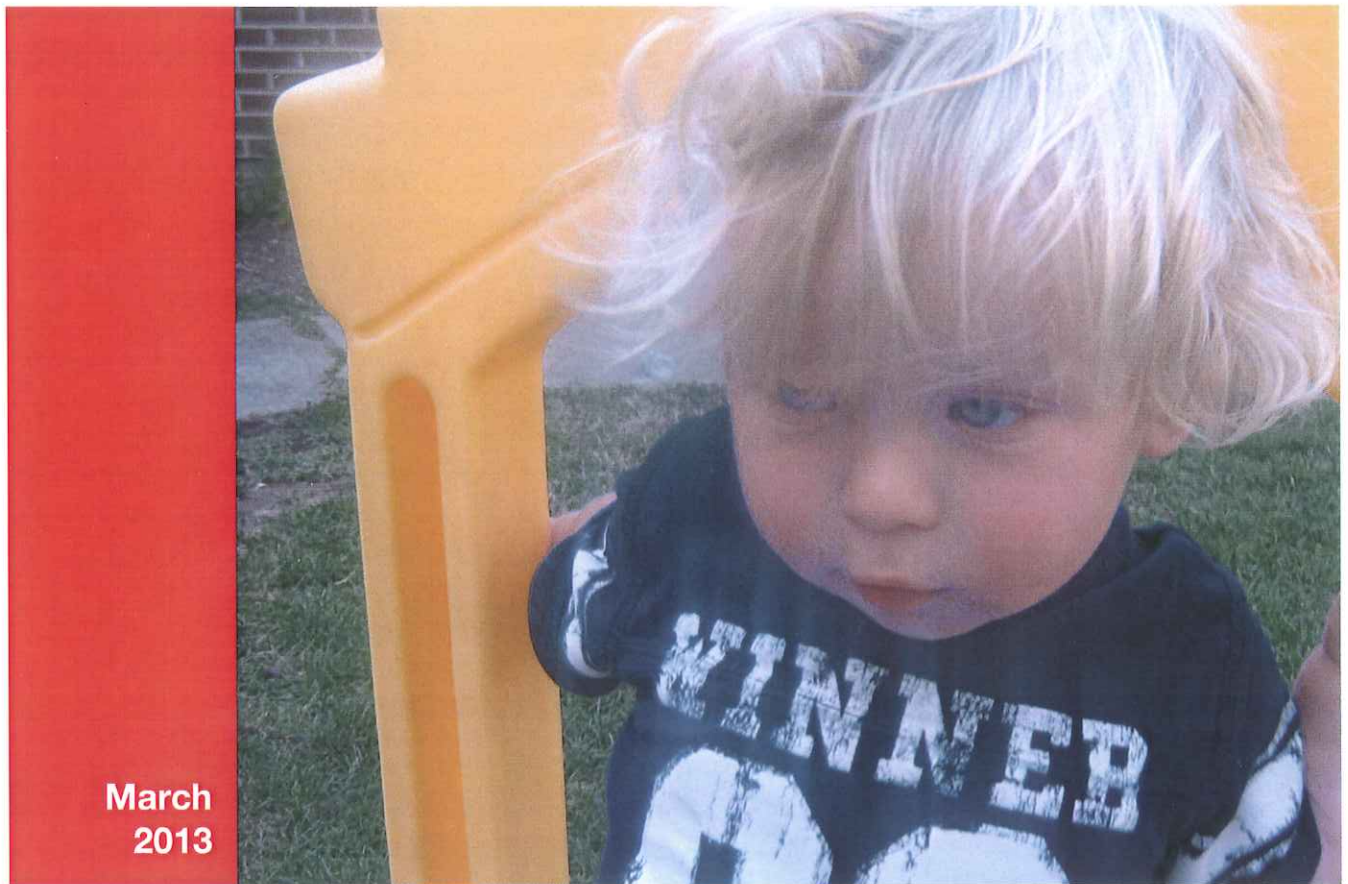


TheCOLLABORATION



March
2013

A Report on the Strengthening Preserving and Reunifying Families Program

"It's not only better for children to remain with their parents when proper supports are in place, but it's also less expensive for taxpayers."

*-- Rita Sullivan, Ph.D.
Executive Director, OnTrack, Inc.*

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In 2007 Oregon's Jackson County formed a collaboration of partners committed to reducing foster care placements and making system changes which would result in better outcomes for children involved in the child welfare system.

Partners include: Jackson County's Child Welfare agency, OnTrack, Inc. (the community's substance abuse treatment provider), Community Family Court, Family Nurturing Center, CASA (Court Appointed Special Advocates), Jackson County District Attorney's Office and Southern Oregon Public Defenders.

The purpose of this booklet is to share our experience, which we hope will inform other jurisdictions in the development of their own collaborations.

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A Letter From the Director

What is contained within this report does not do justice to the commitment and hard work of the collaboration of partners involved or the incredible outcomes these efforts are producing. Partners worked hard, moved by passion and concern. We taught and we learned from each other. We are bonded together by the vision of improving the outcomes for the children and their families we serve.

As we think about sharing our story in hopes of making the next collaborators' journey easier, we are struck by the intangibles, the magic of the moment when such amazing people in just the right blend came together at just the right time.

Partners include: The honorable judges Patricia Crain, Lorenzo Mejia and Lisa Greif; DHS District 8 Manager Doug Mares and Program Manager Pam Bergreen; the public defenders and deputy DA's; CASA Executive Director Jennifer Mylenek; the Family Nurturing Center Director Mary-Curtis Gramley; and Bill Foust, then president of our Foster Care Association, who embraced the new role foster parents would be asked to play. Additionally, Child Welfare central office leaders Erinn Kelley-Siel and Lois Day recognized that this is a journey they had mapped out and were committed to. Gina Nickel brought the Association of Oregon Counties to our support. Michael Livingston's keen legal eye helped us to refine important legal issues in our ideas which helped us to gain support of the Honorable Paul DeMuniz, then Chief Justice of Oregon. The staff of the Children's Bureau showed faith in our model by funding our projects and providing technical support to help us craft the program we have today. Their funding allowed us to go to legislators with a defined and evaluated program.

And how do you capture the gratitude and humility which came when the roll was called and nearly all of our Legislative Assembly voted to support Senate Bill 964 during the 2011 regular session? SB 964 - Strengthening, Preserving and Reunifying Families - provides ongoing funding for our efforts after our federal funding expired on Sept. 31, 2012. What a life-



defining moment to hear our legislators one after the other speak to the importance of this work led by our State Sen. Alan Bates, the chief sponsor of the bill. Without him this would never have happened.

Dr. Bates and his wife opened their home and gave of their time every week and this was after seeing patients all day or commuting back from Salem. It was in his living room week after week that partners began to incubate ideas which would develop into our model that promised real change for children involved in the child welfare system. These initial thoughts and desires needed a champion and that was and remains Dr. Alan Bates.

He freely shares that he and many of his friends and colleagues held the belief that children needed to be removed from their families who could not keep them safe. It is not easy to support or understand parents who seem to put their drug use ahead of their children. He revered the hard work of foster care providers, as we all do. In fact, he was one himself. But he listened as we shared with him the data which clearly supported our clinical observations: that children removed from their parents do not fare well and most are returned to their families with little changed other than further damage to their already fragile parent-child bonds. The trauma and the associated negative effect of removal can last a lifetime and beyond. The question when asked by a child to a parent -- "Why was I in foster care?" -- has no good answer, and ask children will.

We will present the stories of some of the families we have had the privilege to serve, their trials and their successes. We will introduce you to the key partners and record some of their thoughts. We will then provide a description of the essential services required within our model and the steps we went through to build them into a comprehensive program for children and their families involved in the child welfare system. We will also present some of our findings and discuss future steps in the evolution of Jackson County's Collaboration.

Rita Sullivan

The Collaboration:

A Family Preservation and Reunification Program

As a community, like other communities in Oregon, we in Jackson County were concerned with the growing number of children removed from their families for neglect secondary to parental substance abuse.

Also like advocates in the rest of the state, we have sought to reduce the number of children placed in foster care within our county and to change the experience for those who must temporarily be removed.

In response, OnTrack applied for, and received, a five-year Regional Partnership Grant issued by the federal Children's Bureau that focused on improving permanency outcomes for children involved in the child welfare system by providing an array of services that allow children to remain safely with their families.

Two years later we received a second award from the Children's Bureau through their Family Connections initiative.



As a result of the success of the OnTrack Families Program, very few children have been removed from their families and placed into foster care.

This grant focused on serving families whose children needed to be temporarily removed. In these families, routine and substantive involvement by biological parents was facilitated.

The services offered through these grants and continued through SB 964 are broad and have short- and long-term goals. They include: preserving families while parents complete service plans,

improving child-parent bonds and attachments, and helping families move out of poverty with employment and housing assistance.

We have developed an incredibly strong collaboration, and changed the way child welfare is done in Jackson County – change that is starting to be replicated across the state of Oregon.



The Collaboration, by the Numbers

- 1,852 families were investigated.
- 178 families were admitted to the program.
- 206 adults and 267 children entered safe short-term housing.
- 240 children were screened for Family Nurturing Center services.
- 277 adults received Health/Family counseling.
- Average reunification if children were removed to foster care, was just over two months.
- None of the children born in the program were substance-exposed.
- 99 percent of children assessed were connected to supportive services.

An Endorsement by State Senator Alan Bates

Oregon State Sen. Alan Bates, D.O., is the first to admit that he was not initially a "believer" in keeping families together.

As a doctor he had seen firsthand the damage to children living in drug-addicted families.

So, when Dr. Rita Sullivan called and asked if he would sponsor a bill that would help keep kids at home instead of in foster care, he said "no."

"I said if the kids are in danger you should lock the parents up," Bates says. "I told her not to bother me."

Fortunately, Sullivan didn't listen. A year later she called back and suggested he meet with judges, caseworkers and other partners who worked with families involved with child welfare.

'This may be the single most important piece of legislation I have ever sponsored.'

At his dining room table, Bates heard the data and learned the program was actually making a difference. When families stayed together, parents stayed in treatment and kids stayed in school. Parents stayed out of jail, and had jobs and reduced their need for food stamps and state services. Kids didn't experience the terror of being taken away, and the number of children placed into foster care started dropping - down to about 50 percent in Jackson County.

"They were breaking the cycle of poverty," Bates says. And saving the taxpayers money.

Bates wrote and introduced SB 964 and brought members of Collaboration to testify to the Legislature. A year later, the governor signed SB 964, the Strengthening, Preserving and Reunifying Families Act, into law.

The bill provides ongoing support to Jackson County's efforts and supports other counties that want to initiate programs that strengthen, preserve and reunify families who are involved with the child welfare system. Four other counties have since started pilot programs, and several more are in the planning stages.

While Jackson County has a few years head start, Bates says he believes other counties will successfully initiate similar programs.

"Someone has to be a believer," Bates says. Someone, like Rita Sullivan, has to have a strong vision and help people in the county understand how valuable the program will be. Someone has to bring all the parties to the table to talk and learn to work together.

And, sure, someone will try to say "no" along the way, Bates says, but you can't let that stop you.



Successes of the Collaboration Program:

***Foster Care
placements in
Jackson County
were reduced by
50 percent.***

***The Passage of
Senate Bill 964
will continue
the program and
add several
Oregon counties
each biennium.***

An Introduction to the Collaboration

Jackson County's efforts to strengthen, preserve and reunify families combined, realigned and expanded existing services, and offered new services to families involved in the child welfare system. Our model has changed the way we serve such children and families and is informing a statewide redesign of our child welfare system. It is succeeding in significantly and safely reducing the number of children placed into foster care. It is strengthening families and moving them toward self sufficiency and system independence.

Perhaps most importantly it has the potential to vastly improve child and family outcomes and thereby reduce the intergenerational transmission of child neglect. The efficacy of our approach is supported by rigorous evaluation results, the highlights of which we have reported.

Our efforts were stimulated by two factors. First, we were experiencing increasing foster care numbers associated with incredibly poor child outcomes. Second, there was growing empirical evidence demonstrating that severe trauma is caused by removing children from their families.

This trauma caused by separation usually results in negative child outcomes (US Department of HHS, 1999). For example Courtney, Terao and Bost (2004) found that two-thirds of boys and one-half of girls who experienced foster care have been shown to have entered the delinquency system; they are also three times more likely to have mental health needs and four

times more likely to have been treated for a sexually transmitted disease compared to the national average.

These behaviors then profoundly contribute to the risk of an intergenerational transmission of addiction and broken families.

In response, we formed a collaboration whose efforts would safely reduce foster care placements and make systemic changes to improve the experience for families involved in the child welfare system and thereby improve child outcomes.

We hoped to develop a model of care which could be spread throughout Oregon - and we succeeded.

Collaboration partners hold the belief that fostering a child should always be the last resort decision because of the trauma to the child. If children must be temporarily removed normally they should keep contact with the biological parents to whom he or she should return as soon as possible, except when contraindicated due to serious concerns about the child's safety.

We knew that foster care numbers were increasing in Jackson County with incredibly poor outcomes.

The Impact of Foster Care

- Empirical evidence shows removing children from their families causes severe trauma.
- Removing children from their families contributes to an intergenerational pattern of addiction and broken families.
- Foster care placements result in negative child outcomes that can last for a lifetime.
- Two-thirds of the boys and one-half of the girls who have been in foster care will enter the delinquency system.
- Children in foster care are three times more likely to have mental health needs.
- Children in foster care are four times more likely to be treated for a sexually transmitted disease compared to the national average.

OnTrack: The Clinical/Support Services Team

They are called "The Treatment Housing Team."

They are nine women and one man, who are first responders to parents who risk losing their children because of substance abuse. They are at the door with police when the parents are arrested, and at their side in court. They drive the parents to doctor's appointments and make sure they get to treatment sessions. They show up at NA meetings, family celebrations, or at 4 a.m. when someone reaches a breaking point. They know their names, their histories, their weaknesses, and their potential.

They know exactly what these parents are going through. Because most of them have been through it themselves.

Team Leader Kelly Ferreira is like a mother bear with her team – tough and ferocious. She shot and sold dope for 23 years, spent some time in prison and saw her three daughters taken away for adoption. She was six months pregnant and hiding from police when she landed in OnTrack's HOME program – 16 years ago.

"I always thought that there must be a better way to deal with parents who are addicted," she says now. "You shouldn't be afraid of the people who are trying to help you."

That fear, for most parents, is that someone will take their children away. So they lie, they hide, they don't ask for help and they keep using drugs to avoid reality and numb the pain.

When they are finally confronted by law enforcement and child welfare workers, they are angry, frightened and hard to love. Some are "kicking" -- withdrawing from opiates -- and in a lot of pain. Others are "coming down" and sleep for days. The team stays at their side, and waits.

"We have a different level of empathy for our clients," says Kelly. "We know that just because parents get loaded does not mean they are bad people.

