DHS Child Welfare
Procedure Manual

See Below for Important Changes Related to COVID-19

DHS | Oregon Department of Human Services
CHILD WELFARE

(Rev. 10/1/2020)

Important Changes Related to COVID-19

Last COVID-19 Update: 6/1/2020

(Any additional chages due to COVID-19 will continue to appear here as they are approved and impletmented.)

On March 8, 2020, Governor Kate Brown declared an emergency under ORS 401.165 et seq. due to the coronavirus (COVID-19). Because COVID-19 spreads person-to-person through coughing, sneezing, close personal contact, including touching a surface with the virus on it and then touching your mouth, nose, or eyes, the United States Centers for Disease Control and Prevention (CDC) recommends measures to limit spread of the disease in the community. Until the emergency order is lifted, the Department has made the following changes to the procedures found within this manual:

(6/1/2020) - Maintaining Active Efforts During COVID-19 Oregon Department of Human Services Child Welfare and Tribal Affairs Unit

With the impact of COVID-19, the DHS Child Welfare Program has adjusted its practice and policy to continue serving Oregon children and families. One area the Tribal Affairs Unit and Child Welfare are rallying around is ensuring active efforts are maintained. With physical distancing and isolation measures, Active efforts are still required and critical in following the Indian Child Welfare Act. Below you will find guidance on maintaining active efforts during COVID-19 to support tribal children and families.

ICWA Case Planning

Your tribal family's needs and situations have changed with the pandemic. Some services may no longer be available and other service providers may have changed the way they offer services. Families may have new or different needs at this time. Therefore, a family's case plan is adjusted and updated, and a new case planning meeting is scheduled to ensure reunification remains on track. Active efforts require DHS to actively guide families through the steps necessary to make progress in their case plans. It also includes identifying culturally appropriate and available services, helping parents overcome barriers, and assist with accessing and utilizing resources. Active efforts require considering alternative ways to address the needs of the family even if the optimum services do not exist or are not available. This is crucial when services must be modified to overcome barriers caused by the pandemic.

Case Planning Tips

- Case plans must continue to be practical and attainable and include services available to the family for timely reunification.
- Ongoing safety plans should be reviewed often to ensure we have the least restrictive plan. At monthly contacts with parents, engage parents around progress towards the conditions for return, and assist in overcoming barriers to in-home placement so kids can return home as soon as safely possible.
- Case plans are the family's road map out of their current situation and their input in its development is important. A guiding question might be, "What is the parent willing and able to do during this time to work towards the expected outcomes?

Active Efforts - Communication

- Consider if telephone/online or other alternative services can meet each case plan component. Consider whether current local services, such as domestic violence or substance abuse services that a parent previously received in-person, can continue by phone or video. Know your local resources and provide information and education to parents, connecting them to the providers who can provide teleservices.
- Consider if a therapy support referral should be added due to stress, or decreased due to progress.

Engaging with Tribal Partners

Given the current context, tribal employees are also working from home on varied work schedules. We must adjust in our methods and frequency to establish communication with tribal partners as quickly and effectively as possible. Determining how best to communicate with the tribe might include utilizing email, teleconferencing, phone, fax, etc.
Ideas to consider:

- Tribes often designate an agent for receipt of ICWA notices. The Bureau of Indian Affairs publishes a list of Tribes' designated Tribal agents for service of ICWA notice in the Federal Register and makes the list available on its website. https://www.federalregister.gov/documents/2016/03/02/2016-04619/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice.
- Check both OR-Kids and the Federal Register for contact information. If the Federal Register and OR-Kids differ, reach out to both contacts.
- If you are unable to find the correct person for delivery, the Active Efforts Specialist, ICWA Liaison or Tribal Affairs Unit can be contacted for assistance.

Substance Abuse Treatment

- Many treatment programs are offering services over the phone. If treatment programs are not available, consider having the parent utilize online 12 step meetings. Attending 90 AA or NA meetings in 90 days online while working the twelve steps is an alternative method for achieving sobriety and could be a way to meet substance abuse treatment goals. Utilize all alcohol and drug support services through ART/FIT/STAR contracts and Parent Mentors as much as possible to support our parents.

Oregon Online Resources

- Oregon Health Authority (OHA) Addiction Services https://www.oregon.gov/oha/HSD/AMH/Pages/Addictions.aspx

Alcohol and Drug Policy Commission

- https://www.oregon.gov/adpc/pages/index.aspx

Online Substance Abuse Meetings and Services

- **12 Step:** https://www.12step.org/social/online-meetings/
- **In the Rooms:** https://www.intherooms.com/home/?fbclid=IwAR0jah6iT17Is-QFa_

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- **Smart Recovery:** https://www.smartrecovery.org/
- **Native American Rehabilitation Services Association, Portland, OR**: https://www.naranorthwest.org/services/

Community Providers/Agency Updates – Community Warehouse

- Between April 13 to June 30, all Home 2 Go kit access fees and delivery fees are waived. The manufacturer for the dressers for the kits are behind and they may not be available, but the kits will still include the other essential items. They are now able to provide delivery on a limited amount of existing furniture inventory.

Education and Activities Guide for Parents

- The Ultimate Parents' Guide to Education and Activity Resources –educational activities for children https://www.washingtonpost.com/lifestyle/2020/04/28/parents-guide-education-resources-novel coronavirus/?arc404=true

Domestic Violence Resources

- Native specific domestic violence helpline – available 7am-10pmCT, confidential: 844-762-8483 StrongHearts Native Helpline
- Domestic/sexual violence services for LGBTQ population: 206-568-7777 NW Network
- Oregon-based helpline for Native Americans: 503-318-5213
- Map listing of all Oregon based domestic/sexual violence services: https://www.ocadsv.org/find-help
- National Domestic Violence Hotline is 24/7, confidential and free: 800-799-7233 and through chat
- National Sexual Assault Hotline is 24/7, confidential and free: 800-656-HOPE (4673) and through chat
- Love is Respect – teen dating violence hotline 24/7, confidential and free: 866-331-9474; TTY: 866-331-8453; Text: loveis to 22522; En Espanol and through chat

Youth Line

- YouthLine is a teen-to-teen crisis, support, and help line. Call 877-968-8491; Text 'teen2teen' to 839863 ; Chat www.oregonyouthline.org

Oregon Food Resources

- https://govstatus.egov.com/or-dhs-food

Acess to Technology

During this time of social distancing and limited face-to-face contact, an increased number of tribal families and communities are being impacted by the pandemic. It is essential we support our tribal children and families in accessing the necessary technology to support case planning, coordinate services, and meaningful family time. This includes, but not limited to access to internet services, phones, tablets, and laptops. Child Welfare has a responsibility to ensure

tribal children and families have opportunities to be active in their case planning, receive support services, and maintain tribal, familial and community connections.

Active Efforts

Active efforts require Child Welfare staff to be creative in their planning on how to best coordinate services, maintain meaningful family time and identify ways to support tribal children and families in obtaining technology resources. We must take an active role in locating, accessing, and providing such resources. **This could include:**

- Taking an inventory of technology currently available at the homes of the tribal children, families and placements. Then developing a list of the types of technology necessary to support case planning, maintaining meaningful family time and connecting with support services.
- Researching and identifying local resources that would be of support, as well as ensuring tribal children, families, and placements know how to use such resources and/or know who to contact if issues arise.
- Assisting with completing applications, following up with inquiries and setting up support services.
- **Costs considerations** – Are there costs associated with providing active efforts? Which forms need to be completed? Who can approve funding? These are all questions to ensure such services are available to the family in a timely manner.

Hotspot Resources

Xfinity WIFI hotspots across the country are available to anyone who needs them for free – including non-Xfinity internet subscribers. To find a Xfinity WIFI hotspot, check the hotspot location map at:

- wifi.xfinity.com
- Download the Xfinity WIFI hotspots app from the App Store or Google Play
- AT&T hotspots are open to the public. Learn more about AT&T hotspots, visit AT&T hotspot website

Internet Resources

Internet Essentials by Comcast is offering two months of free, high-speed internet to qualified individuals. After the two-month free period, customers will be charged $9.95/month (subject to change).

You may qualify if you:

- Are eligible for public assistance programs like SNAP, housing assistance, Medicaid, SNAP, SSI, the National School Lunch Programs, and others
- Live in an area where Comcast internet service is available
- Have not subscribed to Comcast internet within last 90 days (customers who are only Comcast cable or phone customers may be eligible)
- Have no outstanding debt to Comcast, or have debt that is less than one year old.

Internet Essential customers can also purchase a low-cost computer. To learn more, visit the Internet Essentials

website or apply for Internet Essentials now.

Spectrum – Spectrum Cable Internet (aka Charter) is available in parts of Oregon and is offering 2 months free for students. They are not available in Portland metro area.

Phone Resources

Lifeline is a federal program that lowers the monthly cost of phone and internet. Eligible customers will get up to $9.25 toward their bill. You can only use Lifeline for either phone or internet, but not both.

Most major mobile phone carriers have signed on to the Keep Americans Connected Pledge and will:

- Not terminate the service of any wireless, home phone or broadband residential or small business customer because of their inability to pay their bill due to disruptions caused by the novel coronavirus pandemic.
- Waive any late payment fees that any wireless, home phone or broadband residential or small business customer may incur because of economic hardship related to the novel coronavirus pandemic.

Please check with your cell phone provider for specifics.

- AT&T – AT&T's response regarding the COVID-19 pandemic
- Cricket Wireless – Cricket's response regarding the COVID-19 pandemic
- Sprint – Sprint's response regarding the COVID-19 pandemic
- T-Mobile – T-Mobile's response regarding the COVID-19 pandemic
- Verizon – Verizon's response regarding the COVID-19 pandemic

Info for students https://www.pcc.edu/novel coronavirus/information-for-students/service-providers/

Meaningful, Frequent Visitations

During a time of limited resources, we need support now more than ever and to look to each other for sustenance. This is even more so for tribal families who depend on community for meaningful connections. Caseworkers should review the guidance provided by Child Welfare leadership, which called for continued restriction for in office visits and will be re-evaluated in early June. A case-by-case assessment of visitation is required. If it can be safely arranged, total visitation time should, at a minimum, continue at the previously ordered pre-pandemic amounts.

As office visits may not be a resource to connect parents with their children, we need to look for creative ways to support ongoing meaningful family contact. Planning is done in collaboration with the parents, tribe, caseworker, supervisor and any other supports the family may have. With each unique family situation, creative solutions are formed on a case by case process for the least restrictive access during a truly restrictive time.

When Setting Up Visitations Consider:

- If children were already visiting in the community, do they have the support to continue this contact? Evaluate the level of supervision needed to manage visits in the community for those visits suspended due to office restrictions.

- If there are issues with visits, notification or communication need to be relayed to the tribe, other parties, courts, and supervisor.
- Encourage staffing with supervisors/Active Efforts Specialists/consultants to overcome barriers to community visits. SSAs can supervise visitation outside of the DHS office, and especially in ICWA cases we should be pushing for in person contact between parent and child, exploring who can help support that contact, etc.
- When community visits cannot occur: Are there family members that can help facilitate virtual contact? Can virtual contact occur daily? Can stories or songs be recorded by family and shared with the children? Can watch parties be organized with relatives and foster placement? Can the children and parents play video games on a network together? (cell phone, Xbox, etc.)
- Meaningful does not equate to something we have to observe. It can be just being in a familiar place; eating together and not saying anything; or having voice or face close enough to feel the family's presence. Most importantly, meaningful is something that matters to the family. Caseworkers should check in with families on what meaningful contact means to them, and then doing what we can to facilitate those opportunities for families.

Active Efforts

To the maximum extent possible for meaningful contact and visitation, active efforts are provided in a manner consistent with the prevailing social and cultural conditions and way of life of the child's tribe. They are conducted in partnership with the tribal child, parents, extended family members, Indian custodians, and tribe. Notifying and inviting the tribe to participate in important aspects of the case will help ensure decisions are consistent with the prevailing social and cultural conditions and way of life of the tribe.

For the sake of active efforts and a culturally appropriate assessment, caseworkers should include the tribe when making their case-by-case visitation assessments. Caseworkers are encouraged to consider holding virtual family team meetings to work through visitation assessments before any modifications are made). If there are questions about whether visits may occur, the Child Welfare Supervisor, Tribal Affairs Unit and/or Active Efforts Specialist and the tribe will review and make the final decision whether the visit should occur.

Additional Ideas:

- Does the family have access to soap or hygiene products?
- Does the family have access to personal protective equipment?
- Is the family practicing quarantine with other families or other family members? Is someone sick? Do they have access to food, water, and other essentials?
- A family might need face coverings to meet with caseworkers or other professionals which could ease a barrier to visitation. It is good to check in with your supervisor and confirm if face coverings can be purchased or donated to the family.
- The family may have lost access to income and can no longer bring food to the visit. If there is a relative who helps the parents make food for the children during visits, it might be an active effort to provide some groceries.

- If parents are quarantined with friends or other families, someone could get sick, so an active effort could be providing a place where the parents can self-isolate in order to continue future visits.

The pandemic is a time to have more meaningful communication with your families. It is important we are checking in with our tribal families on a regular basis to ensure safety and wellbeing. It is critical to communicate with your resource network: tribe, parents, children, relatives, foster parents, attorneys, etc.

Active efforts are tailored to each child and family within each ICWA case and could include additional efforts by the agency working with the child and family. The minimum actions required to meet the "active efforts" threshold will depend on unique circumstances of the case. It is recommended Child Welfare determine which active efforts will best address the specific issues facing the family and tailor those efforts towards appropriate, safe visitations.

Resources

- DHS Child Welfare Visitation Policy (extended through early June 2020) https://dhsoha.sharepoint.com/:b:/r/teams/Hub-DHS-CW/SiteAssets/SitePages/COVID-19-Guidance/Visitation%20Guidance.pdf?csf=1&web=1&e=hWfK6
- Guides on having successful phone or video visitation https://www.nccdglobal.org/blog/successful-video-visits-young-children

Congregate Care

Congregate care programs are facilitated through the Child Caring Agencies (CCA's) in Oregon. These include Behavioral Rehabilitation (BRS) treatment through BRS Residential or Psychiatric Residential Treatment Programs, for example. The risk for exposure to the COVID-19 outbreak is higher in congregate care settings due to the close-proximity of individuals served.

Active Efforts for Children who Must Remain in Congregate Care

Each CCA is required to have policy and protocol related to the COVID-19 pandemic. The caseworkers can talk to the facility and request their agency protocol related to COVID-19 including program cleanliness and response to heightened risk.

Guiding questions:

- Find out what the visitation and contact restrictions are for children placed in the facility at this time.
- How might we provide continued contact between parent/child while child is placed in this setting? Will caseworker's face to face contacts with the child be limited by facility restrictions?

If a child must remain in congregate care, talk to the facility about what will happen if there is an outbreak at the facility. Ask what will happen if staff members are sick and unable to work. Find out what measures are put in place to keep the facility clean. Find out if there are ways to isolate a child if a child becomes ill at the facility and what that isolation will look like for that child. Have a specific plan in place for the child should the facility need to close, and a plan for the care and wellbeing of the child should the child become exposed to COVID-19 while at the facility.

Resources

Ideas for making emergency plans with youth in congregate care can be found here: https://ylc.org/wp-content/uploads/2020/03/YLC-Toolkit-for-Emergency-Planning-with-Youth-in-Congregate-Care.pdf

ICWA Compliant Placements

Active efforts require an ICWA compliant placement unless there is good cause to deviate from ICWA placement preferences. This legal requirement continues to apply during the pandemic.

Active efforts also require a diligent search for the Indian child's extended family members and includes contacting and consulting with extended family members. Work with your Child Welfare branch, ICWA Unit, or Tribal Affairs to renew family finding efforts and efforts to find tribal or other foster homes. It is more important than ever to try to get youth into family settings. Ask the child, parents family friends and relatives if they know of an alternative place for the child during the pandemic. Consider if it would be safe to reunify the family. Consider if the placement is meeting the current needs of the child and is the least restrictive placement, or if the placement is no longer necessary

During the pandemic, Child Welfare must continue to engage in relative searching to identify possible family placements. If a child is not in an ICWA compliant placement, Child Welfare will continue to consult with the child's tribe, the child, parents, family, and friends to identify an ICWA compliant placement. Caseworkers will consult with the tribe and their AAG to determine whether to seek a good cause finding from the court. Consider whether it is safe to reunify the family. Consider whether the placement is meeting the current needs of the child and is the least restrictive placement or if the placement is no longer necessary.

Tribal Foster Families

Child Welfare continues to work with the tribes to increase tribal foster parent recruiting efforts. More people are staying at home and may be looking for a way to give back to the community as well as potentially having more availability to foster a child right now.

ICWA Court Proceedings

Other than the Chief Justice Order, there are no statutory changes or emergency rules that change practice substantially in Oregon. The Juvenile Court Improvement Project judges requested a statutory temporary waiver of timelines in juvenile cases that was not moved forward by the Chief Justice. Currently, judges have the ability in most cases to make a finding for good cause to extend a timeline to give parents more time for reunification. Judges also requested the flexibility to schedule hearings on a case-by-case basis determined by the facts of the case, the need for judicial intervention to prevent harm to a child or to protect the constitutional rights of a parent, and the staffing and capacity of the court.

Recommended practice during pandemic:

- Pay attention to active efforts in your cases
- Contact Active Efforts Specialists for flexibility and creativity in providing active efforts

Active Efforts

Currently there are no court closures in Oregon which allow for continuances of regularly scheduled review dependency

hearings, and court blanket orders in place. You may be frustrated with the lack of active efforts a family is receiving and confused about what legal recourse the tribe has. Oregon's Chief Justice Order No. 20-006 classified many juvenile dependency proceedings as "Category 2 essential proceedings," including protective custody applications, shelter hearings, jurisdiction and disposition hearings and trials, hearings on a parent's objection to the child's continued placement in substitute care, and hearings on motions to dismiss. These proceedings shall be held on the date scheduled and conducted by remote means if reasonablyfeasible. All other juvenile dependency proceedings, such as permanency hearings, are classified as "Category 3 essential proceedings," and shall be scheduled in accordance with the policy developed by the Presiding Judge in each county. Many courts in Oregon are holding all juvenile dependency hearings virtually through phone or video conferencing.

Although the challenges faced today are unique, Child Welfare branches should continue providing active efforts and reunification during the pandemic. Timelines for reunification are short. Childhood is a critical time for tribal children's development and will affect whether they grow into safe, happy, and healthy adults and elders. Childhood only lasts for a short while and does not wait for the pandemic to end; the reunification of tribal children and families should continue, even during a pandemic.

Waiting for a "no active efforts" finding at the next status review hearing is never an appropriate remedy for the family. Even if the court makes a "no active efforts" finding at the next status review hearing and extends services, a lot of damage can be done to the family that might not be reparable with an extension of services. Early intervention is critical. See if things can be resolved by some informal discussions with the county agency social worker or by having virtual or telephone Family Team Meetings.

Problem solving and creativity goes a long way to getting a family back on track and getting active efforts back on track.

Above and Beyond

You may currently be frustrated with the accessibility or variety of available and appropriate services to ensure active efforts are met. The pandemic, however, does not eliminate Child Welfare's responsibilities to provide active efforts. It is important to be aware of the services a family is currently receiving and all available appropriate alternatives.

The pandemic calls for everyone to go above and beyond their typical work on ICWA cases. While technology is more important than ever before, services and visitation may need to be modified, and placements may need to be re-assessed, by taking quick action to work with tribes and parties on a case-by-case basis and using creativity, active efforts can continue to be provided. Caseworkers should staff cases with their AAG if court action is necessary.

Additional Resources

211 connects people with health and social service organizations that include food, housing, employment, healthcare, services and resources including assistance programs that target specific services. https://www.211info.org/

CALL 211 or 1-866-698-6155 TEXT your zip code to 898211 (TXT211) Tribal Affairs COVID-19 Updates and Resources https://www.oregon.gov/DHS/ABOUTDHS/TRIBES/Pages/COVID-19.aspx

Source Document

Active efforts in ICWA Cases During the Pandemic (2020), California Indian Legal Services, Community Legal Education

Tribal Affairs Unit and Active Efforts Specialist Contacts

Christine Kamps, ICWA Consultant – **Assigned Oregon Tribes** – Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes, Confederated Tribes of Warm Springs, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
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Emily Hawkins, ICWA Consultant – **Assigned Oregon Tribes** – Burns Paiute Tribe, Confederated Tribes of Grand Ronde, Confederated Tribes of the Umatilla Indian Reservation, Coquille Tribe, and Confederated Tribes of Siletz Indians
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(5/18/2020) - New Provider Note Category and Type C-19 Temp Fingerprint Suspension

DHS has received federal guidance that, in light of delays and difficulties obtaining fingerprint-based FBI checks based on COVID-19, the department may, in certain situations, utilize federal funds for placements where the department has

not obtained the FBI check results. It is important to be able to maximize federal funding when at all possible.

Due to this guidance, we have instituted a process to identify those certifications where we may be able draw down federal funding. **This applies to those certifications where ALL certification requirements have been met, including having a home study that is otherwise completed and approved, except for obtaining a fingerprint-based FBI criminal background check**.

For those certifications that meet the above criteria, the certificate would remain a "temporary" certificate, including "extended temporary" if needed.

Procedure:

- Certifier drafts the home study.
- If supervisor reviews draft home study and determines the study is otherwise able to be approved, pending receipt and review of FBI fingerprint results.
- Supervisor sign/date with added statement- conditionally approved pending FBI for COVID-19.
- Open Temporary Certificate (if not already opened) or 'extend temporary' (if needed).
- The **certifier must enter a provider note** documenting that the reason for the certification remaining in temporary status is **solely** due to not having the FBI check completed. This note is to be documented in the provider record provider notes under:

  Category: Info Rel to Certfn

  Type: C-19 Fingerprint Temp Suspension

- Upon receipt of FBI results, review results and complete any necessary paperwork to fully conclude the criminal background check process.
- Finalize the home study, with certifier and supervisor signatures and date, remembering to add date completed to the FBI criminal records field for each adult (supervisor signature date must be on or after the date of FBI results/completion of crim check).
- Proceed to issue full certificate of approval per the usual process.

If you have questions, please contact your foster care coordinator.

(5/7/2020) - Chapter 5 Section 15: Placement of a Youth in an Approved Supervised Independent Living Arrangement

Please review changes to Chapter 5 Section 15 on page 798. All changes to the procedure are in red text.

(5/7/2020) - Chapter 5 Section 29: Youth Transitions

Please review changes to Chapter 5 Section 29 on page 871. All changes to the procedure are in red text.

(4/15/2020)-Chapter 5 Section 37: Child Care Reimbursement Procedure for DHS Child Welfare Foster Parents/Relative Caregivers

Alternative Care During a State of Emergency

Reimbursement for alternative care provided outside of the Child Care OAR and Child Care Procedure is intended to provide additional financial support to foster parents and relative caregivers who due to a state of emergency in their community require support regarding the supervision of the foster children placed in their home.

Oregon Administrative Rule:

(6) Alternative Care

During the declaration of any state of emergency, a supervisor may approve the use of an alternative care provider, and the certified family may be reimbursed for payments made to the approved alternative care provider for the care provided. The alternative care provider may include, but not be limited to respite provider, a child care provider, or a babysitter as defined in 413-200-0260 A supervisor may approve alternative care providers that do not fit within the above definitions if the alternative care is needed to meet the safety, permanency or well-being needs of the child or young adult.

Procedure:

Complete the funding authorization form for "Child Care", the CW 0162 and note in the description this is a funding request for State of Emergency Alternative Care. funding caseworker or certifier works with the foster parent/relative caregiver to complete the Child Welfare Foster Parent or Relative Caregiver Child Care Authorization form (CW 0162).

After the approval of the alternative care service, the foster parent/relative caregiver submits the Child Welfare Child Care Invoice for Foster Parents and Relative Caregivers (CW 501F) to Child Welfare.

Local Office Responsibilities:

Discuss the plan for care of the child or young adult with the foster parent or relative caregiver. If the plan meets the safety, permanency, and well-being needs of the child or young adult, move forward with the approval process.

Local Office Payment Processes:

Authorizations should be processed and approved through local office protocols.

Service Category: Child Care for Foster Parents

Service Type: Alternative Care-Covid-19

Child Welfare will reimburse the foster parent or relative caregiver the amount submitted on the CW 501F Child Welfare Child Care Invoice up to a maximum of $375/month per child.Reimbursement to a foster parent or relative caregiver may not exceed $375 per month, per child in care.

(4/3/2020)-COVID-19 Recommendations for Child Safety Work

- In cases where face to face visits must occur and someone in the home has been exposed to COVID-19 or is currently sick (fever, cough) caseworkers should contact their supervisor for guidance on how to proceed to mitigate risk of staff exposure
- Please consider for all assessment activities that do not require face to face contact be completed using alternatives such as phone calls, Skype, Facetime, or other technology that allows gathering of child safety related information and ability to address identified concerns
- Allowable alternatives must be documented clearly within the OR-Kids System and rationale "COVID–19"

Applicable Rule:

413-015-0420 to 413-015-0422

Gather Safety Related Information through Interview and Observation

- Face to face contact with the identified child, parent or caregiver is required which includes observing the child's physical appearance and wellbeing in the home environmen
- Face to face with alleged perpetrator is required if the alleged perpetrator resides in the home or has access to the identified child
- Contact with other children residing in the home may be required to determine present or impending danger
- No face to face contact with the perpetrator is required at initial contact if the perpetrator resides outside the family home and/or does not have access and is confirmed by caregivers or collateral.
- Karly's Law is required on applicable cases
- Observation of safe sleep for children under the age of 12 months may include in person, skype, facetime, or alternate technology
- Notify household members of your intent to run their criminal history in writing via text or other appropriate technology
- Caseworker must gather sufficient information through face to face contact and use of safety related collateral contacts to ensure child safety

413-015-0425 to 413-015-0437

Protective Actions, Initial Safety plans, Ongoing Safety Plans

- A protective action, initial safety plan, or ongoing safety plan must be in writing. Consider alternative way to provide copies to legal parties and safety service providers such as text, email, etc.
- Given potential interruption in services caused by the COVID-19 health emergency, it is especially critical that protective action and safety plans be developed and regularly reviewed and updated with all participants

413-015-0460

Visitation

- Make monthly face-to-face contact. The CPS worker must make a minimum of monthly face-toface contact. Consider calling ahead and making planful arrangements taking in to consider CDC recommendations for social distancing

*Exception: If CPS cannot make face to face contact with an alleged child victim and child safety is an immediate concern, consult your supervisor for further direction. Depending on circumstances, an allowable alternative contact may be appropriate, additional collateral contacts may be considered, or assistance from law enforcement may be needed. In addition, consider staffing with DOJ.

Staff Guidance for Before, During and After In-Person Visits

- Limit exposure to unsanitized surfaces and large groups of people when determining location.
- Avoid handshakes.
- Ensure all individuals involved in the contactt have thoroughly washed their hands prior to starting th contact and following the contact.
- Advise individuals involved to avoid touching their face.
- Advise individuals involved to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- If the visit is occurring in a local office, ensure visiting space is thoroughly cleaned/sanitized prior to use by next family.
- For contacts ocurring in local offices, ensure all community toys/table activities are cleared from the room

(4/3/2020)-COVID-19 Recommendations for Permanency Work

Face to Face Contacts:

- Anyone planning a home visit must assess their own health and not be at work or conduct home visits if they are ill;
- Call the parent/caregiver to assure that no member in the household is ill. If any family member is ill caseworkers must consult their supervisor for guidance on how to proceed to mitigate risk of staff exposure.
- Permanency consultants are available for consultation with branches in order to assist in talking through options for contact with parents, caregivers and children.

Out of Home Care Placements: Monthly face to face contact between case workers and children currently residing in DHS certified foster homes, and other out of home care settings including homes certified by Oregon tribes and caring for children in DHS custody and residential treatment settings for children and their

parents:

- Caseworkers will temporarily be permitted to conduct monthly face to face visits with children currently residing in DHS certified foster homes, and other out of home care settings virtually and by phone.
- The ideal contact is through video conferencing (What's App, Skype, Face Time, etc.) so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure the safety and well-being of our children and young adults in care. This includes relative placements.
- It is encouraged that staff talk with children on their own if possible, during some part of the virtual visit.
- Contact must be documented in OR-Kids. These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, child safety, well-being and needs, and care provider needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

In-home Placements: Monthly face to face contact between case workers and children currently residing in-home:

- If possible, monthly in-person face to face contact should still occur for children currently on in-home plans or trial reunifications.
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be sick or displaying symptoms of COVID19. If this is the case, please follow the precautionary guidelines on OWL (DHS/OHA shared intranet).
- Contact must be documented in OR-Kids. If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, child safety, well-being and needs, and parent needs and progress. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Monthly face to face contact between case workers and certified care providers:

- Caseworkers will temporarily be permitted to conduct face to face visits with certified care provider virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure certified care providers are supported to care for themselves and our children and young adults during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Monthly face to face contact between case workers and parents whose children are not currently in their care:

- Caseworkers will temporarily be permitted to conduct face to face visits with parents whose children are not currently in their care virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure parents are supported to care for themselves, connect with their children, and get the trauma-informed support and engagement they need during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Face to face contact prior to and following a return home:

- If possible, monthly in-person face to face contact should still occur for children and parents prior to and following a return home.\
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be sick or displaying symptoms of COVID19. If this is the case, please follow the precautionary guidelines on OWL (DHS/OHA shared intranet).
- Contact must be documented in OR-Kids. If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, confirmation of the in-home safety plan, child well-being needs, and parent needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Transporting parents to residential treatment:

Recommendation: As of last week, treatment programs are requiring that DHS staff transport parents to residential treatment. Parents will not be allowed an intake if they arrive via any other transportation. We know that timely access to treatment is crucial. In order to support parents moving toward recovery we ask that staff take vans or larger cars where social distancing can be accomplished to transport parents to treatment.

Applicable Rule:

413-040-0013 Requirements for Monitoring the Case Plan
(Amended 11/01/16)

413-040-0024 Requirements for an In-home Ongoing Safety Plan Prior to Return and Next Day Contact
(Amended 10/01/15)

413-080-0054 Monthly Face-to-Face Contact Requirements
(Amended 11/1/2018)

(4/3/2020)-COVID 19 Recommendations for Contact in Certification Work:

We want to take the opportunity to underscore that these recommendations are outside of what is best practice; however, it is our goal to balance the safety of our staff, caregiver families and children in our care during these unprecedented and challenging times. The information provided are suggestions for ways to manage the safety of staff, children, families, and our communities while also taking steps to confirm safe environments. We acknowledge that not all possible scenarios are listed, and Foster Care Coordinators are available for consultation on unique circumstances if needed.

We emphasize the priority for our agency is the safety, health and wellbeing of children. We want to assure that children are placed with relative families as often as possible and that their permanency is moved forward and not stalled. Placement of children with their relatives includes children who await relative home studies, Adoption Home Study Updates and Current Caretaker Adoption Update home studies. We also prioritize the support of our current foster parents.

We recommend that if a decision is made to utilize a virtual contact in lieu of a face to face contact that this is noted in a provider note with the following message:

“Due to the COVID 19 virus pandemic and the requirement of social distancing to quell the spread of the virus, and to manage worker, child and caregiver safety, alternate methods of contact were implemented in consultation with the certification supervisor (and/or others).”

Definitions:

“Face-to-face" means an in-person interaction between individuals. During the declaration of any state of emergency, asupervisor may authorize face-to-face contact to be completed via videoconferencing or telephonically.

“Home visit” means a face-to-face contact at an individual’s residence. During the declaration of any state of emergency, a supervisor may authorize a home visit to be completed via videoconferencing or telephonically.

Face to Face Contacts during the Certification and Assessment Period

- Anyone planning a home visit to a family must assess their own health and not be at work or conduct home visits if they are ill.
- Call the caregiver to assure that no member in the household is ill. If any family member is ill, the recommendation is to postpone and reschedule the visit.
- A decision to make contact in other than an in-person contact should be staffed with the supervisor and documented in the provider notes.
- When virtual contact is approved, video conferencing (What’s App, Skype, Face Time, etc.) is recommended so that visual communication can occur. If this is not possible, phone contact is acceptable.
- Contact must be documented in OR-Kids. These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19 Documentation must include information regarding confirming safe environments, child safety, well-being and

needs, and care provider needs.

- Foster Care Coordinators are available for consultation with branches in order to assist in talking through options for contact with family caregivers and children.

Applicable Rule:

413-200-0275 Assessment for Issuance of a Temporary Certificate of Approval
(Amended 01/01/2020)

(1) The Department may only use the assessment described in this rule for the purpose of issuing a Temporary Certificate of Approval.

(2) To complete an assessment of an applicant and issue a Temporary Certificate of Approval, the certifier must:

(a) Review the completed application.

(b) Have face-to-face contact with each applicant and each other member of the household. If an applicant or other member of the household is unavailable when conducting face-to-face contact for a Temporary Certificate, the certifier must:

(A) Obtain approval of the supervisor to delay face-to-face contact with an applicant or other member of the household, and document the approval on a form approved by the Department; and

(B) Determine a date and time for the face-to-face contact within seven calendar days of the date the applicant or other member of the household becomes available.

(j) Complete a home visit:

(A) Observe and assess the safety of the physical environment;

(B) Walk through each room in the primary residence and each surrounding building and structure on the property, unless the building or residence is a self-contained, separate-entry residence rented to or owned by another individual;

(C) Complete a safety assessment of the home and surroundings using a form approved by the Department;

(D) Provide the home with age-appropriate documents outlining the Oregon Foster Children's Bill of Rights under ORS 418.201 and OAR 413-010-0180, Oregon Foster Children's Sibling Bill of Rights under ORS 418.608 and OAR 413-070-0860 (3); and

(E) Provide of copy of the Oregon Foster Parent Bill of Rights under ORS 418.648.

Recommendation:

- Prior to issuing a new certificate, one in person face-to-face with at least one of the applicants is still required due to the need to assess the physical home and surroundings by completing the Safety Assessment/Home and Surroundings Checklist (979).
- Supervisor should exercise their ability to approve the delay of meeting with one of the applicants or another household member, including:

- If a household member is a higher risk group, such as an older member, someone who has an underlying medical condition, or is immune compromised.
    - Face to face contact with another member of the household may occur via video conferencing or phone call in this circumstance.

- The Safety Assessment/Home and Surroundings Checklist (979) as described above (j)(C) should be conducted in person when issuing an initial certificate to a newly certified family. See later guidance for information regarding when Renewal of a certificate or when a certified family moves.

- Current practice for obtaining and completion of application, criminal history background checks and child welfare background checks is unchanged as they are not required to be done in person. See also the guidance on the temporary suspension of fingerprint requirements. (Available on OWL.)

Applicable Rule:

413-200-0274 Assessment for Approval of an Adoptive Resource or Issuance of a Certificate of Approval or Child-Specific Certificate of Approval
(Amended 01/01/2020)

(1) To complete an assessment of an applicant and approve a potential adoptive resource or issue a Certificate of Approval or Child-Specific Certificate of Approval, the certifier must:

(b) Have face-to-face contact with each applicant and each member of the household.

(g) Evaluate with the applicant, the children and young adults appropriate for placement in the home and the placement capacity.

(i) Complete a minimum of two home visits.

(A) Observe and assess the safety of the physical environment.

(B) Walk through each room…..(additional language)

(C) Complete a safety assessment of the home and surroundings…(additional language)

Recommendation:

A minimum of one home visit and face to face contact with the applicants will occur, with considerations:

- Evaluate with the supervisor, employee, and caregiver family whether additional contacts and interviewing could be done with the family through phone or video conferencing.

- A decision to only have the minimum of one home visit with the applicants should always be made with the supervisor and documented in the provider notes.

Applicable Rule:

413-200-0276 Assessment to Move from a Temporary Certificate of Approval to a Certificate of Approval or Child-Specific Certificate of Approval

(1) To complete the assessment of an applicant that already has been issued a Temporary Certificate of Approval

and issue a Certificate of Approval or Child-Specific Certificate of Approval, the certifier must complete the following activities as soon as possible, but no later than 180 days from the date the Temporary Certificate of Approval is issued, unless the certificate has been extended under subsection (3) of this rule:

> (c) Conduct a home visit at least every 90 days, and when necessary, additional home visits. During each visit, review and assess the certified family's compliance with certification standards and the conditions that appear to exist in the home that affect safety, health and well-being for the child or young adult placed in the home; and document the certified family's compliance with the certification standards after each visit in the Department's electronic system.

413-200-0278 Responsibility to Determine the Maximum Number of Children or Young Adults in a Certified Family Home

(5) When a Child Welfare Program Manager or designee approves exceeding the maximum capacity in a certified home, the certifier must:

> (a) Visit the home every 90 days as long as the home exceeds the maximum capacity; and
>
> (b) During each visit, review, assess and document the certified family's compliance with certification standards as outlined in OAR 413-200-0283 and the conditions that appear to exist in the home that affect safety, health and well-being for the child or young adult placed in the home.

413-200-0283 Responsibilities to Monitor Certification Compliance
(Amended 01/01/2020)

(1) A certifier must conduct the following home visits:

> (a) A minimum of one home visit every 90 days during the period a Temporary Certificate of Approval is effective;
>
> (b) A minimum of one home visit every 90 days when a certified family has been approved to exceed the maximum capacity as prescribed in OAR 413-200-0278(1), for the duration of the management approval; and

Recommendation:

90-day face to face contact requirement should be completed via telephone or video conferencing capability, with considerations:

- Providers with Temporary Certificates or who are overfilled may have the need for additional supports and services.
- Explore with casework staff what contacts have been made by others with the family and child. Having a discussion with the team about the family's needs is imperative if our staff are meeting virtually with families and children.
- Consider more frequent virtual contact to connect with the family on services and supports.
- A decision to make contact in other than an in-person contact should be staffed with the supervisor and documented in the provider notes.

Applicable Rule:

413-200-0283 Responsibilities to Monitor Certification Compliance
(Amended 01/01/2020)

(1) A certifier must conduct the following home visits:

(a) A minimum of one home visit every 90 days during the period a Temporary Certificate of Approval is effective;

(b) A minimum of one home visit every 90 days when a certified family has been approved to exceed the maximum capacity as prescribed in OAR 413-200-0278(1), for the duration of the management approval; and

(c) A minimum of one home visit to any certified family every 180 days, which must include:

(A) Face to face contact with at least one certified individual, and

(B) Verbal contact with both certified individuals.

Recommendation:

Delay the 180-day visit until it can occur in-person or perform it virtually, with considerations:

- Given the challenges and uncertainty of this this time, families may have the need for additional supports and services.
- Explore with casework staff what contacts have been made by others with the family and child. Having a discussion with the team about the family's needs is imperative if our staff are meeting virtually with families and children.
- Whenever possible utilize videoconferencing in order to complete a walkthrough of the home environment in order to confirm safety.
- Consider more frequent virtual contact to connect with the family on services and supports.
- A decision to make contact in other than an in-person contact should be staffed with the supervisor and documented in the provider notes.

Applicable Rule:

413-200-0287 Assessment for Renewal of Certification
(Amended 01/01/2020)

(b) Conduct a minimum of one visit to the home of the certified family and:

(A) Have face-to-face contact with each member of the household.

(C) Observe and assess the safety of the physical environment.

(D) Walk through each room…(additional language).

(E) Complete a safety assessment of the home and surroundings using a form approved by the Department.

Recommendation:

Upon timely receipt of a renewal application, extend the current Certificate of Approval until assessment activities can occur in person OR perform renewal activities virtually, with considerations:

- Evaluate the family's experience and standing with the Department.
- Consider if ongoing issues and concerns have been present during their time being certified and whether in person assessment should occur to assess these concerns prior to issuing a new certificate.
- Evaluate if videoconferencing technology is available in order to virtually complete the Safety Assessment Home and Surroundings Checklist (979).
- A decision to make contact in other than an in-person contact should be staffed with the supervisor and documented in the provider notes.

Applicable Rule:

413-200-0292 Responsibilities Regarding a Previously Certified Family and When a Certified Family Moves
(Amended 01/01/2020)

(1) The Department may conduct an assessment to reopen the previous certification when all of the following apply:

(a) The certification has been closed less than six months.

(b) The certificate would not have expired during the months the certification has been closed.

(c) There have been no additions to adult members of the household, and the previously certified family remain the same.

(d) The former certified family continues to live in the same residence.…(additional language)

(2) When a former certified family requests that the Department reopen the family's previous certification, and the requirements of section (1) of this rule are met, the certifier must undertake the following actions:

(d) Conduct a home visit to identify and assess any changes in the environment or family:

(A) Have face-to-face contact with each member of the household.

(C) Observe and assess the safety of the physical environment.

(D) Walk through each room…(additional language).

(E) Complete a safety assessment of the home and surroundings using a form approved by the Department.

(6) When the certified family moves to another residence in the State of Oregon, the Department terminates the certification. The Department may issue a new certification for the new residence after the activities described in this section have been completed. Within 10 business days, the Department must complete the following actions:

(a) Conduct a home visit.

(C) Observe and assess the safety of the physical environment.

(D) Walk through each room…(additional language).

(E) Complete a safety assessment of the home and surroundings using a form approved by the Department.

Recommendation:

Upon receipt of a Renewal or Change of Status application, complete assessment activities in person OR perform activities virtually, with considerations:

- Evaluate the family's experience and standing with the Department.
- Consider if ongoing issues and concerns were present during their time being certified and whether in person assessment should occur to assess these concerns prior to reopening the certificate.
- Evaluate if videoconferencing technology is available in order to virtually complete the Safety Assessment Home and Surroundings Checklist (979).
- A decision to make contact in other than an in-person contact should be staffed with the supervisor and documented in the provider notes.

SAFE Home Study Implementation and Interviews:

Message from the SAFE Consortium: "As Covid-19 affects work throughout the world, the Consortium has received several inquiries regarding the protocol surrounding home visits and SAFE. While the SAFE team continues to encourage an adherence to best practice standards, during this pandemic, you will need to follow your state, provincial, and agency policies and protocols."

The way SAFE Home Study Interviews are conducted is not dictated in policy, but in order to have fidelity to the SAFE Model, interviews are recommended to occur in person within the family home. In person interviews help the certifier assess the applicant's answers, observe the demeanor, reactions and behavior of the applicant(s). In addition, many of the questions are very personal in nature and often the certifier is assessing past trauma. In person interviews are best practice; however, accommodations may be made during this time to assure safety of all involved.

Questionnaire 1 can be completed by the applicant separately from the interview and returned to the certifier. The certifier can interview the applicant either in person or by virtual format for additional detail and information.

Questionnaire 2 and the Update Questionnaire are administered in person and is not to leave the sight of the certifier

There are two options in order to complete the home study interviews:

Option 1: The supervisor and then the Program Manager can authorize a Management Approval to extend the Temporary Certificate to allow for more time for in person interviews to occur, in order to complete the interview/assessment process for 30 and then 60 days and possibly more.

Option 2: Allow a videoconferencing interview in order to complete interviews within the 180-day timeline and follow recommendations for social distancing. The certifier should ask the questions in an open-ended manner, so they are not reading all of the multiple-choice options aloud to the applicant. The certifier would interview for content and may select the options on the questionnaire that most closely match the answers provided by the applicant. The certifier would take notes for more extensive content. Questionnaire 2 and/or Update Questionnaire would be signed by the

worker as completed via video conference and the applicant would not be asked to sign the form.

- Considerations:
  - Technology must be available for both certification staff and applicants to ensure videoconferencing is possible;
  - The process of interviewing via videoconference may be more time consuming because of the need to administer the questionnaire verbally as opposed to having it read by the applicant.

Foster Care Coordinators are available for consultation with branches as needed.

