



2008 Annual Training Conference



Sex Offender Treatment

Keith Ovelman, Cordero





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Keith Ovelman

I have worked in the field of mental health and social work for 17 years. I have worked with various populations including chronically mentally ill adults, developmentally disabled, crisis intervention, suicide prevention, and delinquent, gang affiliated youth. I have worked with Juvenile sex offenders and their families for 13 years. I provide individual, family, and group counseling as well as co-facilitate multi-family groups. I currently work at Cordero Residential Treatment center in Tigard. I also have a private practice based primary on contracts through state and county agencies to provide home based, multi-systemic offender therapy.

I graduated from Illinois State University in 1992 with a BSW. I graduated University of Washington with a MSW in 2000. I have been licensed in the state of Oregon for 4 years.

Juvenile Sex Offender Treatment

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Adults vs. Juvenile Offenders: What are the differences?

- Adults have set patterns of offending. Juveniles are more random.
- Adults know what they want. Juveniles don't always know.
- Adults have more defined grooming and offending rituals.
- Adults tend to be more specific in choice of victims.

Adults vs. Juveniles Cont.

- Adults have a more active fantasy life.
- Adults are motivated more by sexual and compulsive reasons. Juveniles are more impulsive and curiosity driven.
- Adults are driven by deviant arousal, Juveniles by attachment and social incompetency
- Adults can be called Pedophiles, Juveniles not.
- Treatment for adults geared toward lifetime management, juveniles not so much. (in most cases)

Causes of Offending Behavior

- Lack of healthy sexuality models and teaching
- Early exposure to sexuality
- Confusing boundaries in family
- Being abused (20-80%)
- Lack of intimacy and attachment
- Criminal/Antisocial attitudes-Abuse Reactive
- Intergenerational abuse patterns
- Lack of skills to get primary needs/drives met
- No one causal factor -More like combination

Offender Motivations

- Attachment and intimacy - Developmental
- Sexual wants/needs - Feels good
- Curiosity
- Anti-social attitudes
- Abuse reactive - Acting out what they've learned (younger kids)
- Trauma repetition(older kids/adults)
- Revenge, anger, resentment

Treatment Settings

- Outpatient
 - Living with family
 - Living in foster/alternative placement
- Day treatment-Proctor home
- Residential
- Locked Institution

Outpatient Kids

- Less victims
- Less pathology - More intact family
- No major personality or mood disorders
- Stable in other areas of life (school/home)
- Less deviant arousal issues
- More "experimental"
- Stronger sense of right and wrong
- Can utilize Tx. teachings easily
- Motivated to do good

Day Treatment-Proctor

- Need higher level of supervision/help
- Can't go home
- Needs alternative school setting
- More mental health issues (ADD,PTSD etc.)
- More victims - More Times
- Deeper pathology

Residential

- Need help in many areas (behavior, school, family, peer relations)
- Serious Mental health issues (PTSD, Major Depression, Bipolar, Attachment D.O.)
- Legal charges more serious
- Entrenched offending patterns(grooming, set up, cover-up, fantasy)
- Serious empathy/moral deficits
- Complicated family issues

Lock-up/MacLaren

- Rape, weapons, overtly dangerous
- Community or run risk
- Anti-social Personality traits
- Other personality disorders and very serious mental health issues
- Not ready or motivated to change
- Entrenched in criminal lifestyle
- Other criminality issues.(assault, fire setting, gangs)

Modes of Treatment

- Individual Therapy (1 hour/week)
- Group Therapy (1-3 Hours week)
- Family (2x/Week)
- Skill Building work: One-on-one and/or group
- Multi-family Group
- Combination of Group, Individual and Family, and skill building is best

Why Individual Therapy?

- Process heavy trauma issues
- Deal with mental health issues
- Advice, coaching, encouragement
- Motivation issues and removing blocks
- Learn and practice skills for group and milieu
- Review work and plan for presentations
- Dealing with Fantasy and delicate issues

Why Group Therapy?

- Be part of a positive group culture
- Teens listen to teens
- Feel less of a “freak” or “broken”
- Learn from other’s stories
- Increased chance to develop empathy
- Role plays and exercises
- Good use of money and time

Why Family Therapy?

- Greatly increases client success rate
- Explore and resolve causes of abuse - What went wrong?
- Uncover inter-generational abuse issues
- Increase parenting ability - Accountability
- “We need to change” not “you need to change”
- Re-establish healthy and safe boundaries
- Family Impact issues - Make amends
- Get victim help
- Clarification/Reunification

Why Skill Building

- Offenses can stem from lack of skills
- Research shows that skills are big part of not re-offending - Evidence based
- Builds self esteem/self efficacy
- Clients report this as valuable

Treatment Values

- Treatment values differ depending on placement
- Treatment is ultimately voluntary
- Victim centered-
 - Do it for them and yourself
 - All you do either honors or dishonors them
 - Do treatment as if victims are watching
- Treatment is lifestyle change not minor tweaking

Treatment Values-cont.

- Tell the story so victim won't have to
- Regain lost Honor, Integrity
- Responsibility not shame
- Being healthy is not just not offending
- Offending ends with you
- Earn back community trust
- Work yourself out of "offender" status
- Treatment takes strength, courage, heroism

General Treatment Content

- Accountability-Telling Story
- Polygraph
- Boundaries
- Skill Building/ Building Competencies
- Empathy and Compassion Building
- Living and practicing treatment concepts
- Relapse prevention
- Cognitive distortions/Thinking errors
- Addressing and resolving mental health needs

Treatment Cont.

