

# **Foster Care and Beyond: An Action Plan for Meeting the Needs of Abused and Neglected Children in Oregon**

**Juvenile Rights Project, Inc.  
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## **Introduction:**

There remains an alarming disparity in Oregon between the ample evidence about practices that promote child safety and well-being and the actual practice of the child welfare system regarding children in its care. We know that the following practices would significantly improve the well-being of children in foster care if they were implemented much more regularly in Oregon: that children who can be safe remaining in their family homes receive the services and supports which make that possible; that children enjoy consistent contact with a stable adult who cares about them; that children do not experience a series of short term placements; and that children maintain meaningful connections to family (no matter with whom the child lives) and that they are not limited to mere one-hour-a-week visits with parents and other family members in a DHS office.

Children who have been removed from their parents' care deserve immediate attention to all of their physical and mental health needs, rather than long waiting lists, and they deserve and are entitled to immediate enrollment in school. These children, known to have significant physical, mental and dental health needs, must receive services in a timely manner from competent and experienced professionals. Multiple placements, frequent school moves, over-medication, and segregated and sub-standard educational settings all must be substantially reduced.

What follow are six overarching goals for Oregon's child welfare system. Each goal is followed by specific policy and practice changes needed to meet each goal, a rationale for the recommendations made, and the measurable outcomes that will show us that Oregon is on the right track when it comes to serving vulnerable children and their families. The recommendations are not intended to be exhaustive, but they do reflect JRP's many years of experience and expertise. The goals do not address all areas of need, but are, we believe, goals that will have the greatest positive impact on children and their families.

The state currently has the opportunity to select a new administrator for the Children, Adults and Families (CAF) Division. We hope that DHS will select a new CAF Administrator who is qualified and committed to help the agency make substantial progress toward the critical goals and outcomes outlined here.

***GOAL 1: Prevent unnecessary out-of-home placements.***

***GOAL 2: Reduce racial disparity at each decision point in the child welfare continuum.***

***GOAL 3: Ensure that children who must be placed outside of their homes maintain consistent relationships, or establish new or improved relationships, with parents, siblings and other relatives.***

***GOAL 4: Ensure children who must be placed outside of their homes are placed in the most home-like settings possible and that they are not moved from placement to placement.***

***GOAL 5: Guarantee that children in the custody of the state thrive by meeting their educational, social, developmental, health and mental health needs.***

***GOAL 6: Guarantee that children who enter foster care will exit foster care promptly and return to their parents or to safe, permanent homes.***

## ***GOAL 1: Prevent unnecessary out-of-home placements.***

### **System and Practice Improvements Needed:**

- A. Reinvest in services specifically designed to enhance families' capacity to care for their own children, including the Family Based Services (FBS) and individualized services funded with System of Care (SOC) flex funds. SOC, FBS and other funding designed to meet child and family needs directly should be restored to 1997 Legislatively Approved Budget service levels, adjusted for current costs and increases in the population of children who are victims of abuse or neglect.**
  
- B. Provide in-home family support services (including Family-Based services and others) to families in all 36 Oregon Counties.**
  
- C. Encourage, fund and institutionalize the use of early and collaborative problem solving approaches, which balance safety risks with the strengths and protective capacities of parents, extended family and community supports. Specifically, revise Oregon Administrative Rule and practice guidelines regarding the "Oregon Safety Model" to include Team Decision Meeting practices and allocate necessary funding for contracted facilitators or increased staff to conduct TDMs in each county.**
  
- D. Invest in proven foster care diversion services and strategies. Specifically, Oregon should establish a Kinship Navigator pilot project in four Oregon counties by January 2009 and in six additional counties by July 2010.**

**Rationale:** Oregon has an exceptionally high rate of out of home placements. According to DHS figures, Oregon ranks seventh in the rate of foster care entries per 1,000 children. The national average is 4.2, while Oregon's is 7.2. High quality family support and preservation services could have obviated the need for at least some of those entries.

