

Networks and Relationships: Differences in State-Level Child Abuse and Neglect
Policy Implementation in Multnomah and Klamath Counties, Oregon

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AN ABSTRACT OF THE ESSAY OF

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Title: Networks and Relationships: Differences in State-Level Child Abuse and Neglect Policy Implementation in Multnomah and Klamath Counties, Oregon

Using Richard Matland's ambiguity/conflict model of policy implementation, this research examines the connections that agencies and organizations in one rural county, Klamath, and one urban county, Multnomah, in Oregon utilize to implement a particular state policy. The policy being examined is ORS 418.746-800, which mandates the use of Multidisciplinary Teams (MDT) to investigate child abuse and neglect. Through conducting qualitative interviews with representatives from MDT agencies and their community partners, this research finds that the structure and function of MDT in each county is different, as are the perceptions of service providers regarding their connection with community partners. Providers in Multnomah County focus primarily on their formalized networks and those in Klamath on their personal relationships. The difference in connection appears to be associated with the availability of community and financial resources in the county, and is reflected in current service community priorities. High levels of policy ambiguity and low levels of conflict between providers clearly indicate that this state-level policy functions under an Experimental Implementation paradigm, as outlined by Matland (1995). Further, this paradigm provides sufficient flexibility in policy implementation so that each county is able to play to its individual strengths and work to overcome potential weakness, which ultimately appears to make up for potential policy gaps when looking across this rural and urban county.

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Networks and Relationships: Differences in state-level child abuse and neglect policy implementation in Multnomah and Klamath Counties, Oregon

Introduction

In the 1980s, the state of Oregon adopted a statute calling for the creation of county-level multidisciplinary teams (MDTs) to investigate and address child abuse and neglect in the counties. Although predicated on a “best-practice” model, as supported by the literature on the effectiveness of MDTs (Bai, Wells and Hillemeier, 2009; Crocker, 1996; Doyle, 2008; Lalayants and Epstien, 2005), the state of Oregon gave little direct attention to variations across counties in terms of resource availability, physical and social characteristics of counties that might create barriers to implementing the policy, rates of child abuse and neglect, or differential outcomes that the policy had the potential to create when developing and passing this legislation. Potential spatial differences in both the ability to implement policy as well as policy outcomes are particularly salient in a state with a large rural population, as the rurality of place tends to affect the characteristics of child abuse and neglect and policy implementation (Allard, 2009; Arsneault, 2006; Belanger and Stone, 2008; Brown and Schafft, 2011; Burt and Nightingale, 2010; Choo et al, 2010; Craft and Staudt, 1991; Flora and Flora, 2008; Mattingly and Walsh, 2010; Ménard and Ruback, 2003; Messinger, 2004; Partridge and Rickman, 2006; Weissman, Jogerst and Dawson, 2003). While some research examines the rate and risk-factors for child abuse in rural areas (Belanger and Stone, 2008; Craft and Staudt, 1991; Mattingly and Walsh, 2010; Ménard and Ruback, 2003; Weissman, Jogerst and Dawson, 2003), how MDTs function in rural areas (Crocker, 1996; Messinger, 2004),

barriers to rural families experiencing child maltreatment (Arsneault, 2006; Belanger and Stone, 2008; Craft and Staudt, 1991; Crocker, 1996; McConnell, 2010; Messinger, 2004; Weissman, Jogerst and Dawson, 2003), and the differential effect of policies in rural areas (Allard, 2009; Brown and Schafft, 2011; Burt and Nightingale, 2010; Flora and Flora, 2008; Partridge and Rickman, 2006), research on the relationships and networks employed to implement state-level child abuse and neglect policy at a county level is lacking. Using Richard Matland's (1995) ambiguity-conflict model of policy implementation, this research explores the use of networks and relationships between child abuse service providers to implement a particular state-level child abuse and neglect policy in one rural county, Klamath, and one urban county, Multnomah, in Oregon.

Literature Review

An ongoing debate in the literature on policy implementation is how to understand the locus of power in policy implementation. Is it, as the top-down theorists assert, with the central actors who dictate policy and expect it to be faithfully implemented at the local level (Mazmanian and Sabatier, 1983; Pressman and Wildavsky, 1973; Van Meter and Van Horn, 1975), or does the power lie primarily with the "street-level bureaucrats" who essentially develop policy through implementation and every-day interactions with the public, as argued by Lipsky (1978) and other bottom-up theorists (Berman, 1980; Hjern, 1982; Hjern and Porter, 1981; Hjern and Hall, 1982)? Regardless, a narrowly focused view on either of these approaches has the potential to miss important decisions and details in the

policy creation and implementation process and is, therefore, unlikely to fully explain this process or appropriately identify all important actors and actions. Through the development of his ambiguity-conflict model, Richard Matland (1995) has attempted to bridge this top-down/bottom-up divide in policy theory by merging elements of the two and focusing on the characteristics of policies, rather than strictly on designers and implementers.

Theory

In his article outlining the theoretical model, *Synthesizing the Literature: The Ambiguity-Conflict Model of Policy Implementation*, Matland borrows heavily from organizational and decision-making theorists' ideas of ambiguity and conflict as major factors in the decision-making process (1995). Matland identifies two types of ambiguity: misunderstanding or uncertainty regarding what goals the policy is aiming to achieve (goals-based ambiguity) and what the role of partner agencies and policy tools are in achieving those goals (means-based ambiguity) (1995). Matland asserts that conflict arises over the goals and means of policy due to the interdependence of actors, incompatibility of objectives, and perceptions of a zero-sums interaction between partners. The level of conflict affects the ease of policy implementation, resolution mechanisms and, ultimately, policy outcomes.

Depending on the level of ambiguity and conflict surrounding a particular policy, Matland develops four types of policy implementation paradigms (see Table 1). Low-conflict/low-ambiguity yields an administrative implementation process that is typified by the top-down decision-making process. Goals and means of

achieving them are laid out at the central level, and the “desired outcome is virtually assured, given that *sufficient resources* are appropriated for the program” (pp. 160; emphasis original). High-conflict/low-ambiguity, or political implementation, is characterized by outcomes that are highly dependent on power structures. In this paradigm, goals and means are clearly defined, but are at odds with one another or with other policy goals/means.

Table 1: Ambiguity/conflict matrix

		Conflict	
		Low	High
Ambiguity	Low	Administrative Implementation <i>Outcomes determined by: resources</i>	Political Implementation <i>Outcomes determined by: power</i>
	High	Experimental Implementation <i>Outcomes determined by: contextual conditions</i>	Symbolic Implementation <i>Outcomes determined by: coalition strength</i>

(From Matland, 1995, pp. 160)

Experimental implementation occurs with low-conflict/high-ambiguity policies, and “outcomes will depend largely on which actors are active and most involved” (pp. 165). Policy implementation from this perspective “is more open to environmental influences ... and vary strongly from site to site” (pp. 166). The last

implementation paradigm discussed by Matland is symbolic implementation, characterized by high-conflict/high-ambiguity. Although policies under this paradigm are less common than the others, they are important to developing new or recommitting to old policy goals. Because of the high level of ambiguity, implementation varies across locations – as with experimental policy – and the “course is determined by the coalition of actors at the local level who control the available resources” (pp. 168).

Oregon policy

In the 1980s the Oregon State legislature passed a bill requiring all counties to adopt a MDT approach to child abuse and neglect investigations. The Oregon Revised Statutes (ORS) 418.746–800 outlines everything from budgetary matters to training and leadership roles within the MDTs. At first glance this may seem sufficient to lower the level of ambiguity and, potentially, conflict. As McCreadie, Mathew, Filinson and Askham (2007) explore in their research on the Adult Protection Policy in England, however, policies that seem to have low levels of ambiguity and conflict on the surface may in fact be rife with ambiguity, and low levels of conflict may still exist. Particularly with social issues such as child abuse or, as in the English example, abuse of vulnerable adults, fundamental disagreements over definitions of, responsibility for, and social mechanisms that perpetuate abuse may develop between partner agencies working on MDTs (Lalayants and Epstien, 2005; McCreadie, Mathew, Filinson and Askham, 2010; Messinger, 2004). Additionally, perceptions of the level of ambiguity and conflict in policy

implementation may vary between groups of stakeholders who are key to successful implementation (Howard, Wrobel, and Nitta, 2010; Sylvester and Ferrara, 2003).