- Healthy sexuality
- Offending motivations and alternatives
- Increase healthy socialization
- Victim Awareness
- Fantasy work (if Appropriate)
- Family reunification

Discharge Criteria

- For some, treatment never "ends"
- Realistic relapse prevention plan and uses it
- Has support system in next placement
- Has and uses his skills to manage: Arousal, anger, anxiety, depression, conflicts, changes, etc.
- Completes all assignments with full approval of group, therapist, and family

Discharge Criteria cont.

- Is "anti-offender" - Treats others opposite of how offender would
- Has made fundamental lifestyle change
- Is internally motivated to do good
- Has internal moral structure that he listens to
- Thought of re-offending has visceral reaction
- Becomes part of prevention team - Works hard to keep everyone safe

Clarification-Reunification

- Both Victim and Offender are connected
- Parents should be engaged and connected
- Parents put victim needs first
- Victim has power and control
- Victim therapist acts as advocate and runs show
- Plan for post meeting early and often!

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TREATMENT PLAN

GOAL: Relapse Prevention

PURPOSE: To prevent the same situations and mind states that made inappropriate sexually acting out possible.

OBJECTIVES:

- ___ Read and sign Relapse Prevention Agreement
- ___ Consistently demonstrate fidelity to agreement through behaviors consistent with plan.
- ___ Complete list of individualized triggers.
- ___ Complete list of High Risk Situations to be avoided.
- ___ Complete list of High Risk moods and feelings.
- ___ Complete Safety Plan for home.
- ___ Complete Safety Plan for community and school.
- ___ Complete intervention packet.
- ___ Demonstrate use of interventions in daily life.
- ___ Review and memorize Probation/ Parole restrictions.
- ___ Demonstrate that high risks/intervention have been internalized through spontaneous use of them without needing to be convinced to use them.
- ___ Identify and resolve barriers toward relapse prevention plan use.

GOAL: Sexual Behavior Problems

PURPOSE: Client was referred to program after it was discovered he has had inappropriate contact with his sister.

OBJECTIVES:

- ___ Review orally with therapist history of sexual acting out.
- ___ Complete all three levels of the treatment protocol including:
 - Initial Accountability/ Sexual History Worksheet
 - Brief Accountability Worksheets
 - Detailed Accountability Worksheets.
 - Walkthrough of Offense(s)
 - Review and complete Thinking Errors Packet.
 - Complete Boundaries Packet
 - Complete Victim Awareness Packet and pass oral exam.
 - Review offending cycle present and past.
- ___ Review and own how problems are still existent for him now.
- ___ Identify moods and feelings that support offending.
- ___ Identify and respect risk for re-offense without minimizations.
- ___ Resolve abuse/trauma history that contributed to offending.
- ___ Complete Fantasy assessment and begin fantasy work if necessary.

GOAL: Social and Community Skill Building

PURPOSE: has difficult time in his life where his social contacts were somewhat negative. As a result he gravitated to negative people and actions

OBJECTIVES:

- ___ Complete social skills assessment.
- ___ Complete written list of barriers to health interpersonal functioning.

- ___ Resolve each barrier as demonstrated through self and collateral report.
- ___ Develop appropriate social skills so as to function in multiple settings with little problem.
- ___ Define personal boundaries for social and dating life if appropriate.
- ___ Demonstrate personal boundaries in every day life.
- ___ Learn levels of trust and place all social contact into these levels.

GOAL: Empathy Building

PURPOSE: past behaviors indicate a pattern of self serving and self protective orientation that lacks connection to needs of others.

OBJECTIVES:

- ___ Acknowledge area of need or gaps in empathy.
- ___ Acknowledge and own all barriers that may be preventing empathy.
- ___ Acknowledge any unresolved trauma issues that are present.
- ___ Acknowledge any resentments that prevent empathy.
- ___ Engage in 3 role plays and/or similar experiential exercise.
- ___ Complete all Empathy Packet and present to therapist and group as necessary.

GOAL: Healthy Sexuality and Relationships

PURPOSE: lacks knowledge of healthy sexuality.

OBJECTIVES:

- ___ Complete inventory of healthy relationship knowledge.
- ___ Complete "Level of Trust" written assignment.
- ___ Demonstrate knowledge of levels of trust as evidenced in decisions made in everyday life.
- ___ Discuss and write down qualities of healthy/age appropriate relationships.
- ___ Create list of OK/Not OK behaviors.
- ___ Demonstrate fidelity to this list by exhibiting them in everyday life.
- ___ Research books and related resources on subject and present findings to therapist and group.

GOAL: Family Reunification

PURPOSE: is currently out of the home and desires to go back as soon as possible. He will need to achieve some basic objectives to achieve this with the greatest possibility of long term success.

OBJECTIVES:

- ___ Create Autobiography of family.
- ___ Acknowledge resentments or unresolved issues with each family member.
- ___ Complete list of what they want to take and leave from each family member.
- ___ Create plan for reintegration for each appropriate family member.
- ___ Acknowledge barriers emotional and physical to unification.
- ___ Make necessary plans for reunification of family as laid out in future therapy sessions.
- ___ Complete Clarification letter and related work and do face to face meeting with sister.



