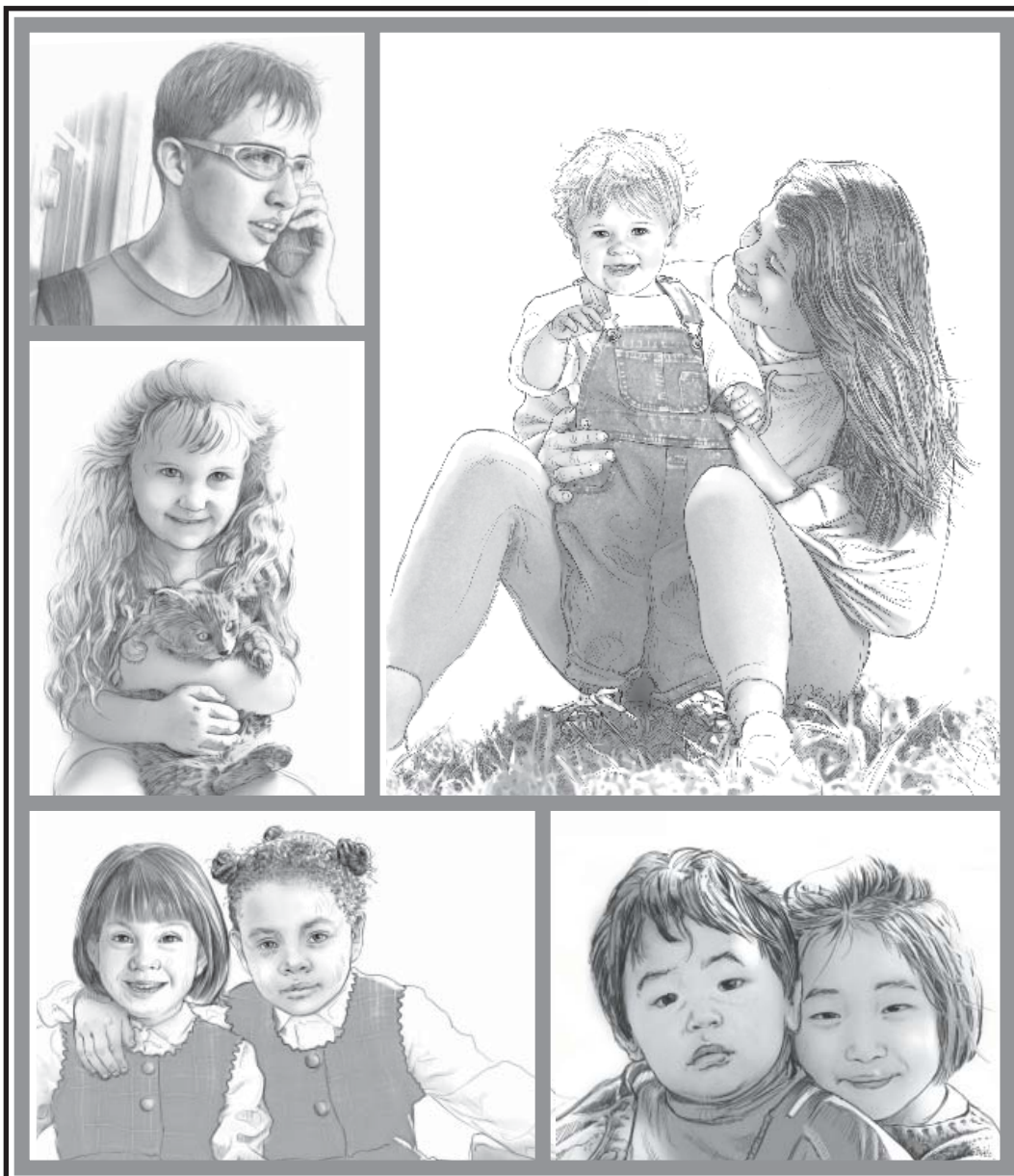


The Status *of* Children

in Oregon's Child Protection System

2005



May 2006

Dear Oregonians:

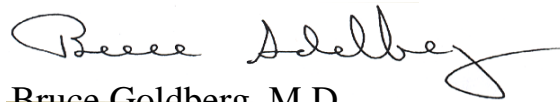
The safety and well being of Oregon's children has been a priority of DHS and our Governor, who continues to take pro-active and aggressive steps to ensure their protection.

In federal fiscal year 2005, DHS child welfare received 55,114 reports of suspected child abuse and neglect, an 18.5 percent increase from FFY 2004. Of those, 11,255 were confirmed victims of abuse or neglect, a 6 percent increase from FFY 2004.

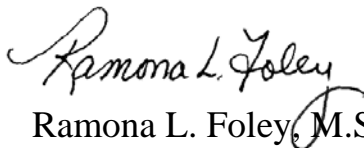
At the Governor's directive, the National Resource Center for Child Protective Services (NRCCPS) conducted a comprehensive review of the state's child protective system in 2005 and released a report that concluded methamphetamine is the most prominent child welfare problem of this decade in Oregon.

The 2005 Status of Children report, which presents data about child abuse and neglect known to Oregon's child protective system, supports that finding. At nearly 48 percent, alcohol and drug issues, including methamphetamine, represent the largest, single, family problem when abuse and neglect is present.

The NRCCPS report did commend Oregon's interest in and action toward addressing the growing methamphetamine problem. Shortly after taking office, the Governor appointed a Meth Task Force. He has since signed legislation that makes pseudoephedrine available only by prescription; called for enhanced penalties for meth-related crimes; and allocated more funding for additional resources for drug court treatment programs. By limiting the availability of pseudoephedrine and providing long-term treatment for caregivers, we can ensure a safer future for Oregon's children.



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The Children



- In federal fiscal year (FFY) 2005, DHS child welfare received 55,114 reports of suspected child abuse and neglect, an increase of 18.5 percent over FFY 2004.
- There were 11,255 unduplicated child abuse/neglect victims in FFY 2005, a 6.0 percent increase from FFY 2004.
- In FFY 2005, incidents of mental injury, sexual abuse and physical abuse declined, while incidents of threat of harm and neglect increased:

• Mental injury	▼	24.9 percent
• Sexual abuse	▼	6.2 percent
• Physical abuse	▼	3.1 percent
• Threat of harm	▲	5.4 percent
• Neglect	▲	21.1 percent

What is child abuse?

ORS 419B.005 defines child abuse as:

- Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means. This includes any injury that appears to be at variance with the explanation of the injury.
- Any mental injury to a child. This includes only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child. The child's culture will be considered.
- Rape of a child includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest as those acts are defined in ORS chapter 163.
- Sexual abuse as defined in ORS chapter 163.
- Sexual exploitation, including use of children for pornography and prostitution.
- Negligent treatment or maltreatment of a child includes, but is not limited to, failure to provide adequate food, clothing, shelter or medical care. Any child who is under care or treatment solely by spiritual means pursuant to the religious beliefs or practices of the child or the child's parents or guardians shall not, for this reason alone, be considered a neglected or maltreated child.
- Threatened harm to a child means subjecting a child to substantial risk of harm to the child's health and welfare.
- Child selling includes buying, selling or trading for legal or physical custody of a child. This does not apply to legitimate adoptions or domestic relations planning.
- Permitting a person under 18 years of age to enter or remain in a place where methamphetamine is being manufactured.

Q. If a parent spans a child, is it considered child abuse?

Parents have a right to discipline their children. Simply spanking is not child abuse. However, tissue damage such as bruises, welts, or lacerations may be signs of child abuse. Injuries such as these, not resulting from an accident, must be investigated.



What are child protective services?