Child Welfare procedure manual

Chapter 1 – Introduction

Section 1: Purpose 35
Section 2: Vision, Mission and Values 37
Section 3: Oregon safety intervention model 39
Section 4: Reporting sensitive issues 41
Section 5: Confidentiality 46
Section 6: Cultural competency 65
Section 7: Rights 70
Section 8: Client complaints and reports of discrimination 73

Chapter 2 – Screening

Section 1: Introduction and Definitions 76
Section 2: General Overview and Purpose 103
Section 3: Screening Process and Practice 120
Section 4: Cross Reporting 165
Section 5: Special Circumstances at Screening 170

Chapter 3 – Assessment

Section 1: CPS assessment procedures 181
Section 2: CPS assessment response timelines 184
Section 3: Assessment activities 188
Section 4: Initial contact with the family 200
Section 5: Determine the safety threat 211
Section 6: Identify the impending danger safety threat 227
Section 7: Safety Planning 229
Section 9: Determine the disposition of the CPS assessment 240
Section 10: Early intervention referrals 254
Section 11: Make child safety decision and determine whether to open a case 256

Section 12: Determine moderate to high needs 259
Section 14: Protective Custody 261
Section 15: Reasonable and Active Efforts 265
Section 16: Identifying legal parents 267
Section 17: Visitation 271
Section 18: Notifications 273
Section 19: CPS assessment documentation 280
Section 20: The role of the supervisor 282
Section 21: Special Considerations and Requirements for CPS Assessment 286
Section 22: Legal references 304
Section 23: Family engagement 306
Section 24: Report of abuse in a home certified by Child Welfare, ODDS or OYA 310
Section 25: Substance affected infant 326
Section 26 : Exception to Completing All CPS Assessment 334
Appendix 3.1: Extent of maltreatment 338
Appendix 3.2: Present danger threats 344
Appendix 3.3: Present danger assessment 348
Appendix 3.4: Impending danger threats 350
Appendix 3.5: Justifying a Parent/Caregiver can and will protect 367
Appendix 3.6: Protective action 370
Appendix 3.7: State of Oregon consular notification via fax 373
Appendix 3.8: Domestic Violence and the six domains 375
Appendix 3.10: Present danger 410
Appendix 3.11: Safety threshold criteria 415
Appendix 3.12: Safety threshold criteria 418
Appendix 3.13: Understanding how the impending danger safety threat operates in the family 420
Appendix 3.14: Criteria for an In-Home Safety Plan 422
Appendix 3.15: Conducting Tandem Investigations 424

Chapter 4 – Managing Child Safety In and Out of Home

Section 1: Overview 428
Section 2: Introduction 431
Section 3: Transfer of a Case 434
Section 4: Confirm the ongoing safety plan 441
Section 5: Conduct the Protective Capacity Assessment 445
Section 6: Conduct family meetings 476
Section 7: Document the Child Welfare Case Plan 486
Section 8: Develop an action agreement 498
Section 9: Monitor the Child Welfare case plan through required contacts 501
Section 10: Conduct a Child Welfare case plan review 513
Section 11: Measure progress 521
Section 12: Manage a new safety threat 532
Section 13: Revise an ongoing safety plan 534
Section 14: Reunification 537
Section 15: Court-ordered return of child 551
Section 16: Closing an in-home ongoing safety plan 553
Section 17: Closing the case 557
Section 18: Missing children and young adults 559
Section 19: Identification of a sex trafficking victim 573
Section 20: Substance affected infant 586
Appendix 4.1: Case transfer information sufficiency checklist 592
Appendix 4.1a: Is my safety plan sufficient? 595
Appendix 4.1b: In-home Criteria and Conditions for Return Guide 597
Appendix 4.1c: Criteria to Assess the Suitability of SSPs 605
Appendix 4.2: Face-to-Face Case Note Guide 608
Appendix 4.3: Protective Capacity Reference Guide 612
Appendix 4.4: Caseworker's role during the Protective Capacity Assessment 621
Appendix 4.5: Protective Capacity Assessment decisions 626
Appendix 4.6: Protective Capacity Assessment Worksheet 628

Appendix 4.7: Stages of Change 636
Appendix 4.8: Criteria for Expected Outcomes 640
Appendix 4.9: Family Meeting Agenda 642
Appendix 4.10: Facilitator role and qualifications 645
Appendix 4.11: Domestic violence and sexual abuse considerations 648
Appendix 4.12: 90-Day Staffing Supervisor Guide 651
Appendix 4.13: Inter-County Case Responsibilities, Requirements and Oversight Procedures 654
Appendix 4.14: International travel procedures for children in DHS substitute care for the purpose of adoption 663

Chapter 5 – Services to Children

Section 1: Overview: Services to children 667
Section 2: Placement Services Generally 670
Section 3: Working With Relatives 687
Section 4: Placement in foster care 704
Section 5: Personal Care Services 707
Section 6: Child and Adolescent Needs and Strengths (CANS) 712
Section 7: Treatment and Residential Placements 724
Section 8: Target planning and consultation committee referrals 750
Section 9: Placement in another county 763
Section 10: Placement of a child with HIV/AIDS 766
Section 12: Placement of a refugee child 770
Section 13: Placement in another state 774
Section 14: Services for, and placement of, a child with an Intellectual or Developmental Disability (I/DD), whose needs can be met in a foster family setting 793
Section 15: Placement of a Youth in an Approved Supervised Independent Living Arrangement 799
Updated due to Covid-19 5/7/2020 799
Section 17: Considerations regarding a multi-ethnic placement 809
Section 18: Voluntary custody agreements 812
Section 19: Voluntary placement agreements 814

Section 20: Change of placement 816
Section 21: Medical Care Services 819
Section 22: Dental Care Services 839
Section 23: Orthodontia Services 841
Section 24: Mental Health Services 845
Section 26: Family Visitation and Contact 850
Section 27: Clothing and personal belongings 859
Section 28: Travel 863
Section 29: Youth Transitions 869
Updated due to Covid-19 5/7/2020 869
Section 30: Behavior Intervention in a Home Certified by Child Welfare 917
Section 31: Services to injured, critically ill or terminally ill children 923
Section 32: Legal relationships to a child 928
Section 33: Obtaining a driver's permit and a driver's license for youth in care under age 18 936
Section 34: Reasonable and prudent parent standard 943
Section 35: Rights of Children and Youth in Foster Care 951
Section 36: Sex trafficking services 957
Section 37: Child Care Reimbursement Procedure for DHS Child Welfare Foster Parents/Relative Caregivers 964
Section 38: Overview: Services to families 967
Section 38a: Strengthening, Preserving and Reunifying Families (SPRF) 970
Section 39: Flexible funds 974
Section 40: In-home Safety and Reunification Services (ISRS) 985
Section 41: Sexual Orientation, Gender Identity and Expression (SOGIE) 993
Section 42: Breast Milk for Infants in Foster Care 1004
Section 43: Initial Required Health Assessments and Screenings 1006
Section 44: Managing The Use of Medications 1008
Section 45: Obtain Mediciad Coverage 1010
Section 46: Pregnant and Parenting Children and Young Adults in Substitute Care 1012
Appendix 5.1: Ice breakers 1014

Appendix 5.2: Foster Care base rates and level of care rates 1016
Appendix 5.3: Special rate Foster Care authorization 1018
Appendix 5.4: DHS Child/Adolescent Residential Treatment Service Continuum 1027
Appendix 5.7: Who is responsible for what (when placing a child in SPD-funded foster care and residential resources) 1030
Appendix 5.9: Adoption Home Study Prior to TPR 1033
Appendix 5.10: Medicaid Coverage for non-Title IV-E Children 1036
Appendix 5.11: Immunization schedule 1039
Appendix 5.11a: Recommended immunization schedule for persons aged 0 through 6 years 1041
Appendix 5.11b: Recommended immunization schedule for persons aged 7 through 18 years 1043
Appendix 5.12: Percentile graphs 1045
Appendix 5.13: Housing Options Guide 1050
Appendix 5.14: Household Expectations and Guidelines 1066
Appendix 5.15: ILP & Transition Services Availability 1069
Appendix 5.16: New Technology: Recommendations & Guidelines 1072
Appendix 5.17: Preparation for ILP Housing Programs Screening Study Guide 1077
Appendix 5.18: Requirements at Independence: “Transition Tool Kit” Checklist 1082
Appendix 5.19: Notification of Pending Termination sample letter 1084
Appendix 5.20: Exception to OAR 413-030-0410 - Resources Researched sample 1086
Appendix 5.21: Chafee Medical Program Flyer 1089
Appendix 5.22: ILP Services and Funds Matrix 1091
Appendix 5.23: Teen Policy Requirements 1094
Appendix 5.24: Youth Transitions Best Practices Guide 1097
Appendix 5.28: Road to Getting Your License 1100
Appendix 5.29: Obtaining a Driver's Permit and a Driver's License for Youth in Care (Under Age 18) Meeting Template 1104
Appendix 5.30: Driver's Education Course Payment form 1109
Appendix 5.31: Children Visiting Incarcerated Parents 1112
Appendix 5.32: Questions to Guide Planning and Evaluating Visits 1118
Appendix 5.33: Office of Deaf and Hard of Hearing Services Consultation 1122

Appendix 5.34: Worker-specific tasks for CCO coverage in BRS 1125
Appendix 5.35: BRS and QRTP Referral Process 1129
Appendix 5.36: Court Approval Process for QRTP Placements 1131
Appendix 5.37: QRTP Extended Stay Approval Process 1133
Appendix 5.38: QRTP Assessment Process 1135
Appendix 5.39 STAT CANS 1137

Chapter 6 – Adoption, Guardianship and Other Permanency Plans

Section 1: Adoption Planning 1139
Section 2: Freeing a Child for Adoption 1162
Section 3: Sibling adoption planning 1192
Section 4: Preparing Children for Adoption 1200
Section 5A: Identifying and assessing families for adoptive placement: General information for the caseworker 1209
Section 5B: Relative families: Considerations and procedures for adoption 1222
Section 5C: Foster Parent Considerations and Procedures for Adoption 1243
Section 5D: Child Welfare conflict of interest and employee adoptions and exceptions to the conflict of interest DHS policy 1252
Section 6: Recruitment for general applicant adoptive families (and occasionally for long-term foster families) 1257
Section 7: Selecting the adoptive family 1269
Section 8: Mediation in Adoption 1309
Section 9: Activities Prior to Placement in Adoptive Home 1313
Section 10A: Making and Designating an Adoptive Placement 1334
Section 10B: Establishing Adoption Assistance 1344
Section 11: Affidavits in Support of Adoption 1356
Section 12: Supervising the adoptive placement and adoption disruption 1361
Section 13: Finalizing the Adoption 1377
Section 14A: Approving and Implementing Guardianship as a Permanency Plan 1384
Section 14B: Establishing guardianship assistance 1400

Section 15: Placement with a fit and willing relative 1411
Section 16: Another planned permanent living arrangement 1419

Chapter 7 – Family Support Services

Section 1: Overview 1431
Section 2: Receiving the case and first face-to-face contact 1435
Section 3: Determine the family or former foster child's service needs through a family support services assessment 1437
Section 4: Develop an individualized Family Support Services (FSS) Case plan 1450
Section 5: Arranging services and using a Service Agreement 1457
Section 6: Monitor the Family Support Services case plan through required contacts 1461
Section 7: Measuring progress 1471
Section 8: Conduct a Family Support Services Case plan review 1476
Section 9: Close a Family Support Services Case plan 1483
Appendix 7.3: Additional supports for adoptive families and legal guardians 1486

Chapter 8 – Certification and Management of Applicants and Certified Families

Section 1: Approval of Potential Adoptive Resources 1489
Section 2: The Certification Process 1496
Section 3: Applicant Assessment 1524
Section 4: Management Approval for Specific Certification Rules 1540
Section 5: Managing Certified Homes 1560
Section 6: Training and Support 1583
Section 8: Involvement in Case Planning Decisions 1597
Section 9: Complaint Review for Certified Families 1601
Section 10: Certification Actions for an Application or Certificate of Approval 1607
Section 11: Conflict of Interest 1620
Section 12: Certification Records 1626
Section 13: Safety and Wellbeing Reviews 1632

Appendix 8.1: Certification Approval Matrix 1637
Appendix 8.2: Foster Parent Training Credit Quick Reference Chart 1645
Appendix 8.3: Interpretation Equipment Checkout and Return Chart 1648
Appendix 8.4: How to Request Verbal Language Interpretation Including American Sign Language and Written Translation for Foster Home Certification 1650
Appendix 8.5: Certification Filing Guide 1653
Appendix 8.7: Example Inactive Referral Status Letter 1656
Appendix 8.8: Tips for Oregon Temporary Certificate 1659

Chapter 9 – Working with the Courts and External Partners

Section 1: The Courts 1663
Section 2: Legal and Other Fathers 1702
Section 3: Court Hearings, Legal Documentation, and Legal Requirements 1709
Section 4: Citizen Review Board 1718
Section 5: CASA: Court Appointed Special Advocate 1726
Section 6: Service providers and community partners 1730
Section 7: Other legal matters 1734
Appendix 9.2: Fathers at a glance and search and notice requirements 1741
Appendix 9.3: Letter request to establish paternity 1743
Appendix 9.4: Reasonable efforts principles and expectations 1746
Appendix 9.5: Active efforts principles and expectations 1752

Chapter 10: Eligibility

Section 1: Targeted Case Management procedures 1759

Index

Glossary

Glossary 1790

Chapter 1
Introduction

Section 1: Purpose

Purpose

The Oregon Department of Human Services (DHS), Office of Child Welfare (CW) Programs provides guidance in this manual for all DHS CW professionals. This manual contains best practices for working with families, providers and colleagues. Be sure to apply these best practices to arrive at positive outcomes for Oregon children and their families.

The purpose of this manual, in child welfare service delivery in Oregon, is to:

I. Increase the standard, and

II. Improve consistency.

It does not supersede federal or state administrative rules or laws.

Comprehensive direction is in this manual for caseworkers to know:

I. What a child safety assessments entails, and

II. How to monitor and intervene throughout the life of a case.

The manual is in chapters as listed in the table of contents. Each chapter consists of:

I. Procedures (what and how to do the job),

II. Tip boxes, and

III. Exhibits.

Oregon Child Welfare works with those we describe as children, teenagers and youth. Nevertheless, the term in the manual for all these categories is the word "child."

Tip

Throughout this manual, CW attempts to answer what and how.

WHAT: More often than not, the "what" outlines requirements in administrative rule (law).

HOW: Step-by-step guidance on best practice in Oregon Child Welfare.

Chapter 1
Introduction

Section 2: Vision, Mission and Values

Vision, Mission and Values

Vision

Department of Human Services (DHS)
Safety, health and independence for all Oregonians.

Office of Child Welfare Programs (OCWP)
Every child and family have a safe and positive environment in which to live and develop.

Mission

DHS

To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

OCWP

Improve family capacity to be self-sustaining while creating a safe and permanent living environment for children.

Values

DHS

Below are the seven Core Values that provide the foundation for how we interact with our clients and coworkers:

I. Integrity
II. Innovation
III. Respect
IV. Service Equity
V. Responsibility
VI. Stewardship
VII. Professionalism

OCWP

Oregon's child welfare practices focus on each child's individualized needs for safety, permanency and well-being. The following four core values are the foundation for OCWP's policies, procedures and practices and guide service delivery to our children, youth, families and communities:

I. Integrity
II. Innovation
III. Respect
IV. Service Equity

Chapter 1
Introduction

Section 3: Oregon safety intervention model

Oregon safety intervention model

The Oregon safety intervention model is an overarching process that assesses and manages safety from screening through case closure.

The safety intervention model includes all actions and decisions required throughout the life of a case to:

I. Ensure an unsafe child is protected,

II. Support and encourage the parent(s) to take responsibility for the child's protection whenever possible,

III. Reconfirm the child's safety at home or in out-of-home care, and

IV. Establish a safe, permanent home for the unsafe child.

Chapter 1
Introduction

Section 4: Reporting sensitive issues

Reporting sensitive issues

This procedure outlines:

I. What a sensitive issue is,

II. Who you must report a sensitive issue to, and

III. The reporting process.

The purpose of reporting sensitive issues is to:

I. Identify issues that require a Critical Incident Response Team (CIRT).

II. Identify practice trends statewide.

III. Bring highly concerning issues to the attention of Central Office.

IV. Ensure a timely and satisfactory response to security threats.

V. Prepare for potential inquiries from the public or media.

Procedure

I. **What is a sensitive issue?**

"Sensitive issue" means an event or situation that is:

A. Highly concerning,

B. May pose a potential liability,

C. Is of emerging public or media interest, or

D. Represents a security threat.

A sensitive issue includes:

A. The death of a child suspected to be from abuse, which includes:

1. A young adult who received services from Child Welfare.
2. All reports of child deaths in which abuse is alleged.

You must make a Sensitive Issue Report when you receive the report of death. You must update the Sensitive Issue Report when the CPS assessment ends. Refer to the Fatality Protocol.

B. The death or serious physical injury of a child. This is regardless of whether:

1. Abuse is suspected, and
2. The child was in the custody of the Department, or
3. The child or a member of the child's immediate family was the subject of a report.

You must make a Sensitive Issue Report when you receive the report of death. You must update the Sensitive Issue Report when the CPS assessment ends. Refer to the Fatality Protocol.

C. Allegations of abuse by DHS employees, volunteers, or contracted providers that serve clients:
   1. DHS employees include part-time and full-time employees.
   2. Clients include children, young adults and their family or household members.
   3. Allegations of abuse refers to reports assigned for CPS assessment.
   4. Examples of contracted providers include:
      - In-Home Safety and Reunification Services (ISRS), and
      - Strengthening, Preserving and Reunifying Families (SPRF) providers.

D. Allegations of abuse by DHS certified foster parents:
   1. Certified providers include Child Welfare and Office of Developmental Disability Services (ODDS) foster parents.
   2. Allegations of abuse refers to reports assigned for CPS assessment.
   3. You must update the Sensitive Issue Report when the CPS assessment ends.

E. Reports that a DHS employee, volunteer, or a provider licensed or certified by DHS to serve children and families is:
   1. Arrested
   2. Charged with a crime, or
   3. Engaged in serious misconduct.

F. Legal actions, which include court orders, that require the review or support of Central Office leadership.

G. A policy or case decision which involves the public, media or legislature; or has them asking about it.

H. Any significant client concern being escalated to Central Office, which includes:
   1. When you anticipate a client contact will contact the Central Office (advance notice is helpful).
   2. Concerns the local office determines may require Central Office review or intervention.

I. Threats or other security concerns made to DHS employees or facilities.

II. Sensitive Issue Report process

Sensitive issue notification responsibilities by role:

A. **Staff or volunteers** must let a supervisor know immediately when a sensitive issue, as defined above, is received.

B. **Supervisor or designee** must immediately notify the following of the sensitive issue:
   1. Program manager,
   2. District manager, or
   3. Other designated responsible manager(s).

C. **Supervisor or designee** must immediately:

1. Complete a Sensitive Issue Report, CF 150. Write a brief description of the information that is currently known. You can find the Sensitive Issue Report on the DHS forms server.
2. Email the Sensitive Issue Report:
   - Address it to:
     - *(1)* Child Welfare Sensitive Issue Distribution List. Use the email group CW-Sensitive Issue Report Distribution in the Outlook address book.
     - *(2)* Include the:
       - *(i)* Program manager,
       - *(ii)* District manager,
       - *(iii)* Other relevant employees,
       - *(iv)* Child safety consultant assigned to the district on serious physical injuries, fatalities and allegations of abuse in care.
       - *(v)* Foster care coordinator assigned to the district on allegations of abuse in care.
3. Email subject line should read "Sensitive Issue Report: …".
   After the colon, identify the category of sensitive issue.
   Categories include:
   - Fatality
   - Serious physical injury
   - Misconduct
   - Alleged abuse in care
   - Legal action
   - Media
   - Client concern
   - Security threat, or
   - Other, if none of these categories apply.
4. At a minimum, you must update the Sensitive Issue Report when the CPS assessment end.
5. Provide follow-up information when necessary or requested.

D. **Child Safety Program** must have a system to track all Sensitive Issue Reports.

E. **CF 150 recipients** must notify other DHS staff, when appropriate, or as needed.

F. **DHS Director or designee** must assign a CIRT, when appropriate, as outlined in administrative rule.

G. **DHS leadership** directs follow up activities, including case reviews, as needed.

Tip

Include whether the death has received or will possibly receive media attention.

Tip

Information that can result in reporting a sensitive issue can come to an employee's attention through a variety of ways:

- *A call*
- *An email*
- *In person*

A written document, such as a closed at screening An assigned report or a letter.

Chapter 1
Introduction

Section 5: Confidentiality

Confidentiality

Confidentiality is presumed. All information that identifies an individual client is confidential. The department may not release or disclose client information, except:

I. As specifically authorized by the client in writing,

II. By federal law,

III. State statute,

IV. Administrative rule, or

V. As ordered by a court.

Confidentiality policies apply to:

I. Child Welfare permanent and temporary employees,

II. Volunteers and contractors of any Child Welfare program who either:

   A. Work at a DHS site, or

   B. Have access to any:

      1. DHS database,

      2. Case management software, or

      3. The Outlook email system for the state.

TIP:

Get the information you need. *If you believe an outside agency, organization or business is incorrectly citing confidentiality laws as a reason to withhold information you need, you may contact the DHS Privacy Office or your privacy coordinator for help.*

Procedure

I. **General**

   A. Many laws apply to the information that exists in a child welfare file. Information from or documents within a child welfare file can **rarely** be shared in their entirety.

   B. Use form MSC 2090, Notice of Privacy Practices to let clients know how DHS may use or disclose their information.

   C. Get a signed authorization, MSC 2099, from the client if there is any question that a release of information is required. Honor and respect the choice and dignity of your client. Do not view this as an obstruction to providing services.

   D. In every way in which information is shared, with or without an authorization, inside or outside of DHS, take steps to verify the identity of the person receiving the information.

II. **Maintaining client records**

A. Keep client records in the normal working areas of a DHS Child Welfare office.

B. When not in use, keep client records and information secure.

C. Stamp copies of information from client records "Confidential" before releasing.

D. If you mail confidential material, send it “certified” and “registered.”

E. Retrieve and destroy copies of client information used for ad hoc consultations.

III. **Authorization for Use and Disclosure of Information –** MSC 2099

A. A client gives written authorization for release of information by completing form MSC 2099, Authorization for Use and Disclosure of Information.

B. Completing the MSC 2099:

1. Complete this form in person with the client, whenever possible. Doing so helps with:
   - Discussion,
   - Case planning, and
   - To ensure the client understands the form before signing.

   Answer any questions the client has about the 2099. Also, explain the client’s right to request limitations on disclosure of their information.

2. Use only one record holder per form. The form must include the signature of the individual on the form.

3. List the specific purpose for which information will be disclosed. Do not disclose information beyond the purpose listed on the MSC 2099.

IV. **What if the client refuses to sign the authorization?**

A. Talk to the client to find out what specific objections they have to the release and why. Explain to them, if necessary, how they will benefit. Also explain why it is helpful to the department to be able to receive and share certain information about them.

B. If the client still does not want to authorize disclosure of their information, explain to the client that is their right. However, you will be requesting a court hearing for help in making that determination.

V. **Revocations (or cancellations) of authorizations**

A. Treat a valid revocation the same as a client who refuses to sign an authorization.

B. Process the revocation in this way:

1. Write the method and date of the cancellation on the authorization form.

2. Add the current date (if different from the cancellation date).

3. Initial the cancellation entry, and

4. Place the authorization form in the client file.

VI. **Requests to restrict use or disclosure of client information**

A. Use the MSC 2095, Restriction of Use and Disclosures form, for a client who requests a restriction on use or disclosure of their information.

B. DHS is not obligated to agree to a restriction. If necessary, seek the court's help to make this decision.

C. When ***denying*** a client's request, complete the bottom portion of the MSC 2095. Send a copy of the MSC 2095 to the privacy representative.

VII. **Use of information within DHS**

Definition: "Program use" refers to:

A. Sharing of client information within the Child Welfare program, or

B. Sharing of information between program staff and DHS administrative staff that support or oversee the program.

An example of the above is the exchange of information between a caseworker and Central Office Child Welfare staff.

C. Program use of information is permitted without a written authorization from the client.

Definition: "Cross-program use" refers to:

A. Sharing of information about a child welfare client with another DHS or Oregon Health Authority (OHA) program.

Examples of the above are Self Sufficiency (SS), Health Systems Division (HSD) or Vocational Rehabilitation (VR).

B. Sharing of client information without their authorization is permitted in the following situations.

1. When necessary for the administration of Child Welfare programs,
2. For a mandatory report of child abuse, or
3. When Child Welfare is:
   - A member of the local county multi-disciplinary child abuse team as defined in statute, and
   - The information is necessary for the prevention, investigation and treatment of child abuse.

For all situations outside of the above, you **must** get an authorization to share information.

Exception: Cross-program use of the following records **require written authorization:**

A. Health,

B. Substance abuse,

C. Mental health, and

D. Vocational rehabilitation.

In addition, the use of the records is limited to program areas named on the authorization.

VIII. Further disclosure (redisclosure) of information

Definition: Further disclosure means any use or disclosure of information obtained under an authorization form with:

A. Any program in DHS, or

B. Person or entity outside DHS not listed on the authorization form, or

C. For any purpose not listed on the authorization form.

D. If information received by the department is confidential or privileged under state or federal law, do not make a *further disclosure* to another person or entity unless:

1. The client gives written authorization for disclosure of that information, or
2. Another exception applies as listed in Section I.

E. If no exception applies, before *further disclosure* of information, have the client fill out, sign and date an authorization for release of information form (MSC 2099) for that disclosure.

F. Do not share medical records obtained from a third party for cross-program purposes. Also, do not redisclose these records to another person or entity outside DHS. Exceptions are:

1. You have permission under the original authorization,
2. Another exception applies, or
3. You get a new authorization that covers the redisclosure.

IX. Situations in which a written authorization is not required

Here are some examples:

A. Disclosures necessary to prevent, investigate, or treat child abuse or neglect (do not use this exception to disclose HIV or A&D treatment information.)

B. Disclosures to the Department of Justice (DOJ), law enforcement officers and district attorneys' offices needing information for child abuse assessments, criminal investigations, civil and criminal proceedings connected with administering the agency's Child Welfare programs.

C. Disclosures to members of a child protection team or consultants assessing whether abuse occurred and determining appropriate treatment for the child and family.

D. Disclosure to the public, if a child in the legal custody of DHS is:

1. Abducted or missing, and
2. Is in danger of harm or a threat to others.

Also, if the disclosure is limited to information necessary to:

1. Identify,
2. Locate, or
3. Apprehend the child

Include the child's:

1. Name,

2. Description, or
3. That the child may pose a threat to the public or himself or herself.

E. Disclosure of information when DHS believes, in good faith:

1. The disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and
2. The report is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

   As an example, if DHS believes a person is suicidal, DHS can release information without authorization to a mental health provider.

Other examples include:

F. If Child Welfare has information that, in your judgment, indicates a clear and immediate danger to another person or the public, Child Welfare must disclose the information to the appropriate authority and the person or entity that is in danger from the child.

G. Disclosure of health or treatment information is being released for the purposes of treatment, payment or health care operations.

H. Information about a specific client released to that client or the client's personal representative.

I. Disclosure of information to conduct any investigation, prosecution, or criminal or civil proceeding in connection with administering DHS programs.

J. Disclosure of information for any legally authorized audit or review by a governmental entity in relation to administering DHS programs, including the Office of Children's Advocate (Governor's Advocacy Office).

K. Disclosure to DOJ for legal advice.

L. Disclosure of information needed to provide emergency medical treatment, including A&D or mental health treatment.

M. Disclosure when DHS has a court order signed by a judge. A subpoena is not a court order.

N. Disclosure to DOJ Support Enforcement, to locate children or absent parents, and to establish support for children in substitute care.

O. Disclosure to report suspected child abuse. If necessary, substance abuse treatment information may only be shared within Child Welfare to make an initial report of suspected abuse of a child. Mental health records are not required to be part of mandatory child abuse reporting.

X. **Disclosure in common situations**

The following provides some examples of common situations:

A. State and federal agencies.

1. Subject to the minimum necessary standard, client information may be disclosed without a written authorization to state and federal agencies that provide administrative support or oversight to the DHS program whose information is being disclosed.

B. Alcohol and drug (A&D) and mental health (MH) providers, managed care plans and medical providers.
   1. No authorization is required to provide sufficient information for a referral on behalf of a client.
   2. No authorization is required to provide information necessary for payment activities, including billing and collection.
   3. Obtain an authorization to share substance abuse and HIV information for purposes of treatment. An authorization is not required to share other information for treatment purposes.
   4. Obtain an authorization to receive or provide information for purposes other than treatment, referral or payment.

C. School officials.
   1. An authorization is required to disclose information protected by confidentiality laws such as health, treatment and domestic violence.
   2. No authorization is required to disclose child welfare information if that disclosure is necessary to provide services to the child or family.

D. Meetings with the client with others present such as child safety, family decision and community partner meetings.
   1. Inform the client as soon as possible about the identity of all people in the room and their purpose in being there.
   2. Have a client sign an authorization that lists each person or entity represented in the room and allows the sharing of information for case planning and resolution.

E. Law enforcement.
   1. No authorization is required for mandatory child abuse reports and resulting investigations to make records available (except HIV status and substance abuse treatment information) in any state for a subsequent investigation of child abuse to:
      - Any law enforcement agency, or
      - A child abuse registry.

F. Research.
   1. Obtain approval from the designated Child Welfare manager to approve research requests for the specific person or organization and their research subject before providing access to department records for research purposes.
   2. Do not allow individuals with access to records for research purposes to make a copy of the record.

XI. **Requirement to track certain disclosures**

A. Use the MSC 2097 form (Disclosures of Protected Health Information) for any disclosures of protected health information (PHI).

B. Log on the MSC 2097 the following disclosures of personal health information:
   1. In response to mandatory child abuse reporting laws to an entity authorized by law to receive such a report.

2. Ordered to be disclosed pursuant to a court order in a court case or other legal proceeding. Include a copy of the court order with the accounting of the disclosure.
3. Provided to law enforcement officials pursuant to a court order. Include a copy of the court order with the accounting of the disclosure.
4. Provided by DHS staff to avert a serious threat to the health or safety of the person or others.
5. Disclosed for a public record request.

XII. **Withholding and redaction of client records**

A. Review client records for redaction before access or disclosure.

B. Copy the original record, black out with a permanent marker information about other individuals and the other information to be withheld and make a copy of the redacted record to be released.

C. Unless the information is being submitted for an in-camera review, redact the following information:

1. Names, Social Security numbers, dates of birth, addresses and phone numbers of all third parties.
2. All medical, mental health, substance abuse and vocational rehabilitation records of anyone other than the individual.
3. Any records relating to domestic violence

D. If information requested is being withheld, provide a general description of the document or information withheld (e.g., psychotherapy notes of Dr. Jones, June 2003).

XIII. **Access by and disclosure to clients, representatives and family members**

A. **Client access to their own information**

Policy

A client who is aged 18 or older or legally emancipated has a right to access most of their records. They will not have access to:

1. Mandatory reporting party information,
2. Information that would result in harm to the client or others,
3. Identifying information about confidential informants,
4. Criminal investigatory material,
5. Materials related to pending litigation,
6. Psychotherapy notes, if a court order prohibits disclosure,
7. Adoption files,
8. Mental health records of third parties, and
9. Other public records law exceptions.

DHS may require:

1. Reasonable time to prepare records for client review at the local office or disclosure by mail, and

2. A preset appointment time, if a client wants to review their records in person.

Procedure

1. Use the MSC 2093 Access to Records Request form if a client, or personal representative of the client (who has written authorization) requests access to a client case record.
2. The manager or designee shall supervise access to records. The manager or designee must approve in writing the disclosure of client information in each of the following situations:
   - DHS currently is the child's legal custodian or guardian, or DHS was the child's legal custodian or guardian when DHS authorized services.
   - DHS currently is serving the child through an Interstate Compact or other interstate agreement.
   - The child is or was evaluated or provided services as part of a DHS assessment following a protective service report, regardless of the child's legal status at the time.
3. A staff person must be present while the client or authorized representative has access to original documents from the case record.
4. If DHS denies access to health or treatment information because of a good faith belief that disclosure could harm the client or another person, the decision to deny must:
   - Be made by a licensed health care professional or other designated staff, and
   - DHS must make a review of this denial available to the client. If the client wishes to have a review of the denial, the review must be by a licensed health care professional who was not involved in the original decision. See Client Privacy Rights Policy AS-100-02.
5. Do not permit a person with authorization to review client records to review the complete case file if it contains confidential information about other persons. This includes, but not limited to:
   - Other clients,
   - Ex spouses,
   - Battering partners,
   - Housemates, and
   - Half siblings

   The exception is if the other person, in the list above, provides written consent that meets the requirements in policy.
6. You may release the below third-party records to a client or other appropriate person (which includes foster parents) when Child Welfare initiated them for the stated purpose of case planning:
   - Family interaction.
   - Psychological and psychiatric evaluations or exams.

   When you have:
   - A written authorization release from the third-party, and

- Determined that release of information is in the child's best interest.

7. Approval of the manager or designee is required if a recipient of Child Welfare records seeks to redisclose these records to another agency or organization. Approval of redisclosure may require written client authorization or verification that an exception to the authorization requirement applies.

B. **Family members**

1. Upon the request of the parent or legal guardian of a child under age 18, determine whether any of the following grounds for denial are applicable:
   - The child objects,
   - Disclosure would be contrary to the best interests of any child, or
   - Disclosure could be harmful to the person caring for the child, including foster parents.
2. Obtain informed written consent from the child if the child is aged 14 or older before release of mental health or substance abuse information to a parent or guardian.
3. Obtain informed written consent from the child if the child is aged 15 or older before release of general medical information to a parent or guardian.
4. Obtain informed written consent from a child of any age before release of any information about sexually transmitted diseases or birth control to a parent or guardian.

C. **Guardians**

1. Provide a guardian with the same access to the client file as the client in areas the guardian has authority. If unclear, ask to see the order of court appointment.
2. No authorization is required for subject matter and information over which the guardian has authority. A guardian with full powers would have access to the entire file if the client has such access.

D. **Attorneys and CASA**

1. No authorization is required for attorneys of record in any juvenile court proceeding for the child, child's parent or child's guardian.
2. No authorization is required for a court-appointed special advocate (CASA) in any juvenile court proceeding.

XIV. **Protecting the identity of child abuse reporters**

A. Protect the name, phone number, address and any other identifying information of any person making a report of child abuse.

B. Do not disclose a report, record or findings of an assessment of child abuse until the assessment is completed.

C. Child Welfare determines when the protective service assessment is completed. The district attorney determines when a criminal investigation is completed.

D. Remove the identity and identifying information of the person(s) making a report of suspected child abuse before releasing records.

E. Disclose the name, address or other identifying information to a law enforcement officer or district attorney to complete an investigation report of child abuse.

XV. Disclosure of alcohol and drug treatment information is greatly restricted

Policy

Federal laws about the sharing of alcohol and drug treatment information sets those records apart from others in how DHS staff handle them. A client has the right to authorize use and disclosure of A&D treatment information to:

A. DHS, or

B. A specific program within DHS, such as Child Welfare or Self-Sufficiency, or

C. A specific person (name or title).

A&D treatment information may only be used for the specific purpose listed on the MSC 2099. A client has the right to informed consent when filling out the MSC 2099. Federal laws prohibit redisclosure of A&D treatment information without the specific authorization of the client.

Procedure

A. Inform the client they may authorize the use of A&D treatment information to DHS or may limit disclosure to a specific program such as to the Office of Child Welfare Programs.

B. Honor the client's control of their A&D treatment information, even if DHS pays for the A&D evaluations or treatment.

C. You must get a client authorization before you share protected A&D treatment information. Do so, even in response to a request from any of the following:

1. Assistant attorney general,
2. Local district attorney, or
3. Other legal representatives who are legal parties to child welfare cases. This includes:
   - When part of the preparation of "reasonable efforts" documentation, and
   - When meeting with legal representatives to formulate and review potential language for allegations that may be heard in court proceedings.

D. Refer a requestor of protected A&D treatment information to the federal law regarding A&D information (www.access.gpo.gov/nara/cfr/waisidx_04/42cfr2_04.html) and advise them a court order or a signed MSC 2099 is required.

E. During a hearing, ask the judge to issue a court order to allow release of protected A&D information if the judge concludes it is:

1. Essential to child safety, and
2. Necessary for accurate presentation of safety risks, or
3. Formation of allegation language for formal petition.

XVI. Domestic violence

Policy

DHS Child Welfare cannot disclose records and reports compiled under the child abuse reporting law if the sole purpose of the disclosure is to:

A. Provide services to, or

B. Protect an adult domestic violence victim.

Any disclosure must be linked to:

A. Protecting the best interests of the affected child, and

B. Necessary for either DHS to administer its Child Welfare services, or

C. For assessing, preventing or treating child abuse, or

D. Protecting children from child abuse.

Procedure

A. Be mindful of safety issues for clients who are in domestic violence situations. If there is any likelihood an abuser may access the file, proceed with caution.

B. Before obtaining signed consent, discuss with the adult victim what information may be shared and what might happen with that information, including what could be included in a court document the perpetrator may access. Explain the victim's confidentiality rights and the limits to those rights. Safety concerns may take precedent over confidentiality.

C. Obtain signed release of information consent forms that specify to whom the information will be released and the type of information.

D. Consider using sensitive case designation when necessary to protect the safety of both adult and child victims, especially if the perpetrator is an employee of DHS, law enforcement or a community partner. Follow legal and narrative guidelines to protect address confidentiality in case narratives and court documents. Inform victims what information will be included in the case file and what will be part of the court record the perpetrator may access.

E. Based on the facts of the case and CPS worker's professional opinion, the worker may invite the advocate to the initial assessment to measure, prevent or treat child abuse.

XVII. HIV and AIDS

A. Comply with ORS 433.045(3) and do not reveal to any person or agency that a client is HIV positive without a written client authorization. On the MSC 2099 form, the authorization must specifically identify HIV test results in Section B and be initialed in the correct box below Section B.

B. Obtain written consent of the HIV positive or a court order before disclosing HIV information when planning a court hearing or in open court.

C. Take extra steps to hold HIV test results in strict confidence to avoid casual or inappropriate disclosure of information.

D. Maintain information on a client's HIV status in a locked file separate from the case.

E. Within Child Welfare, inform only those directly involved in case planning and who have a need to know, that a child or an adult who has a significant role in the child's plan, has AIDS or is HIV positive. Determine who has a need to know through a staffing.

F. Advise all persons who have access to the medical information of their duty to safeguard and keep the information in strict confidence.

XVIII. Foster care – information going to foster parents

A. Provide foster families with enough information to ensure effective care for physical or mental health needs.

B. If a foster parent is responsible for providing services, the foster parents may have access to client information required for case planning or to support casework.

XIX. Adoption and adoption assistance cases

Policy

Adoption records are confidential. Finalized adoption records are sealed and can only be opened as described in ORS 109.425 and ORS 109.500 or by court order. Identifying information from adoption files may be given to:

A. An adult adoptee, or

B. An adult genetic sibling (aged 21 or older), and

C. A birth parent when they have met the legal requirements of:

1. The Voluntary Adoption Registry in ORS 109.425 to 109.507, and
2. OAR 413-120.

D. Disclosure of these records is permitted by court order or to:

1. An adult adoptee, or
2. An adult genetic sibling, and
3. A birth parent when they have met the legal requirements of the Voluntary Adoption Registry in ORS 109.425 to 109.507.

Records and information obtained or created by Child Welfare to determine eligibility or make payment for adoption assistance are confidential.

Procedure

A. The adoption manager or designee may approve the release of non identifying information to the child or the adoptive parents or their designee to provide information about the child's early history or familial history.

B. Do not disclose or release identifying information to anyone about the birth parents of a child who is placed for adoption. This includes any information that will link the child to the birth family or the birth family to the child.

C. Do not reveal the whereabouts or new identity of a child to anyone seeking information about the child

by their birth name, except as otherwise provided by law.

D. Do not disclose information about adoptive placements.

E. Do not use or disclose information obtained or created by Child Welfare to determine eligibility or make payment for adoption assistance except those directly connected with the administration of the adoption assistance program.

F. Only the Central Office adoption staff will have access to files with information about adoption assistance.

XX. **Criminal records, law enforcement records, police reports**

A. A police report on a closed child abuse investigation becomes a part of the Child Welfare file. Only DHS (not law enforcement) has the authority to release a police report connected to a closed child abuse investigation.

B. Information from a police report on a closed child abuse investigation is kept in the case file and may be released to all parties connected to a Child Welfare case.

C. A police report on a closed investigation of an adult can only be released by law enforcement or with law enforcements approval.

D. Information reports from the Law Enforcement Data System (LEDS) are for review only and are never to be placed into a Child Welfare file.

E. Do not disclose the record of an arrest or the report of a crime when there is a clear need to delay disclosure for a specific investigation. This includes a need to protect someone who made the complaint or the victim.

F. Do not disclose criminal investigatory material and information that would identify confidential informants. Disclosure requires authorization from both law enforcement and the branch manager or designee.

XXI. **Juvenile court documents in Child Welfare files**

Definition: The juvenile court legal file includes the summons, the petition and all papers in pleadings, motions, orders of the court and other items filed with the court.

Policy

The following information in the file of the juvenile court is not confidential and must be disclosed upon request:

A. Name and date of birth of the child,

B. Basis for the juvenile court's authority over the child, and

C. Date, time and place of any juvenile court proceeding in which the child is involved.

Procedure

A. Determine if the information is considered confidential.

B. Determine if the requestor is a permitted recipient of the information.

XXII. Subpoenas and court orders

Policy

A subpoena is not a court order. A judge signs a court order. An attorney signs a subpoena. The department must comply with a court order to provide testimony or documents unless the department is able to persuade a judge to amend or rescind the order. The department must file written objections in response to a subpoena within 10 days or less or appear in court to present objections (or convince the attorney to drop the subpoena). A subpoena alone does not require testimony or release of documents. If the time to object to a subpoena is not waived, there must either be a court order or a valid written authorization from the client for the department to release documents or provide testimony.

A. Follow or legally dispose of court orders and subpoenas originating in Oregon.

B. Date stamp any subpoena, summons or other order received in a Child Welfare office. Immediately deliver to the designated person who reviews and decides needed follow-up.

C. Respond to orders within the allotted time.

D. Report all orders, including juvenile orders for access to Child Welfare client records, to the supervisor.

E. Notify a supervisor when you receive a summons or subpoena in non-juvenile civil matters or criminal proceedings,

F. Notify the court immediately when the time to respond to a court appearance is less than 24 hours or otherwise is unreasonable (e.g., travel distance or other major scheduling problems), and ask to reschedule. Contact your AAG if the scheduling problem cannot be resolved.

G. Contact the AAG immediately if served with notice to appear and give a deposition.

H. When the case worker is subpoenaed to **appear before a judge,** at least one of the following must be true to testify or release client information in a judicial proceeding:

   1. The proceedings are directly connected with administering a Child Welfare case, or
   2. A judge directs you to provide the information.

I. If a subpoena directs the case record or you to provide documents or appear in a deposition, an attorney's office or in an administrative hearing where **a judge will not be present:**

   1. Contact the AAG and fax a copy of the subpoena to the AAG. Check the client file to see if the client has signed an authorization to release information to the attorney and fax any releases that may apply. Note that a release in the file may not cover the scope or purpose of the request.
   2. The department may file written objections or seek to quash the subpoena. If only documents are requested, do not provide them without a court order or valid written, client authorization or specific direction from the AAG.
   3. If a subpoena for your testimony is not quashed, the person subpoenaed should appear as directed by the AAG.

J. Immediately talk to a supervisor if a worker or the case record is subpoenaed for a grand jury and:

   1. The proceedings are not directly connected to administering the department's programs, or
   2. The client has not given written authorization for the release of specific information.

K. Notify a supervisor and contact an AAG when:

   1. Served with a motion and order to show cause why the person should not be held in contempt of the court.
   2. An order or subpoena appears to conflict with the rules or the best interest of a client.
   3. Questions of child rights, confidentiality, proper service or court authority arise.
   4. Asked to provide records to attorneys which contain information harmful to a child if the attorney released it to their client. The AAG or district attorney determines whether to request a protective order restricting the attorney from further releasing the information.

L. When required to testify or present records, which are confidential or exempt from disclosure, read the following statement to the court prior to testimony.

   Your honor, legal counsel advised me to inform this court that state law bans the disclosure of information in DHS child welfare files. This is true whether through release of records or testimony.

The exception is disclosure directly connected to the administration of the child welfare laws. Violations of disclosure can subject the agency to criminal penalties. Here is a copy of some of the statutes that make the information confidential and privileged from disclosure. Information from files can be subject to further state and federal restrictions on disclosure. That depends on the contents of the child welfare file. Because of these restrictions on disclosure, I understand that I cannot testify unless the court orders me to do so. (Supply the list of supporting state statutes below.)

ORS 40.270 provides that a public officer shall not be examined as to public records determined to be exempt from disclosure under ORS 192.501 to 192.505.

ORS 192.502(9) exempts records made confidential by state law from the Public Records Laws.

ORS 192.502(8) exempts records made confidential by federal law from the Public Records Laws.

ORS 409.225 provides generally that DHS shall not disclose information contained in child welfare files unless DHS receives consent by the client, or unless directly connected to the administration of the child welfare laws.

ORS 419A.255 provides that records and files submitted to the juvenile court are confidential.

ORS 419B.035 provides that the records of child abuse investigation are confidential, with limited exceptions. ORS 419B.035(2) provides that even when child abuse reports must be disclosed, the name, address or other identifying information about the person who made the report shall not be released. Violation of the restrictions on disclosure of child abuse reports is a Class A violation.

Health Insurance Portability and Accountability Act (HIPAA) and ORS 179.505, ORS 433.045 provide that medical and psychological records are protected information disclosable only in certain circumstances.

42 U.S.C. 290dd-2; ORS 430.399(5) provide that records regarding drug and alcohol treatment may not be disclosed without the patient's consent or with a court order that includes specific findings.

Role of the supervisor

I. Inform employees about the duty to preserve the confidentiality and privacy of client information consistent with law and policy.
II. Verify employees are familiar with DHS privacy policies and Child Welfare confidentiality policies and procedures, and employees attend required training sessions on these topics.
III. Evaluate whether to approve the release of investigatory information compiled for criminal law purposes.
IV. Evaluate whether AAG consultation is necessary in the handling of subpoenas or other legal motions.
V. Evaluate releases of information to the elected officials and media, in consultation with Central Office staff.

Forms and references

Forms

I. MSC 2090, *Notice of Privacy Practices*

II. MSC 2093, *Access to Records Request Form*
III. MSC 2094, *Amendment of Health Record Request Form*
IV. MSC 2095, *Restriction of Use and Disclosures Request Form*
V. MSC 2096, *Accounting of Disclosures Request Form*
VI. MSC 2097, *Disclosures of Protected Health Information*
VII. MSC 2099, *Authorization for Release of Information*

References

DHS policy

I. AS-100-01, *General Privacy*
II. AS-100-02, *Client Privacy Rights*
III. AS-100-03, *Uses and Disclosures of Client or Participant Information*
IV. AS-100-004, *Minimum Necessary Information*

Oregon Administrative Rules

I. 413-010-0035 to 413-010-0075
II. 413-040-0400, 413-040-0450
III. 413-130-0300 to 413-130-0360

Oregon Revised Statutes

I. 7.211
II. 109.425 – 109.507
III. 124.050 – 124.095 (elder abuse)
IV. 135.855 (criminal case information)
V. 179.505 (disclosures of written accounts by health care services provider)
VI. 192.501
VII. 409.225
VIII. 419A.255
IX. 419A.262
X. 419B.005 – 419B.045 (child abuse)
XI. 430.735 – 430.765 (mentally or developmentally disabled person abuse)
XII. 432.420

TIP:

You can process an oral alcohol and drug (A&D) treatment information revocation. For all other information, the revocation request must be in writing.

TIP:

You may never release any information about a Child Welfare case to a member of the media or an elected office (or their office) without supervisory approval and notification of the DHS Communication Office. Supervisory and administrative staff, not individual caseworkers, handle disclosures about Child Welfare cases outside the agency.

