Citizen Review Board

Volunteer Board Member Handbook

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Citizen Review Board
Volunteer Board Member Policy Handbook
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General Information

Board Packets

Prior to each review day, DHS submits all the case material required for the reviews to the CRB. Support staff process this material and send it to volunteer board members 11 to 13 days prior to the reviews. The majority of volunteer board members receive this material electronically in the form of an ePacket sent through the OJD Secure File Transfer site.

The case material often includes the following documents:

- *Petitions and Court Orders:* Includes any new or amended petitions, jurisdiction/disposition judgments, and review/permanency judgments since the last CRB review.
- *Case Plans:* Includes a child specific case plan for each child, child welfare case plan or family support services case plan, and court report.
- Action Agreements or Family Support Services Agreements: Includes current action agreements, letters of expectation, and/or voluntary placement/custody agreements.
- *ICWA Inquiry Documentation:* Includes verifications of ICWA eligibility if it is the first CRB review.
- *CASA Report*
- *Assessments and Evaluations for Both Parents and Children:* Includes any new mental health assessments, psychological evaluations, developmental evaluations, CPS assessment summaries, treatment summary reports (not daily case notes), individualized education plans, and comprehensive transition plans since the last CRB review. If it is the first CRB, also included is a protective custody report or affidavit of protective custody.
- *ICPC Report:* Includes quarterly supervision report.
- *Placement History*

Other Resources

DHS/CRB MOU

Opening and Closing Statement

An opening statement is read at the beginning of each review to explain to the parties the role of the CRB. It also serves to notify the parties the review is confidential, and provides an opportunity to declare any conflicts. It can be waived if the only parties present are the caseworker and juvenile consortium attorneys. However, introductions should still be made.

The closing statement is read at the end of each review to explain who will receive the CRB Findings and Recommendations report and the steps DHS must take if they do not intend to implement the recommendations of the board.

Other Resources

Opening and Closing Statements

Leading a Review

The first step in leading a successful review is preparation. A thorough review of the materials makes it easier to obtain necessary information during the review process.

The lead reviewer (and other volunteer board members as well) should strive to remain objective during questioning.

Volunteer board members must make findings and recommendations as they are primarily "fact-finders" during the questioning process and should avoid subjective and personal statements. Consistent with the foundations of due process, volunteer board members should ensure that all parties have a chance to be heard in order to legitimize the review for everyone involved.

CRB protocol provides a formula for making the findings to ensure due process and adequate input from all volunteer board members. Field staff are better equipped to track and document the board's findings when the protocol is followed. Reviews are often conducted in relatively short amounts of time, therefore, efficiency is integral. Adhering to the protocol also presents a consistent format for other volunteer board members to participate rather than disrupt the process.

Leading the Review Protocol

Summarize background information:

- Date of placement into substitute care
- Date of jurisdiction
- Basis for jurisdiction
- Permanency plan/goal
- Concurrent plan/goal, if any
- ICWA status for EACH parent

Begin discussion of findings:

- State the first applicable finding
- BRIEFLY summarize the information from your notes
- Ask each legal party or attorney for their input related to the finding
- Ask questions related to the finding
- Ask other board members if they have any other questions related to the finding
- If there are no further questions, re-state the finding
- Ask the board to make its finding, either "Yes" or "No"
- Move to the next applicable finding

State the recommendations:

- After all the findings have been discussed, state your proposed recommendations
- Ask the other board members for any other proposed recommendations

Other Resources

Case Notes Sheet

Case Notes Supplemental Sheet

WHO CAN PARTICIPATE

There are three categories of parties who can participate in a CRB review:

- ***Legal parties*** include the child or ward, parents or guardian, putative father, state, juvenile department, court appointed special advocate (CASA), DHS, tribe in cases subject to the Indian Child Welfare Act (ICWA), and an intervenor granted intervention under ORS 419B.116. Any legal party may appear at the review with counsel.
- ***Essential parties*** include legal parties and any other persons DHS asked the CRB to provide notice of the review. Foster parents are required to receive notice. Volunteer board members

may ask their Field Manager who received notice.

- ***Interested parties*** include persons other than a legal or essential party who have some connection or knowledge of the child or family situation.

Other Resources

ORS 419A.098(3)

ORS 419B.116

ORS 419B.875(1)

CRB Supreme Court Operating Rules

Removing a Participant from a Review

A board may exclude anyone who is not a legal or essential party from a review for any reason (refer to section "Who Can Participate" for definitions of legal and essential parties). Often this comes up when a parent brings multiple support persons or a support person that another party objects to being present.

When deciding to exclude someone, the board should carefully weigh the costs and benefits of having the person(s) present. For example, a parent may need the person for support and will not meaningfully participate without him or her. Boards should keep in mind that a support person can be allowed to stay for part of the review and then asked to leave for the remainder.

A board may also end any person's participation, regardless of party status, in a review if the person's behavior is preventing the board from completing the review and the board has warned the person that he or she will no longer be able to participate if the behavior continues.

Other Resources

CRB Supreme Court Operating Rules

Effective Questioning

Effective questioning is crucial to conducting a thorough CRB review. Asking the right questions will help the board elicit the information necessary to make accurate and factually supported findings by ensuring all relevant information is disclosed to the board. It will also promote public confidence in the review process by demonstrating volunteer board members have a good grasp of the facts of the case and the findings they are required to make.

How the question is asked will impact parties' engagement, both positively and negatively. Questions that are factual in nature and delivered without judgment are more likely to be met with open and honest answers. Who the question is directed to will impact both the information received, and how parties feel about the process on the other side of the table. Parties who are treated with respect and feel heard by the board are more likely to follow the board's recommendations.

General Guidelines

- *The question should relate to the finding under consideration.*

  If a question is not going to provide the board with information that provides support for a "yes" or "no" finding, it is probably not relevant. Avoid asking questions out of curiosity.

- *Questions should be designed to elicit facts.*

  Questions should focus on what happened over the review period to determine if services have been appropriate. Questions directed at

parents asking why they did something or how they feel usually aren't appropriate, unless the board is addressing possible barriers to accessing services.

- *Be careful when dealing with mental or reproductive health issues.*

  The focus should be on whether services have been provided in accordance with recommendations from medical and mental health providers. Use caution in choosing whether to reveal information provide in confidential evaluations unless it's necessary to make a finding.

- *Focus on information that hasn't yet been provided.*

  Volunteer board members have precious time in a review to ask questions. Focus on the information that either wasn't provided or is unclear from the materials.

- *Think about who will have the information and who should be allowed an opportunity to be heard.*

  Multiple parties may have information relevant to the finding the board is making. Be sure to allow those who have input time to talk. Parties are more likely to feel as though decision making is fair if they were provided an opportunity to be heard at the appropriate time. For example, when addressing finding number three, it is common for board members to ask the caseworker and foster parent about services to the child, and parents are sometimes overlooked. It's important to allow parents an opportunity to provide input regarding this finding.

- *Address parties by their names (except for foster parents).*

  Adults should be addressed by their formal names (i.e., Ms. or Mr. Smith) rather than "Mother" or "Father". Foster parents' names are confidential and should be withheld unless offered by the foster parent.

- *Timing is important.*

  The lead questioner should ask other board members for their questions after s/he is finished with a topic, but before s/he moves on. Volunteer board members should wait to ask questions until they are invited to do so by the lead questioner. Questions asked out of sequence can lead to a disorganized and prolonged review.

- *Avoid acronyms.*

  Acronyms make it difficult for families to understand what is being said. Include them in the process by stating the entire name of the program or law being referred to, or at least explain what the acronym refers to.

- *Delivery matters.*

  Ask questions with respect and openness. The CRB process should not be used to judge or intimidate. If a volunteer board member is disappointed in how a case was handled, the board member should let the findings and recommendations deliver that message.

Other Resources

2013 CRB Conference

ENGAGING TEENS IN REVIEWS

The Child and Family Services Improvement Act requires the courts or administrative body to engage youth in reviews, in an age-appropriate manner, regarding the youth's permanency and transition plans.

Engaging youth in reviews gives them a greater sense of control and a better understanding of the legal process, but more importantly, it provides volunteer board members with better information.

One study at the University of California, Los Angeles indicated that up to 93% of communication effectiveness is determined by nonverbal cues such as facial expressions or body language. Looking up from the case file or computer, making eye contact with the youth, listening, and letting them share their story conveys respect for the youth.

If the youth does not actively participate in the review, don't be discouraged. Remember, the effects of trauma for these children may include a fight, flight, or freeze response to stressful events which may make it difficult for a youth to actively participate, process, and retain information. Boards need to be careful not to re-traumatize the youth. If a question would make you uncomfortable, please don't ask it.

Communicating with Youth

- Be sensitive in presenting information.
- Communicate directly with the youth and praise the youth's accomplishments.
- Communicate with the youth at their developmental age, not their chronological age.
- Keep language simple.
- Talk with the youth about their interests, likes, and dislikes.
- Encourage the youth to ask questions.
- Recognize cultural differences in language.

Conducting the Review

- Welcome the youth and state the purpose of the CRB review.
- Have the youth introduce themselves.
- Ask for the youth's input and opinions.
- Ensure the youth understands the reasoning for the findings and recommendations.
- Ask the youth if they have any last questions, thoughts, or concerns.
- Thank the youth for coming to the CRB and reward even the smallest attempt at participation.

Possible Questions

- Are you able to visit with relatives and adults you have a close connection to?
- Do you need help with any of your classes at school?
- Are you on track to graduate?
- Have you thought about a career or what you want to do when you finish high school?
- Do you have a copy of your Comprehensive Transition Plan and do you understand your plan for housing, employment, education, health, and transportation.
- Has someone helped you identify at least one supportive adult you have a close connection to that you can count on when you need help?

Other Resources

OAR 413-030-0400 thru 0460

ABA Bench Card

CRB Youth Brochure

2012 CRB Conference

CRB Newsletter Sept. 2012

TRAUMA INFORMED REVIEWS

A trauma informed care approach to conducting CRB reviews recognizes the impact of trauma on a parent's and child's current functioning, and strives to ensure: (1) appropriate services are provided to address past trauma, and (2) reviews are conducted in a manner that minimizes the risk of re-traumatizing parents and children who are present.

For parents and children in reviews, when past trauma is "triggered" by something said in the review, the brain goes into fight, flight or freeze (disassociation) mode. Boards are most likely to observe the "freeze" response, where it may look like a parent isn't tracking or otherwise engaged in the review process. That is because cognitive processing and memory are impaired when a parent is triggered, making any kind of decision making next to impossible.

There are some practices volunteer board members can utilize to minimize the potential for "triggering" a participant.

- *Don't recite past information unless it's necessary to establish facts when making a finding.*

  This is frequently an issue with finding #1, whether DHS provided reasonable efforts to prevent the child's placement into foster care. The focus should be on whether DHS attempted to provide services to the family before the child was placed in care, and not on the specific facts of the removal. The facts of the removal may be important, however, if DHS determined there was an imminent safety threat justifying removal without services, and there is insufficient documentation of the safety threat in the case materials.

- *Work with your field staff to establish jurisdiction in a trauma informed manner.*

  Discuss with your field staff the appropriate way to establish jurisdiction during prep time. It's helpful to explain to the participants the board is verifying the basis of jurisdiction that was already established by the court, so they understand this is not something new. Allegations that were not amended may be easy to establish without reading word for word. If there is a question as to the specific language, one approach is to ask an attorney or caseworker to read it.

- *Read the findings as a question rather than a statement.*

  This will ensure the parties understand the board has not yet made the finding, and is seeking input from the participants in the review before any finding is made.

- *Allow parties an opportunity to be heard, and listen to what they have to say.*

  Make sure each legal party who may have input regarding a particular finding and his or her attorney has an opportunity to speak before the board makes its finding. This is especially important if the board is leaning toward a "no" finding both to make sure the facts are explored adequately and to meet basic due process requirements.

- *When making a parental progress finding, choose your words carefully.*

  Avoid judgmental language and focus on factual information to explain the board's finding.

- *Explain what concurrent planning means.*

  When the board refers to the "concurrent plan", explain to the participants the concurrent plan is the "back up plan" that only goes into effect after a judge has determined it is appropriate. Explaining that DHS has a legal obligation to develop the concurrent plan at the same time a parent is working toward a return home plan may be helpful.

- *Prepare participants for what is coming up through ongoing narratives regarding what the board is doing, and is about to do.*

  The process will be less threatening to participants if they understand what is coming up. Providing participants with written information about the board process at the time of the review may also help them understand the process.

- *Avoid reciting information about mental health diagnoses, psychotropic drug information and other sensitive information unless it's necessary to establish the basis for a finding, or to explain a finding.*

  Be careful about revealing more information than is needed to make your findings. While talking about these issues may be necessary in order to make required findings, try to protect parties from feeling like their inner most thoughts, feelings and flaws are on display for all to see.

- *Minimize the use of acronyms.*

  Acronyms make it hard for parents and children to understand what the board is talking about. Instead, say the full name of the law or service you are referencing, or explain its basic meaning. Field staff can also provide assistance with this if you feel stuck.

- *Understand the impacts of trauma and think about how services could be provided differently.*

  Parents who have experienced trauma may seem forgetful, lazy and as if they don't care, when these issues may actually be due to the trauma they have experienced. For example, many people with a trauma background have trouble getting up in the morning. Offering them services at this time may not be helpful. Moreover, the trauma brain can forget important facts. Parents may not remember instructions that were previously given. In light of this, reminder calls may help parents remember service appointments.

Other Resources

2013 CRB Conference

INTERPRETERS

Court interpreters act as neutral and impartial officers of the court who help secure the constitutional rights and other rights of persons who are unable to readily understand or communicate in the English language because of a non-English-speaking cultural background or a disability.

DHS will notify the CRB if an interpreter is requested or required, and CRB staff will arrange for a court approved interpreter to be present. If DHS does not notify the CRB that an interpreter is required and that party is present for the review, the review must be continued. DHS cannot bring in a bilingual staff person as a substitute.

Court interpreters employ three modes of interpretation depending on the circumstances:

- ***Sight Interpreting*** - when there is something written in one language that

needs to be interpreted into another language;

- ***Simultaneous Interpreting*** - when the interpreter interprets into the party's language while the speaker continues to speak; and

- ***Consecutive Interpreting*** - when the interpreter delivers the interpretation after a speaker has finished speaking and before the other speaker responds.

When board members are reviewing a case with an interpreter present, it may be helpful to give the interpreter a copy of the opening and closing statement and the case notes sheet. It is important to speak one at a time and at an appropriate pace for the interpreter.

Other Resources

Americans with Disabilities Act of 1990

Title VI, Civil Rights Act of 1964

Section 504, Rehabilitation Act of 1973

ORS 45.273

ORS 45.275

OAR 413-015-0415(6)

DHS/CRB Memorandum of Understanding

Oregon Court Interpreter Services

ADA.gov

ASFA TIMELINES

The term ASFA timelines refers to the timelines established by the passage of the federal Adoptions and Safe Families Act of 1997 (implemented in Oregon in 1999). The time starts with the placement of the child in substitute care and addresses timely permanency and oversight for children. There is to be a Permanency Hearing within 14 months of the child's placement in substitute care (or 12 months from the date of jurisdiction, whichever comes first) and no less than once every 12 months after the initial Permanency Hearing.

Another very important aspect of the ASFA timelines is the 15 of 22 month timeline. If a child has been in substitute care for 15 of the last 22 months, DHS is to file a petition for termination of parental rights and pursue a plan of adoption for the child. The 15 of 22 timeline is cumulative. For example:

> *Child is placed in substitute care for 6 months and then returns home for 7 months. He/she is then returned to substitute care for 9 months. This would be a cumulative total of 15 months in substitute care over the past 22 months and would require the filing of a termination petition regarding the parents.*

There are exceptions to the mandate to file a termination petition and, if they apply, DHS must document them in the case plan.

The ASFA timelines play a role in the board determining sufficient parental progress (Finding #6) as this establishes the amount of time the parent has to address the adjudicated allegations relating to the child's placement before a termination petition should be filed or another concurrent plan implemented. It is also a key concept to include in determining if the permanent plan is most appropriate for a child as it is generally presumed that the plan of reunification is most appropriate if it is able to occur within the ASFA timelines.

Other Resources

ORS 419B.470

ORS 419B.498

What is ASFA?

Parents and ASFA

Life of a Dependency Case

INDIAN CHILD WELFARE ACT

"ICWA" stands for the Indian Child Welfare Act. This federal law was passed in 1978 in response to the alarmingly high number of Indian children being removed from their homes. It protects the best interests of Indian children and promotes the stability and security of Indian tribes and families. If a child is a member of an Indian tribe or is eligible for membership, the child is an Indian child under ICWA. Pending determination of Indian child status, ICWA applies.

In any case subject to ICWA, preference shall be given to foster care and pre-adoptive placements with (1) a member of the Indian child's extended family; (2) a foster home licensed, approved, or specified by the tribe; (3) an Indian foster home licensed or approved by a non-Indian authority; or (4) an institution approved by a tribe or operated by an Indian organization.

ICWA cases also require that DHS make a higher level of effort to prevent or eliminate the need for removal of the child from the home (Finding #1) and provide services to make it possible for the child to safely return home (Finding #4). Normally, the standard is "reasonable efforts," but in ICWA cases, the standard is "active efforts."

Examples of Reasonable Efforts

- Referring for services
- Managing a case
- Meeting minimum policy requirements

Examples of Active Efforts

- Arranging services
- Proactively engaging in diligent caseworker activity
- Creatively meeting the needs of children and families

For Finding #1, the board ensures DHS made active efforts to provide remedial and rehabilitative services to the family before the removal of an Indian child except to prevent imminent damage or harm to the child. The board will also want to know if DHS inquired about the applicability of ICWA immediately upon a child being taken into protective custody; if DHS provided notification to the child's tribe; if DHS performed a diligent assessment of the reasons for removal of the child and the ability of the parent or Indian custodian to safely care for the child; and whether absent parent searches were conducted.

For Finding #4, the board ensures DHS made active efforts to provide services to make it possible for an Indian child to safely return home. These efforts, in consultation with the child's tribe, include, but are not limited to: initial service plans, visitation plans, letters of expectation or action agreements, culturally appropriate assessment of child's needs within 60 days, and referrals to culturally appropriate services. Also, the board will want to know if DHS offered relevant services to all members of the household who will have responsibility to provide care for the child and if DHS has continued to make active efforts for the child to safely return home.

Other Resources:

Active Efforts Principles and Expectations

ICWA Key Provisions

ICWA Technical Assistance Guide

2013 CRB Conference

VOLUNTARY PLACEMENTS

Cases of children who are in foster care under a voluntary agreement between a parent or legal guardian and DHS have historically presented some unique challenges for the CRB because there is no dependency petition and no jurisdiction; yet the board is required to make findings and recommendations in voluntary cases as in cases in which jurisdiction is established.

There are two types of agreements a parent or legal guardian may enter into with DHS to have a child voluntarily placed in foster care.

- A *Voluntary Placement Agreement* is used when the sole reason for placement is to obtain services for a child's emotional, behavioral, or mental disorder, or developmental or physical disability.

- A *Voluntary Custody Agreement* is used when a parent or legal guardian is immediately and temporarily unable to fulfill his or her parental responsibilities.

In both types of agreements, all persons who have legal custody of the child must sign the agreement unless one of those persons is missing. If a person with legal custody is missing, the one who signs the agreement must provide DHS with information of the missing person's whereabouts. DHS must immediately begin a reasonably diligent search to find that person to provide him or her notice of the agreement.