Child protective services and law enforcement often work together when responding to reports of child abuse and neglect.

The Child Abuse Reporting Law, ORS 419B.005 to 419B.045, was enacted in 1971 and has been updated several times. The law was designed to provide early identification and protection of children who have been abused.

- When a report of suspected child abuse or neglect is received, DHS child protective services (CPS) or a law enforcement agency responds. State policy requirements and protocols of the local multidisciplinary team are followed.
- The allegations are reviewed to determine if a child abuse assessment is appropriate. If not, the referral is said to be closed at screening.
- For those allegations requiring a face-to-face assessment, law enforcement and CPS investigate the allegations and determine responsibility for maltreatment of the child.
- A CPS-trained caseworker completes a safety assessment of the child, assesses caregiver protective capacity, and assesses supportive resources available to the family.
- After the investigation and assessment, an assessed referral is classified in one of three ways: founded, unfounded or unable to determine because of insufficient information.

CPS caseworkers identify and provide services to keep children safe. Wherever possible, the caseworker and other members of the team work in collaboration with the family. They prepare an action plan to provide safety for the child and use the strengths of the family.

Q. At what age can a child be left home alone?

Oregon law does not state specifically an age at which children may be left home alone. ORS 163.545 states, (1) a person having custody or control of a child under 10 years of age commits the crime of child neglect if, with criminal negligence, the person leaves the child unattended in or at any place for such period of time as may be likely to endanger the health or welfare of such child."



Mandatory reporters:

- Physician, including any intern or resident
- Dentist
- School employee
- Licensed practical nurse or Registered nurse
- Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-serving agency, or an alcohol and drug treatment program
- Peace officer
- Psychologist
- Member of the clergy
- Licensed clinical social worker
- Optometrist
- Chiropractor
- Certified provider of foster care or an employee thereof
- Attorney
- Naturopathic physician
- Firefighter
- Emergency medical technician
- Licensed professional counselor
- Licensed marriage and family therapist
- Court appointed special advocate as defined in ORS 412A.004
- A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450
- Member of the Legislative Assembly.

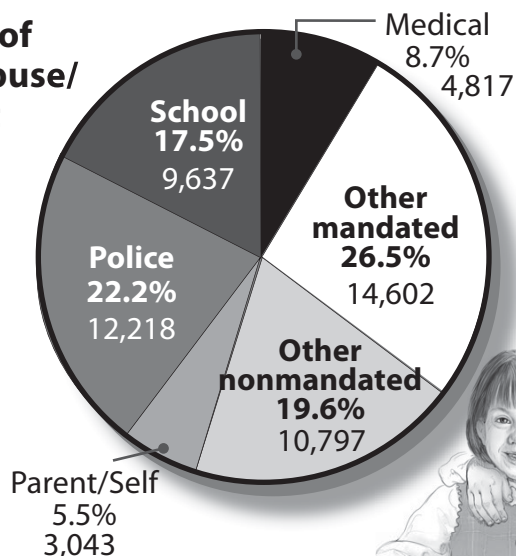
Who must report child abuse/neglect?

Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local DHS child welfare office or a law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from abuse and neglect. In addition, any other person may make a report of suspected child abuse/neglect.

Mandatory reporters are listed in ORS 419B.005(3). A DHS publication, “Recognizing and Reporting Child Abuse & Neglect,” provides more detailed information on Oregon’s Mandatory Reporting Law (available on the Web at <<http://egov.oregon.gov/DHS/abuse/publications/children/mandrptlaw04.pdf>>). Mandatory reporters must inform either DHS child welfare or a law enforcement agency if they have reasonable cause to believe they have had contact with a child who has suffered abuse/neglect or a person who has abused/neglected a child. The law applies to any contact a mandatory reporter has with such a child or other person.

- Public and private officials who are required by law to report suspected child abuse and neglect made 74.9 percent of reports to DHS child welfare in FFY 2005.
- 39.7 percent of reports came from schools and law enforcement agencies.
- Former spouses accounted for only 0.9 percent of reports.

Source of child abuse/neglect reports

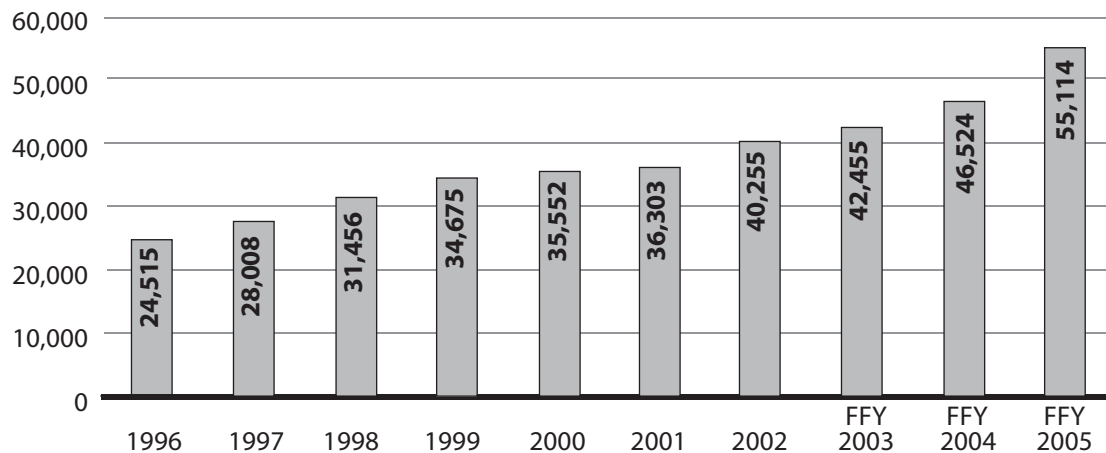


Total child abuse/neglect reports

In FFY 2005, DHS child welfare reviewed 55,114 reports of suspected child abuse/neglect. (Some of these were reported to DHS at the end of FFY 2004). In 1996, DHS child welfare reviewed 24,515 reports of suspected child abuse/neglect. This is an increase of 124.8 percent over a 10-year period. This continuing rise in reports, as well as the intensity of family problems, presents a challenge to DHS and community partners to meet the needs of today's children.

**In FFY 2005
14.1 percent
of child
abuse/neglect
reports were
founded for
abuse.**

Total child abuse/neglect reports



Reporting changed from calendar year to FFY in 2003 to conform with federal reporting requirements.

- Between 1996 and 2005, Oregon's child population increased 5.8 percent.
- 7,753 child abuse/neglect referrals were "founded" in FFY 2005, an increase of 6.1 percent from the 7,307 in FFY 2004. "Founded" means that there was reasonable cause to believe that abuse/neglect occurred.

DHS receives reports of alleged abuse, which may include:

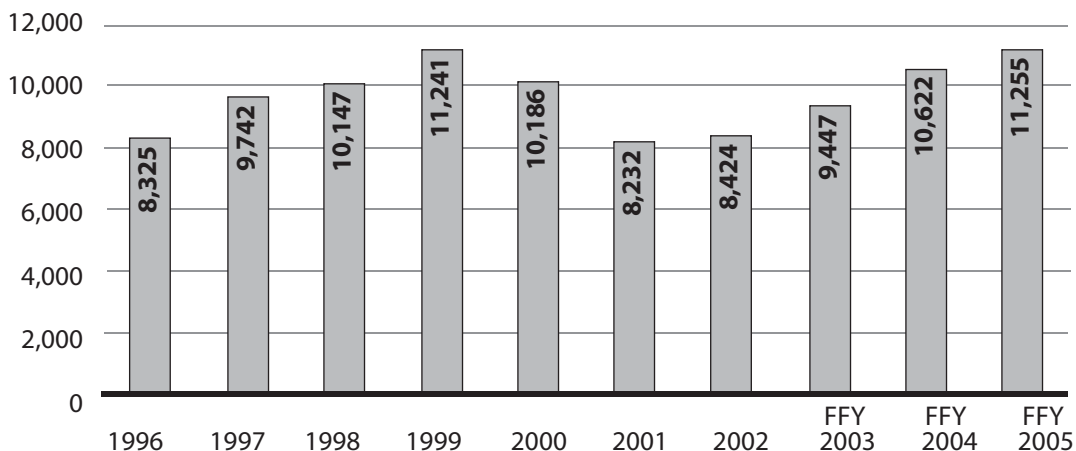
- more than one report on the same incident.
- reports about more than one incident within a family.



