

## What Oregon Can Do

While it is essential to strengthen investments in prevention to address the root causes of child maltreatment, Oregon must also make a commitment to being a good parent to the children who are already in state care. The state must invest wisely in a quality child welfare system that can meet the immediate and long-term needs of abused and neglected children:

### DECREASE CASELOAD SIZE

An overburdened child protection system will leave children in unsafe situations, sometimes tragically leading to serious injury or death of a child. Child protective services must have the resources needed to keep up with the growing number of reports of suspected abuse and reduce caseloads so child welfare workers can do the best job possible for Oregon's most vulnerable children.

### EXPAND AVAILABILITY OF PROVEN SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS

Substance abuse continues to be the leading factor in many child maltreatment cases. Abused and neglected children from substance-abusing families are nearly twice as likely to be placed in foster care and are more likely to remain there longer than maltreated children from non-substance abusing families.<sup>vi</sup> Substance abusing parents must have access to comprehensive, long-term treatment with follow-up supports for relapse prevention to be able to safely parent their children.

### INCREASE SUPPORTS TO FOSTER FAMILIES

With an increasing number of children entering foster care, recruiting and retaining an ample supply of quality foster families is more important than ever. To achieve this, it will be necessary to increase supports for foster families, including improved training and peer support, accessible case management services and adequate reimbursement rates, especially for specialized care.

### INCREASE SUPPORTS TO FOSTER YOUTH

Youth in foster care face many challenges, particularly in the transition into adulthood. The risks these children face can be mitigated by doing a better job of monitoring and supporting the educational needs of foster youth. The state must also improve services and supports for youth aging out of the foster care system, such as providing Oregon Health Plan coverage until former foster youth turn 21 and offering scholarships for college or vocational school.



## POLICY BRIEF

# Strategies for Improving Oregon's Child Welfare System

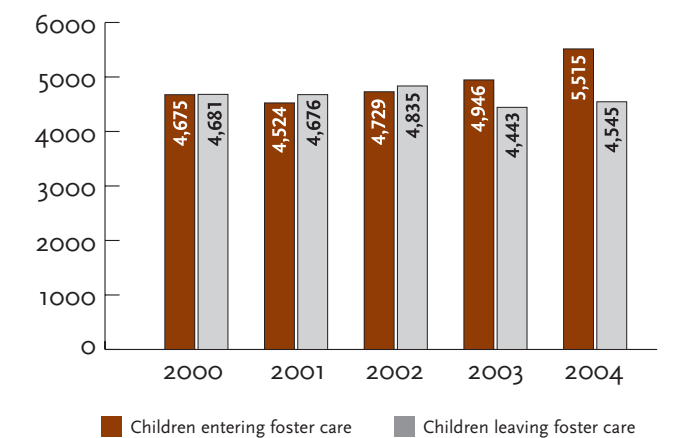
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AUGUST 2005

In 2004, at least one child out of every 100 children in Oregon was a victim of child abuse or neglect (12 per 1,000 children). Thousands of children enter the child welfare system every year; some are part of the system for only a few months, while others remain in foster care for years. While they are in the state's custody, Oregon has a responsibility to provide adequate care for these children, investing the necessary resources to keep them safe, helping reunite them with their families when possible and working to ensure their future success.

Oregon's child welfare system is a continuum of response and care, from investigating reports of child abuse to providing substitute care if a child is removed from a home to placing a child with adoptive parents if necessary. There are warning signs that this system is under immense stress. If Oregon is going to keep children safe, these warning signs must not be ignored.

Children Entering and Leaving Foster Care in Oregon



## A system under stress

Reports and confirmed cases of child maltreatment in Oregon have been on the rise since 2001. While there is no single cause for the increase, and some of it can be attributed to better reporting systems, other contributing factors include substance abuse, family financial stress related to high unemployment, and decreased funding for prevention services. The Department of Human Services received 46,524 reports of suspected child abuse or neglect in 2004 (which equals over 125 calls per day). Just over half of these reports (51 percent or 23,727) were investigated and from those reported cases, 10,622 children were found to be victims of child abuse and neglect. Sadly, many of these child victims suffered multiple incidents of abuse in the same year. For the second year in a row, more children are entering foster care than leaving (see chart this page).

Families monitored by the child welfare system have multiple and increasingly complex needs. At the same time, state child welfare staffing has declined. Oregon's child welfare system is overburdened, which compromises the safety of children. Caseworkers must meet with children and families to monitor safety and progress. Overworked caseworkers without sufficient

time to adequately assess or monitor a child's situation pose a serious threat to the well-being of children in the state's care. It is no surprise that tragedies such as child deaths and injuries are typically associated with overburdened caseworkers.<sup>i</sup>

## Caseloads are too high

There has been a 28 percent increase in reports of suspected child abuse since 2001. Staffing levels have not kept up with the increasing demand for child protective services; in fact, the state has cut positions over the last two biennia. Average caseloads are currently over twenty cases per worker, well over national standards; the state's supervisor-to-worker ratios also exceed these standards.<sup>ii</sup>

Research shows that face-to-face contact is the key ingredient to keeping children safe. Given the complexity and demands of each child's case, Oregon caseworkers are expected to handle two to three times what can reasonably be expected. The Child Welfare League of America (CWLA) recommends that a caseworker should have no more than ten active ongoing families and no more than four active initial assessments.<sup>iii</sup>

<sup>i</sup> Child Welfare League of America, *CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families*, revised edition, 1999.