ORS 418.747 mandates the District Attorney in every Oregon county to develop a team consisting of, at a minimum, representatives from: law enforcement, department of human services child protective services, school systems, county health department, county mental health department, child abuse intervention centers, and the juvenile department. The statute also allows for membership on the MDT by other community partners who are “specially trained in child abuse, child sexual abuse and rape of children investigation” (ORS 418.747, 1). The statute goes on to require these teams to create a series of protocols and procedures to be included in a written agreement between partner agencies. The details of these protocols are not explicit in the policy, however, with one exception. Each MDT must include a protocol that requires the immediate notification of parents/guardians regarding child abuse allegations or procedures involving a child care center (ORS 418.747, 2e). Less well defined, but required, elements of the written agreement include: outlining the role of each agency on the team, procedures for assessing risk, interagency communication guidelines, guidelines for the completion of responsibilities by member agencies, criteria and procedures for removing a child, procedures for evaluating and reporting compliance of member agencies, and development of policies for independent review of investigation procedures of sensitive cases – which is to include citizen input (see Table 2) (ORS 418.747, 2-8). At the time of passage, however, the State of Oregon did not include any provisions for differences in resource availability, accessibility of services for clients, physical

and social characteristics of the county that may benefit or create barriers to implementation, or rates of child abuse and neglect that are likely to exist in various implementation sites, particularly when considering the significant rural population in Oregon. As the policy appears to allow for some significant flexibility from county to county, in terms of MDT membership and the details of protocols, it is possible for the implementation of the policy to look different in each county.

Table 2: Mandated and non-mandated elements of MDTs, ORS 418.747

Mandated MDT members	Non-mandated MDT members	Required protocol	Required elements of protocol
<ul style="list-style-type: none"> - District Attorney - Law enforcement - DHS child welfare - School systems - County Health Department - County Mental Health Department - Child abuse intervention centers - Juvenile Department 	<ul style="list-style-type: none"> - Other individuals or community partners specially trained in the investigation of: <ul style="list-style-type: none"> - child abuse - child sexual abuse - rape of children 	<ul style="list-style-type: none"> - Parent/guardians must be notified immediately of an allegation or procedures of child abuse at a child care center 	<ul style="list-style-type: none"> - outlining the role of each agency on the team - procedures for assessing risk - interagency communication guidelines - guidelines for the completion of member agencies' responsibility - criteria and procedures for removing a child - procedures for evaluating and reporting compliance of member agencies - development of policies for independent review of investigation procedures for sensitive cases (must include citizen input)

Multidisciplinary Teams

The literature on interorganizational policy implementation is extensive, and although the general consensus is that functional interagency partnerships are successful, these collaborations do experience fairly significant difficulties. Positive outcomes of the MDT model include increased coordination between agencies, increased information exchange, communication and access to other professionals,

less redundancy, pooling of resources, and increased accessibility and satisfaction of clients (Bai, Wells and Hillemeier, 2009; Doyle, 2008; Lalayants and Epstien, 2005). MDTs do, however, face internal challenges to successfully implementing their intended policies. The literature on MDTs suggests that group cohesion, effective communication, and goal setting can be undermined by collective data “overload” (Savelsbergh, Pevers, van der Heijden and Poell, 2012), “turf wars” (Doyle, 2008; Lalayants and Epstein, 2005; Messinger, 2005), and lack of consensus on issues ranging from the role of partners to definitions of social phenomenon (Cohen, Timmons and Fesko, 2005; Howard, Wrobel and Nitta, 2010; McCreddie, Mathew, Filinson and Askham, 2007; Messinger, 2005; Sylvester and Ferrera, 2003). These internal issues, often stemming from ambiguity in the policy, can increase the level of conflict in MDTs, impacting the success of policy implementation.

Child abuse and neglect

One of the difficulties for MDTs in successfully addressing child abuse and neglect is how little consensus regarding the risk factors for child abuse and neglect exists in the literature. While some research asserts that poverty rate, education level, unemployment rate, teen-birth rate, and drug/alcohol abuse are strongly correlated risk factors of child abuse and neglect (Belanger and Stone, 2008; Brown, Cohen, Johnson and Salzinger, 1998; Mattingly and Walsh, 2010; Ménard and Ruback, 2003), other research has found the strongest connection between child abuse and the rate of single-parent households and divorce rates (Mattingly and Walsh, 2010; Weissman, Jogerst and Dawson, 2003). Although the risk factors of

child abuse and neglect remain somewhat contentious, research on rural service provision indicates that differences in the characteristics of place must be taken into account when addressing social issues such as child abuse.

One such characteristic is financial capital. Child abuse and neglect service providers in rural areas simply have fewer resources with which to address abuse in their communities than their urban counterparts (Arsneault, 2006; Belanger and Stone, 2008; Choo et al, 2010; Mattingly and Walsh, 2010; Ménard and Ruback, 2003). Ménard and Ruback (2003) found that, controlling for poverty, counties that spend more money processing cases of child sexual abuse have higher rates of reporting and higher sentencing rates. This finding is particularly important because more federal and state money aimed at prevention and intervention of child sexual abuse goes to urban areas, even though rural areas tend to have higher physical and sexual child abuse rates per capita than urban ones (Mattingly and Walsh, 2010; Ménard and Ruback, 2003).

Compounding the lack of financial resources, population density also affects both the accessibility of services as well as the ultimate outcomes for children (Arsneault, 2006; Belanger and Stone, 2008; Ménard and Ruback, 2003). Rural families experience spatial barriers to access due to the lack of transportation and physical isolation that can make abuse more difficult to detect (Allard, 2009; Arsneault, 2006; Belanger and Stone, 2008; Brown and Schafft, 2001; Burt and Nightingale, 2010; Flora and Flora, 2008; Ménard and Ruback, 2003; Patridge and Rickman, 2006). More than just accessibility of service providers, however, *availability* is also an issue in rural communities. Belanger and Stone (2008) found

that fewer services considered critical to the welfare of children exist in rural areas; Allard's research revealed similar discrepancies when looking across the social services spectrum (2009). This is not to say that urban families experiencing child maltreatment do not face their own barriers. In fact, work by Allard (2009) found that services tend to be located outside of the highest poverty areas in urban locations, causing transportation issues for some urban residents as well. Urban families are also more likely to live in unsafe neighborhoods and report greater barriers associated with fees and waitlists for family support services (Belanger and Stone, 2008; Weinsman, Jogerst and Dawson, 2003).

Rural/urban definitions

Definitions of rural vary quite widely, particularly across different levels of analysis (Crandall and Weber, 2005). As this research examines policy implementation at the county level, the United State's Office of Management and Budget (OMB) definition, which categorizes counties as metropolitan, micropolitan and non-core, is utilized. Metropolitan counties are those with an urbanized area of at least 50,000 or those that are adjacent and highly connected through commuting flows to such a county. Micropolitan counties are characterized by the largest town having a population between 10,000-49,999 or counties that are linked to such a county by being adjacent and having a high commuting rate between the two. All other counties not fitting these two definitions are considered non-core counties. While the OMB makes an official differentiation between urban/rural and metro/micro/non-core definitions, its "classification system is the most frequently

used system of identifying urban and rural areas for statistical purposes [... and] it is most common to include both micropolitan and noncore counties in the rural category,” although this is not universally the case (Crandall and Weber, 2005).

Study sites

This research uses two counties in Oregon, Klamath and Multnomah, as comparative case studies. They were chosen as study sites both because of their contrasting designations as rural/micropolitan and urban/metropolitan, and because of the presence and representation on MDT of a Child Abuse Response and Evaluation Services (CARES)¹ facility – a medically based child abuse assessment center.

Klamath County is located in Central-Southern Oregon along the California border and is being classified as “rural” for two reasons. First, it is a micropolitan county by the OMB definition. According to the 2010 census, the largest town in Klamath County, Klamath Falls, has a population of 20,840 (US Census, 2010). Additionally, while it is adjacent to a metropolitan county, Jackson, it does not have a significant commuting relationship with Jackson County. In fact, these two counties are essentially isolated from each other for parts of the winter, when the highways are closed due to snow. The second reason Klamath County is classified as rural is due to self-identification. During interviews with child abuse and neglect service providers in the county, 14 of 23 research participants identified Klamath as

¹ CARES centers are medically based child abuse and neglect assessment centers. There are two in the State of Oregon. CARES Northwest, based in Multnomah County, primarily serves Multnomah and Washington Counties. Klamath-Lake CARES, located in Klamath Falls, serves both Klamath and Lake Counties. Both centers were founded in the 1980s, several years after the legislature passed the MDT requirement for child abuse and neglect cases.

a rural or small county and positioned their work within this context without prompting or answering a specific question regarding the size of the county. Several participants also compared their county – and the work they do in the county – with “urban counties” or “Portland.”

