will include several components:

- “Infrastructure” change such as realignment of services, pooling of funds and professional development.
- “Fostering Attachment,” a court program for families in dependency cases involving a child 18 months or younger. The focus is on the children's relational needs, and families will receive wrap-around services coordinated by Family Building Blocks, Marion County's crisis relief nursery — including parent-child therapy, parent mental health therapy and alcohol and drug treatment, and child therapy in therapeutic classrooms.
- A public awareness campaign.
- A child care quality improvement initiative, focused on nurturing children's healthy social and emotional development.
- Collection of data to inform future efforts.

For more information on Marion County's “Early Childhood Initiative,” contact Tami Goettsch or Dan Murphy, Marion County Commission on Children and Families, 503-588-7975, Sue Miller, Family Building Blocks, 503-566-2132, or Judge Pamela Abernethy, 503-566-2974. ♦



Children's Advocacy Centers make a difference

The Crimes Against Children Advocacy Center at the University of New Hampshire (UNH) recently completed an extensive evaluation of the impact of children's advocacy centers (CACs). The study is considered to be the most comprehensive evaluation of CACs yet completed. It used data from over 1000 child abuse cases in four CAC communities (in Pennsylvania, South Carolina, Texas and Alabama) and comparison communities without centers.

Key findings included:

- CAC investigations were considerably more likely to be conducted in a coordinated fashion. For example, in the CAC sample police were involved in 81 percent of child protective service sexual abuse investigations, whereas they were involved in 52 percent of

such cases in the non-CAC communities. Team interviews were also much more common in the CAC communities.

- Children were more likely to receive a forensic medical examination if they were involved with a CAC (48 percent versus 21 percent).
- Non-offending parents and caregivers in the CAC group exhibited higher satisfaction with the investigation than in the comparison group.
- Children in the CAC sample were more likely to receive a mental health referral (60 percent versus 22 percent in non-CAC communities).

The report also made a number of recommendations for improvement based on the evaluation research.

The first Children's Advocacy Center was established in 1985, and it is now estimated that there are 500 in communities around the country.

There are 19 child abuse intervention centers located throughout Oregon. Child abuse intervention centers are designed to minimize trauma to child abuse victims by coordinating the local community's response for the purpose of investigation, assessment and intervention in reports of suspected child abuse. Services, based on the child's needs, are provided in a neutral, child-friendly environment.

For more information about the report and a link to an executive summary, see http://www.unh.edu/ccrc/multi-site_evaluation_children.html ♦