Let's just say they are not charming when they arrive. But we try to look through it, and see who they *can* be."

Amy Jacobs is a blond bundle of energy who has been on the team since 2010. She has two children and used meth for 10 years before she got involved with OnTrack.



She accompanies child welfare caseworkers on their initial investigations, and she shares she often sees things she'd rather forget when she gets home at night. She says it's shocking and stressful, but she loves her job. Everyone on the team does, she says. You have to.

"An addict helping an addict is the most powerful tool," she says. When she arrives on the scene with police and state caseworkers, addicts will often pick her out. "When I say, 'I get it,' they understand. You see it in their eyes. They'll talk to me. They know I have been there and done that and can't take their children away."

Amy describes addicts as some of the smartest people she knows. Consider, she says, they wake up every morning with nothing and at the end of the day, somehow all of their needs are met – their drugs, their food, their beds. They are creative and resourceful, she says, which is why – when they have gone through treatment – they make the best Team members.

Kelly agrees. When she was selling dope, she says she was "a bouncer, a debt collector, a controller of things, a

puppetmaster." She could track money and inventory, and learned how to read people in a way that kept her alive. "Those are good skills to have," Kelly says.

"The trick now," says Amy, "is to teach these people in recovery how to apply those skills to a new life."

Those lessons take time – more than the traditional 30 days offered by many treatment programs. With the Team, families get what they need. Team members visit families in their homes and get to know their kids, their extended families, and their friends. They teach parents how to be parents and kids how to be normal kids. Children of addicts often lack such basic skills as knowing how to bathe and brush their teeth. They often have not been fed good food at regular times, or helped to get to school on time or do homework.

But when parents enter treatment housing they learn to be good parents, follow routines and value their children's education. They shift priorities to their families coming first. "If you take the kids away and separate them from their parents, then they both may be healing but they are living separate lives," says Amy. "It will be harder for them to reconnect. It's better to create this new life together."

How successful is the Team? Amy says she sees successful people every day. Kelly points out that we measure success "differently" here.

Sometimes it takes years and several rounds of treatment for parents to stand on their own, she says. Every round of treatment teaches them something new, something different. The Team is patient.

Occasionally "success" is realizing you can't be the parent you want to be, and letting your child go, to grow up in a better home. The Team is supportive. Sometimes parents complete their treatment, move on and create new lives only to hit a rough patch, years later. When they do, Kelly says, they "call home," and that's okay.

The Team will be there. That's their job.

Introduction, continued

We knew: In the traditional child welfare system, separation from parents, siblings, and other important figures in a child's life is common. The National Conference of State Legislatures recently found that our nation has a foster care system full of children who should be at home. This is harmful, expensive, widespread and systemic.

In FFY 2007:

- 55.2 percent of child removals cited parental drug abuse as one reason for removal.
- 55.0 percent of child removals cited parental alcohol abuse as one reason for removal.

In Oregon:

- Between 2000-2005 methamphetamine played a role for nearly 67 percent of children entering foster care due to parental drug use.
- In 2005, drug abuse was the reason for removal of children from 3,855 parents and only 53.5 percent received substance abuse treatment.

We collectively asked ourselves how we could change current practice to be a part of the solution? We recognized the system can either help mitigate the impact of trauma or inadvertently add new traumatic experiences. We chose to focus on families struggling with substance abuse because it is the most common reason children are removed. We asked each other and others asked us, "Why should children stay with substance-abusing families?"

Answer: REMOVAL IS USUALLY MORE DETRIMENTAL THAN REMAINING IN A

TROUBLED HOME (Doyle, 2012); children will most likely be returned anyway; mothers will usually have another child, and little changes with separation other than degrading the parent/child relationship.

In addition to the effects of abuse or neglect, further damage occurs to children when they are removed from their parents. Parents often were not nurtured themselves and many don't know how to nurture. Without intervention they pass these traits on to their children resulting in intergenerational impacts.

The Strengthening, Preserving and Reunifying Families program, in our opinion, is the most significant work we have done. It has brought about system changes which have:

- Moved interventions to the front end, which allows child welfare staff and judges to keep children safely together without any period of removal.
- Wrapped services around families to keep children safe and avoid the trauma of removal.
- Avoided disruption of the parent-child bond. When children have had to be removed, we have served them in a new approach to foster care wherein biological parents remain substantively involved in their children's lives, and the family is reunified as quickly as possible.

These efforts have brought all of us working in child welfare (broadly defined) together and shown that the program is sustainable and can be replicated.

We have tried to describe a very complex set of interactions and events that led to change. This is by its nature very emotional work for all involved. The real value of the system change is measured by the experience of the children and families who have suffered the tragedy, displayed amazing resilience and taught us more than we can teach each other.

In addition we value the perspectives of the workers and judges on the front line. Therefore we have included some of our families' stories and the reflections of the partners involved.

The Partners involved with the Collaboration are:

OnTrack, Inc.
Jackson County Community Circuit Court
DHS - Child Welfare
CASA - Court Appointed Special Advocates
Family Nurturing Center
Jackson County District Attorney's Office
Southern Oregon Public Defenders, Inc.

OnTrack's King Street

When families arrive at OnTrack's emergency housing complex known as "King Street," they are angry and afraid, difficult and resentful.

Chris Rock meets them at the door. She listens to them rant and sometimes nods her head.

She can relate. She's been clean and sober and in recovery for six years. But she is an addict too. "No matter who they bring me, no matter what condition, I get it," she says, "and they sense that. There's a connection."

She remembers the pain of craving the drugs -- and of handing over her children. Back then there was no safe, family-based place like King Street to go to. So, she worked through her recovery alone, without family, visiting her kids when she could. They would always beg to come "home."

At King Street, there are eight apartments arranged in a U-shape, set behind a white picket fence. The families that arrive there have just had an encounter with police and Children's Services. The judge, child welfare caseworker and OnTrack's team have determined the family can safely stay together in supervised housing, and they have agreed.

"Just because they pass through the picket fence doesn't mean their behavior magically changes," Chris says. "The cussing, the spitting, the slamming of doors... In the first few weeks there is a fair share of stomping, packed bags, and threats to leave."

It takes work and patience. Chris says that if she gives them enough time, eventually -- like a kid throwing a tantrum -- they'll wear themselves out. She doesn't take it personally. She just tells them how proud she is that they have decided to be there. Once they've calmed down, and the effects of the drugs have lessened, usually after two weeks, they can talk, and Chris will tell them it will be worth it, for their kids.

"I tell them the best thing they can do for their children is just be the best parent they can be. It will pay off years later," she says. "They have to teach their children life skills and how to trust. I tell them if they don't, they will see a serious impact on their kids by the time they are teenagers, and then it will be too late."

She admits that throughout her addiction she damaged her kids. "In fact, I'm still trying to fix all the things I did wrong." One of her children deals with the damage by overeating. Another was in so much pain he mimicked her behavior and overdosed, committing suicide in 2006.

When Chris's son died, she had been clean just 23 days. She has remained clean to this day.

The young parents at King Street also learn how to budget, make their food stamps stretch through the week and prepare healthy meals. The children must get caught up on vaccinations and dental check-ups, and parents must learn



how to establish a relationship with and use a primary care doctor instead of going to the emergency room for every health concern. They learn how to deal with extended family members, how to set boundaries, and how to be effective parents. And, they learn how to play with their kids -- tossing balls in the front yard, playing in the mud, going to the YMCA as a group.

"The goal is to have them bond with their kids," Chris says. It usually takes a while, but they eventually fall in love with their children again. "They suddenly become proud parents, as if they just had the child. Every picture the child draws is a work of art."

"And the children feel it. They are so grateful for the smallest things, like a bed to sleep in, or a set of new sheets. They learn how to be children."

Chris admits falling in love herself, as the families relax and become the people they are without drugs. For many of the kids, she plays the role of "grandma," reading them books, telling them stories, playing with them in the yard. She says the program really works. Since it opened in 2007, only three children have been removed from their parents.

After three or four months, the families move on. Some return to their homes. Others move into OnTrack's transitional housing complexes, where they will be supervised but free to come and go. Until then, Chris's phone rings and beeps Monday through Friday, 24-7. Sometimes it's a new family arriving. Sometimes it's a new crisis in one of the apartments. Sometimes it's a family that's moved on, but needs her advice or help as they negotiate life.

"People tell me all the time that I'm crazy to do this." Then she laughs. "But I love it. I like when these young families are given a chance."

"Working with them is a gift I've been given in life," she says. "If I ever stop, I'd feel guilty."

The Project's Steps

Because substance abuse is the most common reason children are removed from their families and because we have a very high incidence of substance abuse in Jackson County, we were in a good position to seek federal assistance.

In 2007, OnTrack, our substance abuse treatment partner, applied for, and received, a five-year RPG (Regional Partnership Grant) issued by the federal Children's Bureau that focused on improving permanency outcomes for children involved in the child welfare system by providing an array of services that allowed children to safely remain with their families.

Two years later OnTrack received a second award from the Children's Bureau Family Connections initiative providing funding for three years to serve families whose children had to be temporarily removed. As a result of these efforts, very few children of families involved in the project have been removed. Most of the children who were removed were returned very quickly and maintained strong relationships with their parents while out of the home.

The services offered through these grants are broad and are reaching short and long-term goals, including preserving families while parents undergo treatment, establishing sobriety, strengthening parent/child bonds and attachments, and helping families reshape their lives and move out of poverty with employment and housing assistance.

Our RPG grant ended on September 30, 2012 and the Family Connections Grant is currently operating on a six-month no-cost extension with an expected end date of June 30, 2013.

Because of the impressive outcomes achieved, these grant-funded efforts are being sustained through Senate Bill 964 which passed the Oregon Legislative Assembly by a vote of 58-2 in the House and 30-0 in the Senate during the 2011 regular session. Additionally, this law stipulates that several new counties each year will be funded until every county in Oregon has programs which safely reduce foster care. Four counties have been identified for the current biennium and are developing programs.

Need

There were too many children in foster care, many did not need to be there, biological parents were not kept involved with their children during out-of-home placement, the moment of removal was traumatic and there were disparate services plans difficult to comply with and coordination was poor at best.

In short the system was a part of the problem rather than the solution. We did not have the services available which would allow child welfare workers and judges to keep families together. We knew there were solutions and that the system could do better.

*We knew
children
who were
removed
grieved for
their
families.*

Child welfare is about what government can do for children who are not safe. We count on parents to keep their children safe and healthy but if they can't or won't, the public welfare system steps in. We believe the job of the child welfare system is to help parents do their job of caring for their children if at all possible. Our efforts were about changing the system from one that permanently monitored to

one which assists in building each family's capacity to provide safety for their children while the family remains together.

All of us involved in child welfare are aware of the difficult balance between family preservation and child safety. We recognize the system operates under public scrutiny, with limited resources. The system is challenged by the restrictions placed on it by federal funding strategies. The public seems to demand that if nothing critical has happened they don't want government's intrusion in the lives of families. However, if something tragic happens the sentiment is that they should have known.

With our collaboration, widespread educational efforts were undertaken at all levels to include: legislative, government, community, foster parents, CRB, defense attorneys and district attorneys. Perspectives began to change first within the county and then statewide as our local agenda matched the goals of the leadership of the State Office of Child Welfare.

We approached our mission in partnership and we collectively asked the questions: How do we improve the outcomes for neglected children? What needs to be changed including statutes? And what waivers need to be obtained in order to begin a true process of reform?

We all knew this would be a step-by-step process with huge bureaucracies to move. Government and its partners, we knew without a doubt, could work better together and we are.

Partner: Jackson County Circuit Court Judges

It would be hard to find stronger advocates of the Collaboration to strengthen, preserve and reunify families than Judges Patricia Crain and Lisa Greif.

Both have watched generations of families struggle within the system that was supposed to help them.

Young parents who had grown up in and out of foster care would get involved with drugs, poverty and crime, and their own children would be put into foster care. They would grow up, and get involved with drugs, and poverty and crime, and have children of their own. The cycle would continue. And the system didn't change.

"These young parents were tormented. They were traumatized," says Judge Crain. "At first they could not hear what the judge tried to tell them because they had already lost their children and with them their motivation and hope."

The judge had to decide within minutes whether the parents were motivated - or could be motivated enough - to succeed.

Locking them up, or taking away their children, had not been a solution.

"At some point," Judge Greif says, "we realized we were doing more harm than good."

The Collaboration created two major factors which changed the way the system works: immediate treatment, and housing. By the time most young parents appear before a judge, they have already met with and been evaluated by a team of caseworkers and treatment professionals. They now have a plan in place before they arrive in court.

"It certainly makes our job easier," says Judge Greif.

If the goal is to keep the family together, the judge has to ask what is preventing a child from going home with its parent? For too many years, the answer was "housing." And there wasn't any.

OnTrack already offered residential programs for young addicted mothers (HOME / Moms) and fathers (DADS), but the couples would be separated

and have to go through individual treatment. They couldn't bring children with them who were past the age of 7.



Adding supervised housing through the Collaboration has given the caseworkers and the judges a whole new option. Young families can now live in apartments that are safe - away from friends and neighborhoods that contributed to their addictions - and with supervising staff.

In addition to comprehensive services, the housing has created a community of families that share the same problems and goals.

"We're trying to make it so that it's not a stigma to admit you are an addict and need help," Judge Crain says. "In this program, you're treated as a person. And, in these housing complexes, it's 'cool' to be clean and sober. It makes other young parents want to be clean and sober too."

The judges agree that in the last five years they are closing cases much earlier and seeing many more families succeed.

The Project's Steps, continued

Too often children are seriously injured by their parents and require separation and maybe permanent removal. Sometimes we should have known about it. Collaboration makes this more likely.

But for the vast majority of those families involved in child welfare, children are returned to their parents damaged by their experience. When children have to be removed we know they are often removed for too long and that they grieve for their families. Too often we under- or overreact. The partners longed for more consistent responses. We wanted our families to stop fearing the systems and start trusting that we would do everything we could to help them.



On a biennial basis, the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration (SAMHSA) assesses the treatment needs and service gaps for a wide range of mental health and addiction treatment needs. The most recent study finds that prevalence rates for illicit drug abuse fluctuated within Jackson County across the most recent four years for which study data are available. Prevalence rates for all four age groups (<12, 12-17, 18-25, and >26) have remained at or above the national average.

SAMHSA's Office of Applied Studies defines unmet treatment need as *an individual who meets the criteria for abuse of or dependence on illicit drugs according to DSM-IV, but who has not received specialty treatment for that problem in the past year*. While the rates of unmet need for treatment for alcohol and illicit drug abuse in Jackson County are at or below the national rates for three of the age groups (<12, 12-17, and >26), the Office of Applied Studies finds significant unmet needs for the population aged 18 to 25. This is the precise age range during which most couples in Jackson County are starting their families or parenting infants and toddlers. In 2010, nearly one-half (48.2 percent) of all Jackson County births were to women age 18 to 25.