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The Importance of Involving Children and their Families in Case Planning

Hon. Nan Waller

Multnomah County Circuit Court Judge

Lois Day, Child Welfare Program, Department of
Human Services, Lane County

Loren Calkins





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Case Timelines

Timothy Travis, Oregon Judicial Department

Catherine Stelzer, Department of Human Services





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Timothy Travis

Timothy Travis is a juvenile law specialist who is currently employed by the Oregon State Court Administrator's Office as the Staff Counsel for Juvenile and Treatment Courts. He participates in training judges, court personnel, Citizen Review Board members, and other players in the juvenile and treatment court systems, as well as in policy development and legislative affairs. He is a former a senior staff attorney with the Juvenile Rights Project, a non-profit public interest law firm representing abused, neglected and delinquent children in Multnomah County (Portland) Oregon Circuit Court. He has also represented children's best interest as a Court Appointed Special Advocate. Timothy has lobbied children's issues in the Oregon Legislature since the 1993 session, participated in two major revisions to Oregon's juvenile code, and three times served on the editorial board for revision of the Oregon State Bar's Juvenile Law Handbook. He was as a member of the Governor's Emergency Youth Corrections Facilities Siting Commission, and of the Community Resource Council for the Casey Family Foundation in Portland. He is currently a member of the Advisory and the Audit Committees of the Oregon Youth Authority. He is been a consultant to a national study of family treatment courts. Formerly a public school teacher, counselor and coach, as well as a Marine Corps Sergeant and a kite merchant, Timothy resides in Portland, Oregon with his wife, Lynn (also an attorney specializing in child abuse and neglect law, currently employed by CASA of Multnomah and Washington Counties) and his daughters, Rachel, 17, and Lucille, 14 (neither of whom has, to date, represented any child, other than herself, although each has conducted that representation with a promising proficiency and zeal).

Life of a Dependency Case
an Overview

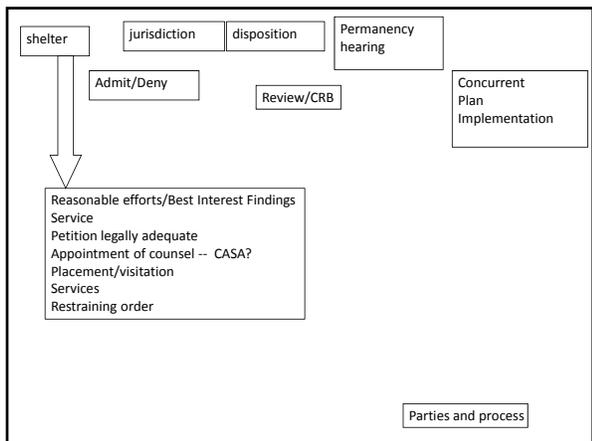
Timothy Travis
Court Programs and Services Division

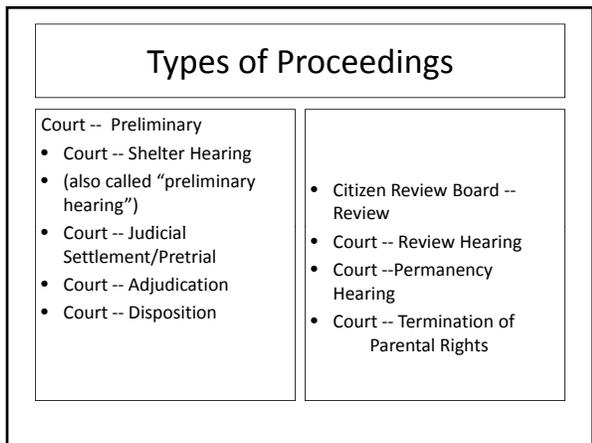
phases of abuse/neglect cases

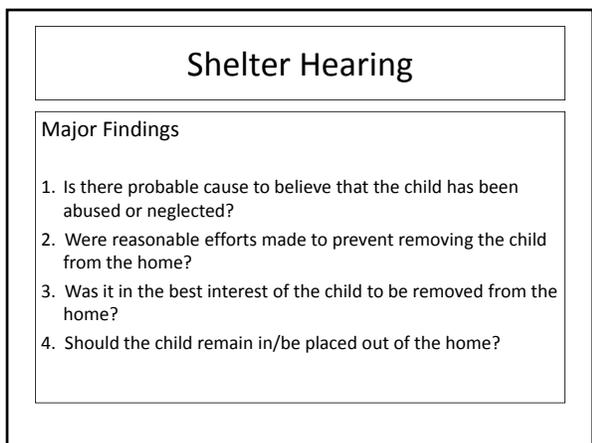
- Investigation of allegations
- determination of need to intervene
- determination of appropriate intervention
- review of intervention (agency and parental efforts)
- determination of permanency plan
- implementation of permanency plan

Timelines: making things move

- Permanency hearing
 - make decision as to where child will permanently be within 14 months of time child goes into care
- 15/22 month rule
 - if a child is in foster care for 15 of the past 22 months the state must file a petition to terminate the parents' rights
 - exceptions



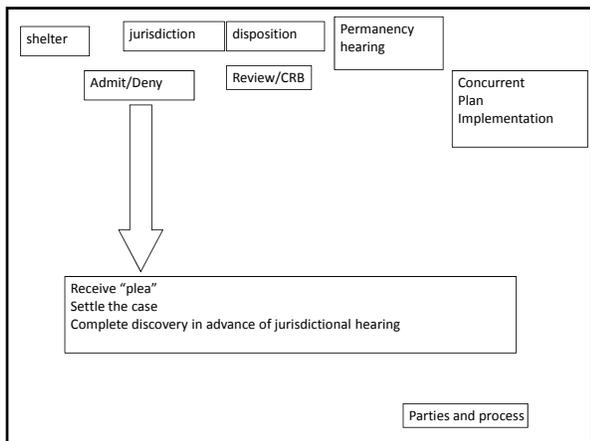




Shelter Hearing
<ul style="list-style-type: none">• Petitions<ul style="list-style-type: none">– “charging instrument”– contains allegations regarding the parents’ care of the child– may be amended at any time, verbally (due process)

Shelter Hearing
<ul style="list-style-type: none">• Other Issues/Events/Findings<ul style="list-style-type: none">– placement (relatives?) (together?)– visitation– Indian Child Welfare Act– Further determinations– rights and responsibilities/whereabouts