Chapter 1
Introduction

Section 6: Cultural competency

I. **Definition:** DHS defines "Cultural competence" as the process by which individuals and systems respond respectfully and effectively to people of all:

   A. Cultures,
   B. Languages,
   C. Classes,
   D. Races,
   E. Ethnic backgrounds,
   F. Disabilities,
   G. Religions,
   H. Genders,
   I. Sexual orientation, and
   J. Other diversity factors in a manner that:
      1. Recognizes,
      2. Affirms, and
      3. Values the worth of:
         - Individuals,
         - Families, and
         - Communities, and protects and preserves the dignity of each.

   Operationally defined, it is the integration and transformation of knowledge about individuals and groups of people into:

   A. Specific standards,
   B. Policies,
   C. Practices, and
   D. Attitudes used in appropriate cultural settings.

   The purpose of this is to increase the quality of services, thereby producing better outcomes.

   To be culturally competent requires more than having knowledge of certain cultural groups. It is the ability to:

   A. Understand cultural differences,
   B. Recognize one's own potential biases, and
   C. Transcend differences to work productively with people whose cultural context is different from one's own.

II. **Application of cultural competence to casework practice**

   A culturally competent Child Welfare professional can use information about a client's culture and respectfully:

A. Work with families,

B. Develop a helping relationship,

C. Formulate a case plan, and

D. Offer culturally sensitive services.

If you do not understand the meaning of a cultural behavior, miscommunication and misinterpretation may occur. One can inadvertently offend a family if the social rules of the culture are not known. The disrespect communicated by lack of adherence to the culture's social rules can interfere with a relationship.

III. **Developing culturally competent helping relationships**

When you work with families from cultures different from your own, there are important principles to consider. These principals ensure the services CW provides are helpful and appropriate. It is important for you to examine your own attitudes and belief system. Know that those may affect your decisions and practice. If you understand your own culture and personal biases it will help you to understand cross-cultural issues. It is vital for you to view situations without assumptions, judgments and expectations. As a caseworker, you need to be able to approach and interact with family members in culturally appropriate ways. Also, to respect the cultural practices and values of the families with whom they interact.

All people share common basic needs. However, there are differences in how people of various cultures meet and place priority on those needs. Differences can be as important as similarities. A behavior or interaction may be different than what you may be familiar or comfortable with. However, it doesn't mean that it is less correct.

There are specific actions and behaviors you can practice that support culturally competent exchanges. They include:

A. Do not assume you know which family member you should speak to first. That varies from culture to culture. If you make a mistake in whom it should be, it may interfere with the information you receive. Find out which family member(s) you should address first. For some cultures, it is important to know and address that family member and get their approval. If you ignore this, it could result in your being alienated. Also, it could possibly communicate unintended arrogance on your part. For example, in some cultures, the female is responsible for interaction with you. The male, who is dominant, sits, listens and observes. In this example, you would address the female, However, she may continue to glance at her husband to figure out his opinion of the conversation. One approach of how to handle this is to request direction from the family.

B. Ask the clients how they would like you to address them. Ask about this early in the interview. Clients may perceive you as disrespectful and impolite if you refer to yourself and them by first names. You may introduce yourself as follows: "Hello, Mr. or Ms. _____; I am first name, last name." Do not assume you know the ethnic identity of a person. Ask the client or family members how they identify themselves culturally or ethnically. People from the same ethnic group may identify themselves differently. For example, the below terms have individual meaning and importance for people of similar cultural and ethnic backgrounds:

1. Hispanic

2. Latino or Latina
3. Chicano or Chicana
4. Mexican, Mexican National and Mexican-American

C. Be aware of your body position. Also, think about the amount of distance between you and your client. You will need to determine an appropriate distance.

D. Be aware of touch. In some cultures, strangers do not touch each other. This can include a handshake. Some cultures recognize a firm and strong handshake as a sign of respect. However, other cultures (e.g., Native American) respect a soft handshake. Some cultures perceive a firm handshake as a sign of aggression or uncouthness. Other cultures do not believe in any physical contact in public. This makes a handshake an unwelcome greeting.

E. Know that your client may perceive eye contact differently than you expect. In some cultures, eye contact is an indication a connection has been made. This may be to them how a relationship forms. In these cultures, a lack of eye contact is a lack of trust or indicates dishonesty. In other cultures, direct eye contact is a lack of respect or arrogance. Be aware of and examine your perceptions about eye contact.

F. Graciously accept or know how to tactfully decline an offer of food or refreshments. In many cultures, the custom is to offer food and refreshments to others. This often takes place before any formal conversation. If you need to decline, make sure you do so in a respectful way. If you have diet restrictions, talking about them can be a tactful way to decline. If the food or refreshment doesn't look good to you, keep your thoughts to yourself. Also, avoid facial expressions that suggest disapproval.

IV. Family members' skills, strengths and dysfunction within a cultural context

Identifying *strengths* suggests underlying values. Family strengths within a cultural context must be appreciated. If one values individuality and self-assertion, then the ability to take charge would be considered a strength. In cultures that highly value group harmony, the ability to negotiate and come to consensus would be considered a strength. In a group where only certain members of the family make the major decisions, the ability to gracefully accept the decision without protest may be considered a strength. A trait must be measured by its efficacy within a specific cultural context.

What may not appear to a Child Welfare professional as a strength in a particular situation may be considerable within the family's cultural context. Unless the child welfare professional recognizes this, a behavior may be a lack of adaptability and general dysfunction. In fact, it may indicate the person has adapted well within her subculture, even though her behavior may be problematic. Such assessments are complicated by what appear to be the benefits of assimilating into the larger culture. For example, a Child Welfare professional may want to explain the advantages of individuality and self-reliance to survive in our competitive, technological and economic environment. The Child Welfare professional must realize, however, that a family's feet may simultaneously be in more than one culture and must accept the family's right and need to behave accordingly.

Dysfunction also must be viewed within a cultural context. Dysfunction literally means something does not work in a situation. Dysfunctional behavior refers to behavior that creates and maintains problems rather than

solving them.

For a family member to feel a trait or an attribute is a skill, it must be something valued by the culture. You may not recognize a family's strength or skill unless you assess it in context. For example, a family may feed a child a diet of beans and rice. This is a resourceful way to provide maximum nutrition and avoid hunger on a very limited budget. Out of context, a person may view the trait as laziness or unwillingness to prepare creative and well-balanced meals.

Being culturally competent also requires knowing the issues associated with acculturation and assimilation, as well as being aware of how individuals may differ along these dimensions. In all cases, determine the extent to which the guidelines are true for the current family. Do not assume these conditions are true simply because the family is a member of a specific ethnic group. You must avoid stereotyping.

Summary

No Child Welfare professional can ever know all that is relevant about every cultural group. Interaction with families is itself a learning process; as is the process of becoming culturally competent. Keys to cultural competence are:

A. Respect for differences,

B. Curiosity about learning to understand another's point of view,

C. Skill in observation and other indirect and direct ways of learning, and

D. Willingness to consider and incorporate differences in interactions with others.

References

I. University of Denver, Graduate School of Social Work. (1997) Core I Curriculum. Denver, CO: University of Denver

II. Multi-Cultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services, by the Washington Risk Assessment Project (Feb. 24, 1993)

III. State of Oregon, DHS – Diversity Development Coordinating Council

Chapter 1
Introduction

Section 7: Rights

I. Client rights

Clients involved with DHS Child Welfare are entitled to certain rights. It is your responsibility to inform the client of their rights when it is decided that services will be provided. Clients are entitled to the following:

A. To apply for any service provided by DHS Child Welfare,

B. To receive courteous and fair treatment by DHS staff,

C. To refuse services that have not been ordered by a court, or requested by the client

D. To nondiscriminatory treatment regardless of race, color, religion, national origin, sex, age, citizenship, political affiliation, language, marital status and disability.

E. Persons with a disability are entitled to receive material in alternate format (large print, computer disc, Braille, audio tape or oral presentation).

F. To have communication held in confidence except:

1. When the client has signed a release of information that authorizes the disclosure to specific organizations,
2. When communication with other parties is necessary to administer DHS programs,
3. When you are directed to testify in a civil or criminal court about the client, or
4. When in your judgment a child presents a specific and immediate danger to another person or the public.

II. Language interpretation

Friends and family (including children) may not be used for interpretation. When there is need of an interpretation or translation service, call one of the services (see appendix) to see if they can do the interpretation or translation.

A. If the needed service is a translation, the worker faxes a CF 0010A to the translation agency.

B. If the needed service is interpretation, the worker arranges with the agency the days and times, etc.

III. Rights of foster parent

DHS values the importance of foster parents in the lives of children. Foster parents need to be an integral part of planning for the child and should be included in the child's team.

Role of the caseworker:

When a child is placed in a foster home, you will need to provide information to the foster parent about the child. This can be done on the CF261 Placement Information form, Residential Care Referral or other form to provide (at minimum) the following information:

A. Child's legal name, date of birth, name of child's parent(s), reason why the child is being placed into substitute care, legal status of child, religious and cultural preferences.

B. Who may have contact with child, the visitation and family contact plan.

C. Any known medical needs, medications and allergies, any mental health concerns or needs, immunization records, health insurance information and family physician, if known.

D. Educational information for the child, current school, grade, teacher(s) name. Information that may contribute or prevent the child from attending the same school or re-enroll in a neighborhood school.

E. Case plan for the child and anticipated timeline for providing the substitute care service.

F. The assigned caseworker's name and telephone number, and an after-hours emergency phone number.

You will need to notify the foster parent of court hearings, CRBs and treatment reviews for the child. Keep the foster parent aware of the legal status of the case.

Value the foster parent's significant knowledge about the child since they live with the child day-to-day. Support and communicate with the foster parent on a frequent basis.

Role of the supervisor:

The supervisor emphasizes the importance of foster parents to casework staff. The supervisor's number is to be given to foster parents to contact if they have any concerns they feel are not the caseworker.

IV. Rights of relatives

DHS recognizes the importance of preserving the family ties and relationships of children in the legal custody of DHS. Relatives are important to a child's sense of identity and belonging. Relatives who express an interest in a child have a right to provide information about the child's background and make recommendations for the child's future. Relatives have a right to communicate and visit with a child in DHS legal custody within reasonable guidelines as set by the child's service plan and by the court.

DHS will consider placement with relatives in preference to persons the child does not know if there is reason to believe the child's relatives will be able to provide appropriate care, stability and security for the child.

Role of the caseworker:

A. Work with relatives of the child to gather information about the child,

B. Seek out placement resources, and

C. Determine if it is in the best interest of the child to visit with their relatives.

Role of the supervisor:

Ongoing case consultation.

Chapter 1
Introduction

Section 8: Client complaints and reports of discrimination

I. **Client complaints**

A. Effective Feb. 1, 2006, the Children, Adults and Families Division adopted the Department of Human Services procedure on Filing a Client Complaint or Report of Discrimination, DSH-010-005-01.

B. This procedure is available at www.dhs.state.or.us/policy/admin/exec/010_005_01.htm.

C. This procedure replaces all previous policies and procedures dealing with client complaints or grievances, either informal or formal.

II. **Nondiscrimination on the basis of disability for programs, services and activities.**

A. Effective Feb. 1, 2006, the Children, Adults and Families Division adopted the Department of Human Services procedure on Nondiscrimination on the Basis of Disability for Programs, Services and Activities, DHS-010-005.

III. **Contested case hearings**

A contested case hearing is an administrative legal proceeding. It is like a courtroom trial, although usually somewhat less formal. At the hearing information is gathered to determine if the department properly made a prior decision. An impartial administrative law judge:

A. Conducts the hearing,

B. Examines the evidence, and

C. Issues a written order to:

1. Affirm,
2. Modify, or
3. Reverse the department's previous decision.

Contested case hearings can cover a variety of child welfare subjects. They may relate to:

A. Adoption assistance*

B. Foster care†

C. Guardianship assistance‡

D. Criminal history,§

E. Child caring agency licensing, and

F. Contractor overpayments.||

DHS-designated assistant attorneys general represent Child Welfare in contested case hearings.

* *See OAR* 413-040-0205, 413-130-0120, 413-130-0125, *and* 413-130-0130.

† *See OAR* 413-200-0394 to 413-200-0396.

‡ *See OAR* 413-070-0982.

Any time a hearing is requested:

A. Do something! The request for hearing is the first step of a sometimes long, (sometimes not so long) legal proceeding.* The proceeding may have tight, fixed time constraints for:
   1. Processing requests
   2. Filing documents
   3. Assembling case files
   4. Setting hearings and so forth.

Failure to move the request through the system quickly may forever harm the legal position of the department, the client, or both.

A. Tell your immediate supervisor when you receive a request for a contested case hearing.
B. Immediately contact the Central Office manager for the program in which the hearing has been requested.
C. Cooperate with the assistant attorney general (AAG) or an assistant when preparing the case.

Do not put a hearing request aside to deal with it later. Deal with it now!

Everything action to the client is potentially important to the hearing. Once the contested case ball is rolling, it all gets a lot more important. Be very careful to:

A. ***Save everything*** in both the paper file and the electronic file. The AAG will not be able to make good decisions in the case if information is missing. Do not conceal evidence.
B. ***Organize*** both the paper file and the electronic file. Organized files help you when you are interviewed by the AAG, participating in a deposition or testifying in the hearing.

§ *See OAR* 413-120-0460 and 413-120-0470.

‖ *See OAR* 413-310-0350 to 413-310-0360.

* *See generally OAR* 137-003-0501 *et seq.*

Chapter 2
Screening

Section 1: Introduction and Definitions

CPS Screening Procedures

Introduction

The purpose of this procedure is to set forth screening processes at the Oregon Child Abuse Hotline. This procedure is governed by applicable Oregon Revised Statute (ORS), Oregon Administrative Rule (OAR) and procedures as detailed below.

Specific Legal and Other References

ORS 419B.005, 419B.007, 419B.010, 419B.015, 419B.016, 419B.017, 419B.020, 419B.021, 419B.022, 419B.023, 419B.025, 419B.030, 419B.035, 419B.050

OAR 413-015-0100 through 0125, Introduction to CPS Rules

OAR 413-015-0200 to 0225, Screening

OAR 413-015-0300 to 0310, Cross Reporting

Child Welfare Practices for Cases with Domestic Violence

Child Welfare Practices for Cases with Child Sexual Abuse

What You Can Do About Child Abuse, DHS 9061

Fatality Protocol

Definitions

Abuse: Refer to the Identifying and Selecting Abuse Types section of this procedure for the definition of abuse and guidance on how to interpret and apply the definition.

Adult Functioning: A caregiver means a guardian, legal custodian, or other person acting in loco parentis, who exercises significant authority over and responsibility for a child or young adult. A caregiver is an adult who has primary and/or daily responsibility for the supervision, care and protection of a child. This can include parents, stepparents, adoptive parents, relatives, companions of the child's parent/caregiver, or any adult who is judged to have and continues to have direct responsibility for a child's supervision, care and protection.

Caregiver: A caregiver means a guardian, legal custodian, or other person acting in loco parentis, who exercises significant authority over and responsibility for a child or young adult. A caregiver is an adult who has primary and/or daily responsibility for the supervision, care and protection of a child. This can include parents, stepparents, adoptive parents, relatives, companions of the child's parent/caregiver, or any adult who is judged to have and continues to have direct responsibility for a child's supervision, care and protection.

Child: "Child" means a person who: (a) Is under 18 years of age; or (b) Is under 21 years of age and residing in or receiving care or services at a child-caring agency or proctor foster home.

Child care (formerly Day care): Child care means the care and supervision of a child, on a regular basis, unaccompanied by their parent or guardian, in a place other than the child's own home, with or without compensation.

(a) A Registered Family Child Care Home, which is the residence of a provider who has a current Family Child Care Registration at that address and who provides care in the family living quarters.

(b) A Certified Family Child Care Home, which is a child care facility located in a building constructed as a single-family dwelling that has certification to care for a maximum of 16 children at any one time.

(c) A Certified Child Care Center, which is certified to care for 13 or more children, or a facility that is certified to care for twelve or fewer children and located in a building constructed as other than a single-family dwelling.

(d) A Regulated Subsidy Provider, which is a child care provider that is exempt from Office of Child Care licensing and that receives subsidy payments for child care on behalf of clients of the Department.

(e) Other facilities that are operating as a Registered Family Care Home, Certified Family Child Care Home, Certified Child Care Center, or Regulated Subsidy Provider without a license when a license is required by the Office of Child Care.

Child-caring agency: is defined in ORS 418.205 and:

(A) Means any private school, private agency, or private organization providing:

- Day treatment for children with emotional disturbances;
- Adoption placement services;
- Residential care including, but not limited to, foster care or residential treatment for children;
- Outdoor youth programs; or
- Other similar care or services for children

(B) Includes the following:

- A shelter-care home that is not a foster home subject to ORS 418.625 to 418.645;
- An independent residence facility as described in ORS 418.475;
- A private residential boarding school; and
- A child-caring facility as described in ORS 418.950.
- A county operated program that provides care or services to children in the custody of the Department of Human Services or the Oregon Youth Authority as described in ORS 418.205

(C) Child-caring agency does not include:

- Residential facilities or foster care homes certified or licensed by the Department under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services.
- Any private agency or organization facilitating the provision of respite services for parents pursuant to a properly executed power of attorney under ORS 109.056. For purposes of this paragraph, "respite services" means the voluntary assumption of short-term care and control of a minor child without compensation or

reimbursement of expenses for the purposes of providing a parent in crisis with relief from the demands of ongoing care of the parent's child;

- A youth job development organization as defined in ORS 344.415;
- A shelter-care home that is a foster home subject to ORS 418.625 to 418.645; or
- A foster home subject to ORS 418.625 to 418.645.
- A facility that exclusively serves individuals 18 years of age and older; or
- A facility that primarily serves both adults and children but requires that any child must be accompanied at all times by at least one custodial parent or guardian.

Child Protective Services (CPS): "Child protective services" (CPS) means a specialized social service program that Child Welfare provides on behalf of children or, when applicable, young adults who may be unsafe after a report of abuse is received.

Child Welfare: The Oregon Department of Human Services, Child Welfare.

Clinical Supervision: Clinical supervision is individualized to explore employee strengths, biases and ethical dilemmas with attention toward social inequalities such as race, gender bias, poverty, oppression and use of authoritative power. Clinical supervision enhances clarity, confidence and competency in staff members while achieving the safety and wellbeing of children and families and focusing on engagement and inclusion of family voice.

Collateral Contacts: Collateral contacts are individuals whom Child Welfare may contact regarding an allegation of abuse, Present Danger, and/or Impending Danger. Collateral contacts are typically used at screening when:

- There is insufficient information to make a screening decision and there are individuals who can provide first-hand information necessary to determine the appropriate Child Welfare response.
- The reporting party does not have the information necessary to locate the family and the information meets the criteria to assign.

CPS Assessment: "CPS assessment" means an investigation into a report of abuse pursuant to ORS 419B.020 or ORS 418.258 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning.

CPS Supervisor: An employee of Child Welfare trained in child protective services and designated as a supervisor.

CPS Worker: An employee of Child Welfare who has completed the mandatory Child Welfare training for CPS workers.

Department: The Oregon Department of Human Services.

Designated Medical Professional: As described in ORS 418.747(9), a physician, physician assistant, or nurse practitioner who has been designated by the local multi-disciplinary team and trained to conduct child abuse medical assessments (as defined in ORS 418.782), and who is — or who may designate another physician, physician assistant, or nurse practitioner who is — regularly available to conduct these medical assessments.

Diligence: Diligence refers to conscientiousness apparent in all aspects of intervention with respect to thoroughness, timeliness, availability, and responsiveness.

Domestic Violence: A pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship.

Duplicate report: A report received that describes the same incident, incident date, alleged victim, alleged perpetrator, and allegation(s).

Educational Provider:

- A school district, as defined in ORS 332.002
- The Oregon School for the Deaf
- An educational program under the Youth Corrections Education Program
- A public charter school, as defined in ORS 338.005
- An education service district, as defined in ORS 334.003
- Any state operated program that provides educational services to kindergarten through grade 12 students
- A private school

Family Support Services: Calls are made to the Oregon Child Abuse Hotline to request placement, request independent living services, request post legal adoption and guardianship services, or request for voluntary services. These categories of services are referred to as Family Support Services (FSS) and may be referred for an FSS assessment.

Former Foster Child: A person under 21 years of age who was in substitute care at or after 16 years of age, including substitute care provided by federally recognized tribes, and had been in substitute care for at least 180 cumulative days after 14 years of age.

Guardian: An individual who has been granted guardianship of a child or young adult through a judgment of the court.

Harm: Any kind of impairment, damage, detriment, or injury to an alleged victim's physical, sexual, psychological, cognitive, or behavioral development or functioning. "Harm" is the result of abuse and may vary from mild to severe.

Health Care Provider: A health care provider is a licensed independent practitioner involved in the care and delivery of infants, including:

- A physician as defined in ORS 677.010;
- A nurse practitioner, including nurse-midwives, certified under ORS 678.375 and authorized to write prescriptions under ORS 678.390; or
- A naturopathic physician licensed under ORS chapter 685.

Household: The “household” is an association of persons who live in the same home or dwelling and may be related by blood, adoption, or marriage or may be unrelated persons residing in the same home or dwelling as the child.

ICWA: Indian Child Welfare Act

Impending Danger: Impending Danger exists when a child is living in a state of danger. Impending Danger is not always active but can become active at any time or may become active because of specific stimulating events, circumstances, or influences. Impending Danger is not necessarily obvious or occurring at the time of the report but can be identified and understood upon more fully evaluating and understanding individual and family conditions and functioning. A child in Impending Danger without safety intervention reasonably could experience severe harm. As reported by a reliable source during the assessment, Impending Danger refers to family conditions, situations, behaviors, emotions, intentions, perceptions, and motives that are out-of-control; are imminent with respect to the certainty as a direct threat to a vulnerable child; can likely result in severe harm; and are specific, observable, and describable.

Impending Danger Safety Threat: A family behavior, condition, or circumstance that meets all five safety threshold criteria of Observable, Vulnerable, Imminent, Out of Control, and Severe Harm. When it is occurring, the safety threshold is the point at which family functioning and associated caregiver performance becomes perilous enough to be perceived as a threat or produce a threat to child safety.

Incident: A single occurrence of a behavior, condition or circumstance reported to a screener which, if true, could constitute abuse, present danger or impending danger.

Indian Child: Any unmarried person who is under age 18 and either:

- Is a member or citizen of an Indian tribe; or
- Is eligible for membership or citizenship in an Indian tribe and is the biological child of a member or citizen of an Indian tribe.

Initial Contact: The first face-to-face contact between a CPS worker and a family. The "initial contact" includes face-to-face contact with the alleged victim, their siblings, parent or caregiver, and any children and adults living in the home; accessing the home environment; and gathering sufficient information on the family conditions and functioning to determine if present danger safety threats or impending danger safety threats exist.

LEDS: Law Enforcement Data System, the computerized criminal history information system maintained by the Oregon State Police.

LEDS Notice: A written statement hand-delivered to the subject individual or sent via U.S. mail to their last known address informing the subject individual of subsections (a) and (b) of this section. "LEDS notice" does not imply consent or permission of the subject individual.

- Child Welfare may conduct, or has already conducted, criminal records checks.
- The subject individual has the right to obtain a copy of their LEDS record and challenge the accuracy of the information in the record through the Oregon State Police procedures outlined in OAR 257-010-0035.

LEDS Representative: The staff person in the local Child Welfare office who has been designated under OAR 257-015-0050(5) and who has completed the training required by the Oregon State Police to train other employees to be LEDS users.

LEDS User: A staff person in the local Child Welfare office who has been trained by a LEDS representative and has

been certified by the Oregon State Police to access LEDS information.

Medication Assisted Treatment (MAT): Medication assisted treatment is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Multi-disciplinary team (MDT): A county child abuse investigative team as defined in ORS 418.747.

New Report: A new incident of alleged abuse that has not been previously documented or assessed.

No Danger Response Timeline: When the report indicates there is neither Present nor Impending Danger and the information in the report meets the 10-business day response timeline criteria.

Observable: Means specific, real, can be seen and described. Observable does not include suspicion or gut feeling.

ODDS: The Office of Developmental Disabilities Services within the Department.

ODDS Licensed Group Home: A 24-hour residential program and setting for children and adults with intellectual or developmental disabilities.

Ongoing Services: The system of intervention that comprises additional assessments, activities, practices, and decisions that are intended to serve unsafe children; ensure unsafe children are protected; and restore caregivers to their protective roles. The Protective Capacity Assessment and On-Going Protective Capacity Assessments are the components in the intervention system that address the required changes and facilitate restoring caregivers to their protective role.

OR-Kids: Oregon's Child Welfare electronic information system

OTIS: The Office of Training, Investigations and Safety within the Department's Shared Services.

Out of Control: Dangerous family behaviors, conditions, or circumstances which could reasonably affect a child or young adult resulting in an unpredictable and chaotic family environment which are not restrained or managed without outside intervention.

OYA: Oregon Youth Authority

Parent: The biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.465, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), "parent" means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include an unwed biological father where paternity has not been acknowledged or established. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.

Participant: A person listed in the screening report who has an identified role in the family or situation. Includes legal parents, household members, adult children residing in the home, alleged child victim, other children in the home, alleged perpetrator, and caregivers who reside outside the family home.

Plan of Care: A written plan for a substance affected infant and the infant's family, focused on meeting health needs

and substance disorder treatment needs and developed in collaboration with the family, the healthcare provider, community agencies and Child Welfare when appropriate.

Pre-Adoptive Family: An individual or individuals who:

- Has been selected to be a child's adoptive family; and
- Is in the process of legalizing the relationship to the child through the judgment of the court.

Present Danger Safety Threat: An immediate, significant, and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, a young adult. The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, a young adult in peril. This threat is actively occurring or "in the process" of occurring. In process of occurring means it might have just happened (e.g., a child presents at the emergency room with a serious unexplained injury); is happening (e.g., a child is left unattended in a parked car); or happens all the time (e.g. young children were left alone last night and might be tonight).

Proctor Foster Home: A foster home certified by a child-caring agency that is not subject to ORS 418.625 to 418.470.

Protective Capacity: Behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability and willingness to care for and keep a child or, when applicable, a young adult safe.

Protective Custody: Custody authorized by ORS 419B.150.

Racial disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group at a particular decision point, event, or circumstance, in comparison to the group's percentage in the total population. American Indian and African American children are affected by disproportionality in Oregon.

Reasonable Suspicion: A reasonable belief, given all of the circumstances, based upon specific and describable facts, that the suspicious physical injury may be the result of abuse. Explanation: The belief must be subjectively and objectively reasonable. The circumstances that may give rise to a reasonable belief may include, but not be limited to, observations, interviews, experience, and training. The fact that there are possible non-abuse explanations for the injury does not negate reasonable suspicion.

Referral: A report that has been assigned for the purpose of CPS assessment.

Report: An allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, ORS 418.257.

Reporter: An individual who makes a report.

Response Timelines: This refers to the time frame to initiate the CPS assessment and is determined by the reported family behaviors, conditions and circumstances that represent a 24-hour, 72-hour, or 10-day business response.

Safe: Children are considered safe when there are no Present or Impending Danger safety threats, or the caregivers' Protective Capacities control existing safety threats.

School Administrator: The principal, vice principal, assistant principal, or any other person performing the duties of a principal, vice principal, or assistant principal at a school, as defined in the Teacher Standards and Practices Commission (TSPC) OAR 584-005-0005.

Screener: A Child Welfare employee with training required to receive information and requests at the Oregon Child Abuse Hotline and assess the information and requests to determine Child Welfare's response.

Screening: Screening is the process of determining Child Welfare's response to information and requests received by the Oregon Child Abuse Hotline.

Screening Supervisor: An employee of Child Welfare whose primary responsibility is to oversee the work of a screener and ensure compliance with rules and consistency in the practice of screening.

Severe Harm: Means a significant or acute injury to an alleged victim's physical, sexual, psychological, cognitive, or behavioral development or functioning; immobilizing impairment, or life threatening damage.

Sex Trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

Six Domains: Six critical areas used for assessing and analyzing family strengths and child safety. The six domains are:

(1) the extent of abuse;
(2) surrounding circumstances accompanying the abuse;
(3) child functioning on a daily basis;
(4) adult functioning with respect to daily life management and general adaptation (including mental health functioning and substance usage);
(5) the disciplinary approaches used by the parent/caregiver; and
(6) the overall general parenting practices.

Substance: Any legal or illegal drug with potential for misuse, including any controlled substance as defined by ORS 475.005, prescription medications, over-the-counter medications, or alcoholic beverages.

Substance Affected Infant: An infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth and subsequent assessment by a health care provider identifies signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that is associated with prenatal substance exposure. Prenatal substance exposure is determined by a positive toxicology screen from the infant or the mother at delivery or credible information the mother had an active untreated substance use disorder, during the pregnancy or at the time of birth.

Substitute Care: The out-of-home placement of a child or young adult who is in the legal or physical custody and care of Child Welfare.

Suspicious Physical Injury: As defined in ORS 419B.023 includes, but is not limited to:
(a) Burns or scalds;
(b) Extensive bruising or abrasions on any part of the body;
(c) Bruising, swelling, or abrasions on the head, neck, or face;
(d) Fractures of any bone in a child under the age of three;
(e) Multiple fractures in a child of any age;
(f) Dislocations, soft tissue swelling, or moderate to severe cuts;

(g) Loss of the ability to walk or move normally according to the child's developmental ability;
(h) Unconsciousness or difficulty maintaining consciousness;
(i) Multiple injuries of different types;
(j) Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ; or
(k) Any other injury that threatens the physical well-being of the child.

Teacher: Means (as defined in TSPC OAR 584-005-0005) a licensed or registered employee in a public school or charter school, or employed by an education service district, who has direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers; and who is compensated for services from public funds.

Third Party Abuse: Abuse by a person who is not the alleged victim's parent/caregiver, or other member of the alleged victim's household, and not a person responsible for the alleged victim's care, custody, and control.

Vulnerable Child or Young Adult: A child or, when applicable, a young adult who is unable to protect themselves. This includes a child or young adult who is dependent on others for sustenance and protection. A "vulnerable child or young adult" is defenseless, exposed to behaviors, conditions, or circumstances that they are powerless to manage, and is susceptible and accessible to a threatening parent/caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size, and dependence.

Young Adult: A person aged 18 through 20 years.

Definitions of Abuse Types in Screening

This portion of procedure serves as a guide to aid consistent and accurate decision making by screeners when identifying a report of abuse and selecting abuse types.

This procedure includes the following sections under each abuse type: the definition, factors to consider during the screening assessment, and excluding factors. To assist with the use of this procedure, here is a brief explanation of each section:

- Definition: This is the statutory meaning of the abusive behavior. Some abuse types, such as neglect, describe multiple behaviors, any one of which is abuse.
- Factors to consider: Clarifications are provided here to ensure all screeners understand the definition. Look here for definitions or explanations of what is meant by the words or terms used in the definition of the abuse type.
- Excluding factors: What behaviors, conditions or circumstances should not be considered under the type of abuse.

Before getting into the definitions of abuse, first let's look at the definition of "report." Report means an allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse. The screener must determine whether the information gathered at screening meets the definition for the applicable types of abuse below. If the information does not fit into any of the abuse types for the applicable definition or definitions, it is not a report of abuse but rather a documentation of a behavior, condition or circumstance that could place a child at risk. These types of reports fall under "Closed at Screening" criteria.

All information received at the Oregon Child Abuse Hotline is evaluated to identify if it is a report of abuse and, if so, to select the most fitting abuse type or types. This evaluation is a critical component of the screening assessment and is a necessary step prior to determining the Child Welfare response.

Because there are two definitions of abuse in Oregon, it is essential screeners understand both sets of definitions and who they apply to. The first definition of abuse, subject to ORS 419B.005, applies to all children. A "child" in Oregon is any person under the age of 18. A "child" also includes a person 18, 19, or 20 years old living in or receiving services from a child-caring agency or proctor foster home. This definition includes mental injury, neglect, physical abuse, sexual abuse or sexual exploitation, and threat of harm. While the statute does not use the exact language used in the rule and in the procedure, these types of abuse as defined below incorporate all the behaviors that are considered abuse in Oregon statute.

The second definition of abuse, subject to ORS 418.257, applies to a person under the age of 21, but only when that person is living in or receiving services from a facility or home licensed or certified by the Department of Human Services (DHS). This definition of abuse is critical in ensuring children and young adults in these settings are receiving quality care. Sometimes these children and young adults are referred to as being "in care."

Facilities or homes licensed or certified by the DHS include:

- Child-caring agencies
- Proctor foster homes
- Office of Developmental Disabilities Services (ODDS) licensed group homes
- Foster homes certified by Child Welfare or the Office of Developmental Disabilities Services (these may include relative caregivers)

Facilities or homes licensed or certified by DHS do not include in-home or facility day care or foster homes certified by the Oregon Youth Authority.

This second definition includes abandonment, financial exploitation, involuntary seclusion, neglect, physical abuse, sexual abuse or sexual exploitation, verbal abuse or wrongful use of restraint (chemical and physical). Refer to the table for guidance on which abuse definitions to apply.

Setting in which abuse is alleged	Types of abuse that apply to children	Types of abuse that apply to young adults
Family Home	ORS 419B.005	CPS does not respond to these reports except a proctor parent's own young adult
Day Care	ORS 419B.005	CPS does not respond to these reports
Child Welfare Foster Home	Both definitions	ORS 418.257
ODDS Foster Home	Both definitions	ORS 418.257
OYA Foster Home	ORS 419B.005	CPS does not respond to these reports

When evaluating the abuse definitions to identify and select abuse types, screeners must do so while considering the impact of culture within family systems and family practices. All information is considered within the context of culture. It is essential for screeners to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups. These factors influence information gathering and require intentional inquiry and consideration. Screeners must acknowledge, respect, and honor the diversity of families. Simultaneously, screeners must operate with the understanding that CPS is obliged to protect children from cultural practices that fall under the definitions of abuse.

The following is divided by abuse definition and then types of abuse that fall under that definition. Remember, when applying the definitions of abuse, the screener is not tasked with meeting the burdens of proof when determining whether to assign. Rather, the screener considers if the reported information were true would it be an allegation of abuse.

Below are the abuse types applied when determining if information received is a report of abuse of any child, regardless of placement setting.

Mental Injury

Definition:

Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

Additional Factors to Consider:

- "Observable impairment" refers to describable changes in the child's ability to function. Differences can be observed as to the child's baseline versus current level of functioning.
- "Substantial impairment" refers to a significant impact on the child's ability to function as he or she normally functions. This may include degradation on measures of cognitive ability, such as the ability to think critically or problem solve, as well as notable changes in the child's ability to regulate emotions, and/or engage in social relationships.
- "Cruelty" refers to the intense and/or consistently harmful behavior on the part of the parent/caregiver, including but not limited to, behaviors that communicate rejection, are threatening, intimidating, disparaging, or humiliating to the child. This includes cruel or unconscionable acts or statements made, threatened to be made, or permitted to be made by the parent/caregiver. The parent/caregiver's cruel behavior, intentional or unintentional, is alleged to be or reasonably could be related to observable and substantial impairment of the child's functioning.
- The establishment of cause and effect, in terms of the impact on the child's functioning of the parent/caregiver's behavior, is not required at screening.
- Significant impairment refers to degree, not duration. One incident of cruel parental behavior may occur to such a degree of severity that it results in a significant/substantial impairment of the child's ability to function.

- If there are other types of abuse that were allegedly inflicted by the parent/caregiver, select those in addition to "Mental Injury." Often, types of physical abuse associated with bizarre forms of punishment will have a correlating type of abuse in addition to "Mental Injury."

Excluding Factors:

- Temporary unhappiness or a distress reaction alone due to the parent/caregiver statements or actions does not constitute "Mental Injury."
- Consider duration of impairment – momentary versus permanent/long-term. If the child is upset for a few minutes, this is likely not consistent with the criteria for an allegation of "Mental Injury."
- The child may be unhappy or annoyed with how the parent/caregiver speaks about and to the child, but this is not the same as the significant criteria related to this form of abuse.

Neglect

Definition:

Neglect is the negligent treatment of a child, by the parent/caregiver, including but not limited to, the failure to provide adequate food, clothing, shelter, supervision, protection, nurturing or medical care that is likely to endanger the health or welfare of the child.

Neglect also includes:

- "Unlawful exposure to a controlled substance that subjects a child to a substantial risk of harm to the child's health or safety," not including any form of state-legalized cannabis.
- "Unlawful exposure to the unlawful manufacturing of a cannabinoid extract, that subjects a child to a substantial risk of harm to the child's health or safety".
- "Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured."
- "Child Selling."

Additional Factors to Consider:

- Welfare refers to well-being, which refers to quality of life.
- Neglect can occur in a single circumstance, or over a period of time (circumstantial vs chronic neglect). Circumstantial neglect can be an action or a passive inaction; an act or omission. Chronic neglect is a persistent pattern of family functioning in which the parent/caregiver does not sustain or meet the basic needs of a child, resulting in an accumulation of harm that can have long-term negative effects on the child.
- Neglect would be the appropriate allegation when the child either tests positive or is experiencing signs of being a substance affected infant (withdrawal signs).
- Inadequate Food: The child is not provided with the necessary quantity and quality of food to sustain physical health and development.

- Inadequate Clothing: The parent/caregiver periodically or consistently fails to provide clothing required for physical comfort and protection from the environmental elements, or the child is not given sufficient clothing in the context of their cultural and social norms. This does not include the parent/caregiver lacking the financial ability to do so. This is not a measure of style, fashion, or quantity but is meant to ensure that a child has sufficient clothing for their health and well-being.

- Inadequate Shelter: The child's living conditions are unsanitary, hazardous or dangerous to the point they have already, or reasonably could, compromise the child's safety or health, as the result of the parent/caregiver's failure to act to correct the conditions.

- Inadequate Supervision: The parent/caregiver does not provide and/or arrange for supervision appropriate to the child's age, mental ability, and physical condition. The child has been placed in circumstances that are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate.

- Inadequate Protection: The parent/caregiver fails to protect a child from abuse or exploitation caused by the acts of another when there is information to support that the parent/caregiver had the ability to prevent the abuse. This may include situations in which, but not limited to, a parent/caregiver who allows a child to have contact with someone known to the parent/caregiver to be unsafe, someone known to have previously abused a child, someone impaired by substances, or someone court ordered not to have contact with children. Please note that this does not apply in cases of domestic violence for which the adult victim's ability to act would likely compromise safety.

- Inadequate Nurturing: The parent/caregiver fails to provide affection, interaction and stimulation necessary for bonding/attachment and development. This includes supporting, consoling, and being responsive to not just the physical but the emotional needs of the child.

- Inadequate Medical care: "Medical care" may include physical health, dental health, or mental health care. This lack of care is categorized as Medical Neglect. Inadequate medical care is the failure to obtain or follow through with medical treatment for a health problem or condition which, if untreated, could endanger the child's life or become severe enough to constitute serious or long-term harm to the child.
    - Consider the anticipated impact on the child if the medication or treatment are withheld regardless of the parent/caregiver's reason for withholding the medical care.

- Unlawful Exposure to a Controlled Substance: By law, a parent/caregiver cannot allow access to controlled substances unless prescribed by a physician or under the direction of a physician.

- Substances may have a safety impact on a child whether they are legal or illegal, such as alcohol or cannabis.

- Drug precursors include many chemicals needed to manufacture illegal drugs that can be dangerous to humans in and of themselves, including sulfuric acid, hydrochloric acid, phosphorous, butane, acetone, ether, toluene and iodine.

- Access may include not being locked or secured, being within reach, or providing the substances.

- While exposure to state-legalized cannabis is not "Unlawful Exposure to a Substance," exposure to cannabis may be another form of neglect.

- State-legalized cannabis is a set of many legal cannabis products authorized to be sold in Oregon stores to adults 21 years of age and older. Any cannabis product produced in another state is illegal in the state of Oregon.
- Unlawful exposure to the unlawful manufacturing of a cannabinoid extract that subjects a child to a substantial risk of harm to the child's health or safety.
    - Cannabinoid extracts, also called shatter, DABS, budder, and hash, are products with a much higher concentration of THC. The process for creating them has dangerous steps that can result in fires and explosions. While the retail sale of cannabis extracts is legal in Oregon, it is illegal for any individual to manufacture them on their own due to these dangers.
    - THC is tetrahydrocannabinol. THC is the primary psychoactive constituent of cannabis. Products have varying amounts of THC. No product containing THC should be given to minors unless authorized through a physician in the form of medical marijuana.
    - While cannabis products are legal for adults, the agricultural and preparation processes can be dangerous to children.
    - Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured. This is allowing a child to be in the place where methamphetamines are being made regardless of duration.
    - Methamphetamines is a highly addictive stimulant drug usually used as a white, bitter-tasting powder or a pill. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks.
- "Under the influence" means the state of a person who is currently feeling and exhibiting being under the effect of a substance. Vision, judgement, reaction time, talking, walking, ability to recognize harmful environments or people, ability to physically move to protect a child from an impending situation can all be reduced when under the influence of drugs.
- Child selling means when a person buys, sells, barters, trades or offers to buy or sell the legal or physical custody of a person under 18 years of age.

Excluding Factors:

- Inadequate Food: The simple absence of food in the home does not, in and of itself, rise to the level of neglect. Reports of "no food" need to be thoroughly assessed for availability, frequency, duration, other contributing factors, other means of sustenance (eating at school, with family, etc.) before deciding that inadequate food is creating or likely to soon create a significant threat to child safety.
- Inadequate Protection: Not all children who live in a home where domestic violence (DV) is present are subject to neglect. The impact on the child and the danger posed to the child must be considered. If there is an allegation of abuse directly related to the DV, the alleged perpetrator is the parent/caregiver who is the alleged batterer/perpetrator of the DV. The adult victim of the DV should not be given an allegation of neglect related to inadequate protection/failure to protect solely due to the child being exposed to DV. There are significant reasons adult victims do not leave a relationship in which there is power and control; staying may be a protective measure if leaving puts the adult victim and their child in more danger.

- Inadequate Medical Care: Failure to provide the child with immunizations or routine well-child care alone does not constitute medical neglect.
- Additionally, absent a pattern, regularity, or an allegation of abuse, neglect does not include a situation in which the only concern is that the parent/caregiver is late picking up the child from school, day care or a parental custody exchange. If the report is from a Child Welfare caseworker about behaviors of a parent/caregiver with an open Child Welfare case, and there are no new allegations of abuse, this does not solely constitute a report of neglect. The screener should inquire of the caseworker the details surrounding the safety plan in order to understand whether a new allegation exists.

Physical Abuse

Definition:

Physical Abuse is any assault of a child and any physical injury to a child which has been caused by other than accidental means, that results in harm, including any injury which appears to be at variance with the explanation given for the injury. Physical abuse may also include injury that is a result of discipline or punishment.

Additional Factors to Consider:

- An assault includes when a parent/caregiver intentionally, recklessly or knowingly causes serious physical injury either with or without the use of a deadly or dangerous weapon.
- The intent of the parent/caregiver, degree of impulsivity in the physical action, and the parent/caregiver response and reaction to the incident relate to Circumstances Surrounding the Alleged Abuse. The intent does not change whether there is an allegation of physical abuse if the child sustained a physical injury from the action of the parent/caregiver.
- An allegation of physical abuse does not require a visible injury. This includes circumstances where there was never a visible injury and circumstances when there was a visible injury, but the injury has healed.
- There will be times the reporter is alleging physical abuse to the child, but the reported information does not coincide with the examples of physical abuse listed below. Some examples of times in which other associated abuse concerns should be considered:
    - For physical injury due to neglect, assess for the appropriate neglect allegation.
    - If a child is bitten by another child or animal, assess for neglect and specifically look at a lack of supervision.

Type of injuries that may result from physical abuse:

- Bite marks: A wound, bruise, cut or indentation in the skin caused by seizing, piercing or cutting skin with teeth.
- Bruise: An injury resulting from bleeding within the skin where the skin is discolored but not broken.
- Cut: An opening, incision or break in the skin made by some external object.
- Dislocation: Displacement of any body part, especially the temporary displacement of a bone from its normal

position in a joint.

- Oral injury: Injuries to the mouth, including injury to the teeth, frenulum, jaw, lips, tongue, inner cheeks, gums or roof of the mouth.
- Puncture: An opening in the skin, which is relatively small as compared to the depth, as produced by a narrow, pointed object.
- Bone fracture: A fracture is a broken bone.
- Welt: An elevation on the skin produced by a lash, hit, strike, blow or allergic reaction. The skin is not broken, and the mark is temporary.
- Burn: Tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and the part of the body involved. Burns are usually classified as first-degree, second-degree or third-degree with a third-degree burn being the most serious.
- Head injury: An injury to the scalp, face, skull or brain, ranging from minor (bump, scrape, bruise) to severe (traumatic brain injury, skull fracture, bleeding on the brain). A head injury may occur either as a closed head injury, such as the head hitting a car's windshield, or as a penetrating head injury, as when a bullet pierces the skull. A head injury can result from a blow, fall, forceful jarring, pulling or an action that reasonably could cause injury.
- Internal injury: An internal injury is an injury that is not visible from the outside. This allegation is added based on the forceful kick, punch or other direct blow to the child's abdomen, thoracic, cranial or renal areas of the body. The child may not be symptomatic. If symptomatic, the child who has an internal injury may be pale, cold, perspiring freely, have an anxious expression or may seem semi-comatose. Pain is usually intense at first and may continue or gradually diminish as the condition worsens.
- Sprain/strain: Trauma to the connective tissues around a joint which causes pain and disability depending upon the degree of injury to ligaments and/or surrounding muscle issue. In a severe sprain or strain, ligaments, tendons and/or muscle tissue may be completely torn. A sign of a sprain/strain includes rapid swelling.
- Torture: Deliberately and/or systematically inflicting unusual or bizarre, brutal or cruel treatment and/or severe physical pain as a means of punishment or coercion. This may be a one-time bizarre act as well as a pattern of actions.
- Wound: an injury to the body that typically involves the skin being cut or broken.
- Poisoning – an injury or death due to swallowing, inhaling, touching or injecting various drugs, chemicals, venoms or gases.
- Electrical shock – injury caused by electrical current passing through the body.
- Death – The end of life, fatality.