Jackson County Described

We need to describe the demographics and other characteristics of Jackson County to assist those creating their own programs to facilitate the identification of needed adjustments of our model in other jurisdictions.

Target Population Defined: The target population has been defined as children, aged 8 and under, and their siblings who are involved in the child welfare system, who are currently in an out-of-home placement or who are at risk of entering an out-of-home placement as the result of a parent's substance abuse which has led to neglect. Those children in services were followed for child level outcomes.

The identified child being brought into grant-funded services was less than 8 years old because 60 percent to 65 percent of children entering the child welfare system in Jackson County are 5 years of age or under (Mares, 2012) and the early years of life present a unique and unparalleled window of opportunity to lay the foundation for healthy development (Shonkoff & Phillips, 2000). It is a time of great growth and of vulnerability. Research on early childhood has underscored the impact of the first five years of a child's life on his/her social-emotional development. Negative early experiences can impair children's mental health and affect their cognitive, behavioral and social-emotional development. Developmental research has shown that consistent, responsive and nurturing early relationships foster social and cognitive development essential for school readiness. Parents are one of the primary influences on a child's healthy development.

Given parents' central role, it is not surprising that children's experience of abuse and neglect, especially in early childhood, can pose major risks to their development (Cooper, 2010). It is also why all of our services designed and implemented for this population are family centric and uniquely designed for this population.

Partner: Community Family Court

It's been 152 days since Molly Fenske decided her children were more important to her than drugs.

She spent most of her life using and selling drugs, weaving in and out of treatment, sleeping in cars and on jail cots, getting arrested so often all the local cops knew her name.

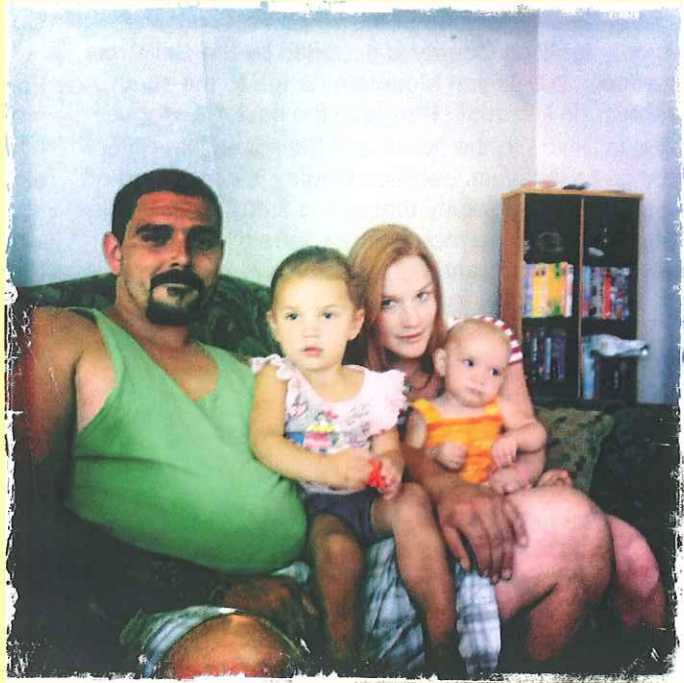
Now she and her partner, Chris Bundy, live in one of OnTrack's treatment housing units.

They attend treatment sessions, go to church, and every three weeks they face Judge Lorenzo Mejia in Jackson County's Dependency Drug Court.

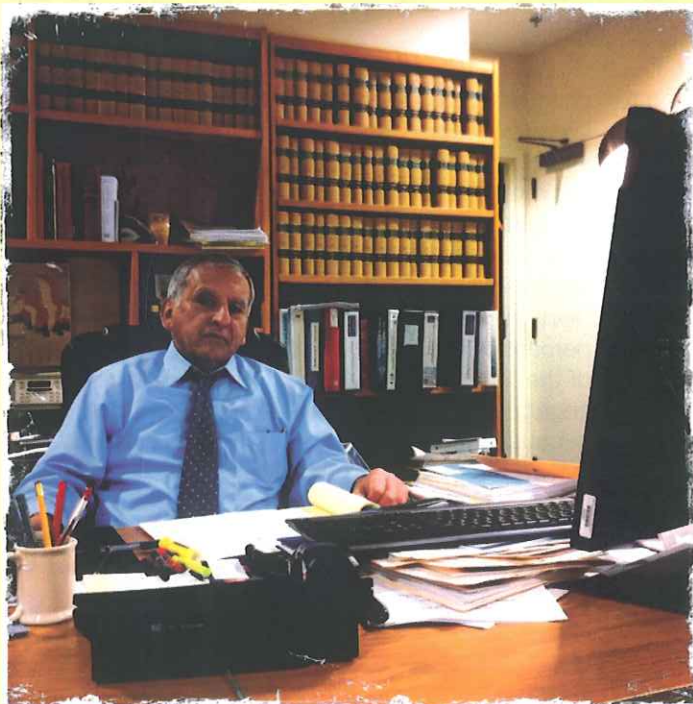
It's Judge Mejia's job to hold them accountable. He asks questions about what they've learned, and how they have succeeded or failed since their last meeting. Their answers are confirmed by members of the team – OnTrack, child welfare case workers, CASA – who surround them in court.

The goal is to meet all service plan and court requirements and "graduate" the court program.

It isn't easy – for them or the judge.



"You get so invested in these folks. You wake up in the night, worried about them," Mejia admits. There are so many facets to their struggles, from poverty to addiction, parenting and neglect that spans generations. "It's like one big, extended, dysfunctional family.



"You just hope you can help them in the year that you have them."

He says it wouldn't be possible without the team that wraps around each family. Molly and Chris agree, saying they couldn't have made it this far without the care and support of OnTrack's two tireless caseworkers – Kelly Ferreira and Chris Rock.

But Molly says they couldn't do it without Judge Mejia either.

"Family Court takes a different angle about what's really going on inside of you," she says. "Mejia can see behind the masks. I'm a guarded person. I don't want to get hurt, so I tried to hide."

After six months of court, she says she's surrendered. She and Chris don't want to fail and get rejected from the program because they want to keep their kids, and their new life. "We know Judge Mejia gave us this chance," Molly says. "We'd hate to let him down."

The Project's Steps, continued

Geographic Location: The project is centered in Jackson County, located in the southwest corner of Oregon. Jackson County is bounded by the California state line and Siskiyou Mountain Range to the south, the Cascade Mountain Range to the east, the Rogue/Umpqua Divide to the north, and the Applegate River drainage to the west. Jackson County is comprised of an expansive geography that spans 2,801 square miles of steep and rugged mountainous terrain, fertile agricultural valleys, and agate desert.

The population center and county seat of Medford sits adjacent to the Interstate-5 corridor and is located 285 miles to the south of Portland, Oregon and 385 miles to the north of San Francisco, California. While the core area of Jackson County is classified as a Standard Metropolitan Area, the vast Upper Rogue Region that serves as the threshold to Crater Lake National Park retains its federal classification as Rural.

Demographics: Jackson County is home to 203,206 persons [2010 U.S. Census]. Of these persons: 21,745 (10.7 percent) are of Hispanic origin; 2,386 (1.2 percent) are Native Americans or Alaskans; 2,364 (1.2 percent) are Asian; 1,372 (0.7 percent) are African American; 595 (0.3 percent) are Native Hawaiian or Pacific Islanders; and 174,744 (86 percent) are Caucasians of European ancestry. Although senior citizens aged 65 and older comprise 13 percent of the national population, these individuals account for 17.6 percent of Jackson County's population.

Economic Indicators: For decades, Jackson County was best described as a resource-dependent economy in which forestry and agriculture were the leading sectors. As federal policies shifted in favor of sustainable yields and species protection, the once-leading economic sectors have all but disappeared. For every family wage employment position that was available in the timber industry in the 1970s and 1980s, a replacement minimum wage position has been created in retail sales. While the national unemployment rate dropped to 8.2 percent as of May 2012, and the unemployment rate in Oregon dipped to 8.4 percent

(the lowest that it has been in 53 months), Jackson County's rate remained elevated at 10.5 percent.

For these reasons, most of Jackson County's economic indicators have either stalled or faltered. The median household income in Jackson County stood at \$44,142 as of the 2010 U.S. Census, which compares somewhat negatively to the national median of \$51,914.

Similarly, Jackson County's per capita income, at \$24,410, compares poorly against a national figure of \$27,334. In 2011, 14.2 percent of all Jackson County residents received assistance through the national Supplemental Nutrition Assistance Program (SNAP, or "food stamps"), compared with a national average of 9.3 percent of all persons.

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In Jackson County, 14 percent of all persons, and 9.9 percent of all families, live at or below 100 percent of the federal poverty index, which is on par with national percentages of 13.8 percent and 10.1 percent, respectively. Fully 48.2 percent of all female-headed households with

children age 5 and younger, and no husband present, live at or below 100 percent of the federal poverty index. The populations that struggle the most in Jackson County are not those who live at or below 100 percent of the federal poverty index, as these individuals have access to a broad array of publicly-sponsored safety net services (i.e., TANF, SNAP, Section 8 Housing, and Medicaid). A staggering 29 percent of all families live between 101 and 200 percent of the federal poverty index. These are families that are engaged in minimum-wage employment but, precisely because they do work and enjoy some income, may be locked out of certain publicly sponsored benefits.

Federal Designations: Jackson County is classified by the Federal Bureau of Investigation as a High Intensity Drug Trafficking Area. It is further classified by the Health Resources and Services Administration as a Health Professional Shortage Area and as a Mental Health Professional Shortage Area, and as containing Medically Underserved Areas and Medically Underserved Populations.

Partner: DHS / Child Welfare and Self-Sufficiency

The Collaboration may seem like a new concept, but according to Doug Mares, it's been 25 years in the making.

"I think we've challenged every piece of thinking we have along the way," says Mares, who manages the Department of Human Services / Child Welfare and Self-Sufficiency programs for Jackson and Josephine counties. "It's required each agency to look at itself with a new set of eyes. It has not been easy, but it has created something great."

Each of the partners in the program sees families from a different perspective.

A caseworker may be responsible for treating a parent's drug problem. Another may be responsible for protecting a child. A police officer may be looking out for a whole neighborhood. A judge may be making sure justice is served.

But along the way they've found a common goal: Keeping families together. They know that if they do, everyone has the best chance of success. At DHS, that starts with a new view of parents.

"Very seldom do you see *bad* parents," Mares says. "You see parents dealing with the complications of poverty, generational neglect, addiction, lack of education and skills. But they are still parents, and they still love their children."

It may not seem that way when those parents are arrested for drug use, or when neighbors suspect children may be living in a house without attention or supervision. The first instinct is to take the children away.

"Unfortunately, foster care just adds to the trauma," says Pam Bergreen, DHS Program Manager. "And that's true no matter how loving or compassionate the foster parents may be."

Children in foster care often feel like they must choose between their "bio-parents" and foster parents, and as

bad as it may have been, they want to go home. Parents are so distraught over losing a child they fall deeper into their addictions, or just disappear.

To avoid that, Mares says foster parents are now trained to work with the bio-parents every step along the way. The goal is to return the child home. It's even better when the child can stay at home and not be removed in the first place. That means working with all of the partners in the Program to figure out if it's in the best interest of the child, the parents, the family and the community.



"It's easy to disagree and get territorial," says Bergreen. "When we admit we may be wrong and stop blaming, then we look for ways to make it work." It's not a perfect system. Some children can't stay with their parents, and some families don't succeed.

"But with this program, most do."

"It is a more respectful way of doing what we have to do," says Mares. "We're not just saving a child, we're helping a whole family heal."

The Project's Steps, continued

Child Welfare Data: The most recent publicly available child welfare statistical data are available for the calendar year ending Dec. 31, 2010, and published by the Oregon Department of Human Services' Division of Children, Adults and Families, Office of Program, Performance and Reporting (May 2011). In calendar year 2010, the local office of Child Protective Services undertook 1,525 child welfare assessments. Of these: 419 resulted in findings of abuse or neglect; 641 resulted in no findings; and 465 were suspicious cases. These latter cases were deemed to be families at risk of child maltreatment in the absence of firm evidence or confirmed legal findings.

Of the confirmed cases of child maltreatment: 21 were for reasons of mental injury; 253 were for reasons of neglect; 44 were for reasons of physical injury; 64 were for reasons of sexual abuse and/or exploitation; and 467 were for threat of harm. Of this latter clustering for *threat of harm*, fully 90 percent of all cases ($N = 420$) were for reasons of parental substance abuse, including domestic violence among substance-abusing parents.

Between 2008 and 2010, Oregon's statewide victim rate per 1,000 children has been trending upwards: from 11.8 in 2008, to 12.5 in 2009, to 12.7 in 2010.

Jackson County's rate is several points higher than Oregon's statewide rate, and has also trended upward: from 12.5 in 2008, to 14.1 in 2010.

Significantly, because of OnTrack's work to reduce out-of-home placements among the child welfare population, Jackson County's in-home intervention population has steadily increased, from 4.2 cases per 1,000 in 2008, to 5.0 cases per 1,000 in 2011, while the statewide average for in-home intervention decreased, from 2.6 per 1,000 in 2008, to 2.4 per 1,000 in 2011. Concurrently, the foster care placement rate for child welfare cases in Jackson County has been driven downward, from 15.2 cases per 1,000 children in 2006, to 7.6 cases per 1,000 children in 2011, while at the same time the Oregon statewide average has remained constant at 10.1 cases per 1,000 children. Of equal importance, on an annual basis, the number of children exiting foster care in Jackson County exceeds the number of children entering foster care,

and the overall length of stay in foster care in Jackson County is gradually diminishing, from 22.4 months in 2006, to 11.2 months in 2011, significantly improved over Oregon's statewide rate of 14.1 months in 2011.

Collaboration To Meet The Need

First and foremost our efforts are collaborative. Collaboration and housing are credited with contributing the most to our resounding success. Permanency planning is a critical issue facing all children in foster care and those involved in the decision-making process surrounding this issue

often view the problem from different perspectives. With the goal of improving the service delivery system for children involved in child welfare, an oversight committee (the Advisory Board) involving the highest level managers of partner agencies was put in place to provide system-wide monitoring to insure that the unifying principles supporting these efforts are being operationalized; that the system is functioning collaboratively; and that services are being delivered as intended and are deriving the outcomes articulated.

Collaboration expands the reach of each partner's efforts by identifying goals that are universal and cannot be achieved in isolation.

We have experienced that collaboration expands the reach of each partner's efforts by identifying goals that are universal and which cannot be achieved in isolation. This ensures that families' substance abuse treatment needs as well as their physical, educational, financial, and mental health concerns are being addressed. We also leverage the services offered by the partners, and the authority they may have to engage families, especially those of child welfare and the courts.

