

Oregon Judicial Department Citizen Review Board



2008 Annual Training Conference Materials



"Every Day Counts"

April 25 - 26, 2008
Embassy Suites Washington Square

Agenda

Friday, April 25, 2008

- 11:30 a.m.** Registration
- 1:00 p.m.** Keynote Address:
Embracing the Power of Diversity
- 2:15 p.m.** Workshop Sessions:
OYA Crimes and Commitments
OYA 101
Adoptive Family Selection
Services to Build Parental Protective Capacity and Nurturing Relationships
- 4:00 p.m.** Workshop Sessions:
Sex Offender Treatment
The Importance of Involving Children and Their Families in Case Planning
Case Timelines
Teen Panel
- 6:15 p.m.** CRB Volunteer Recognition Dinner

Saturday, April 26, 2008

- 8:00 a.m.** Registration and Breakfast
- 9:00 a.m.** Keynote Address:
Thugz Off Drugz
- 10:15 a.m.** Workshop Sessions:
Creating Transparency Through Findings Driven Reviews
Understanding Meth Addiction and Treatment
Early Concurrent Planning
Oregon Safety Model and the Case Plan
- 12:00 p.m.** Lunch
- 1:30 p.m.** Workshop Sessions:
Creating Transparency Through Findings Driven Reviews
Over-Representation
Indian Child Welfare Act
Voices of Experience
- 3:15 p.m.** Workshop Sessions:
Creating Transparency Through Findings Driven Reviews
Visitation and Effective Services for Achieving Parental Protective Capacity
Achieving Educational Goals
Over-Representation





2008 Annual Training Conference

Every Day Counts

List of Presenters



Ric Acevedo

Department of Human Services
500 Summer Street NE, E-15
Salem, OR 97301

Brian Baker

Juvenile Rights Project
401 NE 19th Avenue, Suite 200
Portland, OR 97232

Loren Calkins

Wraparound Oregon
P.O. Box 1691
Tualatin, OR 97062

Suzanne Callahan

Oregon Judicial Department
Citizen Review Board
100 South Oakdale, Room 323
Medford, OR 97501

Bob Cambra

Clackamas County Juvenile Department
2121 Kaen Road
Oregon City, OR 97045

Angela Cause

Department of Human Services
500 Summer Street NE, E-67
Salem, OR 97301

Maria Chavez-Haroldson

Oregon Judicial Department
Citizen Review Board
324 Capitol Street
Salem, OR 97310

Lois Day

Department of Human Services
2885 Chad Drive
Eugene, OR 97408

Alan Evans

Thugz off Drugz
1320 12th Ave
Seaside, OR 97138

Colleen Gilmartin

Clackamas County
District Attorney's Office
807 Main Street, Room 7
Oregon City, OR 97045

Jennifer Goff

Oregon Judicial Department
Citizen Review Board
63360 Britta Street Building #1
Bend, OR 97701

AJ Goins

Department of Human Services
500 Summer Street NE, E-77
Salem, OR 97301

Mark Harris

Oregon Judicial Department
Citizen Review Board
324 Capitol Street
Salem, OR 97310

Mark Jackson

REAP, Inc.
P.O. Box 3442
Portland, OR 97208

Nancy Keeling

Department of Human Services
500 Summer Street NE, E-67
Salem, OR 97301

Ted Keys

Department of Human Services
500 Summer St. NE, E68
Salem, OR 97302

Clayton Kubota

Oregon Judicial Department
Citizen Review Board
145 NE 2nd Avenue, Room 310C
Hillsboro, OR 97124

Johnny Lake

University of Oregon
Educational Leadership
5267 University of Oregon
Eugene, OR 97403

Traci Lerner

Oregon Judicial Department
Citizen Review Board
74 East 18th Avenue, Suite 2
Eugene, OR 97401

Steve Lindeman

Oregon Judicial Department
Citizen Review Board
410 NE 18th Avenue
Portland, OR 97232

Tim Loewen

Yamhill County Juvenile Department
535 E. Fifth Street
McMinnville, OR 97128



2008 Annual Training Conference
Every Day Counts
List of Presenters



Eric Martin
Addiction Counselor
Certification Board of Oregon

Joe Mesteth
Oregon Youth Authority
535 E 5th Street, Room 2
McMinnville, OR 97128

Keith Ovelman
Cordero
7210 N Oatman
Portland, OR 97217

Tina Qualls
Oregon Judicial Department
Citizen Review Board
100 South Oakdale, Room 323
Medford, OR 97501

Toni Sloan
Oregon Judicial Department
Citizen Review Board
P.O. Box 1307
Pendleton, OR 97801

Catherine Stelzer
Department of Human Services
3618 SE 122nd Avenue
Portland, OR 97236

Timothy Travis
Oregon Judicial Department
1163 State Street
Salem, OR 97301

Hon. Nan Waller
Multnomah County Circuit Court
1021 SW 4th Avenue
Portland, OR 97204

Michelle Warden
Center for the Improvement of
Child and Family Services
4061 Winema Place NE
Salem, OR 97305

Vikki Whitmore
Oregon Youth Authority
530 Center Street NE, Suite 200
Salem, OR 97302

Jay Wurscher
Department of Human Services
500 Summer Street NE, E-68
Salem, OR 97301



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



First Name	Last Name	County	Years
Reba	Adams	Jackson	3
Gail	Adams	Jackson	6
Naomi	Adams	Multnomah	0
Michal	Alkoff	Yamhill	1
Gary	Ames	Jackson	1
Bonita	Anderson	Marion	0
MyrNellis Ann	Andrews	Marion	0
Kristin	Angell	Marion	1
Diane	Austin	Clackamas	0
Lois	Azumano	Marion	5
Karen	Bailey	Multnomah	3
Sandra	Barnes	Lane	9
Alice	Baum	Coos	9
Jennifer	Beaman	Jackson	3
John	Begin	Tillamook	1
Susan	Beldman	Josephine	4
Joyce	Benskin	Marion	7
Marnell	Benz	Coos	1
William	Berg	Clatsop	2
Mike	Berglund	Union	0
Elaine	Betts	Hood River	2
Sue	Bianco	Marion	0
Marjorie	Biehler	Lane	5
Julie	Black	Klamath	1
Nancy	Blashaw	Lane	9
Mary	Bloom	Umatilla	0
Kimberly	Bosse	Clatsop	10
Larry	Bosworth	Jackson	3
Sandra	Bristow	Lane	5
Dr. Edward (Ned)	Brittain	Lincoln	0
Ellen	Brittingham	Marion	1
La Verne B.	Brown	Multnomah	0
Julie	Brown	Union	1
Shelley	Brown-Wilcox	Crook	8
Cynthia	Butts	Multnomah	6



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



J. Norton	Cabell	Lane	2
Monica	Cade	Columbia	7
Richard	Carlson	Jackson	3
Marianne	Catlett	Coos	1
Jean	Cauthorn	Multnomah	9
Alice	Check	Washington	10
Cassandra	Christanti	Jackson	2
Connie	Christensen	Wasco	5
Carla	Christman	Marion	0
April	Coiteux	Clackamas	2
LoisAnn	Colaiani	Clackamas	3
Richard	Combs	Umatilla	7
Luwanna	Comstock	Washington	0
Joan	conklin	Josephine	1
Janice	Conklin	Washington	4
Debra	Connell	Multnomah	10
Charlotte	Cook	Multnomah	21
Patricia	Cook	Tillamook	11
Kathryn	Cooney	Washington	1
Anthony	Corcoran	Lane	1
Lianna	Correa	Umatilla	0
Priscilla	Cowell	Multnomah	8
Donald	Currey	Polk	0
Kenton	Daniels	Benton	1
Joel	Daniels	Clackamas	9
Phyllis	Danielson	Morrow	1
Louisa	Darensburg	Marion	2
Tara	Davee	Lane	3
Dottie	Delk	Marion	9
Joyce	Denver	Linn	0
Wendy	Dickerman	Josephine	8
William	Distad	Marion	5
Jennifer	Doerner	Douglas	0
Roberta	Donaldson	Baker	4
Catherine	Donnelly	Hood River	1
Charles	Dreisbach	Klamath	3



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



Nancy	Dunn	Linn	4
Charlene	Dunning	Washington	0
Rhonda	Duran	Columbia	3
Patricia	Dutcher	Polk	3
Heather	Eason	Washington	2
Gloria	Egli	Douglas	1
Robert	Ellingson	Baker	7
David	Ellis	Marion	2
Nancy	English	Lane	2
Mary	Erbaugh	Lane	5
Richard	Ettinger	Deschutes	8
Patricia	Everett	Washington	9
Diana	Ewing	Malheur	1
Linda	Farrington	Marion	2
Gayle	Faust	Lane	1
Nancy	Fenton	Josephine	4
Carol	Ferrel	Marion	0
Melissa	Finnell	Tillamook	1
Michael	Fiola	Douglas	0
Brian	Fitzgerald	Klamath	2
Chris	Flammang	Coos	5
Marlene	Fleischman	Clackamas	1
Betsy	Fletcher	Lane	0
Anne	Frazier	Wasco	5
Kennyth Ann	Friedrich	Lane	0
Sandra	Fritz	Wasco	16
Shirley	Furst	Deschutes	9
Trudy	Gallagher	Washington	16
Karri	Gallaughier	Clatsop	2
Sandra	Garland	Multnomah	8
Micaela	Gibson	Washington	5
Joi	Gleason	Curry	3
Kathy	Goss	Marion	3
Mary(Jeanne)	Grace	Clackamas	3
Peter	Graham	Lane	4
Reine	Gravier	Jackson	2



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



James	Green	Washington	1
Shirley	Grether	Jackson	1
Nancy	Grove	Lane	3
Lisa	Gump	Wallowa	0
Diane	Gutman	Multnomah	7
Ann	Hadley	Clackamas	1
Lisa	Hale	Washington	3
Anona	Hamilton	Marion	2
Wanda	Hamm	Curry	1
Hope	Hansen	Curry	2
Sharon	Hanson	Marion	1
Mary Lou	Hardy	Washington	3
Lois	Harris	Josephine	1
Nedra	Hathaway	Washington	3
Melissa	Hayes	Washington	1
Frances	Heffernan	Multnomah	2
Jeffrey	Heller	Josephine	1
Linda	Henderson	Jackson	8
Ellen	Herman	Lane	1
Fawn	Hewitt	Lincoln	1
Linda	Hildebrand	Jackson	2
Mary	Hill	Clackamas	5
Sonia	Hill	Crook	1
Terrol	Hoag	Marion	0
Jocelyn	Hoffman	Washington	2
Marilyn	Hulse	Wallowa	0
Susan	Humphrey	Polk	3
Gertrude	Hunt	Clackamas	2
Ellen	Hyman	Lane	9
Caroline	Jacobs	Washington	4
Gina	Jepsen	Morrow	0
Stephen	John	Lane	1
Patricia	John	Lane	1
Donna	Johnston	Grant	6
Denise	Jolley	Union	1
Miriam	Kan	Washington	6



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



Bonnie	Karleen	Coos	1
Carla	Keene	Polk	5
Judith	Kelly	Jackson	1
Connie	Kennedy	Hood River	3
Amie	Keys	Linn	1
Cheri	Killam-Bomhard	Klamath	2
Anne	King	Yamhill	1
Marlene	Krout	Umatilla	1
Ellen	Lager	Columbia	8
Jean	Lamm	Jackson	1
Mary	LaMotte	Washington	3
James	Lamp, Jr.	Jackson	1
Marilyn	Landeros	Multnomah	1
Virginia	Landon	Klamath	2
Michelle	Laseter	Marion	1
Ruth	Layton	Marion	0
Catherine	Leary	Multnomah	17
Daniel	Leedom	Clatsop	9
Dennis	Lees	Lane	0
June	Lenihan	Clackamas	3
Jerry	Levizon-Hughes	Klamath	5
Bobbette	Lovgren	Morrow	2
Paul	Luckett III	Washington	3
Robert	Lund	Lake	9
Cameron	Lynn	Curry	11
Cynthia	MackKay	Linn	9
Joyce	MacKenzie	Clackamas	11
LouAnn	Martin	Lane	4
Deborah	Martson	Clackamas	9
Wendy	Mathews Millard	Klamath	10
Judy	May	Columbia	2
Mark	Maynard	Marion	1
Susan	McAnulty	Multnomah	21
Barbara	McCorkle	Lane	1
Denise	McDaniel	Wallowa	15
Suzanne Bell	Mcmanus	Lane	2



2008 Annual Training Conference
 Every Day Counts
 CRB Volunteer Years of Service



Liz	Mears	Linn	5
Joan	Melquist	Lake	4
Carol	Messinger	Union	5
Frederick	Meyer	Lane	2
Eric	Meyers	Lane	0
Mary Ann	Miesner	Union	7
Virginia	Miller	Grant	6
Gena	Moldovan	Douglas	1
Lilia	Molina	Malheur	1
Christy	Monson	Lane	0
Carol	Morgan	Multnomah	10
Elizabeth	Moulton	Columbia	1
Corinne	Mraz	Jackson	3
Kenneth	Muller	Klamath	2
Leslie	Mundt	Washington	9
Rosemarie	Murphey	Umatilla	3
Gloria	Myers	Lake	4
Claudia	Naibert	Grant	1
Katherine	Napolitano	Washington	3
jason	naranjo	Lane	1
Kate	Neely	Washington	5
Patricia	Neff	Jefferson	9
Ellen	Nelsen	Columbia	1
Sally	Newlands	Multnomah	8
Barbara	Newman	Lane	5
Lois	Newton	Clackamas	4
John	Nichols	Umatilla	5
John (Jack)	Norby	Clackamas	13
Norma	Norris	Coos	10
Philip	Nyegaard	Marion	0
Patricia	O'Brien	Umatilla	2
Sherianne	Okawa	Multnomah	6
Patricia	Olson	Marion	5
Susan	Paiement	Lane	9
Ernest	Palmer	Klamath	10
Pramila	Paranjape	Washington	0



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



Janet	Parsons	Multnomah	5
Allyson	Pate	Hood River	2
Sharon	Paulsen	Clackamas	9
Nancie	Paxton	Umatilla	0
Patricia	Pearce	Hood River	1
Robert	Pearson	Douglas	4
Carol	Petersen	Multnomah	13
Hope	Pettit	Benton	0
Dean	Phelps	Jackson	9
Antonia	Phipps	Marion	0
Julie	Plekan	Washington	7
Mary	Post	Multnomah	0
Susan	Potter	Marion	2
Claudette	Potter	Wasco	6
Peggy	Power	Lincoln	1
Shirley	Powers	Tillamook	3
Joan	Pratt	Clatsop	2
Norma	Pritchard	Harney	12
Diann	Pugh	Marion	9
Maureen	Pung	Multnomah	3
Frank	Rasmussen	Baker	3
Mary Margaret	Reynolds	Lane	2
Faye	Richards	Multnomah	9
Bill	Richardson	Jackson	11
Jocelyn	Richardson	Josephine	2
Tony	Richoux	Multnomah	9
Michael	Riddle	Polk	8
Mary	Ringer	Yamhill	3
Joan	Rivenbark	Multnomah	1
Carole	Rogers	Coos	7
Marian	Rogers	Coos	2
Tammy	Rondeau	Douglas	5
Ann	Rosales	Marion	9
Betty	Rosenkranz	Jackson	6
Shannon	Rubeo	Washington	4
Carolyn	Rudy	Multnomah	1



2008 Annual Training Conference
 Every Day Counts
 CRB Volunteer Years of Service



Judith	Ruscoe	Marion	5
Susan	Russell	Morrow	0
James	Rymeski	Multnomah	4
Becky	Salisbury	Douglas	1
Linda	Schellenberg	Marion	2
Becky	Schenck	Lane	2
Beverly	Schenler	Lane	4
Nora	Schliske	Marion	1
Kathryn	Schneberk-King	Deschutes	7
Kaleo	Schroder	Klamath	1
Norma	Shanaberger	Lane	9
Joan	Shireman	Clackamas	6
Constance	Sholem	Jackson	7
Beverly	Silveira	Marion	7
Marilyn	Simantel	Multnomah	8
Martha	Simpson	Multnomah	6
Roslyn	Slovic	Lane	0
Marilyn	Smiley	Umatilla	14
Patrick	Smit	Coos	0
Roberta	Smit	Coos	1
Gail	Smith	Crook	10
Anita	Smith	Douglas	5
Buddy	Smith	Douglas	7
Genevieve	Smith	Jackson	1
Robert	Smith	Marion	9
Mark	Soderburg	Yamhill	4
Jann	Sparks	Washington	7
Joan	Springer-Wellman	Deschutes	6
Mary	Stafford	Lincoln	6
Helen	Stanley	Multnomah	10
Sheryl	Stassi-Lampman	Douglas	0
Jen	Stephenson	Jackson	1
James (Jim)	Sullivan	Jackson	2
Terry	Sylvester	Clackamas	5
Mary Lynne	Taylor	Marion	2
Susan	Taylor	Washington	1



2008 Annual Training Conference
 Every Day Counts
 CRB Volunteer Years of Service



Arleen	Terra	Coos	1
Larry	Thomas	Curry	2
Sue	Thomas	Jackson	2
Susan	Thomas	Jefferson	9
Fred	Thomas	Lane	2
Shirley	Thomas	Tillamook	14
Amy	Timpe	Marion	1
Lori(Hannah)	Tipton	Polk	2
Mick	Tolar	Morrow	5
Susan	Tolar	Morrow	10
Barbara	Townsend	Polk	2
Barbara	Triska	Linn	4
Teresa	Tucker	Douglas	9
Brenda	Vanderpool	Marion	0
Cheryl	VanGordon	Douglas	7
Paul	Vanture	Washington	10
Ann	Vloedman	Harney	3
William	Wagner	Benton	8
Sandie	Walker	Linn	9
Charles	Wall	Multnomah	0
Billie	Walter	Marion	0
John	Ward	Douglas	5
David	Warner	Klamath	3
Katherine	Warren	Union	2
Patricia	Wasmundt	Lane	2
Steve	Waterman	Lincoln	1
DonnaJean	Wendle	Josephine	19
Kathy	Westall	Columbia	2
Joyce	Wilson	Lake	8
Jane	Winger	Washington	5
Jason	Wishert	Multnomah	9
Gina	Wissmiller	Washington	0
Jacqueline	Wolfe	Lincoln	4
Kenneth	Womer	Klamath	6
Joel	Woodman	Marion	2
Liz	Young	Lincoln	10



2008 Annual Training Conference
Every Day Counts
CRB Volunteer Years of Service



Anita	Zahniser	Marion	2
Herman	Ziegler	Wasco	18
Joann	Zimmer	Linn	4
Susan	Zimmerman	Marion	5
Dianne	Zupunski	Washington	0



2008 Annual Training Conference



Embracing the Power of Diversity



Johnny Lake
University of Oregon Educational Leadership



Friday, April 25, 2008
1:00pm



2008 Annual Training Conference



Johnny Lake

Mr. Lake is a popular international keynote and public speaker working with youth and adults. An advocate for needs of at-risk youth and a nationally certified trainer in programs respecting leadership, diversity, community-building, cross-cultural interactions skills, equity and ethics for youth and adults. Mr. Lake is an internationally recognized writer and storyteller. He is active in community outreach and works with a very broad section of the community. He has taught at Willamette University in Salem, at the University of Oregon, Pacific University and at Northwest Christian College in Eugene. Mr. Lake is the current Chairman for the State of Oregon Commission on Black Affairs.



Friday, April 25, 2008
1:00 p.m.

School Hierarchy

Name two of what are considered the best schools in your community.

- 1.
- 2.

Name what are considered two of the worst schools in your district.

- 1.
- 2.

How did we know this hierarchy?

Do our children know this hierarchy?

Have parents or teachers told children verbally that they are a “better” child or student because they go to one of the “best” schools or that they are not very valuable because they may go to what is considered one of the “worst” schools? How do they learn this hierarchy?

Name the most desirable area to buy a home. When you hear someone say they just bought a home in that area what is the underlying message? Why are the homes so much more expensive where the schools are considered to be the best? Real estate agents make more money in such areas. Does class segregation look very different than racial segregation? Do our children learn these rules? How do they learn them?

Racial Hierarchy

Name five racial and ethnic groups that are represented in your agency, community or school.

- 1.
- 2.
- 3.
- 4.
- 5.

Considering the social setting of your community rank on a scale from most to least favorable respecting the power and privilege of the racial groups listed.

- 1.
- 2.
- 3.
- 4.
- 5.

How did we know this hierarchy? Do our children know this hierarchy? How do they learn it? If we practice “colorblindness” in our schools, community and society will it help us to talk about race and create equity and justice?



Racial and Cultural Self-Knowledge

1. In terms of my racial and cultural heritage I am a

_____, _____,
_____, _____

2. One experience shaping this description was _____

3. The first time I remember noticing differences in race and culture was _____

4. One positive thing about being who I am is _____

5. One difficult or embarrassing thing about being who I am is _____



¿Quienes Somos? Who Are We?

How do we engage other people, especially if they are different from us? This usually requires practice and skills. This short activity illustrates the challenges and rewards of actively engaging others.

Choose a partner, someone you do not know, or would like to get to know better. You will have a total of four (4) minutes to talk with each other. You may talk about anything you wish. Some suggested questions are:

Who are you?

What does diversity mean to you?

Who is a diversity role model for you?

What is a diversity issue you would like to see addressed in your job/community?

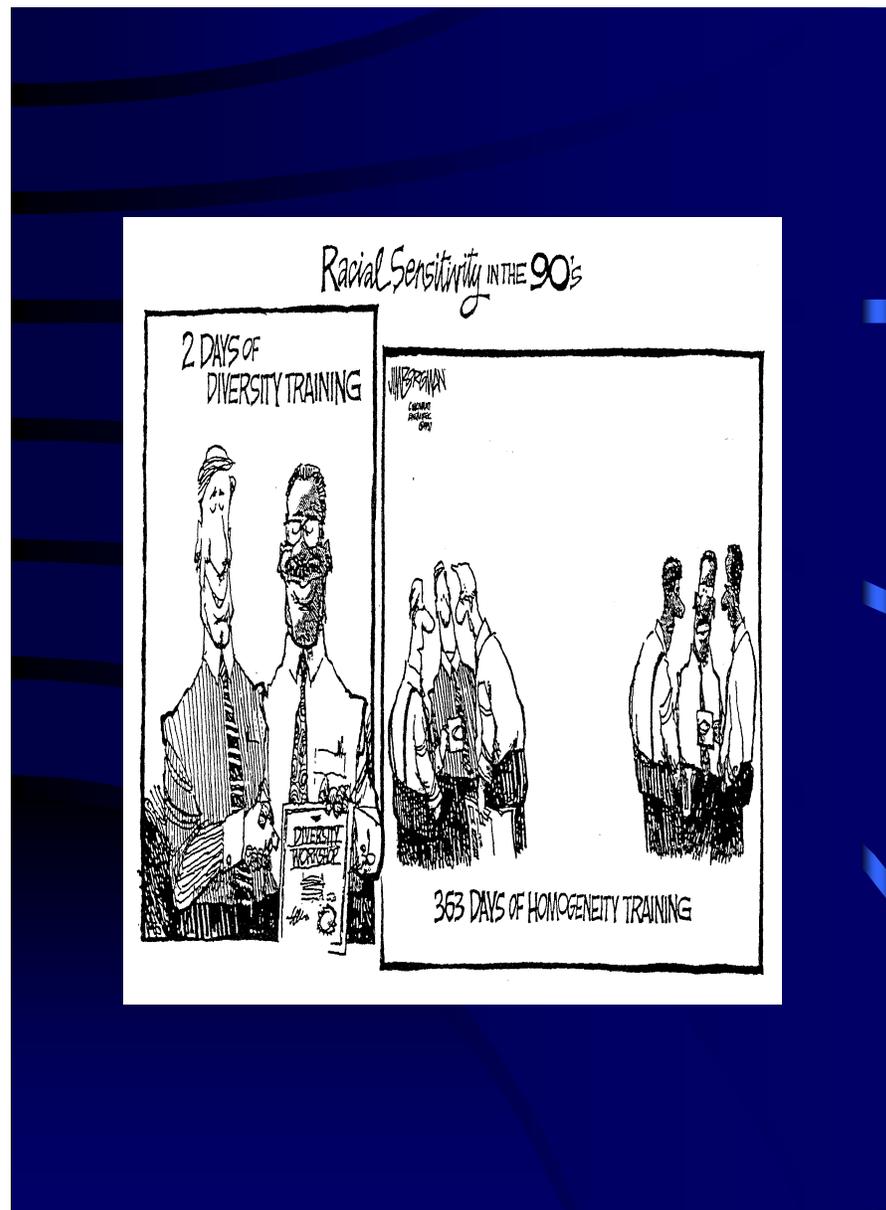
What motivates you to address diversity issues or to take on a leadership role?

Remember your partner's response to these questions and be prepared to introduce him/her?

DIVERSITY IN OREGON BINGO

What was Vanport?	What was the largest terminated tribe in Oregon?	What is the Kam-Wah-Chung Festival?	Who was Beatrice Cannady?	What do DIA, NCAI, JOM and CERT mean?
What was the "Fighting 442?"	Who was Abigail Duniway?	What is the Oregon community with the largest Indian population?	Who was George Williams?	What is "red-lining?"
What did the Russian Cossacks have to do with Oregon history?	What is currently the largest minority group in Oregon?	Put your name here.	Where did most of Pete French's staff come from on the original Frenchglen ranch?	Name the restored tribal groups in Oregon.
Who knows if and when Oregon ever had an openly KKK governor?	What was the Portland Expo Center used for during World War II?	What was Celilo Falls?	Name the nine reservations in Oregon.	What was the Brotherhood of Sleeping Car Porters?
What is the percent of Indian students attending public schools nationally?	Why did so many early Asian settlers in Oregon become merchants?	Why are there so many saunas and steam baths in Astoria?	Why is St. Paul Catholic?	Name five contemporary Indian role models (politicians, sports, entertainers, etc.).

Learning about Diversity is a Journey, not a Destination



My Formal Education

Please indicate where you would place yourself along the continuum on each of the following questions:

0= Disagree Strongly 5=Sometimes 10=Agree Strongly

1. During my time in school, my history classes included substantive information about contributions made by people of my own gender.

0 1 2 3 4 5 6 7 8 9 10

2. During my time in school, my history classes included substantive information about contributions made by people of my own racial and ethnic/cultural group.

0 1 2 3 4 5 6 7 8 9 10

3. During my time in school, the assigned reading in my English and Literature classes gave me the opportunity to read stories and books by and about people of my own gender.

0 1 2 3 4 5 6 7 8 9 10

4. . During my time in school, the assigned reading in my English and Literature classes gave me the opportunity to read stories and books by and about people of my own racial and ethnic/cultural group.

0 1 2 3 4 5 6 7 8 9 10

5. My academic and career potentialities were well respected, explored, nurtured and encouraged during the time I was in school.

0 1 2 3 4 5 6 7 8 9 10

6. I believe that my education served members of my own gender well.

0 1 2 3 4 5 6 7 8 9 10

7. I believe that my education served members of my own race/ethnicity well.

0 1 2 3 4 5 6 7 8 9 10

AFRICAN AMERICAN BINGO OREGON

How many US African-American citizens were awarded Ph.D.s in chemistry in 2000? ?	Percentage of African Americans living in the United States?	What African American helped design the Capitol of the United States?	How many African Americans reside in Oregon?	Who was Garrett Morgan? Name two of his inventions?
Who was the first African American woman to head a US medical school??	Who invented the fountain pen?	Who was Mae C. Jemison and when was she born?	He designed over 60 devices to preserve foods and received the National Medal of Technology, the nation's highest award for technological achievement posthumously in 1991??	Who was the first recorded African American dentist in the US? ?
When was the first patent given to an African American inventor??	Who was the reference for the term "The Real McCoy" and what did he do??	FREE SPACE for Your Name	Who was the first doctor to perform open-heart surgery??	He invented steam boilers, auto air brakes, telegraph systems for moving trains and a telephone transmitter.?
What percentage of African Americans are unemployed in the US? How does this compare with national rates of unemployment?	How much money do African Americans spend in the American economy?	He created the plasma method of blood preservation and founded the Blood Bank. ?	Who were the Tuskegee Airmen ?	Who was Bessie Coleman and what was her accomplishment??
Who invented the laser surgery process for cataracts?	Who was the first known African American physician??	Who invented the lawn mower?	Who invented the elevator??	How many African Americans received science PhDs between 1870-1960? between 1960-1969??



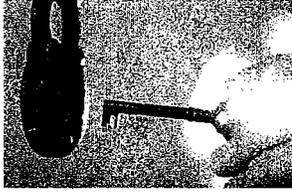
Communication- Key to Successfully Maintaining Connections.

Communication is one of the most vital factors in organizational efficiency, effectiveness and success. Though the word itself tends to be used generically to represent verbal or written interactions, communication includes personal and professional skills and abilities. When we look complexly at the questions about communication we find both personal and professional challenges and opportunities for all of us.

Effective and efficient communications require knowledge and understanding of the culture and context. Personal culture and organizational culture operate together to define the everyday work environment and greatly affects the experiences of individuals and groups within the organization or agency. While personal cultural characteristics can be attributed to specific persons or individuals, often organizational or institutional cultures can appear to belong to no one specifically while affecting all individually. Both personal and organizational culture shapes outcomes for the agency or organization.