Child abuse/neglect victims

The number of children victimized by abuse and neglect reached a ten-year high in federal fiscal year 2005. The number of victims increased by 6.0 percent in 2005 from the 2004 level.

Child abuse/neglect victims



Reporting changed from calendar year to FFY in 2003 to conform with federal reporting requirements.

There were 11,255 child abuse/neglect victims in FFY 2005, an increase of 6.0 percent from FFY 2004.

The "duplicate" victim count for FFY 2005 was 12,414, up 5.6 percent from the 11,759 victims in FFY 2004. ("duplicate" counts a child each time he or she is identified as a victim on a separate referral.)

Race comparison:

Children in Oregon to child abuse/neglect victims

Race	% Of Oregon Children*	% Victims of child abuse/neglect**
Asian	3.2%	1.0%
Pacific Islander	0.3%	0.4%
African American	2.0%	5.7%
Caucasian	74.3%	67.4%
Hispanic (any race)	15.1%	17.4%
Native American	1.3%	8.1%
Two or more race groups	3.8%	

*2004 estimates of population under 18, U.S. Census Bureau.

**The race of 16.6 percent of abuse/neglect victims was not recorded.



Victims by age and gender

- Generally, the total number of victims declines as children get older.
- 49.5 percent of victims were younger than 6 years old. The increasing number of young victims, as well as the intensity of family problems, result in more difficult cases that take longer to resolve.
- The large number of infant victims reflects several factors: the number of children who were found to be drug-affected at birth, the extreme vulnerability of this population, and the stresses that occur in families when children are born.
- Girls represent 52.0 percent of abuse/neglect victims.

Infants make up the largest single age group of victims.

Older children are also victims of child abuse and neglect. In FFY 2005 1,726 children age 13 and older were victims of abuse and neglect.

Victims of sexual abuse

Age	Male	Female	Total
0-1	2	4	6
2-5	46	92	138
6-9	80	195	275
10-13	59	246	305
14-17	23	313	336
Totals	210	850	1,060

- 80.2 percent of sexual abuse victims are female.
- 36.8 percent of female victims age 14 or older are victims of sexual abuse.

Total victims of abuse/neglect by age and gender

Age	Boys	Girls	Total
<1	828	819	1,647
1	448	425	873
2	467	373	840
3	360	384	744
4	408	339	747
5	363	360	723
6	366	340	706
7	308	344	652
8	298	315	613
9	243	294	537
10	257	273	530
11	216	232	448
12	223	246	469
13	205	256	461
14	147	292	439
15	126	267	393
16	95	188	283
17	46	104	150
Total	5,404	5,851	11,255



Incidents of child abuse/neglect

Threat of harm is a type of abuse and neglect.

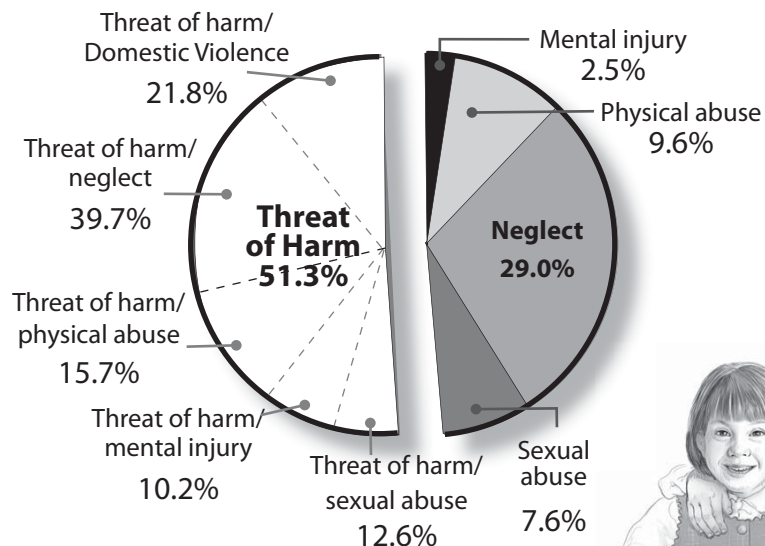
Threat of harm includes all activities, conditions and circumstances that place the child at threat of substantial harm of maltreatment. Threat of substantial harm means threat of immobilizing impairment, life threatening damage, or significant or acute injury to a child's physical, sexual, psychological or mental development or functioning. Examples of threat of harm include:

- **Children living with a convicted sex offender (perhaps mother's boyfriend).**
- **Children living in a serious domestic violence situation where they are likely to be injured.**
- **Siblings to victims who have received a serious injury or have died from child abuse or neglect.**

- Each type of maltreatment experienced by a victim in a founded referral counts as an incident of child abuse/neglect. The number of incidents is larger than the number of victims because victims may have suffered more than one type of maltreatment and/or may have been involved in more than one founded referral.
- In FFY 2005, 52.8 percent of neglect incidents involved children aged 0-5 (11.2 percent were infants). Neglect is potentially as lethal as abuse, and often requires more services over a longer period of time.
- The young age of children needing services also impacts foster care. Children under age 6 represent 39.4 percent of children served in foster care.
- The incidents of abuse and neglect for children age 13 or older increased by 6.9 percent from 1,974 incidents in FFY 2004 to 2,110 incidents in FFY 2005.

There were 14,254 incidents of child abuse/neglect in FFY 2005, an increase of 6.5 percent from FFY 2004.

Incidents of child abuse and neglect



In an effort to clarify the incidence of domestic violence within Threat of Harm, a new code was introduced on 2/1/2005.

Fatalities related to familial child abuse/neglect

Data indicate that eighteen children died in FFY 2005 from causes related to abuse or neglect.

- Five fatalities were caused by abuse.
- Ten fatalities were a result of neglect.
- Three fatalities were caused by both abuse and neglect.
- In twelve fatalities at least one parent was a perpetrator.
- In two fatalities the parent's live-in companion was a perpetrator.
- In one fatality both a parent and a live-in companion were perpetrators.
- In two fatalities the perpetrators were relative caregivers other than the parents.
- In one fatality both a parent and an unknown person were perpetrators.
- In five of the eighteen fatalities, alcohol or other drugs were a factor.
- In nine of the fatalities lack of appropriate supervision was a factor.
- Three families had child welfare cases open for services at the time of the injury that led to the child's death.

In FFY 2005, data show 18 children died from causes related to familial/caregiver abuse and/or neglect.

Sixteen victims were under the age of 5, demonstrating the vulnerability of this age group.

Number of child fatalities

	Abuse	Neglect	Abuse & Neglect
FFY 2005	5	10	3
FFY 2004	5	3	0
FFY 2003	8	6	1
2002	14	7	0
2001	5	3	0
2000	9	12	0
1999	9	9	0
1998	6	11	0
1997	12	22	0
1996	13	17	0



Victim rate per 1000 children by county

Population estimates are from The Center for Population Research and Census, Portland State University. The population numbers represent the number of children under age 18 in each county. The rate per 1,000 represents the number of victims per 1,000 children. The rate per 1,000 is affected by numerous factors, including screening procedures, public awareness and extent of other community resources.