Unfortunately, the last decade has seen a staggering disinvestment in those services. A conservative estimate of the **cumulative disinvestment** in System of Care, Family Based Services, Contracted Family Treatment and Support, Supportive Remedial Day Care, and Homemaker and Housekeeper services is **between \$61,000,000 and \$82,000,000** (unadjusted for inflation or population increases).<sup>1</sup> Unlike funds spent on staffing and administrative costs, the programs listed provide direct services and support to children and families involved in the child welfare system. Families in *fewer than half* of Oregon's counties have access to intensive in-home services through DHS-contracted Family Based Services.

The Annie E. Casey Foundation has assisted a number of states, including Oregon, to adopt the effective Team Decision Making (TDM) model. Prior to the implementation of the Oregon Safety Model (OSM), TDMs were used to address child safety at the very beginning of the case, prior to the preliminary hearings. The meetings have been credited by a number of child

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<sup>1</sup> The legislatively adopted and legislatively approved budgets for these services for the 97-99 through 05-07 biennia were provided by DHS to a Program Improvement Work group. The disinvestment was calculated by simply calculating the change in dollars appropriated and spent in these programs in subsequent biennia from the amounts in the 97-99 biennium. They are unadjusted for inflation and unadjusted for the increase in founded child abuse and neglect victims.

welfare officials around the country with significant reductions in the foster care population.<sup>2</sup> See [www.aecf.org](http://www.aecf.org) for more information on decision-making models.

At least with respect to the timing, agenda and participants in the collaborative decision-making process, the OSM needs to be reviewed and revised. Under previous practice models, System of Care and Family-to-Family, there was a much greater emphasis on collaboration and community involvement. The OSM was a reaction to public criticism (related to a few sensational cases covered by the media) that some DHS child welfare workers did not keep safety paramount during the meetings and were sometimes unduly influenced to accept plans that did not keep children safe. The new policy de-emphasizes and delays meetings involving community. In addition to the delay in having the meetings, the agenda is constricted and the meetings are limited in scope.<sup>3</sup>

Programs that divert children from foster care and assist relatives in caring for them are in effect in several states. Washington, Ohio and New Jersey have significantly lower placement rates per 1,000 children, compared to Oregon. These states use a “navigator” model, which provides information and referral, financial and legal assistance, and case management to relatives outside of the child welfare system. Less comprehensive “subsidy” models are in effect in Louisiana, Nevada and Washington, D.C. See [http://www.grandfactsheets.org/state\\_fact\\_sheets.cfm](http://www.grandfactsheets.org/state_fact_sheets.cfm) for more information.

### **Child/Family Outcomes:**

1. The placement rate per 1,000 Oregon children is reduced from 7.2 to 6.0 by July 1, 2009.
2. The placement rate is further reduced to 5.0 per 1,000 children by July 1, 2011.

## ***GOAL 2: Reduce racial disparity at each decision point in the child welfare continuum.***

### **System and Practice Improvements Needed:**

**A. Increase supervisory and managerial review of the decisions to remove minority children from their homes and place them in foster care, particularly in branches that serve the largest numbers of minority children or have the highest rates of racial disproportionality in their foster care placements.**

**B. Commit resources to services and supports to prevent foster care placements for minority children; to identify, engage and support relative foster parents for minority children; and to recruit other foster parents who speak the same languages as the children who are entering foster care.**

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<sup>2</sup> According to a December 16, 2006 New York Times article, “[o]fficials in Denver County, Colo., credit the team approach for a 32 percent drop in out-of-home placements since 2002. In Cuyahoga County Ohio, the program reduced the number of children in foster care by more than half since 2001. Tennessee has reduced the number of children in state care by more than 1,000 since March 2004, when there were 10,600 in the system.”