The second study site is Multnomah County, which is located in Northern Oregon on the Washington border and is, by any standard, an urban/metropolitan county. In spite of being the smallest county in terms of area, encompassing a little over 431 square miles, Multnomah is Oregon’s most populous county, with a total population of 735,334 (US Census, 2010). Additionally, Multnomah is adjacent and highly connected to Oregon’s next two most populous counties: Washington and Clackamas.

While the child abuse rate is higher than the state average in both counties, Klamath County has experienced one of the highest rates of child abuse in the state for the last ten years. Additionally, other barriers often associated with rural areas are also apparent in a comparison between Multnomah and Klamath Counties. Klamath County has a higher per-capita childhood and extreme poverty rate, food-insecurity rate, and high school dropout rate (Feeding America, 2011; Oregon Explorer, 2012; U.S. Census, 2010). The number of single-parent households and teen-pregnancies is also higher in Klamath County, where the median household income and educational attainment is lower than in Multnomah County (Oregon Explorer, 2012; U.S. Census, 2010). Federal expenditures, including “grants, salaries and wages, procurement contracts, direct payments for individuals, and other direct payments, plus coverage/commitments in the form of direct loans, guaranteed or

insured loans, and insurance,” is higher in Multnomah County than in Klamath County (U.S. Census, 2010).

Table 3: State/Multnomah/Klamath comparison of potential child abuse factors

	Oregon	Multnomah	Klamath
Total population (2010)✦	3,838,957	735,334	66,380
Child abuse rate per 100 children (2010)❖	1.3	1.3	1.9
Percent of single-parent households✦	30.2	29.1	34.4
Teen pregnancy rate per 1000 ages 15-17❖	16.1	18.3	23.9
Percent of adults with high school diploma✦	88.6	88.7	86.1
Percent of adults with bachelors or higher✦	28.6	38.0	17.8
High school dropout rate (percent) ✦	3.4	4.7	5.1
Median household income✦	\$49,260	\$56,885	\$41,818
Total poverty rate❖	14.0	11.3	16.6
Childhood poverty rate❖	18.3	17.2	21.8
Total percent living in extreme poverty ❖	6.2	6.1	6.7
Percent overall food insecurity◆	16.8	17.0	20.1
Percent childhood food insecurity◆	29.2	28.7	34.3

(✦ US Census, 2010)

(❖ Oregon Explorer, 2012)

(◆ Feeding America, 2011)

Background

The primary research questions explored in this study were developed from previous research in Klamath County on child abuse and neglect services. In 2011 Freeman and Wornell were contacted by community partners in Klamath County concerned about the effectiveness of collaborations in the county as well as with the varying rates of child abuse and neglect as reported by different agencies closely connected to child abuse and neglect intervention. These questions were addressed

as part of a research-based internship with Klamath-Lake CARES (Freeman and Wornell, 2011). The quantitative analysis portion of the research examined child abuse and neglect statistics from various agencies in the county, and was designed to better understand why statistics vary, sometimes widely, from agency to agency, particularly between the Department of Human Services Child Welfare (DHS), and Klamath-Lakes CARES. The second research focus was on the strengths and weaknesses of intervention and prevention efforts in the county. This information was gathered via stakeholder interviews in which agency representatives were asked directly about their opinions regarding county strengths and weaknesses, and their ideas for positive change in the future. Interviewees were also asked to give their perceptions about why child abuse and neglect in the county is higher than in other Oregon counties, who is working on the issue in the county, who is missing from the larger conversation about child abuse and neglect in the county, and what efforts are in effect for prevention.

A common theme that emerged from interviews with representatives from DHS, law enforcement, Klamath-Lake CARES, the school system, the District Attorney's office, and multiple nonprofit organizations in the county, was about the strength of relationships between agencies in the county. These relationships were characterized as both formal – established on various boards and groups, such as the county MDT – and informal – resulting from a sense of familiarity and personal relationships. 14 of 23 respondents attributed this strength directly to the size and/or location of the town and/or county. This attribution generally fell into two categories: relationships are necessarily positive and maintained because the size of

the town means that service providers have personal relationships outside of work; or, limited resources necessitate service providers working closely together and supporting one another. A representative from a law enforcement agency in the county commented on the interconnectedness of providers on a personal level:

It just goes on and on and on – I mean, city [police] guys, their wives are doing this or that, or their husbands, so the resources are just – most of them are plugged into our cell phone. So, if something happens, a major crime like a homicide, it's just quick to get information, you know, it's coming in really fast, because everybody knows everybody's after hour number [...] One of the sergeants in our office, his wife was head child forensic interviewer here and just took a job at mental health I think, so it was easy, in the middle of the night, I can call the sergeant, "hey, can I talk to your wife real quick? [laughing] Hey we've got this thing going down, we're trying to get this done, we've gotta get these kids in," [...] it works for us because so many [...] community partners have such close ties to other community partners.

Another MDT member agency representative asserted that community partners have to work together due to the size of the county:

I think we have a lot of collaboration on many different levels. Because we are such a small county, I think we have to rely on each other a lot, you know, amongst community partners. So I think that's a strength.

More than commenting on their own relationships within the county, however, 11 of 23 respondents characterized relationships between service providers in an "urban place," or "Portland" as being rife with turfism and infighting. One service provider, speaking from the experience of working in several metropolitan counties on a temporary basis, contrasted the relationships between service providers in urban counties with those found in Klamath County in the following way:

If you guys ever have the opportunity to see how it's done in other more urban communities, you'd be astounded at how well we work together here [...] there's no comparison, there is absolutely no comparison. People fight and bicker among themselves, and have very little common ground, and really work in isolation in larger communities, and this community is incredible how we ban together.

Based on the consistency of the theme of relationships/networks in Klamath County versus "urban" counties, and in light of the Oregon State legislative mandate for county level Multidisciplinary Teams to address child abuse and neglect, this research was designed to examine relationships and networks between agencies in Multnomah and Klamath Counties, and how they are utilized to implement state child abuse and neglect policy.

Methods

Twenty-three respondents participated in interviews in Klamath County with one or two individuals at each interview. There was also one focus group conducted at a regular MDT meeting. Nine interviewees were classified as directors², six as managers³, and eight as line-workers or in non-managerial positions. Eleven of the interviewees represented agencies directly mandated by Oregon State statute to be involved with MDT. One was from an agency not specifically mandated but still on MDT in Klamath County. Nine did not sit on MDT but regularly worked on child abuse and neglect issues in the county, maintaining working relationships with MDT members. There were discrepancies regarding

² Respondents holding director equivalent positions will be identified as directors, although their position may hold a different title.

³ Respondents holding manager equivalent positions will be identified as managers, although their position may hold a different title.

whether the last two agencies sat on the MDT or not. Each interview lasted between 30 and ninety minutes, with the majority being closer to an hour.

Table 4: Interviews Conducted in Klamath County, and their agency's connection to MDT

Agency	Number of interviewees	Connection to MDT
CARES	1	Mandated member
County Sheriff's Department	1	Mandated member
Oregon State Police	2	Mandated member
Klamath Fall Police Department	1	Mandated member
District Attorney's office	1	Mandated member
Department of Human Services	2	Mandated member
School system	1	Mandated member
County Mental Health	2	Mandated member
Klamath Youth Development Center	1	Non-mandated member
Community partner agencies ⁴	8	No membership
County Judge	1	No membership
Court Appointed Special Advocates	1	Unclear ⁵
Klamath Crisis Center	1	Unclear
		Total = 23

Potential research participants in Klamath County were identified primarily through online research into the agencies and organizations involved in addressing child abuse and neglect issues in the county, particularly through the Stop The Hurt campaign's website. Stop the Hurt is a fairly recent prevention initiative that is discussed in more detail below. Because the original research was conducted as part of an internship with Klamath-Lake CARES, however, the Executive Director identified additional agencies and organizations that CARES has regular contact and

⁴ Several community partner agencies are specific to the county and include only one or two employees. As such, listing the agency names would expose individuals' participation in this study.

⁵ Two agencies were identified as being members of MDT by some interviewees, and as non-member agencies by others.

relationships with and whom he wished to be included in the study if they were amenable.