County	Population Under 18 Years			Victims			Rate Per 1,000 Children		
	2003	2004	2005	2003	2004	2005	2003	2004	2005
Baker	3,921	3,894	3,566	119	81	82	30.4	20.8	23.0
Benton	17,157	17,342	16,306	51	74	107	3.0	4.3	6.6
Clackamas	90,527	91,029	89,360	285	437	475	3.1	4.8	5.3
Clatsop	8,531	8,538	8,105	109	92	96	12.8	10.8	11.8
Columbia	12,062	12,126	11,769	119	94	89	9.9	7.8	7.6
Coos	13,783	13,685	13,019	304	214	277	22.1	15.6	21.3
Crook	5,231	5,311	5,744	65	101	83	12.4	19.0	14.4
Curry	3,892	3,866	3,746	62	64	39	15.9	16.6	10.4
Deschutes	31,926	33,129	32,821	282	276	314	8.8	8.3	9.6
Douglas	24,090	24,108	22,884	322	228	292	13.4	9.5	12.8
Gilliam*	764*	760*	408	15*	12*	6-13**	19.6*	15.8*	14.7-31.8**
Grant	1,887	1,895	1,772	58	52	43	30.7	27.4	24.3
Harney	1,882	1,954	1,824	37	74	44	19.7	37.9	24.1
Hood River	5,795	5,943	5,705	87	80	65	15.0	13.5	11.4
Jackson	45,851	46,327	44,888	610	737	835	13.3	15.9	18.6
Jefferson	5,844	5,927	5,917	69	98	85	11.8	16.5	14.4
Josephine	17,859	17,933	17,153	254	174	224	14.2	9.7	13.1
Klamath	16,584	16,565	16,144	382	410	355	23.0	24.8	22.0
Lake	1,811	1,829	1,728	38	26	14	21.0	14.2	8.1
Lane	75,182	75,861	72,336	958	873	824	12.7	11.5	11.4
Lincoln	9,683	9,468	8,773	120	157	186	12.4	16.6	21.2
Linn	27,176	27,429	26,918	442	535	571	16.3	19.5	21.2
Malheur	8,825	8,713	8,386	80	129	190	9.1	14.8	22.7
Marion	81,167	81,829	80,462	1,188	1,306	1,558	14.6	16.0	19.4
Morrow	3,448	3,446	3,437	56	69	57	16.2	20.0	16.6
Multnomah	154,590	156,216	154,327	1,591	2,100	2,212	10.3	13.4	14.3
Polk	16,125	16,448	15,516	126	184	250	7.8	11.2	16.1
Sherman*	6,406*	6,454*	426	136*	142*	1-5**	21.2*	22.0*	2.3-11.7**
Tillamook	5,453	5,487	5,091	92	66	84	16.9	12.0	16.5
Umatilla	19,632	19,592	19,071	203	223	298	10.3	11.4	15.6
Union	6,149	6,177	5,919	136	102	102	22.1	16.5	17.2
Wallowa	1,680	1,683	1,511	17	13	34	10.1	7.7	22.5
Wasco*	6,406*	6,454*	5,897	136*	142*	93	21.2*	22.0*	15.8
Washington	127,115	129,111	131,861	787	1,161	1,006	6.2	9.0	7.6
Wheeler*	764*	760*	313	15*	12*	0	19.6*	15.8*	0.0
Yamhill	23,763	23,924	22,474	247	238	258	10.4	9.9	11.5
Total	875,790	883,999	865,580	9,447	10,622	11,255	10.8	12.0	13.0

*2003-2004 data combined Wasco and Sherman Counties and combined Wheeler and Gilliam Counties.

**Range given in order to assure confidentiality for counties with 5 or fewer victims



The Families



- Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 74.9 percent of all perpetrators.
- Familial perpetrators constitute 94.9 percent of child abuse and neglect perpetrators.
- The major stress indicators in families with founded child abuse/neglect reports are suspected drug/alcohol abuse, involvement with law enforcement, domestic violence and head of family unemployed.

Alleged perpetrators of child abuse/neglect

Alleged Perpetrator	Number	Percent
Familial		
Mother	4,529	45.7%
Father	2,883	29.1%
Brother	196	2.0%
Sister	18	0.2%
Stepfather	445	4.5%
Stepmother	51	0.5%
Stepsibling	32	0.3%
Grandfather	82	0.8%
Grandmother	92	0.9%
Aunt	33	0.3%
Uncle	107	1.1%
Foster parent/home	96	1.0%
Live-in companion	508	5.1%
Other relative	81	0.8%
Ex Live-In	240	2.4%
Total Familial	9,393	94.9%
Nonfamilial		
Babysitter	28	0.3%
Neighbor/Friend	163	1.6%
Unknown Perpetrator	51	0.5%
Other	267	2.7%
Total Nonfamilial	509	5.1%
Total	9,902	100.0%

Familial perpetrators constitute 94.9 percent of all perpetrators.

When it is safe to do so, the victim of child abuse or neglect remains in the home. DHS offers services to strengthen the family so the child is safe in his or her own home. Child safety plans are developed for these families.

Services are intended to improve parental protective capacities and may include teaching parenting skills, designing behavior modification programs, teaching conflict resolution and linking the family to broad-based community resources after treatment.

If a child cannot remain safely at home, he or she is placed in foster care while the parents work on changes that will allow their child to return home safely.



Problems facing families

The major problems facing families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence (physical abuse of spouse/fighting) and unemployment.

Many families also have significant child care responsibilities. Some parents were abused as children. There are usually several stress factors in families of child abuse/neglect victims.

Stress Factor	% of Founded abuse reports		
	FFY 2003	FFY 2004	FFY 2005
Suspected Drug/Alcohol Abuse	43.3	44.7	47.7
Parental Involvement with Law Enforcement Agency	38.7	31.9	29.6
Domestic Violence (Physical Abuse of Spouse/Fighting)	25.7	24.6	24.5
Head of Family Unemployed	35.3	32.8	22.3
New Baby/Pregnancy	18.5	18.4	16.3
Inadequate Housing	13.8	12.8	11.5
Parental History of Abuse as a Child	11.9	10.0	10.3
Heavy Child Care Responsibility	18.7	16.6	9.5

There are usually several stress factors in families of child abuse/neglect victims.

Families may have more than one stress factor. In FFY05 changes were made to how Family Stress factors are tracked.

What is domestic violence?

Domestic violence is a pattern of assaultive and/or coercive behaviors including physical, sexual, and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship.

DHS child protective service's authority to intervene with families is based on whether a child is being physically abused, sexually abused, neglected, suffering mental injury, or is subjected to a substantial risk of harm. Domestic violence may be present in cases where other types of abuse were the reason for the referral. Domestic violence may be the reason for the referral when it presents a substantial threat of harm to the child.

Over the last several years, DHS has increased staff training on domestic violence and updated a staff guide on responding to domestic violence cases (available on the DHS Abuse Web page at http://egov.oregon.gov/DHS/children/abuse/cps/dom_violence.shtml) and added 'Threat of Harm due to Domestic Violence' as a type of abuse.



Alcohol and drug problems impact children

The Adoption and Safe Families Act (ASFA) limits the time parents have to show they can safely care for their children. However, experts know that recovery from alcohol/drug addiction can be a long process. Parents with alcohol/drug problems usually have other issues. Their inability to remain clean and sober may also impact their parenting skills.

At nearly 48%, alcohol and drug issues represent the largest single family problem when child abuse and neglect is present.