Most of us think we know how to communicate effectively and might even think of ourselves as great communicators. But like driving, many of us could use some improvement, despite what we tell ourselves. Talking, by itself, does not equal communication. Sometimes talking is just saying words with your mouth. Just because you know how to talk does not mean that you know how to communicate. It is critical to develop keys for communication. We have all been faced with a difficult situation or occurrence that you were reluctant to bring up or talk about? You probably thought, "If I just don't bring it up, maybe it will go away" or "If I say something it may get worse".

In most cases it does not just go away or stay the same. Problems may simmer and expand until they reach a boiling point. People can become very angry over small problems. The problems may become magnified beyond simple solutions or rational conversations. This lack of effective communication or miscommunication can result in personal and professional problems within an organization.



5 critical keys to effective and powerful communication.

1. Safe and respectful environment- in order to talk about difficult issues we must feel that we are in a safe and respectful environment. In this environment we must also be:

- ✚ Willing to listen and non-judgmental
- ✚ Open to multiple perspectives and experiences
- ✚ Fair and non-discriminatory
- ✚ No hidden agendas
- ✚ Positive and Constructive for all

2. Listen- We often hear others talking, but that does not mean we are really listening. We tend to be thinking about our response long before the other person finishes talking. Take the time to really listen to the other person's perspective, ideas and feelings.

3. Think- Try to grasp all of the information and to understand the other perspective. Consider the strengths and weaknesses of the information or perspective and analyze how they relate to your own ideas, beliefs and perspectives.

4. Reframe- Re-examine your own ideas in light of the new information or perspective. Is my own perspective on this accurate and correct? Am I comfortable with my own ideas and perspectives and would a different perspective provide me with more insight?

5. Respond- After consideration of what you have heard, you should respond. But respond only after you have organized your own thoughts, reasons and perspective.



Try these keys for yourself. It may be difficult at first, but consciously remind yourself to be provide a **safe and respectful environment, to listen, think, reframe, and respond.**

Successful communication does not come easily and requires continuous practice. The more we use these keys, the better we become at utilizing good communication skills. Just simply giving each other the time and respect of listening to each other will very likely improve our communication and interactions.

36 Ways to Embrace Diversity:

- 1. Be Honest with ourselves and with others**
- 2. Challenging your own ideas**
- 3. Be Courageous to Stand Up for yourself and others**
- 4. Be Willing to Change**
- 5. Accepting we All Share the Responsibility**
- 6. We All can do this work**
- 7. We support high expectations for all**
- 8. There is No Neutral Ground**
- 9. Recognizing the History of Inequity and Injustice**
- 10. Challenging institutional barriers**
- 11. Create equal opportunities for All**
- 12. Recognizing the Continual Need for this work**
- 13. Being a life-long learner**
- 14. Keeping Communication going**
- 15. We Stop looking for a Quick Fix solution**
- 16. We Seek out Opportunities to Collaborate with others**
- 17. Addressing Everyday issues as well as Large ones**
- 18. Seeking out positive interactions with other cultures**
- 19. Recognizing your own privilege and assisting others**
- 20. Making a Good Community for All our Children**
- 21. Speaking Up**
- 22. Seeking information and knowledge**
- 23. Teaching Others**
- 24. Doing the Right Thing**
- 25. Knowing that Diversity does not happen on its own**
- 26. It is not a Zero-Sum game or contest**
- 27. To Stand Up against Inequity and Injustice**
- 28. It is Not a Half-Way proposition**
- 29. That the Extreme Issues are not the only ones we see**
- 30. We must Challenge our own history**
- 31. We do not play the Blame Game**
- 32. Enjoying the Journey**
- 33.**
- 34.**
- 35.**
- 36.**

Johnny Lake 2008

email: positiveimages07@gmail.com

webpage: positiveimages.homestead.com



2008 Annual Training Conference



OYA Crimes and Commitments

Colleen Gilmartin, Clackamas County District
Attorney's Office

Vikki Whitmore, Oregon Youth Authority

Bob Cambra, Clackamas County Juvenile Department





2008 Annual Training Conference



OYA 101

Hon. Nan Waller

Multnomah County Circuit Court Judge

Tim Loewen, Yamhill County Juvenile Department

Joe Mesteth, Oregon Youth Authority



Oregon Youth Authority

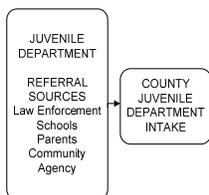


Meeting the Challenge through Collaboration and Partnerships

Oregon's juvenile justice system is composed of a network of local and state partners. Governmental agencies providing primary direct services for delinquent youth are county juvenile departments and the Oregon Youth Authority.

NEXT

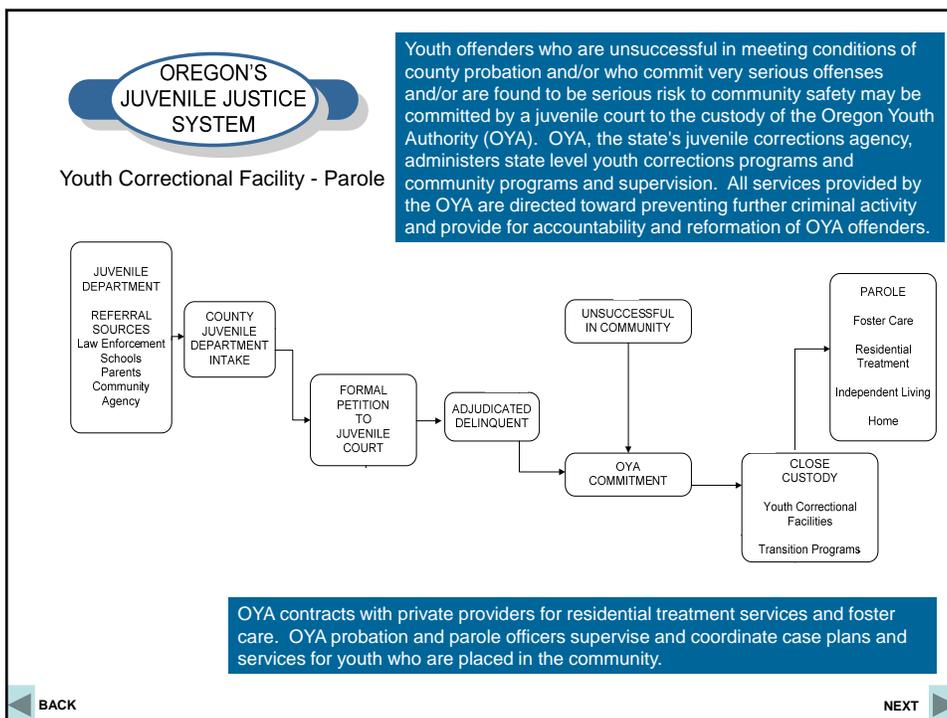
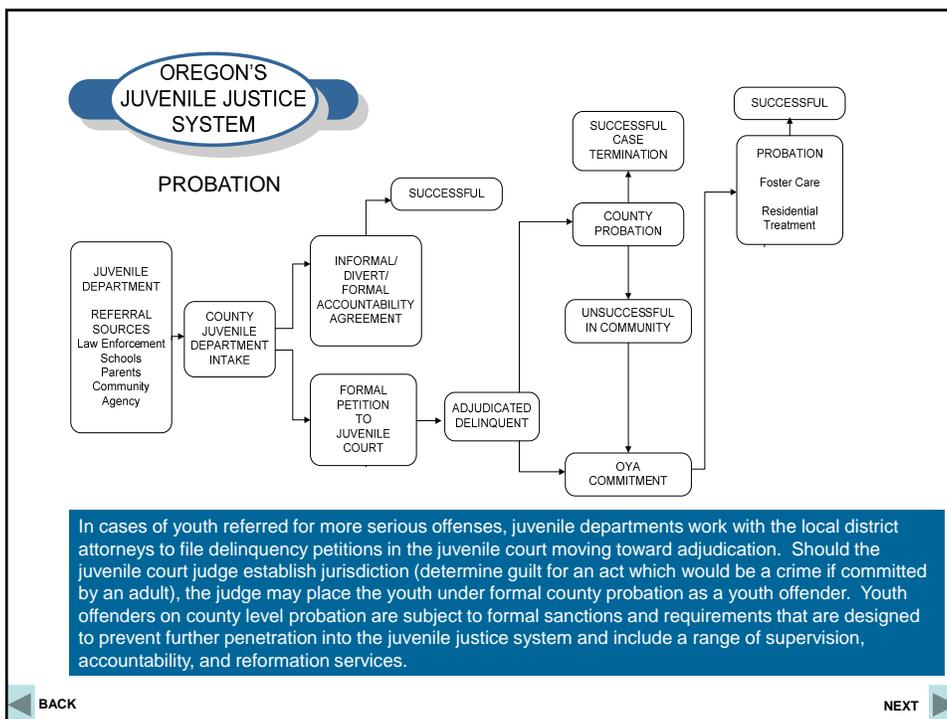
OREGON'S JUVENILE JUSTICE SYSTEM

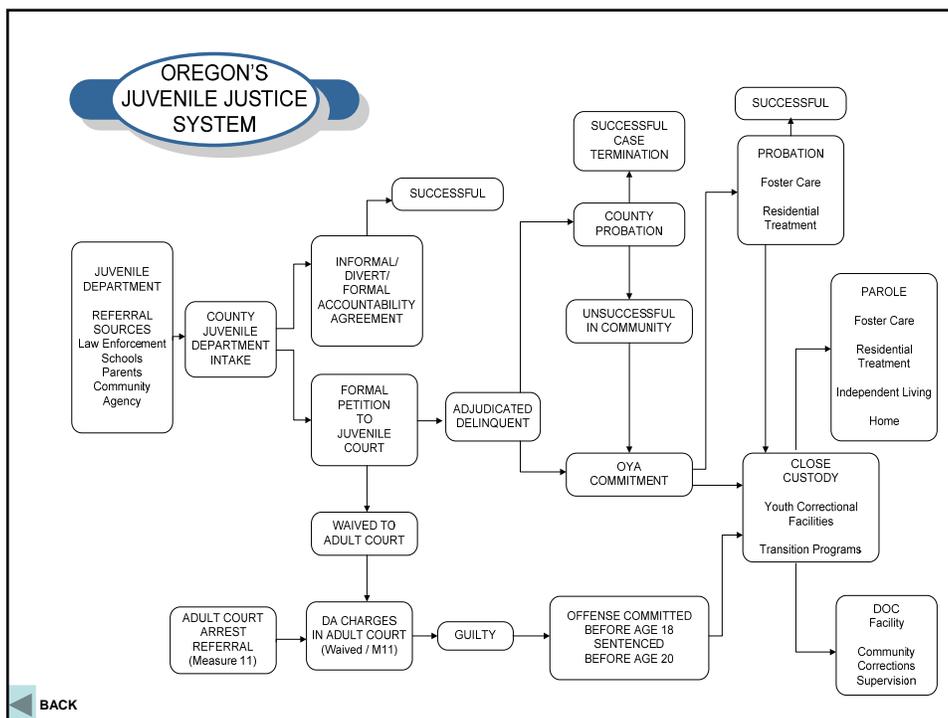
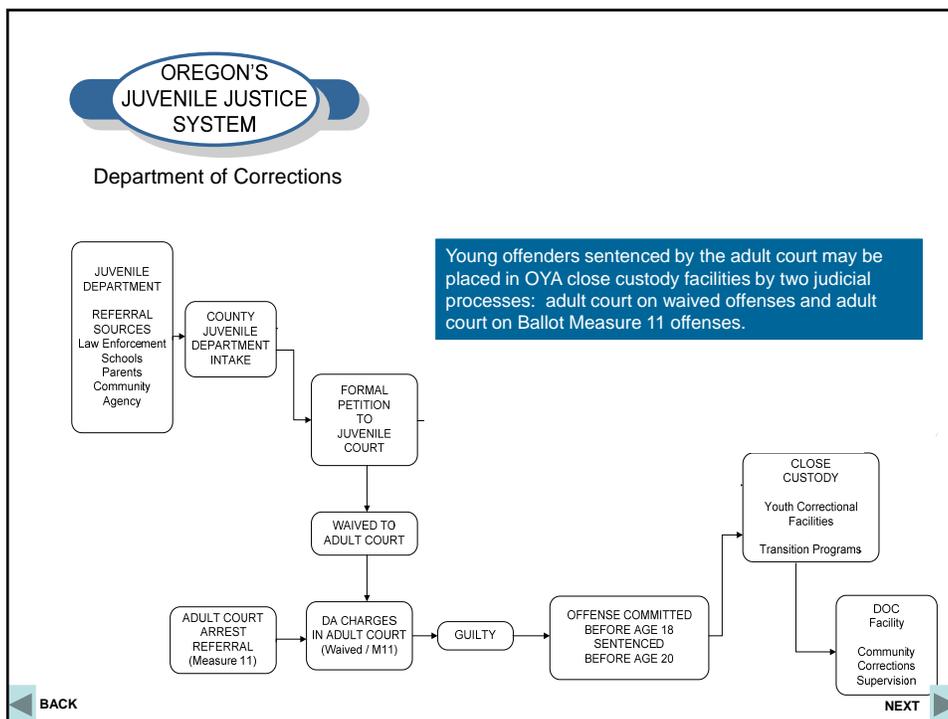


At the local level, county juvenile departments provide sanctions and services to youth ages 12-17, who are referred primarily for law violations by law enforcement agencies. Juvenile departments conduct intake services and determine dispositions for cases referred. Whether to proceed informally in lieu of formal court action or in the case of more serious referrals to file petitions before the juvenile court is determined by the juvenile departments in conjunction with local district attorneys and the juvenile court. Juvenile departments provide opportunities for accountability and reformation in the community.

BACK

NEXT

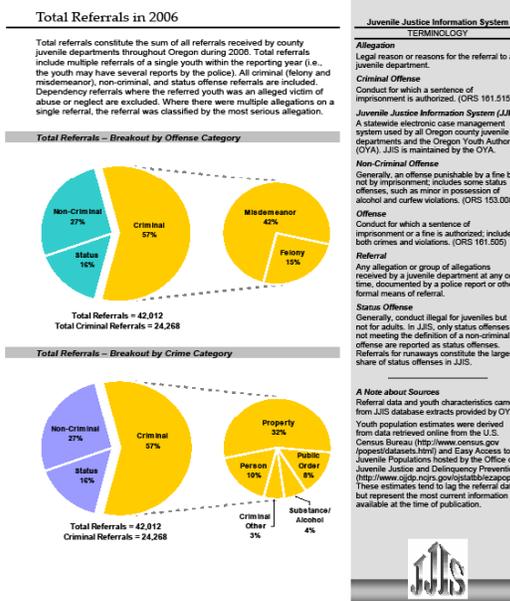




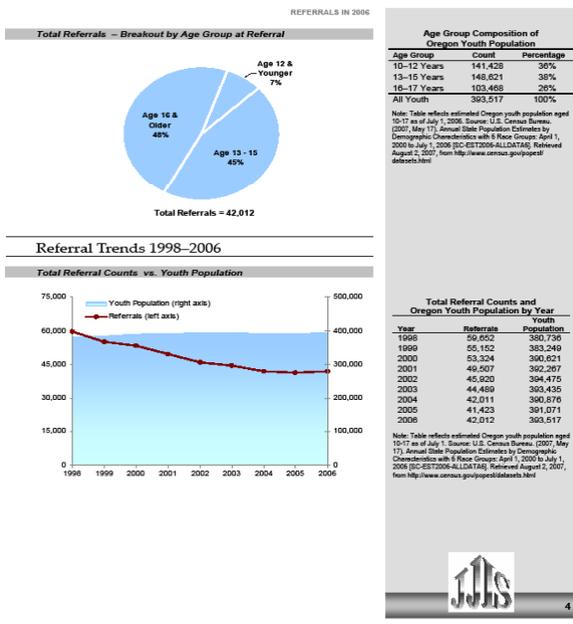
Community Partners Staffing

- OYA
- DHS Child Welfare
- DHS Self Sufficiency
- Developmental Disabilities
- Juvenile Department
- Mental Health
- Substance Abuse
- Schools
- Local Commission on Children and Families
- Youth's Families
- Treatment Providers
- CASA

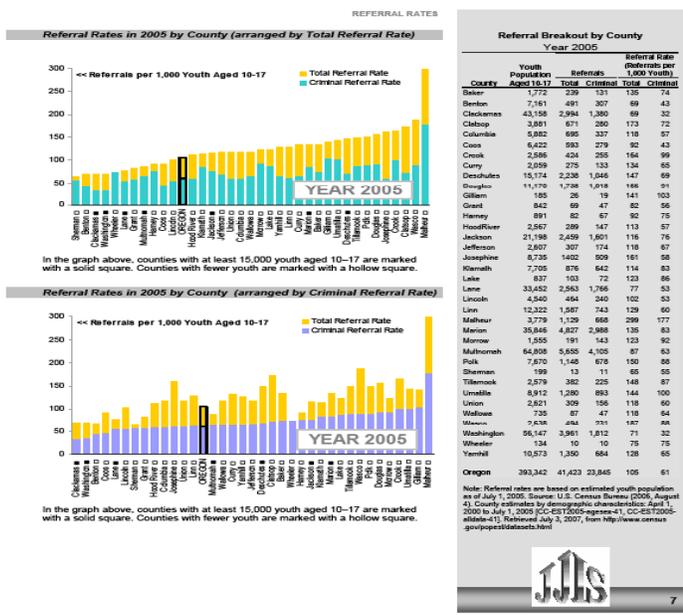
R E F E R R A L S



REFERRALS



REFERRALS

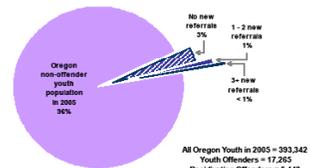


R
E
C
I
D
I
V
I
S
M

Recidivism of Youth Referred in 2005

As a measure of public safety, recidivism is defined as a new criminal referral within 12 months. A criminal referral is a law enforcement report to a juvenile department alleging one or more felonies or misdemeanors. Status offenses are excluded from the recidivism measure.

Offender Population as a Proportion of Oregon Youth



For context, this chart shows the size of the juvenile offender group relative to the entire Oregon youth population in 2005. The three protruding slices on the pie chart represent the 2005 youth offender cohort, the subject of the remainder of this report.

Recidivism - All Youth Offenders



Of the youth referred to a county juvenile department in 2005, 32% were referred at least once more within 12 months (25% had one or two new criminal referrals and 6% had three or more new criminal referrals within 12 months).

**Juvenile Justice Information System
TERMINOLOGY**

Allegation
Legal reason or reasons for the referral to a juvenile department.

Cohort
The group of youth with criminal referrals in a particular calendar year. Youth with multiple criminal referrals may be counted in more than one cohort.

Criminal Offense
Conduct for which a sentence of imprisonment is authorized (ORS 161.515).

Juvenile Justice Information System (JJIS)
A statewide electronic case management system used by all Oregon county juvenile departments and the Oregon Youth Authority (OYA). JJIS is maintained by OYA.

New Referral
Any criminal referral within 12 months of the youth's qualifying referral.

Prior Referral
Any criminal referral prior to the youth's qualifying referral.

Qualifying Referral
A youth's first criminal referral in the calendar year. This referral qualifies the youth for the cohort.

Recidivism
One or more new criminal referrals within 12 months of the qualifying referral.

Recidivism Rate
Percentage of the cohort with one or more new criminal referrals within 12 months of the qualifying referral.

Referral
Any allegation or group of allegations received by a juvenile department at any one time, documented by a police report or other formal means of referral.

Status Offense
Generally, conduct illegal for juveniles but not for adults. Referrals for runaways constitute the largest share of status offenses in JJIS.

Note: Throughout this report, chart detail may not total 100% because of rounding.

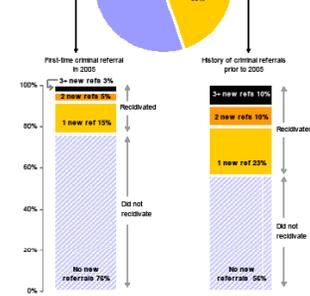
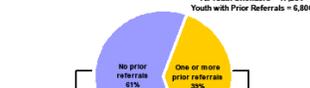


R
E
C
I
D
I
V
I
S
M

Referral History of Offenders

Prior Referrals of 2005 Cohort

All Youth Offenders = 17,254
Youth with Prior Referrals = 6,806



This chart shows the relationship between prior criminal referrals and subsequent criminal referrals for the 2005 cohort.
For youth referred in 2005 who had no history of prior criminal referrals, 75% had no new criminal referrals within 12 months, while 10% had one and 8% had multiple new criminal referrals. For youth referred in 2005 who had ever been referred previously for a crime, 50% had no new criminal referrals within 12 months, while 23% had one and 20% had multiple new criminal referrals.

Criminal Referral History of Youth in 2005 Cohort

	#	Pct.
No Prior Referrals	10,448	60.6%
One or More Prior Referrals	6,806	39.4%
Total (a)	17,254	100%

(a) The 2005 juvenile offender cohort comprises 17,265 youth. The total figure in this table (17,254) differs slightly due to retrospective data entry.

New Criminal Referrals of 2005 Cohort

Breakout by Criminal Referral History

	No Prior Referrals		One or More Prior Referrals	
	#	Pct.	#	Pct.
Did Not Recidivate				
No New Referrals	7,996	76.4%	3,826	56.2%
Recidivated				
1 New Referral	1,607	15.4%	1,593	23.4%
2 New Referrals	492	4.7%	654	10.0%
3+ New Referrals	363	3.5%	703	10.3%
Total (a)	10,448	100%	6,806	100%

(a) The 2005 juvenile offender cohort comprises 17,265 youth. The total figure that would result from summing the youth represented in this table (17,254) differs slightly due to retrospective data entry.



D
I
S
P
O
S
I
T
I
O
N
S

2007 DISPOSITION OF YOUTH

• <i>Dismissed, Not Petitioned or Not Adjudicated</i>	11,160
• <i>Authorized Diversion or Other Informal Disposition</i>	9,459
• <i>Adjudicated Delinquent</i>	6,085
– Formal Sanction	1,664
– Probation	3,579
– Commit/Custody to Non-OYA Agency	14
– Probation & Commit/Custody to Non-OYA Agency	43
– Probation & OYA Commit for Community Placement	407
– OYA Commitment for YCF	378
• <i>Adult Court</i>	431
• Grand Total of Youth Dispositions	27,135

Annual Juvenile Justice Reports

http://www.oregon.gov/OYA/jjis_data_eval_rpts.shtml

- Referrals and Referral Trends
- Recidivism and Recidivism Trends
- Detention Length of Stay
- Community Service/Restitution
- Dispositions

Duration of Jurisdiction

Maximum Sentences for Crimes

- Felonies
 - A 20 Years
 - B 10 Years
 - C 5 Years
- Misdemeanors
 - A 1 year
 - B 6 months
 - C 30 days

Maximum Length of Probation 5 years

Maximum Age of Probation Age 23

Maximum Age of OYA YCF Custody Age 25

OYA Field Offices

<p>Benton County OYA 4185 SE Research Way Suite 100 Corvallis, OR 97331-1067 Phone: 541.766.3545 FAX: 541.766.6071</p>	<p>Jackson County OYA 609 West 10th Street Medford, OR 97501-2906 Phone: 541.774.3800 FAX: 541.774.3825</p>	<p>Polk County OYA 182 SW Academy St Dallas, OR 97138-1922 Phone: 503.623.2349 FAX: 503.631.3013</p>
<p>Clackamas County OYA 45 SE 32nd Drive Suite 518 Clackamas, OR 97027 Phone: 971.673.6700 FAX: 503.657.2173</p>	<p>Josephine County OYA 301 NW F Street Grants Pass, OR 97526-2051 Phone: 541.474.5186 FAX: 541.955.8651</p>	<p>Tillamook County OYA 201 Laurel Avenue Tillamook, OR 97141-2311 Phone: 503.842.3417 FAX: 503.842.3510</p>
<p>Columbia County OYA 818 Commercial Street Suite 1 Astoria, OR 97103-4540 Phone: 503.338.0125 FAX: 503.338.0151</p>	<p>Klamath County OYA 1900 Main Street Suite C Klamath Falls, OR 97601 Phone: 541.883.5509 FAX: 541.883.5581</p>	<p>Umatilla County OYA 200 SE Kalley Avenue Suite 304 Pendleton, OR 97801 Phone: 541.278.4225 FAX: 541.276.7398</p>
<p>Columbia County OYA 244 Strand Street St. Helens, OR 97151-2091 Phone: 503.366.4924 FAX: 503.397.7256</p>	<p>Lane County OYA 2727 MLK, Jr. Blvd Eugene, OR 97401-8005 Phone: 541.682.4700 FAX: 541.682.2425</p>	<p>Union County OYA 1102 K Avenue La Grande, OR 97850-2131 Phone: 541.962.7227 FAX: 541.963.1028</p>
<p>Cook County OYA 308 NE 3rd Prineville, OR 97754-1912 Phone: 541.416.3642 FAX: 541.416.0383</p>	<p>Lincoln County OYA 753 NW Brook Newport, OR 97156-3812 Phone: 541.574.6880 FAX: 541.265.4156</p>	<p>Wasco County OYA 406 Court Street The Dalles, OR 97158-2242 Phone: 541.288.0580 FAX: 541.298.7626</p>
<p>Curry County OYA P.O. Box 746 Gold Beach, OR 97444-0746 Phone: 541.247.3302 FAX: 541.247.5000</p>	<p>Lincoln County OYA 4400 Lochner Road SE Parade Unit Albany, OR 97321-3788 Phone: 541.967.2044 FAX: 541.967.2047</p>	<p>Washington County OYA 1600 SW Cedar Hills Blvd Suite 100 Portland, OR 97225-5439 Phone: 503.672.9569 FAX: 503.672.9578</p>
<p>Deschutes County OYA 62910 Old Riley Rd, Suite A304 Bend, OR 97701-9071 Phone: 541.388.6155 FAX: 541.388.6348</p>	<p>Malheur County OYA 2411 SW 4th Avenue Ontario, OR 97114-1829 Phone: 541.889.3810 FAX: 541.889.5786</p>	<p>Yamhill County OYA 535 East Fifth Room 22 McMinnville, OR 97128-4526 Phone: 503.434.7376 FAX: 503.435.1354</p>
<p>Deschutes County OYA 1036 SE Douglas Avenue Room #9 Roseburg, OR 97470 Phone: 541.464.6393 FAX: 541.440.4535</p>	<p>Marion County OYA 2001 Front St NE, Ste 110 Salem, OR 97303.6653 Phone: 503.378.6884 FAX: 503.378.5882</p>	<p>Washington County OYA 1401 NE 68th Avenue Portland, OR 97213-4957 Phone: 503.731.4921 FAX: 503.731.4993</p>

www.ojdda.org

**Oregon
Juvenile
Department
Directors
Association**

ojdda

- [Home \(You are at the Home Page\)](#)
- [Juvenile Justice Accountability Statement](#)
- [Officers & Committees](#)
- [Roster of Members](#)
- [Minutes](#)
- [OJDDA Calendar of Events](#)
- [By-Laws \(rev 2-21-08\)](#)
- [Vision & Mission](#)
- [Policies](#)
- [Training](#)
- [Link](#)
- [OJDDA Secure Site](#)
 - No draft minutes needing review/comment
 - Draft minutes available for member review/comment
- [Oregon Counties Map](#)
- [Oregon Counties and County Data Sheet](#)
- [List of OJDDA Accomplishments](#)

2008 OJDDA Conference
Celebrating the Past to Frame the Future

Photo by Honorable Eric W. Valentine

**Hold the Date for the 2008 OJDDA
Conference to be hosted by
the Central and Eastern Oregon Region
and held on September 28th, 29th, 30th &
October 1st 2008
Location: the [Riverhouse](#) in Bend, Oregon**



2008 Annual Training Conference



Adoptive Family Selection

Nancy Keeling, Department of Human Services

Angela Cause, Department of Human Services





2008 Annual Training Conference



Nancy Keeling

During the past 24 years, Nancy has served in a variety of positions within Oregon's child welfare system. She has a BS in Sociology/Anthropology, 365 hours of specialized training in Child Sexual Abuse, is a graduate of Oregon Pacific Program for Leadership, and was selected to attend the National Academy for Leaders in Child Welfare.

Nancy has had the opportunity to provide direct service in protective services and permanency planning, and has supervised all program areas including adoptions. As Regional Administrator, Nancy had oversight responsibility of child welfare administration in 15 Eastern Oregon Counties. She currently serves as the Administrator of Office of Safety and Permanency for Children within the Oregon Department of Human Services/Children, Adults and Families Division (CAF). In this capacity, she administers program, policy, and practice decisions and implementation of all the major child welfare programs in Oregon; this includes: Child Protective Services (CPS), Foster Care, Adoptions, Family Based Services, Residential Treatment and Licensing, and the Interstate Compact for the Placement of Children (ICPC).

Nancy has been a foster parent, and is an adoptive parent.

DHS ADOPTION COMMITTEES FLOWCHART DESCRIPTIVE

Child Summary Packet includes but is not limited to the following materials:

- Adoption Child Summary (less than 12 months old or updated within the last 12 months)
- Child's Psychological
- Child Development Rehabilitation Center evaluation
- Mental health or other reports discussing the child's special needs
- Sibling Planning Committee Report, if applicable
- Child Bulletin, if recruitment has occurred
- Adoption Home Studies and child preference forms of three selected families

Presentation of Child by Case worker, and others includes but is not limited to:

- Reason child came into care explaining history of abuse and/or neglect
- Placement history detailing moves while in foster care
- Description of special needs characteristics, i.e., mental health diagnosis, acting out behaviors, etc.
- Biological family background
- Safety needs
- Emotional, physical, verbal & cognitive development, and social skills
- Medical/dental health including medication information, treatment and prognosis
- Education
- History of services while in foster care, i.e., counseling, speech & language, occupational, etc.
- Discipline methods used, what is effective and what is not effective
- Future contact with biological family
- Legal status
- Transition considerations
- Profile of family most likely to be able to meet child's needs,
- Other relevant information such as religious preference/activities, understanding of adoption, cultural consideration, likes and dislikes, and strengths cultural considerations
- Child's Life Story Book may be presented.
- CASA, attorney or others' may also provide letters about child's needs.