Innovative practices have been put in place which have mitigated or solved cross agency difficulties and improved the quality of services to those families involved in child welfare. For example the collaborative partners instituted regular meetings and created an atmosphere of trust, respect and transparency in which partners feel safe to bring up all issues to problem solve. We also have processes in place to solve challenges which need immediate responses.

Partner: Southern Oregon Public Defenders

As a public defender in Jackson County, Sarah Robbins sees her share of families with addiction problems.

"They come into the system kicking and screaming or swearing they're going to fly through the process with little or no effort," she says. "At first they're saying, 'What's in it for me?'"

But as they move from OnTrack's emergency housing to supervised apartments, and from arrest to team management and Family Court, Robbins says she sees a transformation.

"By the end, they're saying, 'What can I do to give back to the community?'"

It all starts with keeping the family together.

Robbins says the OnTrack services makes her job easier by providing safe, secure and supervised shelter when her clients are in crisis. They are in a good place, and she can find them when she needs them.

By offering family housing, her clients avoid the added drama and damage caused by removing the children and sending them to foster care.

And it gives her clients a reason to change their lives. Robbins says no matter how bad things might be at home, every teen she's worked with wants to stay with his or her mom and dad. When kids stay with their parents, it gives the parents a reason to be responsible. And when they are more responsible, they become better parents and are more likely to pass those parenting skills down to their kids.

It's a circle that creates success.



"I've learned that if my clients have good esteem and they become part of their community they don't want to go back to their old lives," she says. "They've found new ways to live and have fun and they don't want to use. There's no need."

After four years of working with the program, Robbins says she has clients who have jobs and stable housing, are paying their fines, and are even going to college.

It's never easy – for the clients or for the young public defender – but she says it's worth the work when you see young families not just survive, but succeed.

"I love the program. I love my job," Robbins says. "And I thank Rita Sullivan every day."

'I've learned that if my clients have good esteem and they become part of their community they don't want to go back to their old lives.'

The Project's Steps, continued

As the project matured we learned about the unique challenges each partner faces: about the organizations' strengths and weaknesses, the availability and meaning of their data and the like. This understanding began to dissolve some of the frustration which can arise when an agency's particular request or expectation is not met.

We learned that partner agencies have procedures in place that organize their employees to focus on their core mission.

Management is often focused on preventing staff from straying into the specialization areas of other agencies because it distracts from their core mission. While ours is an evolutionary process which is strengthening over time, we are all learning that our goals, objectives and outcomes are met more quickly and more stably when we articulate, pay attention to and support partners' combined goals and visions. For example, treatment staff and courts have historically had different missions but the advent of treatment courts exemplifies the utilization of a team in decision-making expressed through the authority of the court which strengthens outcomes across the partnership.

There are competition and culture clashes which challenge collaborations between any two agencies, especially when services overlap. We have learned that for true collaboration to occur it is best that each partner bring a specialized service to the partnership project. Together these specialized services create a synergistic whole.

By their nature collaborations involve ceding some authority and control to another agency or a body of agencies and clearly the lines of responsibility get blurred. Personal relationships built between

staff are how these issues are mitigated as these relationships facilitate positive resolution and compromise, but staff changes challenge this. Child welfare, unlike most segments of government, relies on non-profits which clearly enriches services and outcomes and is a true strength, but it can complicate coordination. There are also departments within child welfare in which families

move across, causing staff changes with each move.

All staff have deep and passionate ideological differences toward the work which lessen as the universal goals, practice principles and missions replace old perceptions.

We all have data systems that don't talk to each other which complicates reporting and challenges evaluation.



Trainings: At the outset, participating staff from partner agencies were trained in the family-centered philosophy and goals of the project. Ongoing training ensures that all new staff are exposed to the new way of doing business and existing staff reinforced in these efforts.

Jackson County Child Welfare Services have trained their caseworkers and supervisors on important topics affecting substance abusing parents who have neglected or abused their children and have had their children removed or are at risk of being removed from their care. Child welfare trainings have included loss of safety due to parental substance abuse and substance use disorders, including methamphetamine abuse. Child welfare workers' knowledge has been increased by both formal training and by co-housing drug and alcohol treatment staff who accompany child welfare staff at intake and participate in the Family Meeting Process.

Steps, continued

Trainings have been conducted for partners on Trauma Informed Practice with the children, parents, and families as well as practices and interventions that are least invasive and those that support healthy bonding and attachment between parents and children. Additional trainings have been provided on Reconnecting Families and the positive influence safe and healthy family members have when supporting a family seeking safety, promoting their health and recovery, and in placing removed children with family whenever possible. Child XXX workers have received training on Partners in Parenting as a value and orientation that results in additional support for families whose children are removed and experience a family or foster care placement.

All partners who supervise family time (visits) have been trained in the use of Bavelik's Nurturing Parenting Program. They have also received training in Trauma Informed Practice, coaching practices that support healthy bonding and attachment, the effects of parental substance use disorders on children and families, and treatment and recovery in addiction.

In addition, the goal is for children and their parents to have family time at least three times per week. Many infants and young children have family time up to five times a week or more when relatives are available to supervise or there is a strong Partners in Parenting relationship between the birth parent and the foster parent. There are also two supervised play groups for parents and children. We are working toward the goal that families be involved routinely in the lives of their children while out of the home.

As a result, Child Welfare Services Program Manager Pam Bergreen indicates that more than 90 percent of their staff has increased understanding of partner services and policies and of the cross-agency referral process. Ninety percent or more of staff also has increased skill and knowledge working in family-centered practice models and increased clinical knowledge of the parent-child bond, actions that traumatize the bond, and specific actions to reinforce the bond.



Partner: Family Nurturing Center

When the Family Nurturing Center opened its doors in May 2006, it served just four children, all under the age of 5.

They were special children – victims of abuse or neglect, toddlers who acted out by biting or bullying, preschoolers who refused to listen or speak. They were children who still lived with their young, often addicted, parents. But they needed special help learning how to play and make decisions and trust.

Six years later, more than 400 children have passed through the Center. Each week 60 children attend toddler and pre-school classes to work with specially trained teachers. An additional 20-30 children have monthly home visits for assessments. And, on a list in Executive Director Mary-Curtis Gramley's office, more than 100 children wait.

"We'd love to help them all," Gramley says. "We would if we could."

The Center has been able to establish itself and grow thanks to two federal grants that support the Collaboration – Family Preservation and Reunification Program, and legislation that will provide state funding for the program into the future.

It is one of 11 state-sanctioned "relief nurseries" in Oregon. Parents who need time for their own treatment can leave their kids here. But unlike HeadStart and daycare programs, the Center provides professional assessment and treatment for children as young as six weeks, and focuses on the mental and physical health of the whole family.

"The process is pretty amazing and painful," says FNC's Clinical Program Director Beth Jaffee-Stafford. "We have certainly come to terms with the ups and downs of the process."

"But we now have children who are not falling through the cracks."

Project Implementation

Project Components Existing Services

Recognizing that an individual's addiction impacts all members of the family, OnTrack has a 22-year history of providing core treatment and ancillary services aimed at developing healthy and functional families. Every person is a member of a traditional or non-traditional family unit, and whenever possible, OnTrack seeks to treat individuals within the context of the family and the greater community. These existing services have been expanded and enhanced through the addition of RPG/FC funding. Core to strong families is maintaining the parent-child bond.

*Family
centric
programs
are essential
to our
efforts.*

Existing services that are central to our permanency efforts are listed below.

Housing Enhanced Through Federal Grants/SB 964: A continuum of supervised housing is offered from emergency housing with 24-7 supervision to permanent housing with case managers on site. This model is supported by information from child welfare staff that the most common report of neglect is a lack of supervision and another 15 or 20 percent are reports of environmental neglect, when the child's living conditions are hazardous. A large portion of the allegations are "substantial risk of harm" which describes children deemed to be in imminent danger. Together these make up the vast majority of cases seen by child welfare and a housing model such as ours is uniquely suited to address each of these as independent issues and/or collectively. Substance abuse is most often precipitating these issues.

Additionally, more than one-third of children in foster care could be living with their parents if only their parents had better housing (ACF, 2012). We combined housing with a full continuum of evidenced-based clinical and supportive services. Some were in existence prior to the grant receipts, others were developed through the grants and are now sustained by SB 964.

Parent-with-Child Residential Treatment

OnTrack's HOME Program provides access to dyadic treatment when a pregnant or parenting mother meets ASAM (American Society of Addiction Medicine) criteria for Level 3 treatment. Here, parents remain

united with their children under 24-hour supervision while undergoing addiction treatment and related family strengthening activities. OnTrack also operates a companion program for custodial fathers (DADS). These family centric programs are essential to our efforts.

The HOME and DADS programs have far-reaching goals: stable recovery, increased parent-child bonds, family preservation/reunification, self-sufficiency, family-sufficiency, and the reduced intergenerational transmission of substance use and family disruption. The average stay in residence is 4-6 months followed by gender specific, trauma informed day treatment programs designed specifically for mothers involved in child welfare. On-site therapeutic day care offers services to children at the same time. HOME and DADS then steps down to intensive outpatient programming and then aftercare, as prescribed by the American Society of Addiction Medicine's (ASAM's) change of level criteria are met. Treatment length is a minimum of one year.

The HOME program opened 22 years ago through a partnership with Child Welfare, and even then the goal of the program was to reduce the number of foster care placements. It was the first publicly-funded program in the State of Oregon to take children into care with their mothers. Now these programs are scattered over the state and have become the standard of care for pregnant and parenting substance-abusing women. It has always been the preferred treatment option for child welfare and the Community Family Court (CFC), which handles dependency cases. Prior to the HOME Program, children had to be separated from their parent(s) while they participated in substance abuse treatment. Additionally, traditional treatment did not teach skills essential to parenting and repairing damaged bonds. The program has operated with a wait list since its opening in 1990. However, RPG/FC funding increased capacity by six beds dedicated to permanency project participants and allowed children to immediately enter with their parents, avoiding even a brief foster care placement.

The HOME Program uses evidence-based practices including: Matrix Model, Motivational Enhancement Therapy, Nurturing Parent Program, and Seeking Safety. Children are served in an on-site therapeutic daycare while their mothers are involved in clinical services. Parents and their children participate in other services while at the HOME and DADS, including infant massage, parent-child interactive therapy, interactive parenting labs, etc. Developmental screens are provided using the ASQ, and children are referred to appropriate early childhood services.

Partner: Court-Appointed Special Advocates

The goal of CASA – or Court-Appointed Special Advocates – is to advocate for children under the protection of Child Welfare until they are in a safe, loving and permanent placement.

But that doesn't necessarily mean putting them into foster care.

"It's easy to believe that you can put a child in a happy, healthy home and everything will be alright," says Jennifer Mylenek, executive director of CASA of Jackson County. "That's not the case."

Mylenek knows this from her work with CASA and the Collaboration - Family Preservation and Reunification Program – and from her own childhood.

She says when she was 2 years old her grandmother took her away from her mother and kept her for three years. She remembers feeling confused, especially when caseworkers would visit and ask where she wanted to live, while her grandmother was in the room.

"I always felt like the ugly duckling, like I didn't belong," she says. "It profoundly affected me."

"There is a definite physical bond to the mother," she says, and when you break it, "sometimes it's damage that can't be repaired."

For that reason, CASA's first choice is to keep the child in the home. The second choice is to look for family members or close friends who are willing to take the child temporarily. The Collaboration makes that possible.

The project brings everyone to the table: Caseworkers, treatment professionals, court officials, law enforcement, CASA, the child, the family and friends.

"This has been very challenging work," Mylenek admits. "One staff member described it as 'swimming in molasses.'" Like a family reunion it can mean dealing with old wounds or new relationship issues as

grandparents and siblings are added to the conversation. But it can also create a place of storytelling, giving children a chance to find out who they are, and how they got there.

Just as important, it creates a "web" of people who are each trying to do the best thing for the family from their unique perspective. "Sometimes it requires unique thinking," says Mylenek.

She stresses that CASAs will never compromise on the safety of a child for the sake of collaboration. "But we now have a heightened awareness of the work that is being done at other agencies. I truly appreciate that."

And, when they leave the table, most children get to go to that safe, loving home that is CASA's goal. "After five years of working together on this project," Mylenek says, "I'm really proud of our part in it."



'We now have a heightened awareness of the work that is being done at other agencies. I truly appreciate that.'

Implementation, continued

Family-Centered Outpatient Treatment Services

Following completion of residential treatment services, or in lieu of residential treatment when indicated by formal assessment, program participants are enrolled in intensive day treatment designed specifically for substance abusing parents. HOME and DADS outpatients return daily to these facilities for services; other parents attend Intensive Day and Outpatient treatment at one of OnTrack's outpatient sites. These programs use recovery coaches to keep families involved over an extended period of time. As length in substance abuse treatment is positively correlated with outcomes and because parental substance abuse is cited as the major contributor in foster care re-entry, long durational services are imperative to child safety (Child Welfare League and the Children's Bureau, 2009).

Transitional and Permanent Drug-Free Housing

Ensuring permanence for the long run requires families to achieve stable lifestyles and to establish safe, drug-free homes. OnTrack currently has 164 units of affordable housing on the ground and others in pre-development. These units provide safe, affordable, and desirable places to live, rich with supportive services to help families continue their journey toward self- and family-sufficiency. Service providers rely heavily on these units to house those clients who require some level of supervisory oversight.

Unique to these units is the acceptance of families who could not otherwise meet traditional tenancy requirements because of criminal or credit histories associated with substance abuse. Case managers are on-site to help tenants access needed services, to help them succeed in their tenancy, to identify emerging problems including relapse behaviors, and to observe parenting behavior with children. These housing units have drug- and alcohol-free lease requirements for those with a substance abuse history. Referral agencies feel secure that this level of supervision provides safety for children and child welfare workers report earlier return of children to tenant parents.

While most of these units provide permanent housing, families often elect to move to mainstream housing after a few years. At this juncture, case managers help locate appropriate housing, which is made easier because after a year of good tenancy families have earned positive rental references. Some families, with the assistance of case managers, have purchased housing through first homeownership programs. In addition, case managers work with other landlords to accept program participants with assurances of continued monitoring until good tenancy is proven.

Collaboration Family:

As far as Crispin O'Dell's family was concerned, he was long gone.

He had been using alcohol and drugs since he was 8 years old. At 21, he admitted to his mom he was on heroin. He cooked and sold "meth," and lived on a mixture of pain pills, pot, and anything that could keep him high until the end of the day. Then, he got involved with a woman who was as far gone as he was.

"I erased myself from my family's life," he says. "I didn't know what family was."