The Oregon Legislature provides funding to develop alcohol/drug treatment and housing. DHS child welfare has joined the Office of Mental Health and Addiction Services to tackle some of the barriers to treatment for parents. Available services include:

- **Alcohol and Drug Outreach Workers:** These workers help parents get into alcohol and drug treatment as soon as possible. They help clients get on track with such things as transportation, finding child care and getting funds for treatment. They help identify and remove any barriers that might hinder a parent from staying clean and sober.

- **Addiction Recovery Teams:** These teams work with local resources to serve families with young children and alcohol/drug problems. At the center of each team is an alcohol and drug specialist. This specialist works with community providers, courts, attorneys and health care professionals to build a support system to help parents reach recovery. Team members may also help clients find a place to live. They support clients with the changes necessary to stay clean and sober. These teams are located in each of the 16 DHS service delivery areas around the state.

Training and Education: DHS child welfare and the Office of Mental Health and Addiction Services have joined forces to:

- Educate and train foster parents, community members and other agencies serving high-risk parents.
- Help staff and community partners better understand the issues of addiction and treatment.
- Learn new strategies to help parents and families reach and sustain the recovery that can change their lives.



Strengthening families

DHS child welfare works to develop case plans and provide services that are designed to meet each child's safety, permanency/attachment and well-being needs. DHS, as well as other community resources, provides special rehabilitative services for the prevention and treatment of child abuse and neglect. Wherever appropriate, DHS works with families to develop plans that will keep children safe and strengthen the family.

DHS offers services to strengthen families so children are safe in their own homes.

Strengths/needs-based system of care

DHS approaches case planning from a strength-based perspective. This practice builds on the strengths of families, while ensuring the safety of children who are in foster care, living with relatives or remaining in their own home. DHS involves community partners in the development and delivery of services designed to meet the specific safety, permanency, attachment and well-being needs of the child and family.

System of Care utilizes principles of strength-based practice to better meet the individual needs of children and families

Key elements of strengths/needs-based practice are found throughout child welfare:

- Throughout the time a family is involved with DHS, the needs of a child for safety, permanency, attachment and well-being are assessed regularly.
- The responsibility to strengthen the ability of families to meet the needs of a child is shared. Parents, extended family, foster parents and community partners can all help meet the needs of a child.
- Case plans are crafted around individual needs. Unique services are delivered to the child and family in flexible ways.
- Coaching, mentoring, child-centered facilities and therapeutic supervision are used during visits to improve the bond between parent and child.
- Foster care reform focuses on:
 - Developing foster care in a child's neighborhood.
 - Increasing provider diversity.
 - Recruiting and supporting foster parents.
 - Providing high quality, culturally appropriate foster care.



Assuring safe permanent homes

Family-based services program

The Family-Based Services (FBS) program involves an array of services offered to children and families. The intent of these services is to strengthen families and increase parental protective capacities to prevent foster care placements for children or to return a child home as soon as possible. FBS services are provided in every county. DHS also uses foster care prevention funds to provide a variety of services in each county in order to prevent children from entering foster care. Family-based services include:

1. **Family Sexual Abuse Treatment** – Psycho-educational groups for children who have been sexually abused and for their non-offending parents.
2. **Parent Training Services** – Experiential parent skill development provided to increase safety and well-being for the child, thereby avoiding foster care or allowing children to be returned home sooner.
3. **Family Decision Meeting Facilitation** – Family involved planning for children in DHS custody.
4. **Intensive Family Services** – Brief family therapy based interventions provided in family homes or office settings.
5. **Intensive Home-Based Services** – Provided to families who need short-term intensive crisis intervention in order to maintain children in their own homes.
6. **Supportive or Remedial Day Care** (Respite day care services) - Temporary child care assistance for parents needing respite or supportive services to complete required child welfare services.
7. **Aftercare Services** – Services to maintain family changes achieved through other FBS services.

Each service area is designed to target problem areas that children and their families typically experience when child welfare issues are present. Interventions directly address a care giver’s functioning in the parental role, as it relates to the child’s needs for safety, permanence and well-being. Family Based Services compliment traditional health, mental health and addiction recovery treatment programs.

Family Decision Meetings

Family decision meetings (FDMs) bring together people to look at the child’s needs for safety, permanency and well-being and the strengths of the family. FDMs are a collaborative process that may include immediate and extended family members, selected family network persons and community professionals who know the parents and child. Family decision meetings are used to review child safety plans, develop service agreements collaboratively with parents and identify safe permanent homes for children.



Foster Care



- A total of 13,290 children were served in family foster care in FFY 2005; 16,027 children were served in all foster care arrangements. Older children (age 13 or older) make up 28.3 percent of the children served in all foster care arrangements.
- As with most foster children, DHS provides services to help reunify older children with their families. The majority of children age 13 or older (54.3 percent) exiting from foster care are reunified with their families.
- On an average daily basis, there are 7,497 children in family foster care; 10,200 children were in all foster care arrangements on an average daily basis.
- There are 5,373 family foster homes in Oregon. These homes have an average of 1.4 foster children.
- 30.0 percent of children in family foster care are placed with relatives.

Best practices

Child centered, family focused community based

DHS remains committed to strengths/needs-based practice, which has been a foundation of Oregon’s child welfare system for several years. This practice emphasizes keeping children in their immediate families and with extended relatives. When children are not able to remain with their families or relatives, neighborhood or community-based services are utilized. Keeping children within their communities and the same school whenever possible continues to be a guiding principle in serving children and families.

Services supporting best practice, such as Family Decision meetings, improve the department’s decision making process by encouraging the support and inclusion of the family, extended family and the community. The goal of all services provided to the family is to develop specific, individualized and appropriate interventions for children and families in a strengths/needs-based manner.

DHS child welfare continues to identify and develop community resources by working closely with community partners, schools, hospitals and communities of faith. In addition, the department continues to coordinate services for children and families through formalized relationships with organizations such as the Oregon Foster Parent Association, Court Appointed Special Advocates (CASA), Citizen Review Boards (CRB) and the Juvenile Rights Project (JRP).

Foster Care definition change :

During 2002, Oregon changed the state definition of foster care to be consistent with the federal definition as a result of the Adoption and Safe Families Act (ASFA). This change in definition is reflected in program performance measures required by the federal Child and Family Services Review. For the purposes of federal reporting, foster care includes:

- ***24-hour substitute care for children placed outside their own homes.***
- ***Children who have physically left a foster care placement under state agency supervision and have been returned to the parent or legal guardian on a trial home visit, usually up to six months.***

Children who have physically returned home have not always been reported in this report as “still in foster care.” Therefore, the total number of children currently in foster care shows an increase, starting in 2002, as a result of this change in definition.



Children in foster care

Children who need foster care may be infants, toddlers, preschoolers, grade-schoolers or teenagers. Foster children come from many backgrounds and types of families. Many children needing foster care have been emotionally, physically or sexually abused. As a result, they may have emotional, behavioral, mental or physical problems that require special services.

In FFY 2005, 53.5 percent of children who entered foster care had four or more reasons for removal.

Children who cannot live at home enter foster care for various reasons. These children most often enter foster care as a result of their parents' actions and not as a result of the child's behavior. The percentages below reflect the proportion of foster care entrants with the reason for removal. In FFY 2005, 53.5 percent of children who entered foster care had four or more reasons for removal.

In FFY 2005 changes were made to how Reasons for Removal are calculated to be more consistent with other DHS reporting. A 3-year history is included to provide historical context for the reasons children are removed from their homes.