Presentation of prospective families by adoption case workers includes the following:

- Strengths and weaknesses regarding matching characteristics of child and family to include safety, family's support network, updates to home study, ability to advocate for child, how family would be capable, or not, of meeting child's specific needs
- Preparation & education for child
- Discipline practiced
- Child care
- Status regarding health, marriage, other children in the home, finances
- Cultural connections
- Criminal history and CPS background checks
- Willingness to maintain future contact with biological family

Deliberation/Discussion:

- All but child's case worker and adoption workers are excused after child presentation

Decision Making:

- Committee members evaluate information about child & families
- Discuss strengths & concerns of families as they relate to matching characteristics for child.

Decision:

- The committee selects by majority vote family most likely to meet child's long-term needs for permanency, safety and well-being when a match exists.

DHS ADOPTION PLACEMENT SELECTION COMMITTEES PROCESSES

DISTRICT (LOCAL) ADOPTION COMMITTEE

Used for cases where:

1. Child under age six with minimal special needs and no siblings.
2. Relative who is being considered alone for any age child or sibling group.
3. Current caregiver being considered alone.

PROCESS:

1. Committee Preparation
 - Child's summary packet submitted to committee by case worker
 - Review of child's summary packet by committee members
2. Committee Session:

Presentation of child by child's case worker and foster parent addressing clarifying questions from committee members.

 - Presentation of adoptive families by their respective adoption case workers, addressing clarifying questions from committee members.
 - Input shared by child's attorney, CASA, Tribe and/or therapist.
3. Deliberation/discussion by committee :
 - Assessment of child's needs.
 - Assessment of each prospective family's ability to meet child's needs.
4. Decision:
 - Vote of each committee member for the family deemed most appropriate to meet child's needs.
 - Second family sometimes selected as a back up choice for Child under age six with minimal special needs and no siblings.

Notice of intent to seek Review

DHS-CAF Director or Designee

CENTRAL ADOPTION COMMITTEE

Used for cases where:

1. Child under six with significant special needs
2. Child six years or older
3. Sibling Groups
4. Sensitive Issues cases:
 - a) Current Caregiver considered with others
 - b) DHS employee or community partner
 - c) More than one relative
 - d) High profile case
 - e) Relative considered with non-relative Current Caregiver

PROCESS:

1. Committee Preparation
 - Child's summary packet submitted to committee by case worker
 - Review of child's summary packet by committee members
2. Committee Session:
 - Presentation of child by child's case worker and foster parent addressing clarifying questions from committee members. (Note: foster parent is excluded when being considered with other families)
 - Presentation of adoptive families by their respective adoption case workers, addressing clarifying questions from committee members. Adoptive not present.
 - Input shared by child's attorney, CASA, Tribe and/or therapist.
3. Deliberation/discussion by committee members:
 - Assessment of child's needs.
 - Assessment of each prospective family's ability to meet child's needs.
4. Decision:
 - Vote of each committee member for the family deemed most appropriate to meet child's needs.
 - Second family sometimes selected as a back up choice.

ADOPTION SELECTION EXERCISE

Isabelle, age two: Child's plan is adoption she is not legally free yet. Belle is two years old, lives in a non-relative foster home with the L family. There is no legal father. Child was placed in care at birth due to both mother and baby testing positive methamphetamine. Mother admitted to using alcohol and marijuana during the pregnancy. Belle had moderate withdrawal symptoms when first placed. At five-months-old, she was placed with her mother for three months in an in-patient treatment program. The mother had a relapse and assaulted another client, so was asked to leave the program. Belle returned to foster care with the L family. Belle was evaluated and has mild delays in fine motor skills and cognitive skills. She has moderate delays in speech. When she is happy, she is very happy. But when something does not go her way, she cries long and hard, more than most children. She is difficult to soothe. She does best on a regular schedule for eating, sleeping and playing. Initially, Belle's mother reported that she had no relatives. When DHS had been involved in the case for five months, mother reported that she has a sister living in Colorado. Mother also reported that she had a baby three years ago and placed this child privately for adoption with a family friend. The caseworker contacted the adoptive family of this sibling to see if they wanted to adopt Belle. They chose not to adopt Belle because of their family situation, but live in the area and wanted to have their son have contact with his little biological sister. The adoptive family for Belle's sibling has done respite for Belle, taking her for overnight once a month. Belle's brother has a very high energy level, and climbs all over furniture and kitchen cabinets without fear, just like Belle, both families have observed. He has moderate delays in speech.

The foster family has three birth children, ages 1, 4 and 15. There are two foster children who are siblings, age 2 and 6. The foster family would like to adopt these children if they become available for adoption. The foster father was married briefly from age 19-22. There were no children from this marriage. The foster mom was married from age 18 to 24 and her 15 year-old daughter is from this marriage. The foster family adequately provides for Belle's daily needs. They sometimes have to reschedule the children's appointments for evaluations and therapy because they conflict with family activities, but they eventually do take the children to their appointments. Belle is clearly attached to the foster parents in a secure manner and especially likes the foster father, who is involved with the children. The foster family's neighbors are their supports. They are not involved with their own families of origin because of the untreated alcoholism on the foster mom's side and rough relationships with the foster father's parents and one brother. They are worried about the foster mother's elderly parents. Foster mom checks in on them daily and drives them to their many doctor appointments. Their 15 year-old daughter has been having conflicts at school with a teacher and other girls, as well as having been found smoking marijuana at school. She is going to individual

counseling. The foster family's other birth children are doing well in school and with peers. The family is financially stable.

The F family, aunt and uncle to Belle, live in Colorado. They are in their late 20's and have a son, age 4. He is developmentally on target. This family has weathered their son's medical crisis—he was diagnosed with a serious illness and had intensive treatments, including hospitalization, during most of his third year of life. The family received a high level of support from friends and family. The husband has a job with a solid salary and good medical coverage, so were able to deal with the medical expenses. They found themselves dealing with the crisis differently and had a strained relationship. The hospital social worker suggested that they use marital counseling, which they did for eight sessions. They found the counseling to be very helpful and have better communication, as well as more empathy for each other. The mother's sister, Belle's aunt, currently works 20 hours a week as a reading specialist for the school district, but plans to stay home when Belle comes to live with them. She plans to do some consulting occasionally, which she would like to do to maintain her skills and to have an interest outside the home. Because of the Belle's mother's involvement with drugs and stealing from family members, the sisters have not been in contact for over six years. They are wary of contact with Belle's mother, but have not ruled it out. The F family has relatives in Oregon within 80 miles of the adoptive family of Belle's brother and the foster family and are interested in maintain those connections for Belle. They have visited with Belle twice since she was in care. They have spanked their son on occasion for serious safety lessons, but agree that they will follow child welfare's prohibition against physical punishment and have come to the conclusion that they no longer want to use spanking for their son, as well. This change came about as they went through the preparation classes to adopt. The family is very active and enjoys many outdoor activities with their son. They are very hopeful that Belle will join their family and have explored the local services for Early Intervention.

Belle's visits with her mother have always been sporadic, falling away in the last 6 months since mother has a found a new boyfriend. Belle's mother reported two days ago that she is now pregnant.

Discussion and Voting

Major Considerations:

Committee Member's Family Selection:

Back up family:

COMMITTEE MEMBER WORKSHEET

Date of Committee: _____

For Child/ren: _____

Name of committee member filling out this worksheet: _____

Strengths

Concerns

Family #1 Name: _____

Family #2 Name: _____

Family #3 Name: _____

PLEASE JOT DOWN NOTES ON FAMILIES PRESENTED AT COMMITTEE AND KEEP IN YOUR OWN PERSONAL COMMITTEE FILE FOR TWO YEARS. THANK YOU.



2008 Annual Training Conference



Services to Build Parental Protective Capacity and Nurturing Relationships

Ted Keys, Department of Human Services
Office of Safety and Permanency for Children





2008 Annual Training Conference



Ted Keys

Ted Keys is a Program Consultant for the Children, Adults and Families Division, Family Based Services programs. He provides training and technical assistance for Family Decision Making, Parent Training, Intensive Family Services, Family Sex Abuse Treatment, Intensive Home-based Services, and the Supportive Daycare Programs. Major duties include: program and policy development; training and consultation; program monitoring and evaluation; contract development; and grant writing. Ted's social work experience includes a life long career in child welfare with specialties in family therapy and family group decision meetings. But without a doubt he's learned the most from his three children and life partner, Beth.

Nurturing Attachments:
Ted Keys, MSW

Children and Adults who have experienced early neglect and maltreatment are challenged by emotional and behavioral regulation. They may have difficulty identifying their own feelings, and difficulty understanding the feelings of others. Behaviors may appear self-centered without concern for others, or appear manipulative to leverage the behavior of caregivers.

Promising new research and treatments help children identify their own feelings, and the feelings of others. Self-reflection, self-regulation and empathy for others can be improved. Caregiver participation in this process can increase emotional attachment and reduce placement disruptions.

Ted will present some of the recent research on the effects of early neglect and maltreatment, and promising interventions to improve child and caregiver emotional attachments. Attachment interventions developed for foster parents by Mary Dozier; and Cognitive Behavioral Therapy principles developed by Deborah Gray will be summarized.

Ted currently works in child welfare program and policy development, and has experience as a child welfare caseworker, family therapist and a Family Decision Meeting facilitator.

(Also Collaborative Problem Solving)

Top Ten Tips for the First Year of Placement

By Deborah Gray, MSW, MPA

Parents passionately want to succeed in raising emotionally healthy children. They also want to enjoy their little ones. When their children arrive later in infancy or childhood, most parents are well-aware that they are doing more careful parenting. They are nurturing not only to build a relationship, but to help mitigate any impact of losses or maltreatment.

What are reasonable things for parents to concentrate on during the first year home? How can parents do the best to enjoy their children? They do not want the pleasures of parenting their children dimmed by a chorus of cautions. On the other hand, they do want to make that first year a great start. Here are my **TOP TEN** hits for a great start to your relationship with your baby or child.

1. Spend ample time in nurturing activities.

The most significant process of the first year home is creating a trust relationship. Intentional and ample nurturing promotes this goal. Restrict your hours away from the little one. Do not leave your child for overnight trips for this first year.

Meet your little ones needs in an especially sensitive manner. Feed on demand. Respond quickly to fussing. Allow the toddler or child to regress, bottle-feeding, rocking to sleep, lapsitting, and being carried. Let your child experience you as the safe person who is sensitively meeting her needs. Play little games that promote eye contact, like peekaboo, ponyride, and hide-and-seek. Make positive associations between yourself and food.

Rather than children becoming more dependent through this extra nurturing, they instead become trusting. Anxious people do not know who they can trust to help them. More secure individuals understand that they do not have to be perfect and that they can rely on significant others. Children who do not learn to depend on others tend to be anxious or emotionally constricted. Their "independence" is a false one, meaning that they do not trust others and can only rely on themselves. The child who has learned a healthy dependence is more secure in trying new things and venturing out. She always has a safe, home base to come back to you!

2. Teach children to play with you.

Many little ones have missed the joys of play. Act as an amplifier, teaching toddlers and children the pleasure of play. Most children have missed the experience of having parents

express joy as they played. Because of this, their reward centers were not stimulated. This restricted the association of exploration and play with pleasure. Set aside *at least* thirty minutes a day for play with your children. Younger children may want this in segments. Do not hesitate to use voice tones and expressions that are ones usually meant for infants and younger children.

If your child can already play, then continue to build your relationship through play. Shared enjoyment cements relationships. Make your family one that develops a pattern of having fun. Throughout life having fun as a family builds self-esteem.

While some children take off in play, others cannot stay engaged for long. Continue to stretch the more tentative child, engaging her in mutually enjoyable activities. Look for different sensory modalities that might feel safer or more interesting. For example, a boy who was afraid to play outdoors began to use sidewalk chalk with his mother, even though the grass seemed overwhelming. Gradually a ball was used on the sidewalk, and then onto the grass. Take things in steps if children are wary.

3. *Talk to your child.*

Parents of infants use exaggerated voice tones to emphasize important concepts. Their "amplifier system" helps children with attention to most important parts of the whole environment. After children move into the preschool age, some of this "cheerleader" amplification diminishes. Continue to use this brighter emotional tone with your child as she understands your shared world even if she is not an infant.

Explain things to him, even though you might think that the meaning of what you are doing is obvious. Not only are you conveying information to him, you are revealing your view of the world to him. Your voice tones guide him to better understand the context. Be sure to use your fingers and gestures to point out important things to him. This helps him to both attend to and understand the meaning of the context around him. Early language not only teaches us words, but a way of understanding our world through the subjects selected for attention and their associated intonations, expressions, and gestures.

Most of us have an internal dialogue going on during the day. (Yes, we are actually talking to ourselves.) Simply make some of this internal language external. This is a typical activity for parents of infants. However, it tends to diminish as children get older. Since children have missed this early activity, parents should feel free to describe things as they would to an infant.

4. ***When toddlers or older children have behavior problems, use your body to stop them.***

Be gentle, but be consistently and predictably competent in stopping negative behaviors. Do not use over the shoulder commands or across the room reminders. Stay within arm's reach of the child, moving their hands, bodies, feet, to where you want them to go. Never tolerate hitting, kicking, or hurting. Some parents allow a child painful "exploration" of the parents faces. This is teaching that will have to be undone later. Gently move their bodies to where you want them to be. For example, if your little one is reaching for an item, move the child or the item. Use the voice for a back up. Do not remind or repeat several times. Instead, describe in a pleasant manner how precious or pretty the item appears to you as you move your child. Teach boundaries of respect from the beginning.

Obviously, most parents will not be getting much done except parenting when their child is awake. Remind yourself that your primary job is parenting when your child is awake.

5. ***Get enough sleep, good food, and exercise to stay in a good mood.***

Little ones who have been moved and/or neglected tend to be irritable, fussy, and hard to soothe. Parents use their own positive, well-regulated moods to help calm and engage these little ones. Your own emotional stability will help to steady your child's moods. A depressed parent struggles to form a positive, secure attachment with her baby or child. Depression makes the parent emotionally less available. The parent who is tired, eating junk food, and inert by days end does not give a child a competent source of emotional regulation. Parents who find that their moods are slipping, even with good self-care, should see about counseling and/or an antidepressant. It is simply too hard to do this essential, nurturing parenting while being depressed.

Model respect for yourself by taking time for showers, good meals, and sleep.

6. ***Be part of an adoption support group.***

The relationships between families are invaluable. The relationships can be emotional lifelines on hard days. If possible, find a mentor who is positive, and who likes you and your child. Ask her to be part of your circle of support. We all need to feel understood and authentically accepted. A mentor who can provide that sense of nurture for the parent helps the parent to be a good nurturer. The mentor relationship provides a sense of being heard and accepted, and tips and information. Parents are working harder emotionally

when parenting a baby or child who has lived through uneven parenting. Parents need someone who cares for them. Sometimes this can be mutual support, and sometimes one-to-one.

7. *Keep a calm, but interesting home.*

Match the amount of stimulation in the home to the amount that is within the child's ability to tolerate. Many children have been massively under stimulated before they came to parents. Neglect massively under stimulates children. They do not build neurology to process as much sensory stimulation. After adoption, their worlds can suddenly be overwhelming. Things are too bright, too loud, move too much, and tilt too much. Slow things down, buffering your baby or child to the extent that they can process the information coming their way. Often children who are overwhelmed by noise will begin shouting, or those over stimulated by too much movement will begin running with arms like windmills. Lay out predictable, consistent events for the day. Some children find the movement of the car to be disorienting. If your child is having difficulties, try a couple of days limiting the car, determining whether or not this makes a difference.

8. *Explain to children basics of your relationships as they gain language.*

For example, "A mother's job is to love you. I will always come back home to you when I leave in the car to go shopping. You will live with me until you are as big as I am. I will not let anybody hurt you. I will never hurt you. We will always have enough food." One mother told me of her son's relief and better behavior when she told him that she would never allow others to hurt him. "Why didn't I think to tell him the first year?" She questioned. "He was afraid every time we went to the mall. He has been thinking for two years that just anyone could haul off and hit him." Another parent told me of the melting smile that her daughter gave her when she said that a mother's job was to love her child. "I just assumed that she knew that. But she didn't. She looked at my face much more after that."

9. *Do watch for signs of an exclusive attachment by the end of the first year.*

Children should be seeking out their parents for affection and play. They should be showing off for positive attention. They should prefer being with the parent. They should show some excitement about time together. When hurt or distressed, the child should seek out the parent. In a secure attachment, the child will calm with the parent and accept soothing.

Trauma and traumatic grief are the common culprits when children are remaining wary, fearful, and controlling of their parents. Signs of trauma with younger children include regular night terrors, dissociation (child shuts off emotionally and stares away), scratching, biting, extreme moods, freezing in place, and destructiveness. Parents who see these symptoms should be finding a mental health counselor to help their child. If the child is under the age of three, the parent is given special parenting advice. Usually therapy with an experienced child therapist can begin not long after the age of three.

Do not have an artificial timeline of "fixed in a year," for the preschooler or older child. Consider the year marker as the time it takes to really get to know your child not to iron out any behavioral irregularities.

10. *Enter your little one's space positively.*

This often means getting low and looking up for eye contact. It means trying hard and trying patiently for a longer time. You are the one who has the responsibility of engaging your child positively. Do not use punitive techniques to try to build relationships. After all, no one wants to attach to a mean person. Instead, be strong, dependable, available, and **kind**. Veer away from advice that is strong, controlling, and **mean** in tone. Sensitive and kind parents gradually build empathy and security in their relationships with their children. That process takes time and the *type of parenting that caused you to want to be a parent in the first place!*

Maintain a sane schedule as you move into year two. Many parents decide that the first year is the marker until they can re-enter a "normal" schedule. Among family therapists there is national concern about the taxing schedule that Americans are considering "normal." Resist this widespread but unhealthy pace. Continue to parent with margins of time that allow for sensitivity, with margins of emotional energy that allow for appreciation of those around you. Model a healthy, emotionally fulfilling lifestyle to your child.

Deborah Gray is a children's psychotherapist who specializes in the areas of attachment, adoption, trauma, and loss. She is the author of *Attaching in Adoption: Practical Tools for Today's Parents*, Perspectives Press, 2002, and *Nurturing Adoptions: Creating Resilience after Neglect and Trauma*, Perspectives Press, 2007.

Assessing Attachment-Readiness and Capabilities in Prospective Adoptive Parents

** see below

By [Deborah Gray](#)

The following article has been excerpted from Chapter 9: “The Role of The Child Welfare/Social Worker” in Deborah Gray’s 2007 book *Nurturing Adoptions: Creating Resilience after Neglect and Trauma*. Those reading it as a printout will find it on the internet at <http://www.perspectivespress.com/parentassess.html>. Adoption agencies have the author’s permission to print out and use this tool in their staff training on adoption assessment.

Home studies should not be expected to identify only “perfect families.” All families have areas of weakness. The home study should act as an educational tool that will help families be successful. It is also a screening process that acts to remove families who are markedly unsuitable for parenting children who will need extra help from sensitive parents. The two percent of prospective families who should not adopt children are also the ones who take inordinate amounts of time away from the child welfare system. Identifying unsuitable families before, not after placement, allows for significantly more time for post-placement training and support for families, completing adoptions, and recruiting more families.

The interview template which follows should only be used in the form of a face-to-face interview, not in the form of questions soliciting written responses. The template incorporates some of the research and theory behind the Adult Attachment Inventory. This format presents home study questions from an attachment point of view. It adapts concepts from attachment research and literature to the home study process.

Home study Interview Questions

1. Describe the relationship you had with your mother as a child; to your father? List five adjectives that describe your mother, and five for your father.

The social worker should write down these descriptive adjectives, and then ask for examples of situations or events that demonstrate those qualities. Social workers should be looking for a description of parent-child intimacy. They should also be judging the general quality of the description. The narrative should be smooth, coherent and have a firm basis in reality. Words and facial expressions should be consistent. If people cannot remember any examples to support the qualities that they mention, then start tracking the quality of sensitivity in their relationships.

2. Can you detail some times in which you really needed to depend on your parents? How did they respond? How did this affect you at the time? What do you think of it now? Would you parent in the same way or differently?

The examples should fit the answers to the questions. Any contradictions indicate the presence of something that should be explored further. One big red flag to watch for is

the interviewee trying to turn instances where the parents were not there for them into an advantage.

3. Can you describe times where you felt lonely or rejected by your family? Were they aware of your feelings? How did you interpret their actions as a child? And now? Would you parent in the same way or differently?

Ideally, people should be able to describe painful experiences in a way that demonstrates an understanding of their parents' points of view. They should have an idea of why something happened, and also be able to acknowledge the effects of painful experiences on their own development. The person being interviewed should be able to do this without becoming overwhelmed with bitterness or any other emotion.

4. What is your current relationship like with your parents? How often do you see them or talk on the phone? If they are not living, what was it like when they were alive and how did their loss affect you?

Answers to this question should contain information about

- the degree of reciprocity/ attunement that they had as children,
- descriptions of how painful family situations were acknowledged and repaired versus being ignored,
- smoothness and coherency in the descriptions,
- insight into how those first relationships shaped their present lives.

5. Were you ever frightened of or hurt by your parents? How was this dealt with in your family? How do you think that this affected your childhood and who you are today?

Parents-to-be who describe bitter memories of abusive, insensitive, or abandoning parents, and who also show little resolution will need to work these issues out before placement. They will need a referral for therapy. Watch for positive indicators as well. People who experienced childhood abuse may have been buffered by positive attachment figures, like grandparents, who were sensitive and responsive. Descriptions of their alternate caregiver's sensitivity, with a sense of resolution about why their parents were not there for them are good signs. The more people are able to describe the reasons behind parents' actions, with appropriate, regulated emotion and insight, the better. An appropriate answer to this question looks like this.

My mother would not listen to me when I was upset by my family's sudden move. She ignored my tears and said, 'Pack.' Now I know that she had just had a Caesarean section a week before, was hormonal, in pain, and had to move our whole family, including a new baby. My dad had to choose between flying to the new city within 48 hours and losing his job. We had to follow him. As an adult, I have concluded that we must have been behind on rent. That's one reason why we moved so quickly.

“My mother never apologized, though. I think that I would do things so differently. I would at least try to explain what was happening and let my daughter know that I cared about her feelings. That would have helped a lot. My grandma let me cry at her house and took me to my school and around our neighborhood so that I could say goodbye to my friends and my teacher.”

Notice that this sample contains an honest description of pain and a conclusion about her mother’s point of view. It also includes a description of a sensitive parent figure, the grandmother, who provided support during an overwhelming situation. She went on to describe how she would do things if she were the parent. The example is relatively brief and easy to follow. It is clear that this person has the ability to use her own life stories as a source of empathy for others.

6. Give me a ten-minute description of your life, including main events and the major decisions that you have made. Start either at the present and go backwards, or begin at birth and go forwards. What are your earliest memories?

This type of narrative should demonstrate a person’s sense of mastery over most of the events in life, or their ability to take responsibility for personal decisions and actions. Answers to this question will also highlight the contrasting attitude of blaming others. It will show thinking that is shame-based, and also reveal whether people view themselves as helpless victims or in a grandiose way. Listen for the inclusion of instances of seeking out support and acknowledging helpers, as these abilities act as important attributes for adoptive parents.

Look for a coherent life narrative. The narrative should be relatively smooth and should not have gaps. Emotions, as conveyed both through facial expressions and with words, should match the person’s story. Pay special attention to life narratives that do not make sense! Why is the person lacking integration? If you, as an adult, find the person emotionally confusing, a child will certainly have difficulties using this parent as an emotional guide.

7. Tell me about your best friends. How did you meet them? How long have you known them? What do you do together? How often do you get together? How do you work out problems in relationships?

Get a sense of how connected the person is to their community and also the quality of their relationships. Check to see how long-term their relationships are. Loners who cannot work with others are not good choices as adoptive parents. They cannot instruct a child who needs help learning how to resolve problems and become more trusting. When angry, does this person cut people off permanently? Certainly this trait comes back to haunt social workers, in the form of disrupted placements.

Scrutinize people who have the following characteristics, as they are potential child abusers.

- They are charming.
- They are willing to accept an especially needy child.
- They have intense but short-term relationships, and no one knows them well over an extended period of time.
- The person seems too good to be true.

If you observe these traits, look for a hidden price tag. Sexual predators and antisocial personality types gravitate towards the most vulnerable members in our society. They tend to be especially charming throughout the home study process. Check these peoples' histories thoroughly. Make certain that they have a clean, well-researched record. Take seriously minor charges, such as fraud, assault, drug or alcohol abuse, and domestic violence, and examine especially carefully all charges that are accompanied by great rationalizations.

Pay attention to red flags in the history that indicate instability: sudden firings, financial irresponsibility, frequent moves, lies, multiple marriages, affairs, and a lack of continuity in relationships. These form the symptom clusters predictive of personality disorders. It is important to remember that a caseworker cannot simply befriend every family. The home study process must effectively screen out predatory adults.

8. Do you consider yourself to have been a physically or emotionally abused or neglected child or teen?

Ask about any abuse that may be a part of the person's background. If there is abuse, when did it start? Did it involve the person's nuclear family? How have they come to understand it; what are they doing to resolve their relationships and gain safety? Were there multiple traumas? Does the person have night terrors? Does the person have flashbacks? Are they bothered by loud noises? Would a screaming or aggressive child bring out reminders of the abuse?

Remember that there is a difference between Type I and Type II abuse. Type I abuse is short term and does not result in traumatic stress reactions. It stands out as an unusual and unique experience. Social workers often have optimistic views, taken from accounts of parents who have been successful in spite of abuse and in the absence of counseling. These views are usually based on people with Type I abuse, as they were impacted less.

As described in Part One, Type II abuse involves multiple events or long-standing abuse, with extreme stress. People with Type II abuse who have had no or poor treatment outcomes pose a risk for high-stress children. These parents can easily fall back into a behavior pattern of dissociation, flood with old trauma, and suffer from anxiety and depression. People with Type II abuse tend to incorporate numbing and dissociation, substance abuse, rage, mistrust, interpersonal relationship problems, suicidal ideation, and uncompleted grief into their personalities (Veitch, 1998). Even children with no histories of maltreatment find these personality states alarming. Children tend to form disorganized attachments with these adults. These individuals have often the complex

trauma described in Chapter 2. These homes are not healthy enough for adoptive placements.

9. Have you had periods of depression, or do you think that your moods swing more than most people's? Do you think you have anxiety problems?

Please ask these questions in person, not just on a form. It is easy to check “no” on a form. It is much more difficult to lie in person. Many people have experienced periods of anxiety and depression but have responded very well to counseling and medications. These people do quite well with children after placement. They certainly should not be screened out of adoption. Check into the mood issues in a person's history. Are there periods of depression? How have they been handled? What is different now? Did they show resolution over losses from infertility? Are the losses related to infertility being confused with a long-term mood disorder?

Be wary of people with ongoing problems with depression, anger, or anxiety. Depressed parents will have attachment problems with any child, even a healthy newborn. They are simply not capable of doing the difficult emotional work that is required in the placement of a toddler or an older child. People with anger management problems make children feel as if they are still in a hostile environment. This signals them into fight, freeze, or flight mode instead of attachment. Anxious parents cannot help children calm down. They instead reinforce a wary, paranoid outlook on life. Encourage angry, depressed, and anxious applicants to get treatment for these issues first, and then proceed with the adoption process.

10. Are you comfortable letting others help you with this child? Do you mind working with professionals?

Parents need to embrace the team mentality. Children described in this book are best placed as special needs adoptions. Parents should expect that they will need to coordinate a helping team for such children. They will have to develop resources that help their children. Mistrustful, angry, highly anxious, or depressed individuals will not be able to meet these children's needs, as they will not understand their need for advocacy and the use of teamwork within a community.

11. Are you able to accept lots of acting out and controlling behaviors in children as a probable scenario for the beginning of placement? For children who have trauma histories, will you be willing to get therapy, a necessary part of children's medical care?

Many parents naively believe that the child they are adopting from foster care or from an orphanage overseas will be a withdrawn, sad child who will be gradually drawn out in their home. Of course this is frequently not the case. Parents need to be informed of the long-term consequences of sexual abuse, physical abuse, trauma, and exposure to domestic violence. In particular, physically and sexually abused children are among the most aggressive children seen in clinical samples. Professional adoption workers must

include, as part of the home study process, a discussion of the essential trauma-specific therapy that will probably be a part of their child's future. Research clearly shows that children who receive trauma therapy, especially when it includes a cognitive-behavioral approach, do enormously better as compared to children whose parents omit this therapy.

12. Will you be able to provide more structure and nurture for children who need this approach, rather than using the parenting style that most closely fits your own personality?

Successful parents of children who have experienced neglect, prenatal exposure to substances, or maltreatment almost always run highly structured and nurturing homes. While the structure may be gradually relaxed as children develop more internal structure and emotional maturity, success does require that parents use consequences rather than emotional outbursts or lectures.