When reviewing a voluntary case, boards should confirm under Basis of Jurisdiction, whether the agreement is a Voluntary Placement Agreement or a Voluntary Custody Agreement; who signed the agreement and when; and whether there is a person with legal custody of the child who did not sign the agreement; and if so, whether DHS made reasonable efforts to provide that person with notice of the agreement.

ICWA Determination

The Indian Child Welfare Act (ICWA) must be determined in voluntary cases. DHS policy states that if a child is an Indian child who is an enrolled member of or may be eligible for membership in an Indian tribe, each parent or Indian custodian who has legal custody of the child must sign the Voluntary Custody Agreement or Voluntary Placement Agreement in a hearing before a judge of a court with appropriate jurisdiction. Boards should confirm whether each parent or legal guardian completed the Verification of ICWA Eligibility form; and if ICWA applies, whether the voluntary agreement was signed during a court hearing before a judge.

Making Findings in Voluntary Cases

- *FINDING #1: DHS made reasonable/ active efforts to prevent or eliminate the need for removal of the child from the home.*

  This finding is a Yes by default in voluntary cases. Federal law states an agency is in compliance with removal and foster care placement requirements if reasonable efforts to prevent or eliminate removal have been made, or the removal is in accordance with a voluntary placement agreement entered into by a parent or legal guardian

- *FINDING #2: DHS has made diligent efforts to place the child with a relative or person who has a caregiver relationship*

  DHS is still required to conduct a relative search in voluntary cases although the child's level of supervision and treatment needs may require a higher level of care. Relatives can provide family information and history to develop and maintain the child's family relationships and cultural connections, and/or to engage extended family in managing the child's safety.

- *FINDING #3: DHS has ensured that appropriate services are in place to safeguard the child's safety, health, and well-being.*

  In this finding, the emphasis is on general child well being, including educational supports, verification of access to available services and appropriateness of placement. Note that when a child is placed with a Voluntary Placement Agreement, the child's parents must be consulted prior to obtaining ordinary medical, dental, psychiatric, psychological, hygiene or other remedial care unless authorization to provide care is specifically delegated to the department in the Voluntary Placement Agreement.

- *FINDING #4: DHS made reasonable/ active efforts to provide services to make it possible for the child to safely return home.*

  In voluntary cases, boards should also make this finding when the permanency plan is return to a legal guardian. The DHS case plan in a voluntary case, known as a Family Support Services Case Plan, addresses the service needs of the family, not just the child. At a minimum, DHS should engage parents in case planning for the child and a visitation plan should be in place. Additional services such as family counseling or parenting classes that address the special needs of the child may also be appropriate.

- *FINDING #5 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 permanency placement, including an interstate placement if appropriate.*

  Before a court can implement a concurrent plan, it must find that DHS has made reasonable/active efforts to reunify the family; the parents have not made sufficient progress to make it possible for the child to safely return home; and there are no further efforts that would make it possible for the child to safely return home within a reasonable time. Oregon's Court of Appeals has determined that these findings must be based on the allegations on which the court has taken jurisdiction. In voluntary cases, there are no allegations. In reviewing a voluntary case in which the court has implemented the concurrent plan, the board should recommend that a dependency petition be filed.

- *FINDING #6: The parents have made sufficient progress to make it possible for the child to safely return home.*

  This finding is made for each parent or legal guardian who signed the voluntary agreement when the permanency plan is reunification. In both types of agreements, the parent or legal guardian agrees to fully cooperate with DHS in developing the family support services case plan and making decisions for the child based on the child's indentified needs, and agrees to visit and financially support the child to the fullest extent possible. In some cases, the child is unlikely to return home, regardless of the level of parental engagement in case planning (e.g., sexual abuse case involving siblings who still reside in the home).

- *FINDING #7: DHS has made sufficient efforts in developing the concurrent permanency plan.*

  DHS is required to conduct concurrent planning if the child is placed pursuant to a Voluntary Custody Agreement. DHS is not required to conduct concurrent planning if the placement is pursuant to a Voluntary Placement Agreement. However, boards may recommend that DHS begin concurrent planning if the board believes it would

be appropriate given the circumstances of the case.

- *FINDING #8: DHS is in compliance with the case plan and court orders.*

  Federal and state law require the juvenile court to make a judicial determination that the placement is in the best interest of the child within 180 days of a voluntary placement or custody agreement. In most counties, this occurs at a court hearing requested by DHS. DHS is responsible for filing the request for judicial determination with the court and, where appropriate, requesting the court hearing.

  At the first CRB review of a voluntary case, the board should ask whether the court has made the 180-day best interest finding. If not, the board should recommend that DHS file the request and, if necessary, schedule a court hearing.

  When a guardian is appointed, the court maintains jurisdiction of the child and has the authority to review, modify, or vacate the guardianship on its own motion or upon the motion of a party; therefore, the court must be notified anytime a guardian enters into a voluntary agreement with DHS. It is also important that DHS' central office be notified if the guardian has been receiving guardianship assistance as a voluntary agreement may change the amount of that assistance.

  At the first CRB review of a voluntary case involving a guardianship, the board should ask whether or not the court has been notified of the voluntary agreement, and, if there is guardianship assistance, whether DHS' central office has been notified. If not, the board should recommend that DHS make these notifications.

  At the CRB review held 12 months after the child entered care, the board should ask whether the 14-month permanency hearing has been scheduled. If not, the board should recommend that it be scheduled. At every CRB review thereafter, the board should determine when the last permanency hearing was held, when the next one is scheduled, and make an appropriate recommendation to ensure that the next permanency hearing is within the timeline.

- *FINDING #9: The permanency plan is the most appropriate plan for the child.*

  Even in voluntary cases, DHS is required to file a petition to terminate parental rights if the child has been in substitute care for 15 of the most recent 22 months unless the child is being cared for by a relative and that placement is intended to be permanent, or there is a compelling reason that filing such a petition would not be in the child's best interest. If DHS has not filed a petition to terminate parental rights for a child that has been in care 15 of the most recent 22 months, and the reason is because it would not be in the child's best interest, boards should verify that the compelling reason is documented in the case plan.

  A dependency petition must be filed before a court can approve the concurrent plan. When a board finds that a plan of reunification is not the most appropriate plan for the child, it should recommend that a dependency petition be filed.

- *FINDING #10: There is a continuing need for placement.*

  Voluntary agreements can be terminated at any time by DHS or the parent or legal guardian. Voluntary Placement Agreements must end when a child reaches 18 years of age. Voluntary Custody Agreements, on the

other hand, can continue after age 18, but the young adult may terminate the agreement at any time.

Other Resources

Medical Services Provided Through OHP

CRB Voluntary Reviews Guide

CROSSOVER YOUTH

Crossover youth refers to children who are at risk of being, or are already involved in both the dependency and delinquency systems. Since the CRB does not review delinquency cases at this time, the issue will primarily come up with children who are already involved with both systems and DHS has custody of the child or for children who are in DHS custody and are at risk of getting involved with the delinquency system.

If a child (youth) is adjudicated regarding delinquency allegations the court may, in addition to probation or any other dispositional order, place the child who is at least 12 years of age in the legal custody of DHS if:

- The court has determined that a period of out-of-home placement and supervision should be part of the disposition in the case;
- The court finds that, because of the youth offender's age or mental or emotional condition, the youth offender:
    - Is not amenable to reform and rehabilitation through participation in the programs provided and administered by the youth authority; and
    - Is amenable to reform and rehabilitation through participation in the programs provided and administered by the department;
- The court finds that the department can provide adequate security to protect the community and the youth offender;
- The court provides for periodic review of the placement.

Some of the difficulties with reviewing this type of case are that DHS sometimes approaches the case as if they are responsible for placement only and they do not implement many of their standard policies such as relative search, concurrent planning and even the need for permanency hearings. Since the child/youth is in 'substitute care' all of the requirements pertaining to children in substitute care generally apply. Further, the statute regarding the court placing a child in DHS custody in this situation specifies that several of the statutes pertaining to dependency cases apply as if the youth offender were a ward. In summary this means that the child's safety, health and well being, and permanency (dependency) need to be addressed along with the issues of reformation, accountability and community safety (delinquency).

All of the CRB findings apply as they would in a dependency case. It is not uncommon to hear DHS report that they can't make the parents do any services because the parents have not been adjudicated. This is true but DHS should still offer services and if the parents are not engaged and progressing, a dependency petition may need to be filed.

It is important to remember that once the youth's probation expires, the commitment to DHS is no longer valid. In this circumstance, a voluntary agreement with the parents may be appropriate if the youth is not ready to safely return home. An important aspect of casework in this area is communication and collaboration between the DHS caseworker and the youth's probation or parole officer.

Other Resources

ORS 419C.478

Child Welfare Information Gateway

FINDING #1

WHY IS FINDING #1 IMPORTANT?

Federal law requires DHS to make reasonable efforts to prevent a child's removal from his or her parent. The Indian Child Welfare Act (ICWA) takes this a step further and requires DHS to make active efforts to prevent the child's removal if the child qualifies as an "Indian child" under the act. These requirements are based on data that shows outcomes for children are usually better if they are maintained safely at home with parents, than if they are removed and placed in foster care.

In Oregon, the juvenile court makes a finding as to reasonable/active efforts at the time of the shelter hearing. The CRB is also required to make the finding at the time of the first CRB review. Repeated "no" findings provide DHS with valuable feedback regarding its efforts to keep children safe at home.

Some Oregon counties have Safe and Equitable Foster Care Reduction (SEFCR) Teams, also called "Casey Teams," working on practices to reduce the number of children in foster care, including reducing the number of children who enter care. These teams are a result of a partnership between Casey Family Programs, the Oregon Judicial Department, and the Department of Human Services and are interdisciplinary in nature. Eleven Oregon counties currently have teams working on strategies to:

- Safely reduce the number of children in foster care by 26%,
- Increase relative placements by 50%,
- Reduce children entering care by 10%,
- Increase foster care exits by 20%,
- Reduce the disproportionality index for Native and African American children, and
- Maintain or reduce current child abuse and neglect recurrence rate of 7.5%.

Discussions are currently underway to identify the most effective strategies used by local counties and determine how those can be shared and tailored to the entire state.

Removal decisions are guided by the Oregon Safety Model, a model for ensuring child safety in the context of child welfare services. The model distinguishes and gives examples of "present" danger, which is considered immediate, and "impending" danger, which describes underlying facts that contribute to the present danger. If the child is in "present" danger, DHS will develop a "protective action", which may include removal of the child, while the assessment is completed. The model also outlines practices around determining parental protective capacity, child vulnerability, 16 universal safety threats, safety decisions, and disposition.

Other Resources

SEFCR Project

Oregon Safety Model

CHILD PROTECTIVE SERVICES ASSESSMENT

Before a child can be removed from his or her parent, the state must complete a Child Protective Services (CPS) Assessment and make a determination that the child can't be safely managed in the home.

The process starts with a report of alleged child abuse or neglect either to law enforcement or child welfare. A CPS Assessment is required if the information

received by DHS constitutes a report of abuse or neglect as defined by Oregon law, and the information indicates the alleged perpetrator is a legal parent of the alleged victim; the alleged perpetrator lives in the victim's home; the alleged perpetrator may have access to the child victim and the parent or caregiver may not be able or willing to protect the child, or the alleged child abuse occurred in a day care facility or the home of a foster parent. If one of these circumstances does not exist, DHS will label the report "closed at screening".

DHS must respond to the report within 24 hours when the information received constitutes a report of child abuse or neglect as defined in ORS 419B.005 in which a child is alleged to be unsafe. If the screener can clearly document how the information indicates the child's safety will not be compromised by not responding within 24 hours, the assessment can be completed within five calendar days.

The first determination to be made by the screener is whether the child is unsafe. A child is unsafe if there is a safety threat that the parent can't protect the child from, and the child is vulnerable to the threat. In making this determination, the CPS worker gathers information through interviews with the child, siblings, and parents, and observation.

- *Is there a safety threat?*

  The screener must have, or attempt to have, face-to-face contact with the alleged victim, parent/caregiver, siblings and all children and adults living in the home. The screener will also review prior child welfare records and contact collateral sources, such as the child's doctor, and others who have a personal or professional relationship with the family. During this time, the screener will collect information to determine if there is a safety threat to the child.

- *Is the child vulnerable?*

  A vulnerable child is unable to protect him or herself from the identified safety threat. The screener considers the child's physical and emotional development, ability to communicate needs, mobility, size and dependence.

- *Will the parent protect the child?*

  The screener must determine whether a parent will protect the child against the identified safety threats. This is called a "protective capacity assessment". If the screener determines the parent won't protect the child, the screener must initiate a protective action.

A protective action will be needed if a determination has been made that the child is unsafe and the screener needs additional time to complete the assessment. This is an immediate, same day, short-term plan that will terminate when the assessment is complete. DHS may provide emergency certification for a relative if one is available to serve as a temporary placement.

To make a CPS disposition, the screener must determine whether there is reasonable cause to believe child abuse or neglect occurred. The possible determinations are:

- *Founded:* there is reasonable cause to believe child abuse or neglect occurred.

- *Unfounded:* there is no evidence of child abuse or neglect.

- *Unable to determine:* there are some indications of child abuse or neglect, but there is insufficient data to conclude there is reasonable cause to believe that child abuse or neglect occurred.

After disposition is determined, the screener makes a determination that the child is safe or unsafe.

It's important to note that Oregon law allows DHS to take a child into emergency

protective custody when there is severe harm or immediate threat of severe harm to the child and law enforcement assistance is not available. If the screener makes this determination at any time during the assessment, the removal is considered justified for purposes of the reasonable efforts determination.

DHS will also need to determine if the child is subject to the provisions of the Indian Child Welfare Act (ICWA). DHS is required to request orally from the parents or guardian at the time of the assessment the racial/ethnic background of the parents. According to DHS policy, DHS staff is required to make diligent efforts to identify children subject to ICWA within 24 hours of opening the case for assessment.

Other Resources

OAR 413-015-0400 thru 0485

CHILD SAFETY MEETING AND ONGOING SAFETY PLAN

After a CPS determination is made that a child is unsafe, a "Child Safety Meeting" is used to develop an ongoing safety plan. DHS must ensure the least intrusive interventions are used, and should consider whether an in-home safety plan is appropriate. The ongoing safety plan should be reviewed every 30 days and revised as the parent's protective capacity changes. If the child is placed out of home, DHS must develop conditions of return at the time of the ongoing safety plan.

In-Home Safety Plans

DHS is required to consider whether the child can be safely maintained at home through the provision of services and/or safety service providers. In order for an in-home plan to be appropriate, the following circumstances must exist:

- 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 agrees to the expectations in the ongoing safety plan and is willing to have safety services provided in the home; and
- The CPS worker determined that he or she can rely on the willingness of the parent or caregiver to comply with the in-home ongoing safety plan.

Safety service providers are typically friends, relatives or community partners who agree to a certain amount of supervision responsibilities as provided in the ongoing safety plan. The safety service provider must be screened and approved by DHS and be able to meet the responsibilities outlined in the plan.

Your local community may also have In Home Safety and Reunification Services to provide in home support to parents at the time of the assessment, or later in the case, when the child is returned home after being in foster care. These services typically include supervision and monitoring of child safety, basic parenting assistance, stress reduction, respite care, social/emotional support, safe housing assistance, food/clothing/basic needs, basic home management skills, and access to emergency medical, mental health, or addiction services.

Out-of-Home Placement and Safety Plan

As you consider whether DHS made reasonable efforts to prevent the child's entry into care, it is important to consider the following circumstances outlined in DHS policy that would justify an out of home placement:

- The safety threats are occurring in such a way as to prevent in-home safety management;

- The nature of the home environment is so out of control as to prevent in-home safety management;

- The parent or caregiver is unwilling to accept an in-home ongoing safety plan, or the people, resources, or safety services that are necessary to implement an in-home ongoing safety plan; or

- The willingness of a parent or caregiver to accept an in-home ongoing safety plan can't be confirmed or relied upon.

REASONABLE/ACTIVE EFFORTS DETERMINATION

There are a few key considerations when making your determination as to whether DHS made reasonable or active efforts to prevent or eliminate the need for the child's removal from the home:

- Reasonable/active efforts are presumed when no services would have eliminated the need for removal.

- Whether DHS contacted or attempted to contact both parents.

- Whether a parent was willing and able to participate in services.

- Whether safety service providers were identified, screened and were willing to serve.

- Whether DHS offered services to a willing and able parent designed to address the identified safety threat.

- If active efforts are required because ICWA applies, a higher level of culturally appropriate services are required.

Be aware the juvenile court may relieve DHS of the reasonable efforts requirement in circumstances of severe abuse or neglect of the child who is the subject of the assessment, or another child of the parent, or if the parent has lost rights to another child involuntarily.

FINDING #2

RELATIVES

Helping a child stay connected to family reduces trauma and promotes a child's stability, sense of identity, and self-esteem, which flow from knowing their family history and culture. When children must be removed from their home, preference must be given to placement with relatives or persons with a caregiver relationship to the child. Efforts to identify relatives must begin the same day the child is placed into care and continue throughout the case. In cases where the Indian Child Welfare Act (ICWA) applies, the placement preferences of ICWA must be followed.

For Finding #2, the board ensures DHS made diligent efforts to place the child with a relative or person who has a caregiver relationship. If the child is not placed with a relative or person with a caregiver relationship, the board asks about DHS' efforts, the status of the relative search, whether services need to be provided in order for a relative to be considered a resource, and, if ICWA applies, DHS' efforts to identify tribal leaders to assist in the search for relatives.

If a child has a sibling in need of placement or continuation in substitute care, DHS must make diligent efforts to place the siblings together unless the court finds that placement together is not in the best interests of the child or the child's sibling.

DHS broadly defines relatives as:

- Persons related to the child or young adult through a parent, including a putative father[1].
- Persons related to the child but not always through the child's parent.
- Persons distantly related to the child. This includes those persons who the family or child identifies, or the person self-identifies, as being related to the child by blood, adoption, or marriage but to a degree other than specified above.
- Persons not related to the child by blood or through legal means but identified by the child or family as a family member. These people must have an emotionally significant relationship with the child or the family prior to the child coming into substitute care.

Other Resources

ORS 419B.192

OAR 413-010-0300 thru 0340

2010 CRB Conference

PERSON WITH A CAREGIVER RELATIONSHIP

For Finding #2, the board ensures DHS made diligent efforts to place the child with a relative or person who has a caregiver relationship.

"Caregiver relationship" means a relationship between a person and a child or young adult that meets the requirements of all of the following:

- The relationship has existed for the 12 months immediately preceding the initiation of a dependency proceeding, for at least six months during a dependency proceeding, or for half of the child's life if the child is less than six months of age. A caregiver relationship does not include a

[1] A Stanley putative father is a father who is a party to the case and the biological father of the child who has never established paternity, but has assumed or attempted to assume parental responsibilities. A Pagan putative father is an alleged biological father who has not assumed or attempted to assume paternal responsibilities.

relationship between a child or young adult and a person who is an unrelated foster parent of the child or young adult unless the relationship continued for a period of at least twelve consecutive months.

- The person had physical custody of the child or young adult or resided in the same household as the child and provided the child or young adult on a daily basis with the love, nurturing, and other necessities required to meet the psychological and physical needs of the child or young adult.