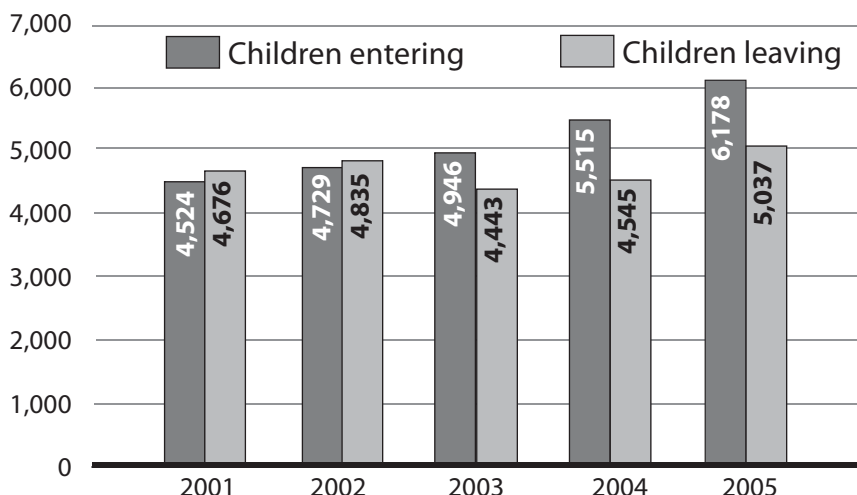
Reasons children enter foster care *(includes all types of foster care)*

Removal Reason	FFY 2003		FFY 2004		FFY 2005	
	Number	% of Entrants	Number	% of Entrants	Number	% of Entrants
Parent Drug Abuse	2,715	54.9%	3,151	57.1%	3,855	62.4%
Parent Alcohol Abuse	2,657	53.7%	3,046	55.2%	3,788	61.3%
Physical Abuse	2,838	57.4%	3,239	58.7%	3,697	59.8%
Child's Behavior	1,854	37.5%	2,420	43.9%	2,618	42.4%
Neglect Abuse	1,689	34.1%	2,043	37.0%	2,599	42.1%
Inability To Cope	2,343	47.4%	2,606	47.3%	2,284	37.0%
Inadequate Housing	1,260	25.5%	1,436	26.0%	1,424	23.0%
Child's Disability	429	8.7%	447	8.1%	467	7.6%
Sexual Abuse	358	7.2%	422	7.7%	466	7.5%
Incarceration Of Parent	87	1.8%	112	2.0%	119	1.9%
Abandonment	86	1.7%	127	2.3%	109	1.8%
Child Drug Abuse	81	1.6%	79	1.4%	105	1.7%
Child Alcohol Abuse	99	2.0%	121	2.2%	93	1.5%
Death Of Parent	4	0.1%	3	0.1%	4	0.1%
Total Number of Foster Care Entrants	4,946		5,515		6,178	



Children entering/leaving foster care

Federal Fiscal Year 2005



On the average daily basis, there are 7,497 children in family foster care.

A total of 13,290 children were served in family foster care in FFY 2005.

Race of children served in foster care

Asian	0.8%
African American	7.5%
Caucasian	64.7%
Hispanic	13.4%
Native American	13.2%
Pacific Islander	0.3%

*The race of 13.7 percent of children in foster care was not recorded.

Age of children served in foster care

0-5	39.4%
6-12	32.3%
13+	28.3%

Foster care settings include :

- *Nonrelative family foster homes.*
- *Relative care homes.*
- *Family group homes.*
- *Emergency shelters.*
- *Residential treatment programs.*
- *Child care institutions.*
- *Pre-adoptive homes.*

Children age 13 and older make up 28.3 percent of the children served in foster care.



Assuring quality in family foster care

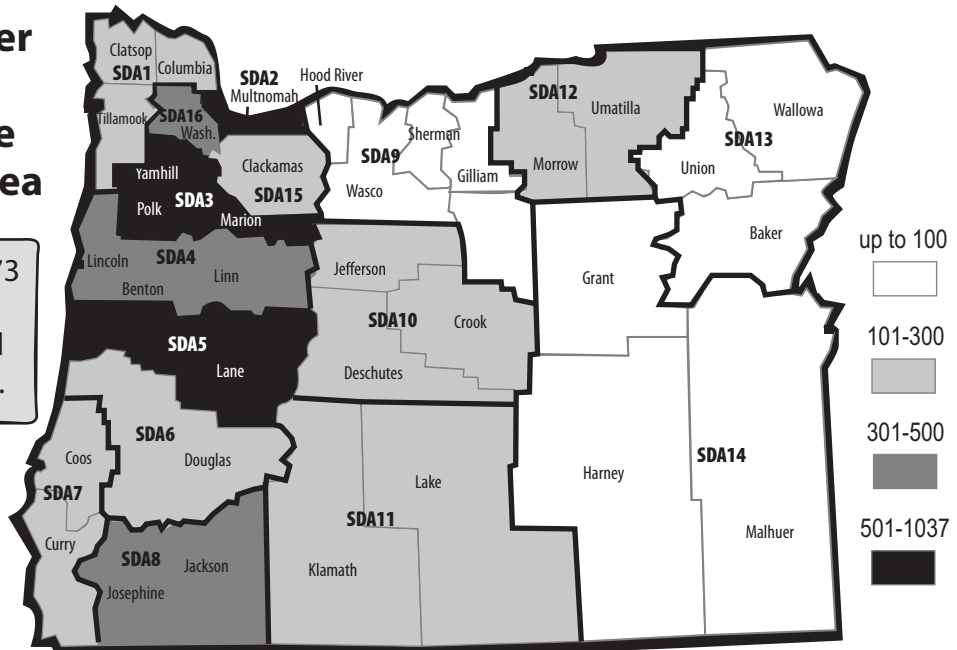
Foster parents care for children who have been abused or neglected and who cannot remain in their own homes. Foster parents come from all walks of life. They are essential people on whom DHS child welfare depends to do the day-to-day parenting for these children until they can return home or, if that is not possible, be placed with a permanent family.

All foster homes must be certified as meeting safety standards. The safety standards are the same for relatives, nonrelatives and families considering adoption.

A significant factor contributing to the safety and stability of children is keeping them involved with their families, school and communities as much as safely possible. DHS works toward keeping children in their neighborhoods by having an adequate number of families available for children in need throughout the state. The map below shows how many homes are available for children in each of the 16 DHS service delivery areas of Oregon.

Family foster homes by DHS Service Delivery Area

There are 5,373 family foster homes located across Oregon.



DHS child welfare conducts thorough assessment and background checks on prospective foster parents and relatives caretakers. This includes a family assessment, home study, criminal records check, personal reference check, home safety and health inspection, and a check for previous child abuse/neglect history.



Residential treatment services

Residential treatment services are provided to a significant number of children in the DHS child welfare system. Children served require intensive supervision and treatment because they have experienced severe abuse and neglect and/or have emotional problems that cannot be managed in a family setting.

- **Professional shelter programs** serve children with behavioral and emotional problems in need of professional evaluation. Programs provide assessment and evaluation to assist DHS in developing a treatment or placement plan for each child.
- **Residential treatment services** include an array of counseling, skill building and interventions provided in facilities under the close supervision of highly trained, professional staff.
- **Therapeutic foster care programs** use trained professional foster parents to provide supervision and treatment under the direction of a licensed private child care agency. Children served have abuse histories and behavior problems that are more appropriately treated in a family setting, but who still require the intense level of services and back-up offered by residential treatment providers.

In addition, some children have problems so severe that they require psychiatric hospitalization or placement in a mental health psychiatric residential treatment program.