Organizations and agencies in Multnomah County were also identified primarily through online research into what agencies sit on MDT in the county. Law enforcement in Multnomah County has an interagency taskforce called the Child Abuse Team (CAT) – comprised of the County Sheriff’s Department, Gresham Police Department, and Portland Public Police detectives – charged with the investigation of child abuse and neglect in the county. Individuals participating in CAT vary over the years, but while they are participating, they sit on MDT as representatives of CAT rather than of their individual departments. Representatives from this team, as well as from local police departments who investigate child abuse and neglect but are not on CAT were contacted and interviewed for this research, as were representatives from DHS, the District Attorney’s office, CARES Northwest and county health. Efforts were also made to include the Multnomah County counterparts of non-mandated MDT member agencies in Klamath County to assess whether they experienced similar levels of inclusion in both counties (see Table 5).

Community service providers or other contracting agencies that do not sit on MDT in Multnomah County were more difficult to identify via Internet sites, and in an effort to mitigate potential snowball sampling, were not included as potential interviewees. Their exclusion, however, limits the overall sample size in Multnomah County. Additionally, representatives from three mandated MDT agencies – Multnomah County Mental Health, the Juvenile Department and the school system –

were identified as potential interviewees, but either declined participation directly or through no response to inquiries.

Overall, interviews in Multnomah County were conducted with ten respondents. Of those, eight of the agencies represented were part of the county's MDT. Seven of the ten interviewees were classified as managers, and three were classified as line-worker or in non-managerial positions. Interviews lasted between forty-five minutes and one hour and forty-five minutes, with the majority being slightly over an hour.

Table 5: Interviews Conducted in Multnomah County, and their agency's connection to MDT

Agency	Number of interviewees	Connection to MDT
CARES	1	Mandated member
Child Abuse Team (law enforcement)	1	Mandated member
District Attorney's office	1	Mandated member
County Health Department	1	Mandated member
Department of Human Services	4	Mandated member
Citizen's Review Board	1	No membership
City Policy Department ⁶	1	No membership
		Total = 10

Interviewees in both counties were largely asked the same questions, with a couple of exceptions. As the primary research questions for the first project were different than for the second, however, questions deemed unnecessary or irrelevant were excluded from the round of interviews in Multnomah County, while several additional questions were added (see Appendix A and B).

⁶ This interview was conducted with a small city's police detective. The size of the department is likely to expose the respondent's involvement in this study if the name of the city is provided.

Results

Although state statute allows for some county differences regarding the composition of MDT, the agencies and organizations sitting on MDT in both counties are fairly similar. The structure and function of MDT in each county, however, do vary in some significant ways. Additionally, providers in each county talk about their connections to other community partners in fundamentally different ways, with interviewees in Multnomah County doing so in terms of formalized networks, and those in Klamath County in terms of personal relationships. Finally, providers in both counties identified different levels of resources availability, and discussed how resources impacted their connection to their community partners.

Theme 1: Structure and function

The MDT in Klamath County meets weekly to staff cases. Each agency provides the group with information that they have on the case, and they discuss whether it is possible to arrest or prosecute, whether it is advisable to arrest or prosecute, and what next steps of each agency should be: “[MDT meetings are] an opportunity for different agencies who know different background on certain families to be able to share that information so that we know if it’s a one-time deal that we need to follow up on, versus a recurring problem that needs to be dealt with immediately.” The ultimate goal of MDT in Klamath County, according to participants at the focus group, is to make a collaborative decision regarding prosecution of cases. Although there is no formalized education component built into MDT, agencies learn a significant amount about the mandates and limitations of

each organization through hearing what kind of information each agency has, what their experience with the family is, and what they can testify to in court. In recent years, Klamath-Lake CARES has developed an increasingly important role on MDT, and currently no case can be brought to MDT without the child having been seen at CARES first. By extension – theoretically – no case of child abuse or neglect in the county will be prosecuted without direct CARES involvement. The only other agency with such consistent involvement in prosecutable cases is the District Attorney's office. No other agency, including law enforcement, *must* have involvement with the child before MDT considers the case. An unexpected, though perhaps understandable, discrepancy regarding MDT in Klamath County is the disagreement between agencies regarding who actually sits on MDT. At least three additional non-mandated community partner agencies sit on MDT in the county, but this number may be as high as five, depending on who one asks. During the MDT focus group several agencies asserted that Court Appointed Special Advocates (CASA) and the Klamath County Crisis Center, a domestic violence shelter in Klamath Falls, participate occasionally on MDT. While no one at the focus group disagreed with this assertion, and several verbally confirmed it, representatives from these agencies reported that they had no direct connection to the group. This discrepancy is, perhaps, understandable in a county where agencies work together informally quite regularly, and the misunderstanding likely stems from MDT agencies working with these partners on other multiagency collaborations.

As one might expect, both the structure and function of MDT in Multnomah County is much more complex. It consists of three separate sub-groups that each

play a different role for the larger MDT community. The executive committee is made up of directors from the District Attorney's office, DHS, CARES NW, the school system, parole and probation, county health, county mental health, and juvenile departments, and it meets once a quarter. The purpose of the executive committee is to develop and approve new or revised MDT protocols and make decisions regarding the use of Child Abuse Multidisciplinary Intervention account (CAMI)⁷ funds for the county. The second sub-group is known as the "monthly committee," and it includes managers and line workers from the agencies represented on executive committee. This group meets once a month and agencies represented have a rotating responsibility for setting the agenda and directing the meeting – which is an effort to include cases, problems and educational elements with direct relevance to all agencies. During this meeting, agencies: staff current cases, assess old cases, discuss what is and is not working well between agencies, what roadblocks agencies have encountered, and provide education about the larger child abuse and neglect issues in the county, as well as the mandates, limitations, strengths and policy changes of individual agencies. The triage group is the final subgroup, and includes representatives from CARES, the District Attorney's office, CAT, DHS hotline and occasionally DHS caseworkers. While this group has the ability to meet weekly if it is needed, several interviewees reported that those meetings are canceled fairly frequently if there is not an active case for them to discuss. These meetings are reserved for complex cases to ensure that key agencies are coordinating effectively. According to a representative from the District Attorney's

⁷ CAMI funds are state distributed monies collected from criminal fees and fines.

office, this is particularly true of cases where “there’s likely to be criminal investigation at the same time there’s a CPS assessment [...] to make sure we’re all moving forward together and sorta in lock step.”

Theme 2: Relationships and networks

Throughout the course of the interviews, providers in Klamath County frequently referenced the general status of their relationship with other agencies in the county, or their impressions regarding the relationship of the entire service providers’ community, rather than the actual function of those relationships. They frequently used phrases such as “strong collaboration,” “strong working relationship,” and “we all know each other” without specific mention about *what* they were collaborating or working on or with which agencies they had these relationships. Several interviewees, from both mandated and non-mandated MDT agencies equated the general service provider relationship in the county to playing in a sandbox. One such interviewee said:

I expect you’ll hear this from more than [me], because we pride ourselves on collaboration among, between agencies, that we are kinda just the right size sandbox, that we all have to play together in one sandbox, and we have to figure out how to do that [...] we know each other personally or professionally or whatever, but there’s enough of a relationship there to be able to make those kind of connections there when we need it. And I think that’s a huge strength that we have.

The perception regarding to what extent Klamath County actually does collaborate on a regular basis did, however, vary to some extent. Several non-MDT mandated community partners, for example, raised questions regarding the consistency and effectiveness of these collaborations. While there was a general

acknowledgement among these particular providers that the community *strives* to collaborate, they questioned whether agencies truly *do* collaborate: “It’s one thing to say that we’re collaborating because we’re all sitting around tables and we all get along, but are we all using the same, you know, risk assessment tools for families and making resource referrals before parents get in crisis? Are we consistently giving parents the same information or resource referral? I mean, I don’t know.” Two MDT member providers, however, asserted that collaboration in the county is so strong that it is responsible for the elevated child abuse and neglect statistics, because “when you’re counting numbers you’re going to show numbers.”