- The child or young adult depended on the relationship to meet the needs of the child or young adult.

Other Resources

OAR 413-070-0060 thru 0087

RELATIVE SEARCH

DHS performs a relative search to identify a child's relatives and persons with a caregiver relationship to help manage the child's safety, provide a substitute care resource, provide a permanent placement resource, develop and maintain family relationships and cultural connections, and gather family information and family history to plan for meeting the child's needs.

For Finding #2, the board ensures that DHS made diligent efforts to place the child with a relative or person who has a caregiver relationship, the relative search began the same day the child was placed into care, and that there is an ongoing relative search.

To help DHS identify relatives, DHS communicates with the child, the parents, the tribe if the case involves an Indian child, and extended family members. In addition, DHS uses a number of resources to help locate relatives including Oregon data information systems, the internet, collateral contacts, and other community resources.

DHS must contact each identified relative as soon as reasonably possible and no later than 30 calendar days after a child's placement into care. They must also respond to inquiries from a relative as soon as reasonably possible but no later than 15 business days following the inquiry. The caseworker is required to document all identified relatives and persons with a caregiver relationship including the method of contact and each person's response.

Applicable Findings

In addition to Finding #2, the board confirms a relative search is ongoing when reviewing Finding #5 to help determine if DHS made reasonable efforts to place the child in a timely manner and to complete the steps necessary to finalize permanency. This is particularly important if a concurrent plan of adoption has been implemented and there is not an identified adoptive resource.

Other Resources

ORS 419B.192

OAR 413-070-0060 thru 0087

DHS Child Welfare Procedure Manual

2010 CRB Conference

PLACEMENT WITH SIBLINGS

Sibling relationships play a major role in how children develop and learn to interact with other people. Sibling bonds, just like parent-child bonds, influence children's developing sense of attachment.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 is the first federal law to address the importance of keeping siblings together. DHS must place

siblings together unless the court finds that placement of the siblings together is not in the best interests of the child or the child's sibling.

For Finding #2, the board ensures DHS has made the following efforts if a child has a sibling in need of placement or continuation in substitute care:

- Place siblings removed from their home in the same foster care, kinship guardianship, or adoptive placement, unless DHS documents that such a placement would be unsafe or not in the best interest of any of the siblings, and

- In the case of siblings removed from their home who are not placed together, provide frequent visitation or other interaction between siblings, unless DHS documents that visitation or other ongoing interaction would be unsafe or not in the best interest of any of the siblings.

When reviewing placement, DHS may consider a therapist's recommendation. Best practice indicates that the therapist should have experience with siblings in child welfare and that the same therapist should see all of the siblings in order to make a recommendation that is beneficial for the group.

If siblings must be placed separately, frequent visitation is important. Findings from the Child and Family Services Reviews conducted in all states found a significant association between visiting with both parents and siblings and permanency and well-being outcomes. If the distance between siblings is great, DHS should assist foster and adoptive families in maintaining frequent contacts through letters, email, social media, cards, and phone calls. Unless there is a safety issue, the board can help ensure that children have full contact information for all their siblings.

"My sister is only three years old, but she has a big heart with me in it. Jayden is braver than me. She is not scared of the dark like me. When I was left alone in a big house all I had was my sister to keep me company till someone returned. I love her…"

Joseph, age 7

Other Resources

OAR 413-070-0060 thru 0087

Sibling Issues in Foster Care and Adoption

SIBLING SPLIT COMMITTEE

Both DHS policy and practice should promote ongoing efforts to reunite separated siblings. However, despite supportive policies or a caseworker's best efforts, siblings may be placed separately.

When the concurrent plan of adoption has been implemented and a caseworker is considering the permanent separation of siblings in an adoption case, DHS holds a Permanency Committee. The Permanency Committee must consider the best interests of each child in the sibling group and each of the following factors when making a recommendation:

- The current and lifelong needs of each child in the sibling group;

- The existence of each child's significant emotional ties to each sibling in the sibling group; and

- The needs of each child in the sibling group for physical and emotional safety, ability to develop and maintain current and lifelong connections with the child's family, appropriate educational, developmental, emotional, and physical support, stability and permanency, and maintaining his or her identity, cultural, religious, and spiritual heritage.

The Permanency Committee considers all of the information presented and makes one of the following recommendations to the Child Welfare Program Manager:

- Separation of a child from one or more siblings is not in the best interest of the child or siblings, and the caseworker must continue to make efforts to place the siblings together for the purpose of adoption;

- Separation of a child from one or more siblings for the purpose of adoption is in the best interests of the child or the siblings; or

- When there are multiple siblings, recommendations with respect to which siblings in the sibling group should remain together for the purpose of adoption and how those matches are in the best interests of each sibling.

When making a final decision, the Child Welfare Program Manager considers the needs of each child and reviews the information presented and recommendations made at the Permanency Committee. If a decision is made to separate siblings, DHS' efforts to identify and recruit an adoptive resource must include recruitment efforts to identify an adoptive resource who can maintain connections between the child and one or more siblings unless such a connection is not in the best interests of the child or one or more siblings.

Other Resources

OAR 413-110-0100 thru 0150

FOSTER PARENT CERTIFICATION PROCESS

One of the single greatest needs in the child welfare system is for more caring families to provide safe, loving, and supportive homes for Oregon's most vulnerable children. Foster parents provide temporary out-of-home placement for the children the CRB reviews. The following are steps an applicant (age 21 or older) completes to be certified as a foster parent in Oregon:

1. *Gather Information*. Applicants attend a foster care information session at DHS to ask questions and learn more about becoming a foster parent before making a decision.

2. *Make a Decision*. Applicants and every member of the applicant's household are asked to consider a list of questions that can help them decide the right decision for their family.

3. *Complete an Application*. After deciding to begin the process of becoming a foster parent, the applicant completes an application.

4. *Background Check*. Applicants consent to DHS completing a reference check, child welfare check and criminal background check. Additionally, DHS performs an in home safety assessment of the applicant's home that includes face-to-face contact with all members of the household.

5. *Attend Training*. Applicants complete a training through DHS that includes information on topics such as the

children who will be in their care, how to effectively work with schools, therapists and others to help children in their care, and policies and procedures.

6. *Home Study*. Applicants consent to a home study. The home study consists of a series of interviews, home visits, meetings with members of the applicant's household, safety/fire inspections, and sometimes medical information from the applicant's doctor.

7. *Placing a Child*. After an applicant receives a Certificate of Approval, a certifier works with the family to decide what children the foster parent can best care for.

8. *Supervision*. When a child is placed in a foster home, the child's caseworker sees the child a minimum of once every month and a minimum of once every other month in the foster home. Caseworkers also have monthly contact with the foster parent.

9. *Assistance*. The DHS certifier continues to provide support, training, and guidance to foster parents after the foster parent becomes certified.

In addition to including a child as part of the certified family household, a foster family works with DHS, the child, and his or her family to support the case plan and meet the needs of the child including health, dental, mental health, education, recreation, social and emotional development, continued contact with family members, siblings, and relatives, and adequate and appropriate clothing.

Other Resources

OAR 413-200-0270 thru 0296

Standards for Certification

FINDING #3

GENERAL

CULTURALLY APPROPRIATE SERVICES

In this finding, board members determine whether or not DHS provided appropriate services that safeguard the child's safety, health, and well-being. DHS procedures require that culturally appropriate services and service providers must be utilized when sufficient funds are available.

Typical services DHS might provide in a case may appear appropriate or reasonable but the inquiry should not stop there. Many cases have a cultural component and, in those cases, culturally appropriate services need to be a part of the case plan.

What are culturally appropriate services? In general, the term references social and ethnic patterns, often including heritage, language, beliefs, race, national origin, religion, art, dance, clothing, institutions, and customs. In Finding #3, board members should focus on services to the child, but remember that services might also involve a parent. For example, services might include family counseling with a therapist that speaks the child and parent's primary language.

Federal laws impact services to the child and family and sometimes the service has a cultural component. The ICWA requires "active" efforts to reunify the Indian family, but the adequacy of services in this finding is judged by the appropriateness of services to address the needs that caused the child to be removed and all health, safety and well-being services, including culturally appropriate services. For example, consider recommending the child attend a Pow Wow, Tribal ceremony, sweat lodge, cultural activity, Tribal mentor service, Tribal high-risk youth counseling program, or Tribal summer camp.

The Refugee Child Act involves children that are unable to return to their home country due to fear of persecution based upon race, religion, nationality, or membership in a particular group or political opinion. Cultural services in Refugee Act cases might include placement with a foster family of the same ethnicity, service providers that speak the child's primary language, transportation to religious services, adherence to special holidays, or educational placement based upon the school's English as a Second Language options.

The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 are separate acts that ensure a child receives a free and appropriate education including any needed services or accommodations, some of which may reference cultural topics. The IDEA provides special education services for children with disabilities (intellectual, speech, hearing, visual, serious emotional, orthopedic, autism, traumatic brain injury, or other health impaired and specific learning disabilities).

Children that qualify for IDEA services are also protected by Section 504 and the Americans with Disabilities Act (ADA). Not all children with a disability meet the specific requirements of the IDEA, but any child with a disability is covered by Section 504 and should have an Accommodation Plan to address school and extra-curricular activities related to physical or mental impairment that substantially limits one or more major life activities. Also watch for any culturally appropriate services related to Title VI of the Civil Rights Act of 1964, an act that prohibits discrimination in the form of race, color, and national origin; and, the ADA, an act that prohibits discrimination and ensures equal opportunity.

As you determine if DHS has provided appropriate services always consider any

applicable culturally appropriate services. If the board determines the services provided are less than appropriate then the finding is No. If DHS has referred the appropriate service then the answer will frequently be Yes but waiting list problems and excuses like "that service is not available in this county" can result in a No.

Applicable Findings

Culturally appropriate services in Finding #3 are directed at the child's safety, health and well being, however if the service involves a parent then Finding #4 and Finding #6 might be applicable.

Other References

Individuals with Disabilities Education Act

Section 504, Rehabilitation Act of 1973

Indian Child Welfare Act of 1978

Americans with Disabilities Act of 1990

Title VI of the Civil Rights Act of 1964

OAR 413-015-0465

OAR 413-070-0100 thru 0260

OAR 413-070-0300 thru 0380

COURTESY WORKERS

When a child is placed in a county other than the county that has jurisdiction of the case, DHS is required to provide notification to the receiving county that a child will be placed in that county whether or not that office will be asked to provide courtesy supervision. Advance notification is the general rule unless an immediate placement is required. Under these circumstances the receiving branch is to be notified the next working day. Notification includes, but is not limited to, the following information: the ongoing safety plan, child welfare case plan, current action agreement, current petition and court order, CANS screening results and any related supervision plan, whether the child will need personal care services and any other relevant information (e.g., a psychological evaluation) that may be helpful to the receiving county.

Prior to making a request for courtesy supervision, the caseworker is to consult with a supervisor in order to consider the needs of the child. A packet of information is then prepared for the receiving counties child welfare manager. The receiving county will notify the sending branch of receipt of the packet and will contact the caseworker within 14 days to identify an assigned caseworker, develop a plan for services, and clarify roles and responsibilities. The receiving county's caseworker assumes responsibility for required face-to-face contact. All other responsibilities will be negotiated.

Notification is not required when placing a child in a residential treatment program except when a child has developmental disabilities. Under these circumstances, the sending caseworker must provide written notification to the Developmental Disabilities case manager in the receiving county that a child has been placed within the service area. What this means is that a child placed in residential treatment will continue to receive all support and services, including face-to-face contact, through the caseworker. Courtesy supervision will not necessarily be established and no services will be provided by the county where the child is placed. It is noteworthy that under certain circumstance, some counties will provide face-to-face contact.

In situations where it is necessary to study or certify a home out-of-county, the caseworker makes a request to the receiving county to provide certification or adoptive home study services. If the receiving county's timelines cannot meet the needs of the child, the sending county may

request permission to certify/study the home in the receiving county.

Other Resources

DHS Policy I-B.3.4.3

Face-to-Face Contact

DHS must have monthly face-to-face contact with a child or young adult in a child welfare case. The contact must occur in the substitute care placement every other month. The contact must be made by the primary caseworker, the caseworker's supervisor, or another caseworker or supervisor designated by the caseworker's supervisor. A Social Service Assistant may provide face-to-face contact no more than one time in any three-month period, no more than four times within a year, and is not allowed for consecutive months.

DHS is required to have monthly contact with the foster care provider. Face-to-face contact with the child must include at least one of the certified foster parents who provide direct care for the child.

Face-to-face contact with parents by DHS staff is required on a monthly basis. The exception is if a parent is not available or if contact could compromise the safety of the caseworker.

When a child is placed in another state through ICPC or internationally, the caseworker must request that officials from the receiving state or country have monthly face-to-face contact. If the receiving state or country is unwilling to provide such contact a plan must be developed to meet this requirement.

Other Resources

OAR 413-080-0040 thru 0067

MENTAL HEALTH

Mental Health Assessments, Services, and Placements

In general, mental health services for children in foster care are driven by the DHS caseworker, Oregon Health Plan, the Children's Mental Health System, and, if the child qualifies for the Intensive Community Treatment Services (ICTS), the Child and Family Team or Wraparound Team.

The state is divided into different geographic areas covered by various mental health organizations responsible for meeting the mental health needs of all children enrolled in the Oregon Health Plan. The mental health organizations contract with a variety of local mental health service providers who are responsible for the delivery of services (such as the county mental health program or a non-profit organization).

The process involves the child receiving assessments that determine which, if any, services and placements are appropriate. All children 3 and older are required to have a referral for a mental health assessment within 60 days of placement. In order to receive mental health services, a child must have a DSM-IV diagnosis with few exceptions. Children also receive a Child and Adolescent Needs and Strengths (CANS) assessment through DHS which is used to determine placement, support, and supervision needs. In more complex cases, children can receive a Child and Adolescent Severity Intensity Instrument (CASII) assessment to access an array of mental health services, supports, and placements.

DSM Diagnosis

A DSM diagnosis is a standardized mental health diagnosis that is made according to the Diagnostic and Statistical Manual of

Mental Disorders, 5th edition (DSM-V). With this manual, there is a 5 Axis system of diagnosis that is used.

The five axes are as follows:

- *Axis I: Clinical Disorders* - Disorders usually diagnosed in infancy, childhood, or adolescence (e.g., Autism, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post-traumatic Stress Disorder, Conduct Disorder, Attachment Disorder, and Depression).

- *Axis II: Personality Disorders and Mental Retardation* - Examples include Paranoid Personality Disorder, Borderline Personality Disorder, Antisocial Personality Disorder, Dependent Personality Disorder, and Mental Retardation.

- *Axis III: General Medical Condition* - General medical (physical) concerns that may have a bearing on understanding the client's mental disorder, or in the management of the client's mental disorder. Fetal Alcohol Syndrome or Effect is an example.

- *Axis IV: Psychosocial and Environmental Problems* - Examples include problems with the primary support group, problems related to social environment, educational problems, placement in foster care, and separation from family.

- *Axis V: The Children's Global Assessment Scale (CGAS)* - A numeric scale (1 through 100) used by mental health clinicians to rate the general functioning of children under the age of 18. There is a different 100 point scale used for adults.

The Children's Global Assessment Scale scores are as follows:

- *100 - 91*: Superior functioning in all areas; at home, school, and with peers.

- *90 - 81:* Good functioning in all areas; secure in family, school, with peers.

- *80 - 71:* No more than slight impairments in functioning.

- *70 - 61:* Some difficulty in a single area, but generally functioning well.

- *60 - 51:* Variable functioning with sporadic difficulties or symptoms in several but not all social areas.

- *50 - 41:* Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area.

- *40 - 31:* Major impairment of functioning in several areas and unable to function in one of these areas.

- *30 - 21:* Unable to function in almost all areas.

- *20 - 11:* Needs considerable supervision to prevent hurting others or self.

- *10 – 1:* Needs constant supervision (24-hour care).

ASSESSMENTS

Child and Adolescent Needs and Strengths (CANS). A CANS screening is a process of integrating information on a child's needs and strengths for the purposes of case planning, service planning and determining the supervision needs of the child. There are two versions of the CANS tool, one for children 0-5 years of age, and one for children 6-20. The CANS screening provides information to establish a level of care for a child (whether the child will

receive an additional level 1, 2, or 3 payment), establish areas where a child has identified supervision needs, and important case planning information.

It is the caseworker's responsibility to refer every child who is placed in substitute care for a CANS screening between the 14th and 20th day of out of home care. The CANS screening provides valuable information for case planning, service delivery, and may establish a level of care payment for the enhanced supervision needs of a child.

CASII (Child and Adolescent Severity Intensity Instrument): An assessment tool to determine need of service for a child or adolescent (6 – 18 years of age), developed by the American Academy of Child and Adolescent Psychiatry

Comprehensive Mental Health Evaluation: A comprehensive mental health evaluation will involve clinical assessment and information gathering. A core part of a comprehensive mental health assessment is the clinical formulation. This is a clinical summary of the assessment using a bio-psycho-social approach. The evaluation will include the DSM-V diagnosis, the prognosis and current risks. Following the completion of the comprehensive mental health assessment, a treatment plan is developed if appropriate. A standard treatment plan includes recommended actions to reduce and/or manage risk, recommendations regarding the need for follow up assessment/treatment and an outline of treatment objectives. A mental health evaluation is a part of the intake process for accessing services. The evaluation should be updated annually if services are continuing.

Psychological Evaluation: Psychological evaluation is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities. Psychological testing is nearly always performed by a licensed psychologist, or a psychology trainee (such as an intern). Psychologists are the only profession that is expertly trained to perform and interpret psychological tests.

Psychological testing is not a single test or even a single type of test. It encompasses a whole body of research-backed tests and procedures of assessing specific aspects of a person's psychological makeup. Some tests are used to determine IQ, others are used for personality, and still others for something else.

Psychological evaluations can be used to access certain services and placements or to gain a better understanding of a child's diagnosis, treatment needs and case planning. In general psychological evaluations are updated no more frequently than once every two years. However, an update can occur more frequently under some circumstances.

Neuropsychological Evaluation: These tests evaluate functioning in a number of areas including: intelligence, executive functions (such as planning, abstraction, and conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles. A complete evaluation generally takes between 2 and 5 hours to complete, but can take up to 8 hours. Occasionally, it is necessary to complete the evaluation over 2 or more sessions.

Neuropsychological evaluations are performed by a licensed psychologist that has specialized training in this area. They are often useful to help determine strategies to address academic supports and developmental issues and if it is suspected there are cognitive issues impacting emotional or behavioral problems. A neuropsychological evaluation is often helpful in determining a child's eligibility for Developmental Disabilities services.

Psychosexual Evaluation: A psychosexual evaluation is an evaluation that focuses on an individual's sexual development, sexual

history, sexual adjustment, risk level, and victimology. It also includes a full social history, familial history, case formulation, and specific treatment recommendations. A psychosexual evaluation is a standard part of sex offender treatment and can also be used to assist in case planning with respect to children having contact with siblings, parents or others who are sex offenders.

Drug and Alcohol Assessment: A drug and alcohol assessment is used to determine the history, scope and severity of substance abuse issues. The assessment will conclude with a diagnosis and treatment recommendations or levels with the highest being inpatient treatment and the lowest being drug and alcohol education groups. The A&D service provider will apply placement criteria from the American Society of Addiction Medicine (ASAM) to determine the appropriate level of care for services.