<sup>3</sup> Community partners’ role at the meeting is to provide information about *safety services*, and change services are *not* part of the discussion. (emphases in original) Source: Oregon Department of Human, “Child Safety Meeting-Facilitator Role”

**C. Increase internal review and external scrutiny whenever placement with foster parents who do not speak the same language as the children in their care occurs.**

**D. Identify and implement culturally-specific strategies for achieving more timely reunifications or achievement of adoption or subsidized guardianship for ethnic minority children and their families, including an expansion of the subsidized guardianship program (discussed further in Goal 6).**

**Rationale:** According to the *2006 Status of Children* report published by DHS, African American, Native American and Hispanic (any race) children are overrepresented in the number of child abuse victims<sup>4</sup> and in foster care. African American children in Oregon constitute 1.9% of the child population. They account for 5.9% of the founded allegations of child abuse and neglect and 7 % of the children in foster care. Native American children constitute 1.3% of the child population and account for 5.8% of the founded allegations and 12.4% of the children in foster care. Decisions at all points on the child abuse continuum are implicated by these numbers. In addition to disparate foster care entries, national data also show that African-American children, for example, spend an average of 9 months longer in foster care than do Caucasian children.<sup>5</sup>

In national statistics, there are a number of other areas in which minority children are overrepresented. DHS should determine in which categories minority children are overrepresented in Oregon. The agency should similarly review the statistics from each district and branch office. Lastly, an investigation of minority disproportionality at each of the key decision points should be made to identify where there is disproportionality. Expert assistance along with a high degree of community involvement should be sought for both the investigation of the problem and the crafting of solutions.

Information regarding the overrepresentation of children of color in foster care can be found at: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/children-of-color.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/children-of-color.html)

### **Child/Family Outcomes:**

1. The rates of disproportionality for minority children placed in foster care are reduced by the following amounts:

<b>Group of Children in Foster Care</b>	<b>Disparity in 2006</b>	<b>Target in 2009</b>	<b>Target in 2011</b>
African-American	368%	Less than 200%	No disparity
Native American	954%	Less than 400%	No disparity

2. The ratio of African-American, Native American and Latino children, specifically, who exit foster care to the ratio of children from these ethnic groups who enter care in 2008, 2009 and 2010, will be 1.1 or greater.
3. The average length of stay in foster care for ethnic minority children is no greater than the average length of stay for Caucasian children.

<sup>4</sup> An administrative determination by a child protective services worker that there is reasonable cause to believe that abuse has occurred.

<sup>5</sup> U.S. General Accounting Office report: "African American Children in Foster Care," p. 26.

***GOAL 3: Ensure that children who must be placed outside of their homes maintain consistent relationships, or establish new or improved relationships, with parents, siblings and other relatives.***

**System and Practice Improvements Needed:**

**A. Promote an agency culture that values placement with relatives. Enact changes to policy, training, practice and reimbursement that will promote early and on-going placement with relatives and ensure adequate support for children and their relative caregivers.**

**B. Guarantee that the sibling relationships for all children in foster care are protected and promoted by placing siblings together in the same foster placements or, when they cannot be placed together, by ensuring their regular contact with one another through enacting policies and practice guidelines, providing training, and targeting resources and supervisory oversight to that end.**

**C. Devote additional resources, including contracted services, staff and training to the development and execution of individualized parent-child visitation plans that are driven by the attachment and social needs of children and their families.**

**Rationale:** For children removed from their homes, the continued attachment between the biological parent and foster children is imperative in order to successfully return children home.<sup>6</sup> Visitation helps to reduce the feelings of abandonment, grief and depression which commonly occur in out-of-home placements. Keeping children connected to their parents helps to reestablish and maintain family ties. Quality visitation also provides families opportunities for learning and developing new behaviors and patterns of interaction. Research indicates that the more visits a child has with parents the faster a return to parents occurs. In addition, it is important to repair and strengthen family relationships because many children who age out of the foster care system will return to their families of origin.