Court – Shelter Hearing	
<ul style="list-style-type: none">• Reasonable Efforts Determinations• Indian Child Welfare Act• Petition<ul style="list-style-type: none">– specificity– both parents– consolidation	<ul style="list-style-type: none">• Appointment of Counsel• Probable Cause• Placement<ul style="list-style-type: none">– relative placement– visitation plan

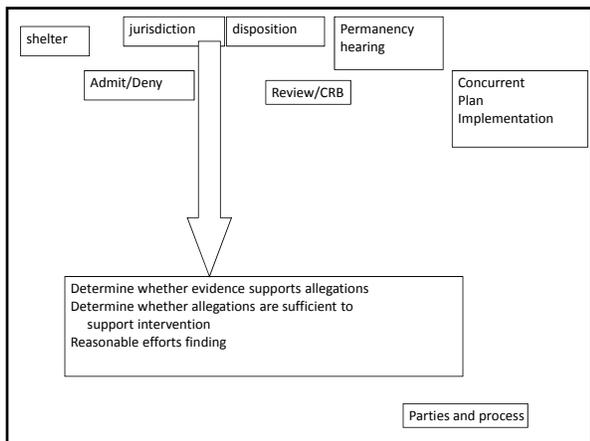


Establishing Jurisdiction

- Pretrial / judicial settlement conferences / admit deny
 - attempts to settle case short of a trial
 - various forms and formats
 - negotiation over service agreements and wording of petitions

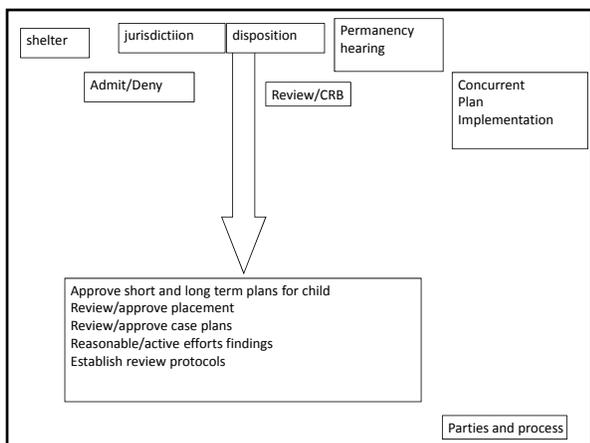
30 Days (court?)

- Deny Allegations of Petition
 - discovery completed
 - set trial within 60 days of petition
- Admit Allegations
 - move to disposition
 - set next hearing (court)



Court Proceeding -- Adjudication

<ul style="list-style-type: none"> • Continuance only for good cause shown • Highest priority if continued • evidentiary hearing • preponderance of evidence 	<ul style="list-style-type: none"> • If ICWA <ul style="list-style-type: none"> – clear and convincing evidence – expert witness testimony
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What are we gonna do about it?

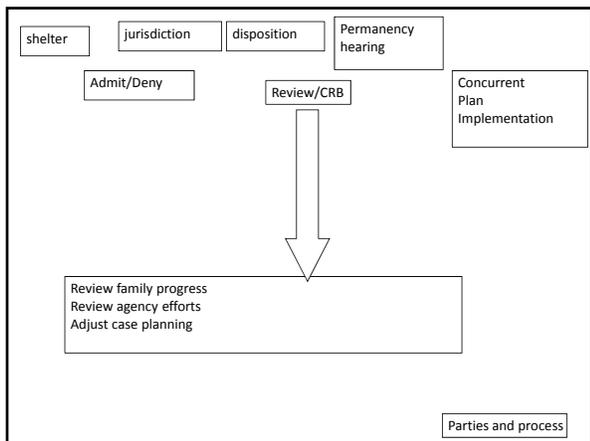
- Disposition
 - Like a “sentence”
 - reasonable/active efforts findings
 - visitation (parents and siblings)
 - concurrent plan
 - set permanency hearing (12 months)

What are we gonna do about it?

- Disposition -- Service Agreement/letter of expectation
 - rational relationship
 - services provided/required of parents
 - timelines
 - consequence of non compliance

What are we gonna do about it?

- Disposition
 - notice to caregiver and grandparent
 - opportunity to be heard



How's it going?

- Review of Case
 - Court
 - Citizen Review Board

How's it going?

- Review - Full
 - need for continued placement
 - permanent and concurrent plan appropriate
 - DHS compliance/ sufficiency of parental progress
 - reasonable/active efforts
 - likely date of return
 - verify date of permanency hearing
 - The pink slip.....

How's it going?

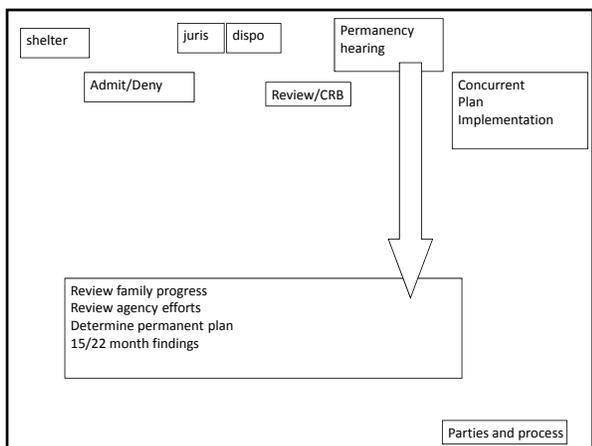
- Review -- special
 - visitation
 - providing services
 - new service agreement
 - placement

- *does not meet federal requirement for review*

How's it going?

- Any review
 - notice to Foster Parent or Pre Adoptive or Relative Placement

 - Right to be heard



Change the plan?

