



Oregon Child Welfare: A System in Crisis

Systemic Changes Don't Happen Overnight

The need for child welfare services is ever increasing, while options to find children safe and stable homes are steadily decreasing. Foster parents are aging out or burning out of the system. Foster parent recruitment is lacking. Caseworkers are overburdened, and children are being left behind by the very programs designed to help them.

Child Welfare services are chronically understaffed, dismally under trained and appallingly underfunded. Foster parents experience a lack of support and guidance, often accepting children with needs beyond the parent's ability to provide care. Meanwhile, children are suffering from inappropriate permanency placements, sibling separation and a general feeling of being left behind by a system too overburdened to provide adequate care to all. Though funding to expand staff and support is the essential first step, there must be a path for true reform of Oregon's Child Welfare program. This means building a support system for keeping families together in a safe and nurturing environment while also creating a program allowing foster families to care for children in a way that will provide a fulfilling life.

There is no simple solution to these problems. Though it's encouraging to see the State of Oregon's leadership shifting focus towards child welfare services and looking into ways to provide some short-term relief to the placement crisis, Oregon is in the midst of a budget crisis. A 2016 report by Child and Family Services Reviews found Oregon DHS fails all federal care standards. By the State's own funding model, DHS And with the lowest corporate tax rate in the country, there is little revenue to fund the widespread changes that are necessary.

PUTTING OUT THE FIRE

Workloads for DHS caseworkers are overwhelming and unmanageable. When tragedy strikes and children end up in unsafe situations, waves of remorse fill the community and the workforce. That grief is then exacerbated by news stories focusing on immediate scandal while ignoring the systemic risks that made the crisis possible. Recently, a retiring Oregon child welfare worker made headlines of her own with a message to her colleagues about the impossibility of meeting the demands of the job and the "culture of shame," that resides within child welfare that comes along with always falling short in a system that is set up for failure.

The reality is that by the time children and families enter the child welfare system, their lives have been shaped by traumas, tragedies and circumstances that began long before the first report to a hotline. To truly keep Oregon's children safe, we need an approach that defines the child welfare "system" as much broader than what happens between the walls of a DHS office or foster home. Across the state are thousands of people working every day to protect children and help families. Judges, attorneys, and CASAs. Counselors, mental and physical health

providers, parent coaches and mentors. Non-profit organizations, for-profit organizations, schools and churches, community groups of all kinds.

According to a report issued by the Annie E. Casey Foundation earlier this year, 22 percent of Oregon children – one in five - live in poverty and we are 32nd in the country when it comes to child well-being. An independent review of Oregon's Child Welfare Services in September 2016, Public Knowledge, LLC stated that "Abuse in care often stems from placing children and youth with caregivers who are over capacity, not qualified to meet their needs, or not supported."

Currently our system suffers from low placement capacity, a lack of training and chronic understaffing. Fixing one of these problems without addressing the other two does nothing to solve the actual problem. For example, Oregon Department of Human Services (DHS) has repeatedly reinforced the importance of accurate needs assessment for children entering the welfare system. Oregon's 2007 System of Care Wraparound Initiative detailed comprehensive needs for the assessment of children immediately upon entering care.

Yet Public Knowledge's 2016 independent review found that, "The consistent application of policies and procedures is not evident. It appears that due to the scarcity of placements, DHS is not able to adequately put this [assessment] policy into practice." In the case of substitute care, Oregon instead uses the Child and Adolescent Needs and Strengths (CANS) assessment program once a child has already been placed into substitute care. However, CANS is used only to determine payment rates and service plans, not level of care needed – essentially placing children in homes that may not have the capacity to provide care for their needs.

A foster parent in this situation faces a moral dilemma: refuse a child who desperately needs care, or accept a child that the parent is not equipped to care for. At this point, after repeated trauma and uncertainty, a foster child has already begun losing faith in the system and the adults working inside of it. Meanwhile, blame is placed on DHS by parents, the justice system and in

the court of public opinion due to inadequate media coverage focusing on the effect instead of the cause.

Similar to the economic crisis that sent Wall Street crashing in the late 2000s, the complex network of agencies working within child welfare has created a web of systemic risk within the system – only at child welfare, it's not just dollars at stake, it's children's lives.

When added together, the financial and human cost of all this work is staggering. And all of it is necessary because as a state, Oregon is desperately trying to put out fires while doing too little to stop fanning the flames. There has to be a better way. Any changes designed to improve Oregon's child welfare services will also need to address and incorporate concerns beyond the walls of DHS. As the retiring caseworker said, "If we want to fix this broken system, then we have to look at the system that provides for the needs of these children as a whole."

THE STATE OF WELFARE REFORM

The 2017 legislative session contains over 30 bills designed to improve the child welfare system, and the list will continue to grow. While the list of legislation introduced to date is encouraging, many of them fail to address the systemic root causes of the issues. Advocates will be working hard to ensure the legislature funds DHS Child Welfare at a level appropriate for the needed reforms and supporting the important policy changes needed. Below is just a sampling of some of the bills headed into session.

HB2551 Relating to children in protective custody; declaring an emergency. Prohibits placement of child with intellectual disability, who is taken into protective custody, in hotel, motel, inn, hospital, Department of Human Services office or juvenile detention facility.

HB2216 Relating to rights of foster children who are siblings. Requires Department of Human Services to adopt rules to establish Oregon Foster Children's Sibling Bill of Rights.

HB2401 Relating to trauma-informed training for child welfare personnel. Requires Department of Human Services and Department of Justice to provide trauma-informed training and curriculum to child welfare personnel.

SB265 Relating to the well-being of children in substitute care placements. Directs Department of Human Services to conduct monthly, in-person visits with child or ward in substitute care that include updates on academic status and progress.

It is vital, however, that at every opportunity, we remind policy makers of the magnitude of the crisis and that lasting changes can't happen overnight. For example, HB2551 prohibits the placement of a child with intellectual disabilities who is taken into protective custody in a hotel, motel, inn, hospital, DHS Office or juvenile detention facility. Though this is legislation that is designed to prevent traumatic placements, it doesn't address the fact that there is a critical and consistent lack of safe placement availability.

PREVENTING THE FIRE

There is a saying in health care that says the best hospital bed is an empty one, because that means that patients received less intrusive, less expensive care. The same is true for child welfare. While we know that it is unlikely there will be a time when DHS offices will be empty, we do believe that reducing the number of families who come through our door is a worthy and possible goal.

Oregon has taken a broad approach to health care, with new emphasis on prevention and coordination between all aspects of the health care system. Coordinated Care Organizations responsible for providing services to Medicaid clients are now looking upstream at the social determinants of health, and coming up with new and creative ways to provide services that contribute to overall wellness. Some CCOs are also starting to look at the connection between a child's health and a child's experience of foster care.

Our state must come together around a unified prevention agenda that will reduce the number of children who come into care while at the same time improving services for children in the system. As the Oregon Health Authority works on a new model of mental health care, for example, identifying and filling the gaps between what at-risk families need and receive should be priority one. At-risk families should be at the front of the line.

We believe Oregon has a responsibility to provide a safe and nurturing environment for children whose families are not able to do so. But only after the State begins addressing all aspects of child welfare as a whole will we begin to see real reform. Oregon's child welfare services will only be as good as the investment that our legislators have for improving the lives of Oregon's most underserved children.