<sup>ii</sup> *Oregon Children, Adults, and Families: Expert Review of the Safety Intervention System*, National Resource Center for Child Protective Services and Action for Child Protection (Holder Report), May 2005.

<sup>iii</sup> Child Welfare League of America, *CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families*, revised edition, 1999.

<sup>iv</sup> Kortenkamp, Katherine and Jennifer Ehrle Macomber, "The Well-Being of Children Involved with the Child Welfare System," Urban Institute, January 15, 2002.

<sup>v</sup> *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, March 2005.

<sup>vi</sup> Ibid.

<sup>vii</sup> James, Sigrid, "Why do foster care placements disrupt? An investigation of reasons for placement change in foster care," *Social Service Review*, 78 (4), 2004.

<sup>viii</sup> Ibid.

<sup>ix</sup> U.S. Department of Health and Human Services, *National Survey of Current and Former Foster Parents*, 1993.

<sup>x</sup> Gibbs, D. *Understanding Foster Parenting: Using Administrative Data to Explore Retention* (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2005).

<sup>xi</sup> Hornby, Helaine and Dennis Zellar, *Process Redesign: A Report for the Oregon State Office of Services to Children and Families*, Hornby Zellar Associates, Sept. 1999.

<sup>xii</sup> *Children in Methamphetamine Labs in Oregon* CD Summary, Oregon Department of Human Services, Vol. 52, No. 16, August 2003.

<sup>xiii</sup> Child Welfare League of America, "Alcohol and Other Drugs Fact Sheet," June 2001.

<sup>xiv</sup> *No Safe Haven: Children from Substance-Abusing Parents*, The National Center on Addiction and Substance Abuse at Columbia University, January 1999.

<sup>xv</sup> *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*, U.S. Department of Health and Human Services, 1999.

This report is made possible by a generous grant from the Annie E. Casey Foundation, KIDS COUNT project and by donations from individuals like you.



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P.O. Box 14914 • Portland, OR 97293  
(503) 236-9754

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# Selected Child Welfare Statistics by County, FFY 2004

County	Number of reports of suspected abuse/neglect	Percent of reports assessed	Rate of confirmed victims of abuse/neglect (per 1,000 children)	Number of children in foster care by length of time in care **		Percent of foster children who experience placement instability ***
				Less than 12 months	12 months or more	
Baker	204	57%	20.8	26	27	38.5%
Benton	2,071 *	79% *	4.3	21	41	2.3%
Clackamas	18,889 *	45% *	4.8	231	258	12.3%
Clatsop	671	38%	10.8	74	74	14.7%
Columbia	18,889 *	45% *	7.8	53	83	7.7%
Coos	1,293 *	81% *	15.6	109	121	25.6%
Crook	220	75%	19.0	26	30	11.1%
Curry	1,293 *	81% *	16.6	24	16	30.8%
Deschutes	1,397	54%	8.3	51	111	10.6%
Douglas	1,246	59%	9.5	105	158	6.3%
Gilliam	43 *	81% *	15.8 *	NA	NA	--
Grant	89	91%	27.4	15	16	5.3%
Harney	121	93%	37.9	26	7	26.5%
Hood River	250	72%	13.5	11	16	18.7%
Jackson	2,864	52%	15.9	246	186	15.0%
Jefferson	264	75%	16.5	79	37	34.1%
Josephine	1,137	45%	9.7	81	83	17.8%
Klamath	831	73%	24.8	171	170	14.9%
Lake	106	77%	14.2	14	14	23.5%
Lane	3,422	50%	11.5	400	713	19.2%
Lincoln	2,071 *	79% *	16.6	83	85	11.7%
Linn	2,071 *	79% *	19.5	183	141	13.4%
Malheur	257	84%	14.8	27	51	23.0%
Marion	7,912 *	39% *	16.0	665	675	8.5%
Morrow	229	59%	20.0	10	10	11.1%
Multnomah	18,889 *	45% *	13.4	842	1708	17.4%
Polk	7,912 *	39% *	11.2	68	79	26.5%
Tillamook	517	38%	12.0	15	28	15.0%
Umatilla	1,001	73%	11.4	63	101	15.7%
Union	318	67%	16.5	28	30	14.6%
Wallowa	53	79%	7.7	NA	6	10.0%
Wasco	384 *	81% *	22.0 *	48	66	14.1%
Washington	18,889 *	45% *	9.9	450	524	7.1%
Wheeler	43 *	81% *	15.8 *	NA	NA	--
Yamhill	735	60%	9.9	52	91	4.2%
Oregon	46,524	51%	12.0	4,306	5,759	14.2%

\* Indicates regional data.