13. What resources available in your community will help you support a child who has been neglected, abused and/or otherwise traumatized?

This question includes the opportunity for some educational work so that families understand the differences between children adopted later in childhood or after maltreatment as compared to children who have a healthy start. It gives families time to think and talk about these differences in an individualized manner. It also gives them time to ask and answer a variety of questions and do their own homework. For example, does their insurance have mental health coverage for families? If not, could they change their policy to one that does? When is the open enrollment period? Have they located a mental health provider who takes their insurance and could see them with their child? Does the child need occupational therapy to remediate the effects of neglect? What is the monetary and time commitment of these therapies? What will they give up in order to make time and money available? Parents need either to have a rich assortment of resources already in place, or to be well-connected to their communities so that they can acquire these extra resources. Cover the potential needs of a child similar to one they would like to adopt in a specific manner, detailing the necessary community resources. For example, help them locate respite care in a specific manner during the home study process.

Many people assume that their friends, relatives, neighbors, or religious community will help them. This often is not the case, and it is also one of the saddest disappointments for parents adopting children with special needs. Most people have busy lives and do not readily volunteer their time to these commitments, especially long term. Parents need to ask potential supportive people to commit to meeting the child's prospective needs, in specific terms, in advance. I have given several trainings where close friends have come in with the prospective adoptive parents. The parents had asked for support in advance, and, as a result, their friends had time not only to clear their schedules in preparation for the child, but to receive training.

About 30% of adoptive parents are single parents (AFSCAR, 2006). Social workers should help single parents work on identifying their future support systems throughout the home study process.

14. What resources are available for children with learning issues through the school district?

In a study in the State of Washington, the average foster-adopted child was two full years behind grade level by the 8th grade. Will the school in the parent's district help their child immediately and effectively? Do the parents understand an IEP process?

This information is part of the educational effort of the home study. It should include providing or assisting in locating resource numbers and references for the education services in the parents' school district. Even if the family is lucky enough not to need these services, they will be informed and can support other families who do need them.

15. How will you individualize and meet the needs of this child or children?

Parents need to have enough time and space for each child in the family. Educate parents about the differences and the special needs of children adopted after stressful beginnings. Sometimes one parent has deferred to the other in a decision to adopt such a child. They have a tacit understanding that they will still enjoy eighteen holes of golf weekly after the placement. These issues of entitlement should be recognized and addressed during the home study process. It is unrealistic to believe that one parent can plan and implement the entire childcare and community resource plan alone, without coming to resent the other parent.

Ask parents who are already too busy or too financially stretched to make a list of the activities they will drop. Give each parent a sheet of paper, and ask the partner to list what the other should drop. This leads to a healthy discussion about compromising as they barter with the partner's lists. Ask them to begin the "dropping" process before the placement. Single parents do this exercise with a close friend or relative. Sometimes parents are taking on too much. This constitutes one common reason behind poor placement outcomes; families accumulate too many stressors and adopt too many children.

Families should be able to individualize the needs of all existing members, and reflect on how they are already meeting those needs, as well as how they will continue to meet everyone's needs after placement. This gives them a sense of the resources that they have. They should then talk about how they will meet a new member's needs, in specific terms.

**16. For what type of child do you think you would not be able to meet the needs?
Can you tell me about this?**

Parents need to explore what they could not see themselves handling. This exercise gives the social workers enough information to help parents avoid these and related situations. Be certain to listen to parents and help them plan for placements that realistically fit their strengths. For example, parents may say that they are planning to have children share rooms and they could not handle sexual acting out behaviors. This should lead to a discussion about placement issues so that the family's wishes are met as closely as possible. It should also lead to a conversation about what to do if acting out did occur.

In conclusion, this section's approach and information is a necessary addition to home studies in the 21st century, helping families prepare realistically for the parenting ahead for those who adopt traumatized/neglected children being placed today. It should be considered a best practice technique for today's adoptions.

****Organizations are welcome to reproduce the 16 questions above for use in their work in face-to-face interviews.**

Deborah Gray may be contacted at deborahdgray@yahoo.com

Care to comment? Send us an email at comments@perspectivespress.com or write to us at

**Perspectives Press: The Infertility and Adoption Publisher
PO Box 90318
Indianapolis, IN 46290-0318**



2008 Annual Training Conference



Sex Offender Treatment

Keith Ovelman, Cordero





2008 Annual Training Conference



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

Keith Ovelmen LCSW
Mojowrkn@hotmail.com

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!

Keith Ovelmen MSW
Licensed Clinical Social Worker
(503) 803-7713

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.



2008 Annual Training Conference



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





2008 Annual Training Conference



Case Timelines

Timothy Travis, Oregon Judicial Department

Catherine Stelzer, Department of Human Services





2008 Annual Training Conference



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

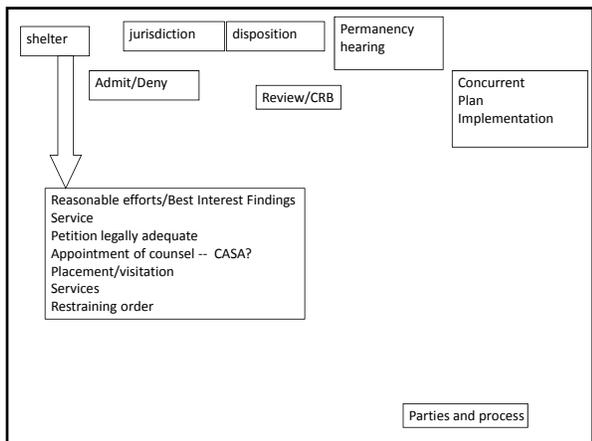
Timothy Travis
Court Programs and Services Division

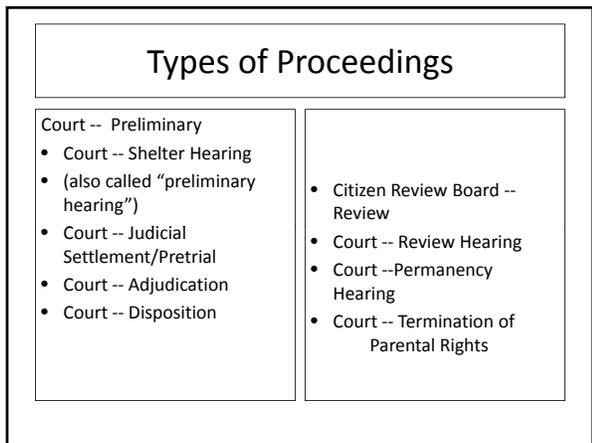
phases of abuse/neglect cases

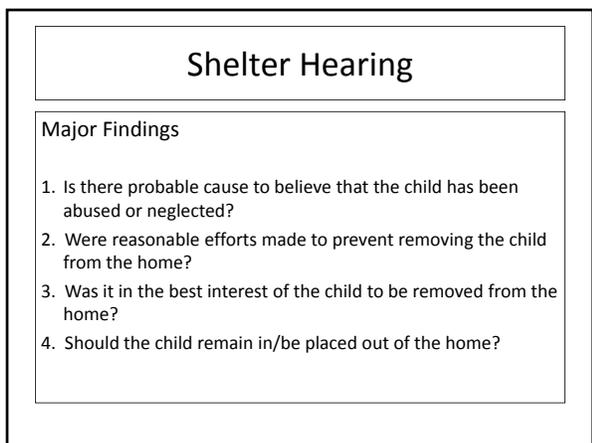
- Investigation of allegations
- determination of need to intervene
- determination of appropriate intervention
- review of intervention (agency and parental efforts)
- determination of permanency plan
- implementation of permanency plan

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



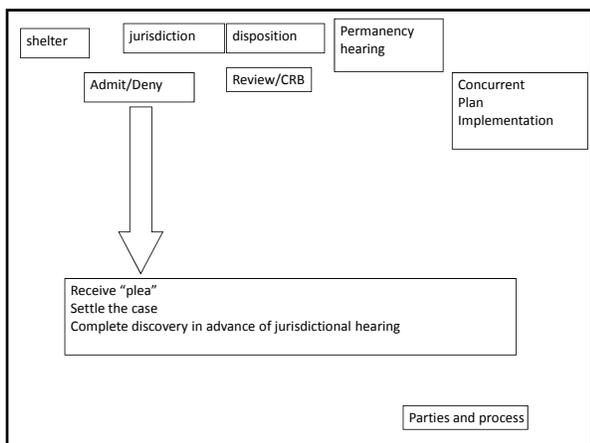




Shelter Hearing
<ul style="list-style-type: none">• Petitions<ul style="list-style-type: none">– “charging instrument”– contains allegations regarding the parents’ care of the child– may be amended at any time, verbally (due process)

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

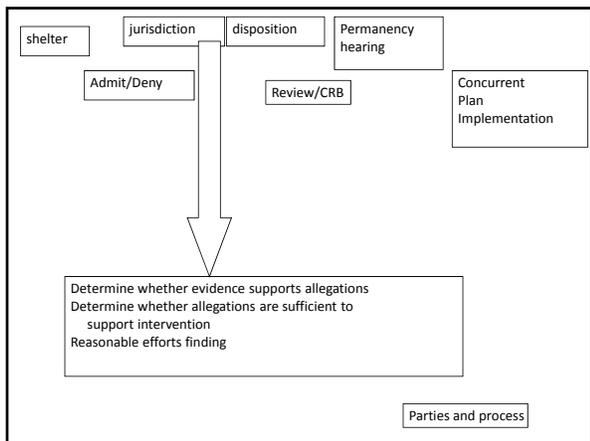


Establishing Jurisdiction

- 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?)

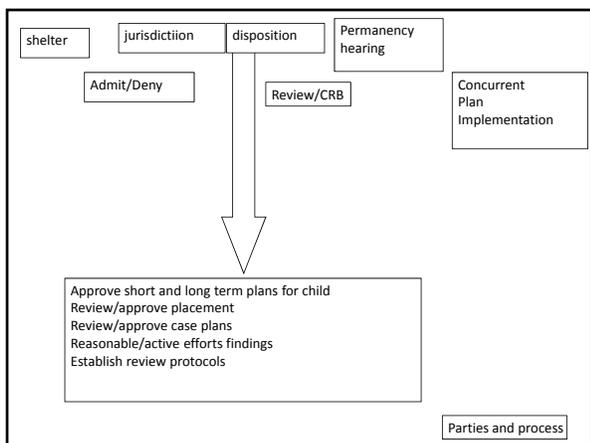
- Deny Allegations of Petition
 - discovery completed
 - set trial within 60 days of petition
- Admit Allegations
 - move to disposition
 - set next hearing (court)



Court Proceeding -- Adjudication

- Continuance only for good cause shown
- Highest priority if continued
- evidentiary hearing
- preponderance of evidence

- If ICWA
 - clear and convincing evidence
 - expert witness testimony



What are we gonna do about it?

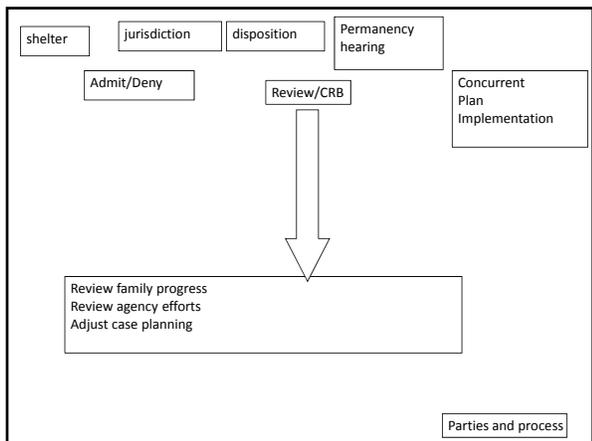
- Disposition
 - Like a “sentence”
 - reasonable/active efforts findings
 - visitation (parents and siblings)
 - concurrent plan
 - set permanency hearing (12 months)

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?

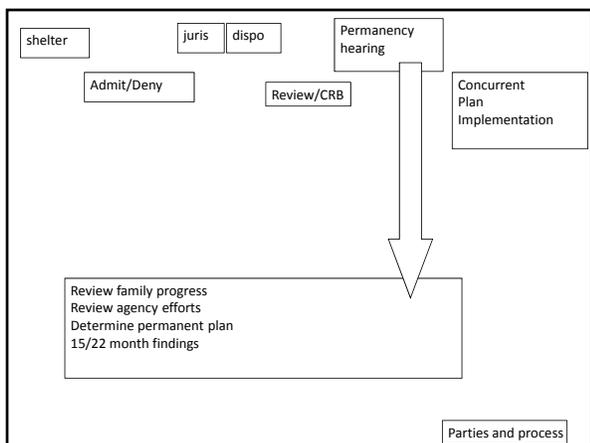
- Review -- special
 - visitation
 - providing services
 - new service agreement
 - placement

- *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)

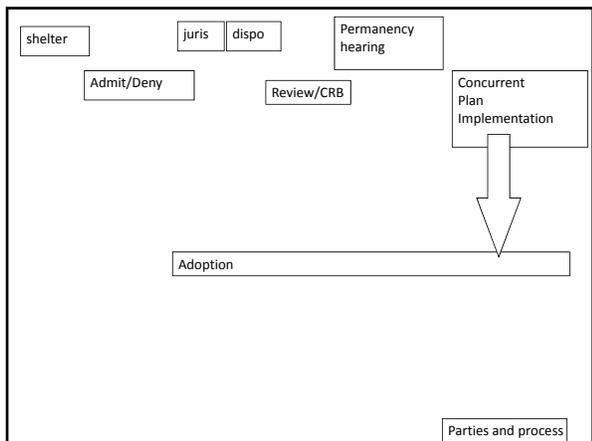
Policy Underpinnings

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

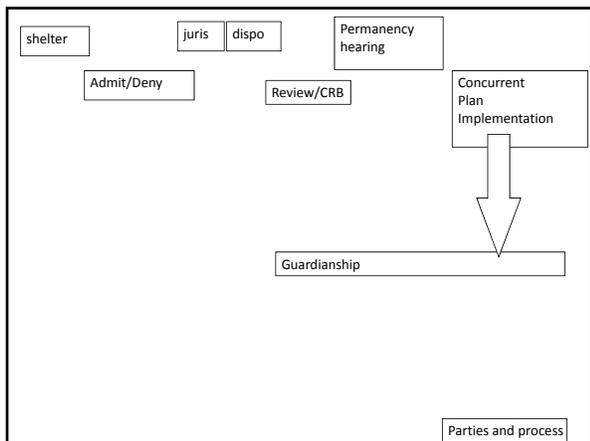
Ground -- Unfitness

- 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

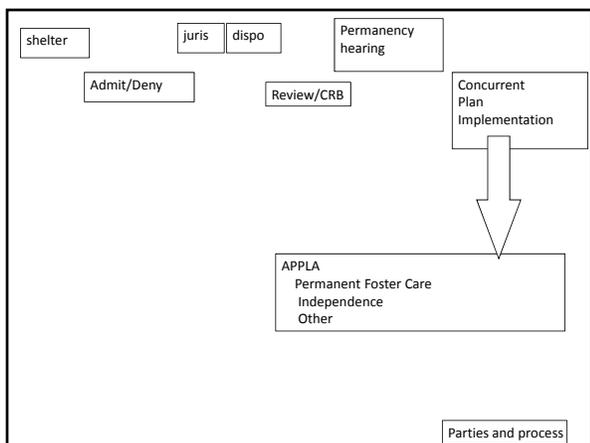
Does not end wardship

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

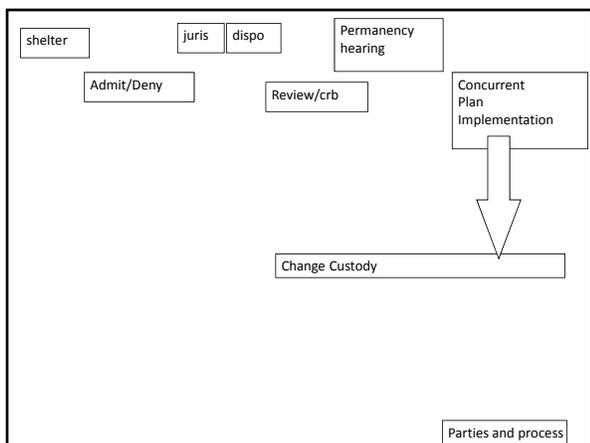


Implementing Concurrent Plan

- 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.

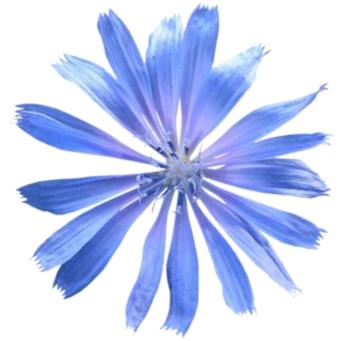
A Voluntary Custody Agreement is not appropriate when the Department's Child

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





2008 Annual Training Conference



Thugz Off Drugz



Alan Evans
Founder
Thugz Off Drugz



Saturday, April 26, 2008
9:00 am



2008 Annual Training Conference



Alan Evans

Mr. Evans is a “grateful recovering drug addict” who grew up in a broken and poverty-stricken family, turned to drugs and alcohol at a very young age, and spent the greater part of his childhood, adolescence, and young adulthood engaged in a downward spiral of addiction, crime, and lies. After reaching a point of complete desperation and despair, Mr. Evans found hope and success through a recovery program, and has since identified his mission to help the suffering addict through founding and running Thugz Off Drugz.

Thugz Off Drugz is a community effort to deal with crime by reaching out to active addicts and alcoholics in the community. The program provides a genuine opportunity for change by creating access to housing, food, clothing, and structured living. It provides addicts with emergency housing, food and clothing, and a beginning down a road to recovery, through structured living. It helps them to get official identification, food stamps, and a job. They are also given tools and strategies to prevent them from returning to their former lifestyle. Everyone who works at the facility is a recovering addict themselves, volunteering their time to pass on the gift of a new life.



Saturday, April 26, 2008
9:00 a.m.



2008 Annual Training Conference



Creating Transparency through Findings Driven Reviews

Maria Chavez-Haroldson

Tina Qualls

Steve Lindeman

Jennifer Goff

Toni Sloan

Mark Harris

Suzanne Callahan

Traci Lerner

Clayton Kubota,

Citizen Review Board

Oregon Judicial Department



Review by the Findings

Creating Transparency in our Work.

History

- The program surveyed DHS, judges and volunteer board members in 2002.
- Piloted in Clackamas County in 2004.
- Statewide implementation July 1, 2005.
- Instruction provided at the annual training conferences in 2005, 2006 and 2007.
- Staff consensus, October 2007, to work toward a standard and consistent practice across the state.

Purpose

- To improve the review process by focusing our attention on the findings required by state and federal law.
- To provide clear explanation regarding the board's reasoning in making their findings.
- To provide a standard and familiar practice to the Citizen Review Board's (CRBs) most visible function: the review.

Intent

What it is	What it is not
<ul style="list-style-type: none">• A structure for working through the case by concluding one finding before moving to the next.• A way to promote the board's knowledge and experience.	<ul style="list-style-type: none">• A way to limit what the board considers (analysis) in any given finding.

Advantages

- Promotes transparent review.
- Promotes an open process.
- Improves opportunity for participants to be heard.
- Supports the board's authority.

Format

- When opening the review the chair or lead reviewer will ensure that all participants understand the background of the case by covering items such as:
 1. The basis of jurisdiction for each legal parent.
 2. ICWA status for each legal parent.
 3. Clarification regarding the permanent and concurrent plan.
- The board only addresses findings that apply.

Format

- For each applicable finding, the chair or lead reviewer:
 - a. Introduces the content of the finding to be discussed.
 - b. Assists in facilitating discussion of the information regarding the finding.
 - c. Reads the finding.
- The board makes the finding by consensus.
- This process is repeated for each finding that applies to the current status of the case.

Changes to Findings

- Developed in response to: feedback from volunteer board members and staff, changes in legislation and to reflect the language of our statute.
- Have been reordered to promote the ability to move through the review sequentially.
- Organized to identify the service needs specific to the health, safety and well being of the child so they can be considered in findings regarding efforts by DHS and progress by the parents.

Findings: New Order

- DHS made reasonable efforts to prevent or eliminate the need for removal of the child from the home.
- DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.
- DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well-being.

Findings (cont'd)

- DHS made reasonable efforts to provide services to make it possible for the child to safely return home.
- DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.
- The parents have made sufficient progress to make it possible for the child to safely return home.

Findings (cont'd)

- DHS has made sufficient efforts in developing the concurrent permanency plan.
- DHS is in compliance with the case plan and court orders.
- The permanency plan is the most appropriate plan for the child.
- There is a continuing need for placement.

DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.

- Raises the expectation that DHS make diligent, rather than reasonable, efforts to place with a relative or person with a caregiver relationship.
- The court is required to make a finding.
- As an extension of the court, CRB has agreed to assist in tracking this important change.
- Continues throughout the case until the court relieves DHS of this duty.

DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.

- Diligent may be considered as being more than reasonable but less than active.
- Relative includes: blood relatives, step parents, ex-step parents and persons related through adoption.
- A caregiver relationship includes: a person with a previous relationship in which they provided care and nurturing for specified periods by statute.
- Foster parents are excluded from consideration unless they have had a relationship with the child for at least six consecutive months.

DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well-being.

- Emphasizes the need to identify and consider the child's safety, health and well being as paramount in measuring efforts and progress in the case.
- Encompasses placement, mental health, education, development, culture and attachment, and medical needs of the child.

DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.

- The finding was rewritten to reflect statutory language.
- Our statute was amended to require that we consider interstate placement when making this finding.

The parents have made sufficient progress to make it possible for the child to safely return home.

- The finding was rewritten to reflect statutory language.
- The focus was changed to consider and measure parental progress, as well as compliance.
- Progress is measured against the ASFA time frames.
- Progress does not mean that the child could be returned home immediately.

There is a continuing need for placement.

- The finding was rewritten to reflect what our statute says.
- The focus is on the need for placement, rather than the physical placement.
- Provides an opportunity to identify the barriers to leaving foster care, as well as a likely date to leave care.

Findings Exercise

- DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.
 - Who are the potential relative resources?
 - Are there any other persons with a caregiver relationship?
 - Were diligent efforts made?

Findings Exercise

- DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well-being.
 - What needs (health, mental health, education, cultural/attachment, placement) have been identified through assessment or otherwise?
 - Identify services in place and whether they meet the child's needs and best interest.

Findings Exercise

- The parents have made sufficient progress to make it possible for the child to safely return home.
 - How are the parents (both) addressing the issues identified in jurisdiction?
 - What are the remaining barriers to the child's safe return home?

Findings Exercise

- There is a continuing need for placement.
 - Has the safety threat and basis of jurisdiction been alleviated?
 - What remains to be done in order for the child to be safely returned home?
 - If placement is still necessary, is it in the child's best interest?
 - If placement is still necessary, what is the likely date for the child to return home?

What next:

- Board members will receive updated case notes and supplemental sheets.
- Additional training will be scheduled in May and June.
- The new findings format will be implemented statewide on July 1 2008.
- Judges, DHS and community partners will be notified.
- CRB staff will continue to be available to assist board members as they apply what they have learned.

Jacob Barker (Houston) Case

History:

Jacob is an 8 year old child placed in the custody of DHS. This is the second CRB Review since Jacob entered care and a permanency hearing is scheduled for June 10, 2008. Jurisdiction is based upon the father's incarceration until 2011 for drug related matters, and the mother's drug use, unsanitary living conditions, and failure to benefit from previously offered services. ICWA verification signed by both parents indicates that there is no American Indian or Alaskan Native ancestry. Jacob does not have any siblings and he has not lived with anyone except his parents and his paternal grandmother.

Finding: DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.

The **Case Plan** states that upon entering care twelve months ago, Jacob was placed with his paternal grandmother, with whom he is bonded and attached. He also has maternal relatives that reside in another state that have offered to be an adoptive resource, but DHS reports that the other state will not schedule a home study unless parental rights have been terminated.

At the review:

- a. The **caseworker** states that they did not pursue the home study issue in the other state too aggressively because it seemed likely that Jacob would return to his mother and he was already placed with a relative.
- b. The **mother** states that she is pleased that Jacob was able to stay with his grandmother because he is very comfortable there, and this has given her time to take care of the things she needs to do to get him home.

Finding: DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well-being.

The **Case Plan** states that Jacob was evaluated for special education services, but did not qualify; however, the grandmother was able to get the school to agree to tutoring in reading, which is improving Jacob's reading skills. The 310H shows that Jacob has

received required immunizations and that he has been to both the doctor and dentist in the last three months for check ups. It also notes that he has been prescribed Aderall. Jacob had been in counseling when he first entered care but this ended with the agreement of the grandmother, counselor and caseworker. The caseworker has recently referred Jacob back to the same counselor to assist Jacob with a transition home or transition to adoption if he cannot return home. The mother moved to the next county (45 miles away) after the case was opened but has been able to make weekly visits with Jacob in the home county. The Visitation Plan states that overnight visits with the mother are about to start. The Case Plan documents that all contact between the caseworker and the mother or the caseworker and Jacob has occurred at least every 30 days, if not more frequently (per policy).

At the Review:

- a. The **caseworker** states that Jacob has started counseling again but has only been twice. Overnight visits started right after the Case Plan was sent to the CRB. This was expanded to three nights over spring break. The caseworker states the overnight visits are going well.
- b. The **mother** states that she is thrilled to have overnight visits. She and Jacob spend their time watching movies and playing games. The friend with whom she lives has a boy about Jacob's age so Jacob also gets a chance to rough house. She is a little worried about Jacob making the transition from his current therapist to a new one in the county where she is living.
- c. The **grandmother** states that Jacob is healthy and happy. The doctor reviewed the medication on Jacob's last appointment and no changes were made. Jacob is making great progress in reading with his tutor.
- d. The **attorney for Jacob** states that she cannot think of any services that Jacob needs, though she agrees that there should be a plan to transition Jacob from his current therapist/counselor to a new one if or when he moves.

Finding: The parents have made sufficient progress to make it possible for the child to safely return home.

The **Case Plan** states that the mother has completed drug and alcohol treatment and has provided negative UAs since 8/27/07. She has been participating in weekly

visitation with Jacob and there are no concerns noted. The mother has also completed a parenting skills program. The mother was without a job for a period but was recently rehired by her previous employer. The Case Plan states that despite a planning meeting in December of 2007, the mother has not been able to secure her own housing. According to the Case Plan there is no verification that the father has engaged in any services.

At the review:

- a. The **caseworker** states her acknowledgment that the mother has completed drug and alcohol treatment and parent training. The visitation has gone well and has been increased. The caseworker is concerned that the mother does not have her own housing and she is unable to confirm that the mother is able to maintain conditions in her own home that are in the best interest of Jacob's safety, health and well being.
- b. The **mother** states that finding housing has been difficult and that she recently started the "Ready to Rent" program but was not finding it helpful. She states that her friend has said that she and Jacob can live with them at least until the end of the school year. Jacob could have the room she is using and she could sleep on the couch. This would give her time to save to get her own place. The mother reports that she was clean before the date that DHS reports, it is actually 5/18/07. She feels like she will be successful this time because she has left her old crowd behind and has established a new group of friends who are committed to living clean and sober. The mother reports that she has started counseling herself and would like to do counseling with Jacob when he is returned.
- c. The **mother's attorney** states that she thinks DHS should consider allowing Jacob to be placed with his mother where she is living currently. DHS has done screening of the people who live in the home and have allowed overnight visits.
- d. The **attorney for Jacob** stated that he does not think that there has been a full study of the home where the mother is living, only a criminal background check. The full study would be necessary at the very least. The attorney agrees with the caseworker that it is difficult to evaluate whether the mother can maintain a home that supports Jacob's safety, health and well being needs when there has been no opportunity to evaluate this.

Finding: There is a continuing need for placement.

The **Case Plan** states that the mother needs to secure housing and demonstrate that she is able to maintain conditions that are in the best interest of Jacob's safety, health and well being.

At the review:

- a. The **caseworker** states that she would need to staff the case regarding the mother's proposal to have Jacob live with her in her current residence.
- b. The **mother** states that she is ready to have Jacob home. She also thinks that if it were necessary that she and Jacob could stay there past the school year.
- c. The **mother's attorney** states her client has addressed the service needs that were identified by DHS and more.
- d. The **attorney for Jacob** states that he acknowledges the mother's progress and would still want to see her demonstrate her ability to have a home that will meet Jacob's needs.

CRB FINDINGS:

DHS has made reasonable efforts to prevent or eliminate the need for removal of the child from the home.

DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.

DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well being.

DHS made reasonable efforts to provide services to make it possible for the child to safely return home.

DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner and to complete the steps necessary to finalize the permanent placement (including an interstate placement if appropriate).

The parents have made sufficient progress to make it possible for the child to safely return home.

DHS has made sufficient efforts in developing the concurrent permanency plan.

DHS is in compliance with the case plan and court orders.

The permanency plan is the most appropriate plan for the child.

There is a continuing need for placement.

Additional Findings:

Review Date: _____
Date of Last Review: _____

CRB CASE NOTES SHEET

Child: _____ Age: _____ Mother: _____ Status: _____
Child: _____ Age: _____ Father: _____ Status: _____
Child: _____ Age: _____ Father: _____ Status: _____
Child: _____ Age: _____ Father: _____ Status: _____
Attorney for Child: _____ Caseworker: _____
Attorney for Mother: _____ CASA: _____
Attorney for Father: _____ Other: _____

"Please confirm the following:

Voluntary Custody/Placement: Yes No N/A

Basis of Jurisdiction:

Mother: _____

Father(s): _____

Plan: _____

Concurrent Plan: _____

ICWA Status of Mother: _____

ICWA Status of Father(s): _____

Been in care since _____ (____ months)

Note: At the review, after consideration of the information presented for each finding, the board makes a "yes" or "no" determination and may state their reasoning for that determination when necessary.

