

# Child Welfare Advisory Committee

DATE: November 9, 2011

Mike Balter, CWAC Chair  
The Boys and Girls Aid  
Society of Oregon

Dana Ainam  
Confederated Tribes of the  
Grand Ronde of Oregon

Janet Arenz  
Oregon Alliance of  
Children's Programs

Iris Bell  
Oregon Commission on  
Children and Families

Cindy Burlingame  
Oregon Juvenile Department  
Directors Association

Pamela Butler  
Children First for Oregon

Leslie Currin  
Oregon Department  
of Education

Don Darland  
Oregon Foster Parent Assoc.

Leah Hall  
Parent Mentor/Court Liaison

Mike Maryanov  
Crime Victims' Services Division

Leola McKenzie  
Citizen Review Board

Debbie Moberly  
Statewide CASA Network Chair

Jerry Moore, Chief  
Salem Police Department

Tina Morgan  
Oregon Network of Child Abuse  
Intervention Centers

Rem Nivens  
Oregon Youth Authority

Pam Patton  
Coalition of Advocates for  
Equal Access for Girls

Carrie Rasmussen  
Deputy District Attorney  
Hood River

Angela Sherbo  
Youth, Rights and Justice

Ruth Taylor  
Parents Anonymous®  
of Oregon

Nan Waller  
Multnomah County  
Circuit Court Judge

TO: Erinn Kelley-Siel, Director  
Department of Human Services

Bruce Goldberg, M.D., Director  
Oregon Health Authority

FROM: Mike Balter, Chair  
Child Welfare Advisory Committee

SUBJECT: Alcohol and Drug Treatment and Mental Health  
Resources for Child Welfare Clients

The Child Welfare Advisory Committee is developing its work plan for the next 18-24 months. We organize our work under the following four priorities:

1. Identifying strategies to reduce over-representation of children of color in the child welfare system.
2. Preventing foster care placement.
3. Assuring that children placed in foster care are safe and thriving.
4. Providing permanency for children placed in foster care in a timely manner.

On April 22, 2007, we submitted a letter to then-DHS Director Goldberg expressing our concern that one barrier to decreasing the need for foster care is the lack of A&D and mental health treatment. As a result, children go into and remain in foster care while their parents wait for treatment. Dr. Goldberg's May 29, 2007, response agreed that this was a "major, if not THE major issue, impacting the foster care system." The committee was delighted to learn that child welfare clients were given priority status for the available treatment resources.

Erinn Kelley-Siel  
Bruce Goldberg, M.D.  
November 9, 2011  
Page 2

With the passage of HB 2009 and the creation of the Oregon Health Authority, committee members again became concerned that this prioritization may be jeopardized with the move of funding of treatment resources to the OHA. The DHS and OHA interagency agreement that prioritizes child welfare clients for the resources that exist offers reassurance that the agencies remain committed to ensuring these critical services are available for this population.

As Oregon continues to struggle with budget reductions, CWAC wishes to reiterate its commitment to the above four priorities for the child welfare system. We respectfully request DHS and OHA to hold firm in their decision to prioritize parents of children in the system for available A&D and mental health treatment resources.

Thank you.

cc: CWAC members  
Lois Day  
Mickey Serice  
Pam Pearson

# Child Welfare Advisory Committee

Judy Stiegler, CWAC Chair  
CASA of Central Oregon.

Dana Ainam  
Confederated Tribes of the  
Grand Ronde of Oregon

Janet Arenz  
Oregon Alliance of  
Children's Programs

Mike Balter  
The Boys and Girls Aid  
Society of Oregon

Iris Bell  
Oregon Commission on  
Children and Families

Leslie Currin  
Oregon Department  
of Education

Don Darland  
Oregon Foster Parent Assoc.

Sara Gelser  
State Representative

Benjamin Hazelton  
Citizen Review Board

Cathy Kaufmann  
Children First for Oregon

Jean Lasater  
Oregon Homeless and  
Runaway Youth Coalition

Phil Lemman  
Oregon Youth Authority

Jerry Moore, Chief  
Salem Police Department

Pam Patton  
Coalition of Advocates for  
Equal Access for Girls

Doug Poppen  
Clackamas County  
Juvenile Department

Angela Sherbo  
Juvenile Rights Project

Becky Smith  
State CASA Program

Christine Stetzer  
Principal  
Grant Watts School

Ruth Taylor  
Parents Anonymous®  
of Oregon

Nan Waller  
Multnomah County  
Circuit Court Judge

April 22, 2007

Bruce Goldberg, M.D., Director  
Department of Human Services  
500 Summer Street NE, E-15  
Salem, OR 97301

RE: Keeping Children Safe and Decreasing Need for Foster Care

Dear Dr. Goldberg:

During the November 8, 2006, CWAC meeting, you asked for input on what two things could and should DHS do over the next year to assure more children are safe in this state and how to change the increasing need for foster care. Your stated goal is to decrease the need for foster care, while at the same time assuring children are safer.