Excluding Factors:

- Physical abuse does not include reasonable discipline or corporal punishment unless the discipline results in abuse as defined here.
- This allegation does not include a child who sustains a physical injury due to a parent/caregiver's failure to act.

Sexual Abuse or Sexual Exploitation

Definition:

Sexual abuse includes:

- Rape of a child, which includes rape, sodomy, unlawful sexual penetration or incest.
- Any sexual contact with a child; touching of the sexual or other intimate parts of a child or causing a child to touch the sexual or other intimate parts of the other person for the purpose of arousing or gratifying the sexual desire of either party. Sexual abuse includes incest, rape, sodomy, sexual penetration, fondling, and voyeurism.
- Contributing to the sexual delinquency of a child and any other conduct that allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts sexually explicit conduct or contact or sexual abuse involving a child or rape of a child.
- Allowing, permitting, encouraging, or hiring a child to engage in a commercial sex act, to purchase sex with a minor or to engage in commercial sexual solicitation. Sexual exploitation includes sex trafficking.

Additional Factors to Consider:

- Sodomy refers to oral or anal intercourse.
- Sexual intercourse occurs upon any penetration, however slight.
- Incest refers to sexual intercourse, with a person with whom the person knows to be related by blood, whether whole or half.
- Sexual molestation: Sexual conduct, short of penetration with a child, involving physical contact with the child. Examples include fondling, encouraging, forcing or permitting the child to touch parts of the alleged perpetrator's body normally associated with sexual activity.
- Sexual penetration: An intrusion, however slight, of a penis, tongue, finger, or object into the vagina or anus of another person. Any intrusion, however slight, of a penis into the mouth of another person. Any contact between the tongue and mouth to the penis, vagina, or anus of another person. Sexual penetration includes acts commonly known as oral sex anal penetration, coition, coitus, copulation, and digital penetration of the vagina or anus.
- Sexual exploitation may also include, but is not limited to, explicit verbal enticement, inappropriately engaging a child to participate in sexually explicit conversation in person, by telephone ,computer or text; forcing, encouraging, coercing or permitting a child to solicit or engage in the act of sexual behavior or the production of child pornography, inappropriately looking at a child's genitalia (and vice versa) for the purpose of sexual

arousal or gratification of either person and forcing a child to watch sexual acts for the perpetrator's sexual arousal.

- Sexually explicit conduct refers to actual or stimulated sexual intercourse; genital to genital, oral to genital, anal to genital, or oral to anal contact whether between persons or between a person and an animal.
- Coercion means threats of serious harm to, or physical restraint of, any person; any scheme, plan or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to, or physical restraint against, any person; or the abuse or threatened abuse of the legal process.
- Force means the use of any form of physical force, including rape, beatings and confinement to control victims.
- Sex trafficking of a child means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act. Sex trafficking also means the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act. Something of value may be money, but it may also be food, drugs, shelter, or any other item that has value. When information is received about child pornography concerns, do not have callers send photos or videos of the child pornography. This would be construed as "distribution of child pornography." Instead, gather as much information as possible about how the reporter knows child pornography is being accessed.
- If the reporter indicates there are pornographic images, LEA must be immediately notified. To do this, the caller can be directly connected to a live CyberTipline call taker at 1-800-843-5678. The CyberTipline is operated through the National Center for Missing & Exploited Children (NCMEC). This tip line is a resource for law enforcement agencies that can assist LEA in determining the appropriate LEA response. If there are jurisdiction questions, and/or the offense was facilitated through the internet, the CyberTipline will refer the information to the responsible Internet Crimes Against Children (ICAC) task force. The Oregon Department of Justice (DOJ) operates the Oregon ICAC task force. If the caller is unwilling to contact the CyberTipline, screeners can also make contact through the above number or at www.cybertipline.com.

Excluding Factors:

- Any act that may reasonably be construed to be a normal (culturally, socially and legally acceptable) parent/caregiver responsibility, interaction with, or affection for a child.
- Touching that is intended for a valid medical purpose such as applying medication.
- A child who accidentally views, finds or otherwise is exposed to a sexual act or image. There was no intent for the child to have this exposure, and the circumstances reasonably did not cause the child to have this exposure. The parent/caregiver, upon learning of the child's exposure, immediately ended the act or removed the image from the child's view to end this exposure.
- Normal sexual play in children includes looking at private parts, unsophisticated touching (not insertion or using mouths on private parts), and masturbation (touching or rubbing, no insertion) between children who have an ongoing mutually enjoyable friendship, is between children of similar size, age and social and emotional development, and the play is lighthearted and spontaneous.

- Sexual contact between children, including teenagers, of the same or similar age and similar social and emotional development, when the contact is not characterized by manipulation, force, intimidation, implied threats, coercion or a power differential.
- Children who are diagnosed as having contracted a sexually transmitted disease congenitally (at birth) are not considered to be abused.
- Sexual abuse does not include any conduct that is designed to serve educational or other legitimate purposes.

Threat of Harm

Definition:

Threat of harm to a child means subjecting a child to a substantial risk of harm to the child's health or welfare.

Additional Factors to Consider:

- Threat of harm includes all behaviors, conditions, and circumstances that place a child at high risk or high likelihood of being abused. Substantial risk refers to a significant or high risk of the harm occurring.
    - Welfare refers to well-being, which refers to quality of life.
    - When a reporter alleges abuse to one child in a household, the screener must carefully consider whether the other children in the household are potential victims of threat of harm. A threat of harm to other children should not be assumed but should rely on the definition of threat of harm.
    - Threat of harm to other children in the home should be considered when the abuse to the primary victim is egregious, resulting in serious harm.
    - Threat of Harm would be indicated when the baby does not test positive for substances and there is no indication of adverse effects or withdrawal. In this situation we are looking at the risk related to the parental use, and not that it's had an existing effect.
    - Screeners may add "Threat of Harm" to a report if there are no injuries or circumstances to support another abuse type has occurred or is occurring, but there is evidence, based on the parent/caregiver's acts or failure to act, to indicate a real, plausible and significant threat to child safety.
- When information indicates the alleged perpetrator has completed Sex Offender Treatment, it should be noted that this is often inaccurate and has little to do with a person's risk for further sexual offending. Risk is not ameliorated when Child Welfare documentation indicates that this offender has completed treatment in the past, or the offender is no longer under community supervision and therefore has no legal conditions restricting contact with children.
- Reported grooming behaviors should be considered under threat of harm. Grooming refers to the behaviors sex offenders engage in prior to, during, and following sexually abusive and exploitive incidents. Grooming involves techniques that are geared to determine which children or families are the most vulnerable to abuse, facilitates the development of an intimate/caretaking relationship with the child and family, and then gradually moves into a process of sexualizing and exploiting the relationship with the child. While grooming is taking place with the child, the offender is usually engaging in grooming behavior with other adults to undermine the child's credibility and interfere with possible avenues of protection.

Excluding Factors:

- Threat of harm is reserved for use at screening only when the reported information does not identify another abuse type in the household and there is a specific report as to how an identified child is at high likelihood of suffering harm.
- If a report is received that a person is a sex offender (verified by history), but there is no information about the offender having unsupervised contact with children, or is living with children, an allegation of threat of harm does not exist.
- If a report is received indicating ongoing contact between an alleged perpetrator and a child, and the threat of harm has previously been assessed, unless there is current information indicating new incidents of sexual offending, an additional threat of harm does not require assessment.

The following abuse types apply to a child or young adult in a Child Welfare or Office of Developmental Disabilities certified foster home, including certified relative caregivers. The person alleged to be responsible for the behaviors described is typically a foster parent so foster parent is used below, but it can be another caregiver.

Abandonment of a Child or Young Adult in Care

Definition:

Abandonment means the willful forsaking of a child or young adult, or the withdrawal or neglect of duties and obligations owed a child or young adult residing in a home certified by Child Welfare or ODDS.

Additional Factors to Consider:

- Willful forsaking means intentionally deserting.
- Only a person in a caretaking role can abandon a child or young adult.
- Abandonment includes leaving the child or young adult in care, with no plan to resume care.
- Abandonment is a very specific act.
- When considering abandonment as an abuse type, also consider neglect.

Excluding Factors:

- A situation in which the only allegation is that the foster parent is late picking up the child from school, daycare or a visit.
- Only a person in a caregiving role can be responsible for abandonment. An older child watching a younger child who leaves that child at the park would not be responsible for abandonment.
- Abandonment generally does not include when a foster parent drops a child or young adult in care at the DHS office without notice and states that they are unable to care for the child or young adult any longer. However, the screener will want to ask questions to understand the circumstances surrounding the drop off, prior conversation between the foster parent and caseworker, and what was the responsibility and any prior actions

of Child Welfare to support the foster parent.

Financial Exploitation of Child or Young Adult in Care

Definition:

Financial exploitation of a child or young adult in care includes:

- The wrongful taking of the assets, funds, or property belonging to or intended for the use of a child or young adult in care.
- Conveying a threat to wrongfully take or appropriate moneys or property of the child or young adult, if the child or young adult would reasonably believe that the threat conveyed will be carried out.
- Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult in care.
- Failing to use the income or assets of a child or young adult in care effectively for the support and maintenance of the child or young adult.

Additional Factors to Consider:

- "Wrongfully" means unjust or illegally.
- “Appropriate” means to take or make use of without authority or right.
- “Property” of the child or young adult refers to items brought into the foster home by the child or young adult in care and those items purchased for that child or young adult in care (clothes, phone, hairbrush, books, toiletries, etc.)
- “Authorization” refers to permission being granted by the child' s or young adult’s parent, legal guardian or legal custodian. For a child or young adult in care who is receiving ODDS services, permission may be granted by the child' s or young adult's Individual Service Plan team.
- Monies paid to the foster parent for the care and support of the child or young adult in care must be used for this purpose.
- Monies and assets of the child or young adult in care are not to be used for the foster parent’s personal gain.
- The expectation is that monies are spent, and assets utilized in a manner consistent with the standards, rules, and regulations applicable to the foster parent.

Excluding Factors:

- Developmentally or age appropriate withholding of, or threats to withhold, money or belongings is not abuse. Appropriate withholding of property assumes the foster parent does not damage or otherwise intentionally damage the condition of the property.
- Taking a child's or young adult’s phone away and restricting access to electronics are both examples of temporary suspension of privileges that can be reasonable discipline. However, the child's or young adult's

age, development, and behavior must be considered when evaluating the reasonableness.

- Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of, privileges.

Involuntary Seclusion of a Child or Young Adult in Care

Definition:

Involuntary seclusion means confinement of a child or young adult in care alone in a room from which the child or young adult is physically prevented from leaving, including for the convenience of the foster parent or to discipline or punish the child or young adult.

Additional Factors to Consider:

- Involuntary seclusion includes locking a child or young adult in care in a room, which includes any enclosed area inside or outside the residence.
- Depending on the child's or young adult in care's age, development and physical ability, a shut door in the absence of a lock may still prevent the child or young adult from leaving.
- There are many ways besides a locked or closed door to prevent a child or young adult in care from leaving a space that could also be considered involuntary seclusion. The action, the effect on the child and ability of the child to leave the setting must be assessed in the reported information.
- The reasonableness of any discipline method must consider the child or young adult in care's age, physical abilities, cognitive development, emotional state, mental health needs and behaviors.

Excluding Factors:

- Use of a baby gate to prevent or protect a child or young adult in care from accessing unsafe or unmonitored areas (like stairs that are around a corner) is not seclusion. Proper use of a baby gate would include the foster parent hearing, seeing and interacting with a child or young adult as would be expected in routine care; the child or young adult having a reasonable amount of space to move, play and interact; and all basic needs of the child or young adult being provided.
- Therapeutic use of a seclusion or isolation room is not automatically involuntary seclusion, but the intent/justification needs to be considered. Adherence to a formal treatment plan around this use must be analyzed.
- Involuntary seclusion does not include age appropriate discipline, including, but not limited to, a time- out.

Neglect of a Child or Young Adult in Care

Definition:

Neglect means the failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child or young adult in care. Neglect also means the failure to make a reasonable effort to protect a child or young adult in care from abuse.

Additional Factors to Consider:

- If the failure was missed medical or mental health appointments or treatment follow through, were the appointments (or other failure) critical to maintaining the physical and mental health of the child or young adult? What was the appointment or treatment for and what were the consequences for the child or young adult as a direct result of the failure? Also, what was the explanation, if known by the reporter, for the failure?
- If the failure was to supervise, what is the expected level of supervision necessary for the child or young adult? Gather information about the age, development, behaviors and emotional state of the child or young adult.
- If the foster parent failed to follow through with an expectation in the case plan, treatment plan, and/or supervision plan, what was the specific plan, and was the foster parent involved in the creation of the plan or instructed about those plans and expectations?
- The failure to protect may include a failure to report suspected abuse.

Excluding Factors:

- A child or young adult who runs away frequently is generally excluded from consideration of neglect by the caregiver if the caregiver is providing notice to the caseworker and contacting law enforcement at each incident.
- One or more missed appointments is rarely considered neglect.

Physical Abuse of a Child or Young Adult in Care

Definition:

Any physical injury to a child or young adult in care caused by other than accidental means, or that appears to conflict with the explanation given the injury. Physical abuse also includes willful infliction of physical pain or injury upon a child or young adult.

Additional Factors to Consider:

- Willful infliction is to deliberately or intentionally cause something unpleasant or painful.
- The purpose of the act is deliberate and intended to cause pain.
- A foster parent may cause pain but consider whether it was the purpose of the act or a secondary consequence of the act.
- Is the caregiver alleged to have used physical means to manage the child's or young adult's behavior?
- The injury does not have to be visible.
- Willful infliction of pain does not need to result in an injury.

Excluding Factors:

- When the pain is a secondary consequence of an act that is to help and not hurt, such as administering a shot

to a diabetic child; the shot caused pain, but the intent was to give medication.

- When a foster parent's actions are consistent with intent to protect the child or young adult in care, or even for someone else's protection, such as when a foster parent pulls a toddler out of the way of an oncoming car but hurts them from pulling so hard.

Sexual Abuse of a Child or Young Adult in Care

Definition:

The acts defined and described as sexual abuse and sexual exploitation of a child apply to a child or young adult in care. In addition, sexual abuse of a child or young adult in care includes:

- Sexual harassment or inappropriate exposure to sexually explicit material or language.
- Any sexual contact that is achieved through force, trickery, threat, or coercion.

Additional Factors to Consider:

- See sexual abuse of a child.
- When the sexual contact occurred between a child or young adult in care and another child or young adult in care, consider an allegation of neglect by the foster parent.
- Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

Excluding Factors:

- Medically recognized treatment or diagnostic procedure.

Verbal Abuse of a Child or Young Adult in Care

Definition:

"Verbal abuse" of a child or young adult in care means threatening severe harm, either physical or emotional, to a child or young adult in care using:

- Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
- Harassment, coercion, threats, compelling or deterring conduct by threats, humiliation, mental cruelty or inappropriate sexual comments.

Additional Factors to Consider:

- There must be indication that the verbal language was directed at the child or young adult in care, either directly or indirectly.
- The verbal language must contain an explicit or implicit/implied threat to the child or young adult in care.

- The harm threatened must be so severe it would result in an acute or significant injury to the child's or young adult's functioning.
- The child or young adult responds with a belief of the threat, a fear of it occurring or another emotional reaction in response to the belief, that the foster parent will physically or emotionally harm them.
- When considering verbal abuse as the abuse type, also consider neglect and if the impact is to a child's or young adult's mental health. If the alleged victim is a child, mental injury can also be considered.

Excluding Factors:

- Using profanity or name calling in the absence of a threat of severe harm is not verbal abuse.
- Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges.

Wrongful Use of Restraint of a Child or Young Adult in Care

Definition:

Wrongful use of a restraint includes wrongful use of a physical or chemical restraint of a child or young adult in care.

Additional Factors to Consider:

- "Physical restraint" that is not wrongful is the act of restricting a child or young adult in care's voluntary movement as an emergency measure in order to manage and protect the child or young adult or others from injury when no alternate actions are sufficient to manage the child or young adult's behavior.
- "Chemical restraint" is the administration of medication for the management of uncontrolled behavior. If the medication used is not prescribed or approved by a licensed physician for the behavior being treated, this is wrongful.
- Despite the expectation that only foster parents trained in use of a physical restraint are to do so, someone untrained in physical restraint may be in a position where they must make physical contact with a child or young adult in care to restrain them. When this occurs, it may be reasonable if the child or young adult or others were believed to be at imminent risk of harm.

Excluding Factors:

- Physical restraint does not include temporarily holding a child or young adult to assist him or her or assure his or her safety, such as preventing a child or young adult from running onto a busy street.
- When a physician or other qualified clinical provider has prescribed the restraint, the behavior that was prescribed is not alleged abuse.
- Chemical restraint does not include and is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.
- Wrongful restraint excludes an act of restraint prescribed by a licensed physician and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.
- Giving a child or young adult an over-the-counter medication per package and/or physician instructions to

treat a physical health condition (i.e., a headache or cold) is not using a chemical restraint as it is not used to manage uncontrolled behavior.

Chapter 2
Screening

Section 2: General Overview and Purpose

General Overview and Purpose

Oregon Child Protective Services (CPS) follows a systematic safety intervention model for identifying and managing safety threats. Within that safety intervention model the screening assessment serves as the first assessment directed at determining who is served based upon Oregon Revised Statute. The safety intervention process formally begins with screening.

The Oregon Child Abuse Hotline maintains primary responsibility for screening six different types of calls:

- Potential reports of abuse
- Requests for assistance from Child Welfare that fall under Family Support Services
- Notifications to Child Welfare
- Information involving a setting screened and investigated by OTIS
- Information involving an open CPS assessment, open Child Welfare case or a certified foster home
- Requests for other types of community resource information or referrals

In Oregon, all six types of calls are received by the Oregon Child Abuse Hotline twenty-four (24) hours a day, and seven (7) days a week.

On all reports and requests received, regardless of the reporter's intent, screeners identify and respond to information revealing allegations.

Screening Objectives

The following are critical objectives in the screening process for each type of call received:

Potential Abuse Reports:

- To determine if the reported concerns, if true, meet the criteria to assign the report for CPS assessment or close at screening.
- To determine an appropriate CPS response timeline.
- To cross report all reports of abuse to law enforcement.
- To complete other appropriate notifications to external agencies.

Requests for Information, Referrals, or Family Support Services:

- To provide information to callers about other agencies and/or community resources that are of assistance.
- To assign for FSS assessment any requests for Family Support Services which include placement of a child, custody of a child, Independent Living Program services, post legal adoption services, post guardianship services, in response to a court order placing the child or young adult in DHS care and custody, and voluntary services.

Screening Philosophy and Approach

When interacting with callers, screeners employ skills that empower, support and enable them to disclose and elaborate on essential information about potential abuse and/or service-related needs. The screener demonstrates interpersonal skills that result in a focused exploration of each caller's concerns and knowledge that is pertinent to screening processes and decisions. These skills are demonstrated by the conscious use of techniques that prompt, guide, and manage the caller's needs and expectations.

Screening is not a passive endeavor with respect to information collection. The skill in engaging callers in the screening process is most evident when screeners demonstrate a calm demeanor and deliberation that assures callers that they and their message are the most important thing to the screener at that time. Screeners should practice from the perspective that calling and asking for help or asking for someone to intervene in the lives of children and families may be difficult. Some callers may view the interaction with the Oregon Child Abuse Hotline as a matter of business related to their profession and as a legal mandate. Some individuals call because of deep concern and fear for a child/family. Regardless of the reason or rationale for calling, screeners must be sensitive to the feeling's callers may be experiencing and should demonstrate that through respectful, empathetic interactions and dialogue.

Overall, the Oregon Child Abuse Hotline employs a family system, a family-centered approach for interaction with the reporter. This approach is utilized by the screener during the screening assessment to guide reporters who know the family (even if in a limited way) to consider and value known information that places their concern within the context of the family in general. The expectation for the screener is not to focus on what the reporter believes, but instead focus on beginning a process of developing an understanding about circumstances within the context of the family system. When conducting the screening assessment and interacting with a reporter, consider the following:

- The screener should be highly responsive and attentive to the reporter.
- It is important to be well-informed and precise when providing information.
- If information is not known from a report made in writing (i.e., fax or email), a screener should follow up with reporter when information is needed to make a screening decision.
- Information gathering should concentrate on what must be known to achieve the screening decision and response timeline.
- Interviews with reporters should be structured and conducted the same way.
- The reporter should be viewed as the primary source of information for decision making.
- It is the responsibility of the screener and screening supervisor to determine whether a report is appropriate for a CPS Assessment.
- The reporter has the burden of responsibility for providing information that meets the screening criteria.
- The screener has the burden of responsibility for eliciting information from a reporter that adequately informs the screening decision.
- The screener should avoid making premature conclusions regarding the appropriateness of a report prior to sufficient information collection.

- It is essential to ensure that screening information collection and decision-making is prompt, highly focused and strictly criteria based.

Overview of the Screening Assessment Process: The screening information collection process generally occurs in the following manner:

- Screeners gather sufficient information from the reporter based on the six domains of extent, circumstances, adult functioning, child functioning, parenting practices and discipline. Information that must be considered during the screening assessment includes family demographic information, six domain information, Child Welfare history and the data analytic scores.
- The burden for meeting the eligibility screening criteria rests predominately with the reporter. It is crucial that screeners are well equipped to conduct a screening interview that will "guide" reporters and have the best chance to elicit necessary information that can be used to make an effective screening decision.
- Based on reported information and applying screening criteria, determine if the report must be assigned for CPS assessment. If the report is not assigned for CPS assessment, it must be determined if the report will be closed at screening and/or provided community resource information or referrals.
- If a report is assigned for CPS assessment, the screener applies response time criteria, based on the presence of present/impending danger/no danger to determine how quickly face-to-face contact is needed.

Basic Call Handling

Regardless of the type of call received at screening, there are basic call handling expectations for screeners. It is expected that screeners must do the following to address callers' most immediate needs:

- When a screener receives information that any person requires immediate attention for their health and safety, the screener must immediately call 911. This means that the screener must call 911 on ANY report, when the report indicates any person is seriously injured and not receiving help already.
- Access interpretive services when the reporter does not speak English or speaks limited English. These services may include staff identified as bilingual resources or the phone interpreters. The Office of Equity and Multicultural Services Language Services icon on each screener's desktop can be accessed to identify telephone interpreter resources.

Determining Call Type

Screeners are readily able to assess the type of call being received by the Oregon Child Abuse Hotline subsequent to doing brief introductions and soliciting information from callers regarding the call purpose.

Reports of Abuse

Potential reports of abuse also referred to as CPS Information: The Oregon Child Abuse Hotline receives calls from individuals who are calling to share information about potential abuse. Potential abuse reports are received when a caller expresses concern that a child or young adult, is being, or may have been, abused. Screeners gather information from these reporters, assess the information collected, and make an initial determination about CPS intervention.

An abuse report is accepted for CPS assessment when the information received meets the criteria to assign. For potential abuse reports, the screening process is standardized to maximize the efficient, consistent collection of relevant information from the reporter.

In Oregon, there are two definitions of abuse. To identify whether information is CPS related information, screeners must understand when each definition of abuse applies and to whom each applies.

The first definition of abuse is found in ORS 419B.005 and applies to all children. A "child" in Oregon includes not only any person under the age of 18, but also include a person 18-20 years old who resides in or is receiving services from a child-caring agency or proctor foster home. The definition primarily includes neglect, physical abuse, sexual abuse, mental injury, and threat of harm.

The second definition is found in ORS 418.257(1) and applies to a person under the age of 21, but only when that person is living in or receiving services from a facility or home licensed or certified by the state. These may include a child caring agency, a proctor foster home, an ODDS licensed group home, or a home certified by Child Welfare or the Office of Developmental Disabilities Services (these may include licensed relative caregivers). This definition of abuse primarily includes neglect, physical abuse, sexual abuse, verbal abuse, involuntary seclusion, wrongful use of restraint, financial exploitation, and abandonment.

The Oregon Child Abuse Hotline is charged with Child Welfare screening responsibilities for abuse reports statewide. Screeners must process all reports of alleged abuse regardless of where the abuse may have occurred, or citizenship status (i.e., immigrant detention, refugee status, juvenile detention).

Family Support Services

Requests for assistance from Child Welfare that fall under Family Support Services

In addition to receiving potential abuse reports, the Oregon Child Abuse Hotline receives calls from individuals requesting service-related information and/or referrals. Information that is related to Family Support Services is not a report of alleged abuse and does not include information that a child is unsafe.

A parent/caregiver, guardian, adoptive parent or former foster child may call to request Family Support Services, and in order to qualify for supportive services, the individual and family will meet certain criteria. Screeners are not responsible for determining whether the request qualifies for supportive services. It is the role of the local office to determine if the family meets eligibility criteria.

Screeners must collect, document and forward information to the local office in the county where the primary custodial parent resides, and a caseworker will complete a Family Support Services assessment to determine eligibility for services. If the request is for Independent Living Program services, information will then be forwarded to the county where the former foster child resides.

There are various types of Family Support Service categories including placement, Independent Living Programs, Post Legal Adoption and Guardianship Service, Pre-adjudicated delinquent child or young adult ordered into the care and custody of DHS, and voluntary services. The following provides detail about each type of Family Support Services and what information should be gathered. For every type, the screener should:

- Obtain the names, ages and relationship of the children or young adults living in the household or requesting services.

- Obtain the names of the parent/caregivers or guardians.
- Obtain the addresses for the child or young adult and the parent/caregiver, including current whereabouts if different.
- Gather and record information about the family. This will assist the assigned caseworker to adequately prepare for their approach with the family.
- Inquire as to whether the child or young adult may have Native American or Alaskan Native ancestry.

Request for Voluntary Placement: Information falls within this category when a parent/caregiver or guardian requests out-of-home placement of their child solely to obtain services for an emotional, behavioral or mental disorder, or developmental or physical disability of the child. In these instances, the screener must:

- Gather and record information specific to how the child's diagnosis or disability impacts them in their daily functioning. Include dates of treatment if known, and what has or has not been effective.
- Create a screening report form that identifies "Family Support Services" as the category type and "Placement" as the category type.

The Parent/Caregiver or Guardian Requests Child Welfare Take Legal Custody of Their Minor Child: Information falls within this category when a parent/caregiver or guardian request Child Welfare take temporary legal custody of their minor child. In these instances, the screener will create a screening report that identifies "Family Support Services" as the referral type and "Placement" as the category type.

The Court has Ordered a Pre-Adjudicated Delinquent into the Care of Child Welfare: Information falls within this category when a court orders a pre-adjudicated delinquent minor into the care and custody of Child Welfare. In these instances, the screener must:

- Gather and record information specific to the child's behavior and reason for legal involvement.
- Receipt of the court order is not required in order to assign the report.
- Create a screening report that identifies "Family Support Services" as the referral type and "Court Ordered Referral" as the category type.

A Potential Former Foster Child/Young Adult Requests Independent Living Program (ILP) Services: Information falls within this category when a former foster child or young adult qualifies for ILP services, is not a participant on an open case, and requests to enroll in the program. Given that ILP services are Federally funded, a child or young adult exiting substitute care in any state is eligible for ILP services. In order to qualify for ILP services:

- The child or young adult must have been terminated from a state or tribal Child Welfare placement after the age of 16 and spent at least 180 days (six months) in substitute care after the age of 14. The 180 days is cumulative and does not have to be consecutive.
- These children or young adults may return to Child Welfare at any time prior to their 21st birthday to request ILP services.
- Verify the substitute care placement information as described above when a child or young adult existed substitute care in Oregon. If the child or young adult was in substitute care in another state, collect dates of

care from child or young adult. (Time on "runaway" counts as time in substitute care if the child or young adult ran away from their substitute care provider. .)

- If someone other than the child or young adult is requesting services on their behalf (former caseworker, ILP program employee, etc.) document the request in the screening report 307A and gather the contact information for the child or young adult. Attempts should be made to confirm the request with the child or young adult and document these efforts. If unable to confirm, continue with assigning the FSS request.
- Obtain the names of the parent/caregivers or guardians if the former foster child or young adult is under 18 years of age. If the former foster child is 18 or older, the Family Support Services case may be opened under the former foster child's name.
- Further, screeners should use the guardian's name when a former foster child requests Independent Living Program services, is 17 years old or younger, and is in a guardianship placement. When the former foster child is 18 years old or older, the screener should use the young adult's name.
- Inquire about the specific services requested and the circumstances surrounding the request.
- Create a screening report form that identifies "Family Support Services" as the referral type and "Independent Living Program" as the category type.

Request for Post Legal Adoption and Post Guardianship Services: Information falls within this category when a family requests post legal adoption or post guardianship services, if the adoption or guardianship occurred through Child Welfare. Adoption assistance or guardianship assistance is not a requirement for receipt of services, but it is important for the screener to document if the family is currently receiving these services to allow for services and benefits to be coordinated. In these instances, the screener must:

- Inquire about the nature of the request for services and other services the family is using to address the child's needs.
- Gather and record information about the child's needs and family situation. This will assist the assigned caseworker to adequately prepare for their approach with the family.
- Verify the family is currently receiving either adoption assistance or guardianship assistance from Child Welfare.
    - Searching OR-Kids and locating the provider record of the family. A placement for the child will be present on the record. The ending reason for the placement will be guardianship.
    - The child's foster care placement and exit from foster care will also show on the child's biological family case, or if the child was legally freed but not placed in an adoption before being placed in a guardianship on a pre-adoptive case.
- Create a screening report form that identifies "Family Support Services" as the referral type and "Post Adoption or Post Guardianship" as the category type.
    - For post guardianship cases, open the case under the biological family's case number unless the child has been legally freed, and the last placement was on a pre-adoptive case. Then open the case on the pre-adoptive case.

    - For post adoption cases, open the case under a new case number, and list the adoptive parents as the parent/caregivers in the case.

- Include in the referral whether the family is receiving guardianship or adoption assistance from Child Welfare. If assistance is open to Central Office, document in the screening referral that the assigned worker must notify the Adoption Assistance or Guardianship Assistance Coordinator in Central Office if the child enters care with Child Welfare, as the subsidy and eligibility determination process will need to be coordinated between the local and central offices. It is critical that this documentation occur.

Request for Voluntary Services: Information falls within this category when a parent or caregiver requests assistance with a child in the home, and all the following apply:

- Other community resources have been used and determined to be ineffective.
- Members of the extended family and other responsible adults who are well known to the child have been explored or used and determined to be unsafe, unavailable, unwilling or ineffective as support for the family.
- The parent or caregiver is temporarily or will be temporarily unable to fulfill parental responsibilities due to a diagnosed medical condition or a mental health diagnosis.
- The parent's or caregiver's inability to fulfill parental responsibilities are temporary, immediate and will be alleviated with short-term services, or short-term services will transition the family to community services.
- Inquire about the nature of the request for services and other services the family is using to address the child's needs.
- When a local office requests voluntary services on behalf of a former client, and the information does not meet the criteria above, screener must staff with a supervisor to determine assignment.
- Create a screening report form that identifies "Family Support Services" as the referral type and "Request for Voluntary Services" as the services type.

Office of Training, Investigation and Safety (OTIS) Reports

Screeners will receive calls and forward information to OTIS for additional screening when the information involves the following settings regardless of the type of information shared, even when the information is not an allegation of abuse. For reports that are the responsibility of OTIS to screen, the screener does not determine if the information meets the criteria to maintain in OR-Kids, to assign, or to close at screening. Contacting collaterals, researching history, cross reporting and other notifications are the responsibility of OTIS. The one exception is if the day and time the report is pended falls outside business hours and the information indicates a child or young adult is unsafe, the screener must report to law enforcement immediately. Information the OTIS is responsible for includes:

- Child-caring agency:
    - Any private school, private agency, or private organization providing:
    - Day treatment for children with emotional disturbances;
    - Adoption placement services;
    - Residential care including, but not limited to, foster care or residential treatment for children;

- Outdoor youth programs; or other similar care or services for children.
- A shelter-care home that is not a foster home subject to ORS 418.625 to 418.645;
- An independent residence facility as described in ORS 418.475;
- A private residential boarding school; and
- A child-caring facility as described in ORS 418.950.

- Proctor foster home;
- ODDS licensed group home;
- Educational provider,
- Child care

Companion Reports:

There may be times a report is the responsibility of both Child Welfare and OTIS. In these instances, the screener creates two screening reports and indicates on each report that a companion report was generated. This helps foster communication between both agencies. Examples of companion reports include:

- Allegation of abuse in a proctor foster home and the allegations involve a child placed in the home and the child of the proctor foster parent.
- Reported allegation of a child toward another child with response determined by Child Welfare, and a report of neglect by the CCA with response determined by OTIS.
- A report of atypical sexual behavior between two young children while at school when their aid left them unsupervised; and one of the children discloses abuse by a parent.

Documentation of OTIS CCA reports:

- Only one 307A is required regarding an incident of abuse in a CCA, even when multiple children or young adults are alleged victims.
- When incidents are spread over time with multiple children or young adults, 307A's will be generated for each incident.
- Document the name and case number of the companion familial report in the Explain narrative box of the Child Care report prior to pending to OTIS.

Third-Party Abuse in an Education/School Setting

Child Welfare is responsible for accepting and documenting reports involving education providers. These reports must be pended to OTIS for additional screening and assignment determination. The screener will take the report and gather information outlined in the OR-KIDS Report Category Matrix within OWL:

- Demographics;
- Alleged victim;

- Alleged perpetrator;
- Witness information;
- Facility contact information;
- Current address of the alleged victim;

In addition to typical information gathered, screeners will ask the reporter the following:

- What is the supervision plan for the children?
- Were prior incidents known to the education provider?
- If the family was previously contacted, how did they respond to the concern?

Once information is gathered the screener will immediately document the information in the OR- Kids 307A. When the alleged perpetrator of suspected abuse is unknown, the 307A will be generated under the child or young adult's familial case. This will require separate 307A's when there is more than one alleged victim.

- When the alleged perpetrator is identified and there is more than one alleged victim, the multiple alleged victims must be captured within one 307A.
- If information provided by the reporter indicates possible CPS familial concerns, these will be addressed by Child Welfare in a separate report. The screener must determine if the familial concerns meet criteria for response or closed at screening.

Once the reported information is documented, the screener will immediately pend the report to OTIS and send an email to OTIS informing them a screening report has been assigned to OTIS workload. Which email to send the notification to depends on whether the setting involved is a Child Caring Agency (CCA), Educational provider, Child Care or an ODDS group home.

- OTIS-CCA.Screening@dhsoha.state.or.us if report regarding a CCA, and cc: CCA.Reports@dhsoha. state.or.us
- OTIS-DD.KidsScreening@dhsoha.state.or.us if report regarding Children's Developmental Disability program
- OTISSchool.Screen@dhsoha.state.or.us if report regarding an Education provider
- OTISDaycare.Screen@dhsoha.state.or.us if report regarding a Child Care provider.
- Subject line must include "New report, Screening ID# , facility name and street name" and attach the PDF of the 307A. Example: New report, #1245234, Albertina Kerr Halsey St

Documenting Non Abuse Notification Regarding a CCA (1303 form):

A 1303 form must be completed by the screener for any information received regarding a CCA that is not captured in a 307A. If the information is not an allegation of abuse, nor requires documentation in a CAS, the information must be entered on the 1303 form and then forwarded to CCA desk at CCA.Reports@dhsoha.state.or.us. The screener must Cc: the current caseworker and their supervisor. This is the case even when the alleged victim is not a child and the information reported does not meet the definition of abuse. Content of these reports could be related to employee behavior, the physical condition of the program, etc. Any information that might be considered a case note, should

instead be captured in a 1303 form.

Examples of a 1303 include:

- Reporter shares concerns about a broken step outside the CCA location that has not been repaired. Reporter is concerned one of the children in the program is going to trip and fall.
- Reporter states the heat setting of the facility is too cold and the children and young adults have to wear sweatshirts all of the time.
- Reporter states that one of the employees of the program has their car music blaring every morning when they arrive to work at 5:45 a.m. which wakes neighbors.

Child Care Reports

Child Welfare will collect, and document information related to abuse of a child in a child care (formerly day care) setting. When a report is received regarding the following types of child care programs, and there is an allegation against the facility, an employee or other caregiver, the screener must pend the report to OTIS for further screening. The following programs are child care settings:

- A Registered Family Child Care Home may have up to 10 children, with only two children under 24 months old in care. This number includes the provider's own children under 24 months.
- A Certified Family Child Care Home is located in a building constructed as a single-family dwelling, and may have up to 16 children, with the ratio and ages of children dependent on the number of qualified caregivers.
- A Certified Child Care Center may care for 13 or more children, or a facility that is certified to care for twelve or fewer children and located in a building constructed as other than a single-family dwelling.
- Regulated Subsidy Provider is a child care provider that is exempt from Office of Child Care licensing and that receives subsidy payments for child care on behalf of clients of the Department.
- Other facilities that are operating as a Registered Family Care Home, Certified Family Child Care Home, Certified Child Care Center, or Regulated Subsidy Provider without a certification or registration when a certification or registration is required by the Office of Child Care.

Screeners must complete the following activities when creating a screening report form in OR-Kids on a new or existing child care provider.

- The ORCAH screener will accept the report, gather information, and immediately document the information in the OR-Kids screening summary within a new screening report form.
- Contact OCC to obtain compliance history using the phone number listed in OCC Required Notifications within OWL. This resource is accessible 8 a.m. to 8 p.m. every day. Compliance history may also be gathered from the Early Learning Portal when the above resource is not available. After hour emergency contacts can be located within OCC Required Notifications within OWL.
- Include the child or young adult's current whereabouts and contact information.

- Document the child or young adult's legal parents, address and contact information when known. If a provider record does not exist, the screener must request a provider record.
    - Email request to ORkidsProvd.Request@dhsoha.state.or.us and Cc: OTISDaycare.Screen@dhsoha.state.or.us, Subject Line: CPS provider request. The body of the email must include:
    - Program name (max of 33 characters including spaces)
    - Owners name
    - Address
    - "Please reply all with the provider number."
- Screener must immediately send a notification email to OTIS regarding the new report. (The new provider number is not required prior to pending to OTIS.)
    - Subject line of the email will include "New report, Screening Report ID number."
    - Attach PDF of the 307A.
- Pend the report to designated OTIS screener (refer to OR-Kids Report Category Matrix within ORCAH OWL).
- OTIS will complete all notifications and cross reporting.

When a child care provider has their own children, the screener must determine whether a separate familial report will be documented. Child Welfare is responsible for assessing familial allegations when they meet criteria for response. To assist with communication between OTIS and CPS, the screener must:

- Document the name and case number of the companion familial report in the Explain narrative box of the child care report prior to pending to OTIS.

Babysitter and Nanny

A babysitter or nanny is a person who provides care to a child during the temporary absence of the parent or legal guardian, and who is not a cchild ccare provider. Screeners will generate a report category of Third-party per the OR-Kids Report Category Matrix within OWL. When there are concerns a parent/caregiver lacks protective capacity, a familial report will be generated. It is the responsibility of Child Welfare to assess when an alleged perpetrator has access to a child and the parent/caregiver is unable or unwilling to protect the child or young adult.

Case Note Documentation

Information involving an open CPS assessment, open Child Welfare case or a certified foster home:

Case management information refers to any information that is not a report of abuse and is connected to an open CPS assessment, open case or a Child Welfare certified foster home. Common examples of case related information include safety plan violations and notification of a missing child. The screener does not determine what information is necessary to share; rather, they share all information known. A decision not to document information gathered must be made in consultation with a screening supervisor or designee.

When case information is received at screening, Oregon Child Abuse Hotline staff must document the information and notify the assigned CPS worker, permanency worker, adoption worker, certifier and their respective supervisors if

applicable.

Case Note of Duplicate Report:

Documenting a brief case note ensures the information has been received and ORCAH has determined the information to be duplicative. When a screener evaluates the report, they are ensuring that all allegations have been captured in the current assessment. If additional allegations are needed, then this requires a new 307A report. Notification of this case note must be emailed to the worker and supervisor.

Requests for Community Resource/Referrals

Requests for other types of community resource information or referrals:

The Oregon Child Abuse Hotline may also receive calls that are not abuse reports, requests for Family Support Services, or case related information. Commonly, these calls are requests for information or referrals. For these calls, the information relayed is not related to alleged abuse and does not include information that a child is unsafe.

Upon receiving a call requesting community resource and referral information, screeners may direct callers to find local community resources or child care providers, either by providing direct information, time permitting, or by guiding the caller to dial 211 toll free or via texting their zip code to 898211 or via email to help@211info. org.

At times, the screener will provide the information and referral, and at other times, the screener will connect the caller to 211 or another service to provide the information and referral.

Staff Roles and Responsibilities in Screening

Oregon Child Abuse Hotline staff involved in screening execute critical responsibilities in screening activities. The following information details the roles and responsibilities of staff at the Oregon Child Abuse Hotline.

Screener: The screener is required to:

- Receive, document, and assess information and potential abuse reports from the community according to procedure.
- Determine whether information is required to be documented in a 307A.
- Assign response timelines to reports based upon Present Danger, Impending Danger or 10-business day procedural guidance as defined within this chapter.
- Forward reports and other information to CPS staff for response according to procedure.
- Provide verbal information about CPS activities to community partners who are legally entitled to receive it. Use ORS 419B.035 to guide the disclosure of CPS information. This does not include sharing drug and alcohol treatment records.
- Provide documented rationale for screening decisions.
- Consult with a supervisor on reports that involve child fatalities, reports that potentially involve the media, and reports that involve DHS employees or individuals well-known to Child Welfare.

- Consult with a supervisor prior to a decision not to document information received.
- Complete all screening reports no later than 10 hours from the date and time the report was received.

Screening Supervisor: Supervision is the cornerstone and essential source of quality control related to all screening assessments and decision making that is a part of the safety intervention system. Supervisory consultation occurring during screening provides you with guidance about information sufficiency, follow- up information collection, assessment of information, application of screening criteria, application of response criteria, and recommendations you might make about screening conclusions.

The screener may consult with a screening supervisor at any point during the screening process. If the screener's assigned supervisor is unavailable, the screener will consult with either a designee of the supervisor or another screening supervisor.

The screening supervisor reviews and approves or disapproves screening decisions made by screeners who seek supervisor consultation. The screening supervisor reviews the written documentation of the screener and conducts requested supervision verbally if additional information is required or clarification is needed. The screening supervisor is required to:

- Through verbal or written request of the screener, provide coaching toward required screening activities and assignment decision making. Those requests may include any circumstance but must include:
    - All reports involving a child fatality.
    - All reports that might potentially involve the media.
    - All reports that involve employees or individuals well known to the agency.
    - Any decision to not document information received.
- Review all closed at screening reports no later than 24 hours from the date and time the report was received.
- Provide general oversight to ensure an efficient and orderly screening process.
- Act as a resource to screeners as they receive and assess reports.
- Review random selection of calls received by screeners to assess performance.
- Meet with assigned staff and provide clinical supervision to address performance and compliance. Clinical supervision is a planned, collaborative process between supervisors and caseworkers that promotes critical thinking and self-reflection. Minimum clinical supervision requirements include:
    - Screeners with under two years of experience must receive clinical supervision once a week.
    - Screeners with over two years of experience must receive clinical supervision once a month.
    - These are minimums and therefore additional clinical supervision needs can be determined by the supervisor.
- Monitor cross reports for compliance.
- When reviewing closed at screening reports, the screening supervisor must track if a substance affected infant was identified and, if so, whether a plan of care was developed, and service referrals were made. This

information will be maintained on the Substance Affected Infant Tracker and shared with the Child Safety Program.

- Review management screening data and other reports to evaluate areas for potential performance and quality improvement initiatives.
- Conduct monthly call reviews with the screening staff in team meetings.
- When a screener requests consultation on a potential sensitive case or sensitive issue, a screening supervisor must take the following steps:
    - Document in OR-Kids why access to the case record is being restricted and document the reason for sensitizing access including the names of the individuals and relationships.
    - If assigned, follow ORCAH Sensitive Cases Protocol located on the OWL.
- If a closed at screening report, the screening supervisor must complete the "Sensitive Child Welfare Issue Report" DHS 0150 (download from the forms server) and complete required notifications.
- Utilize Criteria to Achieve Response Excellence (C.A.R.E.) cards to facilitate learning and establish performance standards.

When consulting with a screener on the decision to assign or close at screening, a screening supervisor should:

- Review the documentation in the screening report form. If the information is not yet documented, ask the screener to document and then ask for consultation.
- Utilize screening tools to coach the screener toward criteria-based screening decision.

If the determination is clear to the supervisor, the supervisor should coach the screener to facilitate their learning. Sometimes the screener has more information than what is documented, so it is important to ask questions to ensure all the information gathered is indeed being considered. If the determination is not clear at the onset, the answers to questions posed to the screener may provide enough information.

When a screener consults because a tribe, LEA, or OTIS requests assistance from CPS with an investigation of abuse, then a screening supervisor must determine whether to assign. In making this determination, the supervisor should consider if the information alleges abuse and what the role of the CPS worker would be in the investigation.

Program Managers: Program managers are required to:

- Provide general oversight to the Oregon Child Abuse Hotline to ensure that it operates efficiently, in compliance with rules and procedures, and according to standards of good practice.
- Staff all reports involving a child fatality with executive management.
- Gather and provide screening statistical information to executive management.
- Meet individually with screening supervisors and provide clinical supervision.
- Conduct weekly supervisor meetings to communicate critical information; discuss any personnel situations; and review policy, procedure, practice, and program functioning.

- Receive and forward to the executive management and Human Resources all screening reports alleging an employee is the alleged perpetrator.
- Identify performance issues within the Oregon Child Abuse Hotline, develop improvement initiatives as relevant, and inform executive management in a timely manner.
- Review management reports to evaluate areas for potential performance and quality improvement initiatives. Recommend initiatives as needed.
- Resolve any disagreement arising at lower administrative levels.
- Document all activities and decisions according to procedures.
- Utilize Unit C.A.R.E. cards to facilitate learning and establish management practice standards.