Children placed with relatives do better on a variety of outcome measures. They are 36% less likely to disrupt from adoptive homes; 35% less likely to disrupt from permanent foster care; and 34% less likely to experience a failed reunification with their parents. Of the children exiting foster care in 2006, those who only experienced relative foster care had about one-half the number of placements, on average, compared to children whose only type of placement was regular foster care (1.1 versus 2.1 mean placements). Children who experienced both relative and non-relative foster care had about three times as many placements as those placed only with relatives (1.1 versus 3) and, *as compared to the group of children who experienced any other mix of placements, the children in the relative only group experienced an average of one fifth the number of placements* (1.1 versus 5.1).

In spite of the well-known benefits of relative foster care, six out of 16 DHS districts currently place fewer than 20% of children in substitute care with relative foster parents. Only one district currently places more than 30% of children with relative caregivers. The statewide

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<sup>6</sup> The Adoption Assistance and Child Welfare Act of 1980 requires regular family visits as a significant portion of the family reunification plan. DHS policy states that children, siblings and parents “have a right to visit as often as reasonably necessary to support and enhance their attachment to each other.” OAR 413-070-0830.

average in October 2007 for children in substitute care placed with relative foster parents was 24.85%, down from the 30.5% rate reported by DHS for 2006.

Sibling relationships are also exceptionally important, and they have a heightened importance for the children in foster care who have experienced disruptions to their normal family relationships. Children have been found to experience improved outcomes when they are placed together with their siblings in foster care.<sup>7</sup> Historically, however, siblings who have been separated in their first foster care placement have faced dim prospects for reunification. It is vital, therefore, to keep siblings together in foster care from the outset.

Although DHS policy acknowledges the importance of placing siblings together and reuniting siblings when they are separated,<sup>8</sup> DHS practice results in too many sibling separations and too few reunifications. Data reported by DHS in December 2007 showed that only 56.8% of children with siblings are placed together with all of their siblings. An astounding 31.9% of children who have only one sibling in foster care are placed apart from their only sibling. In cases with sibling groups of three to eight children, the siblings are placed together less than half of the time (47.9%), and in 42.7% of these cases, children are placed with at least one, but not all of their siblings.

### **Child/Family Outcomes:**

1. 100% of relative foster parents receive regular foster care payments by January 1, 2008.
2. Increase the percentage of children in each DHS district whose first placement in foster care is with a relative by 20% or higher by July 1, 2009, and another 20% between July 2009 and July 2011.
3. All DHS districts which currently place fewer than 20% of children with relatives will increase the number of children they place with relatives by 50%, and those which currently place fewer than 30% of children with relatives will increase the number placed with relatives by 25%, by July 1, 2009.
4. Statewide, DHS will place 35% or more children in foster care with relatives by July 1, 2009.
5. Increase by 20% the number of siblings residing together in foster care by July 1, 2009.
6. Increase the number of siblings who have weekly or more frequent visits by 33% by July 1, 2009.
7. Increase the percentage of children who have two or more visits per week, or visit more than 5 hours per week, with one or both parents to 50% by July 1, 2009.
8. Increase the number of children who visit with one or more parents in community settings (i.e., not in the DHS office or in treatment facilities), whether supervised or not, by 25% by September 30, 2008 and 50% by July 1, 2009.
9. 100% of children in foster care have a current visitation plan [either a Temporary Visit and Contact Plan (CF 0831A) or an Ongoing Visit and Contact Plan (CF 0831B)] that is driven by each child's individual needs, as required by existing DHS policy.<sup>9</sup>

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<sup>7</sup> The positive outcomes include: remaining in stable placements longer, experiencing fewer moves, having fewer emotional and behavioral problems, and returning home to their biological families more often. Conversely, siblings separated in foster care experience many harmful effects, including emotional and behavioral problems.

<sup>8</sup> Existing Oregon Administrative Rules and DHS policy recognize the importance of the sibling relationship. DHS may consider the effect on the sibling relationship when placing children in foster homes and siblings have the right to visit each other while in substitute care. See OAR 413-070-0640, 413-070-0830 and DHS policy I-A.4.1.