A typical child served in residential treatment:

- Has been severely abused and/or neglected.
- Is unable to be maintained at home or in family foster care due to uncontrollable behaviors and emotional problems.
- Has not responded to outpatient counseling services provided in the community.
- Has major school problems, has been expelled or refuses to attend school.
- Needs daily training, guidance and supervision in a highly structured living environment.

On any given day
737 children were served in some type of residential treatment



Services to teens

During the legislative session in 2003 and 2005, Senate Bill 808 and Senate Bill 1034 were passed, requiring DHS to develop a Comprehensive Transition Plan for youth who are receiving services through DHS as a result of dependency and report this plan to the court. These transition plans are to include assessing and planning for the needs and goals of the youth related to housing, physical and mental health, education, employment, community connections and supportive relationships.

- Teens comprise 28.3 percent of the foster care population.
- During FFY 2005, 4,540 teens spent at least one day in foster care.
- Over half of the teens who left foster care returned home (54.3 percent).
- 86 former foster care youth received scholarships for higher education through a federal grant awarded to DHS and implemented with the assistance of the Oregon Student Assistance Commission in 2005.

Foster care youth are eligible for Independent Living Programs (ILP). The number of youth receiving Independent Living Services rose from 1,161 served in Federal Fiscal Year 2004 to 1,248 youth served in FFY 2005. ILP's services are provided by 22 different community-based partners throughout the state. The ILP services are directed at youth to assist them in the following ways:

- Making the transition to self-sufficiency as an adult.
- Receiving the education, training and services necessary to obtain employment.
- Attaining academic and/or vocational education and preparing for post-secondary training and education.
- Obtaining personal and emotional support and promoting healthy interactions with dedicated adults.

22 community providers make up the statewide ILP service network.

1,248 youth received ILP services in FFY 2005, a 7.5 percent increase from the previous year.



Permanency for children

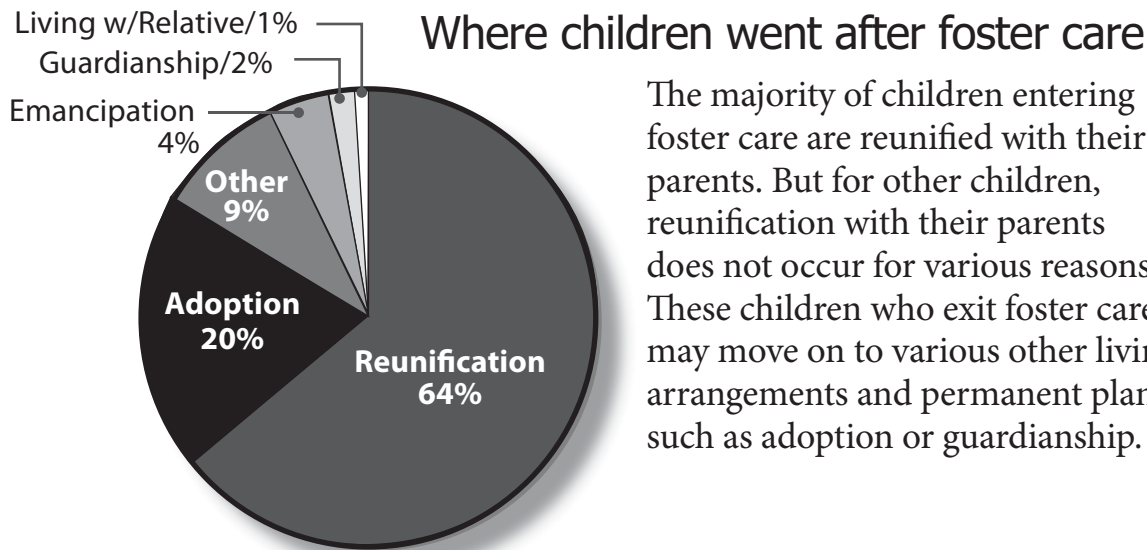
When a child is placed in foster care, DHS child welfare staff, foster parents and other partners work together to ensure the child’s needs are met.

The child will be returned home whenever it is possible to do so safely. However, the federal Adoption and Safe Families Act passed by Congress in 1997 limits the time parents have to make changes to keep their child safe. The role of foster parents or other caregivers is vital in helping the child return home or be placed in another permanent home.

Parents, extended family, foster parents and community partners work with DHS child welfare to make a plan for a permanent home for a child. Foster parents or relative caregivers can help with visits and can encourage parents to become involved in their children’s activities. They can also help the child and parents get to school or counseling appointments.

During FFY 2005, 64.0 percent of children who left foster care were reunified with their families. If a child cannot return home, the law requires that an alternate permanency plan be put into place quickly. If adoption is not in the best interest of the child, other permanency plans may include:

- Guardianship
- Permanent relative care
- Another planned permanent living arrangement



The majority of children entering foster care are reunified with their parents. But for other children, reunification with their parents does not occur for various reasons. These children who exit foster care may move on to various other living arrangements and permanent plans, such as adoption or guardianship.

DHS involves parents in planning to make their home a safe and healthy environment before their child returns home.



Adoptions



- DHS child welfare finalized 1,033 adoptions in FFY 2005, an increase of 9.5 percent from FFY 2004.
- Adoptions for children 9 and older totaled 215, or 20.8 percent of all adoptions. Children age 13 or older made up 59 of these adoptions.
- Most children (almost 73 percent) were adopted by relatives or foster parents.
- For a second year in a row the median time to adoption reached a historic annual low in FFY 2005, at 33.3 months from the date of the child's last removal from home to finalized adoption.

Adoptions

DHS finalized
1,033 adoptions
in FFY 2005.

The Adoption and Safe Families Act (ASFA) passed by Congress in 1997 and Oregon’s SB408 (passed in 1999 to conform to ASFA) share the goal of moving children more quickly from temporary foster care to permanency.

When adoption is the goal, a family is recruited that best matches the child’s needs. Many factors are considered, including keeping siblings together if it is in the best interests of the children.

DHS places a high value on preserving and promoting relationships between siblings, placing them together in the same adoptive family whenever it is safe and possible to do so.

Special needs

Most of the children placed for adoption by DHS child welfare have “special needs.” Children with special needs:

- Are 6 years of age or older.
- Are part of a sibling group.
- Have a physical, emotional or mental disability.
- Are part of an ethnic/racial/cultural minority.

In FFY 2005, 561 children who were adopted had siblings also adopted during the year; of these children, 535 (95.4 percent) were adopted by the same family as one or more of their siblings.

In 1998, the federal government began requiring states to use a single system to report where children go when they leave foster care. This report on adoption trends is the data Oregon reported to the federal government for the federal fiscal year from 10/01/04 through 9/30/05.



The children who were adopted

Of the 1,033 children adopted in the federal fiscal year which ended September 30, 2005, 251 were under the age of 3 at the time of finalization. As children get older, the chances for an adoptive placement decrease dramatically, creating a critical need for adoptive homes for children over age 7.

Gender

518 (50.1%)	Males
515 (49.9%)	Females

Finalized adoptions in FFY 2005 were about evenly split between boys and girls.

As children get older, efforts to recruit potential adoptive families for them becomes more challenging.

Age of Adopted Children

Age	# of children	Percent of children
less than 3	251	24.3%
3-4 years	225	24.7%
5-8 years	312	30.2%
9-10 years	93	9.0%
11-13 years	88	8.5%
14 and older	34	3.3%

Efforts to place children belonging to ethnic minorities resulted in a 25.9 percent increase in finalized adoptions between 2004 and 2005 for these children.

Child's Race

Race	Number of children	Percent of children
White	706	68.3%
African American	31	3.0%
Hispanic	195	18.9%
Native American	3	0.3%
Asian	6	0.6%
Hawaiian/ Pacific Islander	0	0.0%
Unknown ethnic	1	0.1%
Multiracial	91	8.8%

31.6 percent of children adopted during the year belonged to ethnic minorities.