Service providers in Multnomah County, on the other hand, were far more likely to discuss their connection to other agencies in the county in terms of their formalized networks – what agencies they worked with on a regular basis, who was on various teams and task forces together, and what particular issues they collaborated on. A representative from the Multnomah County District Attorney’s office – which is co-housed with the Child Abuse Team and the DHS hotline – described how that relationship is different than for other units in the District Attorney’s office:

Typically in the DA’s office, the DA’s going to get a criminal case after the police think they’re done and they just ship it to the DA for review, and the DA, that’s probably the first time they’ve heard about the case when the packet hits their door, gets inputted in the computer and gets put on a DA’s desk. We try to encourage it to be a little bit different here [...] the goal, especially on cases that involve serious injuries to children that end up in the hospital, that sort of thing, is to start working with DHS and the detective almost simultaneously when they do. So, for example, the detective would know to come down the hall and go, ‘I just picked up a case and the kid’s in the hospital with multiple broke bones. This is the DHS worker. Just wanted to give you a heads up, we’re starting to work this case

because we would want to start collaborating at that point ... So we try to encourage that kind of up-front collaboration and hopefully the first time we hear about those cases isn't when we get the package and it hits our desk and we go, 'oh, gee, we haven't heard about this! I can see, there's not a criminal case, I can't prove it beyond a reasonable doubt, but how are those real risks managed for that child?' You know, is everything okay, and I'm not saying that doesn't happen because sometimes things slip through, but the goal is early collaboration.

As part of the formal network description, service providers in Multnomah County were less likely to offer opinions regarding the status of their relationships with other agencies, and to remain neutral in favor of describing the function of those relationships. Several interviewees, for example, discussed the triage group, one of the specialized MDT subgroups. This group appears to function smoothly, and presumably helps agencies to develop stronger relationships as they work closely together on complex cases. No one, however, directly discussed the effect of the group on their networks with other agencies. As was common with discussions about other specialized groups in the county, interviewees reported who attends the group and focused exclusively on its function:

We also have a once a week meeting with the DA, a representative or two from the District Attorney's office, a representative from our office, one of the sergeants of the Child Abuse Team, and CARES. And if there's a case that we're concerned about – how it's unfolding – it might be put on that meeting docket, or [...] if we're working at DHS and we feel that a detective should, needs to be assigned, we might put it on that [...] Probably every other week that meeting gets canceled because we're working more on a daily basis, but it's a good meeting to have if needed [...] it is really just a touch point for the three of us if we need to touch base on a case. So that people don't have to scramble to find time in their schedule to talk about it.

There was surprisingly consistent consensus regarding the nature of formalized networks in the county – who was involved and what they address –

with one exception. Where one law enforcement representative spoke about the training that road officers get to help them understand how to deal with child abuse and neglect cases, two other providers –both from mandated MDT member agencies – perceived a significant disconnect from the MDT process and a lack of preparation for road officers in Multnomah County, particularly with a relatively new procedure that requires child abuse and neglect case reports to be taken by a road officer before it is assigned a CAT detective. One provider, while stressing that she understood the reasons behind the change, discussed the difficulties of this new requirement:

[I]t means a [new] learning curve for the road officers in the entirety of Multnomah County [...] I mean you can make a video and make everybody watch it at roll call, well roll call's only 10 minutes to 15 minutes long, you know, so it's hard to get the level of information out to the road officers that you would really like them and the expertise that you would like them to have. But I understand why they're doing it, I just think it's gonna take awhile for the information to really get out there and it to be more smooth.

Regardless of the perceived difficulties, however, providers discussing the connection of road officers to the larger child abuse and neglect intervention process were hesitant to point directly to any particular agency as the reason for the difficulty. Both interviewees identified the lack of training and connection as a systemic issue, and believed that it would get better with time.

Theme 3: Informal and formal connections

While the perception of Multnomah County working relationships as contentious and siloed appears to be incorrect, Klamath County providers seemed

to understand that the relationships between providers in Multnomah County are largely different than their own. These differences, however, appear to lie in the *focus* of those relationships rather than their substance. Klamath County interviewees who espoused this negative perception of urban county relationships seem to have the misconception that relating to other community partners formally equates to distrust and in-fighting. It is quite possible, however, that the opposite is true. The sheer number of agencies and individuals working on child abuse and neglect issues in Multnomah County may in fact necessitate the formalization of networks between agencies and workers to facilitate the communication and collaboration that is vital to success, but that is unlikely to happen as “spontaneously” as in a rural county such as Klamath. When asked if there is an individual in other agencies that interviewees try to work with on cases, or if they know workers in their partner agencies, providers in Multnomah County overwhelmingly said that they had to work with whoever was assigned the case in other agencies. Furthermore, they reported that they had very few personal relationships with individuals in partner agencies, with one exception. A provider who lived and worked on the edges of Multnomah County in small town reported that while he, like providers inside Portland proper, had to work with whomever was assigned cases, he did know several partner agency representatives personally, as they lived “down the street” in the same town. The lack of personal knowledge of *individuals* working within partner agencies due to the size of the service community is likely a strong driving force behind the formalized networking

approach utilized in Multnomah County as opposed to the personal relationship and collaborative approach in Klamath.

The prevalence of this relational approach between providers in Klamath County was understood, to some degree, by interviewees in Multnomah County. Providers in Multnomah County appear to recognize both the benefits of knowing other providers personally as well as the difficulties created by isolation and rurality – such as fewer community and financial resources, the inability to reach some families quickly, and accessibility issues for families needing services. The simplistic view that was expressed by several Multnomah County service providers that in rural counties “you’re just going to talk to one judge and then it’s like, ‘oh, this is how we’re going to do it now!’” and that providers in rural counties do not have to spend as much time “maintaining and cultivating” relationships misses some important aspects of those relationships.

In quite the opposite way from Multnomah County, the personal nature of relationships in Klamath County may in fact necessitate *more* time and energy spent on cultivating and maintaining relationships both in and out of the work place. As several providers in Klamath County pointed out, Klamath Falls – the largest town in Klamath County and where the majority of county-level service providers are located – is a town with only a few grocery stores. In such an environment where providers see their community partners and clients on a fairly regularly basis, “you kinda have to conduct yourself differently,” because a fractured personal relationship can directly impact working ones and vice-versa.

This informal/formal distinction is also evident in MDT member agencies' perception and knowledge about non-MDT member agencies. While most MDT member agency representatives in both counties agreed that non-mandated agencies did not necessarily need to become more involved with the MDT, interviewees in each county discussed the relationships and networks that they *did* have with these agencies in different ways. Providers in Klamath County were much more likely to identify agencies or organizations by name and to mention individuals working there. All together interviewees mentioned 69 different agencies working on child abuse and neglect issues by name. Providers in Multnomah County, on the other hand, referred to non-MDT member agencies in terms of their participation in specialized groups. Multiple providers, for example, referred to a relatively new cooperative agreement between DHS and community service providers called In-home Safety and Reunification Services (ISRS), which can include culturally appropriate providers, faith-based providers, and natural support systems. Beyond that generic description of who is involved, however, no interviewee indicated what specific community partners were involved in this agreement.

Theme 4: Resources

Despite a seeming lack of awareness regarding the identities of which agencies are a part of the ISRS agreements, this new cooperation is clearly perceived as a benefit and resource to the county by DHS and other community partners. It was developed as an additional service for minority children who have historically

been over-represented in the foster care system all over Oregon. Typically these partners are contacted after a child is made known to Child Welfare Services but a case will not be opened. The purpose of connecting families to the ISRS providers is to keep children safely at home with their families, and minimize their contact with the judicial system. These providers are also used to help ease the transition of reunification from foster care back to in-home, parental care. One Child Welfare manager in the county commented on the potential for another benefit to DHS of having additional community partners working with families in their homes:

We're really working on keeping kids in the home, not court involved [... and] if there's a bad outcome – meaning a kid dies, you know, let's just say it the way it is [...] cause you know, eventually somebody going to die, it's a reality, that's just what happens unfortunately – that DHS isn't just take the hit for that, that it's the [ISRS] community partners that have been working with us in that capacity as well, to kind of [...] take some of the responsibility, you know [...] to [vouch] for our work! (5M2FY15N)

Multnomah County also enjoys the benefit of having many specialized cooperative, multi-agency teams meeting on a regular basis around specific issues. Some of these groups are offshoots from the larger, state mandated MDT, like the triage group, but many included both MDT and non-MDT agencies working to address specific needs in the community. Examples of these groups include Portland Impact, the Juvenile Court Improvement Program (JCIP), the Sexually Acting out Committee (SAOC), the Commercial-Sexual Exploitation of Children Taskforce, and Child Welfare Council, which has over 1,000 agencies that regularly or semi-regularly participate in the programs.

