

SCENARIO

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF CONFERENCE

In the Matter of
SMITH, Jack
SMITH, Jill

children

Court Number: JV5555
 JV5556
CITIZEN REVIEW BOARD (CRB)
FINDINGS & RECOMMENDATIONS

Board Number: 5
Date of Review: 5/03/13
Permanency Plan: Reunification
Concurrent Plan: Adoption

Date Entered Care: (6 months ago)
Date of Jurisdiction: (4 months ago)
DHS Number: 12345, 12346
Date of Birth: six years ago; four years ago

Basis for Jurisdiction: Jack Smith, six years of age, and Jill Smith, four years of age are wards of the court placed in the custody of DHS. Jurisdiction is based upon: the family home is below community standards including spoiled food on tables and kitchen counters, dog feces on floors, and rodent feces on floors and kitchen counters, creating a safety threat to the children; the parents have neglected to provide medical care and the children's significant dental care needs, creating a safety threat to the children; the parents did not ensure that Jack attended school regularly; the parents have a history of residential instability and are currently on a 30-day eviction notice from their landlord; the mother, Mary Smith, has substance abuse issues that interfere with her ability to safely and adequately parent, creating a risk of harm to the children; the mother has mental health issues that interfere with her ability to safely and adequately parent, creating a risk of harm to the children; the father, John Smith, has substance abuse issues that interfere with his ability to safely and adequately parent, creating a safety threat to the children; and, the mother and father failed to benefit from previously offered services.

The family is known to the court and to DHS. This is the second referral. The first referral, 18 months ago, noted parenting concerns and drug and alcohol problems. At that time, DHS provided an in-home safety plan and community based services including in-home parent training and outpatient drug and alcohol services. The parents engaged in NA/AA meetings. The current referral generated six months ago when a neighbor called DHS stating the parents were using drugs and the children were living in filthy conditions. Police described the home as unsanitary. The police located a small bag of marijuana, a pipe with methamphetamine residue, a baggy with 10 amphetamine pills, and a cigar box filled with drug paraphernalia. The parents told the police they had used methamphetamine recently. The parents were arrested on drug charges. DHS placed the children in protective custody. No relative placement or caregiver placement was available.

ICWA Status: N/A: The parents signed DHS Indian Child Welfare Act documents indicated no Native American or Alaskan Native heritage.

You are at a CRB Review. Your Board has completed Findings 1-9. Please break into small groups to discuss the case, answer Finding #10, and create any appropriate Recommendations.

1.	DHS made active efforts to prevent or eliminate the need for removal of these	<u>X</u>	
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	<p>children from the home.</p> <p>In light of the circumstances of the child and the parents and the child's health and safety having been considered as the paramount concern, there is good cause to believe the children have been neglected, abused, or placed in threat of abuse or neglect. The parents have substance abuse issues that place the children at risk of harm. The parents failed to benefit from previously offered services and violated an ongoing in-home safety plan. The home was described as unsanitary. The parents were arrested on drug charges and unavailable to parent. No additional services could eliminate the need for placement.</p>		
2.	<p>DHS has made diligent efforts to place these children with a relative or a person who has a caregiver relationship.</p> <p>No fit and willing relative placement available at this time.</p> <p>DHS reports the relative search is on-going. The parents provided DHS with the names of four relatives. All four relatives have been contacted and none are available as a placement resource.</p>	<u>X</u>	
3.	<p>DHS has ensured that appropriate services are in place to safeguard the children's safety, health and well being.</p> <p>The children are placed together in non-relative family foster care. Well child check-ups are current. Immunizations are up to date. The children are bonded and attached to each other and to their parents. The children enjoy visiting their parents and have told the DHS caseworker that they look forward to returning home.</p> <p>Jack, six years of age, completed a mental health assessment and a developmental evaluation. No services were recommended. Jack is described as happy. He does not exhibit behavior problems. He enjoys playing outdoors and riding his bike. Jack is enrolled in first grade. He receives Chapter One reading assistance and tutoring with a teacher's aide in the regular classroom. He is behind in academics but making solid progress. Jack's teacher feels the academic delay is likely due to lack of attendance while in his parent's care not due to cognitive or developmental concerns. Jack has been to the dentist six times. Several teeth needed filling and three teeth were so decayed they needed to be pulled. Jack's dental care is now up to date and his next check-up is in six months.</p> <p>Jill, four years of age, entered care with significant dental issues. She completed five appointments to repair abscessed gums and significantly decayed teeth. She received several fillings and two teeth were pulled. Jill's dental care is now up to date however she requires monthly follow-up visits to make sure her gums remain healthy. Jill completed a mental health assessment and individual counseling was recommended. DHS implemented counseling. Therapist reports are positive but note concern regarding ongoing nightmares. Jill told her foster mother that her nightmares are because she is afraid she and her brother will never get to live with their parents again. The foster parent told the Board that Jill's nightmares are fewer in quantity and shorter in duration, occurring approximately one per week instead of almost every night when she first entered care. Jill participates in Head Start. She is described as social. She is not exhibiting any behavior problems.</p>	<u>X</u>	
4.	<p>DHS made active efforts to provide services to make it possible for these children to safely return home.</p> <p>DHS has provided appropriate services including: Safety Meeting, Family Decision</p>	<u>X</u>	