Reporting Sources

Reports of potential abuse fall into the following three types of reporting sources:

- Non-Mandatory Reporters. Non-mandatory reporters may report suspected abuse and include but are not limited to family members, concerned citizens, and neighbors.
- Mandatory Reporters. Mandatory reporters are public or private officials who are required by law to report suspected abuse. Mandatory reporters include but are not limited to teachers, doctors, and state employees. For a full list see ORS 419B.005.
- Anonymous Reporters. Anonymous reporters are individuals sharing information related to potential reports of abuse are not obligated to share their identities with screeners. Screeners gather the same information from the anonymous reporter as from any other reporter, and encourage the reporter to provide identifying information, as required by OAR 413-015-0205(1)(b). Before accepting a report from an anonymous source, the screener will inform the reporting party that every effort will be made to protect the identity of the reporting party if the identifying information is shared. When a reporter identifies as a mandatory reporter and still declines to share their identity, it is important to explain to the reporter that they can make the report and remain anonymous, but an anonymous report does not fulfill the mandatory reporting obligation as the report cannot be verified.

  The decision of the reporter to decline to share their identity does not invalidate the information reported. Screeners must capture identifying information such as name or relationship to the family when shared during the screening interview despite the reporter's preference to be anonymous. This information cannot be "unknown" at this point. If the screener identifies the phone number the reporter is calling from, this information must not be documented. Phone numbers can be shared by more than one individual, and using the phone number as a reference can compromise reporter identity and safety.

Privileged Information

Privileged Information—Reporting Parties: Exceptions to the mandatory reporting requirement include a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem appointed under ORS 419B.231. They are not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295

or 419B.234. An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client.

If the caller is asking for information about their reporting obligations as a mandated reporter, screeners may refer the caller to the relevant statute which is ORS 419B.010.

Screeners should not provide advice or direction to callers about their obligations or requirements related to mandatory reporting requirements.

Information to be Shared with Reporters

Screeners must share specific information with all reporting sources. The information to be shared creates a better understanding for reporters about child welfare processes and encourages future reporting. The screener must relay the following information to every reporter:

- That the identity of the reporter will not be disclosed unless disclosure is to a law enforcement agency (LEA) for purposes of investigating the report; unless disclosure is required because the reporter may need to testify as a witness in court; or unless the court orders Child Welfare staff to disclose the identity of the reporter.
- That anyone making a report of abuse in good faith, who has reasonable grounds to make the report, is immune from liability in respect to making the report and the contents of the report.

Further, ORS requires that reporters are told whether contact will be made with the family, whether abuse occurred and whether services will be provided.

- When a screener determines a report must be assigned, the screener must notify the reporter that if contact information is provided, efforts will be made by the CPS worker to inform the reporter at a later date if contact with the alleged victim was made, if abuse occurred, and if services will be provided.
- When a screener determines a report must be closed at screening, the screener must notify the reporter of the following:
    - Contact with the alleged victim will not be made
    - An abuse determination will not be made
    - Whether services will be provided
- If the screening decision is not known at the time the call is complete, let the reporter know diligent efforts will be made to notify the reporter once known if contact information is provided.
- Screeners must also inform mandatory reporters that they should consider maintaining a record of their report to document their compliance with ORS 419B.010 and 419B.015.

Lastly, the screener must provide the screening report number and screener name to the reporter. The allows the reporter to have identifying information as reference.

Chapter 2
Screening

Section 3: Screening Process and Practice

Screening Process for Information Received at the Oregon Child Abuse Hotline

While there is overlap in the overall philosophy and approach to information collection, potential reports of abuse are handled by screeners differently than those calls that are related to Family Support Services requests or information and referral calls. It is expected that the screener deliberates on what has been revealed during the screening interview and the information collection process, and based on that deliberation, screeners will make critical decisions about the children and families to be served by Oregon's child welfare system. As part of the process for assessing information, it is expected that screeners have a depth of understanding about child safety and the Child Welfare practice model. This understanding is broken down into a set of concepts that relate both to the process of screening as well as to the application of safety practice model constructs in screening decision-making.

Knowledge of Safety Intervention Concepts: The screener possesses knowledge of and considers safety intervention concepts as the foundation for conducting screening information collection and decision-making. Child safety is the primary driver of decision-making and intervention approaches applied throughout the Child Welfare system. CPS workers are required to identify and protect unsafe children by assessing for danger and understanding caregiver protective capacities. The screener recognizes the importance of knowing and using essential safety concepts to perform effective practice and decision-making. The essential child safety concepts applied during screening assessment are:

- Determine allegation type(s)
- Assigning Allegations of Abuse
- Brief Assessment of Caregiver Protective Capacities
- Determination of Present/Impending Danger/No danger and the associated timelines for response

Thorough Documentation and Justification of Screening Decisions: The screener thoroughly documents reported information, identifies specific decisions, and provides a rationale for screening decisions in OR-Kids. Screening documentation is the framework for CPS intervention into family life based on concerns for child safety. Screening documentation is sufficient when all that is known and relevant about a family is gathered from the reporter and clearly and fully recorded.

The standard for screening documentation is the same regardless of the screening decision (i.e., assigned for CPS assessment or closed at screening).

Timeline for Response: The screener collects and assesses information in order to recommend a justifiable response to a report, based on safety concepts and allegation definitions. Response Timelines refers to the designated times that face-to-face initial contact is made by the CPS worker as a result of information within a report that suggests a child's safety is threatened. The face-to-face initial contact is required for the alleged victims, their siblings, and any other children living in the home.

Reporter Assessment

Screeners are part of the equation for understanding what has been reported and initiating the safety decision-making process. Once screeners have collected the information provided by the callers, they will assess the information in order

to make critical decisions about next steps.

For the purpose of screening, the screener must evaluate the relationship between the caller and depth of information the caller may have regarding the child of concern. At times reporters have limited information that is more incident based. Other times reporters have significant knowledge about the adults, children, and how different factors influence safety. The screening interview for these situations will vary greatly depending upon the screeners analysis of what the reporter is "likely to know" or "could reasonably know" based on their relationship with the family and how long they have known them.

Screener Engages the Reporter: The screener communicates and behaves in ways that engages the reporter interpersonally in the information sharing and collection exchange. Screeners employ a customer-centered approach for interaction with everyone who reports a concern for abuse. The customer-centered approach incorporates the following essential principles:

- Respect
- Courtesy
- Prompt Response
- Support and Encouragement
- Professionalism
- Enabling and Promoting Participation
- Providing Direction
- Providing Necessary Information

The screening interview is different than a CPS interview. It combines skills that encourage reporters to fully reveal what they know about abuse and present/impending danger. The intention of engaging reporters in the process is directed at ensuring that reporters understand what screeners are concerned with; to assure reporters about the rightness of their reporting; to provide support when reporters are upset and emotional; and to motivate reporters to reveal all the pertinent information they have that is related to alleged abuse and danger.

Engagement in screening is also different from the engagement process that occurs in CPS intervention because it is typically confined to a single, short interchange. The screener's intention is to raise the comfort level of the reporter, express reassurance and support, give reporters necessary information and guidance to participate, and to create what can be felt by reporters as a "customer- friendly" service experience.

Engaging communication and behavior include:

- Treating the reporter's concern with the utmost importance.
- Assuring the reporter that they are doing the right thing by reporting.
- Recognizing that the reporter's message deserves careful listening and consideration.
- Recognizing that the reporter is a highly valued source of information.

- Assuring the reporter that their opinion matters.
- Understanding that the reporter is the catalyst for launching the CPS assessment of abuse.

Screening Assessment Information Collection: The effective screener depends on successfully gathering sufficient, relevant information which reveals or is indicative of Present Danger, Impending Danger, diminished Caregiver Protective Capacities, and/or abuse. To the extent that a reporter knows and can report relevant and sufficient information, the screener attempts to collect it.

Screening Assessment Interview Process: The Screening Assessment Interview Process is a procedure used by the screener to structure and guide the reporter through the information collection process. The use of the process and template among all screeners promotes a consistent professional approach to information collection that emphasizes reporter respect and diligent inquiry.

Interviewing Skills: There are thirteen (13) interviewing techniques that are fundamental to effective interviewing skill during the screening assessment Interview. These techniques (open/ indirect questions, closed questions, concreteness, partializing, paraphrasing, verbal cuing and encouraging, reflective listening, normalization and universalization, refocusing, exploration, affirming, and summarization) are used to build rapport and engage the reporter in the information collection process, to facilitate specific information collection, to increase the depth and breadth of information collected, and to focus the interview.

Reporter Engagement and Rapport Building

As screeners complete the screening interview, they work to understand the reporter's motivation for calling. Screeners will also be working to engage reporters and to build rapport, both of which will facilitate information collection and open dialogue.

Reporter Assessment and Relationship to Potential Subjects of the Report: Screeners will engage with reporters who have both extensive and limited relationships with the families and children they are sharing information about. Many reporters do not know the family and are aware of only a specific event or a series of similar events. Conversely, other reporters may be close family, friends, or have spent significant time interacting with and/or serving the family/ children in question. These reporters include any person who has personal knowledge based on a reasonable period of time to have been exposed (somewhat extensively) to individual and family history, family life, daily routines, and individual and family functioning. This includes relatives, friends, neighbors, coworkers, professionals, community associations (such as church members), etc.

For all reporters, the screening interview should begin with screeners working to identify the nature of the reporter's relationship to the family and their motivation for calling. This assessment allows screeners to determine how far the overall inquiry should go and the depth of information the reporter may or may not have about the family. This information, in addition to when the reporter last had contact with the child and their source of the information, must be documented in the Reporter section of the Participants page of the screening report. The context of the reporter's knowledge is essential for the screeners report and allows the reader to understand how the information is known.

In general, once it is determined that a reporter has limited information, screeners can be selective about delving into the assessment functioning questions. However, it is crucial that documentation indicate consideration of what the reporter could reasonably know and screening efforts to inquire about those areas based on that consideration.

Reporter responses to a screener's questions, guide the next phase of the interview and to rule in or out the kinds of information the reporter may be able to share.

The screener will seek clarification, explore for details and specifics, reconcile conflicts in what is reported, confirm the specifics of alleged facts, identify additional sources of information, and evaluate the motivation of the reporting party.

Law Enforcement Reporting Parties: When the reporting party is a law enforcement officer, the screener will include the following questions in the interview:

- Are they requesting immediate CPS assistance?
- What is the associated incident or report number?

Reporter Engagement and Rapport Building: The early phases of conversation with reporters and the success of the overall screening process will largely be driven by a screener's ability to engage reporters and to build rapport with reporters.

While personal style is encouraged and acknowledged as a significant influence on interpersonal dynamics, core techniques exist that provide the necessary skill to accomplish effective screening assessments.

Engaging communication and behavior that prevail during the screening process include:

- Beginning where the reporter is in terms of their need to express their concern on their terms;
- Reassuring the reporter that their concern is valued;
- Dealing with reporters respectfully regardless of their status or circumstances;
- Demonstrating non-judgmental communication; and
- Explaining to reporters and reassuring them that what they report, and their identity, remains confidential.

Trauma Informed Reporter Engagement

DHS is committed to engaging all staff, reporters, and families on the presumption that they have experienced trauma. Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening. These events have lasting negative effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. In screening, it is essential to use a trauma informed approach that is inclusive of all people, especially populations that have experienced historical and racial trauma. Elements of this engagement seeks to balance competence with kindness:

- Realize the widespread impact of trauma and understand the potential pathways for recovery;
- Recognize the signs and symptoms of trauma in families and reporters;
- Respond by fully integrating knowledge about trauma in screening practices;
- Seek to actively Resist re-traumatization.

Screeners have an active role in understanding, empathizing, and interviewing in a trauma-informed interaction with

the reporter. A positive customer service interaction is helpful, demonstrated expertise, attentiveness, respect, and timeliness. Being trauma-informed in part means having patience with the reporter, knowing that anywhere between 50-70% of adults in the United States have experienced trauma. The process of reporting can trigger emotional, behavioral, physical and cognitive impacts.

Another element of trauma-informed recognizing disproportionality in the Child Welfare and other systems. This is especially true for African American and Native American people who are over-reported to Child Welfare.

Interview/Questioning Techniques

The screener applies a neutral approach to the interviewing process. This means that the screener's efforts to understand what is being reported about a family and the incidents are objective rather than subjective. There is no intention to seek positive or negative information from the reporter. The screener's intention is to interview in ways that focus, confirm, clarify, reconcile, elaborate, and corroborate the contents of the report. Screeners should use the following questioning techniques when engaging reporters in the interview process.

Open Ended Questions

Screeners should typically begin each new line of questioning and/or transition in topic with an open-ended question. Open questions help to remove screeners from the responsibility for "carrying" the interview by establishing a conversational quality to the interaction. Open questions are questions that cannot be answered "yes" or "no" or in just a few words. Open questions encourage the reporter to elaborate with a wider range of responses. Open-ended questions typically begin with words such as what, where, how, and why.

Indirect questions can occur within the interview in forms that are not really questions, such as, "Tell me about how you came to know this about their relationship," or "I'm wondering how Paul will feel about a CPS worker coming to his house." Although not appearing as a question, the effect is the same.

Closed Ended Questions

Closed questions should be used to restrict or narrow the focus of a reporter's response. Closed questions should be used purposefully when precise detail and great clarity is needed from the reporter, such as demographic information. During the screening interview, closed questions may be used more frequently when there is a need for interview and time management; when the reporter is a concrete thinker and communicator; when the reporter is having difficulty expressing themselves; and when screeners want to verify information and restate that information in the form of yes/no questions.

This skill is used to clarify vague or unknown terms and information. Screeners may need to qualify information from the family in concrete terms, or the caller may need the screener to clarify information for them. Screeners do not assume a "common understanding" of terms/information and recognize that meaning may be different between people or family systems. When slang, or words not immediately known or understood are used, screeners always follow up to find out what the term or phrase means to the caller.

Paraphrasing

The primary intent of paraphrasing during the screening interview is to facilitate the clarification of reporter statements, opinions, judgments, and concerns.

Paraphrasing may involve selecting and using the reporter's own key words. This enables screeners to better judge whether is heard from a reporter and if it is accurate. Beyond reusing the reporter's language and personal word choice, it is important to note that paraphrasing is not simply stating back to the reporter their comments verbatim.

Paraphrasing involves formulating the essential message that the reporter is conveying and then stating that message back in the screener's own words or "laced" with the reporter's language and wording.

When using this technique, screeners should make sure to confirm the accuracy of their statement by concluding the paraphrase with a simple question such as, "Is that correct?" or "Does that sound accurate?"

Verbal Cuing and Encouraging

This technique serves to keep reporters talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal cue or prompt such as, "Uh-huh," "I see," "Go on," and/or "Then what?". Encouraging may also involve using precisely chosen key words or key phrases stated by the reporter in order to get the person to elaborate further, such as, "Angry?", "Not the first time?", and/or "Always happens?".

Reflective Listening

Reflective listening statements involve interpreting what a reporter believes, thinks, feels, perceives, and understands about what they are stating with respect to the alleged abuse, and then stating and offering an interpretation back to the reporter.

In the screening interview, without the benefit of seeing the reporter, the interpretation of what the reporter is communicating is based on their verbal responses and quality of the responses (e.g., tone, emphasis, emotion, inflection, etc.). As a technique and mental process, reflective listening statements begin with listening to what is being communicated by the reporter and then processing the information and speculating on the meaning of what the reporter has stated, and then "reflecting" the meaning back to the reporter in the form of a statement. A statement is used rather than a question because a statement is more likely to produce reporter elaboration, and further, a statement influences the reporter to reveal the accuracy of their perceptions or feelings.

Normalization and Universalization

Use of these skills conveys understanding, empathy and respect. Normalization points out that other people experience similar thoughts and feelings in similar situations or circumstances. Universalization reflects on what other groups of people have done or experienced.

Refocusing

The screening interview often requires the screener to guide how the reporter is providing information. The technique of refocusing and suppression is concerned with keeping the information collection process on track. In a supportive manner, the screener accepts what the reporter is saying, indicates the need to not pursue the subject or point immediately, but to set it aside. The suppressing of information provision may occur because the information is not relevant, or the information is relevant, but it is the wrong time to go into detail about it. The screener refocuses the reporter to return to discussing or revealing more information about an issue.

Exploration

Exploration depicts an action of digging deeper and uncovering more information to better understand. Fundamentally, that is how the technique of exploration operates: When screeners encounter provocative pertinent information, or alternatively, vague information that appears to hold significant value to decision-making, screeners explore to fully understand all dimensions and elements that the reporter can provide. Sometimes screeners may use exploring, which can be employed as repetitive questions of similar content, to confirm the believability of what is being reported. Exploration is very focused. Screeners should not allow the conversation to drift into other reporter statements or initiate questions related to different areas of inquiry.

Affirming

Affirmation reassures the reporter that they took the appropriate action to report, and that the reporter's concern is relevant for screening. In specific exchanges, it confirms that what is being reported is believable and understandable. Screeners may assert things such as, "You were absolutely right to call;" and/or "I believe what you experienced was difficult." Affirming provides support and encouragement to the reporter to continue to participate, to elaborate, and to gain confidence in the action they have taken.

In the process of affirming reporters, screeners must avoid making judgements about the family or individuals involved with the potential report abuse. Screeners should also avoid making judgements about future actions or decision-making that will occur as part of the child welfare service continuum.

Summarizing

Summarizing is a technique that can be used during the screening interview intermittently to ensure the screener's understanding and to "check" with the reporter about whether screeners are tracking the conversation accurately. Summarizing should always be used in the closing stage of the screening interview process. The specificity of the summary is up to screeners to determine. For example, for reporters who are confused, emotional, or highly concrete, screeners may want to go into more detail in the summary.

The summary is introduced exactly as that; screeners might say: "I want to stop here for a minute, if you don't mind, and go over what I think we've been talking about." Then screeners can proceed, reiterating what the reporter has stated, how screeners clarified it, and where common agreement results.

Stages of the Interview

A well-structured screening interview and related processes result in obtaining sufficient information from reporters, are more efficient, and help to process the screening interview in a timely manner.

The screening assessment interview consists of three stages: Introductory Stage, Exploratory Stage, and Closing Stage. Within these stages are steps that provide more direction to the screener for conducting the interview, completing documentation, and processing the report.

Introduction

The Introductory Stage of the screening interview is focused on gathering a general orientation to the reporter and the information they want to share. Screeners must complete the following:

- Complete Introductions with the Reporter: Introductory processes are intended to provide a general orientation

to the reporter regarding the screening process. The screener should complete the following initial activities:

- Complete introductions (screener and reporter);
- Gather reporter identifying information and phone number;
- Confirm the reason for the call, and confirm the reporter is concerned about potential abuse;
- Obtain information regarding family composition (identify family members and their roles and relation to each other);
- Briefly explain the screening process;
- Provide notifications to reporters related to reporter identity and confidentiality, anonymity, and the need to maintain a record of the report, if the caller is a mandated reporter.

During the Introduction, it is important to be aware of the time. While being mindful about not spending an excessively large amount of time seeking family demographic information in these beginning stages, screeners should be aware that basic demographic information will need to be collected during the screening interview. This information includes the following:

- Name and age of alleged victim, their ethnicity, language spoken, and whether they have any American Indian or Alaska Native ancestry; and
- Name and age of all children living in the household; and
- Names of the parents, caregivers, or guardians; and
- Name of the alleged perpetrator or perpetrators and their relationship to the child; and
- Address and current whereabouts of all of the above persons, as well as information about how to locate the child, the parent/caregiver, and the alleged perpetrator; and
- Any additional relevant information about family members or contacts.
- The screener will also determine, if possible, and document the Hispanic origin of the child/family. The screener will indicate that the client is of Hispanic origin if the client is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic, or Latino is determined by how they the person defines themselves. In the case of a young child, parent/caregivers determine the Hispanic origin of the child.
- Relationship: The screener will determine and document the relationship of every participant as they relate to one another.
- Whereabouts: The screener will make diligent efforts to determine and document the whereabouts of every identified family member.
- Military status: When the screener knows a family member has or is serving in the armed services, the screener should document the family member's military status. This may include an individual who is, or has at one time been, on active duty, in the Reserve, or in the National Guard.
- Worker safety concerns: The screener will explore and identify with the reporter any concerns regarding child

welfare staff personal safety; i.e., extensive violent criminal history, access to weapons, previous threats to DHS staff, threatening animals at residence, etc. This is a critically important screener function, as it directly impacts the safety of staff. Screeners must exercise diligence in gathering sufficient information to ensure worker safety.

- If worker safety concerns are identified, the screener must check the box that can be selected on the decision page of the screening report that alerts to a worker safety issue. A summary of the safety related concerns will be documented.
- An example could include the identification of pets within a household. Screeners would then determine if the animals may be aggressive, properly restrained, etc.

- Accessibility concerns: The screener will collect any information related to difficulty the child welfare staff may encounter in gaining access to the family (e.g., gate code, complex names, and directions to the home). The screener may also work to determine if there is reason to believe that the family is about to flee (i.e., caregivers overtly reject CPS intervention or refuse access to the child, and/or the child's whereabouts cannot be ascertained.

Allow Reporter to Share Information Unimpeded: Provide reporters a clear opportunity to tell their story. If something is shared that is not clear, you should seek clarification, but encourage the reporter to continue sharing their concerns. The screener should begin by being open and nondirective in initially collecting information from the reporter, and then proceed to being more specific and focused based on what the reporter reveals.

Example questions or prompts include the following:

- Why don't we begin with you telling me about your concerns?
- Tell me what your concerns are about the family.
- I may have a question if I'm not clear on something you say, but for now, I would just like you to have an opportunity to share what you know about the family.

Many reporters feel a sense of immediacy about sharing what they know when they make a call to Child Welfare. Allowing information to be shared without unnecessary interruptions enables reporters to relay their concerns, and they will likely become more focused as the interview proceeds. It also allows screeners to get a broad understanding of what is being reported, which will help determine what further specific information will be needed by the conclusion of the interview in order to make decisions.

Respond to the Reporter's Emotional Reactions: The emotional reaction of reporters is another issue of immediacy that screeners must be aware of and respond to as needed. If reporters are anxious, angry, or afraid, screeners should not dismiss their feelings and emotions by proceeding with the interview as though their reactions are not relevant to information collection. Screeners should recognize that the reporter is the primary source of information for screening decision-making. A highly charged or highly emotional reporter may not be as able to provide clear and detailed information. Effective interviewing requires screeners to correctly read the emotions of the reporter and respond so that the reporter can fully participate.

Often, reporters just need to have their emotions validated or feel as though their concerns are being heard before they can move into the Exploratory Stage. A reporter's expression of emotion during the interview can also reveal significant information about the identified family as well as the referral source.

Determine Appropriateness of the Report: Prior to proceeding with the Exploratory Stage of the screening assessment, it is important to consider whether the reporter is providing information that legitimately concerns abuse or safety threats. By the conclusion of the Introduction Stage, the screener should have a sense about the appropriateness of the report.

The basic demographic information should have revealed whether the reporter knows the name of the family and where the family resides, or where the child is located. By this point, reporters will have discussed why they are calling and will have shared the concerns about a family situation and the basis for that knowledge. The vast majority of reporters calling believe that they are making a report of abuse. It is the screener's responsibility to discern whether the information provided by a reporter up to this point indicates that abuse or danger is a possibility. It is crucial that screeners do not make premature conclusions regarding the appropriateness of a report. It could be that a report is appropriate, but a reporter has not fully articulated their concern yet.

In considering what screeners know at this point in the interview, they should consider the following:

- If it is at all unclear that a report is appropriate for the Oregon Child Abuse Hotline, it is the responsibility of the screener to seek more detailed information from a reporter during the Exploratory Stage to definitively make a screening decision.
- If a report is obviously not abuse related, or the “reporter” is really seeking information or resources, then a screener may choose to conclude the screening assessment interview and proceed in providing information requested or inform the reporter as to why the information does not meet the requirements for child welfare intervention.

Exploratory

In the Exploratory Stage of the screening interview, screeners should initiate and move to a more structured, guided interview process. Screeners must complete the following:

- Assist the Reporter in Focusing Their Attention: Based on what the reporter shared during the Introduction Stage, screeners should now be focused on filling in the gaps regarding what is known and what is not known. Screeners should seek specific information and details about indications abuse and information about family member functioning.
- Collect Thorough and Detailed Information Based on the Six Domains: During the Exploratory Stage, it is important for screeners to ask questions and be cued into reporter information that informs screening decisions, primarily the decisions related to report assignment and priority response.

The interview questions related to the six domains should focus attention on abuse and functioning information that is most likely to reveal Present or Impending Danger threats. These six domains are those that are also assessed as part of a CPS assessment.

While it is possible that reporters may not be able to provide you with information across all six domains, screeners are obligated to pursue the information available and that will help to provide a comprehensive understanding of family dynamics for use in screening decision-making.

Pertinent information across the six domains that should be collected and documented during the Exploratory Stage in OR-Kids includes:

Domain 1: Extent of the Abuse

Documentation related to the extent of abuse is critical for screening decision-making because it sets the framework for whether what is alleged meets the definition of abuse and requires a CPS response. Further, the detail provides clarity regarding the condition of the child and whether the abuse or negative conditions threatening child safety are isolated or ongoing. The following information will allow you to clearly articulate the extent of the abuse:

- What type of abuse is being reported? Is the report consistent with the definitions of abuse?
- What is the condition of the child at the time of the report?
- What is the reporter's opinion regarding a child's need for medical care?
- Is the child currently receiving medical care due to the alleged abuse?
- Did the abuse result in an injury? If so, what specific type of injury exists, what is the severity, and what are the symptoms and location?
- How did the injury occur and by whom?

To answer these questions and sufficiently document the extent of abuse, the screener may use the following additional questions or prompts:

- I would like for you to tell me in detail the concern you have regarding abuse or the child's safety.
- Is it your belief that the child is being abused? Why? Can you clarify why you think that the child is being abused?
- When did the incident(s) occur?
- Who is responsible?
- Did the child have an injury? Did you see the injury? Where was the injury located? How long has the child been in this condition?
- Can you tell me the size and shape of the injury, bruise, cut, burn, or other?
- What color is the injury?
- Is the child in pain?
- Is it your impression that the injury/condition is serious?

Domain 2—Circumstances:

Information regarding the circumstances surrounding the alleged abuse is important for determining if abuse or negative conditions threatening child safety are in the process of occurring, isolated, or constant. Again, thorough and detailed information helps screeners determine whether there are indications of Present or Impending Danger.

Information gathered for this domain is sufficient when it can describe the overall family conditions that raise to the level of safety concerns, to include pervasiveness, how long they have occurred, what factors contribute, and the level of self-awareness of the caregivers to what they may contribute to the concerns. Sufficiency of this domain is impacted

by the reporter's extent of knowledge, which is directly correlated to the reporter's degree of involvement/familiarity with the family conditions.

By the conclusion of the screening interview, screeners should be able to document the circumstances surrounding the abuse and should be able to craft narrative that is responsive to the questions that are detailed below:

- What led up to the incident/family condition?
- How often does this occur?
- Are safety concerns pervasive (widespread/occurring across multiple situations)?
- How long has this been going on?
- To what level has this been occurring? How has it impacted the child over time?
- What is/was caregiver's reaction?
- What are the other family members in the home reaction(s)?
- What explanation did the caregivers provide?
- What is the caregiver's accessibility to the child?
- Are there weapons in the home?
- Is/was the abuse intentional or impulsive?
- Does anyone in the home express fear?
- Was there any substance usage going on at the time of the incident? How often does that occur?
- Do you know if there is any violence in the home?
- Who is the child with now?

Additional family-centered screening questions regarding the circumstances surrounding the abuse may include:

- Has there ever been a time when you did not have these concerns for the family?
- What else can you tell me that will help me get a more balanced picture of this family?
- Does the family call on others to help solve problems?
- Do they have support from family or friends?
- What do you think is the cause of the reported concern?

Documentation related to the circumstances surrounding the abuse qualifies the alleged abuse by placing it in a context or situation that (1) precedes or leads to the alleged abuse, or (2) exists while the alleged abuse is occurring. By documenting surrounding circumstances separately from the alleged abuse, screeners establish a greater indication of how serious the abuse might be. In other words, the circumstances that accompany the abuse are important and are significant in and of themselves and qualify how serious the abuse is.

Domain 3—Child Functioning: How Does the Child Function on a Daily Basis?

Information regarding child functioning is crucial for determining the vulnerability of a child. Knowing how a child behaves, feels, and thinks on a daily basis will help to inform if a child may be unsafe, regardless of their age. Examples include, and are not limited to behaviors, emotional well-being, resiliency, socialization, sexual and physical health. When considering the child's functioning, three types of warning signs are helpful to consider:

- Physical signs present on the child
- Injuries on parts of the body that are not typical.
- Children bruise their shins, bang their knees and scrape their elbows. These are expected for active children. However, injuries to the back, neck, ears, buttocks or genitals are more likely to be associated with abuse.
- Injuries for which the child has no explanation or a reason that isn't logical
- Medical, dental, vision or mental health needs that appear to go unaddressed
- Poor height or weight growth when there is no identified medical cause
- A child who has a sexually transmitted infection
- Behavioral signs or statements made by the child
- Regularly runs away from home
- The appearance of extreme fatigue on a regular basis
- A pattern of stealing food or complaining of hunger
- A child who cries, cowers or otherwise indicates that they do not feel safe in the presence of a parent or caregiver
- Losing skills already developed, including incontinence when potty-training has been well established
- Attempting suicide or displaying behaviors that self-injure
- Statements about being unsupervised before they can safely care for themselves
- Statements they fear their parent or caregiver or don't want to go home
- Asking others to supply necessities or
- Direct statements about experiencing abuse
- Behavioral signs or statements made by the parent or caregiver
- Disregard for the child's feelings, needs or emotions
- Seeing the child as entirely bad, evil, or worthless
- Describing the child in sexual terms or implying that the child may provoke sexual contact from others
- Expecting the child to behave in ways unrealistic for their abilities or development

- Seeming to purposely isolate the child, including removing them from school or other activities
- Offering conflicting, unconvincing or no explanation for injuries or events

Information gathered for this domain is sufficient when it can describe how the child functions on a daily basis, socially/emotionally, physically and cognitively and how that, in turn, impacts their overall vulnerability to the overall family conditions. By the conclusion of the screening interview, screeners should be able to document the child functioning and should be able to craft a narrative that is responsive to the questions that are detailed below:

- What can you tell me about the child? How would you describe them?
- How does the child communicate or express their needs?
- How does the child relate to the caregivers in the home?
- Does the child have any special needs or diagnosis? Are they receiving any services?
- Does the child appear healthy?
- Does the child have any mental health needs?
- Is the child on medication or actively being seen by physical or mental health professionals?
- Do you know how the child does in school academically? Behaviorally?
- Is the child involved in any other activities outside the home?
- Are there changes in the child's behavior?
- Does the child have friends?

Documentation for child functioning must be qualified by the age of the child and representative of age appropriateness. Child vulnerability should be a focus of both information collection and the corresponding documentation. It is important that screeners know and consider child development as they interview a reporter and again when documenting the information received.

Domain 4—Adult Functioning: How does the adult function in daily life management and general adaptation?

Depending upon the reporter's relationship with the family, they may have varying degrees of knowledge about the functioning of a caregiver on a routine/daily basis. Any information that a reporter can provide during the screening interview about adult functioning can be useful to gain a more complete understanding of how caregivers behave, think, and feel.

Information gathered for this domain is sufficient when it can describe, to the extent possible, what the daily life of each caregiver looks like and their ability to function and to carry out the tasks of daily living. Any behaviors and/or barriers that impair ability to function should also be described.

Domestic Violence, Substance Abuse, and Mental Health are often underlying conditions in cases of danger and/or abuse. They tend to be a major contributor to multiple forms of abuse, and other family conditions. Though these three conditions are specifically related to Adult Functioning, they can also apply to all other domains. For example, Domestic Violence in the home can result in a parent being unable to attend to the needs of the children due to controlling factors

by the perpetrator. In cases where mental health or substance use is an issue, this may also result in needs not being met but for a different reason (sleeping for long periods, incapacitated due to drugs, etc.). This may diminish some of their parenting abilities and associated Protective Capacities.

Similar to substance use, the effects of mental health and behaviors caused by it are more important to analyze than a diagnosis alone. It often occurs that a parent/caregiver is demonstrating dangerous behaviors consistent with an underlying mental health condition for which they have never received a diagnosis or treatment. Information collection should focus on the behaviors/symptoms and impact on the family functioning.

Adult functioning information can reveal how a person is acting concurrent with the call (such as behaving bizarrely, or intoxicated) that could reveal present danger, and/or if a caregiver has chronic problems that are severe (such as serious depression) that could reveal impending danger.

By the conclusion of the screening interview, screeners should be able to document the adult general functioning and should be able to craft a narrative that is responsive to the questions that are detailed below:

- How well do you know the parent/caregiver?
- Share with me how you see this parent/caregiver?
- Do you know if the parent/caregiver is employed? Where? How long has the parent/caregiver been employed there?
- Can you tell me about anything that seems to be going well for the parent/caregiver?
- Are there are any indications of violence, or history of domestic violence? (Remember domestic violence means a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse that an individual use against a past or current intimate partner to gain power and control in a relationship.)
- Is there is any history of mental health concerns or evidence of current mental health concerns? What can you tell me about how they are doing?
- Does the caregiver have any special needs or any acute or chronic medical condition(s)?
- How are cultural beliefs incorporated into family functioning?
- Are there any behaviors that demonstrate coercive control? Does one caregiver assert authority over the other? In what ways?
- Do you know if the parent/caregiver has any criminal history? Any engagement with law enforcement? Do you know why? How does the family solve problems?
- Do you know if there are any stressors in the family?
- How is the parent/caregiver dealing with those stressors?
- Does the parent/caregiver use substances? What is your impression regarding their substance usage?

Documentation for adult general functioning should strictly address how adults (parent/caregivers) in a family are functioning personally and presently in their everyday lives.

Domain 5—Parenting Practices

During the screening interview, screeners should seek information from reporters regarding any knowledge they have of a caregiver's typical parenting Again, it is important, to rule out whether reporters have any knowledge of parenting practices that could be useful to screening decision-making.

Information gathered for this domain is sufficient, to the extent possible, when it can describe the overall parenting practices, underlying beliefs and nature/quality of child/caregiver interactions and of the caregiving provided.

By the conclusion of the screening interview, screeners should be able to document the general parenting practices and should be able to craft a narrative that is responsive to the questions that are detailed below:

- Do you have any information that you can share regarding the way in which the parent/caregiver parents the child?
- How does the parent/caregiver interact with and relate to the child? Do they seem close/attached?
- How does the parent/caregiver perceive their parent/caregiving role?
- What is the parent/caregiver's level of satisfaction in the parent/caregiving role?
- What is the parent/caregiver's expectations of the child?
- What is the parent/caregiver's willingness and ability to protect?

Additional family-centered screening questions regarding general parenting practices may include:

- Does the parent/caregiver talk positively about the child?
- What would you say is good about the parent/caregiver's parenting? What would the child say about the same?
- Is the parent/caregiver involved in the child's school?
- Does religion play a role in this family? If so, what role does religion play? How do these beliefs influence child-rearing practices?

Documentation for general parenting practices is focused on overall parenting practices and should exclude any reference to the alleged abuse or discipline.

Domain 6—Discipline: What are the disciplinary practices?

During the screening interview, screeners should seek information from reporters regarding any knowledge they have of a caregiver's disciplinary practices. There is a unique connection ton between discipline and physical abuse. Depending on the reporter and what information is being relayed, there may be relevant facts about parenting discipline that could reveal present or impending danger. Again, it is important to rule out whether reporters have any knowledge of parenting practices that could be useful to screening decision-making.

Information gathered is sufficient for this domain, when it can describe the typical approaches toward behavior management, whether or not they are effective and developmentally appropriate, and in alignment with age appropriate

expectations.

By the conclusion of the screening interview, screeners should be able to document the parenting discipline and should be able to craft a narrative that is responsive to the questions that are detailed below:

- What is the parent/caregiver thoughts and feelings about discipline?
- Can you tell me how the parent/caregiver manages the child's behavior?
- Does the parent/caregiver have the knowledge, skills and ability to manage the child's behavior?
- When does the parent/caregiver discipline the child?
- How does the parent describe their form of discipline?
- Does the parent/caregiver appear to respond out of anger or frustration when disciplining the child?

Additional family-centered screening questions regarding parenting discipline may include:

- Documentation for parenting discipline is focused only on the discipline/behavior management of children used by caregivers that is being reported or is known to reporters and must not include information related to other domains.

NOTE: *Domains 5 and 6 Guidance:*

At times reporters have limited information that is more incident based. Other times reporters have significant knowledge about the adults, children, and how different factors influence safety. The screening interview for these situations will vary greatly depending upon the screeners analysis of what the reporter is "likely to know" or "could reasonably know" based on their relationship with the family and how long they have known them. When the screener determines through their reporter assessment that the reporter has only situational information, additional questions surrounding Parenting Practices and Discipline are not necessary. Alternatively, if the concerns relate to physical abuse, information would need to be sought from the reporter about Parenting Practices and Discipline.

In summary:

- *If concerns relate to Physical Abuse, then screener must inquire about Parenting Practices and Discipline*
- *If concerns relate to other abuse types, inquiry of reporter about Parenting Practices or Discipline is not necessary, unless deemed appropriate by the screener*

These six domains are the main area of info collection as part of sufficent information gathering. However, there is one last step in this stage – seeking clarification regarding information that may indicate Present or Impending Danger. For example, a reporter may indicate that a parent/caregiver "seems depressed," "often drinks alcohol," or "seems aggressive." A screener should question the reporter to describe what they mean by "depressed," "drinking alcohol," or "aggressive" to qualify whether the parent/caregiver's condition, behavior, emotions, or perceptions are out of control and likely to have severe effects on a child at any point. A diligent Screening Assessment interview requires a screener to press reporters to specifically describe what they know about caregiver functioning and how they know the information.

The Closing Stage:

The closing stage of the screening interview is focused on ensuring that all the gaps in information collection have been noted and, when possible, discussed and addressed. Screeners must complete the following:

- **Seek the reporter's opinion regarding what they believe needs to happen in terms of intervention:** It is important to get the reporter's opinion about how Child Welfare should respond to the information they have provided. This can be helpful information to again consider the motivation of the reporter for making the report.
- **Inform the reporter of the next steps that Child Welfare will take, specifically about whether the information will be documented, and the outcome of the report.**
  - When a screener determines a report will be assigned, the screener must notify the reporter that if contact information is provided, efforts will be made by the CPS worker to inform the reporter at a later date if contact with the alleged victim was made, if abuse occurred, and if services will be provided
  - When a screener determines a report will be closed at screening, the screener must notify the reporter of the following:
    - Contact with the alleged victim will not be made;
    - An abuse determination will not be made; and
    - Whether services will be provided.
- **Seek to understand how the family might react to Child Welfare intervention**
- **Ensure that all essential information has been collected from the reporter:** Prior to concluding the interview, make sure that all gaps in information have been considered and noted. If necessary, return to seeking necessary identifying information regarding the family. Ensure that all demographic and family composition information has been obtained. Allow the reporter another opportunity to consider any remaining information that they feel is important to share that may have not yet been revealed during the Exploratory Stage of the interview.

Screening Decision-Making

As screeners conclude the screening interview, they then must make two critical decisions regarding the information they have received and whether it requires further child welfare intervention. Screeners are required to assess and analyze the information provided to them during the screening interview and to make two critical decisions regarding further child welfare intervention:

- Screening Decision: The screener must determine if the reported concerns include an allegation of abuse and meet the criteria to assign for CPS assessment or close at screening.
- Response Timeline Decision: The screener must then determine if the information presented includes evidence of present or impending danger, which will then determine the timing of the CPS response.

To make these decisions, screeners must apply a set of criteria to the information that has been collected.

Assign or Close at Screening: How to Make the Screening Decision

When completing the screening assessment, the screener must consider all the information gathered at screening to

determine whether the totality of the information meets the criteria to assign or close at screening. The information gathered includes:

- Sufficient information gathered from the reporter about the domains as they relate to the circumstances:
  - The extent of the alleged abuse
  - The circumstances surrounding the alleged abuse
  - Child functioning
  - Adult functioning
  - Parenting practices
  - Disciplinary practices
- The information gathered from:
  - Child Welfare history on individuals in the family, household and report
  - The data analytic scores
  - When information is received regarding an open assessment or open case, contact with the current caseworker
  - Collateral source
  - If relevant, criminal history

Collateral Contact

The screener may only make efforts to gather additional information from collateral contacts and law enforcement when there is insufficient information to assign the report for CPS assessment and:

- The information gathered from the reporter is concerning; and
- The collateral contact or law enforcement data is likely to supplement the report with sufficient information to make the screening decision.
- Sources of collateral contact could include law enforcement, school, medical provider or others who may have direct knowledge of the child or circumstances.

Additional Information Regarding the Same Allegations

If more than one report is received on the same family referring to the same incident, occurring on the same date, regarding the same alleged perpetrator and victim, and the same allegation type, Child Welfare considers these to be a single report. These reports are enhancements to a report already received or assigned for an assessment. The reporting party is providing additional information such as exact address, spelling of names, or new collateral contact; similar reports are considered a single report.

When a screener receives duplicate information:

- Same alleged victim,
- Same alleged perpetrator,

- Same allegation of abuse, and
- Same incident dates on an open CPS assessment, the screener must:
    - Inform the reporter that a new screening report will not be documented because the information already has been received.
    - Provide the reporter with the assigned caseworker's name and telephone number.
    - Provide contact information about the reporter and any information received to the assigned caseworker and the supervisor.

Information on an open CPS assessment or open Child Welfare case

- When a screener receives information that constitutes a new report of abuse as defined in ORS 419B.005, or when applicable, Oregon Laws 2016, chapter 106, section 36, or a closed at screening on an open CPS assessment, the screener must:
    - Document the information in a new OR-Kids screening report.
    - Notify the assigned CPS worker and their supervisor of all new information received, on the same day it is received, and document the notification in the screening report.

When a screener receives information on a family that has an open case, the screener must:

- Notify each assigned caseworker and their respective supervisors of all new information received.
- Document this notification in OR-Kids case notes, omitting the reporter information in the case note.
- Complete notification no later than the end of the screener's workday.
- The exception to completing a notification is when the case is identified on the Case search page as being open to a worker for Post-Guardianship or Post-Adoption assistance. The case and services are open only for the purpose of service provision, not because casework is being managed.

Insufficient Safety Plan - Considerations for New Allegations On an Open Assessment or Case

When a Child Welfare case is or assessment is open, the screener has a unique opportunity to gather relevant and essential information from the current worker to determine whether a new allegation exists. It is imperative the screener document contact or attempts to contact the worker in the report summary. This can reduce the necessity for a new report and enhancement information sharing between programs.

- Have you attempted to contact the current worker via phone/instant message/email?
- Have you attempted to contact their supervisor if the caseworker was not available?
    - It is imperative that you document your contact or attempts to contact the worker/supervisor in the report summary. This can reduce the necessity for a new report and enhancement information sharing between programs.
- Is there an impact to the child or young adult by this new information?
- Have we assessed prior or are currently assessing?

- Is the assessment or case open for the same type of abuse being reported today? If so, is this a continuing condition of the current allegations of abuse?
    - Consider that this may not be a new allegation.
- Is this a new incident of abuse?
    - Did it happen in a different way?
    - Did it happen outside the time frame of the last allegations (60 days)?
    - Is there a different perpetrator?
    - Is there a different victim?
        - If yes, consider a new allegation

- If we have a safety plan in place (Always Review Most Recent Safety Plan), do we have a sufficient safety plan?
    - Is this a new allegation of abuse?
    - A parent is continuing a pattern of behavior that relates to the current safety threat.
    - A parent has not followed the guidelines of a safety plan and a new incident has occurred.
    - A safety service provider is not providing the safety service they agreed to provide.
        - If the report indicates that the safety plan is insufficient and there is no immediate or direct impact on the child, consider that this may not be a new allegation of abuse.

- Is this a duplicate report?
    - Same victim
    - Same perpetrator
    - Same time/date
    - Same allegation
        - Then this is not a new incident of abuse.

Outreach to Case Worker by Screener

Screeners must attempt contact with the assigned caseworker via instant message, followed by an email to the assigned worker and their supervisor. Contact must be attempted regardless of the date/time of the receipt of the report and documented at the end of Circumstances domain. The goal of this communication is to ensure details of Circumstances are captured related to the overall family condition and determine if the worker is already aware of the situation.

- If the report is a clear assignment with a 0-2-hour response time, there is no need to wait three hours for a response from the current caseworker. The screener will proceed immediately with the assignment.

- Cases that are determined to be an assignment need to be completed and assigned within three hours of the date/time the report was received. Screeners should allow time for the caseworker to respond with clarifying or additional information before assigning. If caseworkers do not respond within the three hours, complete the report without the caseworker information.

- When the screening decision is undetermined because there is incomplete information, and it is believed the worker may have additional details to help support the screening decision, an extension for the purpose of a worker contact, with supervisor approval, is appropriate. When an extension is granted by a supervisor, this must be documented in Circumstances and include the name of the supervisor and the date/time of the approval.
- An extension must not be used when there is sufficient information to make a screening decision. The report must be completed by the screener within 10 hours of the report receipt.

Understanding History and Data Analytics

The purpose of history review is to the inform the screener as to whether the concerns have been previously reported (a duplicate report), whether the concerns have already been assessed, and to understand patterns and how they relate to current abuse. When the screener clearly identifies present danger during the call, review of history is limited to the verification that the same report is not currently being assessed. Overall, historical information searching in OR-Kids should be limited to when it will be relevant and necessary for current decision making and the reporter doesn't have current information in the domain. If the domain information is unknown by the reporter, and the screener has sufficient information to make a screening decision, no further research is needed as to domains.

- The screener must determine if the new information has already been documented and/or assessed through review of the Prior Involvement tab in OR-Kids.
- If additional information is needed, the screener must review past closed at screening reports and/or the most recent CPS assessment.
- If it is an open case/open CPS assessment, determine if the allegations are currently being assessed or are the basis for the current open case.
- Gather domain information from the most recent assessment if further information is needed to inform the screening decision.
- If the research reveals an "unable to locate" disposition that has not been assessed, the screener must reference that assessment, the date the assessment was completed, and those allegations not able to be assessed in the current report summary.