The mere existence of additional community partners allows for the greater specialization within the county to address issues that are specific to the

community. This aspect of increased networking and service provision is clearly associated with the level of resources found in Multnomah County. Three of ten respondents in Multnomah County identified “resources” as a strength of the county, while 17 of 23 providers in Klamath County identified the lack of resources as a weakness.⁸ Additionally, while providers in Klamath County were just as likely as providers in Multnomah County to indicate their desire for more participation from non-MDT agencies in the community, they did identify more areas in which this increased participation was needed (see Table 6). In Klamath County, providers perceived that the faith-based community, business community, local governing bodies, and providers specializing in services for youth were completely absent from the larger county-level discussion about child abuse and neglect. However, several of these communities are now being incorporated into the discussion in Multnomah County through the ISRS agreements, and they were not identified as being absent there. In fact, the only area that providers perceived as being “missing” from this discussion in Multnomah County was age-appropriate services, specifically providers that specialize in early-childhood and youth development and services.

Similarly, when discussing providers that interviewees would like to see more involvement from, Klamath County respondents identified culturally appropriate providers, particularly from the Native American and Hispanic communities. The ISRS agreements in Multnomah County have already incorporated or increased involvement of these communities into the larger service provider community, and DHS is starting “intentional conversations” with leaders in the

⁸ See Appendix C and D for more information on perceived weaknesses in both counties.

Hispanic and African American communities. Despite these conversations and the new ISRS agreements, however, providers in Multnomah County were significantly more likely to express a desire for greater collaboration between agencies, perhaps reflecting some limitations experienced by the formality of their networks.

Table 6: Perception of interviewees regarding which non-mandated community partners are currently not involved or need to be more involved in addressing child abuse and neglect in both counties

	Klamath	Multnomah
Not currently involved	5 respondents <ul style="list-style-type: none"> • Faith-based community • Business community • Local Governing Bodies • Providers for youth 	3 respondents <ul style="list-style-type: none"> • Age appropriate providers -youth and early childhood
Needs more involvement	12 respondents <ul style="list-style-type: none"> • D/A treatment • Long-term family support and mentoring • Mental health • Culturally appropriate providers 	5 respondents <ul style="list-style-type: none"> • D/A treatment • Long-term family support and mentoring • Mental health
No one missing/don't know	4 respondents	3 respondents
Total respondents⁹	23	10

Additional strengths identified by providers in Multnomah County also centered on resources. Of the nine distinct strengths identified by Multnomah County providers, six were directly or tangentially related to resources availability:

⁹ Respondents had ability to answer this opened ended question in more than one way, or not to answer at all. Numbers do not equal 100% of total respondents.

co-housing of the District Attorney, CAT, and the DHS hotline; the ability to contract with non-mandated community partners; the ability to specialize; the physical size of the county and being able to reach families quickly; the level of financial and community resource availability in the county; and that the county is able to and does make child abuse and neglect a priority issue (see Table 7).

Table 7: Strengths in Multnomah County in regards to addressing child abuse and neglect as perceived by service providers

	Multnomah County
Characteristics of workers	4
Availability of resources	3
Relationships between providers	2
Characteristics of MDT agencies	2
Child abuse as a priority	2
Ability to contract with community partners	2
Community size	1
Ability to specialize	1
Co-location/in-house placements	1
Total number of respondents¹⁰	10

Four of ten respondents identified characteristics of workers as strengths of the county, particularly their longevity and low turnover rates. Several agencies had providers who had been in their positions for fifteen years or more. The institutional knowledge developed after a significant period of time working on child abuse and neglect in the county in and of itself becomes a resource than Klamath County is less likely to have. While Klamath County certainly has its share of long-term agencies and individual providers, interviewees consistently reported

¹⁰ Respondents had ability to answer this opened ended question in more than one way, or not to answer at all. Numbers do not equal 100% of total respondents.

that DHS caseworkers tended to be young, recent graduates who did not stay for long periods of time, and that agency turnover in the county was high, particularly among substance abuse treatment providers. Agency turnover was primarily attributed to the loss of grant funding or other financial difficulties of agencies.

Facing a lack of community and financial resources, however, providers in Klamath County overwhelmingly associated their county's strengths to relationships (see Table 8).

Table 8: Strengths in Klamath County in regards to addressing child abuse and neglect as perceived by service providers

	Klamath County
Relationships between providers	14
Presences of CARES	12
Characteristics of MDT agencies	9
Genuine interest / passion	9
Community size	7
Innovation	5
Characteristics of workers	2
Total number of respondents¹¹	23

Five of the six strengths identified in Klamath County are relationally based.

Fourteen interviewees directly identified relationships as the county's greatest strength, followed by nine who identified both a genuine interest and passion in the community for addressing child abuse and neglect and supporting families, and the strength of agencies on the MDT. Seven respondents indicated that the size of the community itself was a major strength, primarily related to providers' ability to develop and maintain relationships with one another. Klamath-Lake CARES was also

¹¹ Respondents had ability to answer this opened ended question in more than one way, or not to answer at all. Numbers do not equal 100% of total respondents.

viewed as a strength in the community by 12 interviewees. Not only is CARES vital to the function of MDT in Klamath, in that is mandated to see every case before it goes to MDT, but it consistently spearheads and actively participates in new child abuse and neglect intervention and prevention initiatives in the county.

CARES, and it's Executive Director Ken Morton, are clearly seen as leaders in both the service provider community and the community at large. Twenty-one of twenty-three interviewees explicitly discussed their relationships with CARES and/or Ken Morton in positive – primarily – or neutral terms. Twelve of those providers went on to describe the centralized role CARES plays in the community, and the benefits the community derives from the presence of CARES in the county:

“We know when we make the referral to CARES that from CARES there's going to be law intervention, child welfare intervention, counseling recommended. All of those pieces are kind of under the hub of CARES.”

“CARES is another huge, a HUGE asset. I think that everybody should have a CARES in their community [...] they have a HUGE role in make sure that children who suffer from abuse and neglect are treated accordingly, have services to them to change their long term outcomes, to change their future.”

“You know, to put a plug in for Klamath-Lake CARES [...] they've put so much into prevention and getting the awareness out. That's really been Ken Morton's passion, and he's done an exceptional job at it.”

“I think that CARES is one of the best things that ever happened here.”

Since starting at CARES, Ken Morton has made a major push for education, awareness and prevention of child abuse and neglect. CARES has been involved in developing several initiatives to promote these priorities, and the service community in Klamath County has gradually been shifting its focus that direction, most notably with the development of a new multimedia awareness and education

campaign called Stop the Hurt. Stop the Hurt advocates for children's rights, acknowledges that parenting can be difficult, and encourages parents to seek help from community partners before they get overwhelmed. While this campaign was developed by the entire service community, it did so under the guidance and leadership of Ken Morton and CARES.

Innovation, such as Stop the Hurt, was also seen as a major strength in the county by five interviewees. Several providers reported a perception of Klamath County as being "ahead of the curve" and "leading state policy" in terms of developing new programs for intervention and prevention of child abuse and other forms of violence in the county. Other examples of innovation that were identified included the use of Dependency Case Managers¹², working with State Representatives to pass legislation on rehabilitation of child abusers and the inclusion of pet protection on restraining orders.

A common concern regarding these programs, however, was the inability to truly measure the effectiveness of these innovations. As a service community they strongly believe that their efforts were successful and important, but did not have the resources or expertise to evaluate them. Speaking about the Dependency Case Managers programs, one partner said:

[W]e don't know what's going on in the rest of the state. We just kinda do what we do here and we kinda, hope that it works. And we kinda come up with a model, because sometimes you do something so often that you don't really take a look at how you could do it better ... I need to find a way to quantify success. Because the State wants to be, you

¹² Dependency Case Managers are based out of Defender Services and work with the children's attorneys in the county. They do in-home visitations every three months with all the children assigned an attorney in the county.

know, they always want numbers [...] if we could save one family from having their kids terminated, I think it's a success ... I think that our numbers of terminations are going down ... but it'd really be nice to – I don't know how we'd quantify it [...] but if you talk to the clients I think you're going to find that they really like it.

This partner also asserted that counties around the state are showing an interest in replicating the Dependency Case Managers program, but without solid evidence to backup their impressions of its success it may be difficult for other counties to support a similar program.

The strength of relationships in Klamath County used as compensation for a lack of resources is not only evident by the data and interviews, but is something that is acknowledged by the providers themselves: "I think the strengths in the community is that, simply the community that we live in, and that even during tough [economic] times, community partners are able to come to the table and work together, and it's not about operating in siloes, it's about operating as a group for the betterment of the community." Additionally, a common fear expressed by providers was that the relationships and programs that they have been able to build are constantly in jeopardy, either because a grant that supports a collaborative effort will not be renewed, or because financial difficulties will undermine individual agencies' ability to function and operate. Seventeen providers identified the lack of resources as the county's greatest weakness, and showed a particular concern over the reduction of resources for law enforcement:

[O]ur sheriff's office takes the majority of our sexual abuse cases in our county, and CARES actually, last year, did a recent study on that to do a look over of which CARES cases are done by which agency, and Klamath County sheriff's office far exceeded the other two agencies and they have far less staff than the other two agencies to do these cases. So, with the impending, basically, peril of that department and

lack of funding for it, I am very, very concerned [that] the integrity of the investigations will not be as it was.