- Permanency Hearing -- Timing
 - 12 months after juris/14 months after placement
 - 30 days after aggravated circumstance finding
 - anytime at request of most any party, court or CRB
 - 12 months after any previous permanency hearing

Change the plan?

- Permanency Hearing
 - reasonable/active efforts findings
 - return/implement concurrent plan
 - current/previous plan

Change the plan?

- Permanency Hearing
 - 15/22 month rule? Exceptions?
 - Need permanent plan even if not TPR
 - relative, compelling, case plan, reasonable efforts
 - keep plan as return to parent
 - Specific extension
 - specific services, specific period of time

Key Concept



"Reasonable Time"
a period of time that is reasonable given a child's emotional and developmental needs and ability to form and maintain lasting attachments.

ORS 419B.010(21)

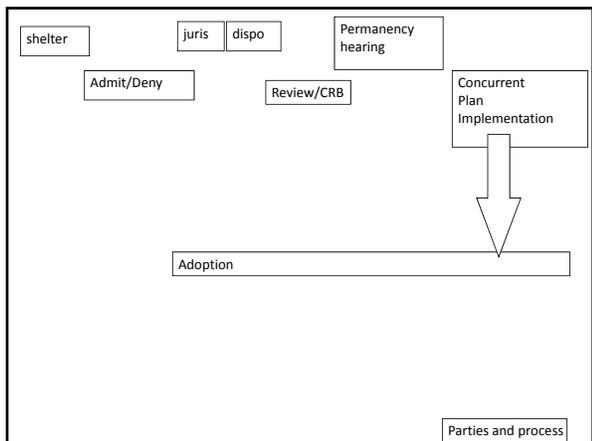
Policy Underpinnings

Change the plan?

- Permanency Hearing
 - plan
 - return to parent
 - adoption
 - guardianship
 - custody/place with relative
 - Another Planned Permanent Living Arrangement
 - Permanent foster care
 - Independence
 - Other

Implementing Concurrent Plan

- Kinds of hearings
 - termination of parental rights
 - guardianship hearing
 - permanent foster care hearing
 - custody hearing



Implementing Concurrent Plan

- Termination of parental rights
 - a trial
 - pretrial events

Court -- Termination

Pretrial

- appointment of counsel
- mediation
- service of petition and summons
- show cause hearings
- pretrial conferences

Court - Termination

Extreme Conduct

- sex crime against any child
- starvation or torture of any child
- death or serious injury from abuse or neglect
- previous TPR intervening amelioration

No Reasonable Efforts to Reunify are Required

Court -- Termination

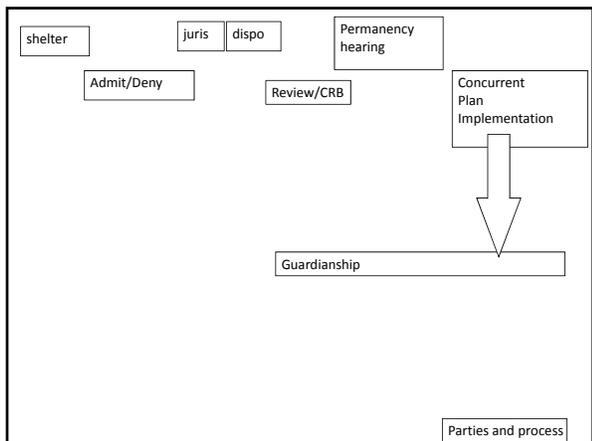
Ground -- Unfitness

- mental, emotional illness
- cruel, abuse or sexual conduct toward child
- addiction substantially impairing parenting ability
- physical neglect
- lack of effort to adjust circumstances with aid of reasonable efforts
- criminal conduct impairing parenting

Court -- Termination

Ground -- Neglect

- failure to provide care or pay support
- failure to maintain visitation or contact in compliance with a plan to reunify
- failure to contact or communicate with child or custodian



Implementing Concurrent Plan

- Guardianship hearing?
 - In best interest of child to establish a guardianship?
 - Support? Visitation?



guardianship

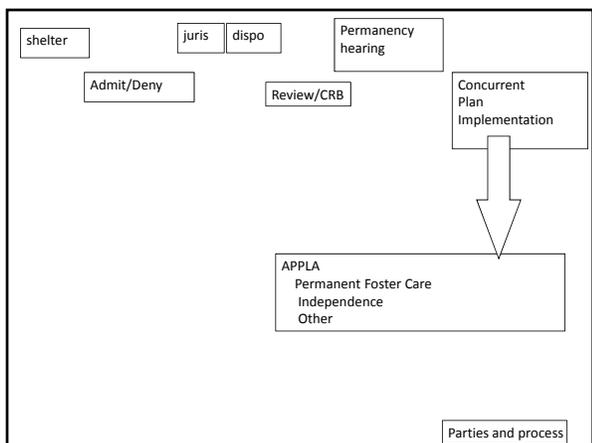
Does not end wardship

Ends legal custody to DHS

guardianship

- Review of guardianship
 - Yearly Written Report (no report=review)
 - Court or Citizen Review Board? (fiscal)
 - Local Protocol

Guardianship - Oregon Laws 2003 Chapter 229 - Senate Bill 70

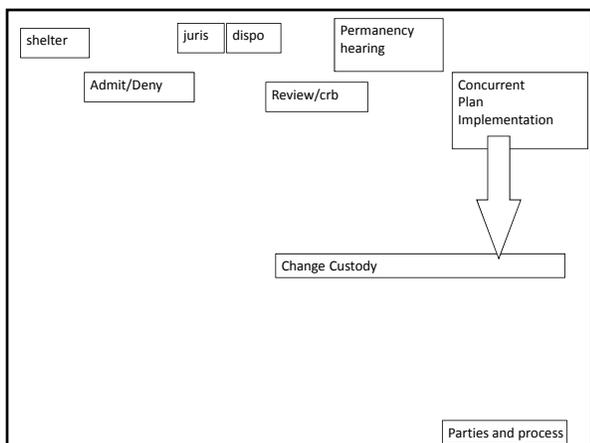


Implementing Concurrent Plan

- APPLA Permanent Foster Care
 - hearing
 - in best interest to stop efforts
 - why no other plan appropriate?