We are pleased to share the following recommendations reached by consensus of the Committee.

### **How to change the increasing need for foster care:**

Two primary ways to decrease the need for foster care are to:

- ✓ Keep children from coming into foster care
- ✓ Get the children that are in foster care out

Barriers exist to both. One such barrier is a lack of A&D and mental health treatment. As a result, children go into and remain in foster care while their parents wait for treatment. No child should have to pay such a price.

As a component of a strategy to reduce either the need to place children in foster care or the length of stay of children placed in foster care, information must be developed to determine the number of cases where A&D and/or mental health issues are the primary presenting problem of the parents or caretakers. These cases should always receive priority in the funding and spending of A&D and/or mental health dollars available to DHS, including shifting resources to meet such needs. The objective is to focus resources on the goal of reducing the need for foster care.

The companion piece is that parents must have supports in place so that once treatment has been completed they can provide a safe home for their children. These supports include housing, training and employment. If the parent does not have access to adequate housing, training or employment; TANF or other resources should be prioritized for use by these families so that children do not remain in or return to foster care.

CWAC recognizes and acknowledges that DHS may not have sole authority to implement changes recommended in this regard. Additionally, in an effort to maximize resources, DHS should examine if there are strategies already being used both within and without the child welfare system for getting parents into treatment.

**Advisory Committee to the Oregon Department of Human Services – Children, Adults and Families Division  
500 Summer Street NE, E-62  
Salem, Oregon 97301**



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

*Office of the Director*

500 Summer St. NE, E-15

Salem, OR 97301-1097

(503) 945-5944

Fax: (503) 378-2897

TTY: (503) 947-5330

May 29, 2007

Judy Stiegler, Chair  
Child Welfare Advisory Committee  
c/o CASA Central Oregon  
63360 Briita Street, Bldg. 1  
Bend, OR 97701



Dear Ms. ~~Stiegler~~ *Judy*

Thank you for the Child Welfare Advisory Committee's (CWAC's) thoughtful recommendations on how we might prevent the need for foster care and how we might keep children safe.

One significant barrier you identified for preventing foster care is the need for A&D and mental health treatment. I absolutely agree that this is a major issue, if not THE major issue, impacting the foster care system. You recommend that information must be developed to determine the number of cases where this is the presenting problem. That information is now available and was used to support our Policy Option Package #101-7 (Improved Addictions Treatment Access). We will share this at the next CWAC meeting. You also recommend that these cases always receive priority in funding, including shifting resources to meet such needs. We share your sense of the importance of this priority and, as you know, developed a Policy Option Package (POP) to do just that. While the final funding decisions depend on the Legislative Assembly, DHS remains committed to ensuring that these critical A&D and mental health services are available to parents to ensure that their children can be safely maintained in their homes.

In regards to keeping children safe, CWAC requests that DHS increase its target for face-to-face visits between caseworkers and children from 67% to 80% over the next 12 months. You also recommend that face-to-face

*"Assisting People to Become Independent, Healthy and Safe"*  
An Equal Opportunity Employer



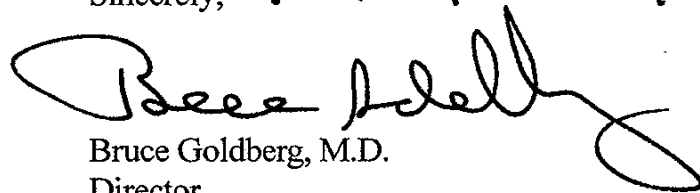
Judy Stiegler  
May 29, 2007  
Page 2

contact between parents and caseworkers increase from 53% to 65% over the next 12 months. We agree with the increased targets you have recommended and I have asked Ramona Foley and Jim Neely to work with district managers to devise an action plan. They will then present that plan to CWAC. And again, I am hopeful that the Legislative Assembly will assist us in this effort by approving our policy option package that will lower child welfare caseloads and thus afford workers the opportunity to spend valuable time with children and families.

While we await the critical decisions that will be made by the 2007 Legislative Assembly, I propose that we keep these recommendations on the CWAC agenda. I know that Ramona shares my enthusiasm for ensuring that our CAF strategies move us towards the two primary goals identified by CWAC.

Thank you so much for your work on these recommendations. I appreciate your continued efforts to improve services to Oregon's children and families.

Sincerely, *Thanks for all you do.*

  
Bruce Goldberg, M.D.  
Director

BG:pp/tlem

Copy (w/ incoming):

Ramona Foley, M.S.W.

Mickey Serice

Jim Neely

Nancy Keeling

Pam Pearson