The children who were adopted

Adoptive families are caring people who are ready to make a commitment to a child. No two families look alike. They are as varied as the children needing homes. Families of every background are needed to provide children with a stable, caring and nurturing environment.

Children Adopted in FFY 2005

Area of State	Children came from	Children went to
SDA 1 Clatsop/Columbia/Tillamook	28	27
SDA 2 Multnomah	220	121
SDA 3 Marion/Polk/Yamhill	216	154
SDA 4 Benton/Lincoln/Linn	49	55
SDA 5 Lane	138	80
SDA 6 Douglas	29	23
SDA 7 Coos/Curry	44	30
SDA 8 Jackson/Josephine	51	51
SDA 9 Gilliam/Wheeler/Hood River/ Wasco/Sherman	13	6
SDA 10 Crook/Deschutes/Jefferson	33	31
SDA 11 Klamath/Lake	35	21
SDA 12 Morrow/Umatilla	35	23
SDA 13 Baker/Union/Wallowa	15	15
SDA 14 Grant/Harney/Malheur	20	17
SDA 15 Clackamas	52	43
SDA 16 Washington	55	58
Oregon private licensed adoption agencies or out of state		278

Recruiting Homes

- Oregon families recruited by DHS child welfare adopted 755 children (73.1 percent).
- Families recruited by Oregon private adoption agencies adopted 45 children (4.4 percent).
- Families recruited by out-of-state, private agencies adopted 120 children (11.6 percent).
- Families recruited by out-of-state, public agencies adopted 113 children (10.9 percent).



Adoptive families

Federal and Oregon statutes both require that consideration must be given to relatives as the placement of choice for children unable to live safely with their parent(s). Relative caregivers, including those who foster and those who adopt, must meet the same criteria for safety that nonrelated caregivers must meet.

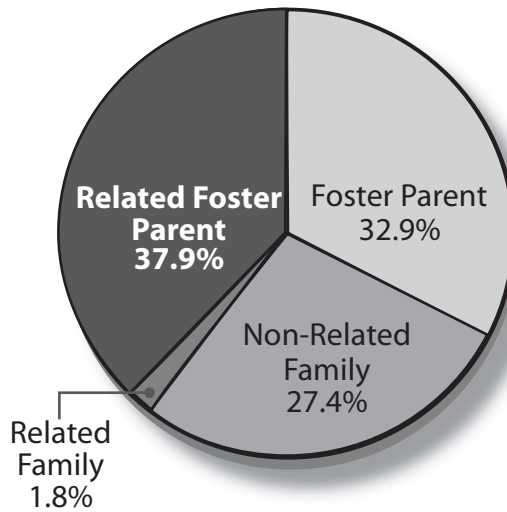
Adoptive homes for older children, children of color, and sibling groups continue to be in high demand.

The length of time to achieve adoption depends on the complexity and severity of a child’s needs and the availability of appropriate caregivers already known to the child.

72.6 percent of the children adopted from DHS are adopted by relatives or nonrelative foster parents.

- Nonrelative foster parents became adoptive parents for 340 (32.9 percent) of the finalized adoptions.
- 391 finalized adoptions (37.9 percent) were with relatives providing foster care.
- An additional 19 finalized adoptions (1.8 percent) were with relatives who were not providing foster care.

Adoptive family relationship to child



Cooperative adoption planning for children

Since 1997, the number of children in state custody freed for adoption has increased from fewer than 500 per year to an average of more than 900 per year. In FFY 2005, 995 children were legally freed for adoption. Of these children, 26.6 percent were voluntarily released by their parents; 50.2 percent were freed through a court process called termination of parental rights. The remaining children were freed through a combination of voluntary release by one or more parents and termination of the parental rights of one or more parents.

Oregon was the first state in the nation to use mediation in parental rights termination cases. This process avoids the costly and stressful process of a court trial and lays the groundwork for the birth parents to be involved in planning for their child's future. In this process, the birth parents voluntarily relinquish their parental rights, but play a role in planning for their child and, in some cases, have ongoing communication with the child after the adoption is finalized.

An open adoption can work in the best interest of the child. Open adoption is defined as one in which there is some communication or contact between the birth parent and the child and adoptive parent after finalization. Typically, the scope of this communication ranges from an annual exchange of letters and/or pictures through confidential intermediary means to periodic telephone and/or face-to-face contact which includes the child, his or her adoptive family, and the child's family of origin. When incorporated into the child's adoption decree, such an agreement for post-adoption communication is legally binding.

In FFY 2005, 324 families who adopted children from DHS participated in mediation with one or more of their adopted children's birth parents. Through mediation, many of these families were able to reach an agreement regarding communication after finalization of the adoption.



Establishing adoptive placements

DHS child welfare works diligently to recruit families who match the needs of the child. This careful adoption process helps assure the adoption will be successful. Statistics show 92.3 percent of Oregon adoptive placements continued without disruption in FFY 2005.

92.3 percent of Oregon adoptions continue to finalization without disruption.

The success of the DHS Adoptions Program in achieving timely adoptions for children relies on strong partnerships with a wide variety of private sector agencies and individuals. These partnerships include:

- Special Needs Adoption Coalition, a group of 12 licensed Oregon private adoption agencies that recruit, train and link adoptive families with children.
- Boys and Girls Aid Society, which coordinates recruitment, training, screening families and contracts to operate the foster/adopt family inquiry telephone line.
- Northwest Adoption Exchange for nationwide recruitment of qualified adoptive families.
- More than four dozen out-of-state private adoption agencies that bring forward prospective adoptive families.



After the adoption

DHS provides services to preserve adoptive families. As of December 2005, 8,748 adopted Oregon children with identified special needs were receiving one or more adoption support services. In addition to the diagnosed special needs listed in the table below, children who are members of sibling groups, ethnic minority groups, or age 6 or older are also recognized as having special needs surrounding their placement and adoption. Of the 1,033 children adopted in FFY 2005, 898 (86.9 percent) had one or more special needs, and 895 of those special needs children received adoption support services, primarily in the form of Adoption Assistance.

Many adopted children have life-long special needs.

The Adoption Assistance program provides benefits such as medical coverage, monthly payments or one-time payments for unexpected needs until a special needs adopted child reaches the age of 18. The number of children receiving adoption assistance continues to increase. In 2005 86.6 percent of finalized adoptions received adoption assistance.

For many adopted children, their early histories of abuse and neglect have resulted in conditions or behaviors that will require specialized services throughout their lives.

Children with adoptions finalized in FFY 2005

Identified special need	% of children
Emotional disability	30.0%
Mental disability	8.8%
Visual or hearing impairment	0.9%
Physical disability	1.2%
Other medically diagnosed condition	23.0%

Since 1999, the Oregon Post Adoption Resource Center (ORPARC) has provided regional training, a lending library and resource center, a web site and assistance to start local adoption support groups for families adopting children from DHS foster care.



Foster or Adoptive Parents:

- Are single, married or divorced.
- Live in a house or apartment.
- Work inside or outside their home.
- Are caring, patient and flexible.
- Are able to meet the needs of a child.
- Live in all communities and neighborhoods in Oregon.

If you would like to become a foster or adoptive parent, call:

1-800-331-0503

DHS will not discriminate against anyone.

This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sexual orientation, religion, political beliefs or disability. You can file a complaint if you think DHS singled you out because of any of these things.



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*Patricia Feeny (503) 945-6955, FAX (503) 947-5461 or TTY (503) 947-5330.
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