APPLA Other

- MUST INCLUDE PLAN TO “PROMOTE” PERMANENCY
- REVIEW YEARLY EFFORTS TO PROMOTE
- CFSR...MONEY...CONCURRENT PLANNING



Implementing Concurrent Plan

- Custody hearing
 - domestic relations / consolidated case
 - third party intervenor

**Department of Human Services
Children, Adults and Families
Oregon Safety Model
Overview for Community Partners
April, 2007**

CPS Screening:

- There is no change in the responsibility of Mandatory Reporters related to the Oregon Safety Model. The responsibilities for mandatory reporters are defined in 419B.005.
- Child Welfare screeners are required to determine if the report is an allegation of child abuse and neglect as defined in ORS 419B.005, *and* gather information from the caller and collateral contacts about whether or not the child is safe or unsafe.
- The screener will use the information gathered to determine if a field assessment is necessary and will use the information gathered about child safety to determine if a response is required within 24 hours or if a more planful response within five days is appropriate.

CPS Assessment:

During the CPS assessment the CPS worker is required to assess whether or not abuse occurred and gather safety related information through the following activities:

- Interviews with and/or observation of the following:
 - Alleged victim(s) and siblings and other children living in the home
 - Parent(s) and other adults living in the home.
 - Alleged perpetrator unless interview would interfere with a LEA investigation
- Observation of the home environment.
- Review of historical information including previous CPS history, criminal history, prior evaluations etc.

The gathering of safety related information informs the determination of whether or not a *safety threat* exists. The term “*safety threat*” is defined as *family behavior, conditions or circumstances that could result in harm to a child*. Safety threats occur as *present* or *impending* danger.

- *Present danger* refers to immediate, significant and clearly observable harm or threat of severe harm occurring to a child now and requiring an immediate CPS protective response. This is the most transparent form of danger to detect (i.e., meth. lab in the home or two year old unsupervised in the middle of the street.)
- *Impending danger* refers to a state of danger in which family conditions, behaviors, attitudes, motives, emotions and/or situations are out of control. **The concept of impending danger is critical to the Oregon Safety Model.** The OSM identifies 16 universal *impending danger* safety threats that are associated with the underlying conditions and circumstances that result in unsafe children such as substance abuse, mental illness, parental developmental delays, and domestic violence. The impending danger is not always obvious and requires a

more comprehensive assessment to determine how it is occurring in the family and how it causes children to be unsafe.

In making the determination about whether children are unsafe, in addition to identifying if there are conditions and circumstances that may create a safety threat, the CPS worker considers the *vulnerability of the child* and the parent or caregiver's *willingness* and *ability* to protect the child from unsafe situations.

- A "*vulnerable child*" means a child who is unable to protect him or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless; exposed to behavior, conditions or circumstances that he or she is powerless to manage; and is susceptible and accessible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size and dependence. *Child vulnerability is not based on age.*
- Judging whether a parent or caregiver *can* and *will* protect can be accomplished by examining specific attributes of the person. These capacities may be behavioral in that the caregiver can demonstrate impulse control; the caregiver may have a history of protecting; the caregiver may demonstrate adequate skill to fulfill caregiving responsibilities and adequate skill to use resources necessary to meet the child's basic needs while setting aside his/her needs in favor of a child. The CPS worker's determination of the parent or caregiver's willingness and ability cannot be solely based on the promise or agreement of the parent, but on consideration of this additional information.

Protective Action:

During the CPS assessment, if worker determines there is a *safety threat* and the child is unsafe, the CPS worker must immediately initiate a *protective action*. The purpose of the *protective action* is to ensure that children are safe while CPS intervention continues and a fuller understanding of the family is obtained.

- This protective action may include, but is not limited to, placing the child in shelter care; having someone come into the home (such as a relative who is determined to be safe); or having one parent leave the home voluntarily while necessary interviews are completed.
- This usually occurs during the initial contact, but must occur at any time during the CPS assessment when it is determined the child is unsafe.
- The *protective action* is an immediate, short term intervention to manage child safety.
- These actions must be reviewed as soon as additional information is obtained to determine the *ongoing safety plan* that best manages child safety.

Determination of whether or not child abuse occurred:

Determining whether or not abuse or neglect occurred continues to be an integral part of the CPS assessment process. Within the Oregon Safety Model the examination of the

incident that resulted in abuse is viewed in the context of a more comprehensive assessment of the behavior, conditions and circumstances that resulted in the incident of abuse and that may need the ongoing intervention of the state to restore safety.

Safety Analysis:

After all the necessary information is gathered for the CPS assessment, including the disposition, the CPS worker must analyze the safety related information. The purpose of completing the safety analysis, when all the information is gathered, is to fully and accurately understand and explain how safety threats are occurring in the family and to determine the necessary level of ongoing intrusion and if ongoing safety intervention is required to ensure child safety. This final analysis includes the following considerations:

- The length of time the family behaviors, conditions or circumstances posed a threat to child safety.
- The frequency with which the family behaviors, conditions or circumstances posed a threat to child safety.
- The predictability of the family behaviors, conditions or circumstances.
- Specific times (during the day or week) that might require special attention due to the way in which the family behaviors, conditions or circumstances are occurring.
- Identified individual or family behaviors, conditions or circumstances that prevent a caregiver from adequately functioning in his or her primary parenting role.
- Anything else associated with, occurring at the same time as, or influencing the family behaviors, conditions or circumstances that pose a threat to child safety.