His girlfriend, Cameo Losinger, had grown up in a meth-making household. She lost count of how many times her mom caught their mobile home on fire. The first police raid she remembers was when she was 11 years old. She stuffed the drugs into her clothes, just like her mother had taught her, lied to the police, and got sent to foster care. By 16, she had left home, and her daily diet consisted of alcohol, pills and meth. By 18, she was pregnant. The next few years are a blur. She lived high, she sobered up, she had another child. She was beaten up by her boyfriend and almost died, she beat him up in retaliation. She moved to a little town called Shady Cove, where her next boyfriend offered sex with her to Crispin in exchange for a bag of meth.

Crispin didn't take the offer.

But he was interested. He liked her and her kids. So, they spent some time together, playing, getting to know each other. Cameo was clean at the time and says it felt like a dream.

Within a few months, the nightmare returned. A baby was born dead. Cameo almost died again from blood loss. She tried to numb the pain and depression afterward with pills, and when the prescription ran out, Crispin turned her on to heroin. Within six months, she was shooting up, using 20-30 pills a day and eating Fentanyl – a painkiller 100 times more potent than morphine -- right out of the patches. She took her anger out on Crispin and beat him up. She got pregnant and had twins.

One day Child Welfare workers arrived at the door and told her she could no longer be with her kids. She hid for a while, pretending she wasn't there. Her older kids were sent to live with other relatives.

But the drugs and the violence continued, and she was pregnant with the next child. She was out of control. She called her caseworker and asked for help. The team at OnTrack decided the best course would be to separate Cameo and Crispin and not allow contact for a while.

Crispin & Cameo

Cameo was placed in the HOME program, a large home that houses moms with their kids, a kitchen, round-the-clock counselors and daycare for kids. As far as she knew, Crispin was somewhere, strung out, and her kids were in foster care. She was terrified.

Crispin moved into OnTrack's King Street facility, a complex of apartments for families who need counseling and assistance. The twins, Sage and Gage, were 9 months old, and at that time the child welfare caseworkers had no idea he was an addict. The hours ticked by. Withdrawals set in. As far as he knew, Cameo was somewhere, strung out, alone, oblivious. He was terrified.

"I looked at these kids and thought, how selfish we are, that we can't clean up for these beautiful kids who didn't ask to live this life," Crispin says. "I couldn't fail this time. I was their last hope."

It was hard. Crispin says for a while he hated the people who were trying to help him. He lied and yelled and called them names.

OnTrack's family specialists, Kelly Ferreira and Chris Rock stayed right by his side, tough and stubborn. It took about six months for him to realize they were giving him the opportunity to do "the right thing."

Cameo, meanwhile, was finding her own strengths at the HOME program. "It felt so much better. There were women there like me, who understood how hard it was." She had the new baby, Crispin, Jr., and made a promise to herself: "My kids had to be number one. I wasn't going to do it again. This new little guy was going to make it."

They now agree that the OnTrack plan was perfect. "I fought to *get* our kids, and you fought to *keep* our kids," Cameo says, looking at Crispin. "We couldn't have done it together."

Crispin and Cameo now live together in an OnTrack permanent housing complex in Medford. Their apartment is homey, with the now 2-year-old twins and the 5-month-old baby occupying most of their time and attention. Their days are filled with treatment sessions, parenting classes, family counseling, and their regular Narcotics Anonymous meeting in the complex's Community Room.

In April 2012, Crispin celebrated his first year of sobriety with a NA meeting and a party. The room was filled with children that sat on laps and crawled under the tables piled high with food and decorated with clusters of purple star balloons.

Crispin's hair was cut short and his goatee was neatly trimmed. One twin bounced on his knee as his one-year



coin was passed from person to person. His mother clutched the coin and her Kleenex and said, "We tried for years the best we could, but it was the kids that did it."

His older sister dabbed at her eyes. "I lost my brother years ago and never thought I'd get him back."

His OnTrack counselor, Kelly, added "balance" to the coin, hoping that he will try to find time for himself. Chris, a taut, muscled little woman with tattoos peeking out from under her sleeves, said she's learned a lot from Crispin along the way and couldn't be more proud. All of the dads at the DADS program still talk about Crispin, she said. "They want to be just like him."

As for their future, Crispin and Cameo take it one day at a time. "I'm proud to be in recovery. I'm proud to be a dad in recovery. I'm a super dad," Crispin says. "And I'm proud of my wife and how hard she's worked to get through the program."

"The program saved our lives."

They would both like to go back to school. He'd like to work with handicapped kids someday. She'd like to work with women who abuse their husbands. For now their goal is to get through Jackson County's Family Court program. Every three weeks, they show up in front of their judge, Patricia Crain, to be held accountable for their failures and to report on their successes.

Crispin had the tools to handle a recent brief relapse. If they stay on track, they will graduate this summer.

Implementation, continued

Case Management / Recovery Coach

Most people entering the child welfare system in need of substance abuse treatment present with multiple problems of living, co-morbid psychiatric disorders or medical conditions in addition to their substance use disorder (Gutman, Ketterlinus, & McLellan, 2003; Schwartz, Baker, Mulvey, & Plough, 1997; McLellan et al., 1994).

These co-occurring conditions, disorders, and unresolved problems in daily living (e.g., lack of affordable housing and unemployment) can undermine or at least diminish the impact of effective treatment and lead to loss of their children.

Conversely, access to and receipt of a comprehensive array of services has been shown to improve outcomes for those in addiction treatment (Hser et al., 1999; McLellan et al., 1993 & 1994).

For these reasons, the services of case managers/recovery coaches are critical to laying a foundation for the long-term stability of those who are in recovery.

The effectiveness of community-based case management fully integrated within a continuum of addiction treatment services has demonstrated effectiveness in improving client outcomes on multiple indicators of criminality (Siegal, Li, & Rapp, 2002) and employment (Siegal et al., 1996).

Family-centered case managers help participants to gain access to needed resources, services, or supports that will help them achieve and maintain recovery from drug abuse and assist them in their movement toward self- and family-sufficiency.

Together, the client and case manager address many life areas that have been impacted by substance dependency, such as returning to employment or finding stable housing.

Case managers are critical to laying a foundation for the long-term stability of those in recovery.



Community Family Court

The State of Oregon has identified drug courts as one of the most effective tools in fighting methamphetamine and other drug addictions. Jackson County was the first county in the state to develop a Community Family Court (CFC). The CFC uniquely bundles all cases involving family members under one judge. Perhaps more importantly, the court requires that all members involved in the household sign third-party waivers to be under the jurisdiction of the court. This allows the court to involve anyone in the household and require participation in needed services.

Our courts have continually worked with treatment providers to evolve programs and processes that more effectively impact families involved with methamphetamine and other drugs. The courts are full and committed partners in the efforts proposed. The families served by the project will all be under the jurisdiction of Community Family Court or other Circuit Court.

Our RPG/FC activities integrate fully with our Community Family Court (Dependency), which further improves outcomes. Our rigid evaluation is comparing RPG participants with groups involved in child welfare prior to CFC, prior to Oregon Children's Safety Model and prior to our RPG, to enable a thorough analysis that identifies the service elements – and combination of elements -- that are most effective. Data suggest that involving participants in RPG services and Community Family Court is ideal and will produce the best outcomes.

Collaboration Family: Jessica

Jessica Scott could have given up a hundred times.

And OnTrack could have given up on her.

She had grown up in a family where drugs, domestic violence and welfare fraud were "normal." Her parents were in and out of jail, and divorced when she was 11. She was drinking and getting into trouble by 13. One morning, when she was hungover and couldn't "snap out of it" in time for a custody hearing, her mom gave her her first dose of "meth."

She dropped out of school after eighth grade and was pregnant at 16. "Having a baby" was supposed to make everything all right.

But it didn't. She kept using drugs, most often with her mom. She met another man – a single dad, with two kids and his own meth problem. They decided to have another baby, so maybe *this time* everything would be all right.

But it wasn't. They kept using. The cops kept coming to their door and one night an officer spotted her youngest child behind her. Child Welfare case workers were on her doorstep the next day.

Jessica refused to cooperate. She had been taught as a child that you didn't talk to authorities. They were not there to help her. And she didn't think they could take her kids away because they were HER kids.

Three weeks later, the case workers reappeared at her door and demanded a urine analysis. When she tested positive, she screamed as 3-year-old Joslyn and 11-month-old Jayden were taken from her arms.

She describes what happened that day, and in the days after, as "horrific." She did more drugs than ever – especially meth – trying to numb the pain. She started treatment at OnTrack, but lied about her addiction and fell out of the program. She decided the only solution was to have another baby – "one that they couldn't take away."

This time she was so into drugs that she didn't stop using. On her 22nd birthday, six months pregnant, Jessica passed out in a bar. Her mom called OnTrack and they put

her into the HOME residential program, where she had her third child, Joey. But when she violated the rules, and contacted Joey's father, she was kicked out of the program again.

Life did not get better. Child welfare staff showed up at Jayden's third birthday party and took the kids away again. In the next year, Jessica fell even deeper into drugs, got

arrested for stealing a checkbook, was charged with 13 crimes including four felonies, did some time in the county detention center, watched as her next boyfriend robbed a fast food outlet, was on the run for six weeks, and found out that her children were going to be put up for adoption.

Jessica got as high as she could, called her family and came home.

It was her mom who convinced her that she didn't have to give up. She could be a good mother to her kids.

She just had to get clean. She made it 14 days before she called OnTrack and pleaded for one more chance.

"I just refused to believe that this was the end," she says now. "I wanted to raise my kids. Losing them was the final blow. I was ready to surrender and do everything they wanted me to do."

She started attending NA meetings, group sessions, and signed up for Family Court. Every night she called her counselor to report that she was clean one more day. And at the end of every phone call, she said the same words: "I want my kids back."

Jessica graduated from Community Family Court in 2008, and was assigned a mentor, a businesswoman in town, who helped her get her life started. Jessica got her GED, a job, her own little house – near her mom, who was also in treatment -- and her kids. She made a mistake shortly after, having a few beers with friends on a rafting trip, and Child welfare tried to remove the kids for a third and final time.

Continued on Page 27



Implementation, continued

The Grant Funded Components (sustained by SB 964)

Child abuse has always been concentrated in areas of greatest poverty, where stress is more common (Lindsey, 1994). The families that become known to child welfare through the reporting of child abuse and neglect are largely the poorest of the poor, and the children in foster care come predominantly from such families (Horowitz & Wolock, 1981; Testa and George, 1988). The reasons for this are clear, as Van Hooris and Gilbert (1998) explain: "The frustration and stresses that accompany unemployment, poverty, inadequate housing, and continual insecurities of lower-socio-economic status contribute to a volatile environment in which children are at risk of abuse and neglect."

Add to this mix a child abuse or neglect investigation with the possibility of child removal looming as imminent, and the results are predictable. The mere presence of a social worker or other authority may exacerbate an already dysfunctional or stressful family situation, tipping the marginalized parent toward an act of physical violence that may not have otherwise occurred absent the anger, fear or frustration imposed by the investigation itself.

RPG/FC services have allowed children in these volatile situations to remain with their parents or be reunited with their families. These are children who otherwise would have needlessly been removed from their homes or not reunited with their families. Instead, appropriate, cost-effective services have kept the family together. Clearly, shattering these families is not in the best interest of the children. RPG/FC has improved permanency outcomes for children by strengthening families through a network of integrated services including:

Front End Intervention

Treatment providers accompany child welfare workers out on initial investigations when there are drug allegations. Services are offered to parents who are, at that time, at the height of their motivation to comply in order to keep their children. The benefit of peers who have been there and are not viewed as judgmental or as having the authority to remove children cannot be overstated. Child welfare workers

with treatment providers develop a recommended service plan, which is intended to keep children safe while addressing the clinical and supportive needs of families. This plan is presented to the Circuit Court judge at the shelter hearing, scheduled within 24 hours of the initial decision to file. Almost without exception judges have supported these preservation plans.

Family Foster Care: Partners in Parenting

Clearly, children's best interests lie in the preservation of their attachment ties, and repeated ruptures of such ties constitute a severe trauma (Y. Gauthier et. al., 2004). It is generally accepted that fostering a child is always the last resort decision because of the known trauma to the child, including infants. A fostered child normally should keep contact with the biological parents to whom he or she should return as soon as possible, except when contraindicated due to serious concerns about the child's safety.



Steinhauer (1991) recommended that contacts with biological parents should be very frequent for an infant and two to three times a week for a toddler, with movement toward the earliest possible reunification of the family. Research is clear that when children must enter foster care, frequent parent child visits are fundamental to the reunification process (Brown and Maloney, 2002).

Continuing family connections when children are in foster care increases the likelihood of reunification and eases the child's transition back to the family. Research also shows that visitation provides opportunities for parents to build parental skills and improve their interactions with their children.

Implementation, continued

In our experience, Steinhauer's recommendation of frequent visits has rarely been achieved in the traditional foster care system. Accordingly, our RPG/FC effort has pioneered a new kind of foster care: *Partners in Parenting*. This program recruits foster parents who are willing and able to keep biological parents substantively involved in the day-to-day lives of their children in order to minimize the trauma caused by parental separation. Foster parents are trained in facilitating consistent and meaningful interaction with the biological family in order to preserve attachments and avoid associated negative child outcomes (Steinhauer, 1991).

Parents learn effective parenting skills and the establishment of child-rearing and household routines from foster parents. Foster and biological family members very often maintain the relationship after children return home, essentially creating families of choice.

Through the system changes occurring, the message promulgated to a family by all partners from the beginning of the family's contact is that everyone is committed whenever possible to keeping families together or returning children as quickly as is feasible. Partners also communicate the team's commitment to helping families succeed with their service goals. Families involved in the Collaboration do not display the defensiveness that was frequently present historically when families were interacting with the child welfare system. The result has been fewer removals and an earlier return when children have to be removed, along with the institution of regular and predictable contact between family members when children are in foster care. The family mentoring encouraged in the Partners in Parenting model improves the long-term success of reunited biological families and, as a result, serves to reduce intergenerational transmission of abuse.

Judges, child welfare workers and treatment providers all agree that the additional emergency housing for entire families just out of the shelter hearing is an essential component of our system of care. As the RPG/FC activities are largely intended to help families entering the child welfare system avoid an out-of-home placement, the availability of safe, drug-free supervised emergency housing is a key factor in many placement decisions. The average stay at emergency housing is three months but in emergency housing or other levels of supervised housing, families move to less restrictive housing as they build confidence in their ability to safely care for their children.

Jessica, Continued

But this time Jessica was honest and cooperative, and she had fierce allies in her mentor, and in OnTrack's Case Manager Kelly Ferreira.

"Kelly had my back," Jessica says now. She is a poised young woman, 29, with blond ringlets, black-framed glasses, and a simple, matter-of-fact way of speaking.

"Through all of this, Kelly has fought for me. She knew that having my kids made all the difference. If you take my kids away from me, if they are out of my sight and I can't see them, I'm going to numb the pain."