Services

Service Array: An array of mental health services that is required to be provided by each Mental Health Organization for all children on OHP in the geographic region.

Skill Training: Behavioral based skill training. This can be individual or group skill training and generally addresses issues such as social skills, communication, hygiene or recreation. This service is often provided in home.

Counseling/Therapy: There are many styles of therapy but most involve cognitive-behavioral approaches. Therapy is most often on an individual basis but can include sibling groups or be provided in a group format.

Play Therapy: Play therapy is generally used with younger children and involves the therapist utilizing this modality to build a positive therapeutic relationship and also assess the needs of the child.

Parent Child Interaction Therapy: Involves working directly with the parent and child to address issues within their relationship and help the child increase healthy ways of interacting and functioning. Parents are helped to become more reflective, develop a deeper understanding of their child and their role in their child's life. They also learn how to interact with their child in ways that promote a healthy and secure attachment and to support a healthy growth and development trajectory.

Family Therapy: Is utilized to address family dynamics, communication and relationship issues. It is helpful in repairing or establishing relationships between children and their parents and also to assist parents with improving the overall functioning of the family.

Dialectical Behavior Therapy (DBT): DBT is a form of mental health therapy that was originally developed to treat people with Borderline Personality Disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice. Research indicates that DBT is also effective in treating patients who present varied symptoms and behaviors associated with mood disorders, including self-injury. Recent work suggests its effectiveness with sexual abuse survivors and chemical dependency. DBT generally involves both group and individual work.

Sex Offender Treatment: Sex offender treatment can be inpatient or outpatient. It generally requires a high level of structure and supervision for community safety. Offenders go through a process of accountability regarding their actions which are often verified with polygraph testing. The first such test is referred to as the "full disclosure" test. Subsequent polygraphs are used to verify treatment gains and appropriate thinking and behavior. Sex offender treatment usually includes a focus on clarification with victims when

appropriate (a process of taking accountability and responsibility for harming the person and making sure the victim knows it was not his or her fault) and a relapse prevention segment.

Family Sex Abuse Treatment (FSAT): This is a service for non-offending parents and children to assist them with processing and healing with respect to exposure to sexual victimization. This is generally completed in a group modality which encourages participants to see that they are not alone and open up to share with and support other group members. It also is designed to enhance the protective capacity of non-offending parents or caregivers.

Drug and Alcohol Treatment: Ranging from education about drugs and substance abuse to intensive treatment with weekly individual and group therapy along with urinalysis. There is often a family component of treatment and also general mental health treatment and skill training included in the program.

Wraparound: Wraparound is an evidence-based service coordination process. It is how an integrated system of care is implemented and is provided to very high needs children. This is the highest level of the service array and will involve a case manager and a wraparound team including DHS, parents, foster parents, teachers, service providers, and others. Some components of Wraparound are:

- Family and youth-driven system;
- Integration of all child-serving systems;
- Combined funding;
- Culturally competent planning, services, and oversight;
- Ensuring that children and adolescents are at home, in school, out of trouble, and with friends.

Placements

In general there are two different types of therapeutic placements, Behavioral Rehabilitation Services (BRS) and psychiatric placements provided through Children's Mental Health and the local Mental Health Organization. BRS placements include therapeutic foster homes, group homes, and residential treatment. Psychiatric placements include psychiatric residential placements (including day treatment), sub acute, and state hospital.

Children are required to be placed in the least restrictive placement that can meet their needs. The continuum of placements starts with regular relative or non-relative foster care placement (with preference given to placement with relatives and siblings). The following list increases in the amount and type of structure, support and services.

Professional Shelter Care: Short-term substitute care provided to a child for whom regular foster care is unavailable or inappropriate due to the child's needs or behaviors. This is generally for children who require short-term stabilization of behavioral and emotional problems before returning home or to less restrictive placement or for children who need an evaluation for possible placement in residential care.

Treatment Foster Care or Therapeutic Foster Care: Specialized placements with trained staff and foster parents, and case coordination of services provided with a treatment plan and generally in conjunction with outside mental health services. Skill development activities are delivered on an individualized basis and are designed to promote skill development in areas identified in the treatment plan.

Therapeutic Group Home: A home providing planned treatment to a child in a small residential setting. Treatment generally includes individual and group skills development, medication

management, individual therapy, and consultations as needed.

BRS Residential Placement: All child welfare residential care programs are Behavior Rehabilitation Services programs. BRS are Medicaid-funded child welfare services that provide behavioral intervention, counseling and skill-building services to a child in either a facility-based or therapeutic foster home placement setting.

Every child referred for placement in a BRS program must have demonstrated behavioral or emotional problems that cannot be managed and remedied in a less structured and less restrictive environment or through the use of available community resources and supports. Each BRS program serves a specific age range and gender. Certain BRS beds are designated to serve special populations such as children with borderline IQ, or children who have sexually reactive or aggressive behaviors.

DD Residential Placement: Specialized residential placements to address the needs of children with developmental disabilities. The services provided are similar to other residential programs for children but with specialized approaches and techniques for this population.

JCAHO (The Joint Commission on Accreditation of Healthcare Organizations) Psychiatric Residential Program: A program which provides non-emergency inpatient (residential) psychiatric services for children under age 21 in residential facilities which are licensed by DHS and accredited by the JCAHO. These programs must meet Psychiatric Day Treatment standards regarding staffing credentials and patterns; the integration of education and treatment; and family focused, community-based treatment.

Residential Drug and Alcohol Treatment: While services may vary depending on the type of program, they most often include detoxification, remaining drug- and alcohol-free, counseling, education, decision-making, and life skills development.

For all the complexity and scope of mental health services to children, effective CRB review can be accomplished with some fairly standard questions:

- What has been done to assess the needs of the child and has it been timely?
- Are there any further assessments that could or should be completed?
- Have services been provided in accordance with the assessment results and recommendations?
- Are treatment services effective and, if not, what will be done to increase effectiveness or revise strategies?
- Should the child be in a higher or less restrictive level of care?
- Is there a detailed plan regarding transitioning the child into a less restrictive level of care?

Include in these questions the DHS caseworker, parents, child's attorney, CASA, and any treatment providers in attendance at the review. Include the child's input when appropriate. Sensitivity is required when addressing very personal issues of a child in an open group setting. General questions such as "Are you in treatment?" and "Do you feel you are benefitting from treatment?" are appropriate.

Don't fall into the role of a service provider during the review. You should not be trying to diagnose or develop a treatment plan for the child. Rely on the professionals and others who have been working with the child or have known the child over an extended period of time. If you have concerns about what is or is not being done, turn these into questions and/or recommendations.

Other Resources

Children's Mental Health Website

DHS Procedure Manual, Ch. 4, Sec. 2

DHS Procedure Manual, Ch. 4, Sec. 6

DHS Procedure Manual, Ch. 4, Sec. 7

DHS Procedure Manual, Ch. 4, Sec. 24

2011 CRB Conference

Effects of Child Sexual Abuse

Treatment of Child Sexual Abuse

Juvenile Sex Offenders

Facts for Families

PSYCHOTROPIC MEDICATIONS

The issue of psychotropic medication use with foster children is an evolving and complex issue. It involves input from many parties including parents, children, caseworkers, therapists, psychiatrists or doctors, foster parents, child's attorneys, and CASAs. Some of the concerns regarding the issue include a disproportionately high number of foster children on medications; the use of psychotropic medication with very young children; the use of multiple psychotropic medications at the same time; the use of medications without attempting other interventions or clarifying the intended purpose of the medication; the many side effects of psychotropic medications; and the fact that most have not been tested for use with children. The positives include helping children regulate their emotions and/or behaviors to improve functioning, avoid disrupting placements, and increase school performance.

What is a psychotropic medication?

A psychotropic medication is one that the prescriber intends to affect or alter thought processes, mood, or behavior. The classification of a medication depends upon its stated, intended effect when prescribed.

DHS Responsibilities

Mental Health Assessment

DHS is required to provide a mental health assessment by a qualified mental health professional or licensed medical professional prior to the issuance of a new prescription for more than one psychotropic medication or any antipsychotic medication.

Informed Consent

DHS must provide written consent prior to the administration of any new prescription of psychotropic medication unless there is an urgent medical need. A child 14 years or older may provide the written consent. On voluntary cases, the parents must provide informed consent.

Notice to Parent and Representatives

DHS is required to provide the child's parent, the parent's legal representative, and the child's legal representative or CASA with notice of:

- The prescribed medication,
- Amount of the dosage,
- The dosage recommended pursuant to a medically accepted indication,
- The reason for the medication,
- The efficacy of the medication, and
- The side effects of the medication.

Report of Side Effects

The caseworker is required to ensure a report is made to the prescribing medical professional if the child's condition is not improving or is deteriorating, or is suspected to be experiencing side effects from the medication. Some side effects are very serious including involuntary tics and motor movements, and damage to internal organs.

Annual Review

DHS is required to provide an annual independent (provided by someone other than the prescriber) review of the medication if:

- The child has more than two prescriptions for psychotropic medications, or
- The child is under the age of six.

Foster Parent Responsibilities

Notice to DHS

The substitute caregiver is required to provide DHS notice of a new prescription for psychotropic medication within one working day after receiving the new prescription.

Medication Log

The substitute caregiver must keep current medical and mental health records, and a current medication log that includes all medications administered to the child, including the name of the medication, dosage, and the time and date of administration. The completed medication logs and any medication records obtained during medical visits are to be submitted to DHS at the end of each month.

Issues relating to psychotropic medication use are addressed under Finding #3 regarding services to the child. The focus of questions and findings should be with respect to implementation of the procedural safeguards listed above, the effectiveness of the medications, any prominent side effects, and regular medication management. The board should be careful not to fall into the role of a service provider or medical professional, or insert their personal opinion or experiences regarding psychotropic medications.

Other Resources

ORS 418.517(2)(c)

OAR 413-070-0400 thru 0490

Tips for Advocates and Judges

Medication Reference Chart

DRUG AND ALCOHOL TREATMENT

In Finding #3, drug and alcohol treatment services refer to the child's need for treatment as part of safety, health, and well being. If you feel a child is exhibiting signs of substance abuse or is at high-risk for developing a dependency to drugs or alcohol then recommend an alcohol and drug (A&D) assessment. The evaluator will ascertain the level of care needed and recommend the appropriate services.

The A&D service provider will apply placement criteria from the American Society of Addiction Medicine to determine the appropriate level of care and services required. DHS must fund the assessment and any recommended services. Outpatient alcohol and drug services are an Oregon Health Plan (OHP) covered service. Residential services are paid via DHS contract with the residential provider.

Typical A&D services include: detoxification, counseling, A&D treatment, Al-anon, Alateen, random urinalysis, education, decision-making, and life skills development. The caseworker signs the appropriate consent forms and acts as the child's advocate to ensure appropriate

services are implemented. If residential care is elected, the caseworker will notify the attorneys, parents and care providers of the placement change. When residential care is completed, the caseworker will move the child to a less restrictive environment supported by community based outpatient services.

If the caseworker is struggling with placement and service options, then consider making a recommendation that the caseworker collaborate with the alcohol and drug treatment provider, the DHS supervisor, the DHS Resource Developer for local service options, and/or the DHS Residential Resource Consultant regarding openings and services at the various residential facilities in the state.

Other Resources

A&D Service Directory

DHS Procedure Manual, Ch. 4

DHS Policy I-I.4 Residential Referrals

EDUCATION

INDIVIDUALIZED EDUCATION PLANS AND 504 PLANS

Individualized Education Plan (IEP)

An IEP is an individualized, written education plan with short-term objectives and measurable annual goals in all necessary academic and social-emotional areas. It includes designations for support services and indicates the minimum time for specially designed instruction.

If the child is not already on an IEP, the foster child's educational decision maker must first request an IEP evaluation of the child's abilities and functioning. A child's education decision maker may be a biological parent, foster parent, or guardian; but cannot be DHS. After the request for an IEP, the district should complete the evaluation, addressing all areas of concern, within 60 days. If the child is deemed eligible for an IEP, a meeting to craft the IEP must be held within the following 30 days.

If a child arrives at school with an IEP, the school must implement the IEP with comparable services until the team can meet to determine if a modification is necessary or if further evaluation is needed.

Here are some common supports a child may receive while on an IEP:

- Assistive technology,
- Behavioral support,
- Additional time for testing, and/or
- A transition plan to and from the classroom

When a foster child is on an IEP, volunteer board members should inquire with the educational decision maker whether the school is meeting the accommodations the foster child needs.

504 Plans

A 504 Plan is a plan that ensures that students with disabilities have access to school facilities and programs similar to non-disabled students. A 504 Plan typically describes accommodations the school will make to facilitate a student's learning such as:

- Preferential seating,
- Removal of physical barriers, and/or
- Providing materials in alternate formats.

Many students who do not qualify for an IEP may qualify for a 504 plan. Volunteer board members should inquire into the possibility of a 504 Plan if a student has been deemed ineligible for an IEP.

Other Resources

Special Education Advocacy

Determining Whether Child is On Track to Graduate

As part of Finding #3, volunteer board members should inquire whether a high school age child is on track to graduate from school on time.

The Oregon Department of Education (ODE) has set the minimum requirements students must meet to earn an Oregon diploma. Individual school districts across the state may have additional requirements for students to graduate, so the ODE minimum requirements are the baseline.

Students are required to complete 24 credits by the end of their senior year in order to graduate. If a student appears to be behind in credits, the board should inquire into various methods of credit recovery, such as summer or night school, online credit recovery, or an alternative educational setting. The required credits are divided into these sections:

- English/Language Arts—4.0 credits
- Mathematics—3.0 credits (Algebra I and above)
- Social Sciences—3.0 credits
- Physical Education—1.0 credit
- Health—1.0 credit
- Second Language/Arts/Career and Technical Education—3.0 credits
- Electives—6.0 credits

In addition to credits, students are required to demonstrate proficiency in Essential Skills. Essential Skills are skills needed for success in college, the workplace, and civic life. The following three options have been approved by the Oregon Department of Education as a way for students to demonstrate their proficiency in Essential Skills:

- The OAKS (Oregon Assessment of Knowledge and Skills) state test,
- Work samples (using official scoring guides),
- Other approved standardized tests (SAT, ACT, PSAT, etc.).

Modified Diplomas

As part of Finding #3, volunteer board members should inquire about modified diplomas when a child is not on the traditional diploma track.

A modified diploma may be available to students who cannot earn a traditional high school diploma. The Oregon Department of Education states that in order for a student to be eligible for a modified diploma, a student must have a documented history of an inability to maintain grade level achievement due to significant learning and instructional barriers, or a documented history of a medical condition that creates a barrier to achievement.

Students are required to complete 24 credits of coursework, but the courses are only required to be developmentally appropriate to the child. Important considerations for volunteer board members in regards to modified diplomas include:

- Students receiving a modified diploma must be allowed to attend the traditional graduation ceremony.

- The student's school team determines whether a modified diploma is appropriate or not.

- Most four year universities do not accept modified diplomas for entrance. Most community colleges do accept modified diplomas for entrance.

- Students graduating with a modified diploma may not be eligible for financial aid.

There are times when a student's school team should re-evaluate the necessity for the student to be on the modified diploma track. When appropriate, volunteer board members should ask parties when the last time a student's graduation plans were evaluated.

EDUCATION ADVOCATES

As part of Finding #3, volunteer board members should inquire about seeking an education advocate when it appears that a child's educational needs are significantly overlooked.

An education advocate (or surrogate) stands in for the parents, when parents are unavailable, to advocate for the educational needs of a child. The education advocate makes important decisions for the child's educational needs, including initiating education assessments, consenting to testing, and planning for individualized education plan development. In Oregon, the school or Court can appoint an education advocate.

Board Members should note that a child's DHS caseworker is not allowed to also serve as an education advocate.

Other important considerations for volunteer board members include:

- Foster parents, court appointed special advocates, and family friends or relatives (amongst others) may be education advocates.

- Education advocates should be designated when the child is made a ward or upon recognition of a child's educational needs being unmet.

- An education advocate should be familiar with the child's education needs.

- An education advocate must work independently of the school district in which the child attends school

STAYING IN THE SAME SCHOOL

Whenever a child enters foster care, they are faced with the possibility of numerous transitions. Each transition has the potential to further traumatize the child. Volunteer board members should be checking the case plan to make sure DHS is making every effort to minimize the number of transitions.

As part of Finding #3, volunteer board members should inquire into DHS' efforts to keep children in the same school they were in prior to entering foster care (or if in substitute care, prior to changing foster placements). Keeping children in the same school provides some level of predictability for children in foster care. If DHS plans to move the child to a different school, it must demonstrate to the juvenile court that the change in school is in the child's best interests.

The McKinney-Vento Act, first passed in 1987, provides for additional supports to homeless children. Although not interpreted uniformly, the McKinney-Vento Act defines

homelessness in part to include children "awaiting foster care placement." Since this is federal legislation, there may be additional funding available to DHS to help keep children in the same school placement. Volunteer board members should inquire about the existence of McKinney-Vento funding.

DHS is also charged with assessing transportation for the child to and from school. DHS must first assess the available transportation options provided by the school district. If school district transportation is unavailable, DHS must select and arrange the most reliable, safe, and cost-effective transportation option to transport the child.

Collaborative Multi-Disciplinary Educational Teams

A multi-disciplinary education team (MET) is a group of educational specialists with knowledge of different areas of student disabilities. Teams may include teachers, school psychologists, speech therapists, and school social workers, amongst others. Parents, foster parents, or a representative of DHS should also be included on the multi-disciplinary education team. The team is tasked with evaluating the strengths and weaknesses of a student to evaluate whether a student may need special academic accommodations such as an Individualized Education Plan (IEP) or a 504 Plan.

When evaluation by a MET is an important part of case planning, volunteer board members should inquire about the information DHS has provided to the MET prior to the evaluation. Specifically, DHS should share the following information:

- Past school records (both academic and behavioral),
- Past medical records,
- Psychological or mental health assessments (if applicable),
- Information from parents and caregivers, and
- Past IEP or 504 plans.

Volunteer board members may also consider inquiring into the makeup of the MET when a foster child has very specific needs. For example:

- It may be important to have an English teacher on the MET when a foster child has a reading specific learning disability.
- It may be important to have a physical therapist on the MET for a foster child who has physical impairments or limitations.

Keep in mind that DHS caseworkers do not make educational decisions. These decisions are most often left to the caregivers (e.g., biological parents, guardians, foster parents, and relatives). Volunteer board members should discuss educational planning with the appropriate decision maker and ensure that DHS is adequately supporting substitute care providers during educational planning.

DEVELOPMENT

Ages and Stages Questionnaire

The Ages & Stages Questionnaires (ASQ) are used to screen infants and young children for developmental delays during the crucial first 5 years of life. Parents or caregivers complete the simple, illustrated 30-item questionnaires at designated intervals, assessing children in their natural environments to ensure valid results. Each

questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Professionals convert parents' responses of “yes,” “sometimes,” and “not yet” to color-coded scoring sheets, enabling them to quickly determine a child's progress in each developmental area. The ASQ offers clear guidelines for determining whether children are at high or low risk in the various domains. In many counties, DHS will send the ASQ to an Early Intervention program to assess the need for further services.

The Oregon Early Learning Council adopted the Ages and Stages Questionnaire (ASQ) to use as a statewide early learning system tool for general development screening in 2012.