In a county where few resources are available to replace or reinforce services, and where strong, long-term relationships are essential to the success of the entire service community, the loss or decline of one agency facing financial difficulty is felt not only by their partner agencies, but by the families they serve.

Highlighting a general lack of resources dedicated to addressing child abuse and neglect throughout the state, however, 6 of 10 respondents in Multnomah County also indicated that they would like to see more resources in the county, particularly in the form of flexible dollars that could address families' immediate needs and increase prevention efforts:

You know, if we were flush [...] we could do things that were trial and error and see how it works, and nobody can do that now. Nobody can just have a – here's a great idea, let's try it and see if we can do something. Now we have to have outcomes to prove it before we can put any money into something, so that doesn't lead us to a place where, 'let's be innovative!' And I think that's [what] I'm trying to say is – if we could create some innovation and try some new things, in identified areas that are gaps already [...] We have so many constraints that I would like to see some dollars that didn't have so many constraints that were innovative dollars to identify something that might be a trial and error to achieve where we wanna go [...] that was not rooted in evidence or what somebody else's already tried ... we need to try to do some things that are what communities think might be of a help so that they'll embrace them and try them. So, we need to spend some time doing community assessments with specific communities that have known gaps, and ask them, 'what do you think would be different? Could be different? What would you like to see?' And then try it! That's what I'd like to see happen.

Despite a general sense of lack in terms of resources, however, providers in both counties are using the resources that they do have available to them in an

effort to successfully address child abuse and neglect in their respective locations. Multnomah County has the benefit of significant community resources in terms of multiple providers. The formalized networks that these providers have been able to develop help to organize services into specializations via smaller interagency teams. Another significant resource for members of the MDT is the co-location of three of the mandated county agencies charged with investigation and prosecution of child abuse: the District Attorney's unit on child abuse and neglect, the CAT, and the DHS child welfare hotline. A similar situation exists with other MDT and non-MDT agencies, where representatives from community partner agencies are located "in-house" with MDT member agencies:

[W]e have people in our branches that we can work with to get parents hooked up with drug and alcohol resources. There's outreach workers that will take parents to UAs¹³ and take parents to AA meetings and I mean, do all those kind of support[s] to remove those barriers that we have. So we have that, and they're in branch – in all of those branches here in Multnomah County.

Co-location and in-house placement likely has a particular benefit in urban counties with a high degree of formalized networks. Where this formalization might otherwise be a hindrance to working quickly on cases, co-location and in-house placement allows these agencies to collaborate more quickly and effectively than they might otherwise be able to if they were all individually housed.

There are a few examples of co-location in Klamath County, but none of them are as sophisticated or formal as in Multnomah County. The Klamath County Crisis Center, for example, is working on a grant to place an advocate in the DHS office as a

¹³ Urine analysis used for drug testing

liaison between the two agencies. Additionally, Klamath-Lake CARES and the Klamath Youth Development Center are both located in the same building, but the agencies are in separate sections and this co-location does not appear to significantly benefit either agency. Providers in Klamath County do have other resources at their disposal, however. In such an isolated and sparsely populated county, the community itself becomes a resource that service providers must tap in order to address child abuse and neglect. Because of the size of Klamath Falls, providers know each other personally, not just professionally, and there is a very grey line between personal and professional relationships in the service community. Agencies in Klamath County are so closely intertwined that the strength and effectiveness of one agency affects the strength and effectiveness of them all.

Discussion

It is arguably the difference in both available community and financial resources that ultimately shapes the networks and relationships that providers in each county have developed to help them address child abuse and neglect in their counties. The existence of multiple and specialized community partners in Multnomah County coupled with more financial resources with which to develop new connections and taskforces has helped to develop a strong, formalized network between agencies. Because so many community partners are working on the issue of child abuse and neglect, agencies must necessarily develop and maintain specialized groups to address different aspects of the issue, and it is almost exclusively through these groups that the majority of agency representatives have

contact with one another. Additionally, due to greater financial resources agencies in the county have been able to increase effectiveness of their networks through co-location, particularly with the District Attorney's office, the CAT, and the DHS hotline, as well as develop new agreements with culturally appropriate providers to better address the needs of minority children in their county.

Klamath County, on the other hand, has a significant lack of both community partner and financial resources. As such, the service community there has developed strong relationships between agencies, and the individuals within them, to help address child abuse and neglect in the county. With so few providers in the county, each one plays a vital role in the ability of the entire community to deal with the issue effectively – the strength of each agency ultimately affects the strength of the entire service community. Providers in the county rely heavily on their personal relationships and knowledge of individuals in other agencies to help them implement policy and increase effectiveness. Additionally, in an environment of few resources, one agency, Klamath-Lake CARES, has become the hub of collaborative efforts and program development for the county, and has helped steer the service community in the direction of prevention.

This difference in working relationships, combined with the difference in structure and function of the MDT in each county suggests that there is a high-level of ambiguity in state-level child abuse and neglect policy, particularly in regards to agency/partnership ambiguity. There also appears to be fairly low levels of conflict in each county, as evidenced by strong interdependence of the agencies, an understanding and appreciation for each agency's role and function in the larger

goal of the policy, and collaboration with and support of partner agencies in each county. The combination of high ambiguity and low conflict clearly indicates an Experimental Implementation paradigm for state-level child abuse and neglect policy in Oregon. Matland's (1995) primary assertions regarding the Experimental Implementation paradigm are that outcomes largely depend on what agencies or actors are involved, and that policy implementation will vary from location to location based on what environmental factors are at play. The different focus in each county, with Multnomah County currently focusing on providing culturally appropriate services to minority children, and Klamath County pushing a new child abuse prevention effort, relies on both the cast of actors as well as environmental influences.

The breadth of community partners in Multnomah *is* one of the county's environmental influences. If Multnomah County did not already have the community resources to develop ISRS agreements, it is unlikely that the MDT mandated service providers would be focusing on services to minority children in quite the same way. Although providers in Klamath County, for example, consistently reported that minority children in their county were likely "falling through the cracks" because of a lack of accessible and appropriate services, the county does not enjoy the level of culturally appropriate service providers that Multnomah County does. Therefore – perhaps necessarily at this point – services to minority children are not a significant focus in the county. Clearly another environmental influence for Multnomah County is their level of financial capital. Without the financial resources available, neither would these new agreements between DHS and the ISRS providers, nor the co-

location of multiple agencies or the development of a multiagency detective unit dedicated solely to addressing child abuse and neglect in the county be possible.

The rurality of Klamath County is a significant environmental influence in the county's abilities and decisions around implementation. Service providers in the county necessarily have close partnerships because of the personal nature of relationships in the county. Additionally, the presence and influence of Klamath-Lake CARES in the county has steered the service community to expand and include new prevention efforts. While providers in Multnomah County expressed an interest in developing stronger prevention efforts, they do not – at this time – have one agency willing or able to take the lead on such an initiative. As in Multnomah County, another strong environmental factor is financial capital, but in Klamath County this is an influence because of the *lack* of capital. The strength of collaborations in Klamath County is highly dependent on their ability to secure grant funding, which is frequently in peril. Additionally, because agencies are so dependent on one another, one agency losing financial resources affects the stability of all the agencies to address child abuse and neglect in their county effectively.

The high ambiguity inherent in Oregon's state policy mandating MDTs to address and investigate child abuse and neglect, particularly in terms of partnership and agency ambiguity, coupled with relatively low levels of conflict, results in Experimental Implementation – according to Matland's Ambiguity/Conflict model (1995). This particular implementation paradigm leaves counties open to work within their unique environmental factors to play to their strengths, which both Multnomah and Klamath Counties have done rather successfully.

Policy implications

Although Oregon State policy regarding the formation of county level MDTs to investigate and prosecute child abuse and neglect did not directly consider differences across counties, the Experimental Implementation paradigm that the policy ultimately follows allows for quite significant differences that play to the strengths in Klamath and Multnomah Counties. This hands-off approach to the development of MDTs is likely particularly important in a state such as Oregon, with a significant rural area and population that lacks community and financial resources but has strong relationships between people and agencies, and one that should be considered in other states with large rural areas.