The child is considered *safe* when:

- The CPS worker determines there is no safety threat;
- The CPS worker determines the safety threat identified previously has been eliminated;
The CPS worker determines the child is not vulnerable to the identified safety threat; or
- The CPS worker determines the parent or caregiver can and will protect the child from the identified safety threat.

The child is considered *unsafe* when:

- The CPS worker determines there is a *safety threat* or a previously identified *safety threat* still exists;
- The CPS worker determines the child is *vulnerable* to the identified safety threat; and
- The CPS worker determines the parent or caregiver *cannot* or *will not* protect the child from the identified safety threat.

The Ongoing Safety Plan and the Child Safety Meeting:

At the completion of the CPS assessment, when the CPS worker determines through the analysis of the safety-related information that a child is unsafe, the CPS worker must develop and document an *ongoing safety plan*. The purpose of the *ongoing safety plan* is to control safety threats as they are uniquely occurring within a particular family.

A *child safety meeting (CSM)* is required and is convened by the department with the family and other invited participants to develop the *ongoing safety plan*. The CSM is intended to provide an informed transition from the CPS worker to the ongoing worker and allow both to be present and participate with the family, safety service providers and other participants in the development of the *ongoing safety plan*. The *ongoing safety plan* is to be the least intrusive and most sufficient means by which child safety can be managed.

- An *in home* safety plan must be used when:
 - The home environment is calm and consistent enough for safety services and safety service providers to be in the home and be safe; and
 - The parent or caregiver is:
 - Willing and able to accept an in-home option as the ongoing safety plan,
 - Willing for safety services to be provided within the home according to the ongoing safety plan,
 - Willing to be cooperative with the participants carrying out the ongoing safety plan within the home,
 - Agreeable to the designated actions and time requirement in the ongoing safety plan, and
 - Agreeable to the expectations within the ongoing safety plan; and
 - The department can rely on the willingness of the parent or caregiver to comply with the in-home ongoing safety plan.

- An *out-of-home* ongoing safety plan is required when separation of the child from the safety threats, including separation of the child from the child's home or a child from their parents or caregivers, is necessary to ensure the child's safety.

The ongoing safety plan, whether in-home or out-of-home, must meet the following criteria to be sufficient:

- Be a written document between the parent or caregiver and the department;
- Specify the safety threat;
- Establish how identified safety threats will be managed, including what safety services are necessary to implement the ongoing safety plan;
- Identify the safety service providers necessary to implement the ongoing safety plan;
- Establish the time commitments and availability of those involved;
- Identify safety services that will have immediate impact with respect to controlling identified safety threats;
- Does not use a parent or caregiver, who is the alleged perpetrator of physical abuse, sexual abuse or domestic violence, to provide protection;
- Include safety service providers that have been confirmed to be suitable (relatives, neighbors, community partners) to provide safety for the child; and
(*"Safety service provider" means a participant in a protective action or ongoing safety plan whose actions, assistance, or supervision help a family in managing a*

child's safety or increasing the protective capacities of the child's parent or caregiver.)

- Consider the following criteria when determining the suitability of a safety service provider, especially a non-professional safety service provider:
 - The person's viewpoint toward the child is appropriate and realistic, The person's understanding of the family problems is consistent with the facts,
 - The person's beliefs about what happened that required safety intervention and who is responsible are reasonable and appropriate,
 - The person accepts CPS involvement,
 - The person's use of substances in no way affects his or her ability to perform expected responsibilities,
 - The person possesses the knowledge, skills and motivation necessary to perform the action or service being asked of him or her,
 - The person has sufficient resources to meet his or her responsibilities,
 - The person currently is not involved in any criminal behavior and does not have a history or pattern of criminal behavior that affects his or her ability to perform expected responsibilities;
 - The person is not a party to an active CPS case; and
 - The person does not have a CPS history that affects his or her ability to perform expected responsibilities.

If an out of home safety plan is developed, Conditions for Return will also be discussed at the Child Safety Meeting.

Conditions for Return

Conditions for return are the circumstances which must exist in order for a child to return home with an in-home ongoing safety plan. A well-defined set of circumstances that mitigate against the safety threats must exist within a child's home to achieve reunification. This distinction maintains the focus on reunification as a *safety decision*, instead of allowing the parents' involvement and progress with services and treatment activities to become the measure for reunification. Conditions for return should be sustainable, and the parents must be ready, willing, and motivated, and believable. The following questions must be answered to determine conditions for return.

- Who are acceptable individuals that could become safety service providers to manage the identified safety threats in the child's home?
- What parental behaviors, if exhibited, would be acceptable?
- What situations would be safe? and
- What circumstances would create safety?

Protective Capacity Assessment

The Protective Capacity Assessment is the collaborative process between the caseworker and parents to gain a mutual understanding of the enhanced and diminished protective capacities and provides in-depth information on how behaviors, conditions or circumstances must change to sustain child safety. Protective capacities are analyzed in

three domains: Cognitive, behavioral, and emotional. The following decisions are reached by the conclusion of the initial PCA. The decisions must be regularly re-evaluated throughout the life of the case to guide case planning and implementation, and to measure progress.