There are two basic domains for assessment:

ASQ General Development

The ASQ is used to assess general development for children birth through age five and encompasses fine motor, gross motor, cognitive, communicative, and social-emotional skills. The ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents’ and caregivers’ expert knowledge about their children.

The ASQ optimal screenings based on expert opinion are at 4 months, 9 months, 18 months, 30 months, 4 years, and 5 years.

ASQ –SE Social/Emotional Behavioral/Psychosocial Health

The ASQ-SE is used to assess behavioral and psychosocial health, personal-social (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people).

The ASQ-SE optimal screenings are at 6 months, 1 year, 18 month, 2 years, 3 years, 4 years and 5 years.

Other Resources

Sample ASQ

Screening Recommendations

Early Learning Hubs

EARLY INTERVENTION

As part of Finding #3, volunteer board members should inquire into Early Intervention services for children under the age of three years old. Early Intervention services are free services for young children with developmental delays and disabilities. These services are specially designed to enhance children’s physical, cognitive, communication, social, emotional, and/or adaptive development.

Especially in new cases, volunteer board members should inquire with the DHS caseworker as to whether an early intervention referral has been made. Referrals should be made very early in the case.

When reviewing cases, volunteer board members should examine the material and parties’ statements for signs that a child is having problems in the following areas:

- Talking,
- Walking,
- Seeing,
- Hearing,
- Responding to others,
- Playing,

- Learning, and
- Coping with new situations.

The child should be screened and evaluated to determine if s/he has a delay that makes him/her eligible for early intervention services. If so, an Individual Family Service Plan (IFSP) will be developed to address the child's special learning needs. A team of professionals and the child's caregivers work together to develop the IFSP.

Some examples of early intervention services include:

- Giving the family information about the child's special needs,
- Showing the family how to meet the child's needs at home,
- Helping the family learn how other people and agencies can help them, and
- Helping the family learn how to teach the child new skills.

DEVELOPMENTAL DISABILITY SERVICES

If a child qualifies for Developmental Disability (DD) services and is placed in DHS custody, it is referred to as a co-managed case. There is the state level Seniors and People with Disabilities Division (SPD-DD) and the local County Developmental Disabilities Programs. The DD system has the lead in service delivery and planning including development of the Individual Service Plan (ISP), Behavioral Support Plan (BSP), and daily care as well as providing supports and funding directly related to the child's disability needs. DHS has the lead in terms of permanency planning which may include services to enhance family safety and support for children in the family. DHS continues to maintain a case plan for the child, address court and educational requirements, and is the legal guardian of the child. The local DD program pays for a DD certified foster placement.

In order to qualify for DD services, a child generally has to have an IQ of 70 or less or have a borderline IQ and adaptive functioning deficits. This is determined through psychological testing. A child can also qualify for DD services with physical and other disabilities

Issues relating to DD services should be addressed under Finding #3. The board can inquire regarding a child's ongoing developmental assessment, eligibility for DD services, and if the Individual Service Plan is adequately addressing the child's needs. The child's DD worker should be invited to CRB reviews. If a child is eligible for adult DD services, determined through DD program testing at age 18, he or she will be able to transition into the adult DD system.

Since there are 3 different agencies and the family involved, it can be confusing as to who is responsible for what in co-managed cases. See the links below for more information.

Other Resources

Placement of a DD Child

Co-Case Management

Who is Responsible for What

PHYSICAL HEALTH

MEDICAL, DENTAL, AND VISION APPOINTMENTS

Inquiry as to a child's medical care and immunizations should include age appropriate well child visits. During these visits, doctors check the child's growth and

development and administer any vaccines that are due. Vision and hearing testing begins at age three. Dental care can begin as soon as a child's first birthday per the Oregon Health Plan. Check ups and cleanings can and are recommended to occur every 6 months. Fluoride and sealants are available as preventative measures. X-rays, fillings and extractions are covered as are urgent dental needs such as tooth pain or knocked out teeth.

IMMUNIZATIONS

As part of Finding #3, volunteer board members should inquire about a child's vaccination/immunization history. Vaccinations help protect children from communicable diseases and DHS is responsible for making sure the vaccinations occur.

DHS follows the guidance of the Oregon Public Health Division in regards to vaccinations it seeks for children in foster care and delegates to the foster parent its authority to consent to those vaccinations. Because children in the foster care system are more likely to have missed vaccinations than children who are not in the foster care system, it is important that volunteer board members make sure a child's vaccinations/ immunizations are up to date.

Most medical providers suggest that a vaccination series begin shortly after birth and continue through 24 months of age. Booster shots typically follow starting at age four. Oregon schools require that Kindergarten through 12th grade students be vaccinated unless they qualify for a valid exemption.

The most common exemptions from vaccinations you are likely to encounter are:

- A medical condition,
- An allergy to specific vaccines, and
- A child with a suppressed immune system.

The Oregon Health Plan (OHP) covers vaccinations. When reviewing cases of newborns who have not been vaccinated yet, the board should ask if the child has been added to the parent's OHP case file as soon as possible so that OHP benefits are available early in the child's life.

In cases where biological parents object to the vaccination of a child currently in DHS custody, the Oregon Appellate Courts have consistently held that DHS, and not the parents, has the authority to make vaccination decisions for children in its legal custody.

BIRTH CONTROL

For Finding #3, volunteer board members should consider inquiring about birth control for foster youth when it is apparent that they are sexually active. Board members should exercise extreme sensitivity, especially when teenagers are present for the CRB review, when asking about birth control.

Youth in foster care may seek birth control through the county Health Department or through a pediatrician. Requests for birth control are confidential for those 14 and over.

Board Members should avoid asking youth about birth control in a judgmental fashion.

Instead of:

- Unprotected sex is dangerous, are you using birth control?
- Babies are a lot of work, you don't want one, do you?
- It would be a better decision to wait, but if you choose to have sex, get birth control.

Try:

- Is birth control a part of your self-care plan?
- It is important to protect yourself, are you using birth control?
- Is there someone you trust to talk with you about birth control?

Board Members should remember that any recommendation regarding birth control will be a part of the official findings and recommendations and available to parties.

VISITATION

VISITATION WITH PARENTS AND SIBLINGS

Visitation is a service to the child. It promotes permanency, and is a service that DHS monitors when reviewing a parent's progress and compliance. Each child placed in the legal custody of DHS has the following rights: "[...] to visit and communicate with a parent or legal guardian, siblings, members of his or her family, and other significant people in the child's life." OAR 413-010-0180 (11).

For Finding #3, the board ensures the child is visiting with family and that the visitation plan is in the best interest of the child. Visits preserve a child's attachments to his or her parents, siblings, and other family members; and can lessen both the child's and the parents' anxiety about the child being placed in substitute care. The younger the child, the more frequent the contact must be in order to maintain relationships. Especially for young children, frequency is more important than length.

Applicable Findings

In addition to Finding #3, the board reviews visitation when reviewing Finding #4 to ensure DHS has made reasonable/active efforts to provide services for the child to safely return home. One of the best predictors of successful reunification is the frequency and quality of visits between a child and his or her parents. Visitation should occur in settings that encourage the most natural interaction between family members while minimizing any existing risk to the child. For example, visitation may take place at school conferences, medical appointments, church programs, and athletic activities. If the plan is to start working toward a trial reunification, the board will want to know if DHS has provided unsupervised visits of gradually increasing length in the family's home to assess child safety.

The board also reviews visitation when reviewing Finding #6 to ensure the parents have made sufficient progress to make it possible for the child to safely return home. Visitation will likely be supervised at the beginning of a case and can be changed to unsupervised once safety and well-being are assured. Visitation plans should change over time depending on parent progress toward reunification, with visits increasing in length and requiring more responsibility on the part of parents.

Visitation should never be used as a reward or punishment. Changes in visitation arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child's or the parents' behavior.

Other Resources

OAR 413-010-0170 thru 0180

DHS Procedure Manual, Ch. 3, Sec. 7

TRANSITION PLANNING

REQUIREMENTS AT INDEPENDENCE

As youth get close to reaching age 18, the CRB can ensure DHS is adequately preparing the youth for the transition to independence. DHS should hold a Benchmark Review as described below, should ensure the youth has appropriate housing lined up, and should have a "Transition Tool Kit" prepared by the time DHS requests the juvenile court terminate wardship. These requirements are discussed in more depth below.

Benchmark Review

A Benchmark Review is a meeting the caseworker must hold six months prior to a youth's 18th birthday for the purpose of documenting that the youth and DHS have a plan for the adult decisions that need to be made after the youth turns 18. The determinations made at the Benchmark Review should be documented in the Comprehensive Transition Plan (T2). Planning regarding the following is required:

- Education;
- Housing;
- Identification of people who provide supportive relationships to the youth;
- Identification of community resources, including government assistance;
- Employment;
- Medical decision making;
- Transportation; and
- Life skills development.

If you are reviewing the case plan of a youth who has reached 17 years of age, it is appropriate to ask about planning for the Benchmark Review under Finding #3. For youth who are beyond age 17 and a half and no review has been provided, the CRB should consider recommending the caseworker schedule the Benchmark Review.

Terminating Wardship

Wardship ends when a young adult turns age 21. Prior to that time, the juvenile court may terminate wardship upon finding that:

- DHS has provided case planning that addresses the ward's needs and goals for a successful transition to independent living, including needs and goals relating to housing, physical and mental health, education, employment, community connections and supportive relationships;
- DHS has provided appropriate services pursuant to the case plan;
- DHS has involved the youth in the development of the case plan and in the provision of appropriate services; and
- The ward has safe and stable housing and is unlikely to become homeless.

At least 60 days prior to the date DHS will be relieved of legal custody of a youth who will become independent, the caseworker must inform the youth of the hearing, including:

- The date, time, and location of the hearing;
- His or her right to attend the hearing, and the importance of attending; and

- Possible options for transportation to and from the hearing.

Transition Tool Kit

At the time the court relieves DHS of custody, the caseworker must provide the youth with a "Transition Tool Kit". These are documents that the youth will need regarding his or her history for employment purposes and to continue post-secondary education. It must include:

- Family history;
- Placement history;
- Location and status of siblings and contact information the youth can use should s/he want to obtain additional information;
- Health and immunizations records;
- Chafee Medical Referral form;
- Education summary and records;
- Original birth certificate;
- Official proof of citizenship or residence in a form acceptable to an employer who is required to verify immigration status;
- Social security card;
- Driver's license or other form of state identification;
- Copy of death certificate of youth's parent(s), if applicable; and
- Written verification of placement in substitute care between the ages of 14 to 18 through DHS or one of the federally recognized tribes.

Many of the required items in the tool kit should already be in the case file. The CRB can help ensure DHS is prepared with these items by reminding the caseworker of these requirements when DHS is close to requesting termination of wardship. For youth with immigration issues, advance planning by the caseworker to secure the required proof of citizenship/residence will be necessary, as it may take several months to obtain the required documents.

Other Resources

ORS 419B.337

OAR 413-030-0400 thru 0460

DHS Procedure Manual, Ch. 4, Sec. 29

COMPREHENSIVE TRANSITION PLANNING

The law requires DHS to develop a "Comprehensive Transition Plan" that outlines the transition goals, action steps and services a youth needs to successfully transition to adulthood. It covers a number of domains, including: education, housing, supportive relationships/community connections, employment, mental and physical health, transportation and life skills. You may see this plan referred to as a "T2" or "CTP". Youth will complete a "Transition Readiness Index" or "T1" just prior to the Comprehensive Transition Plan to identify the youth's readiness for services, commitment to participate, ability to interact with and connect to supportive adults, and ability to successfully transition to living independently.

A Comprehensive Transition Plan is required when a youth is age 16, or age 14 if the permanency plan is APPLA. The youth must agree to the plan. The plan may be developed through an Independent Living Program or with the caseworker. It is the caseworker's responsibility to ensure the plan is developed. The plan goals and services should be regularly reviewed by the caseworker during monthly face to face contacts with the youth and during 90 day

case plan reviews. The caseworker is required to document the youth's progress in achieving the plan goals, along with any barriers to achieving the goals, and plans to address those barriers. The plan should be updated every six months.

Youth who are receiving Developmental Disability Services will have an Individual Support Plan that is updated annually. This may satisfy Comprehensive Transition Planning requirements, as long as it is adequately tailored to the youth's level of functioning.

The board should review the Comprehensive Transition Plan for the following:

- Whether the plan is adequate to ensure the youth's successful transition to independent living;
- Whether DHS has offered appropriate services pursuant to the plan; and
- Whether DHS has involved the youth in the development of the plan.

Typical board recommendations include:

- (If no plan in place) DHS meet with the youth to develop a Comprehensive Transition Plan within 45 days, and provide it to the juvenile court/CRB at the next scheduled review.
- (If plan found to be inadequate) DHS meet with the youth to address planning for (insert: housing, education, transportation, medical, etc.) and revise the Comprehensive Transition Plan accordingly within 45 days.
- (If services needed) DHS meet with the youth within 30 days to address the youth's goal of (insert: getting a driver's license, planning for college, etc.) and assist the youth in obtaining appropriate services.

Applicable Findings

The board should review cases of youth age 14 and up for Comprehensive Transition Planning requirements, appropriate ILP referrals, and DHS preparation to meet the requirements at independence under Finding #3. The CRB should make recommendations to address any deficiencies in comprehensive transition planning and services offered to support the youth's transition to independence. Adequate transition planning and services may also be relevant to Finding #10, whether there is a continuing need for placement. Young adults who have reached 18 may still be in need of placement because they have not been adequately prepared by DHS to transition to independence.

Other Resources:

ORS 419B.476(3)

OAR 413-030-0400 thru 0460

DHS Procedure Manual, Ch. 4, Sec. 29

INDEPENDENT LIVING PROGRAM

Independent Living Programs (ILP) are designed to provide youth with services that will help them transition to independence. Independent Living Programs are provided in local communities through for-profit, non-profit and governmental agencies who offer skills training and support services for youth and young adults.

ILP provides a variety of services, including skill building, transition planning, and various subsidies and grants to provide assistance with the costs of post-secondary education and training, as well as housing. Skill building services include: (1) basic living skills such as money and home management, consumer skills, legal issues,

parenting, health care, access to community resources, transportation, educational assistance and housing options; (2) educational and vocational training support, post-secondary education and academic support, job readiness and job search assistance; (3) skill building and social skills training; and (4) development of community networks and supports.

Youth are eligible for some ILP services beginning at age 14, including life skills training, educational assistance (college tours, homework/study groups, financial aid/scholarship applications), and discretionary funds to assist the youth in obtaining services needed to meet their goals for transition. Some DHS offices wait to refer youth to ILP until they are age 16, unless they are in an APPLA plan. Youth have the right to refuse services. DHS remains under the obligation to develop a Comprehensive Transition Plan, regardless of whether the youth is participating in ILP. Youth in residential care or who are eligible for Developmental Disability Services may have other transition planning services available.

The CRB should ensure age appropriate youth are referred to the ILP under Finding #3.

Other Resources:

OAR 413-030-0400 thru 0460

DHS Procedure Manual, Ch. 4, Sec. 29

ILP Services and Funds Matrix

HOUSING & EDUCATION SUBSIDIES, GRANTS, AND VOUCHERS

There are a variety of education and housing programs to assist foster youth with their transition goals. The CRB can play a role in ensuring youth are informed of these programs by making sure DHS has made an appropriate referral to the Independent Living Program, developed a Comprehensive Transition Plan for the youth, and is providing the youth with needed assistance to accomplish the goals set forth in the plan.

Tuition Waiver

Oregon law allows for a waiver of undergraduate tuition and certain fees for current and former foster children. A youth meets the definition of former foster child if he or she spent six more months in care between the ages of 14 and 21 and was not dismissed from care before reaching 16 years of age. The waiver applies to Oregon public universities, Oregon community colleges and the Oregon Health and Science University.

In order to qualify for the waiver, a youth must:

- Complete a Free Application for Federal Student Aid (FASFA) for that academic year;
- Participate in a minimum of 30 volunteer service hours per academic year while receiving the waiver.

The CRB may ask the caseworker and/or the youth if the youth has been informed of the availability of the tuition waiver. If the answer is no, the board should consider recommending that DHS provide the youth with information about the waiver.

Other Resources

ORS 351.293

Housing Programs

There are two housing programs that may be available to assist youth with housing expenses: the Independent Living Housing Subsidy and Chafee Housing program. They each have specific eligibility requirements and provide monetary support to allow for independent living while a youth is attending school or working. ILP Subsidy

is for youth who are still in care, while Chafee Housing is only available for youth who aged out of care after age 18, and have not yet reached age 21.

Both programs may provide assistance up to $600 per month for basic living expenses, based on the youth's need. The youth must be involved in 40 hours of productive activity per week, and is required to be working on his or her secondary education if he or she does not already have a high school diploma or GED.

A one-time housing voucher may be issued to provide the initial costs for establishing a residence.

Education and Training Vouchers (ETV)

The education and training voucher program provides financial assistance to a youth for post-secondary education or training. Funds may be used toward the costs of attendance for all two and four year colleges or universities, as well as some trade and vocational schools.

Youth in foster care may access funds beginning at age 14. Youth who have left care after age 16 may also access funds, provided he or she has 180 or more cumulative days of substitute care, and he or she accesses the funds prior to age 21.

ILP Discretionary Funds

ILP discretionary funds are available as an added support to assist youth with services or items needed to accomplish goals provided in their Comprehensive Transition Plan. The caseworker must make the funding request to the local Independent Living Program. The youth must be enrolled in skill building services through ILP to be eligible for these funds.

Other Resources

DHS Procedure Manual, Ch. 4, Sec. 29

DRIVER'S EDUCATION

DHS should provide age appropriate youth with information about how to obtain a driver's license. This information may also be presented through the Independent Living Program. Before a youth may enroll in driver's education, the caseworker and other adults involved with the youth must agree he or she is ready to pursue a driver's license. Factors to consider include:

- Is the youth old enough for a permit (age 15)?
- Is the youth enrolled and attending school, maintaining at least a "C" average, working with a tutor, or receiving academic assistance? Has the youth's school attendance been regular without incidents of suspension, absence or expulsion during the last six months?
- Is the youth mentally and physically healthy?
- Has the youth been free from drug and alcohol use for the past year?
- Does the youth display age-appropriate behavior?
- Does the youth have placement stability?

A caseworker may apply for driver's education course payments through the local Independent Living Program on behalf of a youth. In order to qualify, a youth must:

- Be in substitute care;
- Be between the ages of 15 to 17;
- Have a driver's permit;

- Sign up with an approved driver's education school;

- Have a plan for obtaining auto insurance coverage.

It is appropriate for the CRB under Finding #3, to inquire as to whether DHS has informed the youth about how to acquire a driver's license, and whether DHS has provided the youth with assistance in obtaining his or her driver's permit if the youth has indicated a desire to do so. Note the youth may not obtain his or her license prior to completing the course.

Other Resources:

DHS Procedure Manual, Ch. 4, Sec. 33

CREDIT REPORTS

State and federal law require DHS to ensure that youth in foster care receive a consumer credit report annually starting at age 16. This review ensures there is some oversight of the youth's credit history, and no one is fraudulently using the youth's identity. DHS must provide the youth with assistance in interpreting the credit report. If there are any inaccuracies, DHS must ensure the youth receives assistance resolving them.

Applicable Findings

When reviewing youth age 16 and up, it is appropriate to ask the caseworker when the last time the youth's credit report was accessed and reviewed with the youth. This is a service that is relevant to Finding #3.