\*\* Based on the children in foster care on the last day of FFY2004; includes children on trial home visits as well as children co-served with Seniors and People with Disabilities.

\*\*\* Foster care placement instability is defined as the average percent of children in foster care with three or more placements, of those children who have been in foster care less than 12 months from the time of the latest removal.

NA = Number of children equal to five or less masked to assure confidentiality.

Source: FFY 2004 data, Oregon Department of Human Services.

## Foster care: an under-supported system

While foster care meets the immediate safety needs of a child, the experience of foster care increases children's risk for future problems. Research has found that foster children experience greater difficulties than abused or neglected children not placed in foster care.<sup>v</sup> A study examining the outcomes of hundreds of foster care alumni shows that the majority of adults in the study face major challenges in the areas of mental health, education and employment. More than half have clinical levels of at least one mental health problem. Rates of post-traumatic stress disorder among alumni are up to twice as high as war veterans. While high school completion rates are high, fewer than one in five completed a vocational degree and less than two percent completed a higher degree. One-third of alumni have poverty-level incomes and more than one in five experienced homelessness after leaving foster care.<sup>v</sup>

**On any given day in Oregon, there are 6,824 children in family foster care and another 712 children in residential treatment care.**

14.2 percent of children in Oregon's foster care system experience "placement instability." This is a conservative indicator of the problem because although a single placement change can be difficult for a child, the federal government defines placement instability as moving a child two or more times (i.e., at least three foster placements) per "episode" or removal from home; only episodes lasting less than 12 months are used to determine stability rates. Currently, six Oregon counties have placement instability rates of 25 percent or higher (Baker, Coos, Curry, Harney, Jefferson and Polk). Multiple placements occur for a variety of reasons, but according to a recent study, the primary reason for placement changes are system or policy related issues.<sup>vii</sup>

One way to improve outcomes for foster children and address placement instability is to increase the availability of family foster care around the state. The negative effects from abuse and being separated from a parent can be moder-

ated by the nurturing environment and positive care-giving provided by foster parents.<sup>viii</sup> Foster parents need support and training to be able to meet the complex and challenging needs of the children in their care. In Oregon, only one-fifth of foster homes remain in service for more than 2 years.<sup>ix</sup> Two primary reasons families give for leaving the foster care system are lack of support and a feeling of being undervalued and unappreciated.<sup>x</sup> A study in Oregon indicated that improved training, resources, support and communication with the child welfare system would improve foster parent retention rates.<sup>xi</sup>

## Placement stability is critical

Children need stability and predictability. Children who have already been removed from their homes are particularly in need of consistent care-giving. Increasing placement stability has been shown to be the most significant factor in improving mental health outcomes for foster children.<sup>xii</sup> Unfortunately,

### The Meth Factor

The rise in methamphetamine use in Oregon puts children at increased risk. Meth addicts, consumed with their addiction, often fail to provide supervision, basic hygiene and nutrition for children in their care. Additionally, meth users tend to exhibit paranoia, irritability and increased rage, putting children at risk of physical abuse and exposure to domestic violence. Meth use has also been linked to sexual abuse of children. Children living in homes where meth is manufactured are at an even greater risk. They may inhale dangerous chemical fumes or ingest toxic chemicals. One-third to one-half of children removed from homes where meth was produced in Oregon tested positive for methamphetamine in their urine due to accidental ingestion or passive inhalation of the drug.<sup>xiii</sup> They are also at significant risk of burns from meth production or easy access to the chemical ingredients.

Parental drug and alcohol abuse continues to be a leading cause of why children enter foster care. Meth addiction in families is a high-profile example of the problem. Nationally, over two-thirds of parents involved in the child welfare system need substance abuse treatment, but child welfare agencies are only able to connect less than one-third of them to treatment services. Substance abuse treatments that are specifically tailored to meet the unique needs of parents are especially in short supply. Children whose parents do not get appropriate treatment remain in foster care longer and are more likely to reenter care after being returned home.<sup>xiiii</sup>

It is difficult to know the true scope of the meth problem as it relates to child abuse and neglect in Oregon. The state does not currently track how many child abuse cases can be linked with methamphetamine use, manufacturing and selling. A parent's substance of choice is only recorded in the case narrative. Media stories claiming that the vast majority of child abuse cases are related to meth use seem to refer to studies looking at alcohol and drug use in general. For example, a study found that 70 to 90 percent of child welfare cases are related to some form of parental substance abuse, with 82 percent of professionals surveyed citing alcohol in combination with other drugs as the leading substance of abuse.<sup>xv</sup> Better data on the connection between meth and child abuse is needed to fully understand the issue and protect children from this drug epidemic.