In summary, historical information searching in OR-Kids should be limited to when it will be relevant and necessary for current decision making and the reporter doesn't have current information in the domain. If the domain information is unknown by the reporter, and the screener has sufficient information to make a screening decision, no further research is needed as to domains.

Examples:

- “OR-Kids review indicates this report has not been reported or assessed. There are four reports in the past two years relating to neglect due to parental substance abuse.”
- “OR-Kids review indicates the information has not been assessed. There is a prior Founded for sexual abuse however due to the recent incident of sexual abuse this new report requires assessment.”

- "History dating back to 2011 relating to mental injury and neglect of Chris. He was placed in foster care from 2013-2015 and then reunified with mother."
- "The current concerns of threat of harm for domestic violence have not been previously assessed. There was a prior report indicating concerns about violence however no indication of power and control or injuries were reported."

Data Analytics

Data Analytics are a tool that provides the screener with the ability to make data-informed screening decisions about whether to assign a report for CPS assessment. Internal research of historical Child Welfare cases in Oregon suggests that the best screening decisions are those that use the information gathered about the family in combination with data analytics to make a screening decision. It is the combination of professional judgement and data that is key. Remember, the screener must consider the information gathered by the reporter, child welfare history, and other supportive information such as criminal history and determine if the criteria to assign are met. Data analytics is one more piece of information that assists the screener.

Oregon's data analytics tool provides the screener with probability scores to assist in decision making. The probability scores are determined by an algorithm that uses historical information (within the preceding 18 months) about the participants in the screening report combined with information entered into the current report. The algorithm compares this data to the historical data (again within the preceding 18 months) for all participants in OR-Kids. Based on similar variables between the participants in the screening report and all others, the algorithm considers the outcomes for the comparison groups and provides a score that indicates the probability of those same outcomes for the current participants.

Each child listed on the current report will receive two probability scores, one for likelihood of being the subject of an assigned report in the next two years and one for likelihood of being placed out of the home in the next two years. The probability scores are displayed to the screener in the form of numerical scores on the Screening Probability Score page in OR-Kids. The scores will range from 1-4:

- 1 means a low likelihood for the outcome to occur.
- 2 means a less-than-average likelihood for the outcome to occur.
- 3 means a higher-than-average likelihood for the outcome to occur.
- 4 means a high likelihood for the outcome to occur.

This table provides the specific chance in percentage of each outcome to occur depending on the score.

Probability Score	Lower Probability		Higher Probability	
	1	2	3	4
Placement Score:	1%	3%	13%	52%
Assignment Score:	7%	25%	51%	74%

There are a few things about data analytics that are important to note. First, the placement scores and the assignment scores mean very different things. The assignment scores are a forecast of likelihood of how Child Welfare will intervene with a family in the future while the placement scores are a forecast of likelihood of whether a child is unsafe and requires placement. It is important to take both into consideration. However, be aware that child welfare assigns reports of abuse for CPS assessment at a much higher rate than the rate at which child welfare places children into foster care. This means that CPS assesses the safety of many children who turn out to be safe and not in need of child welfare intervention. Therefore, since the data analytics tool is based upon child welfare data, it is common for the assignment score to be higher than the placement score. When one of the scores is a high score (3 or 4) and the other is low (1 or 2), it is important to consider which score is high vs. low and use the table on the previous page to understand what that means in terms of risk for the children in the report.

In addition, when considering the scores in reports involving domestic violence, sexual abuse or suicidal behavior, the scores may not be reflective of the seriousness of these circumstances. The probability scores are often lower for allegations involving these circumstances. However, they are lower not because there is no risk to the child but because Child Welfare's intervention on these cases often results in In-Home Safety Planning, making the placement scores on these cases lower. But keep in mind, In-Home Safety Planning occurs when a CPS assessment has concluded the children are unsafe and need Child Welfare intervention to manage their safety.

Lastly, the data analytic scores are for use on reports alleging familial abuse and, therefore, are not considered on reports involving Child Welfare certified foster homes, ODDS certified foster homes, OYA certified foster homes or Child care. These are all a type of Third-party report and decision making does not include data analytics.

Producing the Scores in OR-Kids

The information needed is not based on the screening narrative. The algorithm cannot mine narrative for key words. It can only pull data points from the screening reports. In fact, OR-Kids will not produce the scores unless all the needed data points are entered. The following information must be entered prior to accessing the scores, or OR-Kids will give an error message:

From the Participants tab, retrieve all participant records on to the report.

- Select the Self from the participant list and select the corresponding legal relationships for each participant
- Select the Roles for each participant.
- Select the Reporter type.
- From the Allegation tab, click Insert to add an Allegation row and complete all selections in the row.
- Select the County of Origin.

Accessing the Screening Data Analytic Score in OR-Kids

To view the tool, the screener completes the following steps in the following order:

- Once the required procedural and OR-Kids actions are complete, click the Screening Probability Tool button from any tab. The Screening Probability Score page opens.
- Review the Placement and Assignment score for each child and review the report Probability scores in the lower left-hand corner of the page. These are the scores for the report.
- Select the I have reviewed the Probability Scores checkbox.
- Click Save, click Close.

To access and review the score on the Screening Reports page:

- Click the Decision tab.
- Click the Screening Probability Score (likelihood) hyperlink to review the score for which the date and time is documented next to the Date/Time Score Created
- Remember the current information, once gathered, will be used to determine likelihood, so it is critical to gather and document the information and do so prior to accessing the score.
- If at any point you change the required information (1-6 above), the screener must save and close and repeat steps 1-4 to access the most recent score.

Inter-State Assignment Considerations and Guidance

ORCAH often receives reports regarding children whose “residence” is not clearly understood. Parents may have shared custody or visitation that occurs in both states. Thinking of these situations, asking the questions below can help us better understand Oregon’s role in safety intervention and what characteristics tip the assignment decision point. When we identify an alleged victim as an Oregon Child, an allegation of abuse and perpetrator that is a parent, caregiver, household member or is a person who has access to the child and the parent/caregiver is unable or unwilling to protect, our rule requires an assessment. This is a guide and is not all encompassing or exclusionary.

Questions to assist in decision making:

- Is custody established in Oregon?
    - If custody is established in Oregon and the child lives in Oregon at least half of the time, consider them an Oregon child.

- What does visitation look like?
    - If the child visits a parent/caregiver in Oregon for any significant period of time, and the abuse occurred in Oregon, consider them an Oregon child. Screener shall contact the other state's hotline to make a report, determine their screening decision and collaborate when necessary to ensure sufficient safety decision.
- Does a parent receive Self Sufficiency benefits in Oregon on the behalf of the child?
    - Consider them an Oregon Child.
- Where does the child attend school (if school aged)?
    - If in Oregon, consider them an Oregon Child.
- Who provides primary care for the child? Food, clothing, transportation, making meals, discipline?
    - If that parent/caregiver is doing this in Oregon, consider them an Oregon child.
- Is the physical custodian in another state aware, protective and willing to engage?
    - If yes, they may not be an Oregon Child.
- Is the person who has physical custody able to intervene legally to protect the child?
    - If that person is in Oregon, consider them an Oregon Child.
- If there was a recent change in physical custody or emergency custody order outside of Oregon? What is the plan for the child ongoing?
    - If the plan is to return to Oregon (school, benefits continue) consider them an Oregon Child.
    - If the plan is to stay in the other state, they may not be an Oregon Child.
- Where did the alleged abuse occur?
    - If abuse occurred in another state, contact that hotline to make a report and determine their screening decision. If the other state is assigning, and sufficient child safety decisions are made without further coordination, Oregon does do not need to duplicate the assessment. If a child is unsafe in Oregon, consult with Child Safety Program manager on how to proceed.

Consideration: Consider an extension to understand fully the screening decision of the corresponding state when allegations may be applicable in both states. However, do not delay a screening decision or wait for the other state's screening disposition if not necessary.

Making the Screening Decision

Once the screener has gathered, documented, and reviewed the screening information, the screener assesses the information to determine the screening decision. It is at the point the screener considers the information in the context of the criteria to assign and the criteria to close at screening.

Assignment Criteria: The screener must assign the report for CPS assessment if the information received constitutes a report of abuse as defined in OAR 413-015-0115(1)(a) of a child; and the information indicates:

- The alleged perpetrator is a legal parent of the alleged victim;

- The alleged perpetrator resides in the alleged victim's home;
- The alleged perpetrator may have access to the alleged victim, and the parent or caregiver may not be able or willing to protect the alleged victim; or
- The alleged abuse involves a home certified by OYA.
- The information received constitutes a report of abuse of a child as defined in OAR 413-015-0115(1)(a) or a report of abuse of a child or young adult as defined in OAR 413-015-0115(1)(b); and involves a home certified by Child Welfare or ODDS.
- The screener determines the current report would be the fourth or greater consecutive report closed at screening regarding the same child or household and there is at least one child in the home who is less than five years of age, unless an exception has been approved by the CPS program manager or designee; or
- A tribe, LEA, or OTIS requests assistance from CPS with an investigation of abuse, and a screening supervisor agrees that assistance from CPS is appropriate.

Response Timeline Decision-Making Criteria:

Response timeline refers to the time required for CPS staff to make direct face-to-face contact with the child who is allegedly reported to be in present, impending danger, or who may be abused and not in danger.

Once the screening decision is made, determining the urgency of a CPS Assessment response is the second fundamental safety decision of the screening assessment. The criteria for determining how quickly CPS must respond to a report that is assigned for CPS Assessment is based on the use of safety concepts: present danger and impending danger.

- Within 24 hours response: For reports in which there is identified present danger, the CPS response time will be 24 hours.
- Within 72 hours response: For reports in which there is identified impending danger, the CPS response time will be 72 hours.
- Within 10 business days response: For reports in which there is no in danger identified, the CPS response time will be within 10 business days

Present Danger: Zero (0) to Twenty-Four (24) Hours

Reports identified as associated with present danger contain information that describes dangerous family conditions or situations that are “in process” of occurring at the time of the report. “In process” at screening means that what is being reported is occurring now or will continue to be active before intervention can occur during the next calendar day.

Present danger situations often are obvious because they exist or are occurring at the time of the report; however, a present danger situation must also be considered to remain a danger even if it was actively occurring before the report was received. For screening, this means a present danger situation continues to exist even after it has occurred, if there has been no reconciliation as to the facts about what contributed to and explains the situation and whether or not it has been resolved.

When a report identifies a present danger situation that has already occurred, there may be much that is unknown. The screener should proceed to consider if whatever is reported as the present danger situation could reoccur. As screeners evaluate this information, what must be considered in the analysis is:

- The severity regarding what is known (e.g., injuries, dangerous situations, vulnerable children, access to dangerous people, etc.), in conjunction with:
- What is not known (e.g., something as simple as what has been occurring since the report came in), in relationship to:
- Hypothetical scenarios reasonably possible (not conclusions but reasonable speculation based on reported information).

During screening, the assessment of present danger has to consider if the child will be exposed to the danger, meeting the criteria below, if there is no intervention. The screener must first identify if one of the present danger safety threat exists, then apply the safety threshold criteria. Only when the safety threat is identified as present danger AND the safety threshold apply is an assignment for present danger required. Examples of present danger conditions/situations would include the following:

- Maltreatment
    - Occurring now
    - Multiple injuries
    - Face/head Injuries
    - Serious injury
    - Life threatening living arrangements
    - Unexplained injury
    - Bizarre cruelty
    - Several victims
    - Premeditated
- Child:
    - Unsupervised/alone for long periods of time
    - Needs medical attention
    - Is extremely fearful
- Parent/caregiver:
    - Unable/unwilling to perform parental responsibilities
    - Viewpoint of the child is bizarre
    - Bizarre behaviors
    - Parent described as dangerous
    - Parent Out of control

    - Parent Intoxicated
    - Overtly rejects intervention
- Family/Other:
    - Domestic violence is occurring
    - Family hides child
    - Situation will/may change quickly (accompanied by serious family concerns)
    - Family will flee

The safety threshold citeria for present danger are:

Immediate - The screening response decision is fundamentally about urgency. Immediate means there is no time to waste to ascertain exactly what is happening and whether protective action is required. The point here is that present danger situations can be an incident or can be occurring within a process. At the point of screening, screeners may not know whether the current situation is a one-time occurrence or indicative of a pattern. Regardless, the present danger situation is "in process." The family condition or situation coincides with one of the following:

- Has recently happened: The condition happened, began, or occurred within the past few days, within less than two weeks, and there has been no reconciliation of the facts or change in the circumstance.
- Is happening now: The condition is actively occurring in the present tense.
- Happens all the time: Information leads to the conclusion that the condition is regularly occurring and will likely be active within the same or upcoming days.

Significant - The situation in the report that is, or was, going on causes you to believe that severe harm has, or could, come to the child. Severe harm to a child includes bodily harm, physical injury, lack of necessary supervision, immediate lack of necessary basic needs, terror, or significant pain. In some instances, serious results are already described within a report. In other reports, circumstances are described which causes a reasonable person (such as an average everyday citizen) to recognize how serious this could be for a child if it is allowed to occur or reoccur without intervention.

Clearly observable - This means the report contains describable information consistent with a present danger situation that, if true, reasonably could mean that a child is or could be in jeopardy. One notable consideration at the time of the screening assessment is that the temporary, or uncertain, absence of the dangerous person(s) or situation does not negate the present danger situation. Often, a short amount of time has passed between the present danger situation and the screening contact. If the present danger screening criteria (immediate, significant, clearly observable) are not met, then the screener defers to the 10-business day procedural guidance. If criteria are not met for 10-business day assignment, then impending danger applies

Impending Danger: Within Seventy-Two (72) Hours

Impending danger safety threats are dangerous family conditions that represent situations/circumstances, caregiver behaviors, emotions, attitudes, perceptions, motives, and intentions that place a child in a continuous state of danger. These conditions are out of control in the presence of a vulnerable child and, therefore, are likely to have severe effects on a child at some time in the near future. In order to conclude impending danger at the time of screening, information

must support that the danger is not actively in process of occurring and there is some reason to expect the danger to become active.

At the point of screening, a determination of likely or possible impending danger is reliant upon an understanding of the six domains, in particular, general adult functioning, and parenting practices, and discipline.

There are three impending danger safety threats associated with abuse and circumstances surrounding the abuse:

- The situation is such that a child has serious physical injuries or serious physical symptoms from abuse.
- Because of perception, attitude, or emotion, parent or caregivers cannot, will not, or do not explain a child's injuries or threatening family conditions.
- One or both parent or caregivers has a child out of their care due to abuse or has lost a child due to termination of parental rights.

There are two impending danger threats associated with child functioning:

- The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that results in provoking dangerous reactions in parent or caregivers.
- The situation is such that a child is fearful of the home situation or people within the home.

There are three impending danger safety threats associated with adult functioning:

- One or both parent or caregivers' behavior is violent, and/or they are acting (behaving) dangerously.
- One or both parent or caregivers' behavior is impulsive, or they will not/cannot control their behavior.
- A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety.

There are five impending danger safety threats associated with general parenting and disciplinary practices:

- The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.
- Parent or caregivers' perceptions of a child are extremely negative.
- A situation, attitudes and/or behavior is such that one or both parent or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.
- Parent or caregivers' attitude, behavior, perception result in the refusal and/or failure to meet a child's exceptional needs that affect their safety.
- One or both parent or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse the child and/or request placement.

The safety threshold is the point at which family functioning and associated caregiver performance becomes perilous enough to be perceived as a threat or produces a safety threat. The safety threshold citeria determines impending

danger. The safety threshold is qualified by five criteria. In order for family functioning and associated caregiver performance to be an impending danger safety threat, all criteria must be considered and apply.

Observable refers to the reported family behaviors, conditions or circumstances representing a danger to a child that are specific, real, can be understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

Vulnerable refers to a child who is dependent on others for protection and is exposed to circumstances that they are reportedly or believed to be powerless to manage.

Imminent refers to the belief that dangerous family behaviors, conditions, or circumstances will become active within the next couple of weeks. There is a reported pattern of the condition that leads to a reasonable conclusion that the condition will occur again, and severe harm is possible without intervention.

Out of control refers to dangerous family conditions that could reasonably affect a child and are not known to be restrained or managed without outside intervention. Often, at the point of the screening assessment, the out-of-control nature of danger is implied. If the dangerous condition were being managed by the family, often, the presenting abuse or danger would never have occurred.

Severity refers to the physical, emotional or mental injury that has already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition, or situation that is out of control. The exact impact to the child does not need to be predicted with certainty; instead, the reasonably potential consequences to the child as a result of the condition can be anticipated. Severe harm includes such effects as pain or suffering, serious physical injury, lack of necessary supervision, disability, terror and extreme fear, impairment and death.

No Danger: 10 Business Day Response

The screener must only assign a 10-business day response timeline when:

- The alleged perpetrator is deceased
- It is a report of abuse involving a child currently in foster care disclosing past abuse in their family home and there are no children currently in the care of the alleged perpetrator
- It is a report of abuse involving a child currently in their family home disclosing past abuse in foster care and the foster home is closed and the foster parent does not currently provide care to children (day care, foster care or their own children)
- It is a report of abuse involving a child disclosing past abuse by a parent and:
    - The parent has no current contact with the child; or
    - There are no current concerns and the parent is not an alleged perpetrator on any other reports
- It is a report of a child fatality with no other children in the home

Closed at Screening Criteria

If the screener determines the report is required to be documented (in consultation with supervisor)OR-Kids and not referred the information for CPS assessment, this is a decision to close at screening. When information is closed at screening, it means no additional CPS intervention will occur, and the screening process is complete. All the close at screening criteria must be considered and not in a specified order. Remember only to apply the closed at screening criteria to information that would not be assigned. If any criterion is met, the screener must close at screening.

The screener must close the report at screening when:

- The information describes behaviors, conditions or circumstances that pose a risk to a child but do not meet the definition of abuse.
- The information is a report of abuse, but the alleged perpetrator is a third-party (not a parent or caregiver and does not live in the home with the alleged victim) .
- The screener receives any of the following notifications and the screener determines the information reported would not be assigned:
    - Notification of an expectant mother with no children in the home and the past or current behaviors, conditions or circumstances may endanger a newborn child.
        - When a screener completes a closed at screening related to an expectant mother, consider sending a hospital alert letter.
            - Include information to identify the woman;
            - State that the woman's newborn may be subjected to abuse and in particular threatened harm to a child, which means subjecting to a severe risk of harm to child's health or welfare; and
    - Notification from a caseworker that a child or young adult is identified as a sex trafficking victim.
    - Notification that a child is identified as a substance affected infant and the report does not meet criteria for assignment
- For reports received regarding a child or young adult residing outside of Oregon, the screener must close the report at screening and forward to the appropriate jurisdiction.

Documenting the Screening Decision

When documenting the screening decision, the screener explains in the screening Explain text box in OR-Kids the justification for the decision. When the decision to assign requires supervisory consultation, note this by selecting the “Consulting Supervisor” radio button.

For every report, include the allegation, the alleged victim, the alleged perpetrator and their relationship to the children, and the reasoning for the decision to either assign or close at screening. The justification for the decision should be descriptive yet concise. The justification is not a restatement of the screening summary and should include summarized information about the safety concern and timeline for response. Do not include the present or impending danger safety threat identification nor data analytic scores in any narrative.

Determining Sufficiency of a Screening Report

This section provides guidance surrounding the key components needed to clearly understand the family situation and the reason a report was documented. ORCAH's goals of safety, consistency and customer service are translated through the high-quality documentation each screener narrates. Sufficiency in documentation supports future readers in identifying potential safety issues and managing child safety in the community.

Pre-Documentation

After completing the screening interview, additional information collection and research prepares the screener to adequately inform the future reader. This includes completing required searches (OVERS and OR-Kids history) as well as considering additional searches (eCourt, TRACS, DHR and/or Accurint).

Report Language

How the information is documented matters. Word choice and effort to clarify agency-specific terminology improves the likelihood that the report recipient will understand what is being communicated. Screeners should:

- Be mindful that terminology may impact the reader
- Use non-offensive language
- Use appropriate grammar and punctuation
- Check for spelling, especially names
- Spell out names rather than using acronyms or abbreviations
- Use trauma-informed language
- Use person first language
- Use positively framed information about individuals
- Use names throughout the narrative
- The reporter identity is not implied in narratives

Format

Readers often have limited time to review and internalize the information provided in the screening report. The information needs to be organized in such asa way that the critical details can quickly be gleaned. The report format should meet the following standards:

- Narrative is clear and concise
- The report is easy to read and quickly understood
- Narratives are typed in paragraph form, not bulleted points
- Topics are separated into paragraphs

Sequence

The sequence of information in the report matters in meeting the sufficiency standard. Readers may become confused if they cannot follow the chronological context. Poor sequencing leads to the reader needing to review the report multiple times to identify the salient points.

The sequence can also be thought of as a chronology of events. The report should provide an overview of the current incident as well as what happened before and after, if known. The reader should easily be able to identify what happened when. The flow of the narrative should allow the reader to answer questions they may have as they read through the narrative.

Document Questions Asked and What is Unknown as Well as Known

Many times, what is unknown is as informative as what is known. Screeners collect both through their conversation with the reporter. The reader is alerted to the gaps in a reporter's knowledge when screeners clearly articulate in the narrative that a question was asked, and the reporter had no (or limited) information to provide. If the question is not documented, the reader is left wondering if the screener included that question as part of the screening assessment.

Demographics

The demographic information helps to set the stage for the report narrative, defining who is involved, and provides a description of the participants and information about their current location. Demographics include:

- Each member of the household
- Relationships of the participants to one another (including specific details about who is a legal parent if known)
- Roles each participant fills in this report (e.g. Case Name, Alleged Victim, etc.)
- Contact information for the participants, including address and phone number
- Details about any parenting plan or visitation schedule
- Relevant scheduling information to explain participant location (e.g. work schedules, school schedules, daycare information, etc.)
- Preferred language for each participant as well as information about participants' cultural and ethnic heritage
- Notation of each child participant's age
- Current location of each child alleged victim

Extent

The Extent narrative provides the synopsis of the behaviors, conditions or circumstances that result in the requirement to document concerns or allegations of abuse of a child. The narrative in the Extent domain should answer the questions of who, what, where, when and how. The reader should be clear about any injuries a child victim sustained as well as if those injuries are still present at the time of report. Any alleged victims and perpetrators should be clearly named for easy identification. If a child victim made a disclosure regarding the abuse, that would be included in the Extent domain. The narrative should include discussion of how the incident or ongoing conditions negatively impact or could reasonably impact the child victim(s).

Include Information Relevant to Context of Report

The context is critical to ensure the reader understands the whole story. The context for the abuse concern or allegation is mostly captured in the Circumstances narrative. However, additional context is documented in other narratives as well. The context provides a snapshot of the family or household. It prepares the reader, providing clues about how to approach the participants if they will be interviewing anyone involved. The screener can expand on the context by providing clear detail about what the reporter said, including quotations where appropriate. The context helps to answer the reader's questions as they move through the report, clarifying patterns of behavior and connections between the participants. It also ensures clarity about why allegations were or were not included and why timelines on assigned reports were selected.

Circumstances

The Circumstances domain should be clearly differentiated from the Extent. The Circumstances narrative provides context to better understand the information in the Extent domain. This narrative should answer the question 'why?' The Circumstances domain may include a variety of detail depending on the knowledge of the reporter and what information is needed to better explain the Extent. These details may include:

- Events that led up to the reported concern
- What happened at the conclusion of an incident, or what has happened since?
- Descriptions of family dynamics
- Discussion of power and control issues
- Prior incidents and history
- Relevant criminal history (i.e. information from eCourt)
- Identifying patterns of behavior (has this happened in the past?)
- Frequency of events or behaviors if patterns are identified
- Previous concerns observed by the reporter
- Adult functioning
- Other adult vulnerabilities
- Behavioral descriptors of adult and child behaviors
- Triggers – for the alleged perpetrator(s) or alleged victim(s)
- Any support systems available to the parents or caregivers
- Parents' or caregivers' protectiveness and response to abuse, current or historic
- Parenting Practices in general
- Disciplinary Practices

- Discussion of level of access by the alleged perpetrator(s) to the alleged victim(s)
- Description of child functioning
- Vulnerabilities of the child(ren)
- Information provided by the current caseworker for reports on open cases or open assessments

The screener must determine when additional information is needed from the other four domains: Child functioning, Adult Functioning, Parenting Practices and Disciplinary Practices. While these domains are not required on every screening report or for every participant, the screener should ask themselves whether information from one or more of these domains about one or more of the participants is needed for sufficient information collection and documentation. This information, when needed, can be documented in the circumstances section and therefore is included in this list.

Child Welfare History

When children and families have prior Child Welfare involvement, the case record in OR-Kids provides helpful information to further understand family dynamics.

If there were recent instances of similar types of abuse, that history can provide information as to the pattern and progress of the family condition and can relate the information collected and documented to the six domains. Having access to that history and knowledge will help screeners to conduct the screening interview. For the purpose of screening, however, the screener will review and analyze history to determine patterns of behavior. The Child Welfare History review is included as a sub-section of the Circumstances narrative.

- The screener will determine if the new information has already been documented and/or assessed through review of the Prior Involvement tab in OR-Kids.
- If additional information is needed, the screener will review past closed at screening reports and/or the most recent CPS assessment.
- If it is an open case/open CPS assessment, determine if the allegations are currently being assessed or are the basis for the current open case.
- Gather domain information from the most recent assessment if further information is needed to inform the screening decision.
- If the research reveals an "unable to locate" disposition that has not been assessed, the screener must reference that assessment, the date the assessment was completed, and those allegations not able to be assessed in the current report summary.
- The summary should describe the outcomes of relevant reports (i.e. Founded or Unfounded), who were the alleged perpetrators and victims in related reports and a description of how the reports relate to the reporter information for the current incident or circumstances.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act is a restorative act intended to address historic efforts to separate native children from their families and communities. Child Welfare has a responsibility to gather and document family heritage for American

Indian and Alaskan Native people. The reader should clearly understand if the reporter knew of such heritage for the participants when the screening interview was conducted. Additionally, the screener should document any notification Child Welfare previously received about such heritage. This information is located through a search of OR-Kids: reviewing previous Screening Reports, the File Cabinet for form 1270 and the Tribal Contact Search page where applicable. The screener should assist the reader by documenting whether the child or family may have heritage, whether a tribe is named, and if DHS has previous knowledge of ancestry.

Screening Decision

The screening decision not a restatement of the Extent. The reader should clearly understand who the identified alleged perpetrators and victims are based on what is included in the screening decision. The screening decision includes a concise explanation of how the screener reached their conclusion. It should describe how the report meets the standard for the allegations selected (or does not meet that standard in the case of closed at screening reports). It should also support the selection of contact timelines when a report meets requirements for assessment.

Reporter Information

Reporter information is essential to understanding the context of the report for those readers provided with the reporter information. The narrative must include:

- The reporter connection or relationship to the participants
- Reporter contact information
- The reporter's last known contact with the child(ren)
- How the reporter became aware of the information (i.e. personal observation or report from a 3rd party)
- The reporter's motivation for calling the day they are reporting (e.g. calling because they are a mandated reporter, because they are concerned for the child, or for another reason)

Post-Report Documentation

After reviewing the report details, the reader should be clear who else was alerted to the report concerns or allegations. The notifications to law enforcement and other agencies should be clearly called out. The reader should be alerted to notification to current caseworkers and their supervisors for reports on open cases or assessments. Lastly, the readers should be notified of special considerations such as worker safety concerns, need for interpreters, possible sex trafficking or other circumstances that would require a case to be sensitized.

Final Notes

The Screening Report is a complex document, requiring a high level of skill to sufficiently capture information gathered from the reporter and through research of historical documents. Screeners can greatly enhance the abilities of Child Protective Services workers, law enforcement and other community members who monitor and maintain child safety by following the sufficiency standards noted in this document. The future reader benefits greatly from how information is captured in the screening report. Meeting the sufficiency standard is one of the ways the Oregon Child Abuse Hotline provides safety, consistency and customer service to reporters and families in Oregon.

Consultation with the Screening Supervisor

Screeners must consult with a screening supervisor when, after considering all the information, it is unclear whether the criteria to assign or close at screening apply, including when it is unclear if there is a report of abuse. Screeners must also consult with a screening supervisor when the information does not meet the criteria to assign or close at screening and the screener determines the information should be deleted because it is not related to abuse, safety or risk factors associated with abuse. Any report of a child fatality must be staffed with a supervisor, as well as any report involving a DHS or OYA employee.

Documentation of the consultation occurs when the screener utilizes the "Consultation Made with Supervisor" radio box on the Decision tab of the 307A and enters the name of the supervisor.

Screening Extension

A screening supervisor may grant a one-time extension to the deadline described above, not to exceed 24 hours from the date and time the report was received. An extension is used only when there is insufficient information to determine a screening decision. When enough information exists to conclude a decision, an extension is not needed and should not be attempted.

Screeners should balance the information collected from reporters with the need to contact collateral sources. If the reporter has provided enough information to make a screening decision, there is no need for screeners to make additional collateral contacts, and they should conclude their screening processes without doing so. At the time collateral information is received, a screening decision must be made.

The screener must document in the Extension text box the date and time the collateral information was received. When information is not received within the allowed timeline of 24 hours, a screening decision is still required.

Supervisor Review of Closed at Screening Reports

For all reports submitted for Closed at Screening, the screening supervisor or designee must review the screening report within 24 hours from the date and time the report was received by the Oregon Child Abuse Hotline. The supervisor must ensure the following information is included and considered:

- Has reporter been notified of screening decision?
- Are all participants included? This would include all household members, legal parents, alleged victims, and alleged perpetrators.
- Does the address entered in ORKIDS match what is in the narrative?
- Is the narrative clear, concise, accurate and grammatically correct?
- Is sufficient information gathered across applicable domains?
- Are appropriate collaterals used? Do the allegations coincide with the description in the narrative?
- Review the data analytic scores.
- Does the screening decision include the following: Alleged victim, alleged perpetrator, e abuse type, and clearly

describes the screening decision?

- If an open case, is it documented that email notification was sent to the worker and supervisor? Any other relevant participants?
- Have all required notifications been documented?
- Verify the Cross-Report Notification box on the Decision tab reflects the date/time/method/jurisdiction of the notification.

If all the above criteria are met, then the screening supervisor must approve the screening report. When additional information is necessary, clarification required, or coaching needed, the supervisor will communicate feedback to the screener.

Documentation Requirements

Basic demographic information that was collected must be accurately documented in OR-Kids. This information will support the screener in decision-making and will be transition to CPS staff upon report assignment. Screeners document the following detailed client information.

Basic Demographics:

Basic child/individual demographics will be documented in OR-Kids. This information includes the following:

- Name and age of alleged victim;
- Name and age of all children living in the household;
- Names of the parents, caregivers, or guardians;
- Name of the alleged perpetrator(s) and their relationship to the child;
- Address and current whereabouts of all of the above persons, as well as information about how to locate the child, the parent/caregiver, and the alleged perpetrator(s); and
- Any additional relevant information about family members or contacts.

Primary Language:

Language spoken by the child/family served and that they use to convey and understand information. The screener must document the following in OR-Kids:

- Limited English proficient status for any family member that is unable to fully understand English, either spoken or written.
- The primary language of each family member.

Race and Ethnicity:

The screener must document the race and ethnicity of the child/family. Screeners must also document Hispanic origin, if known. The screener will indicate that the client is of Hispanic origin if the client is a Mexican, Puerto Rican, Cuban,

Central or South American person, or person of other Spanish cultural origin regardless of race.

- Screener must document "Unable to determine" in OR-Kids if the reporter is unable or unwilling to identify the child's Hispanic origin. The responses will be documented accurately in OR-Kids.
- Screeners must document Native American or Alaskan Native ancestry, if the screener knows or has reason to believe or know that the child is an Indian child.

Relationship:

The screener must document the relationship of every participant as they relate to one another.

Whereabouts:

The screener must document the whereabouts of every identified family member.

- Where the child is currently located.

Military Status:

The screener will document the military status of family members if this information is known by the reporter.

Reporter Information:

Reporter information including contact information, relationship to the family of concern, motivation and date of last contact with the child.

Extent and Circumstances:

Description of the extent and circumstances of the report.

Creating the Screening Report and Determining Participants

Screeners must complete the following activities when creating a screening report form in OR-Kids on a new or existing case.

- Determine if there is a basis for creating a record or adding to an existing record on an individual. There is a basis if the screener needs to:
  - Document a report of abuse. This includes reports of abuse that must be closed at screening and reports that must be referred for CPS assessment.
  - Document reports that meet the other criteria to close at screening.
  - Document a request for family support services. This includes requests for:
    - Placement;
    - Independent Living Programs;
    - Post Legal Adoption and Post Guardianship Services; or
    - Voluntary Services.
- Search OR-Kids for every identified child, young adult, parent, caregiver, and household member to determine

if a record already exists. Include the following individuals:

- Record case participant names that include the child or children, young adult, persons who have a legally recognized parental relationship or guardianship of each child, the alleged perpetrator or perpetrators, and related or unrelated individuals that live in the household as part of the family unit.
- The screener must include immediate family members of each child, even if they are not members of the household. Immediate family members of each child include their parent/caregivers and siblings.
- Adult siblings residing outside the home are not required participants unless they fit one of the criteria above.
- Case participants do not include individuals who live on the property or have their own entrance if these individuals do not have a role in the family or do not have open access to the part of the home where the family resides.
- Participants must not include individuals who are deceased, unless they are the alleged perpetrator or the alleged victim.
- Use of names should be as follows:
    - Legal names should be used for all case participants, and all known aliases should be documented.
    - Participants should not be created for individuals whose names are not known, such as "Unknown Father." However, an unborn child may be created as a participant using "Unborn" as the first name, when inclusion of the unborn child is vital for recording case information, such as a closed at screening. An unborn child must not be created if there is another child residing in the home. Once known, "Unborn" should be replaced with the child's name.
    - A child placed for adoption retains their birth name until the adoption is finalized.

Through the review of the participants, the screener must determine if a Child Welfare case exists or if a new case should be created. A thorough search will decrease the likelihood of a duplicate report or case and ultimately ensure any individual history that could pose a risk to a child is reviewed and analyzed.

Screeners must utilize the case naming tree to make decisions about whether an existing or new case should be used. This tool is a guide for consistency, and not every family situation will fall within the tool parameters. Screeners must review information from the reporter, searches within DHR, self-sufficiency records, DMV, OVERS and Accurint to determine the primary residence of the child. The screener should consider:

- If the child is a participant on an open assessment or case and there are plans/services open for the child, consider this the case name for the new report.
- If the child is a participant on more than one case, determine which case has the current open legal plan or services.
- Consult with the assigned caseworker
- In situations where it is unclear the screener will consult with their supervisor and utilize professional discretion.

Unidentified Family

In some situations, the reporter and the screener may not be able to identify the child, young adult, or family who is the subject of the report. When an address or location is known, and the information meets the criteria to assign, the report must be assigned.

- The screener must create a PDF of their incomplete 307A and attach it to an assignment email to the office with jurisdiction. The subject line must include "CPS 24-hour response: unknown family."
- When the identifying information is learned through the CPS contact, CPS must communicate identifying information in an email to the screener and screening supervisor to include the date of the report and the screening report number as reference.
- If no response is received by CPS after 2 business days, the screener must email the CPS supervisor to request the identifying information and cc: the screening supervisor and CPS worker if known.

Child or Young Adult as the Case Name

There may be instances when the use of the parent or caregiver name is not appropriate, and the use of the child's name is required. Screeners should use the following guidance in the use of the child's name for case name in the following situations:

- Both legal parent/caregivers are unknown (i.e., an abandoned child);
- The minor has been legally emancipated by marriage or the court in accordance with ORS 419B.550 to 419B.558;
- A former foster child requests Independent Living Program services and is 18 years old or older;
- A child is the parent/caregiver of an alleged victim (minor parent/caregiver);
- There is dissolution of a legally finalized adoption, and the adoptive parent/caregivers are no longer legal parent/caregivers to the child; or
- Parental rights on both parents have been terminated and released.

Reports of Abuse Involving a Home Certified by the State or a Child Care

Screeners document reports of abuse involving certified foster homes, including homes certified by Child Welfare, ODDS or OYA (including relative caregivers) and Child care settings.

Screeners must complete the following activities when creating a screening report form in OR-Kids on a new or existing provider/facility.

- Accept the report, gather information, and immediately document the information in the OR-Kids screening summary within a new screening report form.
- Determine if there are substitute care and familial allegations.
    - When the foster provider or child care provider has their own children, consider whether a companion report should be created to capture familial allegations. Any familial allegation must only be captured

on the familial report.

  - Children of the foster provider or child care provider must not be retrieved as participants on the foster care report or the child care report.
  - When no familial allegations exist for the provider's own children, no companion report should be created.

- Documentation in the narrative should also include each child's caseworker's name (as applicable), the name of the certifier, as well as the certification supervisor.
- The child or young adult's current whereabouts and contact information.
- For household settings, case participants should also include:
  - The providers; and
  - Other foster children;
  - The alleged perpetrator(s); and
  - Related or unrelated adults that live in the household as part of the family unit; and
  - Alleged victims that do not reside in the home but are cared for in the home environment. This does not include all children who attend the facility, only those who are alleged to be victims.
- If it is not a household setting, case participants include:
  - The providers(s)
  - The alleged perpetrator(s) and;
  - The alleged victims.

Assigning Reports to the Local Office

Once a decision has been made to assign a report, the screener must determine the correct local office to refer the report. Tools such as DHR, reporter information, history, TRACS, ACCURINT, and GIS assist with this determination. The screener must refer all reports to a local Child Welfare office as follows:

- The county within the address where the alleged victim resides, is responsible for completing the CPS assessment.
- When the alleged abuse occurred in a foster home or day care, the screener must assign to the address where the alleged abuse occurred, and that local office is responsible for completing the CPS assessment.
- If the parent of a child in DHS custody is placed in a residential treatment facility and the parent has a new baby, the county with the open case must assess and plan for that new baby with the assistance of the county in which the residential treatment program is located.
- Any exception to the above must be made in consultation with the Child Welfare program manager in the affected local office.

Assignment Notification

When a Present Danger report is an urgent child safety issue that requires immediate attention (life-threatening immediate needs of the child or when law enforcement is requesting immediate support due to the urgent needs of the child) by a CPS worker please following these instructions:

- During business hours 8am to 5 pm Monday through Friday, instant message a CPS supervisor for the local office/district and/or
- Call a CPS supervisor for the local office/district
- For afterhours notifications contact on call/after-hours number

Assignment notification takes place via email notification to the DHS-CW-CPS group in the county or district located in GIS and includes PDF copies of the 307A and Cross Report Cover Sheet. The Subject line of the email is uniform and references the CPS case, the timeline for response, and the case number (CPS, 72 hr. response, #123456). In the case of a Family Support Services request, the Subject line must indicate FSS and the case number and include the PDF copy of the report.

When there are special circumstances for the local office to be aware of, these must also be noted in the Subject line. These include:

- OHC: Out of home (or substitute care) assessment
- ICWA: When the Indian Child Welfare Act may apply.
- Sensitive: If the report involves a participant or situation that requires sensitivity.
- Worker Safety Issue: When the information provided indicates there may be a concern related to weapons, prior threats by a participant toward DHS representatives, dangerous animals, etc.

Chapter 2
Screening

Section 4: Cross Reporting

Cross Reporting to Law Enforcement

Child Welfare and law enforcement agencies are required to notify one another when a report of abuse is received. This process is called cross reporting, and the notification is called a cross report. Law enforcement agency requirements regarding cross reporting to Child Welfare and the time frames associated are found in OAR 413-015-0300 through 0310.

The screener must identify the law enforcement agency as the reporter and complete the screening process on cross reported information from the law enforcement agency in the same way all other reports are processed and will determine Child Welfare response.

The following procedure explains required information for Child Welfare cross reports and the required time frames for completing cross reports. Oregon Child Abuse Hotline staff are responsible for making the cross report.

Decision making regarding cross reporting to specific law enforcement agencies will occur utilizing the following guidance:

- Cross report to a law enforcement agency in the county where the alleged abuse occurred, unless the county where the alleged abuse occurred is unknown;
- Cross report to the law enforcement agency in the county where the alleged victim resides. If the county where the alleged victim resides is unknown;
- Cross report to the law enforcement agency in the county where the reporter contacted the alleged victim or the alleged perpetrator.

Information to Include

Oregon Child Abuse Hotline staff must take the following steps to fulfill cross reporting requirements to law enforcement agencies.

The cross report must include the following information:

- The name of and contact information for the confidential reporter;
- The names, ages, and addresses of the child;
- The names and addresses of the child's parent or caregiver;
- The circumstances surrounding the abuse and extent of the abuse, any evidence of previous abuse, the explanation given for the abuse, and where the abuse occurred;
- The identity and whereabouts of the alleged perpetrator;
- Any other information provided by the person making the report that would be helpful in establishing the cause of the abuse and the identity and whereabouts of the alleged perpetrator.

Timelines

Timelines for Cross Reporting: The Oregon Child Abuse Hotline staff must cross report to a law enforcement agency

immediately when the screener determines that a report of alleged abuse requires a "within 24 hours" response by Child Welfare. This includes, but is not limited to, any reports of:

- Moderate to severe physical abuse;
- Visible injuries to a child;
- Sexual abuse; or
- Suspicious or unexpected death of a child.

Cross reports must occur in one of the following ways:

- Electronic transmission (e.g., fax, email);
- Hand delivery of the report to the law enforcement agency; or
- Verbal cross report: When a cross report is verbal, and Child Welfare and law enforcement do not respond to the report of abuse together, a completed screening report will be sent to the law enforcement agency by either electronic transmission or hand delivery.

All other reports of abuse, including reports assigned for CPS assessment and closed at screening, must be cross reported no later than 12 hours from the date and time the report was received, unless an extension was approved by a supervisor.

Cover Sheet

Cover Sheet Utilization: In order for a law enforcement agency to quickly and easily prioritize reports and respond accordingly, all written cross reports from Child Welfare must include cover sheet. The following information must be included on the cover sheet:

- Date and time the cross report is made;
- How the cross report is made;
- Whether additional cross reports occurred, and if so, to which agencies;
- Name and number of the screener or designee making the cross report;
- If the report was assigned or not assigned;
- Cross reporting time frame;
- Whether the report is an original or follow up cross report; and
- Date of the original cross report, if it is a follow-up cross report.

Cross Reporting Supplemental Information

Cross Reporting Supplemental Information: Screeners may receive information not previously cross reported but related to a report of abuse involving the same victim and the same alleged perpetrator previously cross reported.

If the information relates to the same incident of abuse, Oregon Child Abuse Hotline staff must make a supplemental cross report of the additional information to each law enforcement agency that received the prior cross report. Supplemental information determined to be critical, given the information in the original report, will be cross reported immediately. All other supplemental information must be cross reported within a time frame that ensures the receipt of the information no later than 10 days after the information was received.

Documentation and Verification Requirements

Documentation and Verification Requirements: Oregon Child Abuse Hotline staff cross reports a report of abuse on the same day the report is received. Oregon Child Abuse Hotline staff must document in OR-Kids the following information:

- The date the cross report is made to law enforcement;
- To which law enforcement agency, the cross report is made; and
- The method of the cross report.

Copies of the cover sheet for the cross report must be maintained in the case record. If there is no case record, the information is only documented in the OR-Kids screening report form 307A.

If the cross report is faxed, Oregon Child Abuse Hotline staff must attach the fax transmittal sheet to each cover sheet and add to the electronic file.

External Notification Requirements

The Oregon Child Abuse Hotline staff must complete the following external notifications:

Law Enforcement;

- When information is received from a caseworker that a child or young adult on an open CPS assessment or a child or young adult on an open Child Welfare case is identified as a sex trafficking victim.
- Immediately when information gathered indicates a current suspicious physical Injury.
- Immediately when a crime is suspected to have occurred even if unrelated to a report of abuse:
    - To a child or young adult living in a home certified by Child Welfare, ODDS, or OYA; or
    - At a home certified by Child Welfare, ODDS, or OYA.

Office of Developmental Disabilities Services (ODDS);

- The screener must notify ODDS when a report involves a home certified by ODDS or a child or young adult is receiving services from ODDS.

Indian Tribes;

- The screener must notify the tribe when the screener knows or has reason to know that the child is an Indian child. A copy of the report must be sent to the tribe within 24 hours of completion of the screening report and after information related to the reporter's identity is removed.

The Reporter;

- Diligent efforts must be made to contact the reporter if contact information was provided:
  - When a screener determines a report will be assigned, the screener must notify the reporter that efforts will be made by the CPS worker to inform the reporter at a later date if contact with the alleged victim was made, if abuse occurred, and if services will be provided.
  - When a screener determines a report will be closed at screening, the screener must notify the reporter of the following:
    - Contact with the alleged victim will not be made;
    - An abuse determination will not be made; and
    - Whether services will be provided.

Community Mental Health Program, Community Developmental Disabilities Program, or Adult Protective Services;

- The screener must make a report to the Community Mental Health Program, Community Developmental Disabilities Program, or the local Adult Protective Service office when the screener has reasonable cause to believe:
  - That any person 18 years of age or older with a mental illness, a developmental disability, or a physical disability, or any person 65 years of age or older, with whom the screener comes into contact has suffered abuse; or
  - That any person with whom the screener comes into contact has abused a person 18 years of age or older with a mental illness, developmental disability, or physical disability, or any person 65 years of age or older.

Oregon Youth Authority Professional Standards (PSO);

- Communication via a confidential copy of the 307A is needed when there is a concern or allegation of abuse in an OYA facility (such as Maclaren Correctional Program). PSO is tasked with receiving, recording, tracking, and referring to the appropriate entity youth safety complaints made against the agency or its employees.