Other Resources

OAR 413-030-0456(2)

42 U.S.C § 675(5)(I)

FINDING #4

FATHERS

DHS must search for and identify any father who has a legal right to participate in the dependency proceeding. A person must rise to the level of a legal father, or a Stanley father, to have a legal right to participate. That father is entitled to notice of the proceeding, and an opportunity to participate. It is important for DHS to identify the child's father and the father's legal status when beginning to work with the family for a number of reasons:

- Oregon Revised Statute lists the parents, including the legal father and some putative (alleged, biological) fathers of the child, as parties to the juvenile court case.
- As a parent, the father has certain legal rights to participation in the court process.
- The legal father may have relatives who can be a resource to the child.
- Oregon Administrative Rule (OAR) directs the worker to contact and interview the father as part of the Child Protective Services (CPS) assessment process.
- The father's parental protective capacity is assessed during the Protective Capacity Assessment.
- OAR directs the caseworker to identify all persons who have a legally recognized parental relationship to a child in substitute care at the time the caseworker files the petition.

Legal Father

A legal father is someone who has established his parental rights to the child. This may be accomplished in a variety of ways:

- He was married to the mother at the time of the child's birth, or is the mother's former husband and the child was born within 300 days of the termination of the marriage (rebuttable presumption).
- He is the biological father and he:
    - Married the child's mother after the child was born, or
    - Filed a voluntary acknowledgement of paternity with the child's mother with Vital Statistics.
- He established paternity through a filiation proceeding.
- He has established paternity through a judicial order, including adoption.

Putative Father and Stanley Fathers

A putative father has established no legal, custodial, personal or financial relationship with the child. These fathers do not have legal party status in the juvenile case, with one exception. A father who has demonstrated a direct and significant commitment to the child by attempting to assume the responsibilities normally associated with parenthood is treated as a legal party, until the court determines he is not a legal or biological father. This is referred to as a "Stanley" father.

Absent Father

DHS must attempt to identify a legal father at the time a petition is filed. If that is not possible, within 30 days of court involvement DHS should:

- Inquire with the child's mother as to child's paternity and the mother's history of marriages and divorces.

- If the mother identified a biological father that is not a legal father, the Father's Questionnaire form should be completed.

- Send a "Randolph Jones" letter to the putative fathers, including the named father of an infant placed in protective custody from the hospital following the child's birth.

- Obtain a copy of the child's birth certificate.

- If no parent is available, inquire about paternity with relatives.

- Contact the Division of Child Support (Dept. of Justice) for a records check.

- Check relevant court records.

- If there continues to be uncertainty over paternity, the caseworker should promptly consult with the Legal Assistance Specialist or Attorney.

Board members may inquire about father status at the General Introduction of the Case and under Finding #4

Other Resources

ORS 109.010

ORS 109.070

ORS 109.096

ORS 109.119

ORS 419B.395

ORS 419B.875

DHS Policy I-A.4.3

OAR 413-015-0400 thru 0485

INCARCERATED PARENTS

Just like other parents in the child welfare system, incarcerated parents have the right to be involved in their children's lives, whatever the crime the parent has committed, as long as parental rights have not been terminated. Children maintain their right to have a relationship with their parent, despite the parent's incarceration.

An incarcerated parent is entitled to:

- Participate in case planning (some penal institutions do not allow caseworkers access to the inmate for case planning purposes, therefore, the inquiry should be focused on DHS efforts to include the parent in case planning),

- Receive notice of court and CRB reviews,

- Have contact with the caseworker every 30 days,

- Receive an Action Agreement or Letter of Expectation, and

- Maintain communication with their child.

One way of maintaining communication is through visitation. In-person visits are important for maintaining a positive parent/child relationship and can dispel a child's fears and support attachment. However, there are a variety of considerations that may deter in-person visits, including:

- Safety concerns;

- Restrictions by court order, or by the penal institution, based on the nature of the criminal offense;

- The parent was not parenting the child prior to the inception of the dependency case;
- The child's state of mental health;
- The child's desire or lack of desire to see the parent;
- The child's age (babies and toddlers) may not be appropriate to visit in person.

When in-person visits are not appropriate, other forms of communication may be considered appropriate, such as phone visits, letters, tape recordings, pictures, school report cards and school progress reports.

Access to Programs

Incarcerated parents may have access to programs and services within the institution that address the basis of jurisdiction. The CRB should inquire whether the caseworker has contacted the incarcerated parent's prison counselor to discuss what services are available for the parent to participate in.

One program to note is the Alternative Incarceration Program, a program and sentence reduction established by Oregon law. Selection for the program is based on the risk of reoffending due to untreated addictions and criminal thinking. The primary components of the program are: cognitive change, education, substance abuse education, physical work and exercise, decision making, anger management, spiritual wellness, and teamwork. The incarcerated parent who volunteers to participate in the program begins an intensive 7-day-a-week, 6-month institutional phase, and upon successful completion, he/she is released to a 90-day transitional leave in the community, then to post-prison supervision with an early release from prison.

Other Resources

OAR 413-070-0800 thru 0880

DHS Policy for Family Visitation/Contact

Oregon SUMMIT Program

ABSENT PARENT SEARCH

DHS must give parents and guardians with legal standing notice of dependency proceedings that may limit or terminate parental rights. When filing a petition, DHS shall give the parents notice of the child's placement and offer services to determine if they are resources for placement.

If parents' whereabouts are unknown, DHS must search for them within 60 days, to give them notice of the juvenile court proceedings. A "reasonably or duly diligent search" is a systematic investigation that extends to persons who, in the ordinary course of events, would be likely to receive news of or from the absent parent, and to places where information likely would be obtained. A reasonably diligent search pursues and exhausts all reasonable, not conceivable, avenues of inquiry.

The Oregon Juvenile Court Dependency Procedures prescribes the mechanics of giving parents notice of juvenile court cases by serving them with a summons and the petition. The inquiry must be made in good faith. DHS may need to access the Federal Parent Locator Service through the Division of Child Support to assist in locating and identifying individuals who have or may have parental rights to a child. In ICWA cases, a diligent absent parent search includes, but it not limited to, contacting the tribal social services and extended family members.

An inadequate search can hurt a dependent child if it causes the reversal of a judicial decision or judgment the child and family thought was final and permanent. Good

searches enhance stability and certainty in child dependency matters.

Board members should inquire about the absent parent search at the General Introduction of a new case and under Finding #4, and follow-up on the matter at the next review.

Other Resources

DHS Policy on Legal Fathers and Others

Services Having Rational Relationship to Basis of Jurisdiction

Jurisdiction is based on the safety threats identified in the Child Protective Services (CPS) assessment and ultimately admissions to allegations listed in the dependency petition. Any services offered to help the parent achieve the conditions of return must be rationally related to the basis of jurisdiction.

The board should note that some services such as parenting classes, may not be referred to until the parents have engaged in more urgent services to address identified issues such as substance abuse or mental health concerns.

Action Agreements and Letters of Expectation

Once the parents and the caseworker have explored services and activities that may assist the family in meeting the expected outcomes or meeting a child's specific needs, and developed the child welfare case plan, the caseworker develops an Action Agreement with the family. An Action Agreement is a time-limited written document between child welfare and a parent or both parents to identify one or more of the services or activities in which the parents will participate to achieve one or more of the expected outcomes.

The Action Agreement is developed as a subset of the case plan, but it is a stand-alone, time-limited agreement. The caseworker should develop sequential action agreements when parents need to take smaller steps to achieve progress.

So long as sufficient resources are available, the Action Agreement must use culturally appropriate services and service providers whose interventions are focused on the parent's achievement of the expected outcomes that are identified in the case plan. If the Indian Child Welfare Act (ICWA) applies, DHS makes active efforts in securing culturally competent services for an Indian child and his or her parents.

The Action Agreement should address:

- At least one of the expected outcomes in the case plan;
- The specific activities or services required to achieve the expected outcome;
- The specific services or activities related to the specific change that is being sought; and
- The services should bear a rational relationship to the jurisdictional findings that brought the ward within the court's jurisdiction.

Letter of Expectation

DHS may send a Letter of Expectation to a parent who is unable or unwilling to engage with the caseworker to complete a Protective Capacity Assessment at the beginning of a case, with parents who remain unwilling to engage, and/or when DHS and the parents do not reach an agreement.

A Letter of Expectation may be in the same format as an Action Agreement or may be

on DHS letterhead in letter format. The letter should identify the child(ren) in substitute care, the safety threats that brought them into care, the expected outcomes the parent is to achieve, and parent responsibilities to engage in services within a specific timeframe.

DHS may continue to periodically send a new Letter of Expectation to parents inviting them to communicate with the agency regarding their current circumstances in an effort to continually reassess the possibility of reunification, adoption or guardianship with a relative.

Other Resources

ORS 419B.343

DHS Policy on PCA

FAMILY DECISION MEETINGS

DHS uses meetings with the family as a tool to advise and engage family members, the family's support system, and service providers in the activities, services, and supports utilized in implementing the child welfare case plan. A meeting with the family can inform decision making, serve as an effective communication tool and incorporate legal requirements to ensure the case planning incorporates the perspective of the ward and the family and, whenever possible, allows the family to assist in designing its own service programs based on an assessment of the family's needs and the family's solutions and resources for change.

DHS uses three types of family decision meetings:

1. **Child Safety Meeting** (CSM) must be used when developing an ongoing safety plan, unless a supervisor approves not using a meeting. The CSM should be scheduled at the end of the Child Protective Services assessment process to develop an ongoing safety plan.

2. **Oregon Family Decision-making Meeting** (OFDM) must be considered in the case planning process whenever a child has been removed from the family home for more than 30 days. It should be held within 60 days of placement. This meeting is defined in statute and administrative rule, and provides family members with an opportunity to have input into case planning decisions. This meeting can be used to assist with the Protective Capacity Assessment and development of the child welfare case plan.

3. **Family Decision Meeting** (FDM) is used when the family's input is appropriate in making a variety of case planning decisions.

Meetings are held to:

- Consider options in developing an ongoing safety plan;
- Address a specific issue or goal;
- Gather and share information to inform the decision-making process;
- Identify family and community resources that can support child safety,
- Provide information and direction to the family, extended family and service providers regarding expected activities, tasks, and support;
- Determine a substitute care placement appropriate to meet a child's or sibling's needs;
- Communicate to participants the standards that will be used to measure progress; and

- Develop or review a child's permanent and concurrent plan.

There may be special circumstances, such as domestic violence, sexual abuse, and/or parental incarceration, which may exclude a parent or necessitate special arrangements to participating in a decision meeting.

Other Resources

ORS 419B.343

DHS Policy on PCA

Working with International Children and Families

Occasionally, international families become involved in the child welfare system. Case planning for these families can be tougher as there are additional factors to consider. Each culture will provide unique perspectives on the American child welfare system and each family within that culture will require its own individual assessment.

DHS is required to provide reasonable efforts towards the case plan. Reasonable efforts include acknowledgment of what is culturally appropriate. Here are some of the threshold considerations for volunteer board members to consider when reviewing a case of an international family:

- Does the family need interpretation services?
- Does the family need DHS documents to be translated?
- What is the family's view of child welfare in their native country?
- Are there any religious considerations that must be accounted for?
- Do the safety concerns actually translate into a threat of harm in the family's native culture?

Many practices prevalent in the United States are not common in other countries. For example:

- Physically disciplining a child may be more acceptable in other cultures.
- Extended family in other cultures may be more involved in raising children—and are more likely to be placement resources.

Safety of the child is still assessed based on American standards and norms, but parties may consider cultural practice.

At times, working with international families may present logistical problems for case planning. Serving a parent with notice of court hearings may prove to be quite difficult if they are located in another country. DHS may need to correspond with the consulate of a foreign country to effect service.

It may take longer to conduct CRB reviews. The families are entitled to interpreters during the review. If the language is commonly spoken in the area, scheduling an interpreter may be easy. If the language is not commonly spoken in the area, an interpreter may need to interpret over the phone. Field Managers will schedule additional time for reviews that require interpretation.

Parent/Child Interaction Assessments

Visitation is a parent's right and in this context should be reduced or eliminated only with therapist input or by court order. One way to obtain professional input is a Parent-Child Interaction Assessment. Referrals for this type of assessment are usually made when parent visitation or

contact appears to cause the child trauma or generate extreme negative behavior.

Historically this form of evaluation has been utilized statewide, and is still common in some counties, but new research concludes the evaluation is of limited value due to the controlled environment and the short snapshot of time. The current DHS trend is to document parent functionality in visits and services and then consult with the child's therapist as needed. That said, this form of assessment is helpful in determining if additional services are needed, and can also be invaluable as part of expert witness testimony in a contested permanency hearing or a termination of parental rights trial.

In a Parent-Child Interaction Assessment, a professional psychologist observes a parent and child interact in a visitation setting or therapeutic setting. The assessment can be as brief as 45 minutes or extend to as much as 3 hours. It can be a single event or a series of events, but is seldom more than three sessions. The psychologist is asked to determine if continued visits or contacts are in the child's best interest and what, if any, therapeutic interventions are needed to remedy the problem.

Other Resources

OAR 413-050-0400 thru 0450

Face-to-Face Contact with Parents

Often overlooked by the CRB during a review is the face-to-face contact the caseworker has had with the parents. DHS is responsible for monthly face-to-face contact with each parent or legal guardian. The purpose of this contact is to monitor the changes in the family, continually assess the protective capacity of each parent, ensure that services and interventions are the least intrusive means of keeping the child safe, make adjustments whenever indicated, and monitor the ongoing safety plan.

It is important that the board inquire whether the caseworker has made reasonable efforts to meet with each parent in person, as required, to ensure that appropriate services are offered and the parental progress is being assessed.

Other References

OAR 413-015-0400 thru 0485

OAR 413-080-0040 thru 0067

Service Members Relief Act

On December 19, 2003, President Bush signed into law the "Servicemembers Civil Relief Act" (SCRA). This law is a complete revision of the Soldiers' and Sailors' Civil Relief Act (SSCRA).

The SSCRA provided a number of significant protections to servicemembers. These include: staying court hearings if military service materially affects servicemembers' ability to defend their interests; reducing interest to 6% on pre-service loans and obligations; requiring court action before a servicemember's family can be evicted from rental property for nonpayment of rent if the monthly rent is $1,200 or less; termination of a pre-service residential lease; and allowing servicemembers to maintain their state of residence for tax purposes despite military relocations to other states.

The Federal Parent Locator Service (FPLS) can provide the current duty station of a parent who is in any of the uniformed services. Members of the military are subject to the same income withholding requirements as other public or private employees.

Service members must be granted leave for paternity and support hearings. Exceptions are that the service member is deployed in war or that exigencies of military service require denial of such a request.

The court has the discretion to grant or deny a stay. If the stay is denied the court must appoint an attorney to represent the service member.

Other Resources

Servicemembers Civil Relief Act

DoDI 1327.06, Leave and Liberty Policy

CHILD SAFETY MEETINGS

Following the initial Child Protective Services (CPS) investigation and assessment process, the CPS worker must hold a Child Safety Meeting to explain how the ongoing safety plan is the least intrusive plan that will help the family manage identified safety threats. The board reviews the case materials and confirms a Child Safety Meeting was held when reviewing Finding 4.

All in-home options must be considered before developing an out-of-home safety plan. If the Child Safety Meeting results in an out-of-home safety plan, conditions for return must be discussed and documented on the safety plan form developed at the Child Safety Meeting.

The following people should participate in a Child Safety Meeting:

- Facilitator;
- CPS worker;
- Ongoing caseworker;
- Supervisor for CPS or ongoing worker;
- Parents;
- Foster parents;
- Tribal representative if the child is an Indian child;
- Individuals or providers who may provide safety services;
- Safety service providers involved in the protective action;
- Other individuals who can contribute to the child's safety;
- Extended family, caretakers and family friends;
- Attorneys for child and parents; and
- CASA, if one has been assigned.

Once safety decisions have been determined, the caseworker documents the ongoing safety plan, confirms commitments from participants, obtains signatures, and confirms that the ongoing safety plan is the least intrusive intervention possible at this time to ensure child safety. Copies of the approved plan are given to all participants.

Applicable Findings

The Child Safety Meeting is required. In addition to Finding #4, the board confirms a Child Safety Meeting was held when reviewing Finding #8 to ensure DHS is in compliance with the case plan.

Other Resources

DHS Procedure Manual

CONDITIONS OF RETURN

Finding #4 asks volunteer board members to determine if DHS made reasonable efforts (or active efforts in an ICWA case) to

provide services to make it possible for the child to safely return home. This finding is made only when the primary permanency goal is reunification. DHS must provide services that are rationally related to the adjudicated conditions. In the case plan, DHS details what the agency feels are the conditions of return, including the parent behavior and the conditions of the residence that will allow the child to be safely returned home.

The jurisdiction order states the adjudicated conditions and circumstances that placed the child in substitute care. DHS has a duty to provide appropriate services for every adjudicated condition. Do not confuse petition allegations with the jurisdiction order. The petition relates to DHS Child Protective Services assessments and the conditions or circumstances DHS feels are safety threats. Frequently petition items are deleted or amended as part of a plea agreement, and some petition items brought by the state may fail to meet the burden of proof in court and will not be a part of the jurisdictional basis.

The DHS case plan (Child Specific Case plan CF 6723 and Child Welfare Case Plan CF 6788) includes discussion of:

- *Safety threats:* parental issues and safety concerns that must be ameliorated prior to reunification;
- *Expected outcomes:* observable and sustainable parental behavior needed to achieve a safe reunification;
- *Protective Capacity:* parental ability to make positive change and manage the safety threats; and
- *Conditions of return*.

The conditions of return section of the case plan is a DHS compilation of specific behaviors, conditions, or circumstances that must exist within a child's home before that child can safely return and remain in the home with an ongoing in-home safety plan. The caseworker is required to conduct a review of the case plan every 90 days during a face to face visit with the parent, providing the parent is available. The meeting should include a discussion of parental progress and the conditions of return. When a parent meets the expected outcomes, and a child is deemed safe if returned home, then DHS should immediately start designing a transition plan to move the child home. The plan should include an ongoing safety plan, monitoring plan, and aftercare services.

A few years ago, DHS required successful completion of every required service before a return home plan could be considered. Some parents achieved reunification by jumping through the hoops without changing behavior. Today the standard is based upon child safety and demonstrated changed behavior. This is an important philosophical shift. For example, if the adjudicated condition is parenting ability, and a parent has completed 6 of 12 parent training sessions, completed Options services, and is demonstrating safe parenting skills, then arguably, DHS should be designing an ongoing in-home safety plan and transitioning the child home.

If the board is reticent to concur with the agency plan to immediately move the child home, ask clarifying safety questions. For example, Was a Family Decision Meeting held and did all parties agree the child will be safe if moved home? Make sure to ask the opinion of appropriate parties at the review, for example, the child's attorney and the CASA. If the board still feels the child would not be safe in the parent's care, then recommend the court review the case prior to DHS moving the child home.

To professionally explore the conditions of return and determine if DHS made reasonable/active efforts to reunify the family, some things volunteer board members might consider are:

- If the DHS conditions for return statement uses vague terms (e.g.,

"appropriate steps toward addressing," "in a prompt manner," "observable"), then ask the caseworker to clarify what specific characteristic or condition must occur and what service satisfies the requirement. The conditions of return should clearly state what the parent must do to have the child returned home.