	Meeting, Action Agreements, drug and alcohol assessments and services, ART, parent training, parent mentor and home builder services, counseling, visitation, mental health assessment and services, transportation vouchers, psychological evaluation, and parent-child visits.		
6.	<p>The parents have made sufficient progress to make it possible for these children to safely return home.</p> <p>During the event that placed the children in foster care, the parents were arrested. They were released on their own recognizance. Each parent pled guilty to misdemeanor charges. The legal matter is resolved.</p> <p>Yes (mother): Ms. Smith completed a drug and alcohol assessment and outpatient treatment was recommended. DHS assisted Ms. Smith to access services. She engaged in drug and alcohol treatment three months ago. She started attending NA/AA meetings two months ago and plans to obtain a sponsor soon. In the past four months Ms. Smith has provided six random UA's, one of which (three weeks ago) was positive for alcohol. Ms. Smith was assessed for mental health services. Counseling was recommended and a psychological evaluation to further guide the service plan was also recommended. Ms. Smith engaged in individual counseling two months ago. She indicated that she is learning a lot about herself. She completed a psychological evaluation five weeks ago. The psychologist recommended additional counseling, parent training, and a medication management plan for depression. Ms. Smith is currently engaged in a comprehensive counseling program. She started parenting class three weeks ago. She has a medication management plan. Service providers comment that Ms. Smith is trying hard and starting to make some progress but she still needs assistance keeping the house clean and learning how to prepare healthy meals. DHS considers Ms. Smith compliant with her Action Agreement.</p> <p>Yes (father): Mr. Smith participated in a drug and alcohol assessment and outpatient treatment was recommended. He engaged in community based treatment three months ago. All UAs have been clean. Mr. Smith has attended AA/NA four times per week for the entire review period. He has a sponsor. He reports being clean and sober for 173 days. He participates in parent training and one-on-one parenting services once per week. The DHS caseworker indicated Mr. Smith is doing a great job of applying what he is learning in parent training. The caseworker noted the children adore their father and they look forward to visits. Service providers report Mr. Smith is learning to clean, repair, and maintain the home. The landlord has removed the eviction notice and has agreed to take labor in exchange for rent for the next four months. The landlord is providing tools and materials. Mr. Smith's attorney indicated the house is now safe and clean.</p> <p>The parent's visit the children twice per week and the visits have progressed from supervised at DHS, to community visits supervised by the foster parent. Recently DHS authorized overnight visits at the parent's home. Two overnight visits have occurred and both are described as successful.</p> <p>The caseworker indicated the parents are making progress and if progress continues that an in-home safety plan and Trial Home Visit plan could occur within the next six months.</p>	X	
8.	<p>DHS is in compliance with the case plan and court orders.</p> <p>Appropriate face to face visits were made. Action Agreements are up to date. All court orders have been implemented.</p>	X	

9.	<p>The permanency plan is the most appropriate plan for these children.</p> <p>The primary DHS permanency goal is reunification.</p>	X	
10.	<p>There is a continuing need for placement.</p> <p>Some things to consider:</p> <p><u>Can these children go home today? If not, why not?</u></p> <p>Stated another way, have the conditions of return been met in one of the following two ways:</p> <ul style="list-style-type: none"> • Has the parent made sufficient progress (increasing his/her protective capacity) so s/he can manage the safety threats at home, or • Is the parent willing to engage in an in-home safety plan using an identified and approved safety service provider who is available to assure safety of the child/ren? <p><u>Recommendations:</u></p>	—	—