After a short time back in OnTrack's HOME program, Jessica came out determined to stay clean.

She enrolled at Rogue Community College and earned an associate degree in human services. She met and married a young man who has never had a drug problem. She's been challenged by her middle daughter's diagnosis of severe Type 1 diabetes, and her son's meth-affected behavior problems and difficulties in school.

'I know what it felt like to have someone fight for and encourage me.'

But now she has confidence, and coping skills. She's become a mentor herself as a full-time counselor working in the Day Treatment program for women with children involved with Child Welfare.

"I love my job," she says. "I know what it felt like to have someone fight for and encourage me. If I could do that for just one person, that would mean a lot."

So, she tells them her story, even the bad parts, and tells them to never give up.

"No one has to give up that dream of tucking your kids in at night," she says. "No one."

On June 30, 2013, Jessica Scott will celebrate five years clean and sober.

Implementation, continued

OnTrack has in place other units which become progressively less supervised as families stabilize, but all have onsite supervision.

In an urgent situation, emergency housing provides child welfare workers and judges with a safe environment in which willing parents and their children can be relocated and where case managers can help them to access the broad array of clinical and supportive services that families need in order to be stable. It is also a place where an assessment of need can be conducted with intact families. Historically, children have often been removed during this evaluation, needlessly creating trauma that could have been avoided.

There has been a growing awareness of the essential nature of a housing continuum from emergency housing through permanent housing in the transformation of child welfare services. Within the provider, consumer and volunteer community involved with child welfare the enthusiasm and understanding and support for this housing model is remarkable.

Clearly there is still a shortage of treatment housing and for affordable permanent housing. These shortages create a barrier to access of emergency housing and sometimes delay moving people to less restrictive permanent housing units, further limiting access.

Family Nurturing Center Services

The impacts of direct drug effects and/or the experience of growing up in the chaos of addiction -- and most often in poverty -- can interrupt the normal developmental patterns of young children.

The Family Nurturing Center completes developmental screens and assessments where indicated and provides needed services to children with developmental impact challenges. The Center also works with families to instruct them in how to parent their children to best ameliorate these issues.

Mental Health/Family Counseling Services

Among adults who used illicit drugs during the past year, 17.1 percent had a severe mental illness in that year, while the rate was 6.9 percent among adults who did not use illicit drugs. Research suggests that the likelihood of seeking treatment is strongly increased in the presence of at least one co-occurring condition (CSAT, 2005, from *The Domino Effect*, 2006).

The RPG/FC grants provided funds for mental health counselors to provide services for participating individuals with co-occurring mental health problems and to provide family and relationship therapy including bonding and attachment work.



Collaboration Family: Maryah

For a girl who is only 21, Maryah Blaylock has a long list of terrible things she would rather forget.

Drugs go back three generations in her family. Her father spent time in prison. She quit school and left home at 16 and spent a few years homeless, lost in her own addictions. Pot turned to pills turned to meth. She married a man with his own drug problem and got caught one night at the movies with a bag of meth in her purse. She faced her own prison time.

But nothing compares to the day she had to hand over her baby.

She tells her story matter-of-factly now, sitting in an overstuffed chair, twisting the ends of her blond-and-brown hair. Her baby, Skylair, was 1 year old. When she got caught -- to avoid prison -- she agreed to go into OnTrack's HOME program.

But she says she wasn't ready for it. The shared rooms, the supervision, the sense of being restricted, was too much. She grabbed the baby and left at the first opportunity and hid from the police and child welfare workers for two weeks.

When they threatened to charge her with kidnapping, Maryah agreed to meet her caseworker and hand over her child until the court could figure out what to do with him. When it came right down to it, she couldn't.

"It was the hardest thing I have ever done," she says. So hard she couldn't physically let go. Her husband pried the child out of her arms, and handed him to the caseworker with his favorite blanket, and the only photos Maryah had of herself and her husband -- on their credit cards.

At this point in the story, tears start to flow -- just as they did for three days while Maryah curled up in a little ball and tried to figure out how to get her baby back.

On the following Monday, she met with OnTrack's Treatment Team Leader, Kelly Ferreira and told her she would do whatever she needed to do. Kelly asked her point-blank if she intended to run. Not this time, she said.

Kelly recommended she be placed in OnTrack's emergency housing on King Street with her son. The judge agreed.

It wasn't smooth sailing. Maryah admits now to "faking it to make it" the first few weeks. She would show up at day treatment sessions in sunglasses, sit in the back, and pretend like she was participating. Kelly called her a "bratface."

Her husband tried to join her at King Street, but left one day and never returned. Maryah moved between the OnTrack programs, succeeding and failing, riding the

rollercoaster of recovery. Along the way, she finally quit running, and faced herself.

"I learned how to listen and pay attention," she says. "I learned how to take advice from others instead of trying to fight over it and wanting to do it all your own way."

"You have to want it. You can't do it for your kids or your family. I learned you have to change your life -- for you."



Her new life includes attending treatment programs and NA meetings twice a week and graduating soon from the Family Court program. She has paid off her fines and will get her driver's license next, so she can enroll in cosmetology school and eventually have a job that will support her and her child.

She has reunited with her parents, who are also in treatment, and celebrated her first year of being clean and sober.

And, for the first time in her life, Maryah has a real home -- an upstairs apartment in one of OnTrack's permanent housing complexes. There are pillows on the couch and photos on the walls and food in the refrigerator. There is a big bin of toys in the living room and a little boy sleeping nearby in his own bed, in his own room.

On her bathroom mirror Maryah has a collection of affirmations written in dry-erase ink. Scribbled in the middle, in pink, is her favorite: "I am a good mother."

Although Maryah relapsed in late 2012, her child was not taken away and she quickly re-entered residential treatment.

Sustainability

From the outset of the RPG-funded project in 2007, the partners committed themselves to rigorous evaluation that would analyze process and outcomes and an equally rigorous cost analyses that would demonstrate return on community (or federal) investment.

Armed with data, we were able to approach state legislators and to share with them a clinically proven, financially sound and trauma-informed transformational system for Child Protective Services. This led to the passing of SB 964 which is providing funding to sustain these successful efforts and spread them throughout the state.

As the populations served are expanded and new services are added they too should be sustained by SB 964 because as the populations served are increased, the number of children in foster care will go down even further providing more savings for reinvestment into these activities.

Several meetings took place to gain technical advice from RPG staff and contractors. Much was learned about the details of cost analysis which we will use as we move forward. However, the calculation at the low end of the cost of foster care for the number of children who would have entered care and did not more than supports the investment in this model. We talked extensively about downstream cost savings which are predicted and which we are tracking.



'Someone has to be a believer. Someone has to have a strong vision and help people understand how valuable this program will be.'

- Senator Alan Bates

OnTrack Facilities



Ivy Street Crisis Housing



The HOME Program



The DADS Program



Holly Street



King Street



11th Street

Conclusion and Next Steps

Members of our partnership have consulted with other counties around Oregon as they seek to come under SB 964 rollout. We have begun by suggesting that they and any other county which in the future will seek support under SB 964 first develop an advisory board of leadership who can affect policy and practice. Use that board to develop a common cross system mission, goals and practice principals. Goals should be common and ones that cannot be attained without each other such as reducing foster care placements.



The group together should evaluate the current services and gaps. They should then talk about what system changes they want and what it will take to get there. There should then be an agreement which confirms the commitment of the partners to work toward these goals collaboratively. There should be training which is regular and continuous regarding the goals and mission practice principles of the collaboration which are repeated as staff changes occur.

Finding champions is essential at the child welfare branch level and at the state office level. There needs to be a judge identified who will champion the model from that level. Importantly, a legislator from the local district should become a champion in order to maintain sustainability efforts and to continue the educational process and understanding across legislative bodies.

Each partner should be represented equally on the advisory board whether they do a lot or a little of the work. Foster parent associations should be brought in as well. Trainings to the CASA's and foster parents are essential -- they are big change agents in this model.

Evaluation should be rigorous and external and should be added to as the programs mature. A way of facilitating staff misunderstandings should be implemented with managers present to guide the process with equity.

Case managers are thought to rely more heavily on "practice wisdom" than administrative rules when making placement referrals (Cash, 2001). Therefore it makes sense to have input from all involved in the case in an organized fashion.

In addition, the standard for foster care placement does vary over time, with the amount of resources available to child protective services, such as federal funding and monthly subsidies paid to foster parents (Julian Simon, 1975; Claudia Campbell and Susan Whitelaw Down, 1987; Patricia Chamberlain, Sandra Moreland, and Kathleen Reid 1992; Hegar and Scannapieco, 1995; Joseph J. Doyle Jr. and H. Elizabeth Peters, 2007). As it appears that the threshold for placement is not constant across time or across investigators, practice wisdom must be improved and consensual to be more effective. Staff changes reinforce this need. We need to move from idiosyncratic to more systematic responses.

The ongoing commitment to fund these efforts gives us the opportunity to follow children to the age where they are old enough to express the poor outcomes associated with foster care, ie. delinquency, teen motherhood, etc., and to determine the impact of our efforts

The vision of SB 964 is to transform Oregon's child welfare system to one that is fully trauma-informed, while aligning with the goals of the *Oregon Safety Model* and soon-to-be-adopted *Differential Response*. Perhaps most importantly, SB 964 has the potential to vastly improve child and family outcomes and to reduce the intergenerational transmission of child neglect across the entire state of Oregon. Further, the bill instructs state officials to seek a Title IV-E waiver to allow reinvestment of foster care dollars saved into the programs which are demonstrating safe and sustained foster care reduction and improved child outcomes. OnTrack, with the support of the Children's Bureau, is proud to have played a significant role in this effort.

We have developed billboards, radio and television spots which have run continuously throughout the project period. (See Appendix, Page 43)

Expanded Populations

It is our Collaborating partners' hope over the next few years to add services to address the needs of families whose children are in out-of-home care because of parental abuse or neglect secondary to:

- mental health,
- domestic violence and/or
- developmental delays.

With this enhancement most children involved in the child welfare system will be given the same opportunities regardless of the type of problem their parents are battling. The model was designed flexibly to accommodate this expansion.

Our collaboration remains strong. Quarterly meetings continue with excellent attendance by top leadership of all partner agencies. The joint staffing and processing of cases is well established. "Great Partnership" meetings occur monthly during which partners review cases in order to identify challenges and work through any differences in the case-handling that might surface.

We hold an annual celebration of the Collaboration in which all partners participate. Here, no particular program or agency is highlighted but the accomplishments of the Collaboration are celebrated.

By promoting the collaboration, all partners feel equal and committed to the process and the community becomes educated about the success of the partnership. Invitations go out to a wide segment of the community with growing participation.

The second annual celebration of the Collaboration was held with several hundred people attending.

Senator Alan Bates, the chief sponsor of SB 964, was the speaker at the event and pledged his continued support for these efforts in Jackson County and across the State of Oregon.

Most touching were his comments about being a "convert" stating, "As a foster parent myself, I had an inclination to separate children from these parents but I have been educated."

All of the juvenile judges were present and shared how the chief justice supported partnership efforts and that his staff testified in favor of the bill.

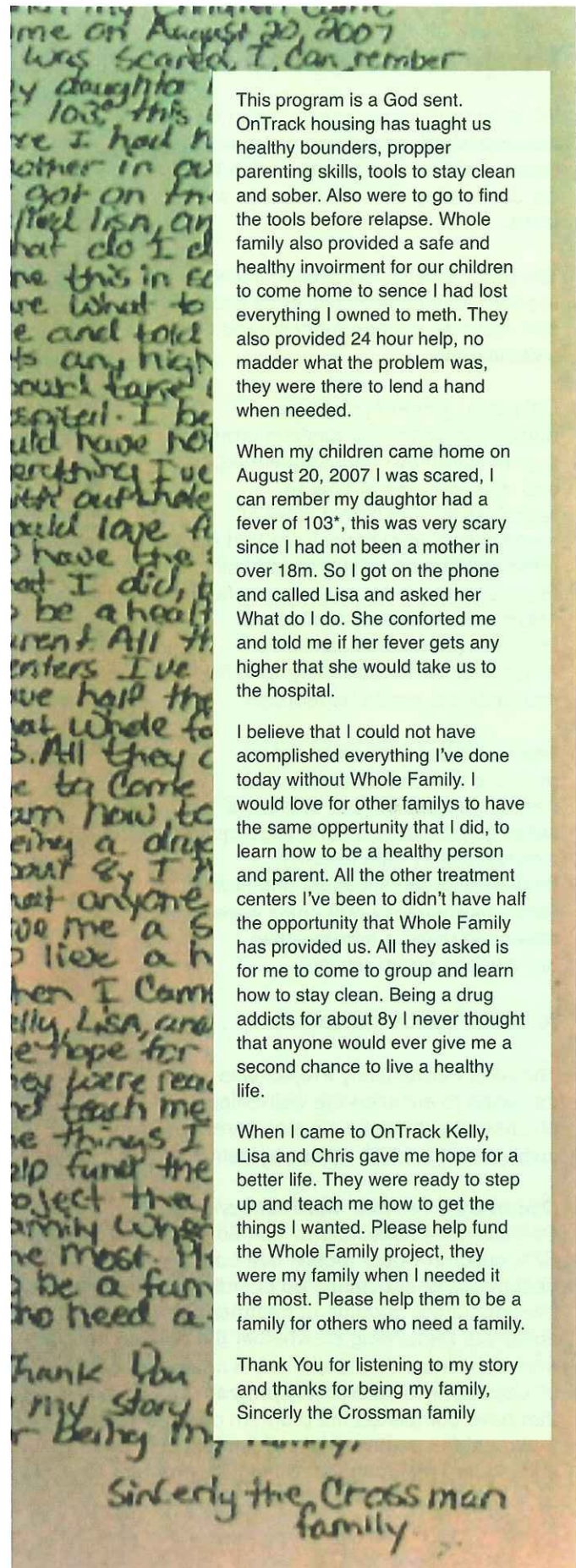
This program is a God sent. OnTrack housing has taught us healthy bounders, proper parenting skills, tools to stay clean and sober. Also were to go to find the tools before relapse. Whole family also provided a safe and healthy invoirment for our children to come home to sence I had lost everything I owned to meth. They also provided 24 hour help, no madder what the problem was, they were there to lend a hand when needed.

When my children came home on August 20, 2007 I was scared, I can rember my daughter had a fever of 103*, this was very scary since I had not been a mother in over 18m. So I got on the phone and called Lisa and asked her What do I do. She conforted me and told me if her fever gets any higher that she would take us to the hospital.

I believe that I could not have acomplished everything I've done today without Whole Family. I would love for other familys to have the same oppertunity that I did, to learn how to be a healthy person and parent. All the other treatment centers I've been to didn't have half the opportunity that Whole Family has provided us. All they asked is for me to come to group and learn how to stay clean. Being a drug addicts for about 8y I never thought that anyone would ever give me a second chance to live a healthy life.