<sup>9</sup> See OAR 413-070-0800 through -0880.

***GOAL 4: Ensure children who must be placed outside of their homes are placed in the most home-like settings possible and that they are not moved from placement to placement.***

**System Practice Improvements Needed:**

**A. Initiate a case review each time a child enters his or her third substitute care placement and upon each additional placement thereafter.**

**B. Require internal supervisory review and heightened external scrutiny of cases where children are placed in restrictive, non-family-like settings.**

**C. Re-allocate resources away from placements that are time-limited by design (e.g., shelter, evaluation, etc.) and reinvest in the development of placements that will care for children for the duration of their foster care stay.**

**D. Contract with an expert to review each case and develop a plan for each child who has had 20 or more placements.**

**Rationale:** Once in care, many foster children are placed in homes that are overcrowded and overburdened with too many children who also tend to have exceptional needs. Many children have experienced further disruptions in their lives as they are moved from one temporary home or facility to another, and another.

Children's behavior has often been blamed as the reason some move from one place to another. They move, the argument goes, because their behavior is unmanageable for foster parents. After several moves, many of these children have landed in institutions. Historically, between two-thirds and three-quarters of the children in the publicly-funded psychiatric institutions in Oregon have been wards of the foster care system.

A study published in the journal *Pediatrics* earlier this year, however, has shown that decisions made by the adults who are responsible for our foster care system have a profound impact on children's emotional and behavioral well-being. Comparing two groups of children who entered foster care with a low risk for behavioral problems, but who had different placement experiences once in the foster system, those who lacked stable foster care placements within the first 18 months were nearly three times more likely (63% versus 22%) to display behavioral problems than children who had been fortunate enough to be placed in a stable home within the first 45 days.

Repeated placement moves inflict emotional harm on children. Gross instability is anathema to the most fundamental goals of the child welfare system. In 2005, 13.7% of children in foster care had experienced *six or more* placements. On March 31, 2007, DHS data showed that 474 children had been in 10 to 19 placements, and there were 85 children who had experienced *20 or more* substitute care placements since their most recent entry into foster care.

**Child/Family Outcomes:**

1. Increase from 83.1% to 90% the number of children who experience only one or two placements within 12 months of entering care.
2. Increase from 64% to 75% the number of children who experience only one or two placements when they have been in care between 12 and 24 months.

3. Increase from 36.2% to 50% the number of children who experience only one or two placements when they are in care more than 24 months.
4. Decrease the average number of placements children experience in foster care by 20%, from 2.6 (average for children exiting care in 2006) to 2.1 average placements per child.
5. Decrease the rate of gross placement instability (6 or more placements) by 50%.
6. Each child who has already experienced 20 or more placements shall experience no more than one additional placement change in the subsequent two year period.

***GOAL 5: Guarantee that children in the custody of the state thrive by meeting their educational, social, developmental, health and mental health needs.***

**System and Practice Improvements Needed:**

**A. Ensure that every caseworker is adequately trained, supervised and supported and has sufficient time and resources to competently handle the multiple demands of the job.**

**B. Promote an agency culture that expects every caseworker and supervisor to attend to each child's health, education and other well-being needs, by establishing protocols for supervision and case review that focus attention more consistently on each child's educational needs; physical, mental and dental health needs; and other aspects of each child's well-being and require internal supervisory review and heightened external scrutiny of cases in which certain identified needs of children are not met.**

**C. Ensure that all children in care receive needed services to address their medical, dental, mental health, educational and developmental needs by licensed, qualified professionals.**

**D. Identify gaps in OHP coverage and school district obligations and devote resources necessary to meet the needs of children in the care and custody of the state. Ensure that sufficient state and federal resources are made available to address the various health needs of children in foster care.**

**E. Train and monitor workers to ensure that all children three years of age and under are referred to Early Intervention, as required by federal law (CAPTA) and Oregon regulations. Collaborate with the Department of Education to amend Oregon's Early Intervention Program to expand the definition of eligible children to include those who are at risk of having a substantial developmental delay if early intervention services are not provided. These risks should include parental substance abuse and child abuse and neglect.**

**Rationale:** Addressing the complex and unique needs of each child and family requires highly competent, well-supervised caseworkers with enough time. Revisiting the staffing structure is certainly a good place to start. Ensuring that workers have the *time* to conduct quality casework is only the beginning, however.