"We will first address placement efforts."

DHS made reasonable efforts to prevent or eliminate the need for removal of the child from the home. (First review only. Active efforts standard if ICWA applies)

DHS has made diligent efforts to place the child with a relative or person who has a caregiver relationship. (Applies in all cases, unless the court has relieved DHS of the duty.)

“We will now address services to the child.”

DHS has ensured that appropriate services are in place to safeguard the child’s safety, health and well-being.

(Applies in all cases.)

“We will now address efforts the agency has made toward the permanency plan.”

DHS made reasonable efforts to provide services to make it possible for the child to safely return home. (Make this finding only if the plan has been return to parent for any part of this review period. Active efforts if ICWA.)

DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and to complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.

(Applies if the plan was NOT “Return to Parent” for any part of the period since the last review or hearing.)

"We will now address progress and compliance issues."

The parents have made sufficient progress to make it possible for the child to safely return home. (Applies if the plan is return to parent and applies to each parent with legal rights to the child.)

DHS has made sufficient efforts in developing the concurrent permanency plan. (Applies only when the plan is return to parent.)

DHS is in compliance with the case plan and court orders. (Applies in all cases)

"We will now address the appropriateness of the plan."

The permanency plan is the most appropriate plan for the child. (Applies in all cases.)

There is a continuing need for placement. (Applies in all cases.)

Additional Finding(s)

- a. The date of the next permanency hearing is _____ (*NOTE: A permanency hearing is required if the child has been legally free for 6 months and is still not placed for adoption.)
- b. Did the agency implement the Board's previous recommendations or reply within 17 days of receipt that they did not intend to do so?

RECOMMENDATIONS:

Plan:

Placement:

Services to Parents:

Services to Children:

Parental Involvement in Services:

Visits:

Case Notes Supplemental Sheet

This supplement to the case notes sheet is designed to provide information on relevant law and policy and to identify areas of focus for each of the findings. Keep in mind that reviews are case specific and not every bullet listed will apply in every case.

The following ASFA timelines are required in dependency cases unless an exception is allowed by law:

- *A jurisdictional hearing within 60 days of filing the dependency petition.*
- *A permanency hearing 14 months from placement or 12 months from jurisdiction.*
- *The filing of a petition to terminate parental rights if the child has been in care 15 of the most recent 22 months.*

*Access DHS policy at: www.dhs.state.or.us/policy/childwelfare/cross_index.htm

DHS made reasonable efforts to prevent or eliminate the need for removal of the child from the home.

Notes:

- If ICWA applies, active efforts to provide services are required
- If the child was found to be in imminent danger, it is reasonable for DHS to make no efforts to provide services
- All findings apply to voluntary cases, including this finding

Determine whether:

- DHS provided appropriate services to the child and each parent to allow the child to safely remain in the home
- DHS made efforts to facilitate the delivery of needed services (i.e. transportation, financial assistance, treatment programs, waiting lists)
- An emergency intervention service could have been put in place to prevent or eliminate the need for removal (day care, respite care, crisis counseling, housing or energy assistance, food, etc.)
- Household members or the home environment could have changed to prevent removal

DHS has made diligent efforts to place the child with a relative or a person who has a caregiver relationship.

Notes:

- Efforts must be initiated within 30 days and continued throughout the life of the case. (I-E.1.1)
- **Definition:** *A caregiver relationship is a relationship that existed for 12 months immediately preceding the dependency case; for six months during the case; or*

half the child's life if the child is less than 6 months of age; in which the person provided for the child on a daily basis with love, nurturing and necessities to meet the psychological and physical needs of the child and on which the child depended to meet those needs. It does not include a nonrelated foster parent unless the relationship continued at least six consecutive months.

Determine:

- If the court has relieved DHS of this obligation. If so, the finding no longer applies
- The status of paternal and maternal relative searches
- If DHS made efforts to place the child with a person who has a caregiver relationship
- If DHS made efforts to place the child with siblings
- If DHS has addressed barriers to placement with relatives or with a person who has a caregiver relationship

DHS has ensured that appropriate services are in place to safeguard the child's safety, health and well-being.

Notes:

- Consideration of child safety is paramount in all areas

Determine the child's needs:

- Health
 - Medical and dental checkups (I-C.4.1)
- Mental Health
 - Mental health assessments (I-C.4.1)
- Educational/Developmental
 - Referrals to Early Intervention for developmental assessment have been made if the child is under 3 (DHS procedure manual Chapter II Assessments, Section 11)
- Cultural/Attachment
- Placement

Determine services being provided to address those needs:

- Health services
- Mental Health services
- Educational/Developmental services
 - IEP or IFSP
- Cultural/Attachment
 - Cultural contacts and services to meet cultural needs
 - Visits with siblings and parents
- Placement
 - A knowledgeable caregiver with the ability to meet the specific needs of the child given the ages and needs of other children in the home
 - A caregiver knowledgeable about the child's genetic, medical, dental, educational and emotional history

- A provider who is ensuring the child is engaged in appropriate services and visitation plans
- A placement supported by the tribe, if ICWA applies

Determine whether the services are appropriate to address the child's needs and are in the child's best interests, in that:

- Recommendations from evaluators have been implemented
- The child is currently taking medications and the date of last assessment is timely
- The child's educational needs are being met (number of schools attended is in the best interests of the child)
- The frequency of visits with siblings and parents is in the best interests of the child
- The number of face-to-face contacts with the assigned DHS caseworker is in the best interests of the child
- The number of placements is in the best interests of the child
- The placement is the least restrictive to meet the child's needs
- There are no present safety risks to the child and there are no concerns about the safety of the child in the current placement

ADDITIONAL ISSUES TO CONSIDER FOR CHILDREN 14 YEARS AND OLDER:

Determine whether:

- A Youth Decision Meeting occurred and DHS has provided adequate information to the child
- Referrals to ILP have been made (I-B.2.3.5)
- An assessment was completed, an adequate transition plan has been developed, and appropriate services are in place
- The child is making adequate progress toward high school graduation. If not, determine efforts DHS is making to assist the child

DHS made reasonable efforts to provide services to make it possible for the child to safely return home. *(Make this finding when the plan has been return to parent for any part of the review period)*

Notes:

- If ICWA applies, active efforts to provide services are required
- DHS must notify the consulate and provide them with a copy of the petition if the child or the child's parents are a foreign national
- Services should be provided to allow for a return to parent by the first permanency hearing

Determine whether:

- DHS has addressed barriers to safely return the child home
- Services were offered to each parent to address the basis of jurisdiction
- Services provided to the parent address the specific needs of the child
- An absent parent search has been completed, when applicable

- There are barriers to the families participation in services (transportation, funding)
- Referrals, evaluations and services were made in a timely fashion
- Services provided to the parents were adequate and accessible
- Evaluations and services were culturally appropriate and provided in the client's primary language
- Necessary services were offered to other members of the household to which the child will be returned
- There is a written visitation plan in place providing for appropriate visits
- DHS has held a Family Decision Meeting and developed an action agreement with the parents or provided them with a letter of expectation

DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.
(Make this finding when the plan is other than return to parent)

Determine whether:

- The court has approved the DHS plan
- DHS has taken necessary steps to identify a permanent placement
- A placement through interstate compact would be appropriate
- DHS has taken appropriate steps to place the child and monitor the status of the case through interstate compact

Determine the steps DHS has taken to finalize one of the following permanent plans:

Adoption

Note:

- If a child has been legally free for six months and has not been placed for adoption or DHS has not initiated adoption proceedings, a permanency hearing is required

Determine:

- When the case was staffed with DHS' Permanency Planning Consultant and the AG/DA
- Whether parents have relinquished their parental rights
- If not, the status of the Legal Assistance Referral (LAR), date termination petition filed, if parents have been served and the date of the scheduled termination trial (I-F.3, I-F.3.2)
- The status of recruitment efforts
- The status of the home study, designation of placement, adoption assistance, mediated agreements (I-G.1.3, I-G.1.9, I-G.3.1, I-G.1.6)
- Whether necessary transition services are in place (transition visitation schedule, counseling, medical cards, school transfers, life story book, etc.).
- The date in which DHS anticipates the adoption will finalize

Guardianship

Determine:

- The progress toward establishing the guardianship
- The status of the home study
- Whether the subsidy has been negotiated, if applicable (I-E.3.6.2)

Reside with Relative

Determine whether:

- The placement is intended to be permanent and whether the relative has agreed to raise the child until the age of majority
- Appropriate services are in place to support the placement and support the child

APPLA

Determine the date the case was staffed and the plan changed

APPLA Permanent Foster Care

Determine:

- ✓ If there is a signed permanent foster care agreement
- ✓ The date the court designated the foster care provider as the permanent placement

APPLA Independence

Determine:

- ✓ If a needs assessment has been completed
- ✓ If adequate independent living services have been provided

APPLA Other

Determine:

- ✓ How the needs of the child are being met
- ✓ The status of the transition plan for a developmentally delayed child
- ✓ Attempts DHS has made to reconnect the child with extended family
- ✓ If significant relationships have been developed for the child

The parents have made sufficient progress to make it possible for the child to safely return home. (**note: make this finding separately for each legal parent when the plan is return to parent*)

Note:

- Sufficient progress does not mean the child can immediately return home. It is determined by parental improvement in areas necessary for the child to safely return home.

Determine:

- The parent's progress in addressing the jurisdictional issues
- Whether there are remaining barriers and safety issues that prevent the child from returning home

DHS has made sufficient efforts in developing the concurrent permanency plan.

Determine whether:

- The concurrent plan is appropriate
- Relatives or those with a caretaker relationship have been contacted
- Relatives are residing in another country and if so, whether the relative and the consulate of that country have been notified
- Financial and legal considerations have been discussed with the potential resource
- An ICPC request been made for identified resources

DHS is in compliance with the case plan and court orders. (*Such as: safety issues, permanency plans, visitation, face-to-face contact, action agreement/letter of expectation, family/safety meetings*)

Determine:

- If DHS is in compliance with policies and laws applicable to the case plan
- If DHS has implemented the previous recommendations of the Board

The permanency plan is the most appropriate plan for the child.

Determine whether the current permanency plan best meets the needs of the child

Return to Parent

Determine:

- The parent's progress in services
- The barriers to reunification

- Whether there is a compelling reason not to file a petition to terminate parental rights, if the child has been in care for 15 of the past 22 months
- Barriers to reunification including the child's needs

Adoption

Determine:

- Why return to parent is not an appropriate plan

Guardianship

Determine:

- Why return to parent or adoption has been determined not to be more appropriate for the child

Permanent Placement with a Fit and Willing Relative

Determine:

- Why this is a more appropriate plan than return to parent, adoption, or guardianship for the child

APPLA

Determine:

- Why all higher level permanency plans were ruled out as not being in the child's best interests and this plan was determined to be the most appropriate

APPLA Permanent Foster Care

Determine:

- Why this is a more appropriate plan than permanent placement with a fit and willing relative, guardianship, adoption, or return to parent

APPLA Independence

Determine:

- Why this is a more appropriate plan than permanent foster care, permanent placement with a fit and willing relative, guardianship, adoption, or return to parent

APPLA Other

Determine:

- Why this is a more appropriate plan than permanent foster care, permanent placement with a fit and willing relative, guardianship, adoption, or return to parent

There is a continuing need for placement.

Determine:

- If the safety threat has been alleviated and the child could be returned home at this time
- If continued placement is necessary and in the child's best interests
- A likely date for the child to return home

Additional Finding (s):

- Date of the next/last permanency hearing (*If a child has been legally free for 6 months and has not been placed for adoption a permanency hearing must be held*)

Recommendations:

Plan: *(DHS continue to work toward or staff the case and change the plan)*

Placement: *(DHS continue or change to one better able to meet the child's needs)*

Services to Parents: *(DHS refer the parent(s) to ____ within ____)*

Services to Child: *(DHS provide the following services to the child)*

Parental Involvement in Services: *(Activities in which the parents should engage)*

Visits: *(DHS develop, re-evaluate, change the visitation plan)*



2008 Annual Training Conference



Understanding Meth Addiction and Treatment

Eric Martin,
Addiction Counselor Certification Board of Oregon



Methamphetamine Treatment

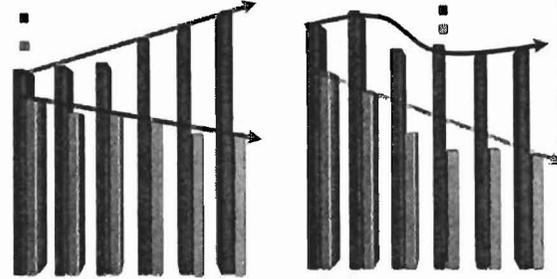
Eric Martin, M.A., CADC III
 Director, Addiction Counselor Certification Board of Oregon
 Instructor, University of Oregon and DHS Child Welfare
 Governor's Advisory Board on Drugs & Violent Crime
 Governor's Council on Substance Abuse Programs

Jay Wurscher, CADC II
 Alcohol & Drug Services Coordinator
 DHS Child Welfare

Oregon vs. National 8th Graders Since 9-11

% Alcohol past 30

% Drugs past 30



Oregon Healthy Teens, 2001-2006 & Monitoring the Future, 2001-2006

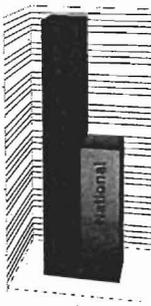
Oregon vs. National 8th Graders Since 9-11



2006
 Oregon's 8th
 Graders drink
 86% higher than
 the national average

And use illegal drugs
 at about twice the
 national average

Drugs



Oregon Healthy Teens, 2006 & Monitoring the Future, 2006

- Oregon ranks #7th nationally for illicit drug use in people 12+
- We rank #4th drug abuse/dependence among 18-25 year olds.
- Oregon ranks 45th in U.S. for treatment access.
- Oregon ranks 49th in U.S. for treatment access among 18-25 year olds.

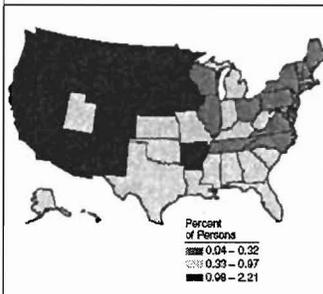
Oregon is not "treatment" friendly
 Nor, does Oregon imprison addicts
 Rather, Oregon is "Catch & Release"



OMHAS, 9/2004, SAMHSA 2005

Past year Methamphetamine use (use peaked in 2002)

Figure 4. Methamphetamine Use in Past Year among Persons Aged 12 or Older, by State: 2002, 2003, and 2004



The latest numbers from OAS

(National Survey on Drug Use & Health: 2004 & 2005, n=144,000)

Past month illicit drug use among 12-17	Past month illicit drug use among 18-25	Past month illicit drug use among 26+
Oregon ranks 7 th : 12.86%	Oregon ranks 9 th : 23.96%	Oregon ranks 6 th : 6.86%
7 th Or, 1 out of 8	9 th Or, 1 out of 4	6 th Or, 1 out of 15

U.S. top weed smokin' Areas (9-12.5% of population reports using marijuana in the past 30 days)

- #1 Boston, Massachusetts
- #2 Boulder, Colorado
- #3 Southeast Massachusetts
- #4 Multnomah County Oregon
- #5 Northern California

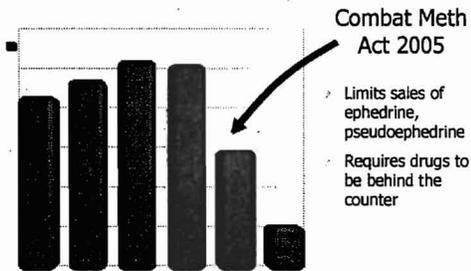


Top weed smokin' States (6.5-9.5% of population reports using marijuana in the past 30 days)

- #1 Massachusetts
- #2 Colorado
- #3 Vermont
- #4 Hawaii
- #5 Alaska
- #6 Rhode Island
- #7 Oregon
- #8 Maine
- #9 Delaware
- #10 New Hampshire

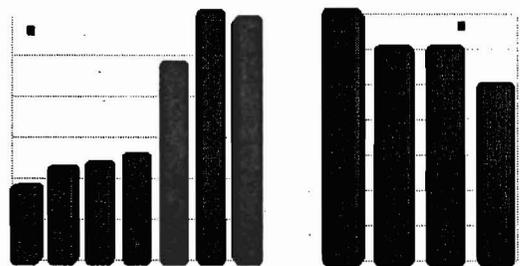


U.S. Meth Labs



In 2002 meth use peaked in the U.S.

widespread use has decreased about 28%, while chronic use has doubled



Mexico ephedrine/pseudoephedrine imports largely from China



Metric tons imported 2002-2005, with goal of 70 tons for 2006, DEA

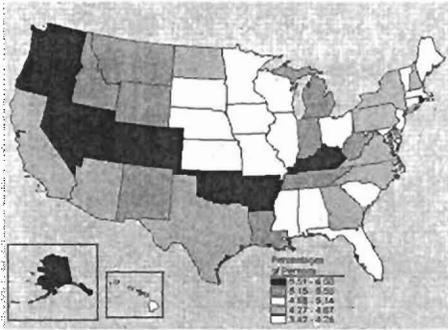
The latest numbers from OAS

(National Survey on Drug Use & Health: 2004 & 2005, n=144,000)

Past year use of non-medical painkillers among 12-17	Past year use of non-medical painkillers among 18-25	Past year use of non-medical painkillers among 26+
Oregon ranks 4 th : 9.38%	Oregon ranks 10 th : 14.28%	Oregon ranks 3 rd : 3.75%
4 th Or 1 out of 11	10 th Or 1 out of 7	3 rd Or 1 out of 27

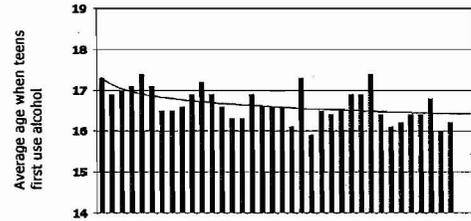
Non-medical use of painkillers past year 12+

Substance Abuse Mental Health Services Administration, NSDUH (n=144,000)



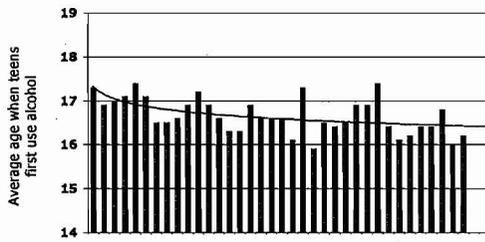
Mean age of Alcohol onset 1965-2002, NSDUH

(with logarithmic trend line) Source: 1965-2002 data from SAMHSA Office of Applied Studies



Mean age of Alcohol onset 1965-2002, NSDUH

(with logarithmic trend line) Source: 1965-2002 data from SAMHSA Office of Applied Studies



William White

*Researcher/Director: Lighthouse Research Institute
Author: Slaving the Dragon: The History of Addiction & Recovery in America, and Critical Incidents*

Addict	Addict +	Addict ++
Oldest onset	Younger onset	Youngest onset
Little/no trauma	Trauma	Early trauma
Believed Immediate intervention	Believed Some intervention	Not believed And/or No intervention
Little to no professional help	Some professional help	Lots of professional help
Low psychiatric Symptomology (older onset) High "self-containment"	Moderate psychiatric Symptomology (earlier onset) Moderate "self-containment"	Acute psychiatric Symptomology (earliest onset) Little "self-containment"
"mature-out" "many roads to recovery"	Single to multiple tx episodes	Chronic many tx episodes

Large studies and small identical twin studies

Early onset substance using kids had up to 5 times higher rates of substance abuse/dependence

Up to 3 times higher rates of anxiety and depression

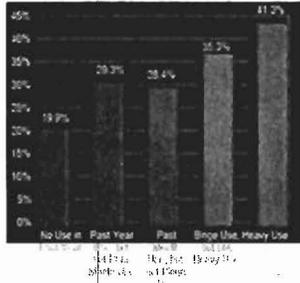


95% of U.S. Adult Alcoholics & Alcohol Abusers...

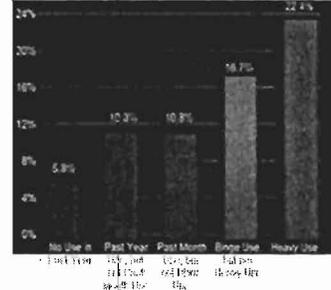
...started drinking before



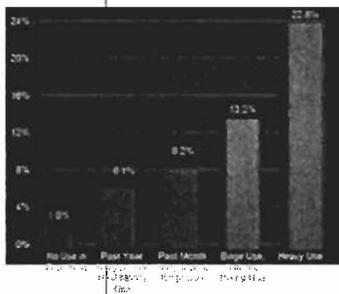
Heavy alcohol using 12-17 year olds are twice as likely to participate in violence than kids who don't drink



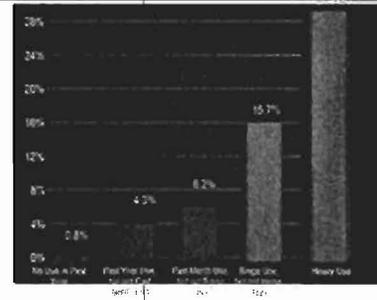
Heavy alcohol using 12-17 year olds are four times more likely to seriously attack others than kids who don't drink



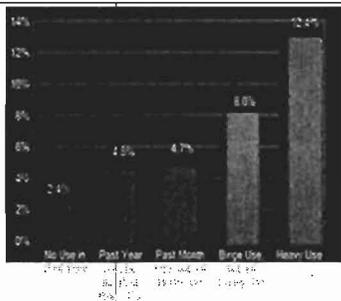
Heavy alcohol using 12-17 year olds are 12 times more likely to steal than kids who don't drink



Heavy alcohol using 12-17 year olds are 34 times more likely to sell drugs than kids who don't drink



Heavy alcohol using 12-17 year olds are 5 times more likely to carry a handgun than kids who don't drink

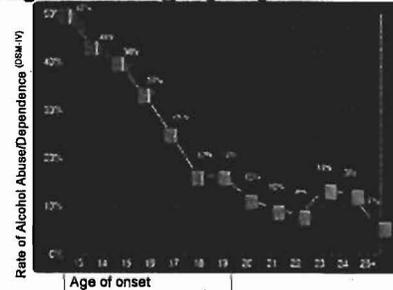


Risk of Alcohol Abuse/Dependence (DSM-IV) drops each year drinking is postponed

Rate of Alcohol Abuse/Dependence Diagnosis by Age of Onset:

Nearly half of those who started drinking at age 13 were diagnosed

While only 6% of those who began drinking at 25 or older were diagnosed



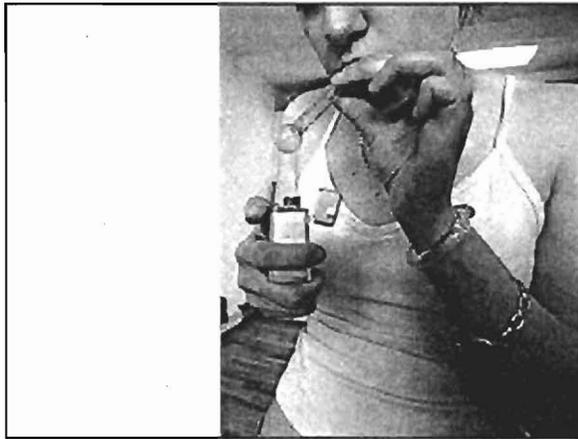
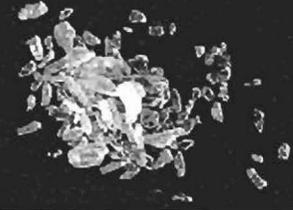
n=43,000 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

- Meth has changed over time:
 - 1940's pharmaceutical
 - L-methamphetamine
 - 1970's Street Chemist
 - d/l-methamphetamine
 - "Prop-dope" - peanut butter
 - 1990
 - d-methamphetamine
 - Ephedrine reduction
- Levorotatory rotates to the left.
- Dextrorotatory rotates to the right.
- Drugs that are "right handed" have a greater affinity for receptors, and are therefore more potent.

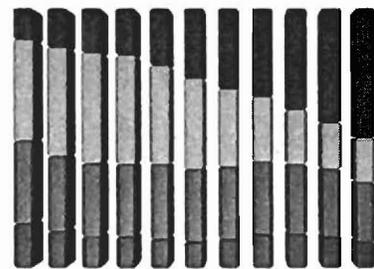
• Page 116 U,D,A

The "new" crack

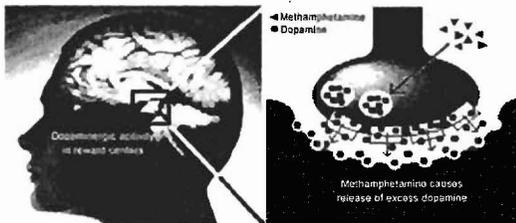
Mexican "Ice" "Shards"



National Routes of Admin

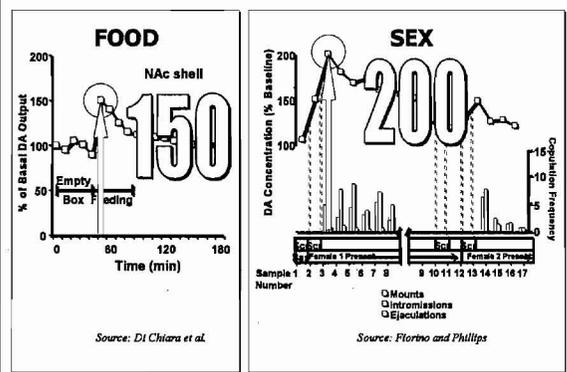


Source: SAMHSA, TEDS, 2002



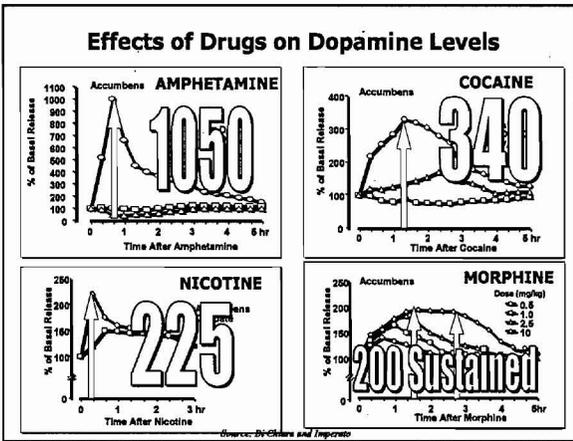
- Meth causes release of dopamine in pleasure & reward pathway
- Increases in catecholamines
- Reductions in MAO (antidepressant quality)
- Changes in Serotonin levels

Natural Rewards Elevate Dopamine Levels



Source: Di Ciano et al.

Source: Florino and Phillips



Go switch

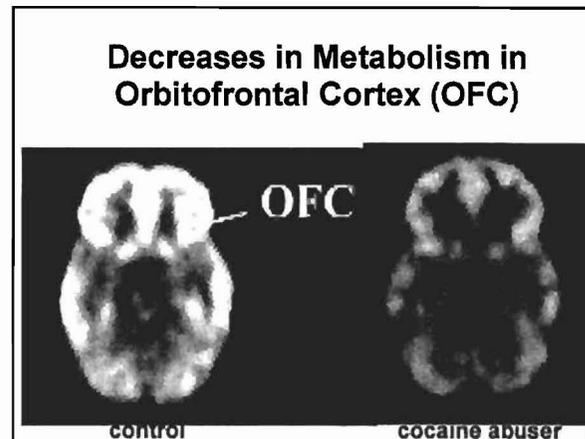
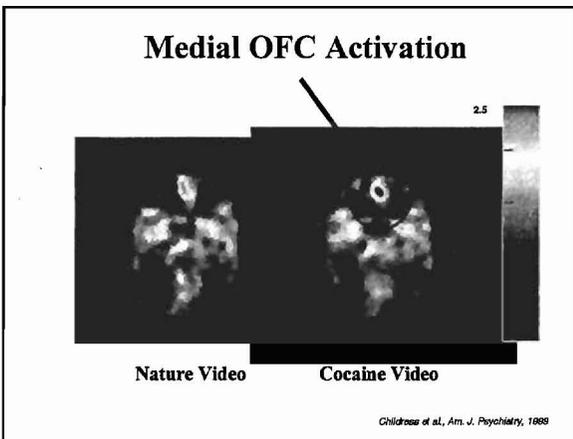
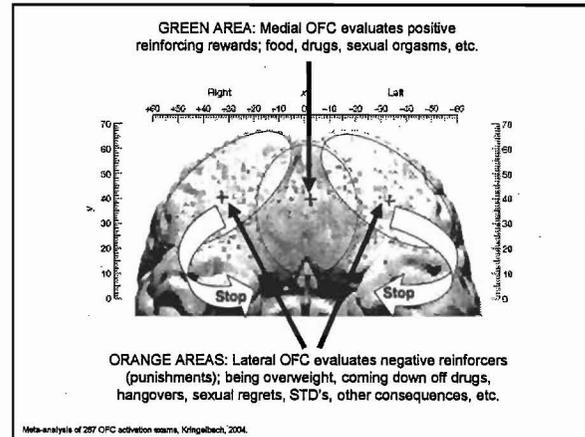
Stop switch
Orbitofrontal Cortex

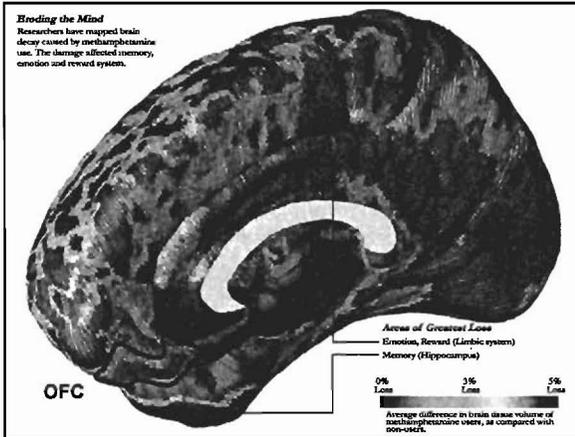
"endorphin mediated stop switch"

-Judgment
-Comprehension
-Impulse Control
-Empathy

Old Alcoholics Anonymous Saying...