When I came to OnTrack Kelly, Lisa and Chris gave me hope for a better life. They were ready to step up and teach me how to get the things I wanted. Please help fund the Whole Family project, they were my family when I needed it the most. Please help them to be a family for others who need a family.

Thank You for listening to my story and thanks for being my family,
Sincerely the Crossman family



Project Outcome and Evaluation

When random assignment cannot be accomplished, a matched comparison group is the most rigorous design that can be employed and the design we used.

The program enjoyed overwhelming success as it achieved all of its goals and met with extraordinary success on several goals.

Ultimately, program children outperformed the comparison group by experiencing fewer subsequent reports and removals, faster time to reunification, and higher rates of reunification. Implications are that if more children could be treated using this program model, outcomes would improve for children, adults, and families and the financial costs associated with responding to child maltreatment would be reduced.

The evaluation was designed to measure child, adult, family and partnership goals. Four outcomes: subsequent maltreatment, subsequent removal (foster care re-entry), timeliness of reunification, and final family permanency outcomes were examined using a retrospective comparison group design.

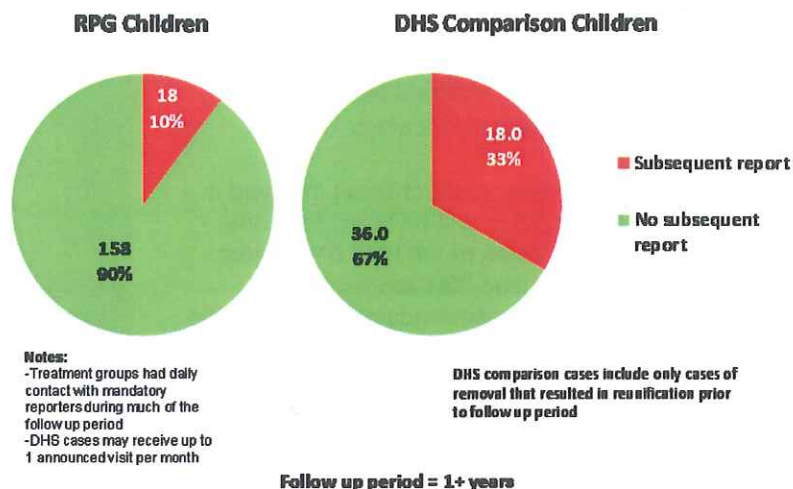
A. Child/Youth Indicators

The RPG Permanency Project was designed to enhance the well-being of children of substance abusing parents involved in the child welfare system.

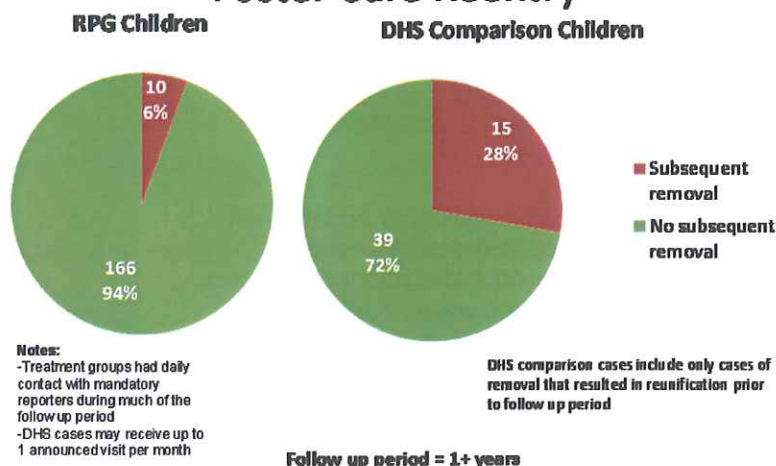
Occurrence of child maltreatment -

OnTrack set a specific goal that 90 percent of all RPG children would remain free from a second occurrence of substantiated or indicated findings throughout the duration of treatment; this goal was achieved. Depending on whether the percent free from subsequent maltreatment is computed out of all children who entered the program or all families that have completed the program only 5 percent or 7 percent (respectively) of children experienced subsequent maltreatment during the program.

Subsequent Report



Subsequent Removal: Foster Care Reentry



Re-entries to Foster Care -

Another goal set for the program was that at least 75 percent of program children discharged from foster care to reunification would remain free from foster care re-entry for at least the twelve months of treatment.

This goal was also met as only 2 percent of children discharged from foster care to reunification re-entered foster care during the program.

Timeliness of reunification -

Speedy reunification was another program goal. Specifically, the program sought to reunify at least 75 percent of all program children in less than 10 months elapsed time. Actual outcomes far exceeded expectations with only 2 percent of children discharged from foster care to reentry spending more than 10 months in out-of-home placement. The average time to physical reunification was just over two months with the majority of children reunified with their parent within one month.

Prevention of substance exposed newborns -

Since the RPG program was expected to provide services to some pregnant women, a goal was set that less than 25 percent of program women would give birth to a subsequent substance-exposed infant in the 12 months following treatment admission. This program goal also met with resounding success as no program women subsequently gave birth to a substance-exposed infant while in the program.

Children connected to supportive services -

OnTrack's RPG program goals were set based on the planned provision of extensive services to families and children. The program aimed to provide 90 percent of RPG program children an individual assessment of needs. This goal was easily achieved as at least 99 percent of program children received an individual assessment of needs.

The most common assessments of children included assessments for mental health needs (99 percent), primary pediatric health care needs (84 percent), and developmental needs (59 percent). Many children received multiple assessments. The program also aimed to provide appropriate referrals for 90 percent of children whose assessment indicated a need for service. At least 90 percent of assessed children received services and at least 99 percent of children whose assessments indicated a need for services received those services.

The four child level outcomes we examined assessed child safety and we collected data on these outcomes from our RPG treatment group as well as the retrospective comparison group. The child outcomes included: rate of subsequent substantiated maltreatment reports, rate of subsequent removals, time to subsequent report, and final family permanency outcome. Only children for whom a minimum of one full year of follow up data were available were included in the analyses.

Among the RPG treatment group only 10 percent of children experienced a substantiated maltreatment report subsequent to RPG entry. Thirty-three percent of comparison group children experienced a substantiated maltreatment report subsequent to reunification with their parent following the most recent removal due to maltreatment.

In other words, children in the comparison group were roughly three times as likely to experience subsequent maltreatment as the RPG treatment group.

Among the RPG treatment group only 6 percent of children experienced a removal due to substantiated maltreatment subsequent to RPG entry.

Twenty-eight percent of comparison group children experienced a removal due to substantiated maltreatment subsequent to reunification with their parent following the most recent removal due to maltreatment. This means that the comparison group children were four times as likely to experience a subsequent removal as the RPG treatment group.

Children in the comparison group were three times as likely to experience subsequent maltreatment - and four times as likely to be removed - as children in the RPG treatment group.

Note that the difference between these subsequent maltreatment and subsequent removal rates and the ones presented earlier in this report differ because these figures included a post-program follow-up period and results presented earlier on the treatment group were limited to in-program findings.

Outcome and Evaluation

Relative to related outcomes found in other studies, the subsequent maltreatment report and subsequent removal outcomes experienced by the RPG treatment group are positive. Rates of subsequent maltreatment vary depending on the definition used and time frame examined. Rates are lower when a stricter definition of subsequent maltreatment, such as substantiated reports, and higher when a longer follow-up period is examined. Subsequent maltreatment reports range from 11 percent to 26 percent when tracked up to two years and 15 percent to 35 percent (when children remain with their parents) when tracked over five years (BASSC, 2005; Connell, et al., 2009). In Oregon, subsequent maltreatment rates within a six-month period ranged between 4.2 and 7.5 percent between 2007 and 2010 (Children's Bureau, 2011).



While researchers have demonstrated that substance abuse plays a major role in child maltreatment with substance abusers experiencing a higher rate of child maltreatment reports and removals, it is harder to find estimates of subsequent maltreatment reports for parent populations that consist entirely of substance abusers. Based on the range of subsequent maltreatment rates, the definition used, timeframe employed, and fact that all parents in the RPG treatment group were substance abusers when they entered the program, a subsequent maltreatment report rate of 10 percent is very good and satisfies the program's stated goal of 90 percent of children remaining free of further child welfare involvement.

Even stronger is the RPG program's impact on subsequent removals or foster care reentry. Other studies report foster care reentry rates of 13 percent to 20 percent depending on follow up periods ranging from nine months to three years (BASSC, 2005). In Oregon, foster care reentry rates ranged from 78 percent to 12 percent between 2007 and 2010 depending on follow-up periods within or exceeding 12 months (Children's Bureau, 2011). The fact that only 6 percent of RPG treatment kids were subsequently removed from their parents care is a powerfully positive outcome and satisfies the program's stated goal of 75 percent of children avoiding foster care reentry.

The implication is that providing effective treatment for substance abusing parents and enhancing their parenting skills promotes family safety. Furthermore, children can safely remain in their parents' care while their parent is undergoing substance abuse treatment and do not need to experience the trauma of separation. Since a significant proportion of child

maltreatment takes place in homes where substances are abused, these findings suggest that the safety of kids can be enhanced and reliance on the foster care system can be reduced by treating parents' substance abuse problem and providing services that help them be better parents.

As far as time to subsequent maltreatment report or time free from abuse, our results were somewhat surprising. For the small group of RPG children who experienced a subsequent maltreatment report the average number of days from RPG entry to the subsequent maltreatment report was 286 days or about nine and a half months. For the comparison group children who experienced a subsequent maltreatment report, the average number of days from reunification with their parent (following the most recent removal associated with a maltreatment report) to the subsequent maltreatment report was 715 days. The amount of time free from a substantiated maltreatment report was longer for the comparison group kids than for the RPG treatment group children.

It is important to acknowledge that following reunification, the retrospective comparison group likely received no more than monthly announced visits by DHS caseworkers. On the other hand, RPG treatment families in residential family treatment housing were under constant supervision by mandatory reporters. In the best possible case, comparison children were free of maltreatment for nearly two years before experiencing a subsequent substantiated maltreatment report. However, there is a possibility that the comparison group children who eventually came to the attention of DHS suffered one or more instances of undetected maltreatment prior to the subsequent substantiated maltreatment report.

The RPG treatment group experienced lower rates of subsequent reports and removals and higher rates of permanent reunification than the comparison group, despite enhanced supervision. On the other hand, the constant supervision likely impacted the amount of time that took place between the original and subsequent maltreatment report which was shorter on average for the RPG treatment kids than the comparison group children.

While this could be interpreted as a poor outcome for the RPG treatment group, we feel this is a good outcome because fewer RPG treatment children suffered subsequent maltreatment and when they did, they came to the attention of DHS faster than the comparison group children and this reduced the amount of time the children could potentially be considered in danger or unsafe.

Our consideration of anything less than the best case for the comparison group and interpretation of increased safety for children in the RPG treatment group is further supported by the final family permanency outcomes. Among the RPG treatment children, 98 percent were physically and legally reunified with their parent while only 51 percent of comparison children experienced legal reunification as their final family permanency outcome. One percent of RPG treatment group children had parents whose parental rights were terminated (TPR) and one percent of children were placed in the care of a guardian. In the comparison group, 27 percent were adopted, 15 percent were placed in the care of a guardian, and 6 percent remained in foster care. While the comparison group achieved reunification at a rate comparable to that found in other studies, the RPG treatment group's reunification rate of 98 percent far exceeds other studies and is another powerfully positive outcome.

What this means is that effective treatment of substance abuse by parents who are in danger of having their children removed from their care and provision of services that enhance parenting ability augments family safety and promotes desirable family permanency outcomes. The implication is that reallocating resources to make it possible for more parents with substance abuse problems, who are in danger of having their children removed, to receive appropriate treatment and parenting services in a supervised environment is likely to reduce both the DHS caseload and expense associated with foster care.

This change in philosophy and practice can take place on a larger scale without increased risk of danger to children. In fact, lower rates of child maltreatment can be expected and those that occur come to the attention of DHS more rapidly. The majority of children can be legally reunified with their treated parent.

Beyond these important outcomes, we intended to examine predictors of subsequent substantiated maltreatment reports and removals, but the small number of subsequent maltreatment reports and removals in the RPG treatment group likely affected the ability to identify statistically significant predictors.

The RPG treatment group's reunification rate of 98 percent far exceeds other studies and is another powerfully positive outcome.

Among the predictors we examined was the child as a prior victim of maltreatment. Our hypothesis was that parents with a history of child maltreatment would be more difficult to treat effectively and their children may be more likely to be re-victimized. While 10 percent of RPG children experienced a subsequent maltreatment report, just over 12 percent of RPG children who were victims of maltreatment prior to RPG

experienced a subsequent report; the association between children as prior victims of maltreatment and subsequent maltreatment reports was not statistically significant.

We also examined methamphetamine use as the parent's primary drug of choice. Our hypothesis was that parents who reported meth as their primary drug of choice would be more likely to experience subsequent maltreatment reports, since even effectively treated meth addicts return to friends, families, and communities where meth is available and some may succumb to life's pressures by using again. While 7 percent of RPG children whose parent reported meth as their primary drug of choice experienced a subsequent maltreatment report, just over 10 percent of RPG children whose parent did not report meth as their primary drug of choice experienced a subsequent maltreatment report; the association between parent's meth use and subsequent maltreatment reports was not statistically significant.

Outcome and Evaluation

Parent's admission of being a polydrug user at intake was also examined as a predictor of subsequent maltreatment reports. Our hypothesis was that parents who were polydrug users may be more likely to experience a subsequent maltreatment report, because they were more heavily involved in drug use. While 10 percent of RPG children experienced a subsequent maltreatment report, just over 6 percent of RPG children whose parent was a polydrug user experienced a subsequent report; the association between parent's polydrug use and subsequent maltreatment reports was not statistically significant. In fact, it was in the opposite direction; a larger percentage (18 percent) of parents who were not polydrug users experienced a subsequent maltreatment report.

We also looked at the child as a singleton versus having siblings as a predictor of subsequent maltreatment reports. Our hypothesis was that parents with multiple kids may experience more stress and have less patience and time to adequately monitor and care for multiple kids. The percent of singleton kids and kids with siblings who experienced a subsequent maltreatment report was nearly identical (just over 5 percent); the association between kids with siblings and subsequent maltreatment reports was not statistically significant.

The last contextual variable we examined was participation in Community Family Court. Our hypothesis was that parents who received services from both the RPG program and Community Family Court would be less likely to experience subsequent maltreatment reports.

While 10 percent of RPG children experienced a subsequent maltreatment report, 8.5 percent of RPG children whose parent were in Community Family Court experienced a subsequent maltreatment report; the association between CFC participation and subsequent maltreatment reports was not statistically significant. All remaining adult, family, and regional partnership goals will focus only on the treatment group and do not include a comparison group.