The agency needs to invest in state-of-the-art casework training and provide additional assistance to supervisory staff regarding both the substantive and human resources aspects of their work. Caseworkers (and supervisors) unable to competently manage the multiple demands of the job do a disservice to the children and families of Oregon and create heavy workload burdens on their colleagues and community partners. In addition, DHS should establish clear expectations that the staff who function as the legal guardians of children in the place of their parents actively work to protect their rights to receive an appropriate education and to healthcare services necessary to support their well-being.

Children in foster care are utterly dependent upon the state to meet their needs. Most parents will do whatever it takes to obtain the medical care their children need. The agency must have the capacity and the will to resolve barriers related to the Oregon Health Plan and a commitment to obtaining services, regardless of the funding source, from professionals who are capable of appropriately assessing and treating foster children's health needs. The Department of Human Services has a special duty to provide care for children in foster care and must ensure that their identified health needs are addressed, regardless of the limitations in the Oregon Health Plan waiver.<sup>10</sup> Case workers also need up-to-date information on the other public health, education and social service systems so that they can access the services to which abused and neglected children are entitled.

The failure to provide needed healthcare services can exacerbate the poor outcomes described in other sections of this document, such as placement and school instability and racial disparities. As the legal guardian, DHS has the responsibility to provide or obtain treatment for children's health conditions early so that they do not become chronic, disabling conditions later in life.

Educational success for foster children has become a higher priority over the last decade, but there is still substantial work to be done to ensure children's educational success, meaning: school stability, high school graduation, participation in extra-curricular activities, and support (including financial) for post-secondary programs. There remain an unconscionably disproportionate number of foster children and youth who are segregated in separate "behavior programs," who are put on track early to earn modified diplomas or GEDs, rather than regular high school diplomas, or whose academic career consists of a half-day alternative program or one hour per day of tutoring at home.

For young children with founded allegations of abuse or neglect, the state is required to make a referral to Early Intervention. While reliable data do not appear to be available, DHS has acknowledged that they are not consistently meeting this requirement statewide.<sup>11</sup> In addition, Oregon has a seamless system of services for children with developmental delays from birth through age five, operated by the Oregon Department of Education. While CAPTA only requires referrals for children ages zero to three, DHS should refer all children, birth to five years, who have had founded allegations of abuse or neglect.

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<sup>10</sup> Some needs, such as orthodontia, are just as common among foster children as the general population. Other needs, such as treatment for sexualized behaviors or services for children with cognitive and behavioral impairments related to fetal exposure to drugs or alcohol, are greater among the foster care population, and DHS must be able address these predictable needs in a more systematic and consistent fashion.

<sup>11</sup> ODE data for the one year period of June 2006 through May of 2007 showed that there were only 627 Early Intervention referrals for the whole state. While figures for founded allegations for the same time period are not available, in FFY 2006 the number of children three and under who were victims of abuse or neglect (had founded allegations) was 4,348. This data would imply that DHS was referring less than 20% of the children it is required to refer for Early Intervention screening. However, DHS has said that ODE does not have the capacity currently to identify all of the children who are referred to EI as a child abuse or neglect victim.