"I don't have a drinking problem ... I have a stopping problem!"





Short Term

- Short Term:
 - Delusions
 - Memory Problems
 - Psychosis:
 - Tactile
 - Visual
 - Auditory
 - Gustatory
 - Olfactory

chronic meth user with significant reductions in brain activity

Follow-up of 114 MA Users Treated with Matrix Model – 1 year

Medical/Psychiatric Symptoms		
Symptoms in Past 30 Days	Baseline	Follow-up
Hallucinations	30%	9%
Paranoia	24%	7%
“Psychiatric Problems”	24%	5%
Chest Pains	23%	12%
Depression	62%	59%
Headaches	44%	40%

Long Term

- Meth is neurotoxic
- Meth can cause long-term down-regulation and neurotransmitter imbalances.
- Meth may cause permanent irreversible damage to the pleasure and reward pathways
- Meth may cause long term neurologic problems that are not yet completely understood.

Normal Top

2 year chronic meth user

Normal

4 months clean

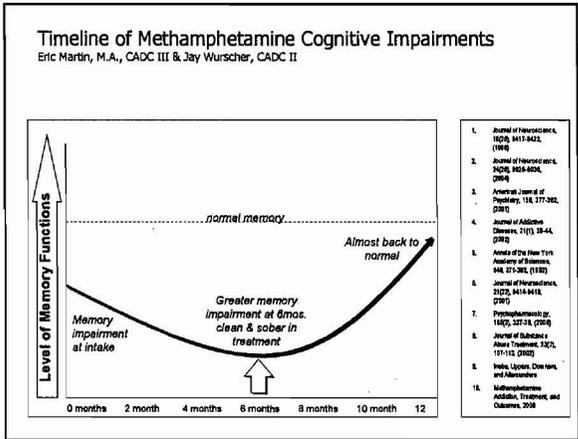
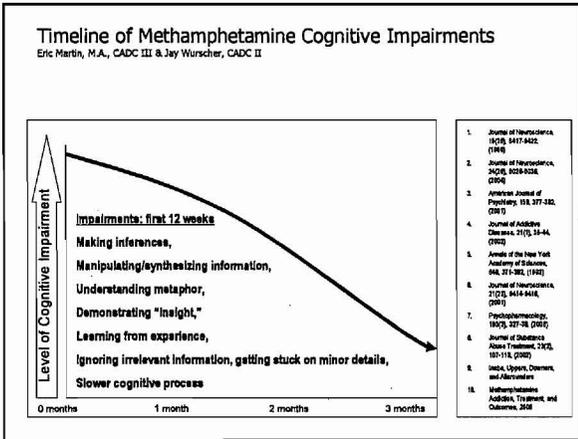
Glucose Metabolism Scan (Normal Front View)
 Source: Medical Center, Florida

Glucose Metabolism Scan
 4 months clean (front view)
 Source: Medical Center, Florida

Glucose Metabolism Scan
 4 months clean (front view)
 Source: Medical Center, Florida

Hope for Recovery
 Client With Years of Alcohol, Meth, And Cocaine

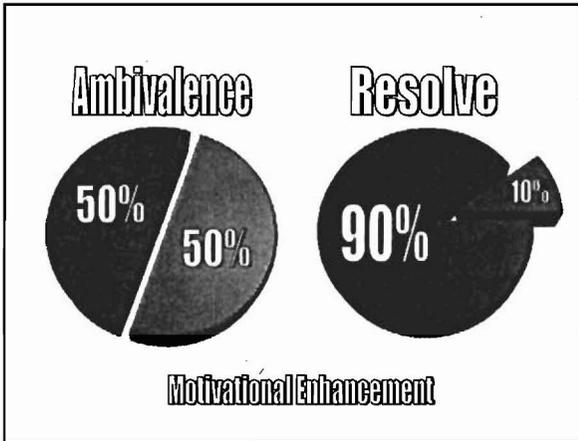
one year clean & sober



Research in chronic substance abuse demonstrates a "shortening" of the "Temporal Horizon"

- Shortening of "Temporal Horizon"
- Clients can't see past a few days or even a week into the future
- When they do discuss the future their aspirations seem unrealistic
- They leave out crucial steps in their future planning

Meth Taught us that "every substance abuser wants to quit"





2008 Annual Training Conference



Early Concurrent Planning

Lois Day, Department of Human Services



EARLY CONCURRENT PLANNING

- What is it?
 - A backup permanency plan when the primary permanency plan is return to parent.
 - OAR 413-070-0500 through 0517.

- What are the principles of concurrent planning?
 - Active implementation of concrete tasks that are formulated for a specific child to achieve the child's PRIMARY and the alternate plan.
 - Identification of specific timelines for the accomplishment of those tasks, and identifying specific persons whose collaboration is key to accomplishing both the PRIMARY and the alternate plans.
 - Dynamic process that evolves through EARLY, OPEN and ongoing dialogue with significant people to the child as well as the child, continuously re-evaluating and updating the plans.
 - The heart of this process is the child's best interest and a commitment to active and SIMULTANEOUS work to achieve the two different permanency plans in a time frame that is meaningful to the child.

- What are the elements of concurrent planning?

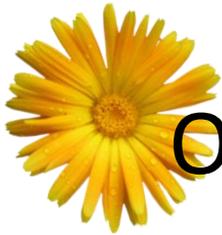
 - Identification of legal parties: Father's Questionnaire
 - Identification of tribal affiliation: ICWA form, 1270
 - Relative identification for placement and for relationship support: Relative placement form and genograms
 - Visitation: Visitation plan
 - Sibling planning: Sibling planning information, visitation and placement plan
 - Documentation of child progress: photographs, health and educational information.
 - Regular review of case progress and appropriateness of the selected concurrent plan: OSM 90 day staffings.

- What are the available permanent plans in Oregon?
 - Adoption
 - Guardianship
 - Permanent foster care
 - Another Planned Permanent Living Arrangement

- What should the CRB look for to determine if concurrent planning is occurring and progressing?
 - Early and comprehensive family assessments: OSM parental capacity assessment, documentation of quarterly case reviews.
 - Strong reunification services
 - Assessment of the time frame THIS child can tolerate for permanency: age, developmental stage, placement (s), visitation
 - Documentation by the caseworker of their activities designed to effect reunification AND the concurrent plan.
 - Identification and preservation of the child's ethnic, racial and cultural needs
 - Family and child involvement in the decision making on the concurrent plan.
 - Family awareness of the legal time limits
 - Adequately trained foster families in the dynamics of fostering and adopting and importance of the continuity of familial relationships.



2008 Annual Training Conference



Oregon Safety Model and the Case Plan

AJ Goins, Department of Human Services





2008 Annual Training Conference



AJ Goins

Annajeane Goins

Ms. Annajeane (Aj) Goins is currently the Assistant Manager of the Foster Care Program at the Department of Human Services, Children, Adults and Families Division.

Prior to her work with DHS in Oregon, Ms. Goins worked several years in local comprehensive planning organizations both in Oregon, for the Commission for Children and Families, and in West Virginia, for the Governor's Cabinet on Children and Families. During the years she lived in California she served as the Assistant Superintendent of the Mary Graham Children's Shelter and the Executive Director of the San Joaquin County Child Abuse Prevention Council.

Ms. Goins received her B.A. from Central College in Iowa, attended the graduate school of Education at Fordham University in New York, and received her Master of Public Administration degree from West Virginia University.

Child Welfare Case Plan (Child in Substitute Care, DHS has Custody)

Case.....CLIENT, CASSANDRA - FT17143	
Worker.....Calvin Caseworker (60XN)	Date..... 02/08/2007
Branch.....Central Office(60)	

Child Information

Child Name..... <u>Corey Client</u>	Person Letter. <u>C</u>
Date of Birth..... <u>12/15/1998</u>	Age..... <u>Yr: 8 Mo: 1</u>
Primary Language... <u>EN - English</u>	
Most Recent Removal from Home: <u>2/4/2007</u>	

Mother's Information

Mother's Name..... <u>CASSANDRA CLIENT</u>	
Date of Birth..... <u>12/25/1980</u>	
Primary Language... <u>EN - English</u>	

Father's Information

Father's Name..... <u>CLINT CLIENT</u>	
Date of Birth..... <u>12/10/1976</u>	
Primary Language... <u>EN - English</u>	
Fathers Legal Status: <u>Legal</u>	
Legal Status:	
Selections for the above list are:	
Legal	
Putative (Alleged Biological)	
The Forms advisor verbiage for this narrative field is:	
Document information regarding the following questions.	
1. How was the father determined to be the legal father?	
2. Is there current action pending with court or the Division of Child Support regarding paternity?	
3. Has there been any paternity testing and if so, what was the outcome?	
4. What kind of relationship, contact, or contributions has the putative father had with the child?	

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

5. If the father's identity or whereabouts are unknown, document efforts to identify or locate the father.

Child Name..... Cordelia Client Person Letter. D
Date of Birth..... 12/27/1994 Age..... Yr: 12 Mo: 1
Primary Language... EN - English
Most Recent Removal from Home: 02/08/2007

Mother's Information

Mother's Name..... CASSANDRA CLIENT
Date of Birth..... 12/25/1980
Primary Language... EN - English

Father's Information

Father's Name..... Not Designated
Date of Birth..... _____
Primary Language... _____
Fathers Legal Status: Putative (Alleged Biological)

Legal Status:

Selections for the above list are:

Legal

Putative (Alleged Biological)

The Forms advisor verbiage for this narrative field is:

Document information regarding the following questions.

1. How was the father determined to be the legal father?
2. Is there current action pending with court or the Division of Child Support regarding paternity?
3. Has there been any paternity testing and if so, what was the outcome?
4. What kind of relationship, contact, or contributions has the putative father had with the child?
5. If the father's identity or whereabouts are unknown, document efforts to identify or locate the father.

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Identified Safety Threats

Identified Safety Threats

State the safety threats that were identified in the CPS assessment that made the child vulnerable and for which there was insufficient parental protective capacity.

Safety Analysis

Safety Analysis

Summarize the safety decisions and any protective actions taken during the CPS assessment.

Disposition

Disposition

State how the CPS Assessment was coded: Founded, Unable to Determine or Unfounded

Indian Child Welfare Summary

Indian Child Welfare Summary

Completed ICWA documentation, FORM 1270, signed by all persons having legal rights to each child listed on the case plan, is to be shared with the CRB. Summarize any correspondence received from the Tribe(s).

1. If this is not an ICWA case, comment that all legal parents signed Form 1270 and they reported not having Native American or Alaskan Native heritage.
2. If ICWA is not yet determined, describe what efforts have been made to ascertain the status.
3. If this is an ICWA case, a.) provide the name of the tribe(s) and whether they have been notified, b.) indicate how the tribe(s) has been engaged in planning, and c.) if the tribe(s) has indicated a placement preference, provide that information.
4. If required expert witness testimony was taken, provide the name of the witness.

Hearing Information

Type of Hearing:

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Dispositional
Jurisdictional
Review
Permanency
CRB
Other (Explain)

Type of Hearing Narrative:

Identify one of the following hearing types for each child identified in the case plan. Dispositional, Jurisdictional, Review, Permanency, CRB or other.

Legal Information

Jurisdictional Basis:

1. List only the allegations on which the court took jurisdiction.
2. Indicate the legal status of each child listed on the case plan, such as the child is in temporary custody, ward of the court, etc.
3. Comment on other pertinent legal information.

Location of Child

Type of Current Placement(s):

Professional Shelter care
Relative foster home
Family foster home
Family group home
Residential care
Legal risk adoptive home
Pre adoptive home
ILP Subsidy Program Housing

Type of Current Placement(s) Narrative:

List the dates and type of placement(s) for the most recent 6 month period for each child in Substitute Care

Relative Search and Current Placement

Relative Search and Current Placement:

Case: CLIENT, CASSANDRA - FT17143

Worker: Calvin Caseworker (60XN)

Date: 02/08/2007

1. If the child is with a relative, is this a safe, stable and preferred permanency option?
2. If the child is not placed with a relative, provide an update on the relative search efforts.
3. Is the child in a family foster home? Are any special services being provided to the caretaker?
4. When the child is in substitute care, explain why the current placement is the least restrictive to meet the child's needs, and unique needs of the child that are met in a family group home or any type of residential care.
5. If the child has a sibling, is he/she in the same placement? If not, why not?
6. Describe the child's adjustment to the current living arrangement and how this placement preserves the child's connections and attachments, including proximity to the child's biological family, siblings and school. How does this placement support the child's cultural and family identity?
7. If the placement is not within close proximity to the child's home or family, or requires a change in schools, address why this is in the child's best interest.
8. If the child moved in the last six months, explain. Were the parents notified of the move? If not, why not?
9. If the child has been placed out of state, describe how the child's placement will be supervised by the receiving state. Include information provided by the supervising state and gathered from their visits to the child's home. Per interstate compact requirements the child must be visited at least twice a year if placed out of state.

Child Safety and Well Being

Child Description, Their Needs and Well-Being:

1. Attach the 310 Health and Education form to the printed case plan.
2. Describe the child, including current development, physical and emotional condition.
3. Describe relationship with siblings.
4. Explain the child's needs, including any special needs. Describe other evaluations or plans that impact the child's needs (IEP, developmental delays, mental health or physical condition)
5. Describe the support the child will receive from parent(s), extended family, substitute care provider (when in out of home care), peers, and school.
6. Describe any services provided to address specific needs of the child (other than health and education as reported on the 310).
7. Describe the services to be provided by the substitute care provider to address a child's special or unique needs.
8. Include any actions to be taken by the Department to address identified but unmet needs (i.e., referred for residential treatment, but placement not yet secured).

Youth Transitional Programs and Services:

Services are mandatory for ages 16 and above, discretionary for ages 14 and 15.

1. Was an assessment done? Provide an explanation if one is not completed for any child over 16.
2. Describe Independent Living programs and services offered to youth age 16 and over. Attach the Comprehensive Transition Plan. If the services are not being provided, explain why

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Protective Capacity

Relationship: _____

Protective Capacity

Available selections for the field above are:

- Mother
- Father
- Legal Guardian
- Other

Forms advisor verbiage for this narrative field is:

Describe existing parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian or those that have existed in the past.
Describe the diminished parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian that have resulted in an unsafe situation for the child.

Relationship: _____

Protective Capacity

Available selections for the field above are:

- Mother
- Father
- Legal Guardian
- Other

Forms advisor verbiage for this narrative field is:

Describe existing parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian or those that have existed in the past.
Describe the diminished parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian that have resulted in an unsafe situation for the child.

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

List the reasonable/active efforts made by the Department to prevent placement. Include the time period services were offered. Specify services that have been provided or offered by the Department and/or other community providers. Include results of any meetings with the family.

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Ongoing Safety Plan

Ongoing Safety Plan:

The active safety plan is pulled into the 333 forms when appropriate

* SAFETY THREATS

*CPS worker selects identified safety threats. Justify the selection below.

> (7) One or both parents' or caregivers' attitudes or emotions are such that they intend(ed) to seriously hurt the child.

Visitation Plan

Visitation Plan:

Attach a copy of the visitation plan OR

1. Document the visitation plan and any court orders re. visitation, the level of supervision and how this meets the child's safety needs.
2. Explain how this is the least intrusive, most appropriate visitation plan.
3. Document observations of visitation (attendance, attachment and bonding, parent/child interactions, etc.)
4. Document other forms of communication used for additional parent/child contact
5. Document the sibling visitation schedule if siblings are not placed in the same out of home care setting,

Permanency Planning

Case Plan Development:

1. How were the parent(s), mature children and others involved in the development of the case plan?
2. How was the case plan developed in conjunction with other DHS partners or service providers?
3. When was a family meeting held? If a Family Decision Meeting ORS 417.368 was not held, explain the reason, such as:
 1. Parent unwilling or unable to participate;
 2. Extreme conduct of the parents requires an alternate permanent plan

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

3. Participant safety cannot be assured;
4. High levels of conflict prevent the likelihood of a successful meeting;
5. Awaiting Court findings
6. Other meetings have determined the Case Plan services and actions

Primary Permanency Plan:

Explanation:

The selections available for the above field are:

1. Place with parent (return to parent home)
2. Adoption
3. Guardianship
4. Permanent Placement with a fit and willing relative
5. APPLA - Permanent Foster Care
6. APPLA - Independence
7. APPLA - Other (please explain below)

The Forms Advisor verbiage for this narrative area is:
Please explain the "APPLA - Other" selection

Conditions for Return:

List the conditions for return: A statement of the specific conditions and circumstances that must exist within a child's home for a child to safely return and remain in the home with an in home ongoing safety plan.

Expected Outcomes:

List the Expected Outcomes: Describe the observable, sustained changes in behaviors, conditions, or circumstances that are expected of the parents or guardians and which, when accomplished, will increase parental protective capacity and reduce or eliminate a safety threat.

Actions:

List the Actions that will be taken to achieve the outcomes: List the services or activities in which the parent(s) or guardian(s) will participate to achieve the expected outcomes of the case plan.

Concurrent Permanency Plan:

Explanation:

The selections available for the above list are:

1. Adoption
2. Guardianship

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

3. Permanent Placement with a fit and willing relative
4. APPLA - Permanent Foster Care
5. APPLA - Independence
6. APPLA - Other (please explain below)

The Forms advisor verbiage for this narrative is:
Please explain the "APPLA - Other" selection

Progress to Date:

1. Indicate the progress to date on achieving the conditions for return.
 2. Indicate the progress to date on achieving expected outcomes.
 3. Include any completed action plans and indicate the observable and cognitive, behavioral and emotional changes in parental protective capacity.
 4. Document actions the Department will take to support achieving conditions for return and expected outcomes.
 5. If the child has been in care 15 of the last 22 months, what compelling reason prevents filing of TPR?
- When the concurrent permanency plan has become or is likely to become the primary permanency plan explain:

1. What actions have been taken at the same time to achieve the concurrent permanency plan for the child? For example, are relatives available for permanency?
2. What progress has been made on achieving the concurrent permanency plan if parents have not made progress on conditions for return or expected outcomes? For example, have specific actions been taken to achieve adoption i.e., LAR approval, a TPR petition filed, Parental relinquishment mediation in place, a recruitment bulletin in place, a completed current caretaker staffing or adoption assistance in place? Are there any barriers to achieving permanency?
3. If any of the APPLA options were selected, explain the process of this determination, why this is the best plan for the child, and the compelling reason why other permanency plans were ruled out or determined to be inappropriate.

Primary and Concurrent Permanency Plan Parental Discussion:

Was the concurrent permanency plan discussed with the parents and were ASFA requirements and timelines explained to parents? Briefly describe the discussion or explain why this discussion did not take place.

Filing Decision

Filing Decision:

Indicate one of the Termination of Parental Rights (TPR) Filing Decisions:

1. Circumstances requiring filing of a TPR petition do not exist at this time. The child has not been in temporary custody for 15 of the past 22 months from the date of placement.
2. The child is living with a relative and the placement is intended to be permanent.

Case: CLIENT, CASSANDRA - FT17143

Worker: Calvin Caseworker (60XN)

Date: 02/08/2007

3. A compelling reason exists that TPR is not in the child's best interest because the parent is successfully participating in the case plan or another permanency plan is best suited to the health and safety needs of the child.
4. The Department has not yet provided services outlined in the case plan and deemed necessary for the child's safe return home.
5. The child has been in out of home care 15 of the past 22 months and a TPR petition has been filed based on ORS 419b.498 (1)(b) or 419b.498 (1)(c) for one of the following reasons:
 - a. Crimes
 - b. Abandoned infant
 - c. Other
6. A voluntary relinquishment of parental rights was signed.

Substitute Caregiver Information

Describe specific supportive services to the child expected to be provided over the next six months which have been tailored or developed to support the placement and to assure the child receives safe and appropriate care while in placement. For example is there a plan for:

- a. Additional home visits or phone contact?
- b. The out of home provider to work with the parent or other professionals as the family moves toward reunification?
- c. RN, mental health, educational, or other consultation?

Describe supportive services to the substitute caregiver to be provided over the next six months tailored or developed to support the placement

Face-to-Face Contact

Caseworker Contact with Child and Parent:

Describe how the contact included discussion of the implementation of the case plan. If face to face contact occurred less frequently than required, please explain why. If a supervisor has approved an exception to the requirement, document the manager who has authorized the exception and the rationale behind the exception.

Contact dates with child:

COREY CLIENT (C)

Wednesday, December 6, 2006; Wednesday, December 20, 2006; Wednesday, December 20, 2006

CORDELIA CLIENT (D)

Case: CLIENT, CASSANDRA - FT17143

Worker: Calvin Caseworker (60XN)

Date: 02/08/2007

Wednesday, December 6, 2006; Wednesday, December 20, 2006; Wednesday, December 20, 2006

Contact dates with mother:

CASSANDRA CLIENT (A)

Tuesday, December 5, 2006; Wednesday, December 20, 2006

Contact dates with father:

CLINT CLIENT (B)

Thursday, December 7, 2006; Wednesday, December 20, 2006

Contact dates with relative caregiver/foster parent/provider:

Forms advisor verbiage is not provided for this narrative area.

Collaterals, Relatives, others:

Forms advisor verbiage is not provided for this narrative area.

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Child and Family Information

Mother Information

Mother's Name..... CASSANDRA CLIENT
Whereabouts..... In Home Confidential Address **No**
Bldg/Apt.....#344
Street.....SOMEWHERE PLACE
City, State, Zip.....NOWHERE , OR 97999
Phone Number

Father Information

Father's Name..... CLINT CLIENT
Whereabouts..... Out Of Home Confidential Address **No**
Bldg/Apt.....
Street.....
City, State, Zip..... ,
Phone Number

CASA Information

CASA Name..... Sue Thomas
Bldg/Apt.....
Street..... 4444 4th Ave. SW
City, State, Zip..... Somewhere , OR 97963
Phone Number (541)999-8765

Attorney Information

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Attorney Name..... Robert Jones
Representing..... Attorney - Child(ren)'s
Bldg/Apt..... Suite 7
Street..... 221 Elm Street
City, State, Zip..... Somewhere , OR 97999
Phone Number (503)503-5033

Attorney Name..... Ronald T. Johnson
Representing..... Attorney - Father's
Bldg/Apt.....
Street..... 2223 NE Herman St.
City, State, Zip..... Somewhere , OR 97321
Phone Number (541)541-5411

Other Significant Persons/Relatives:

Name..... Mathilda and Max Graham
Relationship..... Relative - Grandparents
Bldg/Apt.....
Street..... 9876 5th Street
City, State, Zip..... Someplace , OR 97000
Phone Number (503)555-1212

Additional Information

Forms advisor verbiage is not provided for this narrative area.

Case: CLIENT, CASSANDRA - FT17143
Worker: Calvin Caseworker (60XN)
Date: 02/08/2007

Signature

Caseworker: _____

Date: 02/08/2007

Supervisor: _____

Date: 02/08/2007

Mailing Information

Copies of this form mailed by (signature): _____

Date: 02/08/2007

To:

Mother: _____ 02/08/2007

Father: _____ 02/08/2007

Attorney: _____ 02/08/2007

Legal Guardian: _____ 02/08/2007

Child Welfare Case Plan (Child in Substitute Care, DHS has Custody)

Case.....	Date..... 10/12/2007
Worker.....	
Branch.....	

Child Information

Child Name.....	Person Letter. <u>F</u>
Date of Birth..... <u>06/06/2007</u>	Age..... <u>Yr: 0 Mo: 4</u>
Primary Language... <u>EN - English</u>	
Most Recent Removal from Home: <u>06/07/2007</u>	

Mother's Information

Mother's Name.....
Date of Birth..... <u>1/2/1982</u>
Primary Language... <u>EN - English</u>

Father's Information

Father's Name.....	
Date of Birth..... <u>6/19/1961</u>	
Primary Language... <u>EN - English</u>	
Fathers Legal Status: <u>Legal</u>	
Legal Status:	
_____ has signed relenquishment of his parental rights to _____ as of 10/12/07.	

Case:
Worker:
Date: 10/12/2007

Identified Safety Threats

Identified Safety Threats

1. The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.
8. A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.
16. One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.

Safety Analysis

Safety Analysis

does not and has not, in the past, had the ability to safely parent a child. Her mental disability and her personality disorder leave her unable to safely parent. Her condition is ongoing and consistent. It is predictable and constant. She does not have family or a support network able or willing to assist her in safely parenting her child.

Disposition

Disposition

FOUNDED-Threat of harm for Neglect, physical and sexual abuse of _____ by _____

Threat of harm, including all activities, conditions, and circumstances that place the child at threat of severe harm of physical abuse, sexual abuse, neglect, mental injury, or other child abuse or neglect.

_____ 's cognitive disability and her personality disorder impede her ability to safely care for herself or her child. Her inabilities place her child at threat of severe

Case: _____
Worker: _____
Date: 10/12/2007

harm for all forms of abuse and neglect. Her older child was severely injured and has refused to disclose how the injury occurred. She places herself in the company of sex offenders. Sex offenders are reported to have fathered both of her children. Professionals who attempt to work with her state she will always place her needs above those of her child. This places the child at threat of severe neglect.

Indian Child Welfare Summary

Indian Child Welfare Summary
ICWA does not apply. Both parents filled out a 1270 stating no native or Alaskan heritage.

Hearing Information

Type of Hearing:
Permanency

Type of Hearing Narrative:
This is being prepared for both the permanency hearing scheduled December 4, 2007 and a CRB scheduled December 20, 2007.

Legal Information

Jurisdictional Basis:

The mother, I _____, has a full-scale IQ of 57. She is an extremely limited adult who lacks the cognitive and emotional skills to meet her own needs. An infant or young child in her care would place that child at severe risk for abuse and neglect.

The mother, _____, lacks parenting knowledge, and skills necessary to assure a child's safety. Despite extensive prior services offered to _____ through the Department of Human Services, Child Welfare and other service providers working with her during her prior juvenile court case of December 17, 2003 through relinquishment of parental rights December 12, 2005; the day of the termination hearing.

Case: [redacted]
Worker: [redacted]
Date: 10/12/2007

She has been unable to overcome the impediments to her ability to provide adequate care to children. These impediments include, her failure to learn or assume parenting and housekeeping skills sufficient to provide for the safe and proper raising of the child; an emotional illness, mental illness, or mental deficiency of such nature and duration as to render the parent incapable of providing care for extended periods of time; and the failure to effect a lasting adjustment after reasonable efforts by available social agencies for such extended duration of time that it appears reasonable that no lasting adjustment can be effected. [redacted] has one other child for whom she is not the custodial resource due to her inability to provide minimally adequate care.

Location of Child

Type of Current Placement(s):
Relative foster home

Type of Current Placement(s) Narrative:
[redacted] was placed in the home of [redacted] on June 7, 2007.
This is the adoptive home of his sister [redacted]. As they are adoptive parents of [redacted] they are relatives to [redacted].

Relative Search and Current Placement

Relative Search and Current Placement:
Relative search was begun 6/6/07 and completed 10/6/07. [redacted] is currently placed in a relative placement that is the preferred permanency option. He is placed with his sibling, [redacted].

Child Safety and Well Being

Child Description, Their Needs and Well-Being:
[redacted] is a alert, happy, blue eyed baby with downy blonde hair. He continues to meet developmental milestones including rolling over and scooting across the floor. As he grows it appears he will be a strong stout little guy with his fathers short

Case: _____

Worker: _____

Date: 10/12/2007

stature. He remains in the higher percentile on the growth chart for weight and the lower for height.

Over all _____ is a healthy child. He appears to be developing on schedule and is ahead in some areas. He is rather strong and is able to hold himself up on the floor and scoot in a way that is close to a crawl. He interacts and engages with his environment and the people in it. His foster mother reports he loves to play with his sister and brother.

When taken to the doctor to be circumcised it was discovered that his urethra was short. The procedure was not completed, as the corrective surgery will need to be done first. He was taken to a specialist and it was determined the surgery will take place shortly prior to his second birthday.

Youth Transitional Programs and Services:

None at this time

Protective Capacity

Relationship: Mother

Protective Capacity

_____ is a parent who supports her child. She views him with positive regard. She encourages him as he develops and she reassures him when he is distressed.

_____ is physically unable to care for her child. She is unable to lift him safely without assistance. As he begins to move throughout his environment she will be unable to chase him down to keep him safe. She does not have the physical ability to effectively deal with dangers like fires or physical threats to her child.

_____ is aligned with her child. She strongly thinks of herself as closely related to or associated with her child. She thinks of herself as highly connected to her child and she considers her relationship with her child as the highest priority.