B. Adult Indicators

Retention in substance abuse treatment - The RPG Permanency Project was also designed to improve the outcomes of parents who were diagnosed with methamphetamine dependency. Specifically, the project sought to retain at least 55

percent of enrolled families until treatment completion. This goal was achieved as at least 61 percent of families completed the program as of Sept. 30, 2012. The remaining 39 percent of families remain in the program so the completion rate will increase as these families complete the program.

Parents or caregivers connected to supportive services - The RPG program set a goal of providing additional adjunct services as identified by their individual assessments of need and family-centered care plans for 100 percent of all program parents who complete substance abuse treatment. This goal was achieved. In addition, over 90 percent of program parents who completed treatment received mental health services, continuing care recovery support services, or domestic violence services. Additionally, 85 percent or more parents were the beneficiaries of transportation or child care services.



At least 61 percent of families completed the program as of September 30, 2012. The remaining 39 percent remain in the program, so the completion rate will increase as families complete the program.

C. Family/Relationship Indicators

Parenting - Another program goal was for families to have enhanced capacity to provide for their children's needs. Specifically, the program aimed to provide services that enhanced parenting for 100 percent of program parents who completed the program. This goal was achieved as 100 percent of program parents received parenting training or education.

A sub-goal to enhance parenting ability was to provide specific training on addiction, substance abuse treatment, family recovery issues, and the special needs of children who have suffered from maltreatment by parents with substance use disorders for 20 foster care parents, providing care to project participants, per year. As a result of RPG encouragement and resources, Jackson County Child Welfare Services is now training 100 percent of foster parents using the Partners in Parenting model that trains specifically on addiction, substance abuse treatment, family recovery issues and the special needs of children who have suffered from neglect and maltreatment as a result of parental substance use disorders. Over the past five years at least 200 foster care parents have been recruited and trained under this model. That includes all of the foster parents caring for kids in the RPG program, surpassing the goal of 20 per year.

Ultimately the Collaboration sought to improve the well-being of and permanency outcomes for children and to increase the capacity of formerly meth-addicted parents to care for their children. Therefore, the specific outcomes measured included rates of subsequent substantiated maltreatment reports, rates of subsequent removals due to maltreatment, time free of subsequent maltreatment, and final family permanency outcomes (e.g., reunified, termination of parental rights, etc.). The program goals as originally drafted for the grant application are noted below.

1.0 Goal: *To enhance the well-being of children of meth-abusing parents*

- 1.1** - At least 90 percent of all children served by the project whose parents complete the program will remain with a parent through the time of treatment completion.
- 1.2** - At least 90 percent of all children will remain free from a second occurrence of substantiated or indicated findings throughout the duration of treatment.
- 1.3** - At least 75 percent of all program children discharged from foster care to reunification shall remain free from foster care re-entry for at least the twelve months of treatment.

- 1.4** - At least 75 percent of all program children discharged from foster care to reunification shall be reunified with less than ten months elapsed time.
- 1.5** - Not greater than 25 percent of program women will give birth to a subsequent substance-exposed infant for the 12 months following treatment admission.
- 1.6** - At least 90 percent of children of participant parents will receive an individual assessment of needs.
- 1.7** - Of those children assessed, at least 90 percent will receive appropriate referrals.

2.0 Goal: *To improve the outcomes of parents who are diagnosed with methamphetamine dependency*

- 2.1** - Of the families enrolled in the project at least 55 percent will remain in the treatment program until completion.
- 2.2** - Of all parents enrolled in the project at least 60 percent will remain substance-free at 6-months, 55 percent will remain substance free at the 12-month mark and/or discharge.
- 2.3** - Of all parents who complete substance abuse treatment 100 percent will receive additional adjunct services as identified by their individual assessments of need and resultant family-centered care plans.

3.0 Goal: *Families will have enhanced capacity to provide for their children's needs*

- 3.1** - Of those parents enrolled in the project who completed treatment, at least 100 percent will be provided with services that enhance parenting.
- 3.2** - Of those parents completing treatment, 95 percent will evidence increases in at least two of four child maltreatment protective factors (i.e., bonding and attachment; parental resilience; social connections; or concrete support in times of need or crisis).
- 3.3** - Of those families completing treatment, 100 percent will receive joint case management services coordinated between a substance abuse treatment provider and the local child welfare agency.

- At least 95 percent of the completers shall receive a cross-agency staffing at least every 90 days.

- 3.4** - Of the foster care parents providing care to project participants, a minimum of 20 a year will have specific training on addiction, substance abuse treatment, family recovery issues, and the special needs of children who have suffered from maltreatment and parental substance use disorders.

Outcome and Evaluation

4.0 Goal: *Jackson and Josephine Counties will have new or increased ability to address parental methamphetamine abuse and its effect on children.*

4.1 - By not later than the conclusion of the second program year:

- 80 percent of employees and caseworkers who attend the training will report an increased understanding of the services and policies of their partners.
- 80 percent of workers attending the training will report an increased knowledge of the cross-agency referral process.
- 90 percent of workers will evidence increased skill and knowledge in working in family-centered practice models.
- 90 percent of workers will evidence increased clinical knowledge of the importance of the parent-child bond, and can name specific actions that reinforce that bond and specific actions that traumatize that bond.

4.2 - By not later than the conclusion of the first program year, the region will have increased its coordinated residential treatment capacity by at least 6 beds and 20 parents per annum.

Population description: The RPG treatment group consisted of all children who were admitted to the RPG program. The comparison group was a



retrospective group of children who experienced a removal from their parent as a result of the most recent substantiated case of child maltreatment. Specifically, the child maltreatment report must have occurred in Jackson County in calendar year 2005, 2006, or 2007 to be considered retrospective.

The retrospective comparison design was used to provide a basis of comparison for case outcomes in Jackson County prior to the implementation of RPG services.

When random assignment cannot be accomplished, a matched comparison group is the most rigorous design that can be employed. However, selection bias including factors that affect the comparability of groups present inherent design limitations and threaten interpretation of results. Similarly, use of a retrospective comparison group presents limitations.

Despite factors that affected the comparability of the RPG treatment and comparison group that favored the comparison group (only examining kids who had been reunified and who were subjected to lower levels of supervision), the RPG treatment group outperformed the comparison group who received treatment as usual in rates of subsequent reports and removals. Ultimately, the safety of the RPG treatment group was enhanced to a greater extent than treatment as usual.

The comparison group excluded cases where the child(ren) was/were removed from mom and placed with dad or removed from dad and placed with mom as a safety plan. In other words, the comparison group focused on children who experienced out-of-home foster care placements. In addition, the parent of the child(ren) removed due to substantiated maltreatment must have had a documented alcohol and/or drug problem in order to make them comparable to the population receiving RPG services. Finally, each family selected for inclusion in the comparison group had to have at least one child in the 0 to 5 age range.

When examining the final family permanency outcome (reunified, termination of parental rights, guardianship, etc.) the entire comparison group was included for analysis; all had a sufficient follow up period of more than one year. For analyses involving subsequent maltreatment reports, time free of abuse or time to subsequent reports, and extent of subsequent removals due to maltreatment, only a subset of the comparison group was included in analyses based on the definitions provided on the following page.

Outcome and Evaluation

Definitions: It is important to operationally define a few key outcomes as they were used in this evaluation. Subsequent maltreatment report refers to a substantiated maltreatment report. For the RPG treatment group, subsequent means any report that was made on a date after the RPG entry date. For the comparison group, subsequent means any report that was made on a date after the child was physically reunified with their parent following the most recent removal.

Subsequent maltreatment was operationalized in this way for the comparison group, because we were interested in examining safety or subsequent maltreatment of the child while in their parents' care, rather than in the care of a guardian or foster parent. If we included children in the comparison group who were not reunified with their parent, we would not have been evaluating the parenting ability of the parent originally associated with the original maltreatment report that made the family eligible for inclusion in the comparison group.

Using this operational definition reduced the comparison group sample size considerably, because only children who were reunified with their parent were included in analyses involving outcomes associated with subsequent maltreatment. The term subsequent removal is based on similar time frames as those described above for subsequent maltreatment, but subsequent removals refer to subsequent substantiated maltreatment reports that then led to a subsequent removal of the child from their parents' care.

In sum, when examining rate of subsequent reports, time to subsequent reports, and rate of subsequent removals, only comparison group children who were reunified with their parent, following the most recent removal associated with maltreatment, were included for analysis. The entire comparison group was included in the analysis of final family permanency outcome. It is worth noting that using this operational definition and examining only a

subset of the comparison group who were reunified with their parent theoretically puts the comparison group at an advantage when making comparisons to the RPG treatment group; only the most successful or safest comparison group families were used to compare subsequent maltreatment reports and removals with the RPG treatment group.



Data collection and analysis: Data for the key outcomes were provided by the Oregon Department of Human Services, Children, Adults and Families Administration. Data for the RPG treatment groups was supplied by the Jackson County office and data for the comparison group was supplied by the state office. Data provided by the county and state DHS offices came from the NCANDS (National Child Abuse and Neglect Data System) and AFCARS (Adoption and Foster Care Analysis and Reporting System) databases. The data required considerable cleaning and recoding prior to analysis. The subsequent report and subsequent removal outcomes were coded categorically. Frequencies and percentages of subsequent reports and removals were computed for the treatment group and comparison group and pie and bar charts were produced to visually display the results. Frequencies and percentages of final family permanency outcomes were also computed. Time to subsequent report was computed in number of days and group averages were computed for both the RPG treatment group and the comparison group.

Appendix: Logic Model

Inputs	Activities	Outputs	Short-Term & Intermediate Outcomes	Long-Term Outcomes (Goals)
<p>Underlying Conditions: Children of methamphetamine abusing parents are more likely to experience abuse and neglect than children from abstinent households. Scarce resources, lack of coordination among service systems, and an inability of many residential programs to accommodate children make it difficult to address the needs of families. These children are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from other families.</p> <p>Target Population: Children who are in, or at-risk for, an out-of-home placement due to methamphetamine or other substance abuse by a parent or caretaker.</p> <p>Resources: Locally available matching funds; and, Federal grant funds</p>	<p>Services:</p> <p>Expand parent-with-child residential treatment</p> <p>Expand Family-Centered Practices for intensive out-patient treatment</p> <p>Enhance Family-Centered case management</p> <p>Enhance transitional and permanent drug-free housing</p> <p>Create safe, emergency, short-term housing</p> <p>Implement <i>Reconnecting Families</i></p> <p>Capacity-Building: Enhance recruitment and training of <i>Family-Centered</i> foster providers</p> <p>Through training and monitoring, enhance systemic permanency planning skills</p> <p>Improve cross-systems coordination through Family Advocate position</p>	<p>Services:</p> <p>Number of families receiving;</p> <p>24 residential treatment</p> <p>18 in safe housing</p> <p>18 outpatient treatment</p> <p>50 case management</p> <p>50 parenting education</p> <p>50 permanency planning</p> <p>50 recovery support</p> <p>50 appropriate permanent housing</p> <p>50 <i>Reconnecting Families</i> Services</p> <p>Capacity-Building:</p> <ol style="list-style-type: none"> 1) Develop inter-agency structure 2) Develop communication procedures for case planning 3) Develop process for data sharing and data-driven quality 4) Convene training 5) Monitor, evaluate, and revise/improve as indicated 	<p>Child Outcomes:</p> <p>+90% of children remain with parent through treatment (completers)</p> <p>Of those 90% of children:</p> <p>+90% will remain free from further child welfare involvement</p> <p>+75% will avoid foster care re-entry</p> <p>+75% of children removed from the home will be reunified in less than ten months</p> <p>+Decrease in number of subsequent drug-exposed births</p> <p>Adult Outcomes:</p> <p>+60% of enrollees remain substance-free at six months</p> <p>+55% of meth-addicted parents complete treatment</p> <p>Family Outcomes:</p> <p>+95% of completers evidence increases in 2 of 4 child protective factors</p> <p>+100% of completers receive parenting enhancement services</p> <p>Regional Partnership Capacity Outcomes:</p> <p>+>90% of employees who attend training will evidence increased knowledge of family-centered services</p> <p>+>90% of workers will articulate importance of parent-child attachment and ways to harm or support the same</p>	<p>SAFETY:</p> <p>Children are protected from abuse and neglect, as evidenced by:</p> <p>+Reduced occurrence of maltreatment; and,</p> <p>+Reduction in incidence of children placed in foster care</p> <p>PERMANENCY:</p> <p>Children have permanency and stability in their living situations as evidenced by:</p> <p>+Length of time to reunification;</p> <p>+Number of foster care placements;</p> <p>+Re-entry to foster care rates; and,</p> <p>+First entries into foster care</p> <p>WELL-BEING:</p> <p>+Families have increased capacity to care for their children's needs</p> <p>+Children's educational, physical and mental health needs are met</p> <p>+Children have opportunities for healthy social and emotional development</p> <p>SERVICE CAPACITY:</p> <p>+The region has a new or increased ability to address parental substance abuse and its affect on children</p>

Appendix: Promotion & Outcome of the Collaboration



Billboard



Television spot



Television spot

78th OREGON LEGISLATIVE ASSEMBLY 2011 Regular Session

Senate Bill 964

Sponsored by Senator RATES, Representatives BUCKLEY, ENQUVEL, RICHARDSON; Senators KRUER, MCANNE, ANDERSON, MOORE, SHELTON, WINTERS, Representatives FREEMAN, GREENLICK, THATCHER, THOMPSON

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires Department of Human Services and county partners to implement Strengthening, Preserving and Reunifying Families programs to provide family preservation and reunification child welfare services. Allows department to enter into contracts with and make payments to eligible programs. Directs department to seek federal approval to access federal savings accrued as result of reduction in costs of foster and substitute care to reinvest in programs under Act. Includes programs' services in definition of "purchase of care."

Creates Strengthening, Preserving and Reunifying Families Program Fund. Continuously appropriates money in fund to department for specified purposes.

Requires department and juvenile court to include in reasonable efforts considerations and determinations whether preservation and reunification services provided by programs are most likely to prevent or eliminate removal of child from child's home or most likely to make it possible for child to safely return home.

Requires department to adopt rules.

Declares emergency, effective on passage.

A BILL FOR AN ACT

- 1 Relating to child welfare services; creating new provisions, amending ORS 418.480, 418.485 and
- 2 418.495; appropriating money; and declaring an emergency.
- 3 Be It Enacted by the People of the State of Oregon:

SB 964

Mission:

OnTrack is a non-profit human services agency serving Southern Oregon residents for more than 40 years. The agency's philosophy is that chemical dependency and related dysfunctions are highly complex but treatable chronic illnesses. OnTrack has always evolved our programs to meet changing community needs with a particular emphasis on indigent populations. Chemical dependencies are often multigenerational and therefore require family-oriented treatment and broad services aimed at helping families develop solid recovery programs and become system independent.

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by the staff
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