Chapter 2
Screening

Section 5: Special Circumstances at Screening

Indian Child Welfare Act (ICWA) and the Role of the Screener

Screeners play a vital role in identifying tribal children and families to ensure they are protected under the Indian Child Welfare Act (ICWA). In 1978 Congress passed the Indian Child Welfare Act based on "an alarmingly high percentage of Indian families being broken through removal, often unwarranted, of tribal children." Court systems and child welfare departments who contributed to the removals then placed tribal children in non-Indian foster homes and institutions away from tribal communities. ICWA serves as an opportunity to keep tribal kids safe, remain in their community, and stay connected to culture. ICWA also:

- Affords tribes rights and opportunities to be involved and determine the future of their tribal children
- Establishes minimum standards applied in state child custody proceedings i.e. tribal placement preferences, active efforts
- Acknowledges and integrates tribal social and cultural practices/customs when working with tribal children and families

As a screener, every call could be an opportunity to collect critical information that helps our DHS caseworkers connect a child and family to their tribe where the Indian Child Welfare Act can come into play. When ICWA is activated the probability of keeping tribal families together, in their community, and connected to culture increases. It is through the efforts of the screener, ICWA can be upheld and fulfill its purpose, preserve and protect tribal children and families. Below is the process on how screeners can ensure this happens.

Inquiry & Engagement

One of the most critical first steps is to inquire whether the child is an Indian child that includes asking about both biological parents of the child as well as the biological relatives. If the reporter identifies the child has Native/ tribal ancestry and can confirm membership or enrollment or are eligible for membership this information must be documented in the 307A.

Determining if ICWA applies begins by asking about Native Ancestry

- Do you know if the family has American Indian/Alaskan Native ancestry?
- Do you know if the family has Native American ancestry?
- Do you know if the family is Tribally affiliated?

If a family or reporter asks why we are requesting ancestry information;

- **Response** – If eligible, ICWA helps protects from unwarranted removals that emphasizes keeping children in their tribal community and connected to their tribal culture. ICWA also provides the opportunity for tribal nations to be involved

If family or reporter indicates the child or family has affiliation but not member/enrolled or eligible; (*Note in OR-Kids 307A the potential eligibility for tribal enrollment and name of the tribe)*

- **Response** –ORCAH will complete a notification to the named tribe.
- Native American and Alaska Native must be researched within OR-Kids when the family has a prior case.

- Seeking information under the Legal tab and Case File tab will alert the screener to whether a form 1270 was completed and if there was a tribal search conducted.
- When a tribal search has been formerly conducted, the results could indicate No tribal affiliation or Yes to enrollment. In either scenario, a new notification to a named tribe must be made at screening, even when the tribe previously indicated No tribal enrollment.
    - Enrollment eligibility can change and therefore any new report received at ORCAH requires a new notification.

Documentation

The screener must document within the 307A the response of the reporter and the results of the OR-Kids search.

Use of OR-Kids Radio Buttons

The screener must select one of three radio buttons within the 307A after making inquiry of the reporter and searching within OR-Kids.

The screener will indicate YES when:

- The reporter identifies Native American/Alaskan Native ancestry and names a tribe, or
- When a previous ICWA 1270 form was completed which named a tribe, regardless of whether a search was conducted
- If a search was conducted previously and the tribe indicated the child wasn't eligible for enrollment at that time

The screener will indicate UNKNOWN when:

- The reporter isn't aware of tribal history and there is no information known from OR-Kids.

A selection of NO will not be made, as heritage may not be known to the reporter or through a search of OR-Kids.

Notification to Tribes

If the screener receives information that the child may be an Indian child, and the tribe(s) is named, ORCAH staff must send a copy of the confidential screening report to the tribe(s) within 24 hours after the screening decision is complete. ORCAH staff will locate tribal information within the ORCAH OWL site under Required Notifications.

Screeners and screening supervisors must refer to the ICWA protocol located on the ORCAH OWL site when determining whether DHS Child Welfare is responsible for the assessment of an allegation. Burns Paiute Tribe (BPT) and Confederated Tribes of Warm Springs (CTWS) have exclusive jurisdiction over Tribal families that are domiciled on their lands (they live on the reservation). DHS CW does not have automatic authority or jurisdiction to assess abuse if the family is domiciled on the reservation. DHS CW may gain authorization to assess a family on BPT or CTWS reservation if the tribe provides authority and permission.

When a report is assigned to CPS for assessment the screener must include in the Subject line of the email notification "ICWA" to alert the local office of a possible or confirmed ICWA case.

Sensitive Case Records and Conflicts of Interest

When information in a case record is determined to be a sensitive issue or requires sensitizing, access to information in OR-Kids must be restricted.

Examples of cases that may require sensitizing and/or result in a conflict of interest include the following:

- Reporters related to individuals who have a significant relationship with Child Welfare (employees, administrators, elected officials, community partners, etc.).
- Reports about DHS (Child Welfare, Self-Sufficiency, Aging and People with Disabilities, Vocational Rehab, Developmental Disabilities) or ORCAH employees.
- Reports involving a family personally known by or related to a screener.
- Cases that may draw intensive media scrutiny.

In addition, the screener and supervisor must complete a Sensitive Issue Report (CF 150) when a DHS employee is involved in misconduct, there may be media attention, or for other reasons related to conflict of interest.

When the report involves an ORCAH employee or a family personally known or related to the screener, the screener should ask the reporter to be placed on hold, and supervisory consultation should occur. Reports involving ORCAH employees may only be screened by an ORCAH supervisor. The screening decision must be made by the Child Safety Program Manager. If report is regarding a DHS employee, the screener should handle this information with sensitivity and staff with a supervisor.

- In OR-Kids, the employee's existing "Worker" ID number should be retrieved as a participant. The ID can be located in Search function in OR-Kids. This will automatically code the report as sensitive in OR-Kids.
- Reports about DHS employees require screening supervisor consultation. If the report results in an assignment it requires branch notification/staffing using the sensitive employee assignment list (SEAL) which is accessed through the ORCAH Sensitive Cases Protocol.

Child Fatality

Screeners play an important role in ensuring that Child Welfare complies with federal and state laws and regulations pertaining to the reporting of child fatalities.

To support screeners in this process, screeners must consult with a screening supervisor on every report of a child fatality. The purpose for consultation is to ensure screeners are supported through secondary trauma, to ensure communication with the local office is managed with sensitivity, and to determine next steps for documentation and notification. The Screening Fatality Protocol must be consulted when a report of a child fatality is received at ORCAH.

A screening report is required when:

- A report of a child fatality is alleged to be the result of abuse.
- When a fatality occurs on an open CPS assessment or open case and there is no allegation of abuse.
- When a family is known to the agency because the deceased child, their sibling, or a member of the deceased

child's household was named on a previous report, regardless of the date or outcome of the prior report.

- Allegations are identified for the surviving siblings or other children in the household.

A report must be assigned to CPS when the child fatality is alleged to be the result of abuse.

When the screener determines the report meets the criteria to assign for CPS assessment, the screener must:

- Assign the report in the county where the deceased child resided except as described in sub paragraph (c) of this paragraph.
- When a fatality occurs in a county other than where the child resided, a CPS worker may be assigned in the county where the death occurred to assist with the CPS assessment and participate in the fatality staffing. This CPS worker will act as a liaison between the CPS worker in the county where the child resided and local agencies in the county where the child died.
- When a fatality occurs in a substitute care setting, the report must be assigned in the county where the child was in substitute care.

When information does not meet the criteria to close at screening and the information is not the responsibility of OTIS, then the information must not be documented in OR-Kids.

When a report of a child fatality is received, specific notifications are required. The ORCAH supervisor must complete the Sensitive Child Welfare Issue Report immediately, regardless of whether the report is closed at screening or assigned for assessment.

Domestic Violence

Screeners must screen for domestic violence in all reports of abuse and not just those in which domestic violence is the presenting issue.

Screeners must review the information presented for issues of power and control, isolation, intimidation, threats of homicide or suicide, stalking, weapons, violence increasing in frequency or severity, as well as other types of abuse.

Children are vulnerable in domestic violence cases in a variety of ways including but not limited to:

- Being held;
- Being unable to leave the situation;
- Intervening to protect the alleged adult victim;
- Being threatened and terrorized; and
- Experiencing symptoms of trauma.

In determining assignment for CPS assessment, the screener does not look just at whether or not the child "witnessed" or was in the same room as the domestic violence.

The fact that the child was in the same room may increase the likelihood of negative consequences for the child, but a review of all the factors and the child's overall exposure to the violence is necessary.

The alleged batterer may be in jail or may have a current no-contact order. That might provide immediate safety but does not guarantee safety in the future. No-contact orders may be lifted or short-term. Batterers frequently are released from jail after a short stay.

Questions to ask reporters about access may include:

- Is the alleged perpetrator a legal parent/caregiver?
- Will the alleged perpetrator have continued access to the child?
- What safety plan does the non-offending parent/caregiver have in place?

A report involving children who are exposed to domestic violence should be assigned for CPS assessment if the report alleges that the domestic violence is current or that the alleged perpetrator has a history of domestic violence and that:

- The child has been injured or is likely to be injured during the violence (e.g., being held during violence, physically restrained from leaving, child is intervening, etc.);
- The alleged perpetrator does not allow the non-offending parent/caregiver or children access to basic needs that affect their health or safety;
- The alleged perpetrator has killed, severely harmed, or is making a believable threat to do so to anyone in the family, including extended family members and pets;
- The child's ability to function on a daily basis is substantially impaired;
- Weapons were used or threatened to be used;
- The alleged perpetrator has made believable threats of kidnapping, hostage taking, suicide or homicide; or
- The violence resulted in serious injury to the non-offending parent/caregiver (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting or severe malnourishment).

Other factors to consider in conjunction with the above include:

- Victims are isolated with little support.
- Violence is increasing in either frequency or severity.
- There is interaction with other risk factors including substance abuse or mental illness.
- Previous referrals to child protective services or LEA with the same or other child or adult victims.
- Previous convictions for crimes against persons or serious drug offenses.
- Stalking behaviors.
- Violations of restraining orders.
- Lack of other community responses or resources.

Substance Affected Infant

The Comprehensive Addiction and Recovery Act of 2016 (CARA), added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA) to focus on the impacts of substance misuse on infants and their families.

The purpose is for early identification and intervention by providing support and services to families needing help with substance use disorders.

Specifically, the law requires:

- Health care providers to notify Child Welfare when an infant is born affected by substances.
- Plans of care to be developed for such infants to address the health and substance use disorder treatment needs of the infant and the infant' s family.
- Service referrals to be made for any services identified in the plan of care.

In addition to the information typically gathered at screening, the screener should ask questions specific to substance use when the reporter identifies an infant exposed to or affected by substances, or a report of an expectant mother using substances. It is critical that reporters provide as much information regarding concerning issues/behaviors, risk factors, or positive supports that were observed during the interaction with the family.

When a reporter identifies a substance exposed or substance affected infant, in addition to the information typically gathered at screening, the screener should ask questions specific to substance use and infant care that include the following:

- The nature and extent of the effects of substance exposure on the infant, if any.
- The infant's medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge, specific medical procedures, medication, specialized equipment, or the need for more frequent monitoring.
- Whether and when the infant's mother had prenatal care.
- The name of the infant and the mother's health care provider.
- The nature and extent of the mother's current drug or alcohol use and that of the father and other caregivers.
- The nature and extent of any history of mental illness, intimate partner violence, or cognitive limitations.
- Whether the mother is receiving medication assisted treatment.
- The nature and extent of the impact of the use on the mother's ability to provide proper care and attention to the infant.
- The extent to which the parent/caregivers are responsive to the infant's needs and are bonding with the infant (response to infant's crying, eye contact, and other observations).
- Parent/caregivers' protective capacity.
- Parent/caregivers' level of cooperation with any referrals for services, such as substance use disorder

treatment, if indicated, or assistance in care of the infant.

- Parenting skills demonstrated in the health care setting.
- The anticipated discharge date and plan for discharge.
- What family and social support systems are available to the family.
- Whether the reporter suspects abuse or is only making a report of a substance affected infant.

When a substance affected infant is identified and the reporter is not a health care provider, the screener should ask the reporter for the name of the health care provider who identified the substance affected infant. When the report is not a report of abuse, it is possible a hospital social worker, for example, may make the report for the health care provider.

If the report is of an expectant mother, with no other children in the home, gathering information on adult functioning and potential caregiver protective capacities may assist the screener if a report is made at the time of delivery.

- Current substance use (specific substance(s) used, frequency, intensity, duration and amount of use).
- History of substance use (e.g., periods of abstinence).
- History of or refusal to enter substance use disorder treatment.
- Results of prior substance use disorder treatment.
- Current prenatal care and name of physician or obstetric care provider.
- History or current presence of domestic violence.
- Previous history of serious mental health disorder and/or postpartum mood disorder.
- Environmental factors, including exposure to toxic chemicals (e.g., drug manufacturing).
- Support available to the expectant mother.

Plan of Care

When a child is identified as a substance affected infant, the screener must ask and document if a plan of care has been developed and whether service referrals were made for the infant or the infant's family. This information will be documented in the screening report form, screening summary.

If the reporter is unfamiliar with what a plan of care is, refer the reporter to the DHS/OHA forms server and specifically to the OHA 1394 Plan of Care. If a plan of care has been developed, ask for a copy or for information about the plan and referred services.

Documentation

Screening Documentation: When a screener receives a report that a child is identified as a substance affected infant, whether the report is assigned or closed at screening, the screener must:

- Ask the reporter whether a plan of care has been developed. Remember, a plan of care may be a part of a

discharge plan or even incorporated in the substance use disorder treatment prior to the birth. Many providers will be unfamiliar with the plan of care and sending the link to the plan of care form and instructions will help educate Oregon health care providers.

- Ask the reporter whether the substance affected infant and family were referred to services.
- Document the responses to those two inquires in OR-Kids.
- Identify the child as a substance affected infant in OR-Kids

Identifying substance affected infants will allow Child Welfare to track and report related data. It also is a way to identify children (and families) who may need additional support and services. In addition to narrating the identification of a child as a substance affected infant in the screening summary, the identification should also be documented on the child's person page.

Remember, when the infant or mother test positive for substances at birth, the infant is substance exposed, but may or may not be affected by the exposure. Only select the box when a health care provider indicates the substances affected the infant.

Allegations Regarding Newborns Exposed or Affected by Substances

Neglect would be the appropriate allegation when the child either tests positive or is experiencing signs of being a substance affected infant (withdrawal signs).

Threat of Harm would be indicated when the baby does not test positive for substances and there is no indication of adverse effects or withdrawal. In this situation we are looking at the risk related to the parental use, and not that it's had an existing effect.

Close at Screening or Assign: A report of a substance affected infant is assigned when the criteria to assign for CPS assessment are met. If the criteria to assign are not met, the report must be closed at screening. All notifications of a substance affected infant require a screening report form.

Minor Parent as an Alleged Perpetrator

When a screener receives information related to a minor parent as an alleged perpetrator:

- The screener will gather information to determine if there is a report of abuse with the minor parent as an alleged victim.
- If the screener determines there is a report of abuse of the child of the minor parent with the minor parent as an alleged perpetrator and another report with the minor parent as an alleged victim, the screener must document the information in the following manner:
- The allegation with the minor parent as an alleged perpetrator must be documented with the mother or father of the alleged victim as the case name (the mother or father being a minor does not preclude them from being the case name), and the allegation with the minor parent as an alleged victim must be documented with the mother or father of the minor parent as the case name.

Missing or Runaway Child or Young Adult on Open CPS

Assessments or Child Welfare Case

When a screener receives a report of a missing child or young adult on an open CPS assessment or open Child Welfare case, the screener must:

- If the child or young adult is in substitute care (for example, a foster home), and the reporter is the caregiver (for example, the foster parent), inform the reporter they must report information about the missing child or young adult to law enforcement and the National Center for Missing and Exploited Children.
- Notify the assigned caseworker, the assigned certifier, and their respective supervisors of all information received.
- Document the information received and the notifications made in OR-Kid's case notes.

Sex Trafficking Victim

When a screener receives information from a Child Welfare caseworker that a child or young adult on an open CPS assessment or a child or young adult on an open Child Welfare case is identified as a sex trafficking victim, the screener must:

- Determine if the information meets the criteria to assign or be closed at screening; and
- Notify law enforcement as outlined in OAR 413-015-0215, "Notifications and Reports to Specific Agencies or Entities."
- Indicate on the Decision tab of the 307A utilize the radio button when the child or young adult has been identified as a sex trafficking victim by their caseworker. To make this identification, the caseworker completes the identification of a sex trafficking victim page in OR-Kids.

Requests for Records or Information on an Open Child Welfare Case

Screeners may receive requests from the community for information concerning specific cases and active or completed CPS assessments. The Department of Human Services may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court, agency, organization or other entity when the department determines that such disclosure is necessary to administer its child welfare services and is in the best interests of the affected child, or that such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect children from abuse and neglect. ORCAH personnel must staff these requests with a manager prior to disclosure. Both ORS and Child Welfare rules require that the confidentiality of children and families receiving CPS services be protected. The family's right to confidentiality will, however, be balanced with Child Welfare's responsibility for the safety of children.

All Child Welfare staff are obligated to protect the confidentiality of children and families. ORCAH must not release information about children and families known to Child Welfare, except as follows:

- Requests for Information from Physicians, Police, District Attorney's Office, and Child Welfare Staff: Screeners receive telephone requests from persons listed below for information concerning families involved with Child

Welfare. This procedure applies only to:

- A physician, if they are calling about a child that they believe has been abused.
- A district attorney who requires the information in connection with an investigation or prosecution of the abuse.
- A law enforcement officer who requires the information in connection with an investigation or prosecution of the abuse.
- Child Welfare staff when the information requested is relevant to the staff member's professional responsibility.

The screener will provide the requestor the email RecReq.ORChildHot@dhsoha.state.or.us and inform the requestor that the ORCAH paralegal will respond to their request.

Requests for Information from Public Child Welfare Agency from Another State: When the screener receives telephone requests for information concerning families involved with Child Welfare from a public child welfare agency from another state, the screener will ask that the request be emailed to RecReq.ORChildHot@dhsoha.state.or.us on the child welfare agency's letterhead.

The screeners will ask that the written request include a brief statement specifying the information needed and the reason that the child welfare agency needs the information. The ORCAH paralegal provide the requested information by telephone, email, or by return fax within 24 hours of receipt of the request when there is an emergent need for the information.

Requests for Information from All Others: When the screeners receive requests from others concerning families who are, or have been, involved with child welfare, the screeners must inform the caller that they cannot confirm or deny that there is any CPS involvement. The screeners must immediately email the name and telephone number of the caller to the caseworker or CPS worker, and their supervisor, responsible or most recently responsible for the case/CPS assessment using the subject line of: "Request for Information on (Case Name and Case Number)."

Individuals may have a right to access their own information documented by Child Welfare. When ORCAH receives a request from a client requesting their own records, the screener will refer the caller to the website: https://www.oregon.gov/DHS/Pages/RecordRequests.aspx.

Chapter 3
Assessment

Section 1: CPS assessment procedures

Overview

Oregon's practice model clearly outlines duties of Child Welfare workers to ensure child — or, if applicable, young adult — safety through the life of the case. The CPS assessment is crucial to identify:

I. Present danger safety threats, and

II. Impending danger safety threats.

Also, the CPS assessment is necessary to assure child safety through:

I. Protective action plans,

II. Initial safety plans, or

III. Ongoing safety plans.

The CPS assessment is more than simply fact-finding. It is a way to establish rapport with family members and engage them in the safety intervention process. Child safety is the primary focus of any CPS assessment. Effective family engagement enhances the quality of the CPS assessment.

All CPS assessments have many of the same parts. This includes that you:

I. Make initial contact within the assigned response timeline.

II. Make face-to-face contact with:

   A. The alleged victim;

   B. Siblings;

   C. Parent or caregiver;

   D. Other children and adults living in the home; and

   E. The alleged perpetrator

III. Observe and assess the home environments, including the sleep environments of any infant in the home.

IV. Gather safety-related information through interviews and observations.

V. Determine if there is a present danger safety threat.

VI. Determine if there is an impending danger safety threat (apply the safety threshold criteria).

VII. Develop a protective action plan when it is determined the child is unsafe due to a present danger safety threat.

VIII. Develop an initial safety plan when a child is determined to be unsafe due to an impending danger safety threat.

IX. Develop an ongoing safety plan when a child is determined to be unsafe from an impending danger safety threat at the conclusion of the CPS assessment.

X. Determine whether the initial safety plan or ongoing safety plan is the least intrusive plan sufficient to manage child safety (identify how the safety threat occurs and apply the in-home safety plan criteria).

XI. Develop conditions for return when an out-of-home ongoing safety plan is established.

XII. Determine whether a family has moderate to high needs when a child is determined to be safe.

XIII. Offer and refer a family with moderate to high needs to relevant community services if the family accepts and services are available.

XIV. Determine if there is reasonable cause to believe that abuse occurred.

Tip

A CPS assessment must be completed by a Child Welfare employee whose current position is:

- *CPS worker*
- *CPS supervisor, or*
- *Meets the definition of CPS worker.*

CPS supervisor and CPS worker are defined in OAR 413-015-0115.

Please see "Special considerations for CPS assessment" for specific information about:

I. Referrals on an open case.

II. CPS assessment when there is a child fatality.

III. Determination of Indian Child Welfare Act (ICWA) status.

IV. Determination of refugee status.

V. Arranging for an interpreter or translation.

VI. Cultural considerations.

VII. Taking photographs during the CPS assessment.

VIII. Obtaining medical examinations during the CPS assessment.

IX. Obtaining psychological and psychiatric evaluations during the CPS assessment.

X. Determining when these types of assessments need to be completed for children in substitute care:
   A. Medical
   B. Dental
   C. Mental health

XI. Children with special needs and the CPS assessment.

XII. Substance use and misuse.

XIII. Domestic violence.

Chapter 3
Assessment

Section 2: CPS assessment response timelines

CPS assessment response timelines

The timeline for Child Welfare's response refers to the time frame to initiate the CPS assessment and is determined by the urgency of the report. Urgency is determined by reported family behaviors, conditions and circumstances that represent a present or impending danger.

Every CPS assessment is assigned one of the following response timelines at screening, and the CPS worker must make an initial contact within the assigned response timeline. It is understood that even after significant efforts, the CPS worker may not be able to accomplish this. It is important that the CPS worker document all such attempts to make contact.

I. The possible response timelines assigned include:
   A. Within 24 hours response: For reports in which there is identified present danger, the CPS response time will be within and no later than 24 hours from the date and time the report was received at the Oregon Child Abuse Hotline.
   B. Within 72 hours response: For reports in which there is identified impending danger, the CPS response time will be within and no later than 72 hours from the date and time the report was received at the Oregon Child Abuse Hotline.
   C. Within 10 business days response: For reports in which there is no indication of present or impending danger. Examples may include when only historical abuse is alleged, caregivers responsible for the alleged abuse no longer reside in the household, or the children have moved from the household where the alleged abuse occurred, and there are no other children in the home. An additional example includes households in which a child fatality has occurred, and no other children reside in, nor frequent the home.

A. Within 24 hours

Once the within 24 hours timeline is assigned, the CPS worker must decide how soon, within the 24 hours, to respond. This decision is based on assessment/identification of present danger. Consider what is occurring right now, the location of the child, access to dangerous people, and the preferred approach to initiating the contact.

When responding within 24 hours, it is recommended a CPS worker break down that response even further to respond in 0-2 hours or 2-24 hours based on the behavior, conditions, or circumstances.

The following examples are intended to help the worker determine which reported situations indicate a 0-2 hour response and which indicate a 0-24 hour response.

Within 0-2 hours

I. Reports containing any of the following factors should be considered emergency reports requiring a plan for intervention and safety within 0-2 hours:
   A. Serious physical injuries that create a substantial risk of death, disfigurement or impairment. Serious injuries include fractures, subdural hematoma, dislocation, sprains, internal injuries and burns.
   B. Current non-accidental injury to the head or face of any child such as welts, bruises, lacerations and

abrasions.

C. Current allegations of sexual abuse, where the alleged perpetrator has access to the victim.

D. A young child or a child with disabilities or other special needs is currently left unsupervised and/or inadequately supervised for any period of time or left in the care of an inappropriate caregiver to the extent that the child's immediate needs go unnoticed or unmet.

E. Abuse or neglect such as failure to thrive, malnutrition, poisoning or ingestion of/exposure to noxious substance in which the child's safety is immediately threatened.

F. Serious illness or life-threatening medical conditions for which the parent is unwilling or unable to obtain medical advice or treatment.

G. Cruel, unconscionable, intimidating or terrorizing acts or statements (e.g., deliberate threats to the child's life, or intimidating acts with firearms or animals).

H. Situation compromises child's safety and may reflect a real and immediate potential for harm (e.g., domestic violence where there is an immediate risk of substantial harm to child, grossly inappropriate discipline, or access of an alleged perpetrator who has seriously harmed or abused a child in the past).

I. No protective caregiver available.

J. Police request immediate response.

II. **Some things to keep in mind regarding a 0-2 hour time response:**

A. The harm reasonably can lead to severe injury, disability, severe trauma or death.

B. 0-2 hour response is for family behaviors, conditions or circumstances that threaten a child's safety right now.

Within 2-24 hours

I. Examples of information indicating a recommended response between 2-24 hours are:

A. Reports of prior abuse to children four years of age or younger (injuries need not be visible).

B. Current non-accidental injury to any child such as welts, bruises, lacerations and abrasions. If the injuries are to the head, neck, or face, it would most likely fall into the 0-2 hour response timeframe.

C. Abuse such as failure to thrive, ingestion of, or exposure to, noxious substances, drug exposed infants, failure to provide adequate food to meet nutritional needs, failure to provide clothing consistent with climatic conditions, and failure to provide medical care. Exceptions would be if the report alleges that the condition is immediately life threatening.

D. Reports of unsanitary living conditions where very young children are present. Conditions include feces on the floor that young children could crawl in or put in their mouth, or moldy food accessible to them.

E. Reports of domestic violence and the alleged batterer still has access.

F. Access to a child by a person who has seriously harmed or abused a child in the past, the individual has experienced a prior termination of parental rights, or is a previously convicted, sex offender.

G. Allegations of caregiver substance abuse that inhibits caretaking abilities but may not be occurring at the time of the report.

Exceptions

I. Exceptions related to complying with this safety-related 0-24 hour timeline could include specific compelling circumstances such as:

   A. Law enforcement assistance is necessary because the information indicates a crime may have been committed or worker safety is in question and no law enforcement assistance is immediately available.

   B. Due to the child's location, access within the timeline is not possible (e.g., roads are closed due to extreme weather or the child is on an out-of-state field trip).

   C. Needed time and demand for planning logistics of the intervention (e.g., child needs to be interviewed separately from the parents and already has left school). When a child is reported as being in a safe place (e.g., school or hospital), the judgment about the time of the response must take into account the location of the safe place, how long the child will be there, access others have to the child's location, and a plan to keep the child safe until CPS can respond.

B. Within 72 hours

Once the "within 72 hours" response timeline is assigned, the CPS worker decides how soon within the 72 hours to respond based on an assessment/identification of impending danger. Take into account the best approach to make contact with the family and consider scheduling a visit when appropriate. If mail is the only means to arrange a visit, a letter should be sent quickly to allow time to receive a response and make contact within the 72 hours.

Tip

The timeframe for Child Welfare's response begins when the screener receives the report. The date and time on the screening form starts the timeline for response, NOT when the CPS worker receives the referral.

Chapter 3
Assessment

Section 3: Assessment activities

Assessment activities

The required CPS assessment activities are outlined below. The activities are described in a logical order. However, the order in which they occur is set by specific circumstances in a given case. A comprehensive CPS assessment thoroughly documents information relating to the six areas:

I. Extent of maltreatment;

II. Circumstances surrounding the maltreatment;

III. Child functioning;

IV. Adult functioning;

V. Parenting practices; and

VI. Disciplinary practices.

The focus of the CPS assessment is child and, when applicable, young adult, safety. By effectively engaging families and community partners in the assessment process, you can gather enough information about the six domains to determine if there is impending danger.

Exception to completing a CPS assessment:

As outlined in OAR 413-015-0409, the *only* exception to completing a CPS assessment is when a CPS worker, in consultation with a CPS supervisor or designee, determines prior to the initial contact that the referral does not require a CPS assessment because **one** of the following:

I. The referral was opened in error. This is a determination the referral was mistakenly opened.

II. There is no longer an allegation of abuse. You received information after being assigned the referral. That information, in combination with the corresponding screening report no longer constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733. This exception may be used only when you and the CPS supervisor, or designee, determine the information:

   A. Is not from the alleged perpetrator;

   B. Relates directly to and specifically negates all allegations in the screening report; **and**

   C. Is considered because of:

      1. The objectivity of the individual providing the information, and

      2. The quality of the information.

Tip

Once contact of any kind has been made with a parent, child or household member this exception is not permitted, and a CPS assessment must be completed unless the parent, child or household member is the reporting party.

Exception to completing all CPS assessment activities:

The only exception to completing all requirements of a CPS assessment is when all the following apply:

I. You have gathered sufficient information to:
   A. Make a safety determination, and
   B. The alleged victim is safe.

II. You have gathered sufficient information to make a disposition and the disposition is "unfounded," and

III. The criteria in an "Exception to completing CPS assessment activities" procedure (above) is met.

You must document any exceptions granted under this rule in OR-Kids. You must also explain the basis for the exception.

New Information on an Open CPS Assessment

When a CPS worker receives notification from a screener that a closed at screening or new referral was created on an open CPS assessment, the CPS worker must:

I. Review the new information, in consultation with the CPS supervisor, on the same day the CPS worker received notification of the new information.

II. Link a new referral to an open assessment only when the date the new referral was assigned is within 60 calendar days of the date the open assessment was assigned.

III. Create a new assessment when a new referral was assigned more than 60 calendar days from the date the open assessment was assigned.

A. Prior to initial contact: Actions to take

You should complete the following prior to initial contact or as soon after initial contact as you can.

1. Review records

As outlined in OAR 413-015-0415, you must thoroughly review:

I. Documentation in the referral.

II. Paper and electronic records maintained by Child Welfare for historical information on the family and the child that may be useful to complete the CPS assessment.

III. Available Self Sufficiency records.

IV. Make diligent efforts to contact another state's child welfare agency to obtain records, if any, when you have information that the family lived in another state.

Procedure

Review all the documents to identify information related to:

I. Present danger safety threats or impending danger safety threats;

II. History of, or a pattern of, abuse;

III. Child and family support systems and protective capacity;

IV. Information related to any of the six domains; and

V. Worker safety.

ORS 419B.050 allows health care providers to furnish medical records of the child, including psychological and psychiatric records, without the consent of the parent, to law enforcement or Child Welfare when conducting an assessment of child abuse. Additionally, the Federal Family Educational and Privacy Rights Act (20 USC § 1232g) and OAR 413-105-0000 to 413-105-0090, Educational Services for a Child or Young Adult in Substitute Care, provide guidance on working with educators and schools.

2. Address prior allegations not assessed because Child Welfare was not able to locate the family.

In the current assessment, you must address any allegations not previously assessed because Child Welfare could not locate the family. You must:

I. Discuss the unassessed allegations during the interviews;

II. Consider all information about prior unassessed allegations when determining child safety; and

III. Document consideration of prior unassessed allegations in:

   A. Interviews,

   B. Observations, and

   C. Dispositional findings.

3. Contact collateral sources

As outlined in OAR 413-015-0415, you must contact collateral sources that can clarify or supplement the information in the referral and in records already reviewed.

Collateral sources must include the assigned Self Sufficiency worker (if any) and may include:

I. Individuals who have regular contact with the child;

II. Teachers;

III. Doctors or others who evaluated or maintained records on the child;

IV. People who are in an established personal or professional relationship with the parent or caregiver and who can judge the quality and nature of the parent or caregiver behavior and functioning; and

V. People who have records or information about the parent or caregiver because of their involvement with, or exposure to, the parent or caregiver.

You must:

I. Gather information from collateral sources throughout the CPS assessment.

II. Protect the identity of collateral sources, to the extent possible.

III. Consult with the district attorney or the assistant attorney general to obtain a court order for records from collateral sources, if the source is unwilling to share information with Child Welfare.

4. Consult with a CPS supervisor

Procedure

You must consult with a CPS supervisor or designee:

I. If you have reasonable cause to believe the alleged perpetrator is an employee of any program, office, or division of the Department of Human Services (DHS) or Oregon Youth Authority (OYA).

II. When a referral involves a home certified by Child Welfare, Office of Developmental Disabilities Services (ODDS) or OYA.

III. When a referral involves allegations that abuse occurred in a proctor foster home:

   A. CPS is responsible for completing CPS assessments in proctor foster homes that involve the child or young adult of the proctor foster parent.

   B. The Office of Training, Investigations and Safety (OTIS) investigates when an allegation involves a child or young adult placed in a proctor foster home.

IV. When a referral involves allegations that abuse occurred in a child care:

   A. CPS is responsible for completing CPS assessments when an allegation involves the child of the child care provider

   B. The OTIS investigates when an allegation involves a child receiving services in a child care.

(III. and IV. above means that sometimes both CPS and OTIS are responding. When both CPS and OTIS respond, it is important to collaborate.)

V. When you receive notification on an open CPS assessment that:

   A. It was closed at screening, or

   B. A new referral was created.

VI. Prior to a decision to place a child in protective custody, unless it will delay the safety intervention. If it will, consult with your supervisor after the placement.

VII. Prior to initiating court action, unless it will delay the safety intervention. If it will, consult with your supervisor after you initiate the court action.

VIII. When the referral involves a child fatality.

IX. When you make a disposition in a:

   A. Complicated situation or case, or

   B. Sensitive situation or case.

X. When closing an assessment with the disposition of “unable to locate.”

XI. Prior to developing an initial safety plan in a home certified by:

A. Child Welfare,

B. ODDS, or

C. OYA.

This includes in the home of a relative caregiver.

Subject to the discretion of the CPS supervisor, consult with a CPS supervisor or designee at key points during the assessment, such as:

I. Before making initial contact with the family.

II. When a referral indicates potential danger to the worker.

5. Contact and work with other entities

OAR 413-015-0415 outlines when you may need to work with representatives of other entities to:

I. Gather and analyze safety related information;

II. Develop a sufficient protective action plan;

III. Initial safety plan, or ongoing safety plan; and

IV. To complete the CPS assessment.

The following are the entities you must contact, gather information from and work with:

A. Office of Training, Investigations, and Safety (OTIS). You must notify and coordinate with the OTIS when your report involves an allegation in one of the settings the OTIS investigates, as listed in OAR 413-015-0215). See Appendix 3.15 for information pertaining to tandem investigations.

B. **Office of Child Care (OCC)**. You must notify and coordinate with the Compliance Unit of the Office of Child Care when a report you are investigating involves a child care, as required by ORS 419B.020(1). This coordination includes providing updates throughout the CPS assessment as you gather new information. It may also include a joint response to the home or center. CPS information may be shared with OCC, unless the information is protected health information like drug treatment records. Drug treatment records include drug and alcohol assessments. See Appendix 3.15 for information pertaining to tandem investigations.

C. **Oregon Youth Authority (OYA).** You must notify OYA when the allegation involves:

1. An OYA certified foster home, or

2. A child or young adult in the custody of OYA.

Specific terms used by OYA that may be helpful to know:

3. "Youth offender" is the term for the child or young adult served by OYA.

4. "Juvenile Probation and Parole Officer" (JPPO).

D. **Office of Developmental Disabilities Services (ODDS).** You must notify and coordinate with ODDS

when a report involves:

1. A home certified by ODDS, or
2. A child or young adult receiving services from ODDS .

V. **Community mental health program, community developmental disabilities program or Adult Protective Services.** You must make a report to the community mental health program, community developmental disabilities program, or the local adult protective services office when you have reasonable cause to believe:

A. That any person whom you encounter has suffered abuse who is:

1. Age 18 years or older with a mental illness;
2. Age 18 years or older with a developmental disability or a physical disability; or
3. Age 65 years or older.

B. That any person whom you encounter has abused a person who is:

1. Age 18 years or older with a mental illness;
2. Age 18 years or older with a developmental disability or a physical disability; or
3. Age 65 years or older.

When determining whether to contact any of the below, call 855-503-SAFE, select "adult," and enter the ZIP code where the young adult or adult resides:

A. Community mental health program;

B. Community developmental disabilities program; or

C. Adult Protective Services.

855-503-SAFE will connect you with a DHS employee who can help you identify who you need to contact and how to contact them.

VI. **Indian tribes.** If you know or have reason to know that the child is an Indian child, you must give notice within 24 hours to the Indian child's tribe that a CPS assessment is being conducted. The exception is if the screener documented completion of notification in the referral.

VII. **Probation and parole.** You must contact probation and parole when the allegation involves:

A. A parent or caregiver, or

B. Alleged perpetrator who is supervised by probation or parole.

VIII. **Law enforcement.** If the screener did not cross report, you must contact one or more law enforcement agencies in accordance with the protocols of the local multidisciplinary team (MDT) agreement and in accordance with cross reporting rules, OAR 413-015-0300 to OAR 413-015-0310. When there is a joint response that involves a CPS worker and law enforcement agency (LEA) staff, the CPS worker is still responsible for all activities necessary to complete a CPS assessment. There is a duty summary in OAR 413-015-0400. You must, in consultation with a CPS supervisor, determine whether to coordinate assessment activities with LEA in these situations:

A. **Presence of danger.** When you have information that indicates the child is unsafe right now.

B. **Family cooperation.** When you have information that the family may not allow you to observe the alleged victim or other children in the home.

C. **Protective custody.** When you have information that a child may need to be placed in protective custody for the child's safety.

D. **Child interview.** When you and the LEA officer must each interview a child, it is preferable to coordinate the interviews to reduce the number of interactions with the child.

E. **Worker safety.** When you have information that indicates the family behaviors, conditions, or circumstances may pose a danger to you.

F. **Crime committed.** When you suspect or receive a report that a crime may have been committed.

IX. **Public or private schools.**

A. The CPS worker may request school records, including documents and other materials which the education provider must immediately provide as described in SB 155(2019).

B. The CPS worker may interview the alleged victim or potential witness at school when you believe it will be the best environment to assure safety when making contact. There are ORS 419B.045 requirements for CPS investigations that you conduct on school premises. Requirements are specific to an interview of an alleged victim. They do not apply to the interview of a child or young adult who is an alleged perpetrator. You must do following:

1. Notify the school administrator that a CPS assessment must be conducted. If the school administrator is a subject of the CPS assessment, then notification is not required.
2. At the school:
   - Report to the school office;
   - Provide identification;
   - Inform school personnel of the CPS assessment; and
   - Provide the name of the alleged victim or potential witness to interview.
3. Request information from school personnel about disabilities of the alleged victim, if any, prior to an interview with the alleged victim.
4. Interview the alleged victim or potential witness out of the presence of other people. An exception is if you believe the presence of a school employee or other person would facilitate the interview. You may believe a school employee does not need to be present. However, if one insists on being present during the interview, you may confer with the CPS supervisor to help handle the situation.
5. Discuss further actions with the alleged victim at the end of the interview.
6. Inform school personnel when the interview has been completed.
7. Inform school personnel if the alleged victim is taken into protective custody.
8. Inform school personnel that you will notify parents of the interview.
9. Contact the CPS supervisor if school officials refuse to allow the assessment to take place on

school property.

X. **Multidisciplinary teams (MDTs).** Department district managers must develop interagency agreements about assessment of abuse, as necessary, with local MDTs. Requirements for MDT protocols are set out in ORS 418.747.

You may, as appropriate, notify or consult with other DHS programs or other agencies. This includes, but is not limited to, Vocational Rehabilitation and Animal Control.

6. Plan what to take

Procedure

Prepare to bring all materials you are likely to need when you conduct the assessment. You can prepare these materials in what is often known as a "go out packet." This packet of information may include:

I. The screening report (307A) or CPS Assessment (307B) (having the names and address are essential)

II. Authorization for Use and Disclosure of Individual Information (MSC 2099)

III. "What you Need to Know About a CPS Assessment" pamphlet (DHS 1536).

IV. Notice of Oregon Criminal Record Check (DHS 9004)

V. Cooperative Services Application (CF 0304B)

Resource materials

I. Father's Questionnaire (CW 0418)

II. ICWA form (CW 1270)

III. Safe Sleep Materials

A. Safe Sleep Checklist (DHS 2362)

B. "Safe Sleep" brochure (OHA 8213 - English, Spanish, Arabic, Vietnamese, Simplified Chinese, Russian)

C. What does a safe sleep environment look like? (English)

D. Variety of parent or caregiver resources for African American families, American Indian/Alaska Native families, Spanish speaking families, grandparents and general outreach (Safe to Sleep)

IV. Certification packet

V. Protective Custody Notice or Protective Custody Summons

VI. Court Appointed Attorney form

VII. Relative Search Information (CW 0449)

VIII. Placement Information form (CW 0261)

IX. Domestic violence resource information

X. Local Alcohol and Drug Treatment resource information

XI. Protective Action Plan Form (DHS 1534)

XII. Initial Safety Plan (CW 1149)

XIII. Additional equipment

   A. Car seats

   B. Camera

   C. Cellphone

   D. Pen or pencil and paper

7. Anticipate interventions

Procedure

When possible, consider scheduling the family ahead of time, the exception being if the report indicates the child is in danger right now. You can contact the family via phone, email, or by mail. However, be sure to have the first face-to-face contact within the assigned timeline.

Regardless if you schedule or announce the initial contact, decisions about child safety are informed by gathering safety related information. You must be prepared to:

I. Identify present danger safety threats;

II. Impending danger safety threats; and

III. Act if either are identified.

IV. If you identify a present or impending danger safety threat, you must implement a plan to manage safety for the child. Safety services must meet the individual child safety needs and unique family behaviors, conditions and circumstances. Services are based on a comprehensive understanding of how the threat to child safety is operating in the family. Safety services are different than services that focus on treatment or change. A safety service provider will interrupt the behavior that causes the unsafe family condition. For example:

   A. If the family agrees to go to a domestic violence shelter, this is considered a safety service. However, general domestic violence assessment and counseling are not.

   B. A mental health evaluation or substance abuse evaluation further informs the assessment. Nevertheless, it does not in any way control or manage safety threats.

   C. Immediate access to daycare can be a safety service, if it removes the child from the unsafe behavior, condition, or circumstance.

A sufficient protective action plan or safety plan immediately interrupts the behavior causing the unsafe situation. In addition, it contains the following elements:

I. Clearly controls the identified present or impending danger.

II. Has an immediate effect.

III. Uses actions, people, and resources immediately accessible and available.

IV. Contains safety services and actions only (not change-based or case plan services).

V. Safety service providers were assessed to be suitable and reliable through a due diligence approach. It is not based on promises from parent or caregivers.

VI. Includes detail on the oversight processes by DHS, how the plan will be monitored.

VII. Involves the child's parent or caregiver.

VIII. Involves the child's tribe as a resource.

IX. When a plan includes a parent or caregiver, who is the alleged perpetrator, consenting to leave the family home without their children or have their children leave the family home without them, the CPS worker must, in consultation with a supervisor, file a petition alleging the child is within the jurisdiction of the juvenile court pursuant to ORS 419B.100 within 10 calendar days of the date the parent or caregiver or their children leave the home if the plan is still necessary to assure child safety and will continue to be necessary for the immediate future.

8. Plan for worker safety

Every CPS case has the potential for unexpected confrontation, due to the involuntary nature of CPS assessments. The first step to ensure your safety is to evaluate the situation before the initial contact. Effective engagement skills are also vital to de-escalate situations and engage the family in difficult conversations.

Procedure

I. To effectively evaluate your safety, consider the following questions:

A. Is there a history of domestic violence?

B. Does the referral indicate the possibility of a family member with a mental illness that results in violent or unpredictable behavior?

C. Are there firearms or other weapons noted in the referral?

D. Is someone in the home using drugs or is likely to be currently intoxicated, high on drugs, or selling drugs?

E. Is the family's geographic location extremely isolated or dangerous?

F. Are there multiple complaints involving the family?

G. Is the home visit scheduled after normal working hours?

H. Are the subjects violent or hostile?

I. Does the information note life-threatening or serious injuries to the children?

J. Is it likely the children will be removed from the family situation on this visit?

K. Does the housing situation or neighborhood increase concerns for staff personal safety?

L. Does the family have pets that are potentially dangerous?

II. Precautions for worker safety:

A. Have access by telephone to a supervisor or designated staff person for consultation.

B. Always inform the supervisor or other agency personnel of your interview or visitation schedule and approximate return time when there is contact with the family.

C. Closely observe each person in and around the area. Watch for signs that may indicate any potential for personal violence.

D. Follow your instincts. Any time you feel frightened or unsafe, you should assess the immediate situation. Take whatever action is necessary to obtain protection.

E. Avoid dangerous or unfamiliar areas at night.

F. Learn the safest route to the family's home.

G. Be sure the car is in good working order. Park it in a way that allows a quick exit.

H. Carry a cellphone and charged battery.

I. Whenever possible, plan to make initial contacts with another staff person or law enforcement officer when appropriate.

B. Preparing for the initial contact: What to think about

Prepare to gather safety-related information through interviews and observation.

I. Based on the information you gather at screening, plan each assessment with consideration of:

A. Where the interviews will take place.

B. When the interviews will be.

C. How many interviews likely there will be a need for.

D. How long each interview likely will last.

E. What questions likely will be asked.

F. Whether you should notify other agencies to take part in the interviews.

G. Where are the other people you need to interview likely to be? For instance, if a parent works the night shift, they may be home sleeping at noon.

H. Whether there are any infants in the home whose sleep environments you will need to assess, the information will you will need to provide the family regarding safe sleep recommendations, and how you can obtain a safe sleep surface (crib, bassinet, or pack-n-play) if needed.

Chapter 3
Assessment

Section 4: Initial contact with the family

Initial contact with the family

Procedure

Family engagement is a critical skill that workers must employ. Effective family engagement helps the family participate in the assessment of child safety in their home. It often enables families to implement changes necessary to ensure continued child safety. Refer to the Family Engagement tool for detailed descriptions and tips about effective family engagement during a CPS assessment.