- Are safety threats being sufficiently managed in the least restrictive way possible?
- Can existing protective capacities (strengths) be built upon to make needed changes?
- What is the relationship between identified safety threats and currently diminished protective capacities?
- What is the parent's perspective or awareness regarding safety threats and their relationship to diminished parental protective capacities?
- Which of the case plan outcomes are parents ready, willing and able to begin addressing?
- What are the areas of disagreement between the parents and the Department regarding what needs to change?
- What change actions, services and activities will be used to assist in enhancing diminished parental protective capacities?

A thorough protective capacity assessment will lead to a more coordinated approach and effective communication between DHS, the family, and community partners, service providers and the courts in that the focus of change will be on increasing specific protective capacities and will be measured through demonstrated cognitive, behavioral, and emotional changes.

Children's Treatment Needs and Other Services to Children

Included in the Protective Capacity Assessment and interrelated to the examination of enhanced and diminished protective capacities is an assessment of the needs of the child, including appropriate placement and treatment needs. The caseworker assesses the child's medical, dental, mental health, educational and developmental needs.

Expected Outcomes

Expected outcomes are the long-term changes expected in the family to achieve child safety. Expected outcomes identify the protective capacities that will be developed or enhanced in order for parents to resume their role and responsibility to provide protection for their children. Once identified and agreed upon, the expected outcomes help determine the activities and services that will lead to sustained change. The activities and services are agreed upon in an Action Agreement.

The Oregon Safety Model emphasizes managing the ongoing safety of the child, whether in the home or in substitute care.

The Case Plan (form 333)

The case plan is developed at the conclusion of the protective capacity assessment. The case plan is the overarching document that guides the actions and services in which the family will engage and is updated as progress is achieved. The case plan documents the

identified safety threats, the parents' enhanced and diminished protective capacities, the expected outcomes, activities and services that will achieve expected outcomes, the identified needs of the child, child placement, visitation plan, and measures of progress in achieving the case plan.

An Action Agreement

The caseworker will develop an Action Agreement with a parent or parents. These agreements are time-limited and focused on achieving one or more of the expected outcomes of the case plan. Usually the Action Agreement will not include all of the expected outcomes. Action Agreements don't contain the entire list of services or activities in which a parent must participate. The Action Agreements are sequential and build upon a parent's success or achievement in one area. The Action Agreements are always linked to the expected outcomes of the case plan.

Measuring Progress

The Oregon Safety Model emphasizes the importance of ongoing intervention and the dynamic nature of change. The ongoing safety plan is reviewed monthly to insure the plan continues to be the least intrusive means of managing child safety. The case plan is reviewed with the family at least every 90 days and through the oversight of the court and CRB every six months. The case plan review includes an assessment of the parent's progress in achieving conditions for return and expected outcomes and whether the child's needs are being met, as well as any actions taken toward implementing a concurrent permanency plan when necessary to achieve the permanency needs of the child.

Confirming Safe Environments

The Oregon Safety Model emphasizes and understands the importance of managing the safety and well being of the child while in substitute care. The substitute care environment is assessed with the following characteristics of a safe environment:

- The child is comfortable and the environment of the home is supportive and safe.
- Adults in the home take an active role in caring for and supervising the child in the home.
- Adult family members possess the physical, emotional, and cognitive capacity to sufficiently care for the child.
- Family members and the child have formal and informal contact with others in the community.
- The child is accepted as part of the household.
- The relative caregiver or foster family understands and is attentive to the vulnerability and need for protection of the child.
- The relative caregiver or foster family is amenable to Department oversight and willing to partner with the Department.
- When the child is placed with a relative caregiver, the child's parents and other family members understand the role of the relative caregiver in managing safety as a substitute care resource.
- The child has a sufficiently positive relationship with the relative caregiver or foster family's own children who live in the home.

- The relative caregiver or foster family is caring for children matching the preferences and experience of the family.
- The interactions between the child and other children placed in the home are sufficient to assure safety.
- The present demands of the home do not exceed the ability of the relative caregiver or foster parent to provide safe and protective care.

Changes in Certification of foster parent and relative homes

The department has implemented revised Certification Standards to align with the Oregon Safety Model and uses an assessment process which focuses on a caregiver's ability to provide a safe and protective environment for the children in their home. The certification process is designed to assess the family's ability to provide a safe environment for a child in substitute care.

The department has added the process of developing a placement support plan with a certified foster parent or relative caregiver when support is needed to assist the caregiver in maintaining conditions that provide safety and well being for the child placed in the home.

The department has moved from a one year to a two year recertification cycle.

Limitations of Voluntary Placement and Voluntary Custody

There are statutory limitations on the ability to voluntarily place a child in the care or custody of the department.

A parent may request the **voluntary placement** of their child when the sole reason for placing the child in a foster home, group home, or institutional child care setting is the need to obtain services for the child's emotional, behavioral, or mental disorder or developmental or physical disability.

A parent or legal guardian may request that the department take **voluntary custody** of their child when the parent or legal guardian is immediately and temporarily unable to fulfill his or her parental responsibilities and this inability will be alleviated with short-term placement when one of the following conditions exists:

- The child cannot remain at home due to a temporary crisis in the family, and cannot safely stay with a member of the extended family or another responsible adult who is well known to the child.
- The parent or legal guardian is temporarily or will be temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition.
- The child needs to be placed outside the home due to problems in the family that could compromise the safety of a family member, and a placement of limited duration in conjunction with intensive services is likely to reunite the family and reduce safety concerns.

A Voluntary Custody Agreement is not appropriate when the Department's Child

Protective Services has determined, within the past 12 months, that the parent or legal guardian was the perpetrator of a founded disposition of child abuse or neglect or when the parent or legal guardian is unwilling to be a permanent resource for the child.

A Child Welfare Program Manager must approve entering into either a Voluntary Placement Agreement or a Voluntary Custody Agreement.



2008 Annual Training Conference



Teen Panel