- Are the services rationally related to the jurisdictional basis?
- Will the offered services accomplish the return home goal or should other services be added?
- Is the visitation plan reasonable? If the parents are making progress have visits become less restrictive and increased in duration?
- Is DHS requiring a service that was not adjudicated?
- Is there a new safety threat not already in the basis of jurisdiction? If so, has DHS considered filing a new petition?
- If solid progress is noted, has a Family Decision Meeting been held to discuss a transition plan, safety plan, and aftercare services?
- If the parent resides in another country, has the consulate been contacted?
- Are the services timely, accessible, and culturally appropriate?
- If necessary, has an absent parent search been initiated?
- If the parent lives in another county, has a courtesy caseworker been assigned?
- Are Action Agreements up to date?
- If a parent resides in another state, are Interstate Compact on the Placement of Children (ICPC) services in place?

Other Resources

OAR 413-015-0450(2)

OAR 413-040-0000 thru 0032

FAMILY SEX ABUSE TREATMENT

Victimization of a child by a sexual offender often affects the entire family in one way or another. The damage done to the victim and family members is long-lasting. Family Sex Abuse Treatment (FSAT) is one of the primary methods used to support victims, siblings, non-offending parents, and substitute caregivers. FSAT provides specialized, developmentally appropriate individual and group counseling services.

Other FSAT therapy may include any or all of the following:

- Psycho-educational groups for non-offending parents;
- Family therapy;
- Ongoing collaboration with community partners; and/or
- Clarification work between the abused child and offender;

A victim of sexual abuse, especially by a trusted family member, may suffer long-term emotional trauma. Volunteer board members should expect any FSAT work to be done at the victim's pace. Clarification between the victim and offender should be done in conjunction with a therapist only when the victim is ready and willing.

Other Resources

Morrison FSAT

DRUG AND ALCOHOL TREATMENT

DHS must provide appropriate services for every adjudicated condition. When parental drug and alcohol is an adjudicated condition, an assessment and any recommended services should be noted in this finding. DHS failure to provide a necessary service could result in a negative finding and a recommendation for the needed assessment and/or service.

The procedure starts with the caseworker referring the parent for an alcohol and drug (A&D) treatment assessment by a qualified alcohol and drug treatment provider. The A&D service provider will apply placement criteria from the American Society of Addiction Medicine to determine the appropriate level of care and services needed. DHS must fund the assessment and any recommended services. Outpatient alcohol and drug services are covered by the Oregon Health Plan. Residential services are paid by DHS contract with the residential provider. Services are individualized but typically include: outpatient services, inpatient services, detoxification, counseling, A&D treatment, education, decision-making, and life skills development.

With the exception of Indian Child Welfare Act cases, the DHS duty of referring services to a parent is reasonable efforts. For example, it would be reasonable efforts if the caseworker handed the parent a list of local alcohol and drug service providers and explained the assessment and referral process. The parent is expected to select a provider and schedule the assessment. When the case is an Indian Child Welfare Act case, then the duty is active efforts, a level of effort greater than reasonable. For example, the caseworker might drive the parent to a service provider, assist with setting-up an assessment, and at the time of the assessment, drive the parent to the facility and then discuss the assessment and help schedule recommended services.

Drug and alcohol assessments and services should be noted in Finding #4, as should the latest Action Agreement, but reserve discussion of parental progress for Finding #6. Please note that it is common for DHS to address substance abuse issues before starting mental health services or parenting services.

Sometimes a case has experienced a lot of recent change. The documents received might suggest ongoing substance abuse with DHS requiring inpatient treatment, yet at the review it is learned the parent has engaged in NA/AA, has provided several clean urinalysis tests, and is participating fully in outpatient A&D treatment. Confirm the services currently being required satisfy the DHS conditions of return and that the service changes will be reflected in the next Action Agreement.

Other Resources

DHS Procedure Manual

A&D Service Directory

FINDING #5

ADOPTIONS

When a case opens, DHS typically selects a primary goal of reunification and a concurrent goal of adoption. When the parent fails to ameliorate the adjudicated conditions and circumstances, DHS staffs the case internally and then approaches the court for authorization to implement the concurrent goal of adoption. After the court approves the goal change, DHS will write a case summary called a legal assistance referral (LAR) and file a petition seeking termination of parental rights. The court accepts the petition and sets a trial date. In the alternative to a termination trial, DHS may accept a parent offer to voluntarily relinquish parental rights.

Sometimes the parent is noncompliant with all reunification efforts but the DHS staffing does not approve a goal change. Usually that is the result of poor case work. As you prepare for a case that is likely moving toward the concurrent goal, make sure the critical issues have been covered, for example: ICWA, all legal parties identified, diligent relative search, absent parent search, child birth certificate obtained, current Action Agreement or Letter of Expectation, and appropriate services offered.

Although DHS should have been performing concurrent planning throughout the case, the adoption process begins in earnest when the court authorizes DHS to implement the goal of adoption. DHS will continue to voluntarily offer parent services but communication will flow through attorneys because the relationship is now adversarial. DHS will clarify the adoptive placement – relative, current foster family, open recruitment, or specialized recruitment. If mediation is requested by a parent, that process should begin within 60 days of the parent relinquishing parental rights or court approval to implement the goal of adoption.

Board members should make sure DHS is moving forward at an acceptable rate. There are two major components to the adoption process: the freeing process, which is the relinquishment or termination of parental rights phase, and the placing process, which includes selection of the adoptive family and the case work needed to achieve adoption finalization.

The freeing process includes the DHS staffing, court authorization to implement the goal of adoption, acceptance of relinquishments or trial, and court order terminating parental rights. If a parent relinquishes parental rights, there is no trial. Instead, the parent signs a release and surrender document. That document is fully enforceable after the adoptive placement is "designated" by DHS, but revocable by the parent prior to DHS designating the adoptive placement. If mediation is requested, that process needs to start within 60 days.

If the case is going to trial, the LAR and petition phase should not take more than 90 days. The trial should not be more than six months from the filing date. If the court terminates parental rights, then the appeal process window opens – 60 days minimum, but can be many months if the case is heard by the Court of Appeals (perhaps 6 months) and the Oregon Supreme Court (rare but estimate at 6-12 months). If the court does not terminate parental rights, the court will either send the child home or return the child to substitute care with a goal of reunification.

The placing process involves selection of the adoptive family and the process to achieve adoption finalization. A major component of the selection is the adoption home study. In some counties, the person that performs adoption home studies has a waiting list and the event could be stalled 2-3 months, so be vigilant regarding timely services.

Another important part of the process is adoption assistance. Adoption assistance is an agreement regarding medical card, access to post-adoption services, and the amount of money the adoptive family will receive until the child reaches 18. This can take some time, so make sure it is happening in a timely fashion.

When there is not a relative adoptive family or a current caregiver adoptive resource, DHS will select a family through an open recruitment process or a special needs adoptive recruitment. This can take several months, so if the case is moving slowly, ask the caseworker exactly what has been done and what can be done immediately to accelerate the process.

The adoptive resource selection process can be simple or complex depending on the players. The caseworker consults with the supervisor to select the potential forever family if the case involves an Indian Child, Refugee Child, or relative placement. The DHS Local Adoption Committee becomes involved if the child has extraordinary needs or when the child is 6 years of age or older. The Central Office Adoption Committee becomes involved when placement options include more than one possible relative choice, if there is a relative applicant and a current care provider applicant, when a DHS employee is a potential resource, or when the adoptive resource resides in another country.

Once the adoptive home is selected and the child is placed, supervision is ongoing for approximately 12 months (can be as short as 6 months if the current caretaker is the adoptive family). The last step in the process is adoption finalization. In some counties, the judge and the adoptive family make this a wonderful ceremony.

In general, the freeing process could take 8-10 months (more if there is a lengthy appeal), the selection and placing process 2-5 months, and the post selection process 6-13 months. Every minute is critical, so ask clarifying questions when the process seems stalled, and make recommendations that move the case forward in a timely manner. If appropriate, make a recommendation that the court review the case periodically until adoption finalization is achieved.

Other Resources

Adoption Process Timeline

GUARDIANSHIPS

Guardianship is an acceptable permanent plan for a child in substitute care when a child cannot be safely returned to the home of a parent. Adoption is the preferred plan; however, guardianship is an acceptable alternative plan when adoption does not best serve the interests of the child. It is the responsibility of DHS to assess the appropriateness of the guardianship plan and proposed guardian as well as his or her ability to meet the needs of the child.

The caseworker must also assess the parental support of a guardianship plan. Guardianship does not require the rights of the parents to be terminated and parents often have a continued relationship following the establishment of a guardianship. Depending on the type of guardianship established, a parent could return to court following the establishment of the guardianship and ask the court to reconsider the plan of guardianship and return the child home to the parent. For this reason, it is important that the parents support the plan of guardianship if at all possible.

DHS must also determine the most appropriate type of guardianship to pursue in conjunction with an attorney from the Department of Justice (DOJ). A child welfare program manager or designee must approve changing a primary plan to guardianship prior to the caseworker seeking approval from the court. When the

court changes the plan to guardianship prior to the child welfare program manager or designee approving a plan change, the caseworker still follows the procedure to establish a guardianship per DHS policy.

When the child welfare program manager or the designee decides to approve a change in plan to guardianship, the caseworker must:

- Inform the DOJ attorney of the Department's approval to change the plan to guardianship as DOJ will file the petition and represent the Department in court.
- Request a permanency hearing before the court within 30 days of a decision by the child welfare program manager or designee to approve the plan of guardianship.

If guardianship assistance will be provided, the caseworker must await notification from the Guardianship Assistance Program that the guardianship assistance agreements have been signed and returned. This is required before requesting the final court hearing to establish the guardianship and dismiss the Department from the case.

Only a child who is Title IV-E eligible and has an approved plan of guardianship is eligible for a subsidized guardianship. The average guardianship assistance subsidy is less than the foster care payment. In no case may it exceed the foster care payment. The guardianship assistance subsidy is meant to combine with the family's resources to cover the child's needs and the guardianship assistance subsidy must be negotiated based on the family's out of pocket expenses to meet the child's basic and special needs. Guardianship Assistance cannot pay for day care, educational services such as tutoring, the guardian's time involved in caring for the child, nor services that are the responsibility of another resource, such as therapeutic services or residential treatment.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT

Oregon law requires a concurrent plan be developed in case a youth cannot safely return to a parent's home. Another Planned Permanent Living Arrangement (APPLA) is a plan for a stable and secure living arrangement that includes building relationships with significant people in the youth's life that may continue after substitute care.

The plan of APPLA may only be considered when there are compelling reasons why placement with a parent, adoption, or guardianship cannot be achieved.

In accordance with the Oregon Administrative Rules, DHS is responsible for the case planning and appropriate use of APPLA as a permanency plan. Before the plan of APPLA is approved, a permanency committee meets to consider the best interests of the youth and makes a recommendation to the Child Welfare Program Manager regarding the youth's permanency plan or potential permanency resource.

A Child Welfare Program Manager must make the decision on behalf of DHS to approve APPLA prior to the caseworker recommending the plan to the court. A permanency hearing is requested within 30 days of the approval to request the court's approval to implement the plan.

There are two types of APPLA plans:

Permanent Foster Care: A plan in which the youth remains in substitute care with a caregiver who has a contractual foster care agreement with DHS (approved by the juvenile court) to raise the youth until the age or majority.

Permanent Connections and Support: A plan for either a youth living with a substitute caregiver or living independently

and receiving an independent living housing subsidy; or a plan for a youth who is in a psychiatric residential facility, Developmental Disabilities placement, or residential treatment facility and will likely not be discharged from the facility while DHS maintains legal custody.

Once the court has approved the plan, DHS is responsible to address:

- The identified needs of the youth and caregiver;
- Initiate a comprehensive transition plan (T2);
- Ensure an annual review of efforts to identify and contact the youth's relatives for placement or to develop and maintain connections and support; and
- Maintain monthly face-to-face contact with the youth to review the plan.

The caseworker must review the plan prior to a court or CRB review. If the plan is Permanent Foster Care, DHS must submit a Permanent Foster Care Agreement to the court and to the CRB.

Other Resources

ORS 418.005

OAR 413-070-0520 thru 0565

Private Adoption Workers

In order to place a child as expeditiously as possible in a safe and appropriate adoptive home that will meet the needs of the child, DHS will sometimes partner with private adoption agencies. A licensed adoption agency serves to locate an adoptive resource. The licensed agency is responsible for the child's placement and home study (valid for 2 years). An out-of-state home study must be approved by an Oregon contracted agency. An Agency Adoption Checklist is available from DHS.

Interstate Compact on the Placement of Children

Not all children with jurisdiction in Oregon are placed in Oregon. For example, a child might be placed in relative foster care in Texas or moved to an adoptive home in New York. The Interstate Compact on the Placement of Children (ICPC) is a binding agreement adopted by all 50 states, the District of Columbia and the U.S. Virgin Islands. The compact governs the placement of children with jurisdiction in one state and placement in another state.

Every state has laws governing social services, but statutes and policies vary from state to state. The ICPC was created to ensure that every child that is moved to another state is safe and that courtesy supervision and appropriate services are implemented. A child cannot be placed without a home study, criminal records check, and child protective services records check of the prospective placement resource. Services are implemented by the receiving state, but the legal and financial responsibility remains the duty of the sending state.

If a parent resides in Oregon and is making progress toward reunification, DHS will not likely be rushing to place that child with a relative in another state, but living in another state is not a definitional barrier for a relative to be considered for placement. Regardless of parental progress toward reunification, appropriate concurrent planning implies a home study and criminal records check should be completed just in case parental reunification is not achieved. Contrary to what some caseworkers may believe, there is no limit to the number of ICPC requests that can be made at one time, however, if more than one request goes to the same state, that state may ask

that the requests are prioritized by the sending state.

The process is often slow, so be prepared to ask guiding questions and make recommendations that move the process forward. The Oregon caseworker initiates the process by completing an ICPC packet The Oregon caseworker sends the packet to the Oregon ICPC Office where the packet is reviewed and then sent to the receiving state ICPC Office to be processed and a local caseworker assigned. The home study request typically seeks completion within 60 days, but there is a Priority Placement Request that can be utilized which asks the receiving state to approve/deny the request within 20 days. Unfortunately, these deadlines are seldom achieved. If approved, Oregon DHS will decide to move the child or to maintain the placement in Oregon. If the child is moved, transition must occur within 6 months, or a new home study must be completed.

The Oregon caseworker typically accompanies the child to the new placement. A local caseworker meets the child and care provider and implements services. Official correspondence is between state level offices but all daily activities are coordinated between branch level caseworkers in the two states. The caseworker in the receiving state must see the child every 30 days, ensure appropriate services are in place, and send a report every 90 days. Periodic phone contact between caseworkers should also occur.

Funding issues and service delivery can be a concern. The sending state is responsible for financial support including foster care payments and payment for services. The foster care rate is the Oregon rate, so in states with a high cost of living (Alaska, California, and New York) this can be a problem. If the child is IV-E eligible, then Medicaid pays for medical services. If Medicaid is denied, the child remains on the Oregon Health Plan (OHP) and the caregiver and courtesy caseworker must locate a service provider that will accept OHP. In adoptive placements, you can help optimize Medicaid availability by recommending Adoption Assistance be in effect prior to placing the child. In Developmental Disability cases, avoid coverage lapses by recommending that DHS open the foster care service in the receiving state and establish the care rate prior to the child moving.

If the information received in preparation for the review and the data learned at the review is incomplete, then consider making appropriate No Findings or continuing the case. Close scrutiny in ICPC cases helps ensure child safety. Each state is different, but all states signed a compact to ensure child safety, child services, parent services (if appropriate), reasonable efforts, and permanency in a timely fashion. Do not accept inferior information just because the case is ICPC.

Other Resources

DHS ICPC Website

ICPC Tools

INTERNATIONAL ADOPTIONS

When a child in DHS custody cannot be safely returned to a parent and the goal becomes adoption, sometimes the adoptive resource lives in another country. Most international adoptions are with a relative of the child. As you know, DHS has a duty to locate and engage relatives and the diligent relative search requirement in Finding #2 does not stop at the U.S. border. Volunteer board members should ensure that international placements are not overlooked due to logistical complications or a perceived loss of services and local control.

Country to country cases are subject to the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The convention ensures

cooperation between party states to achieve an international adoption. The U.S. follows the guidelines and philosophy of the convention but has never ratified the agreement. In addition, the U.S. has an individualized agreement with Mexico.

In Finding #5, volunteer board members are asked to determine if DHS is making reasonable efforts to finalize the permanent plan. When a potential adoptive resource in another country is identified, the Oregon caseworker seeks the assistance of the receiving country's Consular Office. The caseworker sends a Permanency Commitment Waiver seeking information about the placement resource and their commitment to the adoptive process.

When the response to the initial paperwork is positive, DHS will send a request for a criminal records check, home study, and child's history. The documents are written in English and in the country's primary language. If the home study is positive and the decision to place the child is made, then the DHS Contract Coordinator becomes involved to formally delegate responsibility to the other country referencing supervision, services, and placement prior to adoption finalization. The contract is called an International Adoption Agreement and details specific requirements referencing placement, supervision, reports, responsibilities of each party, and the adoption finalization process. The contract is written in English and in the primary language of the receiving country.

Sometimes more than one potential adoptive resource is identified. When more than one relative has applied, then the DHS central office Sensitive Issues Committee becomes involved in the selection process. If a current caretaker and a relative have both applied then a different committee, the Central Office Adoption Committee, will enter the process and decide what placement is in the child's best interest.

Once a family is selected, DHS obtains local court approval to place the child then informs the Consulate Office in the receiving country. Much of the process is exactly like an adoption case in the U.S. (supervision, services, monitoring for safety, adoption finalization) but paperwork in international cases is more complex. For example, Homeland Security has a list of required documents and the Consulate Office of the receiving country will have a list of specific documents needed. A passport is often required except in Mexico. However, Mexico has a similar required document entitled La Carta de Presuncion Nacionalided.

All countries require a valid birth certificate, DHS identification card, and compliance with any consular requested documents. The Oregon caseworker and the Central Office Adoption Assistance Coordinator will negotiate adoption assistance. With the exception of the U.S. Virgin Islands and Puerto Rico, no medical or dental insurance is provided. A one-time reimbursement of $1,500 is available to offset the cost of the home study, travel, and adoption paperwork fees.

Dismissal of Oregon jurisdiction will be completed upon finalization of the adoption. DHS prefers the adoption is finalized in Oregon but that is not mandatory. If finalization is completed in an Oregon court, the adoptive family does not have to be present.

Other Resources

ORS 190.480 to 190.490

Hague Convention of 29 May 1993

CHILDREN WHO ARE LEGALLY FREE

Foster children typically become legally free for adoption after their parents' parental rights have been terminated or relinquished. For some children old enough to understand the significance of parental termination, this

can be a stressful period of time. Besides pursuing finalization of the adoption process, DHS should also ensure that all of the child's needs are being met.

Older children who have memories of their biological parents may require therapeutic work to become comfortable with the adoption process. Volunteer board members should inquire into the child's cognizance of what the adoption means. There may also be a period of time where children who are legally free for adoption still have visits with biological parents. Here too, children may require some therapeutic work to process their final visits with their biological parents if the visits are not to continue after the adoption finalizes.

Volunteer board members may also consider inquiring into whether the adoptive parents plan to keep any biological family connections for the child. Careful consideration and planning should be made in regards to continuing biological family contact—also, perhaps, with a therapist.