_____ is unable to plan and articulate a plan to protect her child. She is not

Case: _____
Worker: _____
Date: 10/12/2007

realistic in her idea and arrangements about what is needed to protect her child. She is unable to think and estimate what dangers exist and what arrangement or actions are necessary to safeguard her child. She is unaware and unable to show a conscious focused process for thinking that results in an acceptable plan.

To the best of her ability _____ displays concern for her child and his experience and is intent on emotionally protecting him. She feels some sense of responsibility for her child and what he is going through and has the desire to comfort and reassure him. Her ability to do so is hampered by her inability to understand complex situations as related to safety.

_____ is not able to meet her own emotional needs. She is unable to satisfy how she feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children. She does not understand and accept that her feelings and gratification of those feelings are separate from her child.

Relationship: _____
Protective Capacity

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

Individualized parenting and counseling were provided to _____ in 2003-2005 while working with her regarding her oldest child, _____. She was unable to make improvements to a level that allowed her to safely provide minimal care to _____. She relinquished her parental rights the day the termination hearing was scheduled to begin.

While pregnant with _____, _____ engaged in prenatal care and _____ parent training. She was unable to improve her abilities to a level which would allow her to safely parent her child. He was placed in custody at birth. Since his birth _____ has continued to work individually with a parent trainer and has engaged in a

Case: _____
Worker: _____
Date: 10/12/2007

parenting group at _____.
She engaged in an updated psychological evaluation with _____ in June 2007. _____ reports her cognitive delays and her personality disorder make it impossible for her to safely parent a child.

Ongoing Safety Plan

Ongoing Safety Plan:

Safety meeting is being held 8/10/07. Child will remain in foster care at this time with an Oregon State Certified foster placement. Visitation will be supervised in the DHS office by DHS staff. Staff will be available to assist with basic safety and care as needed to ensure the ongoing safety of

* SAFETY THREATS

*CPS worker selects identified safety threats that are still present at the conclusion of the CPS assessment. Justify the selection below. Safety threats identified that no longer exist are explained in assessment activities.

> (1) The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.

> (8) A situation, attitudes and/or behavior are such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.

> (16) One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.

Visitation Plan

Case: [REDACTED]
Worker: [REDACTED]
Date: 10/12/2007

Visitation Plan:

[REDACTED] visits her child two consecutive days a week, usually Thursday and Friday. Her visits are for two hours at a time and are supervised by DHS staff at the DHS office. [REDACTED]'s parent mentor attends visits approximately once a week and models for her developmentally appropriate parenting. Because [REDACTED] has some physical limitations that include tremors that cause her to drop what she is holding and trouble with balance that often causes her to fall, she requires in room assistance to safely hold [REDACTED] while standing.

Permanency Planning

Case Plan Development:

Case plan was developed in an OFDM attended by [REDACTED], her attorney and [REDACTED]'s attorney.

Primary Permanency Plan: Place with parent (return to parent home)

Explanation:

Conditions for Return:

The family situation will be such that there will be an adult in the home routinely performing parenting duties and responsibilities that assure child safety. The caregiver will have knowledge, skills and the motivation necessary to assure a child's safety.

Expected Outcomes:

[REDACTED] will have the ability to plan and articulate a plan to protect her child. She will be realistic in her idea and arrangements about what is needed to protect her child. She will think and estimate what dangers exist and what arrangement or actions are necessary to safeguard her child. She will be aware and show a

Case: _____

Worker: _____

Date: 10/12/2007

conscious focused process for thinking that results in an acceptable plan. She will satisfy how she feels in reasonable, appropriate ways that are not dependent on or take advantage of others. She will meet her own emotional needs and will understand and accept that her feelings and gratification of those feelings are separate from her child.

Actions:

_____ will engage with a parent mentor in an attempt to provide her with the knowledge she needs to parent her child. They will engage in activities that will attempt to teach her about dangerous situations and how to safeguard her child. She will work in a parenting group to learn with other adults the needs of her child and how they differ from her own. She will learn developmentally appropriate ways to ensure the safety of her child.

Concurrent Permanency Plan: Adoption

Explanation:

Progress to Date:

This case has been staffed with AAG _____ and has been accepted. _____, biological father, has relinquished his parental rights. A permanency hearing has been scheduled for December 4, 2007 and DHS will be requesting that the court change the primary plan to adoption at that time.

Primary and Concurrent Permanency Plan Parental Discussion:

ASFA timelines and the concurrent plan were discussed with _____ during the OFDM. Her attorney was present to assist her with her understanding of the situation.

Filing Decision

Case: [REDACTED]
Worker: [REDACTED]
Date: 10/12/2007

Filing Decision:

[REDACTED] signed a voluntary relinquishment of his parental rights. DHS will be asking for the plan to change to Adoption at the permanency hearing scheduled for December 4, 2007.

Substitute Caregiver Information

Foster mother drives [REDACTED] to his visits in [REDACTED] from [REDACTED] every week. DHS assists her with the expense of fuel and provides her motel room for the overnight stay. These services allow regular visits between [REDACTED] and her son.

Face-to-Face Contact

Caseworker Contact with Child and Parent:

[REDACTED] and [REDACTED] are seen by this worker every week. I discuss with [REDACTED] how her visits are going. I discuss development of [REDACTED] and placement with her.

Contact dates with child:

Thursday, June 7, 2007; Friday, June 8, 2007; Friday, June 8, 2007; Monday, June 11, 2007; Tuesday, June 12, 2007; Thursday, June 14, 2007; Thursday, June 14, 2007; Friday, June 15, 2007; Monday, June 18, 2007; Tuesday, June 19, 2007; Thursday, June 21, 2007; Thursday, June 21, 2007; Friday, June 22, 2007; Thursday, July 5, 2007; Friday, July 6, 2007; Wednesday, July 11, 2007; Thursday, July 12, 2007; Friday, July 13, 2007; Friday, July 13, 2007; Tuesday, July 17, 2007; Tuesday, July 17, 2007; Friday, July 20, 2007; Thursday, July 26, 2007; Friday, July 27, 2007; Friday, July 27, 2007; Tuesday, July 31, 2007; Wednesday, August 1, 2007; Wednesday, August 1, 2007; Friday, August 3, 2007; Friday, August 10, 2007; Thursday, August 16, 2007; Friday, September 14, 2007; Thursday, September 20, 2007; Thursday, October 18, 2007; Friday, October 19, 2007

Child Welfare Case Plan (Child in Substitute Care, DHS has Custody)

Case.....	Date..... 11/ 8/2007
Worker.....	
Branch.....	

Child Information

Child Name.....	Person Letter. <u>C</u>
Date of Birth..... <u>06/28/2002</u>	Age..... <u>Yr: 5 Mo: 6</u>
Primary Language... <u>EN - English</u>	
Most Recent Removal from Home: <u>09/14/2007</u>	

Mother's Information

Mother's Name.....	
Date of Birth..... <u>2/17/1977</u>	
Primary Language... <u>EN - English</u>	

Father's Information

Father's Name.....	
Date of Birth..... <u>11/18/1975</u>	
Primary Language... <u>EN - English</u>	
Fathers Legal Status: <u>Legal</u>	
Legal Status:	
On birth certificate an signed affidavit at the hospital upon the birth of his child.	

Child Name.....	Person Letter. <u>D</u>
Date of Birth..... <u>11/01/2003</u>	Age..... <u>Yr: 4 Mo: 2</u>
Primary Language... <u>EN - English</u>	
Most Recent Removal from Home: <u>09/14/2007</u>	

Mother's Information

Case: _____
Worker: _____
Date: 11/ 8/2007

Mother's Name..... _____
Date of Birth..... 2/17/1977
Primary Language... EN - English

Father's Information

Father's Name..... ROBERT GRIFFIN
Date of Birth..... 11/18/1975
Primary Language... EN - English
Fathers Legal Status: Legal
Legal Status:
He is on the birth certificate and signed affidavit at the hospital upon the birth of his child.

Case: [REDACTED]
Worker: [REDACTED]
Date: 11/ 8/2007

Identified Safety Threats

Identified Safety Threats

2. One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.
3. One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.
8. A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, an motivation necessary to assure a child's safety.

Safety Analysis

Safety Analysis

[REDACTED] was released from 120 days in jail on January 7, 2008. He currently has no home and no job. He is staying at a local hotel while looking for employment. He and [REDACTED] are not currently involved in a relationship. His ability to refrain from domestic violence is currently in question. He has begun to engage in services to address this issue and substance abuse issues. [REDACTED] is currently struggling with depression. She returned from [REDACTED] on January 3, 2007. She is reengaging in relapse prevention at [REDACTED].

The cycle of drug and alcohol abuse and domestic violence have been ongoing throughout the life of the children. Grandparents have cared for children the majority of their lives.

Both parents have significant behaviors that threaten the safety of the children. Neither parent currently has a job or a home. They have no way to support themselves or their children. Their life styles reached a level of being out of control and they are both currently attempting to address the barriers that are causing the safety of their children to be at risk.

There is no predictability to the behaviors at this time. The behaviors become

Case:
Worker:
Date: 11/ 8/2007

extreme when either parent uses drugs or begins drinking. The use becomes a primary focus and the adults begin fighting. The fighting becomes violent.

The domestic violence and the substance abuse within the home and relationship are preventing either caregiver from adequately functioning in his and her parenting role.

Disposition

Disposition

FOUNDED-Neglect-failure to supervise and Threat of harm-Domestic violence
[redacted] and [redacted] were unavailable to care for their girls. [redacted] was beat up during a fight while drinking and was in the hospital and then in [redacted], the domestic violence shelter. [redacted] left the girls with a neighbor named [redacted] so he could find [redacted]. He does not know her last name. When grandmother was made aware that [redacted] was in the hospital and girls were in a strange home, she went to get them.

[redacted] and [redacted] continue to engage in a chaotic and violent relationship. [redacted] has violated the restraining order on several occasions. This relationship and the violence is observed by [redacted] and [redacted]. Both girls say they are scared and feel bad when this occurs. [redacted] has been hurt in the past due to physical violence in her home.

Indian Child Welfare Summary

Indian Child Welfare Summary

Both parents have filled out the ICWA 1270 form. Neither claims Native American or Alaskan Native heritage

Case: [redacted]
Worker: [redacted]
Date: 11/ 8/2007

Hearing Information

Type of Hearing:
CRB

Type of Hearing Narrative:
CRB hearing

Legal Information

Jurisdictional Basis:

- a) The father, [redacted], engages in assaultive behavior and domestic violence, some of which occurs in the presence of the children.
- b) The father, [redacted], has not engaged in recommended services for his drug abuse, domestic violence issues and lack of parenting skills, which places his children's safety at risk.
- e) The mother, [redacted] failed to follow through with recommended services for her drug and alcohol abuse, domestic violence issues and lack of parenting skills, which places her children's safety at risk.

Location of Child

Type of Current Placement(s):
Relative foster home

Type of Current Placement(s) Narrative:

Relative Search and Current Placement

Relative Search and Current Placement:
Children are placed with their paternal grandparents. [redacted] and [redacted] both filled out 447 relative search forms. The 448 and 449's were sent out to named relatives via certified mail. [redacted]'s sisters have returned the relative search forms and indicate

Case: {
Worker:
Date: 11/ 8/2007

they are both willing to be short term and long term resources for and should their parents be unable to continue to do so.

Child Safety and Well Being

Child Description, Their Needs and Well-Being:

is a very bright and active five year old. She has long wavy black hair and big brown eyes. She has a ready smile and loves to tease the adults in her life. She speaks up when she has a need she is not getting met to her satisfaction. She is very comfortable in her grandparent's home.

struggles with the relationships between her parents and her grandparents. She appears to think she needs to say she is unhappy at one home to make the members of the other home happy. Recently both and have been caught sharing tales that are not accurate. This has caused anger and hard feelings between adults. It has brought to the fore front, the importance of adults communicating. A meeting between adults will be arranged to open the lines of communication and address this and other issues to ensure the children are safe, supported and guided through this difficult time.

loves school and loves to learn. She is a happy little girl most of the time. She is very healthy other than the expected winter colds and flu.

is a very active four year old. She retains some of the roundness of a toddler, but is slimming down quickly. She has long straight black hair, dark brown eyes and a ready smile. She loves to tease and tell stories.

Both girls are bi-lingual, but struggles with her English. This is improving and both languages are becoming strong for her. She is thriving in the special attention she is getting from her parents during visits. She spends most of her visit time with her dad, on his lap having him help her with puzzles and coloring.

Since coming into care it has been discovered that she needs glasses. These have been ordered for her and are expected before the end of January.

was born prematurely, and there was concern she may have a heart defect. Her grandparents took her to a heart specialist in and it was determined that she has a healthy heart. She has been healthy, except for the expected colds and

Case: 8
Worker:
Date: 11/ 8/2007

flu. Both she and had an ear infection as a result of a cold they had. Both did well with the prescribed antibiotics, making a full recovery.
Family came to for Christmas. The house was full and the girls had the opportunity to spend time with aunts, uncles and cousins they rarely see. Both girls reported that their cousin, "the new baby" got too much attention. They had a fun Christmas and when their mom got home from they had a second Christmas with her at

Youth Transitional Programs and Services:
N/A

Protective Capacity

Relationship: Mother

Protective Capacity

Enhanced Protective Capacities:

is sufficiently healthy, mobile and strong. She can chase down her children. She can lift them and is able to restrain them if needed. She is physically able to effectively deal with dangers like fires or physical threats.

is aligned with her children. She strongly thinks of herself as closely related to or associated with her children. She is highly connected to the children and views herself as responsible for their well-being and safety. She considers her relationship with them as the highest priority.

displays concern for her children and their experience. She is intent on emotionally protecting the children. She displays the sensitivity to understand and feel some sense of responsibility for the children and what the children are going through in such a manner to comfort and reassure. She shows compassion through sheltering and soothing her children. She calms, pacifies and appeases the children. She physically takes action and provides physical responses that reassure the children and that generate security.

Case: 5

Worker:

Date: 11/ 8/2007

Diminished Protective Capacities:

struggles with demonstrating impulse control. She is not deliberate and careful; she doesn't act in managed and self-controlled ways. She tends to act on her urges or desires. She will behave as a result of outside stimulation. She does not avoid whimsical responses.

is not self-aware as a caregiver. She struggles with understanding how her thoughts and actions affect her children. She does not understand the cause-effect relationship between her actions and results for her children. She does not see that the part of her that is a caregiver is unique and requires different things from her.

is not emotionally able to intervene to protect her children. She is currently not doing well enough emotionally that her needs and feelings don't immobilize her or reduce her ability to act promptly and appropriately.

Relationship: Father

Protective Capacity

Protective Capacity:

is physically able to care for his children. He is sufficiently healthy, mobile and strong. He can chase down his children and lift them. He is able to restrain them and can effectively deal with dangers like fires or physical threats.

understands his protective role. He knows there are certain solely owned responsibilities and obligations that are specific to protecting his children. He possesses an internal sense and appreciation for his protective role. He recognizes the accountability and stakes associated with the role. He values and believes it is his primary responsibility to protect his children.

displays concern for his children and their experience and is intent on emotionally protecting them. He has a sensitivity to understand and feel some sense of responsibility for his children and what they are going through in such a manner to compel him to comfort and reassure them. He shows compassion through sheltering and soothing them. He is able to calm, pacify and appease his daughters. He will physically take action and provide physical responses that reassure his daughters and generate security.

Diminished protective capacities:

Case: _____
Worker: _____)
Date: 11/ 8/2007

_____ does not set aside his needs in favor of his children. He does not delay gratification of his needs. He does not make his children's needs a priority over his own.

_____ does not have an accurate preception of his children. He does not see and understand their capabilities, needs and limitations correctly. He does not know what his children are capable of. He does not see his children as they are, recognizing their needs, strengths and limitations.

_____ is unable to meet his own emotional needs. He is unable to satisfy how he feels in reasonable, appropriate ways that are not dependent on or take advantage of others. He does not use personal and social means for feeling well and happy that aer acceptable, sensible and practical.

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

DHS worked with this family in January 2007. Case managed services and _____'s progress.

She was living at _____ and had obtained employment. She was reconnected with Childhood Center services. She was registered to begin school to learn to read and write English. She was provided a mental health and Alcohol and Drug assessment. She obtained a restraining order and engaged in Domestic Violence classes with

_____ engaged in a Domestic Violence Inventory. He reports that in his Alcohol and Drug assessment he had underreported his use.

Ongoing Safety Plan

Ongoing Safety Plan:

_____ and _____ will remain in foster care with their grandparents. Grandparents are certified relative foster care placement.

Visitation will be held in DHS office.

Case: _____
Worker: _____
Date: 11/ 8/2007

*** SAFETY THREATS**

*CPS worker selects identified safety threats that are still present at the conclusion of the CPS assessment. Justify the selection below. Safety threats identified that no longer exist are explained in assessment activities.

- > (2) One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.
- > (3) One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.
- > (8) A situation, attitudes and/or behavior are such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.

Visitation Plan

Visitation Plan:

Visitation held three times a week between mother and daughters for one hour at her room at _____

_____ receives three one hour visits a week at the DHS office.

Permanency Planning

Case Plan Development:

Family Decision Meeting held October 24, 2007. Action plan developed during this meeting.

Primary Permanency Plan: Place with parent (return to parent home)

Case:

Worker:

Date: 11/ 8/2007

Explanation:

Conditions for Return:

A stable living environment free of violence. A caregiver who is not impulsive, who is knowledgeable and motivated and is able to provide safety for the children.

Expected Outcomes:

I [redacted] and [redacted] will demonstrate impulse control. They will show that they are thinking before acting, that they are planful. They will not act on their urges or desires, or behave as a result of outside stimulation.

[redacted] and [redacted] will have adequate knowledge to fulfill caregiving responsibilities and tasks. They will know enough about child development to keep their girls safe. They will know how to provide basic care which assures that the children are safe.

[redacted] and [redacted] will be able to meet their own emotional needs. They will use personal and social means for feeling well and happy that are acceptable, sensible and practical. They will employ mature, adult-like ways of satisfying their feelings and emotional needs. They will understand and accept that their feelings and gratification of those feelings are separate from their children's.

Actions:

Inpatient alcohol and drug program. [redacted] and [redacted] will engage in and complete a comprehensive assessment and the paperwork needed to obtain a bed in a program. [redacted] will participate in the program found and successfully complete it. [redacted] has successfully completed an inpatient program. She will continue to engage in services with [redacted]. She will participate in the color UA system with DHS to support her in her sobriety.

Parent training. [redacted] will refer [redacted] to the [redacted] Childhood Center parenting

Case:

Worker:

Date: 11/ 8/2007

programs. will participate in the parenting program at both group and individual levels. Childhood staff will report progress and concerns to DHS to assist in developing parenting skills.

will actively look for employment and a house or apartment for herself and her girls.

will engage in the recommended out patient services for his alcohol and drug abuse with will participate in the color UA system with DHS to support his sobriety.

will engage in parenting group offered by and in individual training with parent mentor, I

will actively look for employment and a house or apartment.

Concurrent Permanency Plan: Adoption

Explanation:

Progress to Date:

Visitations are ongoing, three times a week for and for s currently engaged in A&D treatment with s on an out patient basis. continues to work toward sobriety and making better choices for herself. She is working with at Childhood Center to strengthen her parenting knowledge and skills.

is utilizing healthy support systems. She is engaged with staff and is seeking assistance from her caseworker.

is actively looking for employment. He is staying in contact with his caseworker. He is engaged with for his intensive out patient drug and alcohol treatment.

Case: _____
Worker: A _____
Date: 11/ 8/2007

Both _____ and _____ express their desire to be safe stable parents for their children. They express a willingness to learn and a desire to be safe stable parents. Both indicate a desire to "grow up and be a family."

Primary and Concurrent Permanency Plan Parental Discussion:

OFDM held and primary and concurrent permanency planning and ASFA timelines were discussed with both parents.

Filing Decision

Filing Decision:

Circumstances for TPR do not exist at this time.

Substitute Caregiver Information

Face-to-Face Contact

Caseworker Contact with Child and Parent:

I took _____ and _____ with me to _____ when I took _____ to _____ treatment. We spent the night at a local hotel and the girls had the opportunity to see where their Mom was going to be for the next 35 days. _____ had the chance to spend the night with her girls and to explain to them what she would be doing and why she wanted to go. It was a very positive experience for the children and for their mom.

Parents and caregivers would like to have a meeting to help facilitate communication



2008 Annual Training Conference



Cross Cultural Communication

Maria Chavez-Haroldson
Citizen Review Board
Oregon Judicial Department



CROSS-CULTURAL COMMUNICATION



Maria Chavez-Haroldson

1

Why Consider Cross Cultural Communication? (CCC)

* We increasingly interact with persons from diverse cultures; it is imperative as CRB representatives, that we professionally and ethically conduct culturally responsive reviews.



2

Overview

Culture – Varying degrees and emphasis on similar values

- Three Challenges We Face Within
 - Stereotypical thinking, Ethnocentrism, and Prejudices
- Professional Characteristics of Culturally Responsive Communicators
- Four Steps to Cultural Consciousness



3

Culture/Heritage – Multidimensional Meaning

Complex elaborate behaviors

- A personal matter, a pattern of living
- Mental software
- Offers structure yet limits understanding of others
- “It shows itself without you knowing and it tells who you are without speaking.” – Mona Lake Jones, *The Color of Culture*

4

Cultures We Peer Into



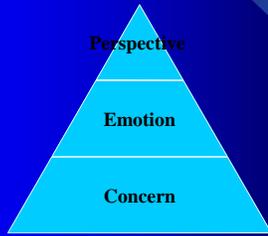
5

Characteristics of Effective Cross-Cultural Communicators

- Possess a wide range of behaviors
- Develop empathic responses and an elevated capacity for adaption
- Recognize/understand emotions – *yours (self-monitoring), and others*
- Change your point of reference – step in, become part of the story.

6

EMPATHY - Greek, *empathia*
"Feeling into"



7

**Self-Monitoring –
Awareness of Self**

- * Identify and challenge your assumptions.
- * Get a sense of how you are feeling.
- * Know what you value about your own culture.
- * Be ready to imagine and explore alternatives.

8

We do not see things as they are

We see things as *we* are

~Anais Nin~

9

A CCC possesses a heightened level of consciousness regarding universal behaviors –

- Paralanguage – tone/speed of voice
- Kinesics - body movement/gestures
- Occulistics – eye movement/location
- Proxemics - space
- Haptics - touch
- Chronemics – time

10

Creating Positive Shifts In Human Interactions - 1

Preface your content with your intent –

- *Briefly explain who and what you are and what you will be doing at every new CRB Review*

CAL - Comprehensive Agenda-Free Listening

Have any tips to share with us on your manner of creating positive shifts in interactions with family and interested parties at reviews?

11

Creating Positive Shifts In Human Interactions - 2

- Feedback – Skillful close-ended questions
- Why – Which cultural populations are represented at the CRB Reviews?
- Be aware of your privileges – college educated/formal education/finances/own homes/established work histories/employment skills/mental health/medical insurance

12

Three Challenges We Face Within – Stereotypical Thinking, Ethnocentrism, and Prejudices

Stereotypical thinking may greatly narrow
our way of listening.

Stereotype – An oversimplified generalized
image describing all in a group as being
the same.

13

The Second Challenge We Face

Ethnocentrism - perhaps the single largest
factor creating **barriers**

Ethnocentrism – A belief in the inherent
naturalness of one's own culture

14

The Third Challenge

Prejudice leads to discrimination – it limits
information absorption and response

Prejudice – A judgment based on previous
decisions and experiences

15

Interpreter Services

- Look at the non-English speaking person – not at the interpreter
- Ask permission
- Ask the non-English speaking person to tell you what they understood
- Slow down
- Do not raise your tone of voice
- Be patient – allow more time for the review

16

Four Steps Into Cultural Responsiveness

- Knowledge
- Awareness
- Sensitivity
- Competence
- Response

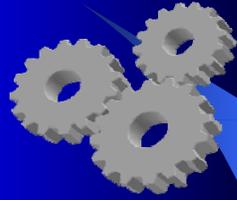
17

Effective Communicators:

- Recognize stereotypical beliefs
- Develop CAL - comprehensive agenda-free listening Skills
- Identify and challenge their assumptions
- Possess an elevated capacity for adaption

18

Questions ?



Maria Chavez – Haroldson
MCH_diversity@hotmail.com



2008 Annual Training Conference



Ric Acevedo



Voices of Experience

Jay Wurscher, Department of Human Services





2008 Annual Training Conference



Over-Representation

Mark Jackson, REAP, Inc.





2008 Annual Training Conference



Mark Jackson

A native of Portland, Oregon, Mr. Jackson is a 1995 graduate of Portland State University with credentials in Sociology, Communications, English, and Black Studies, and was nominated for the Portland State University Leadership Fellows Program for Nonprofit Management in the same year. He has since worked for reputable non-profit organizations such as Self Enhancement Inc. and the I Have a Dream

Foundation.

In 2001, Mr. Jackson helped found REAP, Inc. (Reaching and Empowering All People), a nonprofit educational mentoring organization. REAP, Inc. provides mentoring, academic coaching and consulting support within the David Douglas, Portland Public, and Beaverton School Districts. Mr. Jackson's work at REAP has been featured in the Oregonian, Beaverton Valley Times, Fox News, The Skanner, The Portland Observer and OPB Radio News.

Mr. Jackson has over fifteen years of youth programming and organizational management experience. Mr. Jackson has provided visionary leadership in both the nonprofit and public sectors that engages business leaders, educators, students, community leaders and parents. He is best known for his passion in the areas of youth advocacy, leadership development, and community organization.



teaching and empowering all people!

change a nation one person at a time
REAP

- \. became incorporated in Spring of 2001 as an outgrowth of a school-based mentoring effort between students and community volunteers dating back to 1997 at Thomas Jefferson High School in Portland, Oregon. Nearly three hundred students have been impacted by our services during our growing history.
- \. serves students from different ethnic groups, and varying academic and socio-economic levels. The current services are offered at Grant High School, Franklin High School, Jefferson High School, David Douglas High School and Fir Ridge Campus; an alternative high school within the David Douglas School District. REAP staff and volunteers make up over 15 years of youth development experience.

- The mission of \. is to inspire, engage, and empower youth and individuals to achieve personal development, maximize performance levels, accomplish academic success and community leadership.

"What REAP, Inc. is offering the students in our public schools is innovative and highly engaging."

-Tom Potter, Mayor, City of Portland



- To provide mentoring, academic skills coaching, and educational training assistance to build a community of leaders who will impact the nation.





We serve high school students who are often “at-risk” of dropping out, come from dysfunctional households, or live in underserved and low-income communities.

\ currently serves Grant High School, Franklin High School, Jefferson High School, David Douglas High School, Fir Ridge, Reynolds High School and Westview High School.



Solutions is a leadership diversity program designed to motivate students to aspire for excellence. 9th-12th grade students from diverse ethnic groups receive individual support from leadership coaches who provide ongoing support, focused on developing leadership, character and the confidence of the student. Solutions extend its support of students through Parents 4 Success (P4S). Parents are updated regularly on the academic and behavioral progress of their student and are strongly encouraged to be actively involved in their students' education.





Reflections

Reflections is a dropout prevention program. Students who are assigned to In-School Suspension benefit from academic support and behavior coaching during their suspension period. Students are able to complete class work, develop a success plan and complete curriculum that reinforces positive behavior and school safety. Reflections has a 75% success rate reflected in students NOT receiving repeated behavior referrals after successfully completing the program.





Challenge

Challenge is a day set aside for students to be empowered on how to become a better people. It is designed to create a culture of student leadership that builds from the success of the past, responds to the challenges of the present and embraces the possibilities of the future. Parents, teachers and community guests are strategically engaged with the intent to affirm the potential of student success.



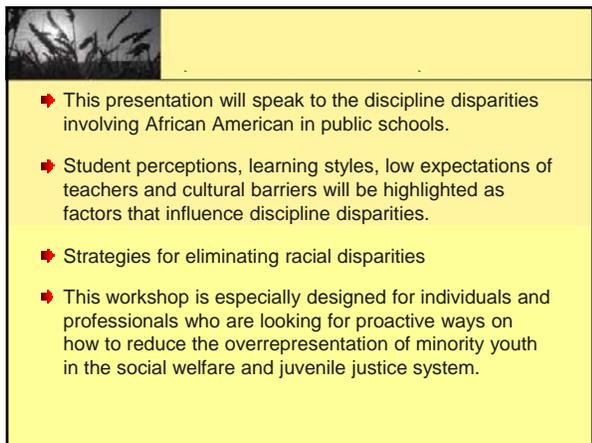
Challenge demonstrates \s commitment to academic achievement and community engagement.

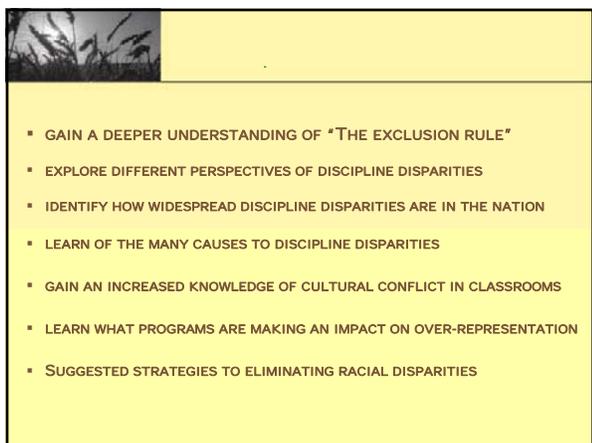


Community











**IF A STUDENT IS NOT IN SCHOOL
HOW CAN THEY LEARN?**

- ◆ **Insubordination** – Failure to comply with a proper and authorized direction or instruction of a staff member.
- ◆ **Open Defiance** – Orally refusing to comply with a direction or instruction of a staff member.
- ◆ **Willful Disobedience** – Repeated refusal or failure to comply with a direction or instruction of a staff member.
- ◆ **Disruptive Conduct** – Behaving in a manner which disrupts or interferes with the educational process, including sexual activity.