Room certainly does exist, however, for improvements in both counties, primarily in the form of financial allocation and program evaluation. Both counties have multiple programs that are relied upon heavily by the entire service community, but that lack verifiable evidence of their success or effectiveness. While investing in experimental programs can certainly be a benefit as they have the potential to address area specific problem in new and innovative ways, eventually the success of such programs must be quantified if they are to continue receiving public funds. Additionally, the strengths and weaknesses of the MDT and larger service community in both counties should be taken into consideration when the county is making decisions about the allocation of financial resources.

Acknowledging the interdependent nature of the service provider community in Klamath County, efforts should be taken to ensure the financial health

of the core MDT agencies as the strength of each affect the entire community's ability to effectively investigate and prosecute child abuse and neglect. Additionally, the county or state may consider fund allocation to develop an outreach program to minority populations in Klamath County that might not be receiving needed services, and supporting the county's current trend towards increased prevention efforts. The opposite is true in Multnomah County. Culturally appropriate service agreements are already financially supported in the county. While the ISRS agreements should continue to be supported, the county or state may consider supporting a new prevention or community education initiative in the county. Also, as co-location appears to be a significant strength in the highly formalized service networks in the county, it is likely worth the effort and expense to increase agency interaction through either co-location or in-house placements.

Areas for future research

Similar research should be implemented on a larger scale, looking at all 36 counties in the state in order to examine potential differences in counties that are still considered micropolitan, but whose location in the Willamette Valley connects them more closely to urban centers, as well as non-core counties. Additionally, a study with more than two case sites is likely to have greater generalizability. It would also be beneficial to conduct research in counties where the MDT approach to child abuse and neglect investigation is *not* as successful as it appears to be in Multnomah and Klamath Counties. Such research could help determine if there are

systemic issues with the policy itself, or if these problems arise due to the environmental influences and actors at the county level.

While the recently developed initiatives in both Multnomah and Klamath Counties play the strengths that are found in each county, they also need a comprehensive examination of the effectiveness of these new programs. Stop the Hurt and Dependency Case Managers in Klamath County, and the ISRS agreements in Multnomah County are only a few of the newer programs that should be evaluated for effectiveness. More broadly, however, research regarding reporting requirements, outcomes, and implications needs to be completed. Between both counties, only four providers knew if they *had* reporting requirements, what the requirements were, or to what outside agency they reported to. This lack of knowledge and understanding is particularly striking when the position of interviewees is taken into consideration – the vast majority of who were directors or managers.

Limitations of the study

As this study was conducted with only two out of thirty-six Oregon counties and did not include a non-core case site, the results are not generalizable to all rural and urban counties. However, as an MDT approach to addressing child abuse and neglect is utilized in almost all the states, this study may in fact be useful for drawing comparisons between similar rural and urban counties in other states (Giles, 2009). Additionally, the significantly smaller sample size in Multnomah County versus Klamath County – with 10 respondents in Multnomah County versus

23 in Klamath – has the possibility of biasing the results from Multnomah County toward the opinions and perspectives of only a handful of agencies working in a rather large service community.

Conclusion

Using urban Multnomah County and rural Klamath County in Oregon as case studies, and based on Richard Matland's ambiguity/conflict model (1995), this research examines how the use of networks and relationships between services providers are utilized to implement a specific state-level child abuse and neglect policy. This policy, which requires all 36 counties to develop a Multidisciplinary Team approach to addressing and investigating child abuse and neglect, had the potential to be ineffectual when it was passed in the 1980s. Although the policy does not directly take into account potential differences between counties in terms of rates and factors of child abuse and neglect or resources available to address the issue, however, the highly ambiguous nature of the mandate, coupled with low levels of conflict, appears to make up for potential policy gaps when looking across counties. High ambiguity and low conflict, which Matland calls an Experimental Implementation paradigm (1995), is evident in difference in structure and function of MDT in both counties, and the way that resource availability shapes how agencies relate and connect to each other in the service community, with Klamath County providers focusing on personal relationships and those in Multnomah County on formalized networks. Ultimately the state-level policy mandating the use of MDTs allows each county to play to its strengths and work to mitigation weaknesses, and appears to be successfully implemented in both Multnomah and Klamath Counties.

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APPENDIX A: Klamath County community partner interview guide

How is your organization involved in addressing child abuse & neglect in Klamath County?

1. Do you respond to reports of abuse or neglect? How does that work?
2. Do you have a referral process to/from the Department of Human Services (DHS), law enforcement, or CARES? How does that work?

How do you track cases, reports, and/or referrals concerning child abuse & neglect?

1. What kinds of statistics do you keep? What sorts of things are measured? What timeframes are used?
2. What definitions of child abuse and neglect are used by your organization to determine whether reports are founded, unfounded, or unable to determine?
3. Who do you report statistics to (for example, the state, or another national, regional, county, city, or grant-awarding agency)?

In your opinion, what is it about Klamath County that contributes to high rates of child abuse & neglect?

1. How did you identify this issue? Can you point us in the direction of studies or statistics on this topic?
2. What specific factors that seem to contribute to child abuse & neglect do you work on in your organization? Do you keep statistics or other data on this topic?

What strengths does Klamath County have with respect to addressing child abuse & neglect?

1. Who works together in this area?
2. What programs are in place, and which ones are effective in mitigating or preventing child abuse & neglect?

Is there anything that is not working so well, that you have concerns about, or that you would like to see changed?

1. Are there any organizations that should be included in the larger conversation about child abuse & neglect that are not currently included?
2. Can you identify any gaps in service that might be leading to disruptions in service or children 'falling through the cracks'?
3. Do you have any suggestions for improvement?

Is there anything else you would like me to know about addressing child abuse & neglect in Klamath County? Do you have any questions for me at this time?

APPENDIX B: Multnomah County community partner interview guide

How is your organization involved in addressing child abuse & neglect in Multnomah County?

1. What is your agency's mandate when it comes to addressing child abuse and neglect?
2. Do you respond to reports of abuse or neglect? How does that work?
3. Do you have a referral process to/from the Department of Human Services (DHS), law enforcement, or CARES? How does that work?
4. Can you walk me through the step you took during your last case of child abuse and neglect? Who did you call, work with, etc.? Is this typical?

What is your position in addressing child abuse and neglect issues in Multnomah County?

1. How long have you been in this position?
2. Have you ever been involved in addressing child abuse and neglect in another county?
3. If yes, how is it similar or different in Multnomah County, compared to that other county where you have worked?
4. Are you part of the MDT?

How do you track cases, reports, and/or referrals concerning child abuse & neglect?

1. What kinds of statistics do you keep? What sorts of things are measured? What timeframes are used?
2. What definitions of child abuse and neglect are used by your organization to determine whether reports are founded, unfounded, or unable to determine?
3. Who do you report statistics to (for example, the state, or another national, regional, county, city, or grant-awarding agency)?

What strengths does Multnomah County have with respect to addressing child abuse & neglect?

1. What agencies/organizations are involved in addressing child abuse and neglect?
2. What agencies/organizations do you consider "partners" or who you work closely with?

Is there anything that is not working so well, that you have concerns about, or that you would like to see changed?

1. Are there any organizations that should be included in the larger conversation about child abuse & neglect that are not currently included?
2. Can you identify any gaps in service that might be leading to disruptions in service or children 'falling through the cracks'?
3. Do you have any suggestions for improvement?

Is there anything else you would like me to know about addressing child abuse & neglect in Multnomah County? Do you have any questions for me at this time?

APPENDIX C: Weaknesses in Klamath County in regards to addressing child abuse and neglect as perceived by service providers

	Klamath County
Lack of resources	17
Lack of mental health services	4
Not enough community responsibility/education	4
Families have no trust in the system	4
Not enough prevention efforts	3
Lack of services for youth	3
Services for kids who are transitory	2
Lack of collaboration	1
Services for kids with special needs	1
Total number of respondents	23

APPENDIX D: Weaknesses in Multnomah County in regards to addressing child abuse and neglect as perceived by service providers

	Multnomah County
Lack of resources	6
Lack of mental health services	3
Lack of age-appropriate services	3
Lack of coordination	3
Lack of flexible dollars to address immediate needs	3
Not enough community responsibility/education	2
Long waits	2
Not enough prevention efforts	1
Not enough foster parents	1
Nothing/no weaknesses	1
Total number of respondents	10