### **Child/Family Outcomes:**

1. 100% of children receive medical, dental and behavioral health screenings and assessments no later than 60 days from foster care entry *or more immediately* when the guardian or caregiver responsible for the child's welfare recognizes a need for medical attention.
2. Children in foster care receive appropriate medical, dental and behavioral health care for all conditions identified and diagnosed in the screenings and assessments.
3. 100% of children under 6 years of age who are prescribed one or more psychotropic medications and 100% of children prescribed three or more psychotropic medications will receive a second opinion by a child psychiatrist or behavioral pediatrician.
4. Increase the number of foster youth who graduate from high school with a standard diploma (versus dropping out or obtaining a GED or modified diploma) by 10% by July 1, 2009 and 20% by July 1, 2011.
5. Decrease by 20% the number of children who experience two or more school moves during their time in foster care.
6. 100% of children three and under with a founded abuse or neglect allegation are referred to Early Intervention.
7. At least 50% of children ages four and five with a founded abuse or neglect allegation are referred for an Early Childhood Special Education assessment by July 2009 and 100% are referred by July 2011.

### ***GOAL 6: Guarantee that children who enter foster care will exit foster care promptly and return to their parents or to safe, permanent homes.***

#### **System and Practice Improvements Needed:**

- A. Conduct an immediate and thorough search for relative resources, both paternal and maternal, for each child upon entry into foster care. Engage viable relative resources in the lives of children in meaningful ways.**
- B. Expand the subsidized guardianship program to include non-Title IV-E-eligible children and younger children who are living with non-relative caregivers.**
- C. Evaluate and revise adoption committee review process to include greater input from community partners familiar with each individual child's needs.**
- D. Reinvest in services specifically designed to enhance families' capacity to care for their own children, including the Family Based Services and individualized services funded with SOC flex funds, and continue to provide them in order to promote and sustain safe, successful reunifications.**

**Rationale:** Healthy attachments are critical for cognitive development in children and emotional well-being throughout the lifespan. Permanency planning is the way in which child welfare systems maintain, repair, establish or re-establish primary attachments for children in the foster care system. Children placed with relatives immediately or very early in their foster care

experience tend to achieve better and more successful permanency outcomes, and they tend to spend less time in foster care overall, compared to children who experience other types of placements in foster care.

Oregon has unusually high numbers of foster children, including young children, with Another Planned Permanent Living Arrangements (APPLA) as a permanency goal. In September 2006, 10.6% of the 2,286 children with APPLA plans were age 10 or younger, including five children who were *age one year or younger*. When termination of parental rights is not a viable or desirable option, yet it is unlikely that children will be returned to their parents, permanent guardianship is a more permanent and more desirable option than APPLA, which typically means that a child is raised in the foster care system.

The process regarding decisions about adoption, including “adoptability,” separations of siblings, and the selection of adoptive parents, must strike a balance in the case of every individual child, between the policies regarding the best interests of children generally and the existing relationships and other unique circumstances which will determine what is in the best interests of an individual child.

### **Child/Family Outcomes:**

1. The ratio of children who exit foster care, compared to the number who enter foster care in 2008, 2009 and 2010, will be 1.1 or greater.
2. The number of children who exit foster care through reunification, adoption or permanent guardianship will increase by at least 10% by July 1, 2009.
3. The child re-abuse rate is reduced from the 2005 level of 9.8% to the federal standard of less than 5.4% by July 2011.

### **Conclusion:**

Oregon uses foster care as a response to incidents of child abuse and neglect more frequently than do 43 other states. Lessons from other states provide numerous choices for preventing foster care for some children altogether and substantially reducing the time spent in foster care for others. Foster care should be a last resort when there is clearly no better choice.

Once children enter foster care, the state owes them a duty to preserve and promote connections to siblings and other relatives, and to work diligently with their parents toward reunification. The state must also be a better parent for the thousands of children who find themselves in its care and custody each year, whether children spend three months or three years in the foster care system.

While it seems that our child welfare and human services systems in Oregon are in a never-ending cycle of reorganization, reform and reinvention, we have presented these goals and their desired outcomes in order to ensure that the focus always remains on making the lives of children and their families better after the state intervenes than they were before.

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