- **"Suspension-Failure Cycle"** - African American and Hispanic students, in many cases already performing poorly become trapped in a suspension-failure cycle that almost certainly guarantees their non-completion. These students, already behind academically, are punished by being deprived of instruction while suspended. *Source: Racial Disparity in Discipline Contributes To Drop-Out Problem by Martha R. Bireta, Ph.D.*
- **"School-to-Prison" Pipeline** – There's more at stake than just a few bad marks in a student's school record. Studies show that a history of school suspensions or expulsions is a strong predictor of future trouble with the law – and the first step on what civil rights leaders have described as a "school-to-prison pipeline" for black youths, who represent 16 percent of U.S. adolescents but 38 percent of those incarcerated in youth prisons. *Source: 2004-05 Analysis Report of U.S. Dept. of Education, Chicago Tribune, 9/25/07*



- **Downward Spiral** – Although suspensions can help teachers keep order in class, they also can send students spiraling downward academically. Students lose valuable classroom time with no guarantee that they'll be supervised by adults rather than hanging out on the street. *Source: Analysis on Student Discipline In Seattle Public Schools: An Uneven Hand, Seattle Post-Intelligencer, 3/15/02.*
- **Institutionalized Discrimination** – Paris School District in Texas is currently under investigation by the Federal Education Department to determine whether higher discipline rates for black students there constitute institutionalized discrimination. Black students make up 40% of the school district. *Source: 2004-05 Analysis Report of U.S. Dept. of Education, Chicago Tribune, 9/25/07*
- **Special Ed. Complex** – Students are often referred to special education because of behavior problems. And one out of every three children classified as a special education student in the Seattle Public Schools is AFRICAN AMERICAN. *Source: Analysis on Student Discipline In Seattle Public Schools: An Uneven Hand, Seattle Post-Intelligencer, 3/15/02*



- On average across the nation, black students are suspended and expelled at nearly THREE TIMES the rate of white students. (Source: 2004-05 Analysis Report of U.S. Dept. of Education, Chicago Tribune, 9/25/07)
- Black pupils in England are three times more likely to be excluded from school because of "systematic racial discrimination", according to The Department for Education Report (Source: BBC News)
- In suburban schools, African Americans were 5 times as likely and Hispanics almost 2 times as likely to experience out-of-school suspension when compared to Whites. (Source: Disproportionality IN School Discipline Among Minority Students In Indiana: Description & Analysis, Center for Evaluation & Education Policy, July, 2004)
- In Salem-Keizer School District, Latino students made up 10.4 percent of the high school population, but represented 22.2 percent of suspensions and expulsions. Both African Americans and Latinos were expelled or suspended in numbers two times greater than their percentage of the high school population. In PPS district, African Americans made up 16.5% of the population, but accounted for 43.5% of all major disciplinary referrals. (Source: Eliminating the Achievement gap: Reducing minority overrepresentation in school discipline: A Collaborative Approach, Juvenile Rights Project, Inc., 2004)



Suggested causes of widespread discipline disparities...

- Socioeconomic Status** – Studies of school suspension have consistently documented that socioeconomic status is a factor. Students who receive free school lunch are at risk for school suspension, according to the Color of Discipline, a 2000 study by Russell Skiba, Professor of Educational Psychology at Indiana University. (Source: 2004-05 Analysis Report of U.S. Dept. of Education, Chicago Tribune, 9/25/07)
- Cultural Miscommunications** – Some experts point to cultural miscommunications between black students and white teachers, who fill 83% of the nation's teaching ranks. In fact, Tribune analysis found, some of the highest rates of racially disproportionate discipline are found in states with the lowest minority populations, where the disconnect between white teachers and black students is potentially the greatest. (Source: 2004-05 Analysis Report of U.S. Dept. of Education, Chicago Tribune, 9/25/07)
- Color Blind Approach** – Dealing with the explosive issue of race, many educators pride themselves on being colorblind. But ignoring color may be part of the problem. (Source: Analysis on Student Discipline In Seattle Public Schools: An Uneven Hand, Seattle Post-Intelligencer, 3/15/02)



Suggested causes of widespread discipline disparities cont.'

- Subjectivity** – Many minority students are referred for subjective offenses. Almost everyone agrees that students who are suspended or expelled have genuinely done something wrong. But the definition of "wrong" is rarely as clear-cut as bringing a gun to school or selling drugs.

"The open-nature of some of the discipline categories "is so unfair", said West Seattle High School librarian Deborah Arthur, who advocates a more standardized approach. "What is disruptive"? It's anything that irritates me. "It's like we are setting some of our kids up."

Nationwide, "you will find minority students are referred for very subjective behaviors, such as insubordination, such as disruptive behavior," said John Jackson, national director of education for the NAACP. He said an examination of discipline complaints often show that "insubordination for an African American student and insubordination for a white student is different. (For a black student) it's: 'She smacked her lips after I told her to do this,' or, 'She rolled her eyes or rolled her neck."

(Source: Analysis on Student Discipline In Seattle Public Schools: An Uneven Hand, Seattle Post-Intelligencer, 3/15/02)



Suggested causes of widespread discipline disparities

- **“Acting White” Complex** – I think middle-class black kids who are in predominately black school, are wanting to fit in and not wanting to appear white. (Source: *Analysis on Student Discipline In Seattle Public Schools: An Uneven Hand*, Seattle Post-Intelligencer, 3/15/02)
- **Zero-Tolerance Policies** – Researchers believe that zero-tolerance policies, which encourage teachers and administrators to crack down on even minor, non-violent misbehavior, are exacerbating racial disparities. (Source: *2004-05 Analysis Report of U.S. Dept. of Education*, Chicago Tribune, 9/25/07)
- **Learning Styles & Expectations** – Differences between minority cultures and school cultures can lead to conflicts between learning styles and teacher expectations for student behavior and academic performance. Source: *Eliminating the Achievement gap: Reducing minority overrepresentation in school discipline: A Collaborative Approach*, Juvenile Rights Project, Inc., 2004)



The Portrait of the Black Student

Black students enrolled in Black Studies at Grant High School were asked to provide reasons for the achievement gap. Here's what they came up with:

- ◆ Ignorance
- ◆ No self-esteem
- ◆ Poverty
- ◆ Low Attendance
- ◆ Afraid of success
- ◆ Blacks have higher athletic achievements, hence low test scores
- ◆ Afraid of challenges
- ◆ Lazy
- ◆ Afraid of capabilities
- ◆ How a person is raised
- ◆ Low expectations
- ◆ School is not interesting enough (unless friends are in our class)
- ◆ Black students don't care much – “Hood mindset”
- ◆ Black students don't want to be smart (smart = proper)
- ◆ Priorities (values) are not in school (education), but clothes, shoes, money, sports & sex
- ◆ Lack of parent involvement
- ◆ No forward thinking – no goals
- ◆ Afraid to step out of boundaries
- ◆ Different parent academic backgrounds
- ◆ Lack of finances (white families can afford to stay home)
- ◆ Blacks don't take advantage of challenging courses/activities. White students “expand” their curriculum to be able to succeed more.
- ◆ Blacks are perceived as “underdogs” when it comes to education
- ◆ Blacks try hard to fit in and don't challenge ourselves





ALTERNATIVES TO STUDENT DISCIPLINE:

- ◆ **Baltimore District Tackles High Suspension Rates:** Community pushes for positive approaches to reduce nonviolent incidents in schools. Source: Education Week, April 25, 2007.
- ◆ **Meet-Me-Halfway mentoring program** at Garrison Middle School, for students who would likely have been given out-of-school suspensions for their bad behavior. Instead, they participate in what is essentially an in-school suspension program, where they receive mentoring, tutoring, and other services, in addition to their regular instruction.
- ◆ **Reflections Program: Finding Fairness in Discipline** – “When students lack a relationship with a teacher, misunderstandings happen. Students wonder, “Why don't you care about me? Is it because of my color? And the defenses go up,” Jackson says. “ Source: Oregonian, April 13, 2007



SUGGESTED STRATEGIES

- ✓ Adopt systems that support diverse learning styles.
- ✓ Implement alternatives to suspensions.
- ✓ Create a culture of high expectations (In classrooms & course forecasting).
- ✓ Increase faculty of color (outsourcing can't be seen as TABOO).
- ✓ Diversify curriculum.
- ✓ Introduce *WRAP AROUND* support for students



TOGETHER WE CAN!



2008 Annual Training Conference



Visitation and Effective Services for Achieving Parental Protective Capacity

Michelle Warden, Center for the Improvement of
Child and Family Services



Visitation and Effective Services For Achieving Parental Protective Capacities

Michelle Warden
Child Welfare Partnership
Portland State University

03/05/08

Sam and Lucy

- ◆ Video Clip "I am Sam"



Training Objectives

- ◆ Understand the important role that visits play for children in out-of-home care.
- ◆ Learn ways to make visits more meaningful by developing sound visitation plans.
- ◆ Explore methods that CRB members can use to review visitation plans.

“Visiting is a planned intervention and the visiting plan is an essential component of the service plan.”

Hess and Proch
Family Visiting in Out-Of-Home Care: A Guide to Practice, 1988

What's the Purpose of Visits?

- ◆ Preserving Relationships
- ◆ Reassurance
- ◆ Assessment
- ◆ Treatment



Ongoing Visit and Contact Plan

CF 0831B

Creating a plan that enhances parental protective capacities and nurturing relationships



The Casey Family:
Developing a Meaningful
Visitation Plan

Critical Questions Worksheet

1. What are the safety concerns that brought the children into care?
2. What do these particular children need from their mother to help them feel safe and to help them be safe?

Critical Questions Worksheet: (cont)

- 3. What parental protective capacities can we identify or observe?
- 4. What is the relationship between the children and the parents?
- 5. Has there been a pattern of positive parenting? If so, how long has it been sustained? If not, has it always been this way?

Critical Questions (cont.)

- 6. Who is important in the children's lives?
- 7. What do they understand about why the children are in care?
- 8. Do they appear willing to support a visitation plan?

Consideration of Family Culture



Relating the Visit Plan to CRB Findings

- ◆ Reasonable/Active efforts have been made to provide services to make it possible for the child to safely return home.
- ◆ DHS is in compliance with the case plan and court orders.
- ◆ The parents have made sufficient progress with the case plan and court orders.
- ◆ The agency is making sufficient efforts in developing the concurrent plan.

What it can look like

- ◆ Video Clip "I am Sam"



References

- ◆ Children's Services Practice Notes From the N.C. Division of Social Services and the Family and Children's Resource Program. Vol. 5, No.4 October, 2000
- ◆ Beyer, Marty, Parent Child Visits as an Opportunity for Change
- ◆ Hess, P and Proch, K. Family Visiting in Out of Home Care: A Guide to Practice, 1988
- ◆ Rycus, J. and Hughes, R. Field Guide to Child Welfare, Volume IV, 1988

Casey Family Scenario

Family Members:

Tonya, age 31 (mother)
Katrina, age 13
Lacey, age 11
Joe, age 7
Steven, age 4
Ruby, age 70 (grandmother)
Jed, age 29 (mother's boyfriend)

Concerns: Domestic Violence, Drug/Alcohol Abuse, Violence Towards the Children; Instability, Mother has not benefited from previously offered services; family is a flight risk; Jed has a warrant out for his arrest

Tonya and the children have lived with Tonya's mother, Ruby, off and on since the children were born. Tonya has been abusing drugs since she was 13. Katrina and Lacey have the same father. He was abusive to Tonya and has not helped parent the girls. He never established paternity and Tonya does not know where he is. Joe's father lives close by, but never visits. He occasionally pays child support, but has not shown any interest in parenting or visiting with Joe. Steven's father is unknown. Tonya is not sure who the father is. Jed and Tonya have been together for three years. Their relationship has been very violent. According to family members, Tonya and Jed have also been violent with the children. DHS first became involved when Jed assaulted Tonya to the point that she had to be hospitalized. At that time Jed was incarcerated and DHS offered Tonya services. She was provided with funds for housing and asked to participate in drug/alcohol treatment and parenting. Tonya never followed through with services. She moved to Arizona with Jed after he was released from jail.

DHS just got a report that Tonya and Jed are back in town and staying in a trailer on Ruby's property. There is a warrant out for Jed's arrest. The reporter, who is Tonya's sister, said that Tonya and Jed had a big fight last night. The children were present and one of them got hit in the middle of the fight. Tonya's sister is worried about Ruby,

because she cannot set limits with Tonya. The sister is worried about Ruby's safety as well, because Tonya and Jed steal from her to get their drugs and Jed has threatened to shoot Ruby in the past.

The three older children were interviewed at school and disclosed that Jed has thrown Katrina against the wall on at least two occasions. He has also thrown Lacey against the wall and hit Steven on the head. Once when Katrina and Lacey were fighting, Jed made them go into their bedroom and fight until they were bloody. All the children disclosed that Jed has spanked them with a coat hanger and a leather belt. They also reported that they have witnessed Jed rape their mother. The children report that they believe that their mother loves Jed more than them and that she would rather be with Jed than with them. They also report that they have seen her use drugs and that when she drinks alcohol and uses drugs she is very mean to them and hits them and yells at them. Despite the children's disclosures, they report that they love their mother and think that if she would leave Jed and quit using drugs and alcohol, she would be nicer to them. The children are very attached to their grandmother Ruby and state that they feel safe with her. After speaking with collateral contacts and interviewing the children at school, a decision is made to remove the children.

The children had to be placed in two separate foster homes. There were no relative resources available. Ruby desperately wanted the children to stay with her, but since Tonya was staying there and Ruby is not able to set limits with her, the children could not be left with Ruby. The girls were very angry with DHS and with their mother. The boys were sad and confused. Ruby was distraught about not being able to care for the children. Tonya was extremely angry with DHS and upset that Jed was being arrested. The children were most upset about having to be separated from their grandmother.

The foster parents who took the boys are brand new. This is their first placement. The foster parents who took the girls have been providing care for teen girls for 15 years.

Critical Questions Worksheet

(Worksheet for Citizen Review Board's training purposes only)

1. What are the safety concerns that brought the children into care?
2. What do these children need from their mother to help them feel safe and to help them be safe?
3. What parental capacities can we identify or observe?
4. What is the relationship between the children and the parents?
5. Has there been a pattern of positive parenting? If so, how long has it been sustained? If not, has it always been this way?
6. Who is important in the children's lives?
7. What do they understand about why the children are in care?
8. Do they appear to be willing to support a visitation plan?



ONGOING VISIT AND CONTACT PLAN



Case Name: _____

Child(ren)'s Name: _____

Ongoing visitation plan established within 30 days from the date that the child enters substitute care.

Specifications of Person(s) allowed Contact:

Name(s): _____ Supervised visits: NO YES

If supervised, who will supervise: _____

If supervised, reason supervision is required: _____

Day and time visitation is scheduled for this person:

DAY	START TIME	END TIME	LOCATION

Purpose of visit: _____

Name(s): _____ Supervised visits: NO YES

If supervised, who will supervise: _____

If supervised, reason supervision is required: _____

Day and time visitation is scheduled for this person:

DAY	START TIME	END TIME	LOCATION

Purpose of visit: _____

Other Visit Information:

Transportation arrangements: _____

Activities that can occur during the visit: _____

Reasons that a visit may be canceled: _____

Rescheduling visit procedure: _____

Contact Person for rescheduling a visit: _____ Person's Phone No.: ()

Reasons that a visit may be ended: _____

Ways in which a visit may be ended: _____

THIS FORM IS AVAILABLE IN ALTERNATE FORMAT UPON REQUEST

How will missed visits be handled:
When and how the visitation plan will be reviewed:

Other visitation consideration: (i.e., contact through e-mail, letters, phone calls, or at appointments with providers.)

Plan Developed With:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> SSA | <input type="checkbox"/> Child or Young adult |
| <input type="checkbox"/> Substitute Caregiver | <input type="checkbox"/> CASA | <input type="checkbox"/> Legal Guardians |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Friends | <input type="checkbox"/> Other: _____ |

Copies Provided To:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> SSA | <input type="checkbox"/> Child or Young adult |
| <input type="checkbox"/> Substitute Caregiver | <input type="checkbox"/> CASA | <input type="checkbox"/> Legal Guardians |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Friends | <input type="checkbox"/> Other: _____ |

- This plan does support the ongoing safety plan.
- The parents or legal guardians do understand the language of this visitation plan.
- Visits are arranged to maximize contact between the parents or legal guardians and the child or young adult.
- This plan does take into consideration the child or young adult's age, developmental level, and attachments needs related to the parents legal guardians and others.
- As possible, this plan does not disrupt the child or young adult's school schedule.
- Any identified barriers to visitation have been addressed during the development of this plan.
- Development of this plan has taken into consideration the parent's or legal guardian's employment and treatment obligations.
- Safety considerations such as domestic violence have been considered in the development of this plan.

 _____ / /
Parent
Print Name: _____ Date

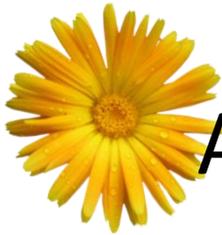
 _____ / /
Parent
Print Name: _____ Date

 _____ / /
Legal Guardian
Print Name: _____ Date

 _____ / /
Caseworker
Print Name: _____ Date



2008 Annual Training Conference



Achieving Educational Goals

Brian Baker, Juvenile Rights Project



Promoting Education Stability for Children in Foster Care: HB 3075 & the Oregon Experience

Brian V. Baker, Staff Attorney
Juvenile Rights Project, Inc.
Portland, Oregon

The Problem: lack of academic success

- 83% of children in foster care are held back in school by the third grade;
- 46% of youth in foster care do not complete high school;
- 75% of youth in foster care are working below grade level.

The Problem: student/school mobility

- Student mobility negatively impacts reading and math skills acquisition; and diminishes prospects for high school graduation;
- School mobility between 1st and 8th grade increases the odds of dropping out of school during high school.
- It takes a child 4 to 6 months to recover academically from the disruption of a school change.

The problem: foster care moves

- 32.3% of NW foster care alumni experienced 8 or more foster placements;
- 65% of NW foster care alumni experienced 7 or more school changes from elementary through high school;
- 30% had 10 or more school changes from elementary through high school.

The Problem: Long-Term Impact of High Student Mobility

- Lower Achievement Levels
- Slower Academic Pacing
- Reduced likelihood of H.S. completion
- Decrease in social/educational attachments to fellow students
- Teaching/teacher satisfaction suffer due to less stable school environment

Educational Profile: children & youth in foster care

- Children of Color are overrepresented in foster care, special education and school disciplinary proceedings;
- Special Education referral rates are **three times greater** for students in foster care than non-court involved students.
- (30%-50%) of children in foster care are eligible for special education.

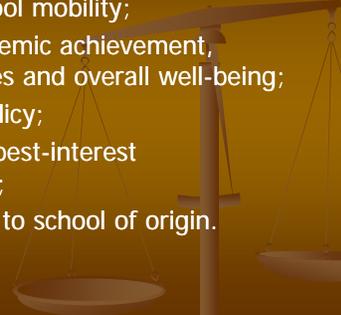
Educational Profile: children & youth in foster care

- Foster children with disabilities in Portland have lower GPA's; have higher rates of alternative education placement; are exempted at higher rates from state testing; and experience greater numbers of education placements than similarly situated peers with the same disabilities who are not in out-of-home care.



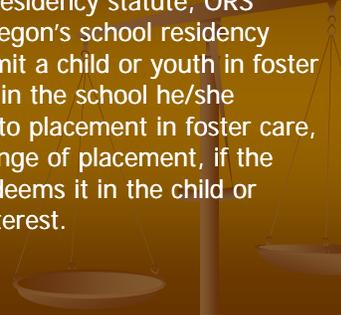
The Solution: HB 3075 (ORS 339.133(4))

- Decreases school mobility;
- Increases academic achievement, graduation rates and overall well-being;
- Good public policy;
- Individualized best-interest determinations;
- Transportation to school of origin.



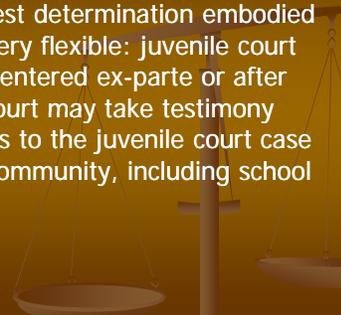
The Solution: HB 3075

- Amends state residency statute, ORS 339.133(4), Oregon's school residency statute, to permit a child or youth in foster care to remain in the school he/she attended prior to placement in foster care, or through change of placement, if the juvenile court deems it in the child or youth's best interest.



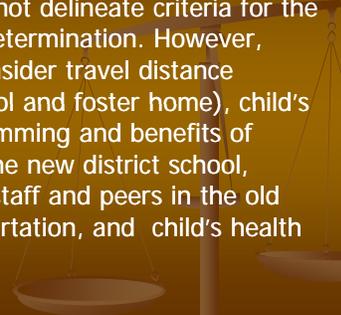
HB 3075: Best Interest

- The Best Interest determination embodied in HB 3075 is very flexible: juvenile court orders may be entered ex-parte or after hearing. The court may take testimony from the parties to the juvenile court case and from the community, including school district input.



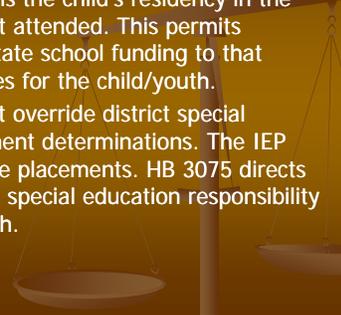
HB 3075: Best Interest

- HB 3075 does not delineate criteria for the best interest determination. However, courts may consider travel distance (between school and foster home), child's current programming and benefits of placement in the new district school, connection to staff and peers in the old school, transportation, and child's health and safety.



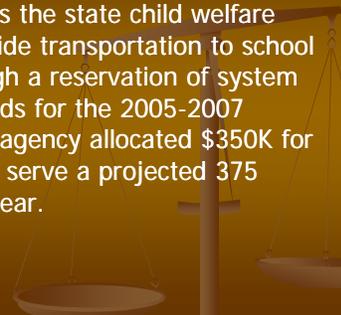
HB 3075: funding and federal law

- HB 3075 maintains the child's residency in the last school district attended. This permits continuation of state school funding to that district for services for the child/youth.
- HB 3075 does not override district special education placement determinations. The IEP team makes these placements. HB 3075 directs which district has special education responsibility for the child/youth.



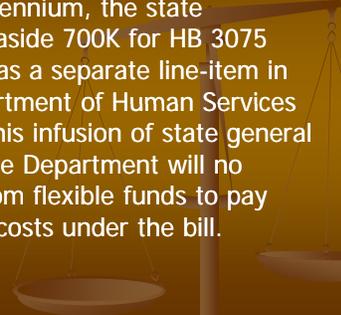
HB 3075: Transportation

- The bill requires the state child welfare agency to provide transportation to school of origin through a reservation of system of care flex funds for the 2005-2007 biennium. The agency allocated \$350K for this purpose to serve a projected 375 children each year.



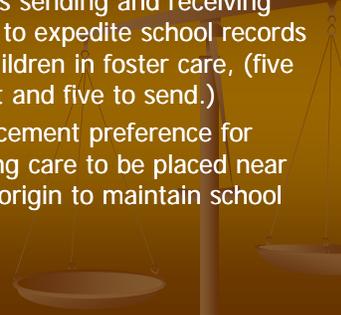
HB 3075 Transportation

- In the 07-09 biennium, the state legislature set aside 700K for HB 3075 transportation as a separate line-item in the state Department of Human Services budget. With this infusion of state general fund dollars, the Department will no longer draw from flexible funds to pay transportation costs under the bill.



HB 3075: records and placement preference

- The bill requires sending and receiving school districts to expedite school records transfers for children in foster care, (five days to request and five to send.)
- The adds a placement preference for children entering care to be placed near their school of origin to maintain school residency.



HB 3075 Recap

- HB 3075 became law in July, 2005. The state Department of Human Services expended approximately \$210,000 in transportation costs during the 2005-2007 biennium, ending June, 2007. In a November, 2006 report to the state legislature, DHS acknowledged the importance of school stability for children in care.

HB 3075 Recap

- The DHS legislative report noted further that in addition to transportation funding, the department must have local resources available to purchase transportation through public transportation systems, utilization of volunteer programs, foster parent availability and department staff, in order to meet the goals of the legislation.

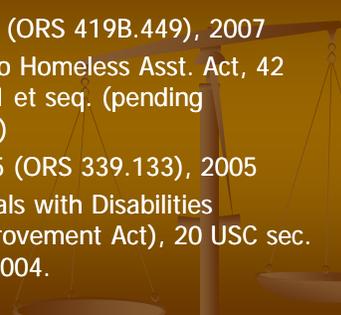
Achieving Educational Goals: court and community advocacy

Brian V. Baker
Staff Attorney,
Juvenile Right Project, Inc.



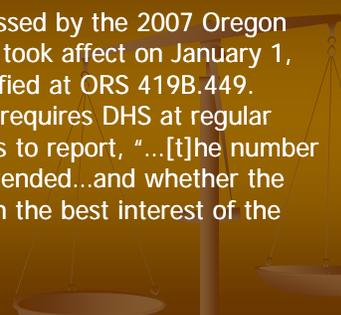
Legal Framework:

- Senate Bill 414 (ORS 419B.449), 2007
- McKinney-Vento Homeless Asst. Act, 42 USC sec. 11431 et seq. (pending reauthorization)
- House Bill 3075 (ORS 339.133), 2005
- IDEA (Individuals with Disabilities Education Improvement Act), 20 USC sec. 1400 et seq., 2004.



SB 414

- SB 414 was passed by the 2007 Oregon legislature and took affect on January 1, 2008. It is codified at ORS 419B.449. Section (3)(c) requires DHS at regular review hearings to report, "...[t]he number of ...schools attended...and whether the frequency...is in the best interest of the child or ward."



SB 414

- ORS 419B.449 (3)(d), “[f]or a child or ward 14 years of age or older, whether the child or ward is progressing adequately toward graduation from high school and, if not, the efforts that have been made by the agency having custody or guardianship to assist the child or ward to graduate.

SB 414

- **Philosophy** behind the act: generate better tracking of educational mobility and progress, or lack thereof; review by the court and parties, intervention planning, and increased participation in school advocacy by agency and parties to the juvenile court case.

SB 414

- **Research** shows youth who change placements less than one time per year are twice as likely to graduate. School placement stability is the most important factor in improving educational outcomes for children in foster care.

SB 414

- "As children are moved from one placement to another, there are generally new schools, new teachers, new classmates and new curriculums to navigate—if they are enrolled at all. This is particularly troubling in light of research that demonstrates that school stability is an important factor in school success...

SB 414

- ...A child's school environment plays a key role in a child's social and academic development by establishing positive relationships with supportive teachers, school-based counselors, and classmates. These types of relationships cultivate in children and youth a sense of support and a desire to achieve. For foster youth, these relationships also can provide a measure...

SB 414

- ...of protection from the disruption and uncertainty associated with out-of-home placements." Hon. Danny Davis, D-III., member of the House Education and Labor Committee, Sept. 18, 2007.

SB 414

- SB 414 identifies child welfare practices that have been demonstrated to have a positive impact on children and families. Through the existing mechanism of agency reports and court oversight, it focuses efforts of DHS, courts, CASAs, attorneys on cases where additional attention is needed.

SB 414

- In Multnomah County, a task force comprised of school district and Education Service District representatives, DHS, and child advocates has developed a Memorandum of Understanding between DHS and the districts, as well as an electronically-based access process, by which the agency, upon presentation of court order, can access the electronic school record of a child to gather SB 414 data. Widespread implementation will begin in May, 2008.

McKinney-Vento

- Federal act permits "homeless" children, including children in foster care who are "...awaiting foster care placement..." the right to continue attending their last school of origin prior to becoming homeless and requires school districts to work collaboratively to make transportation available to the school of origin.

McKinney-Vento: foster care and homelessness?

- 22% of homeless children are put into foster care and stay in care longer
- 30% of children in foster care could return home if their parents had access to housing
- Approximately 27% of homeless adults and 41% of homeless youth report a history of foster care
- 25% of youth "aging out" of foster care experience homelessness

McKinney-Vento: when does it apply?

- Children "awaiting foster care placement" are McKinney eligible
- No clear definition of "awaiting foster care placement"
- Depending on your state or jurisdiction's interpretation (where you are on the continuum), McKinney may apply to some or all children in the foster care.

McKinney-Vento: eligibility determinations

- When child is in foster care they are not "awaiting foster care placement" and therefore are not eligible
- Children in foster care in certain particularly unstable placements are considered eligible
- All children pre-adjudication or disposition are considered McKinney eligible
- All children pre finalization of permanency plan (e.g. adoption; guardianship; reunification) are eligible
- All children in foster care are eligible
 - Example: new Delaware law

McKinney-Vento and HB 3075

- McKinney may still apply IN ADDITION to McKinney-type provision for youth in foster care i.e., some children in foster care may be McKinney eligible, while others may be eligible under McKinney-type provision
- Difference between McKinney and McKinney-type provisions must be determined