In some cases, a child may be legally free for adoption, but not placed in the potential adoptive home. So as not to leave a foster child in limbo, in these cases, DHS should bolster the adoption search. This may include adding the foster child to nationwide adoption listings, or increasing the intensity of a relative search. Volunteer board members should inquire as to what is being done in regards to adoptive parent recruitment.

FINDING #6

JUDGING PARENTAL PROGRESS

Parental progress is predicated upon the services which have been developed and recognized for a parent. Those services, which should be incorporated into an Action Agreement and/or Letter of Expectation, must bear a rational relationship to the basis of jurisdiction.

Consideration should be given to the parents' cooperation, consistency and overall participation in required services. In distinguishing parental compliance from parental progress, the board must determine whether a parent is merely following the steps of a given program, which can be seen as compliance; or if a parent is making substantial and positive changes to their behavior in conjunction with the given service.

Real progress is often recognized by a parent's ability to internalize what they have learned in various services and forms of treatment. This is often best measured by progress reports submitted by treatment providers, or by the assessment of the caseworker or court appointed special advocate.

Parental progress must also be determined with respect to Adoption and Safe Families Act timelines. For instance, a parent, at the time of the initial CRB, may not have made enough progress to have the child returned within the immediate future but may very well be on track to reunify by the time of the first permanency hearing. This would qualify as sufficient progress and probably mean a positive finding.

Other Resources

2011 CRB Conference

FINDING #7

CONCURRENT PLANNING

When reunification is the DHS primary permanency goal, the agency has a duty to provide reunification services to the parent and to develop a concurrent goal to be implemented when return to parent can't be achieved in a reasonable time. Both goals should be developed from the start of the case. The DHS default concurrent goal is adoption. There is some logic to that decision because adoption is the most legally sufficient concurrent goal and the top of the DHS concurrent goal preference list. However, sometimes the default goal is not achievable or is not in the child's best interest. For example, if John is 17, in and out of residential care, does not want to be adopted, and has regular visits with his biological parents, then adoption is not likely a viable concurrent goal. When you explore DHS efforts to develop the concurrent goal, ensure the stated goal is appropriate for the child and that DHS is making sufficient efforts to develop the goal.

If the primary goal is reunification and the parent is making solid progress, it is easy to minimize the need for development of the concurrent goal, but that is wrong. In every case, except voluntary cases where the child is placed pursuant to a Voluntary Placement Agreement, sufficient progress in developing the concurrent goal is essential.

Every case is individual, but when the parent is noncompliant with DHS reunification requirements, is unable to ameliorate the adjudicated conditions and circumstances in a timely manner, or is unable to demonstrate safe parenting, then make sure DHS is energetically developing the concurrent goal. For example, when the stated concurrent goal is adoption, then a home study of the potential resource is appropriate even if the parent is making some reunification progress. As you explore sufficient progress consider parent progress or lack of progress, Adoption and Safe Families Act (ASFA) timelines, 15 of the last 22 months in care timeline, and any permanency hearing scheduled for the near future.

When a concurrent goal is implemented that becomes the only goal, there is no such thing as a concurrent goal to a concurrent goal. Ensure the goal selected is in the child's best interest and that the DHS preference order was a part of the discussion. Once the concurrent goal is implemented, Finding #7 becomes not applicable and appropriateness of the new goal is explored in Finding #9.

When the goal of Another Planned Permanent Living Arrangement (APPLA) has been implemented, that goal should be reevaluated every six months to determine if a higher level of permanency can be achieved. That process involves ruling out reunification, adoption, and guardianship.

DHS concurrent goals in order of preference are:

- *Adoption*: most legally sufficient and most preferred if achievable;
- *Guardianship:* second most preferred, common in relative placement cases; and
- *APPLA:* least preferred.

The acceptable amount of concurrent planning varies from case to case, but in most cases concurrent planning starts early in the case and is ongoing until reunification with a parent is achieved or until the concurrent goal is implemented.

Typical case planning events to consider include:

- Relative search;
- Ongoing engagement of relatives;

- Interstate Compact on the Placement of Children (ICPC) home study and services;
- Consulate involvement and home study;
- Parents informed of ASFA timelines;
- Family Decision Meetings occurred and agenda included discussion of the concurrent goal;
- Indian Tribe engagement in concurrent plan development;
- Child's birth records, medical information, genetic data, and education information is up to date; and
- Whether or not DHS is accomplishing concurrent planning in a timely fashion.

The point is that concurrent means concurrent, not a process that starts after reunification is ruled out. When the goal is reunification then concurrent planning should be developed in parallel with reunification planning.

Other Resources

Adoption and Safe Families Act

OAR 413-070-0520 thru 0565

OAR 413-070-0651 thru 0670

OAR 413-120-0000 thru 0060

OAR 413-120-0500 thru 0595

PERMANENCY COMMITTEES

A Permanency Committee is responsible for making a recommendation regarding a permanency plan or a potential permanency resource when the child or young adult likely is not returning to his or her parent. To change the permanency plan, DHS must first seek the court's approval. Any party to the case may develop and propose a case plan for the court's consideration. However, the court retains the final word as to what the plan will be.

For Finding #7, the board ensures a Permanency Committee was held, in compliance with OAR 413-070-0516, to ensure DHS has made sufficient efforts in developing the concurrent plan, if any of the following circumstances apply:

- A foster parent is requesting that they be considered an adoptive resource as a current caretaker;
- A caseworker is considering the separation of siblings in an adoption case;
- The caseworker is recommending a change in permanency plan to guardianship; or
- The caseworker is recommending a change in permanency plan to APPLA.

The Permanency Committee includes two individuals, a facilitator and another individual who may be a community partner or a DHS staff member, who have been appointed by a Child Welfare Program Manager. Additionally, the committee includes the caseworker, child's attorney, court appointed special advocate (CASA), tribal representative, and a member of the Refugee Child Welfare Advisory Committee (RCWAC) if the child is a refugee child.

Following the Permanency Committee, the Child Welfare Manager makes a decision within one business day following the receipt of the written recommendations and provides written notice of the decision to the caseworker.

Applicable Findings

In addition to Finding #7, the board confirms a Permanency Committee was held when reviewing Finding #5, if any of the above circumstances apply, to help them determine if 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 permanency.

Other Resources

OAR 413-070-0516

ASSISTANT ATTORNEY GENERAL STAFFINGS

The Attorney General's office represents DHS when DHS has a need for legal representation in a dependency case. In cases that remain involved in juvenile court, an AAG (assistant attorney general) will staff or review that case at two different times. Most often at 4 and at 8 months after jurisdiction has been established. However, the caseworker and caseworker's supervisor will determine when consultation with an AAG is appropriate. The AAG will also staff cases that are being considered for a termination of parental rights (TPR) proceeding. For cases in Multnomah County, the District Attorney's office represents DHS when a TPR proceeding is initiated.

FINDING #8

IMPLEMENTATION OF PREVIOUS CRB RECOMMENDATIONS

The mission of the CRB is to provide a citizen voice on the safety, stability, and supervision of children in foster care through impartial case review and advocacy. The CRB has an important role in ensuring DHS is in compliance with the case plan and court orders. As part of Finding #8, the board reviews whether DHS implemented previous CRB recommendations.

OAR 413-040-0157(3) requires DHS to implement previous CRB recommendations into the case plan unless they notify the board within 17 days of receipt of the recommendations that they do not intend to implement the recommendations.

Following a CRB review, the caseworker:

- Within 21 days of the review, receives the written CRB findings and recommendations;
- Immediately reviews the findings and recommendations and consults with his or her supervisor if the caseworker disagrees with one of the findings or there was a no reasonable or active efforts finding;
- Within 10 days of receiving the written findings and recommendations, requests a hearing if Child Welfare wishes to challenge any CRB finding or recommendation;
- Within 17 days of receipt of the recommendations, notifies the CRB in writing if Child Welfare does not intend to implement the recommendations of the board.

ORS 419A.122 requires the findings and recommendations of the local citizen review board to become part of the case file of the department.

Other Resources

ORS 419A.122

OAR 413-040-0157

DHS Procedure Manual

CASE PLANS

The case plan is defined by federal and state law and required for every child in foster care. "Case plan" means a written, goal oriented, time limited, and individualized plan for the child and the child's family, developed by DHS and the parents or legal guardians, to achieve the child's safety, permanency, and well being. The case plan must be developed within 60 days of the child's placement in foster care and must be updated at least every six months. A copy of the case plan and updated case plans must be provided to: the parents or legal guardians; Court Appointed Special Advocates; attorneys of record for the parent and child; the child, when appropriate; and an Indian child's tribe.

There are three types of case plans: The Child Specific Case Plan, Child Welfare Case Plan, and Family Support Services Case Plan. Every child in substitute care will have a Child Specific Case Plan. Every child will also have either a Child Welfare Case Plan or Family Support Services Case Plan. Those that are under dependency jurisdiction will have the Child Welfare Case Plan and those that are in substitute care due to a voluntary placement or who the court has delinquency jurisdiction will have a Family Support Services Case Plan.

The finding regarding "DHS is in compliance with the case plan and court orders" is a place to address any concerns regarding services or supports that are not in place or have not been timely. This will generally overlap with other findings such as Finding

#3 regarding services to the child or reasonable efforts findings.

Other Resources

SEC. 475.(1) [42 U.S.C. 675]

ORS 419B.343

ORS 419B.443

OAR 413-040-0005(3)

DHS Case Plan Requirements

FINDING #9

HIERARCHY OF PERMANENCY PLANS

A "permanency plan" is a written plan for achieving safe and lasting family resources for the child. Although the plan may change as more information becomes available, the goal is to develop safe and permanent connections with family, parents, and caregivers until the child reaches adulthood.

If a parent is unable or unwilling to adjust the parent's circumstances, conduct, or conditions in such a way as to make it possible for the child to safely return home within a reasonable time, DHS implements the concurrent plan. Permanency options as defined by the Adoption and Safe Families Act (ASFA), in hierarchical order of preference, are as follows:

1. Return to parent;
2. Adoption;
3. Guardianship;
4. Another planned permanent living arrangement (APPLA).

Other Resources

ORS 419B.477

Permanency Hearing Bulletin

15 OF 22 MONTHS FINDING

When a child has been in care for 15 of the past 22 months, it is incumbent upon the court and/or the CRB to make a finding as to the appropriateness and necessity of filing a petition to terminate parental rights (TPR). A petition to terminate parental rights must be filed unless:

- The child is placed with a relative,
- DHS has not provided services identified in the case plan (reasonable efforts) necessary for the safe return of the child, and the court grants a limited extension, or
- There is a compelling reason that it is not in the best interest of the child.

Compelling reasons not to provide a child with the highest level of permanency available must be convincing and forceful. A compelling reason must be supported with very strong, case-specific facts and evidence which includes justification for the decisions and reasons why all other more permanent options for a child are not reasonable, appropriate or possible.

When calculating whether or not a child has been in care for 15 of the past 22 months, it is important to remember the following:

- The 15 months is cumulative. The "clock" does not start over if the child exits and then reenters care.
- Do not include trial home visits or runaway episodes in calculating 15 months in foster care.
- States need only apply the TPR requirement to a child once. If, when a child reaches 15 months in foster care, the State does not file a petition for TPR because one of the exceptions applies, or the State does file such a petition but the court does not sustain that petition, the State does not need to begin calculating another 15 out of 22 months in foster care for that child.

Other Resources

ORS 419B.498

WHEN SHOULD A PERMANENCY GOAL BE CHANGED?

Finding #9 asks the board to determine if the primary permanency goal in reunification cases, or the only goal in cases where the concurrent goal has been implemented, is the most appropriate plan for the child. In simplest terms, a permanency goal should be changed when it is not achievable or is not in the child's best interest.

Child safety, best interest of the child, and case progress will guide your decision regarding a recommendation to change the goal. Timelines can also provide guidance. The Adoption and Safe Families Act (ASFA) suggests the concurrent goal should be implemented (or a court extension authorized) at 12 months from jurisdiction or 14 months from date of entry, whichever is sooner. Federal law suggests the court should implement the concurrent goal (or authorize an extension) when a child has been in care 15 of the last 22 months. The appropriate hearing for a goal change is a permanency hearing.

When the primary goal is reunification, DHS must provide services that bear a rational basis to the adjudicated conditions. If DHS has provided appropriate services for a reasonable time and the parent is not engaged in services or is completely noncompliant with reunification requirements, then discuss whether or not the permanency plan is or is not the appropriate plan. If the concurrent goal (adoption, guardianship, or APPLA) has already been implemented, the board discussion centers upon whether or not the stated goal is the most appropriate. For example, when 10 year old Billy completed residential care and was successful in foster care for more than six months, and his biological parents remain whereabouts unknown, then the stated goal of APPLA should be reevaluated.

When the board recommends a goal change and DHS disagrees, the agency has a process to reply back to the board within 17 days of receipt of the findings and recommendations document. When DHS concurs, the agency will staff the case internally then schedule a permanency hearing seeking court authorization to implement the new goal.

At every review, confirm if the goal (reunification, adoption, guardianship, or APPLA) is the most appropriate. If it is, the answer to the finding is "yes," but if it is not, the answer is "no" and the board should make a specific recommendation stating the goal the board feels is appropriate.

Some things to consider while making the decision:

- If the primary goal is reunification, is the parent making reunification progress and can reunification be achieved in a reasonable time?
- If the child has been in care beyond the ASFA timeline or in care 15 of the last 22 months, is there a compelling reason to not implement the concurrent goal?
- If Adoption, is adoption still in the child's best interest?
- If Guardianship, is guardianship still in the child's best interest?
- If APPLA, is any other more preferred permanent goal achievable (reunification, adoption or guardianship)?
- Ensure the APPLA goal is reevaluated every six months.

Other Resources:

OAR 413-070-0520 thru 0565

OAR 413-070-0651 thru 0670

OAR 413-120-0000 thru 0060

OAR 413-120-0500 thru 0595

What is ASFA?

FINDING #10

MINIMALLY ADEQUATE PARENTING

The concept of a minimally adequate standard of care generally serves a dual purpose. The first is to insure that a child is receiving the basic necessities to meet his or her needs. These include, but are not limited to, adequate shelter, clothing, food, supervision and medical care. A child's emotional, social and psychological health requirements should be met in an age appropriate manner. Recognizing a minimally adequate standard of care also serves to protect a parent from discrimination based on their economic strata, cultural preferences, and varying degrees of community standards.

Other Resources

Child Welfare Information Gateway

TRIAL REUNIFICATION PLACEMENTS

One of the many challenges for child welfare agencies is to achieve reunifications that are both timely and do not result in a child's reentry into care. The physical return of the child or youth to parents or caretakers may occur before the return of legal custody, as when the child welfare agency continues to supervise the family for some period of time, often referred to as a "trial home visit."

When a child is returning home to the parent and DHS maintains legal custody of the child, federal regulations require that a trial reunification placement be done for a six month period, unless the court dismisses legal custody earlier than 6 months after return home. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system.

CRB statute states that the local Citizen Review Board shall review the case of each child and ward in substitute care which is assigned by the Court. However, substitute care as defined, does not include in-home placement subject to conditions or limitations. The CRB, therefore, does not review children placed on trial home visits. The court continues to review children placed on a trial home visit at least every six months. Permanency hearings should occur in the appropriate time frame.

Other Resources

ORS 419A.004(28)

ORS 419A.106(1)

DHS Memorandum

STATUTORILY REQUIRED ESTIMATE FOR RETURNING HOME

When the permanency plan is reunification or adoption, Oregon law requires the board to inquire what the estimated date is for the child to be returned home or placed for adoption.

This is often a difficult question for a caseworker to answer at the CRB review. The estimated date for the child to return home or be placed for adoption should be reasonable.

Other Resources

ORS 419A.116(1)(g)

WHAT IS THE CONTINUING NEED FOR CARE BASED ON?

Continuing need for care is based upon child safety, service needs, best interest of the child, and progress toward achieving

permanency. When the goal is reunification, always ask if the child can go home today and, if not, why not? When the goal is no longer reunification, then the stated goal will be adoption, guardianship or another planned permanent living arrangement (APPLA). Sometimes a child legitimately needs DHS placement and services until aging out of the system, but foster care is not a panacea and DHS has a duty to safely and equitably achieve permanency for every child in care.

When the goal is adoption or guardianship, the board makes findings and recommendations that move the case toward adoption or guardianship finalization. Until adoption or guardianship finalization is achieved, DHS has a duty to provide continued care, placement and services.

If the goal is APPLA, the board should confirm that appropriate services are in place, that the placement remains appropriate, and also determine whether or not a more preferred and more permanent level of permanency can be achieved. In general, a child with a goal of APPLA always requires continued care, placement, and services. However, when a youth reaches age of majority, then the need for continued services is dependent upon several factors:

- Whether or not the child has completed high school;
- If specialized services like developmental disability (DD) services and transition to adult services require continued care;
- If the youth is IV-E eligible and has voluntarily agreed to engage in services;
- If continued care is needed to implement transition services like Chafee or Independent Living Program Subsidy Program;
- If DHS decided to maintain care for a specific event, perhaps complete transition to college; and
- If DHS decided to maintain services until the statutory limit of 21 years of age due to specific characteristics of the case.

Finding #10 asks volunteer board members to determine if there is a continuing need for placement. When the goal is reunification, board members should ask “Can this child go home today and, if not, why not?” When the goal is adoption or guardianship, board members should ask “What barriers remain to finalization of the adoption or guardianship?” When the goal is APPLA, board members should ask if a higher level of permanency can be achieved. In every case, be prepared to determine if there is a continuing need for care and if some barrier needs to be remedied to achieve permanency.

Other Resources

CRB 2013 Conference

RECOMMENDATIONS

MAKING QUALITY RECOMMENDATIONS

Recommendations are typically done at the end of the review, after the board has heard from all the parties present and made all of the findings. Recommendations usually address one or more of the following:

- *Permanency Plan:* Should DHS continue to work toward the current plan or staff the case and change the plan?
- *Placement:* Should DHS continue the current placement or change it to one that better meets the child's needs?
- *Services to Parents*
- *Services to the Child(ren)*
- *Parental Involvement in Services*
- *Visitation:* Should DHS develop, re-evaluate, or change the visitation plan?

Recommendations should be clear and concrete statements about what the board believes needs to happen with the case. They should be free from acronyms, even if those acronyms are defined earlier in the document. They should also clearly articulate who is responsible for implementing each recommendation and, if implementation is time sensitive, provide an expected completion date.

Whenever possible, recommendations should be made during the review while the parties are present, not after the review. The benefit of making recommendations during the review is that if one of the parties objects, the board can hear from that party and consider whether or not the board wants to modify the recommendations. Parties also leave knowing what the board wants, which can reduce delay and make implementation of the recommendations more likely.

One of the more challenging parts of a CRB review is trying to remember at the end of the review, all the places where the board wanted to make a recommendation. Boards should work with their Field Manager to develop a strategy to help them remember these places. A common strategy includes volunteer board members telling the Field Manager when there is an issue they want considered for a recommendation during the course of the review. The Field Manager can then keep track of these issues and prompt the board as they are making their recommendations.

Boards should avoid having their Field Manager come up with the recommendations and simply asking him or her to read them off at the end of the review. This gives the appearance to parties present that the Field Manager is making the decisions when it is the board tasked with making them.

APPENDIX