In all CPS assessments, you must gather information and facts necessary to ensure child or, when applicable, young adult, safety. Through interviews and observation, you will assess and analyze information in the following six domains:

I. Extent of the abuse;

II. Circumstances surrounding the abuse;

III. Child functioning;

IV. Adult functioning;

V. Parenting practices; and

VI. Disciplinary practices.

Interviews: Interview each person in a way that:

I. Considers their privacy,

II. Considers their safety, and

III. Ensures effective communication.

Information from one interview will assist in the next. When domestic violence is alleged:

I. If the adult victim is not an alleged abuser, consider an interview with the alleged adult victim first.

II. Ask questions about domestic violence in separate interviews only.

III. You must, to the extent possible, do the following during the interview (a more complete list of requirements is outlined in OAR 413-015-0422):

   A. Show your ID to the family at the start of the interview. Give your business card or other document with your name and work telephone number to the parents and caregivers.

   B. Clearly state the reason for the interview. Provide statutory authority to assess reports of abuse. Also, explain the alleged abuse.

   C. Allow the parent or caregiver to respond to each allegation.

   D. Obtain names of persons from the parents and caregivers who can provide more information to determining child safety and completing the CPS assessment.

E. Ask the parents and caregivers to sign an authorization to release information to enable Child Welfare to obtain confidential information from:
   1. Physicians;
   2. Mental health providers;
   3. School employees; or
   4. Other service or treatment providers.

F. Collaborate with the family to gather the six domains to assess child safety. Please see appendix 3.1, Safety related information collection.

A. Contact and interview children

OAR 413-015-0420 outlines the **requirement to have face-to-face contact with and interview:**

I. Alleged victim,

II. Their siblings, and

III. Other children living in the home.

If the allegation is against a foster parent, the CPS worker must remember that having face-to-face contact with the other children in the home also includes the biological and adopted children of the foster parents.

The purpose is to gather information:

I. About possible abuse,

II. About functioning and vulnerability, and

III. To assess the children's immediate safety.

If it is not possible at the initial contact to make a face-to-face contact with and interview the siblings or other children living in the home, you must:

I. Document why contact was not made, and

II. Do this as soon as possible.

Sometimes a child is not verbal and, therefore, cannot be interviewed. However, you are still required to observe that child.

I. Notify the parents of the intent to interview a child, unless doing so could compromise the child's safety.

II. In an assessment where you consult with a supervisor and determine a risk to child safety if you contact the family prior to an interview with the child, you must:
   A. Make diligent efforts to contact the child at:
      1. Home,
      2. School,

3. Day care, or
4. Any place you believe the child may be.

Diligent efforts include attempts to locate through collateral contacts any other locations the child may be. Collateral contacts might include:

- Other family members
- Neighbors, friends or professionals who have had recent contact with the family.

Review other DHS program files, if accessible, such as Self Sufficiency.

Child Support screens also would be valuable to seek for address information.

If you are unsuccessful, you must document in the assessment activities section of OR-Kids all attempts to contact the child and the dates.

III. If you contact the child at home and the parent or caregiver is not present:

A. Consult with a CPS supervisor and seek assistance from LEA if the referral indicates there is reasonable cause to believe that:

1. The child's health or safety is endangered by conditions of the dwelling, or
2. The child is inadequately supervised, and
3. There is an immediate need to evaluate the child's health and safety.

B. Wait until the parent is present in the home to complete a child interview there, if there is not reasonable cause to believe that:

1. The child's health or safety is endangered by the conditions of the dwelling, and
2. The child is adequately supervised.

IV. When you are denied access to the child or to the child's residence:

A. If the referral indicates the child may be unsafe, request assistance from LEA to assess the situation. Also, take the child into protective custody if needed.

B. If the referral indicates the child is presently safe, you must consider these actions:

1. Attempt to contact other persons who may have relevant information about the referral.
2. Persist in attempts to gain cooperation from the family or caregivers. This depends on the known child safety information.
3. Seek LEA assistance.
4. Consult with the:
   - CPS supervisor
   - District attorney
   - Assistant attorney general, or
   - County juvenile department to discuss possible juvenile court action.
5. Seeking a protective custody order from the juvenile court.

V. Notify the parents or caregivers the same day you interview a child. In some cases, parents may not be present at the time of the initial attempt to contact. You are still required to make contact. If same-day notice could make a child or adult victim unsafe, a CPS supervisor may approve an extension for one day to allow a planned notice less likely to compromise safety. Supervisory approval and justification for the approval must be documented.

VI. When indicated, conduct interviews in a manner that ensures privacy for the child. This includes a location where the child can speak without being heard or seen by others during the interview.

   A. You may interview children independent of their parents or caregivers, if:

      1. The parent or caregiver is the alleged perpetrator, or

      2. The presence of the parent or caregiver might impede the interview.

   B. When appropriate, work with the parent or caregiver to determine how the interview is set up. Where will it occur? Who will be present? When will it happen?

VII. Allow a child who is the victim of a person crime, as defined in ORS 147.425 and is at information least 15 years old at the time of the abuse, to have a personal representative present during an interview. If you believe the personal representative would compromise the CPS assessment, you may prohibit them from being present during the interview.

VIII. Observe all the child's injuries or signs of neglect. You may need to remove a child's clothing to make adequate observations. In that event, you:

   A. Must use discretion and make the child as comfortable as possible.

   B. Must seek parental consent and assistance, when possible and appropriate.

   C. Must consider requesting a worker or other support person, who is the same gender as the child, be present as a witness and provide comfort for the child.

IX. You may observe injuries to the anal or genital region if:

   A. The alleged victim is not school-aged, and

   B. The injury can be observed without touching the genital region.

Photographs of the anal or genital region may only be taken by medical personnel.

X. You must facilitate examination by a medical professional if:

   A. The alleged abuse involves injury to the genitalia of any aged child.

   B. There is reported or disclosed injury to the genitalia of a school-aged child.

   C. You observe a child who has suffered a suspicious physical injury and you are certain or reasonably suspect the injury is or may be the result of abuse.

XI. In the event you observe a suspicious physical injury on a child and you are certain or reasonably suspect the injury is or may be the result of abuse and the parent will not allow the injury to be photographed or a medical assessment to be conducted, consult with a CPS supervisor to determine whether it is necessary to take protective custody of the child. If necessary, to comply with the requirements, the child may be taken into protective custody for the time required to take the photographs (or cause the photographs to be taken) and

obtain a medical assessment.

XII. If there is an infant in the home, the CPS worker must observe and assess the sleep environment of the infant at each home visit, as outlined in part D. below.

B. Contact and interview adults

OAR 413-015-0420 outlines the requirement to have face-to-face contact with and interview:

I. Non-offending parent or caregiver, and

II. All adults living in the home.

The purpose is to:

I. Find out what the non-offending parent or caregiver and other adults living in the home know about the alleged abuse;

II. Gather safety related information, which includes parent and caregiver functioning; and

III. Gather information to determine if the parent or caregiver can protect the alleged victim.

If it is not possible at the initial contact to make face-to-face contact with and interview the non-offending parent or caregiver and other adults living in the home, you must:

I. Document why the contact was not made, and

II. Do this as soon as possible.

Whenever practicable, interview both parents and caregivers in person, as follows:

I. Interview each person in a manner that:

   A. Considers each person's privacy and safety, and assures effective communication.

   How you interview depends on the information you need. You may need to interview parents or caregivers individually or together.

II. Ask questions about domestic violence in separate interviews only.

III. Give all adults living in the home a written notice that Child Welfare may conduct a criminal records check on them.

IV. Provide each parent or caregiver the "What you need to know about a Child Protective Services Assessment" pamphlet. This includes information about:

   A. The CPS assessment process,

   B. The court process, and

   C. The rights of the parent and caregiver.

V. Interview the non-custodial legal parent during the CPS assessment. This is not required during the initial contact. However, you should consider it. This is because the non-custodial parent may have essential

information or be a placement resource. To fully understand the family condition, you must understand what each parent's involvement is. It is critical to obtain information about:

A. Parenting practices,

B. Disciplinary practices, and

C. Adult functioning for all parents regardless of their custodial status.

VI. If the interview with the non-custodial legal parent could make a child or adult unsafe, a CPS supervisor may approve an exception to the interview requirement. This can be based on documentation that supports this conclusion.

C. Contact and interview alleged perpetrator

OAR 413-015-0420 outlines the requirement to have face-to-face contact with and interview the alleged perpetrator.

You must make face-to-face contact with and interview the alleged perpetrator during the initial contact when they are:

I. The child's custodial parent;

II. Caregiver;

III. Any person living in the home; or

IV. Present in the home when the CPS worker makes contact.

The purpose of this interview is to:

V. Evaluate the alleged perpetrator's reaction to:

A. Allegations of abuse, and

B. The child and their condition.

VI. Gather more information about the alleged perpetrator and the family in relation to the safety of the child.

When the alleged perpetrator is a minor parent, the purpose is also to determine if they are an alleged victim of abuse.

If the alleged perpetrator is not any of the below, then you must interview the alleged perpetrator but may complete the interview during the course of the CPS assessment:

I. Parent;

II. Caregiver;

III. An adult living in the home; or

IV. Not present in the home when you make contact.

It is permissible to interview the alleged perpetrator later in the CPS assessment under the following conditions:

I. If it is not possible to interview the alleged perpetrator during the initial contact due to a criminal investigation, and

II. If you are unable to coordinate with LEA within the timelines for initial contact.

Any decision not to interview the alleged perpetrator during initial contact must be approved by a CPS supervisor. Also, you must document both the approval and the reason.

Prior to meeting with the alleged perpetrator, consult with a CPS supervisor if an interview with the alleged perpetrator could make a child or adult unsafe. Discuss how to reduce risk or address safety concerns.

When meeting with the alleged perpetrator, regardless of the perpetrator being a parent or caregiver, you must:

I. Coordinate interviews of the alleged perpetrator with LEA when they are conducting an investigation.

II. Provide the alleged perpetrator with a written notice that a Law Enforcement Data System (LEDS) check may be conducted on them.

III. Inquire about the employment status of the alleged perpetrator. If you have reasonable cause to believe the alleged perpetrator is an employee of DHS or OYA, you must notify a CPS supervisor. The CPS supervisor must confirm the person's employee status by contacting a Central Office Field Services representative. If the CPS supervisor determines the alleged perpetrator is an employee of DHS or OYA, they must notify the DHS Office of Human Resources:

   A. At the time of the assessment, and

   B. At the time the assessment is reviewed, as required in administrative rule.

   The CPS supervisor must document the notifications in OR-Kids. A CPS supervisor must then be assigned to complete the assessment.

IV. When interviewing the alleged perpetrator who is the parent or caregiver, the CPS worker must provide the parent or caregiver with the "What you need to know about a Child Protective Services Assessment" pamphlet. This includes written information about:

   A. The CPS assessment process

   B. The court process, and

   C. The rights of the parent and caregiver.

D. Assess the Home Environment

Procedure:

You must observe the alleged victim, parent or caregiver, and the home environment. When the alleged victim resides in more than one home environment, you must observe both home environments. You must observe all home environments when the child resides in more than one home. For example, a child may spend half their time with one parent in one home and half their time with another parent in another home. In that case, you must observe both home environments to assure safe living arrangements.

While the CPS worker must observe the sleep space for every child in the home, due to infants dying of sleep related deaths that may be preventable, the following are additional requirements that are specific to an infant.

The CPS worker must observe and assess the following:

I. The condition of the child's living space, including where the child sleeps.

II. The sleep environment of any infant in the home. To do this, the CPS worker must:

A. Inquire about the sleep practices the family uses any time the infant is laid down to sleep for nap time or night time anywhere. Does the family know how the infant is laid down to sleep when at child care or with a babysitter or relative?

B. Provide education on safe sleep recommendations. Provide both written information and a verbal explanation.

- Written information may include the "Safe Sleep for Babies" brochure (OHA 8213) or other written resources depending on the needs, the languages used, and the learning styles of the parent or caregiver. Brochures demonstrating rather than describing safe sleep may be preferable to some families.
- Consider the family's culture or heritage when providing information. There are brochures available for focused outreach to different cultures or populations, like African American, American Indian or Alaska Native, or even grandparents.
- Acknowledge familial and culture preferences and incorporate if safely possible.

C. Support the family in problem solving to reduce risk. Check with the family's support network or local organizations to obtain a safe sleep surface (crib, bassinet, pack-n-play). Request funds to pay for a safe sleep surface if one is not available through other resources or create a sleep plan with the family.

D. At each subsequent home visit assess the sleeping conditions and engage the parents or caregivers on how to reduce the risks of unsafe sleep situations. Consider including other community partners in these conversations with the family, such as experts on substance use disorders, safe sleep or infant health, or culturally specific providers or experts. Consider connecting the family with providers they trust and who would have credibility on the topic, such as their pediatrician.

E. At any time information is gathered or observed that supports the infant is unsafe, intervene. The level of intervention is dependent on the specific circumstances.

F. Document your observations of the sleep environment, information gathered from the parent or caregiver on their sleep practices, whether written information on safe sleep was provided and any efforts to reduce risk. Include the parent or caregiver reasons for their practices, for example a Native family using traditional child rearing practices such as a baby board. (See Resource Materials in Chapter 3, Section 3)

The information gathered must be documented using the Safe Sleep Environment Checklist (DHS 2362) at first in-home contact with the family and any subsequent in-home contacts when there is a change in sleep practices. The completed checklist must be uploaded into the OR-Kids file cabinet under Case Management. When there is no change in sleep practices, document this information in the case note already created for the face-to-face contact.

III. The physical status of the home, such as:

A. Sanitation (e.g., feces or rotten food).

B. Hazards or dangerous living conditions. Examples:

- Inadequate heat in the winter.

- Faulty wiring.
- Lack of barriers on stairs, porches, and windows.
- Standing water that poses danger of drowning.
- Scalding water.
- Broken windows.

C. Signs of:
- Excessive alcohol use,
- Use of illicit drugs, or
- Accessible drugs and alcohol

D. Inadequate food, or lack of access to food and water.

E. Weapons.

F. Chemicals.

G. Traffic in and out of the home.

H. Climate of the neighborhood; this includes:
- Level of violence or support,
- Accessibility of transportation, telephones, or other methods of communication.

IV. The physical condition of the alleged victim (includes any observable effects of abuse).

V. The emotional state of the alleged victim; this includes:

A. Mannerisms.

B. Signs of fear.

C. Developmental status.

VI. The reactions of the parents or caregivers to the concerns.

VII. The emotional and behavioral status of the parents or caregivers during the interview process.

VIII. The interactions between family members; this includes verbal and body language.

An exception to observing the home environment is if the parent and child live in a residential substance abuse program or domestic violence shelter. Then, you do not need to observe the program or shelter's physical environment.

Documentation

I. You must document the dates of attempts and successful contacts in OR-Kids. If it was not possible during the initial contact for you to successfully complete a required contact, you must:

A. Document why contact was not made, and

B. Complete the face-to-face contact and interview as soon as possible.

II. Interviews and observations made at initial contact that pertain to the six domains must be documented in OR-

Kids. This information is critical to understand family behaviors, conditions, and circumstances.

Chapter 3
Assessment

Section 5: Determine the safety threat

Determine the safety threat

The definitions for the following terms are in OAR 413-015-0115:

I. "Present danger safety threat," and

II. "Impending danger safety threat."

There is also an outline of requirements to determine the presence of either.

Present danger safety threat means an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a *child* or, when applicable, *young adult.* The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a *child* or, when applicable, *young adult* in peril.

Impending danger safety threat means a family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occuring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.

Procedure

In the context of the CPS assessment, there are specific factors to consider when determining the presence of a present danger safety threat or impending danger safety threat.

I. During the initial contact and, in general, during the CPS assessment, you must determine, based on the information obtained at that time, if there is:
   A. A present danger safety threat, or
   B. Impending danger safety threat.

II. A present danger safety threat is present when the danger is:
   A. Immediate,
   B. Significant, and
   C. Clearly observable.

III. An impending danger safety threat is present when the family behaviors, conditions and circumstances result in all five of the safety threshold criteria being met.

Note: Oregon's 16 specific impending danger safety threats are listed below. These should be used to inform the presence of an impending danger safety threat.

Safety threshold criteria are used to determine the presence of an impending danger safety threat.

I. Review all the safety related information gathered. Apply the safety threshold criteria to each identified threat in the family to determine whether a threat has crossed the threshold. All five criteria must be present for the

impending danger safety threat to be active. You must consider these safety threshold criteria in the context of the specific impending danger safety threat:

A. **Vulnerable child or young adult** (when applicable): Vulnerability refers to a child's capacity for self-protection. A vulnerable child is:

   1. Defenseless;
   2. Exposed to behaviors, conditions, or circumstances that they are powerless to manage; and
   3. Susceptible and accessible to a threatening parent or caregiver.

   Vulnerability is judged according to:

   1. Physical and emotional development;
   2. Ability to communicate needs;
   3. Mobility;
   4. Size; and
   5. Dependence.

   Can the child protect themselves? You must consider any power differential between:

   1. Child and adults;
   2. Special needs; and
   3. Trauma induced vulnerability regardless of age.

B. **Imminent:** Imminent means the threat is likely to occur in the near to immediate future if not controlled by external methods. Imminence is not something that may occur in six months or a year. Also, it is based on a clear understanding of the family condition.

C. **Out of Control:** A family behavior, condition, or circumstance than can affect safety of a child or, when applicable, young adult, is:

   1. Unrestrained;
   2. Unmanaged;
   3. Without limits or monitoring; or
   4. Not subject to influence or manipulation within the control of the family, resulting in an unpredictable and chaotic family environment.
   5. There is no adult in the home that can:
      - Stop,
      - Prevent, or
      - Otherwise control the family condition or threat.

   This does not refer to the caretaker looking or acting out of control. It refers to the family condition that cannot be controlled.

D. **Observable:** You can describe, in specific behavioral ways, the family condition that makes the child or

young adult unsafe. What are the behaviors, attitudes, and circumstances occurring in the family that create the threat?

E. **Severity:** May include:

1. Serious physical injury.
2. Significant pain and suffering.
3. Disability.
4. Terror or extreme fear.
5. Impairment or death.

We are not concerned with the severity of the maltreatment, incident, or reported event, but the likelihood that the threat(s), if left unchecked, will likely result in the near to immediate future in severe effects to a vulnerable child or young adult's:

1. Physical;
2. Sexual;
3. Psychological;
4. Cognitive or behavioral development; or
5. Functioning.

As you continue the CPS assessment and learn additional information, each of the criteria must be reconsidered. The identification of an impending danger safety threat is a fluid process.

At any time during the course of the CPS assessment:

1. A determination can be made, or
2. A present danger threat can be identified.

You and a CPS supervisor may have determined during the course of the assessment there is no present or impending danger safety threat. However, if:

1. You observe family behaviors, conditions, or circumstances occur now, and
2. Over the next year without intervention, are likely to have a negative impact on a child's:
    - Physical;
    - Sexual;
    - Psychological;
    - Cognitive; or
    - Behavioral development or functioning.
3. The potential negative impact is not judged to be severe. Then, the CPS supervisor, you and the family may determine that the family condition meets the definition of moderate to high needs.

Intervention is not required for the child to be safe. However, it is reasonable to determine that short-term targeted services can reduce or eliminate the likelihood the negative impact will occur.

A. Present danger safety threats

As defined in OAR 413-015-0115, present danger safety threat means an immediate, significant and clearly *observable* family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a *child* or, when applicable, a *young adult.* The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a *child*, or when applicable, a young adult, in peril.

A present danger safety threat requires an immediate CPS intervention, called a Protective Action Plan.

I. Requirements for a Protective Action Plan. When developing a protective action plan, the CPS worker must ensure all requirements in OAR 413-015-0432, Develop Safety Plans, are met and that the protective action plan:
   A. Manages present danger safety threats;
   B. Is in place before the CPS worker leaves the home;
   C. Does not remain in place longer than 10 calendar days; and
   D. Does not remain in place after the CPS assessment is complete.

When a plan includes a parent or caregiver who is the alleged perpetrator consenting to leave the family home without their children or have their children leave the family home without them, the CPS worker must, in consultation with a supervisor, file a petition alleging the child is within the jurisdiction of the juvenile court pursuant to ORS 419B.100 within 10 calendar days of the date the parent or caregiver or their children leave the home if the plan is still necessary to ensure child safety and will continue to be necessary for the immediate future.

Present danger is the easiest to detect because it is totally transparent and happening right in front of you, or the behavior, conditions, or circumstances are such that the harm could occur at any second.

Present danger safety threats include, but are not limited to, the following (remember references to a child also refer to young adults where applicable):

I. Hitting, beating, severely depriving now;

II. *Injuries* to the face and head;

III. *Premeditated* abuse or neglect;

IV. *Life-threatening* living arrangements;

V. Bizarre *cruelty* toward a child;

VI. Bizarre or extreme viewpoint of a child;

VII. Vulnerable children who are *unsupervised* or alone now;

VIII. Child extremely *afraid* of home situation;

IX. Child needing *immediate* medical care; or

X. Caregiver *unable* to provide basic care.

Determine if a present danger safety threat exists by applying the three present danger criteria:

I. **Immediate:** This means what is happening is happening right before your eyes. The child is in the midst of danger. The threatening family:
   A. Behavior,
   B. Condition, or
   C. Circumstance is in operation.

II. **Significant:** Refers to a family behavior, condition, or circumstance. This means that the nature of what is out of control and an immediate threat to a child is:
   A. Onerous;
   B. Vivid;
   C. Impressive; and
   D. Notable.

   The family behavior, condition, or circumstance exists as a dominant matter that must be dealt with.

III. **Clearly observable:** Present danger family behaviors, conditions, or circumstances are totally transparent. You see and experience them. There is no guesswork. The rule of thumb is:
   A. If you must interpret what is happening, it is likely not present danger.

   If, after consultation with a supervisor, all three present danger criteria are met, a Protective Action Plan is required.

B. Impending danger safety threats

As defined in OAR 413-015-0115, impending danger safety threat means a family behavior, condition, or circumstance that meets all five safety threshold criteria. A threat to a child that is not:

I. Immediate,

II. Obvious, or

III. Occurring at the onset of the CPS intervention.

This threat is identified and understood more fully by evaluating and understanding individual and family functioning.

Impending danger is a state of danger in which any of the following are out of control in the family:

I. Behaviors,

II. Conditions,

III. Attitudes,

IV. Motives,

V. Emotions, or

VI. Circumstances.

While the danger may not be currently active, it can be anticipated to cause severe harm to a child at any time.

Impending danger safety threats often are not obvious. They may not be occurring at the onset of CPS intervention or in a present context. However, they may be identified and understood more fully upon a comprehensive assessment and evaluation of individual and family functioning. Without safety intervention, impending danger safety threats could reasonably lead to severe harm.

When evaluating impending danger safety threats, it is important to remember:

I. During the assessment process, family members are often reluctant to:
   A. Reveal their true selves, or
   B. Disclose what is happening within the family.

II. If something is not happening in front of you, such as a present danger safety threat, it will take time and effort to understand individual and family dynamics.

III. By conducting a thorough CPS assessment, impending danger safety threats can be exposed and understood.

Impending danger safety threats are delineated into 16 categories. During the assessment, identify whether one or more, or none, of these threats exist within the family. If there is an impending danger safety threat, develop an initial safety plan.

The following are Oregon's 16 impending danger safety threats:

I. **The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that ensure a child's safety.**

   Examples include, but are not limited to:

   A. Parent or caregiver has a physical disability, mental disability, or incapacitation that renders them unable and unavailable to provide basic care for the children.
   B. Parent or caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
   C. Parents or caregivers abandoned the children.
   D. Parent or caregiver arranged care by an adult, but:
      1. Their whereabouts are unknown, or
      2. They have not returned according to plan, and
      3. Their current caregiver is asking for relief.
   E. Parent or caregiver is or will be incarcerated. This will leave the children without a responsible adult to provide care.

F. Parent or caregiver does not respond to or ignores a child's basic needs.

G. Parent or caregiver allows the child, without the necessary supervision, to:

1. Wander in and out of the home, or
2. Through the neighborhood.

H. Parent or caregiver ignores, or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.

I. Parent or caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.

J. Parent or caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child. Also, the parent or caregiver is present or approves.

K. Child has been abandoned or left with someone who does not know the parent or caregiver.

L. Parent or caregiver has left the child with someone and not returned as planned.

M. Parent or caregiver:

1. Did not express plans to return,
2. Has been gone longer than expected, or
3. Has been gone beyond what normally would be acceptable.

N. No one knows the identity of the parent or caregiver.

O. The unexplained absence of the parent or caregiver exceeds a few days.

II. **One or both parents' or caregivers' behavior is violent, and/or they are acting (behaving) dangerously.**

Examples include but are not limited to:

A. Violence includes:

1. Hitting;
2. Beating or physically assaulting a:
   - Child,
   - Spouse, or
   - Other family member.

B. Violence includes acting dangerously toward a child or others.
This includes:

1. Throwing things;
2. Brandishing weapons;
3. Aggressively intimidating; and
4. Terrorizing.

This also includes making believable threats of homicide or suicide.

C. Family violence involves physical and verbal assault on a parent, caregiver or member of the child's

household in the presence of a child; the child witnesses the activity; and the child demonstrates an observable, significant effect.

D. Family violence occurs, and a child has:
   1. Been assaulted, or
   2. Attempted to intervene.

E. Family violence occurs, and a child could be inadvertently harmed even though the child may not be the actual target of the violence.

F. Parent or caregiver behavior outside the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home that threatens child safety (e.g., drug labs, gangs, drive-by shootings).

G. Due to the controlling behavior of the batterer, the basic needs of the child are unmet.

III. **One or both parents' or caregivers' behavior is impulsive, or they will not/cannot control their behavior.**

Examples include but are not limited to:

A. Parent or caregiver is unable to perform:
   1. Basic care,
   2. Duties, or
   3. Fulfill essential protective duties.

B. Parent or caregiver is seriously depressed and unable to:
   1. Control emotions, or
   2. Behaviors.

C. Parent or caregiver is:
   1. Chemically dependent, and
   2. Unable to control the effects of the dependency.

D. A substance abuse problem renders the parent or primary caregiver incapable of routinely or consistently attending to the basic needs of the child.

E. Parent or caregiver makes impulsive decisions and plans that leave the children in precarious situations. Examples are: unsupervised or supervised by an unreliable parent or caregiver.

F. Parent or caregiver spends money impulsively, resulting in a lack of necessities.

G. Parent or caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.

H. Parent or caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled. The parent or caregiver leaves the children in unsafe situations (e.g., failure to supervise or provide other basic care).

I. Parent or caregiver is delusional or experiencing hallucinations.

J. Parent or caregiver cannot or will not control sexual offending behavior.

K. Parent or caregiver is seriously depressed and functionally unable to meet the basic needs of the child.

IV. **Parents' or caregivers' perceptions of a child are extremely negative.**

Examples include but are not limited to:

A. Child is perceived to be:

1. Evil,
2. Demon-possessed,
3. Deformed, or
4. Deficient.

B. Child has taken on the same identity as someone the parent or caregiver hates and is fearful of or hostile toward. Also, the parent or caregiver transfers feelings and perceptions of the person to the child.

C. Child is considered to be punishing or torturing the parent or caregiver.

D. One parent or caregiver is jealous of the child and believes the child is a detriment or threat to the parents' or primary caregivers' relationship. In addition, they believe the child stands in the way of their best interests.

E. Parent or caregiver sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.

F. Parent or caregiver sees the child as responsible and accountable for their problems. Blames the child; or perceives, behaves, or acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

V. **A family *situation* or *behavior* is such that the family does not have or use resources necessary to ensure a child's safety.**

Examples include but are not limited to:

A. Family has insufficient food, clothing, or shelter, affecting child safety.

B. Family finances are insufficient to support needs (e.g., medical care) that, if unmet, are likely to result in severe harm.

C. Parents or caregivers lack life management skills to properly use resources when they are available.

D. Family is routinely using their resources for things (e.g., drugs) other than their basic care and support. In so doing, this leaves them without their basic needs being adequately met.

E. Child's basic needs exceed normal expectations due to unusual conditions (e.g., disabled child). In addition, the family is unable to adequately address the needs.

VI. **One or both parents' or caregivers' *attitudes, emotions,* and *behavior* are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.**

Examples include but are not limited to:

A. Parent or caregiver use specific threatening terms. This includes:

1. Identifying how they will harm the child, or
2. What sort of harm they intend to inflict.

B. Parent or caregiver threats are:

1. Plausible,
2. Believable, or
3. May be related to specific provocative child behavior.

C. Parent or caregiver state they will maltreat.

D. Parent or caregiver describes conditions and situations that stimulate them to think about maltreating.

E. Parent or caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.

F. Parent or caregiver identifies things the child does that aggravate or annoy them in ways that make them want to attack the child.

G. Parent or caregiver describes disciplinary incidents that have become out of control.

H. Parent or caregiver are:

1. Distressed or "at the end of their rope," and
2. Asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.

I. One parent or caregiver is expressing concerns about what the other parent or caregiver is capable of or may be doing.

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

Examples include but are not limited to:

A. The incident was planned or had an element of premeditation. Also, there is no remorse.

B. The nature of the incident or use of an instrument reasonably can be assumed to heighten the level of pain or injury (e.g., cigarette burns). Also, there is no remorse.

C. The motivation of the parent or caregiver to teach or discipline seems secondary to inflicting pain or injury. Also, there is no remorse.

D. Parent or caregiver can reasonably be assumed to have some awareness of what the result would be prior to the incident. Also, there is no remorse.

E. The actions of the parent or caregiver were not impulsive; there was sufficient time and deliberation to ensure that the actions hurt the child. Also, there is no remorse.

F. Parent or caregiver does not acknowledge any guilt or wrongdoing. Also, there was intent to hurt the child.

G. Parent or caregiver intended to hurt the child. Also, they show no empathy for the pain or trauma the child experienced.

H. Parent or caregiver may:

1. Feel justified,
2. Express that the child deserved it, and
3. Express they intended to hurt the child.

VIII. **A situation, *attitudes,* and/or *behavior* is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to ensure a child's safety.**

Examples include, but are not limited to:

A. The intellectual capacities affect judgment or knowledge in ways that prevent the provision of adequate basic care.

B. Young or intellectually limited parents or primary caregivers that have little or no knowledge of a child's needs and capacity.

C. The expectations of the parent or caregiver for the child far exceed the child's capacity. In so doing, it places the child in unsafe situations.

D. Parent or caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).

E. The parenting skills of the parent or caregiver are exceeded by a child's special needs and demands in ways that affect safety.

F. The knowledge and skills of the parent or caregiver are adequate for some children's ages and development. However, they are not adequate for others (e.g., able to care for an infant, but cannot control a toddler).

G. Parent or caregiver does not want to be a parent. Also, does not perform the role, particularly in terms of basic needs.

H. Parent or caregiver is averse to parenting and does not provide basic needs.

I. Parent or caregiver avoids parenting and basic care responsibilities.

J. Parent or caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).

K. Parent or caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).

L. Parent or caregiver places their own needs above the needs of the child, thus affecting the children's safety.

M. Parent or caregiver does not believe the child's disclosure of abuse or neglect, even when there is a mass of evidence. In addition, this affects the children's safety.

IX. **Parents' or caregivers' *attitudes* and *behavior* result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication the caregivers will flee.**

Examples include, but are not limited to:

A. Parent or caregiver avoids talking with CPS or refuses to allow CPS access to the home.

B. Parent or caregiver:

1. Manipulates to avoid any contact with CPS;
2. Makes excuses for not participating;
3. Misses appointments; and
4. Goes through various means and methods to avoid CPS involvement and any access to a child.

C. Parent or caregiver avoids allowing CPS to see or speak with the child; does not inform CPS where the child is located.

D. Family is highly transient.

E. Family has little tangible attachments (e.g., job, home, property, extended family).

F. Parent or caregiver is evasive, manipulative, suspicious.

G. There is precedence for avoidance and flight.

H. There are or will be civil or criminal complications the family wants to avoid.

I. There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

X. **Parents' or caregivers' *attitude, behavior* or *perception* result in the refusal and/or failure to meet a child's exceptional needs that affect their safety.**

Examples include but are not limited to:

A. Child has a physical or mental condition that, if untreated, would result in severe harm.

B. Parent or caregiver does not recognize the condition.

C. Parent or caregiver views the condition as less serious than it is.

D. Parent or caregiver refuses to obtain treatment for the child who:

1. Threatens suicide,
2. Attempts suicide, or
3. Appears to be having suicidal thoughts.

E. Child is so withdrawn that basic needs are not being met.

F. Parent or caregiver refuses to address the condition for religious or other reasons.

G. Parent or caregiver lacks the capacity to fully understand the condition or the safety threat.

H. Parent or caregiver expectations for the child are totally unrealistic in view of the child's condition.

I. Parent or caregiver allows the child to live or be placed in situations in which harm is increased by the child's condition.

XI. **The family *situation* is such that living arrangements seriously endanger the child's physical health.**

Examples include but are not limited to:

A. The family home is being used for methamphetamine production. Products and materials used in the production of methamphetamine are being stored and are accessible within the home.

B. Housing is:

1. Unsanitary.
2. Filthy.
3. Infested.
4. A health hazard.

C. The house's physical structure is decaying/falling down.

D. Wiring and plumbing in the house are substandard, exposed.

E. Furnishings or appliances are hazardous.

F. Heating, fireplaces, or stoves are hazardous and accessible.

G. There are natural or man-made hazards located close to the home.

H. The home has easily accessible open windows or balconies in upper stories.

I. Occupants in the home present a specific threat to a child's safety:

1. Activity within the home, or
2. Traffic in and out of the home.

J. People abusing substances, high and under the influence of substances (particularly those that can result in violent, sexual or aggressive behavior):

1. Are routinely in the home,
2. Party in the home, or
3. Have frequent access to the home while under the influence.

K. People are frequenting the home to sell drugs or who are involved in other criminal behavior that might:

1. Be directly threatening to a child's safety, or
2. Attract people who are a threat to a child's safety.

XII. **The *situation* is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.**

Examples include but are not limited to:

A. Child has severe injuries.

B. Child has multiple or different kinds of injuries (e.g., burns and bruises).

C. Child has injuries to head or face.

D. Injuries appear to:

1. Be premeditated.
2. Have occurred because of an attack, assault or out-of-control reactions (e.g., serious bruising across a child's back as if beaten in an out-of-control disciplinary act).

E. Injuries appear associated with the use of an instrument that exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil).

F. Child has physical symptoms from abuse or neglect that require immediate medical treatment.

G. Child has physical symptoms from abuse or neglect that require continual medical treatment.

H. Child appears to be suffering from failure to thrive.

I. Child is malnourished.

XIII. **The *situation* is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in caregivers or caregivers.**

Examples include but are not limited to:

A. Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.

B. Child's emotional state is such that immediate mental health or medical care is needed.

C. Child is capable of and likely to self-mutilate.

D. Child is so withdrawn that basic needs are not being met.

XIV. **The *situation* is such that a child is fearful of the home situation or people within the home.**

Examples include but are not limited to:

A. Child demonstrates emotional or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).

B. Child expresses fear and describes people and circumstances that are reasonably threatening.

C. Child recounts previous experiences that form the basis for fear.

D. Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.

E. Child describes personal threats that seem reasonable and believable.

XV. **Because of *perception, attitude,* or *emotion*, parents or caregivers cannot, will not, or do not explain a child's injuries or threatening family conditions.**

Examples include but are not limited to:

A. Parent or caregiver acknowledges the presence of injuries or conditions but say they do not know how they occurred.

B. Parent or caregiver express concern for the child's condition but are unable to explain it.

C. Parent or caregiver appears to be totally competent and appropriate, except for:

1. Physical or sexual abuse,
2. Lack of an explanation, or
3. An explanation that makes no sense.

D. Parent or caregivers accept the presence of injuries and conditions. However, they do not explain them or seem concerned.

E. Sexual abuse has occurred in which:

1. The child discloses;
2. Family circumstances, including opportunity, may or may not be consistent with sexual abuse;

and

3. The parent or primary caregiver denies the abuse, blames the child, or offers no explanation or an explanation that is unbelievable.

F. "Battered Child Syndrome" case circumstances are present, and the parent or primary caregivers appear to be competent. However, the child's symptoms do not match the parent or primary caregivers' appearance, and there is no explanation for the child's symptoms.

G. Parent and caregiver explanations are not plausible.

H. Facts observed by Child Welfare staff or supported by other professionals that relate to the incident, injury, or conditions contradict the parent or primary caregiver.

I. History and circumstantial information are incongruent with the explanation of the injuries and conditions from the parent or primary caregiver.

XVI. **One or both parents or caregivers has a child out of his/her care due to child abuse or neglect or has lost a child due to termination of parental rights.**

Please refer to appendix 3.4, The Oregon Safety Threat Guide

Tip

If you must interpret the family condition, it is probably not present danger. A present danger safety threat will be obvious to even a lay-observer.

Refer to appendix 3.2, Present Danger Threats, and appendix 3.3, Present Danger Assessment.

Chapter 3
Assessment

Section 6: Identify the impending danger safety threat

Identify the impending danger safety threat

As outlined in OAR 413-015-0428, when you determine an impending danger safety threat is present, you must identify how it occurs in the family. This way you can determine the level of safety intervention that is required to ensure safety. You must use the information you gather to determine:

I. **Who.** Who is creating or allowing the threat?

II. **What.** What are they doing or not doing?

III. **To whom.** Which children are affected?

IV. **When.** Specific times during the day or week (if any) that require special attention due to how these occur:

   A. Family behaviors,

   B. Conditions, or

   C. Circumstances.

V. **Precipitants or family conditions.** What contributes to the threat?

VI. **Frequency.** How often does the precipitant, family condition, or threat occur?

VII. **Duration.** How long has the family condition been occurring? and

VIII. **Persistent.** How pervasive is the family condition or threat?

You must document how each impending danger safety threat is occurring in OR-Kids.

Chapter 3
Assessment

Section 7: Safety Planning

Safety planning

Develop Safety Plans

I. When a present danger safety threat or impending danger safety threat is identified, a CPS worker must put a safety plan in place to manage the threat. There are three types of safety plans: the protective action plan that manages present danger safety threats; and the initial safety plan and the ongoing safety plan, which manage impending danger safety threats.

II. Shared requirements for a protective action plan, initial safety plan, or ongoing safety plan:

A. When developing a protective action plan, initial safety plan, or ongoing safety plan, the CPS worker must:

1. Ensure the plan focuses on and controls the identified present danger safety threat or impending danger safety threat;
2. Not use a parent or caregiver who is the alleged perpetrator of physical abuse, sexual abuse, or domestic violence to provide protection or any other adult who was aware of the threats to child safety and did not protect;
3. Include safety service providers that have been confirmed to be suitable to provide safety for the child (refer to OAR 413-015-1200 through 1230, Assessment of an Individual as a Safety Service Provider);
4. Involve the child's parent or caregiver;
5. Involve the child's tribe as a resource and comply with OAR chapter 413, division 115 when the CPS worker knows or has reason to know that the child is an Indian child; and
6. Ensure it has been approved by a Child Welfare supervisor.

B. The protective action plan, initial safety plan, or ongoing safety plan, whether in home or out of home, must:

1. Be a written document between the parent or caregiver and Child Welfare;
2. Provide a detailed description of the present danger safety threat or impending danger safety threat;
3. Describe how identified present danger safety threats or impending danger safety threats will be managed, including:
   - If impending danger safety threats will be managed in home, an explanation of how the in-home criteria were met;
   - If impending danger safety threats will be managed out of home, an explanation of how the in-home criteria were not met; and
   - How the plan will be monitored.
4. Identify the safety service providers and the safety services necessary to implement the plan; and

5. Establish the time commitments and availability of those involved in the plan.

C. The CPS worker must determine whether the impending danger safety threat will be managed with an in-home or out-of-home initial safety plan or ongoing safety plan by determining how the impending danger safety threat is occurring and applying the in-home safety plan criteria.

1. The CPS worker must understand how the impending danger safety threat is occurring as required in OAR 413-015-0428, Identify How the Impending Danger Safety Threat is Occurring, and use the information about how the impending danger safety threat is occurring to develop the least intrusive plan that can manage the identified impending danger safety threat occurring within the particular family.
2. An in-home initial safety plan or in-home ongoing safety plan is required when all of the following in-home safety plan criteria
   are met:
   - There is a home-like setting where the parent and child live.
   - The home is calm enough to allow safety service providers access and activities to occur.
   - At least one parent is willing to cooperate with the plan.
   - The necessary safety activities and resources are available to implement the plan.
3. An out-of-home initial safety plan or out-of-home ongoing safety plan is required when any of the in-home safety plan criteria are not met.
4. A protective action plan, initial safety plan, or ongoing safety plan may be a combination of in-home and out-of-home in order to ensure the least intrusive intervention.
5. The CPS worker must make modifications to the protective action plan, initial safety plan, or ongoing safety plan, as necessary, to continue to control the identified present danger safety threats or impending danger safety threats.
6. When assessing an allegation of sexual abuse, if a plan includes a parent or caregiver who is the alleged perpetrator consenting to leave the family home, the CPS worker must notify the local district attorney responsible for the MDT in the county where the child resides that a plan of this type has been developed, pursuant to ORS 418.800. The notice must:
   - Be in writing, and
   - Be provided within three business days of the date the parent or caregiver leaves the family home.

D. When a plan includes a parent or caregiver who is the alleged perpetrator consenting to leave the family home without their children or have their children leave the family home without them, the CPS worker must, in consultation with a supervisor, file a petition alleging the child is within the jurisdiction of the juvenile court pursuant to ORS 419B.100 within 10 calendar days of the date the parent or caregiver or their children leave the home if the plan is still necessary to ensure child safety and will continue to be necessary for the immediate future. A CPS supervisor and Child Welfare program manager may jointly approve a one-time extension to continue the plan described in this section for up to an additional 30 days when the criteria outlined below in Parent Who is Alleged Perpetrator Agrees

to Leave or Have Child Leave the Family Home "Safety Planning" procedure are met.

III. Additional Requirements for a Protective Action Plan below.

IV. Additional Requirements for an Initial Safety Plan below.

V. Additional Requirements for an Ongoing Safety Plan below.

VI. Documentation. The CPS worker must provide a detailed description of the protective action plan, initial safety plan, or ongoing safety plan developed to manage the present danger safety threat or impending danger safety threat. Documentation must be completed in the Child Welfare electronic information system within five business days following the identification of the threat and must include:

A. All requirements as outlined below:

1. A detailed description of the present danger safety threat or impending danger safety threat;
2. How the identified present danger safety threats or impending danger safety threats will be managed, including:
   - If impending danger safety threats will be managed in-home, an explanation of how the in-home criteria were met;
   - If impending danger safety threats will be managed out-of-home, an explanation of how the in-home criteria were not met; and
   - How the plan will be monitored.
3. The safety service providers and the safety services necessary to implement the plan; and
4. The time commitments and availability of those involved in the plan.

B. A summary of the parents' and caregivers' agreement to and acceptance of the plan; and

C. The date the plan was reviewed by a supervisor and the name of the supervisor who reviewed it.

Additional Requirements to Develop a Protective Action Plan

I. If the CPS worker determines the child is unsafe due to a present danger safety threat, the CPS worker must immediately initiate a protective action plan. This usually occurs during the initial contact, but it must occur at any time during the CPS assessment if it is determined that the child is unsafe due to present danger. The purpose of the protective action plan is to ensure that children are safe while CPS intervention continues and a fuller understanding of the family behaviors, conditions, and circumstances is obtained. A protective action plan occurs the same day that it is determined the child is unsafe and provides a child with responsible adult supervision and care.

II. Requirements for a Protective Action Plan. When developing a protective action plan, the CPS worker must ensure all requirements in OAR 413-015-0432, Develop Safety Plans, are met and that the protective action plan:

A. Manages present danger safety threats;

B. Is in place before the CPS worker leaves the home;

C. Does not remain in place longer than 10 calendar days; and

D. Does not remain in place after the CPS assessment is complete.

Additional Requirements to Develop an Initial Safety Plan

I. If the CPS worker determines the child is unsafe due to an impending danger safety threat, the CPS worker must develop and document an initial safety plan. The purpose of the initial safety plan is to ensure that children are safe while CPS intervention continues and a fuller understanding of the family behaviors, conditions, or circumstances is obtained.

II. Requirements for an initial safety plan. When developing an initial safety plan, the CPS worker must ensure all requirements in OAR 413-015-0432, Develop Safety Plans, are met and that the initial safety plan:

A. Manages impending danger safety threats; and

B. Does not continue or remain in place after the CPS assessment is complete.

Additional Requirements to Develop an Ongoing Safety Plan

I. At the completion of the CPS assessment when the CPS worker determines, through an analysis of the safety related information, that a child is unsafe, the CPS worker and permanency worker must develop and document an ongoing safety plan unless completing a CPS assessment involving a home certified by Child Welfare, ODDS, or OYA. The purpose of the ongoing safety plan is to control the impending danger safety threats as they are uniquely occurring within a particular family.

II. Requirements for an Ongoing Safety Plan. When developing an ongoing safety plan, the CPS worker and permanency worker must assure all requirements in OAR 413-015-0432, Develop Safety Plans, are met and:

A. Use a Family Engagement Meeting unless a supervisor approved an exception;

B. Include conditions for return when an out-of-home ongoing safety plan is developed; and

C. Re-evaluate the initial safety plan, if one is in place, to determine if it is appropriate and sufficient as an ongoing safety plan and re-confirm all commitments with all safety service providers identified in the initial safety plan if it is to become an ongoing safety plan.

Parent Who is Alleged Perpetrator Agrees to Leave or Have Child Leave the Family Home

When developing a safety plan, whether a protective action, initial safety plan or ongoing safety plan, having a parent who is the alleged perpetrator, or their child leave the family home (separating a parent and child) is a serious action that should only be done when there is no other way to ensure the safety of the child.

Parents have a right to due process and to be represented by an attorney. Children also have rights and benefit from attorney representation. Involving the courts in planning for child safety ensures these rights are intact and brings multiple perspectives to the planning. As a result, a decision not to involve the court must be made with careful consideration.

There are times when a safety plan can be put in place that addresses child safety by separating a parent who is

the alleged perpetrator of child abuse and their child and, at the same time, leaves the parent with custody of, and decision-making authority over, their child.

This procedure is specific to the use of a safety plan that manages child safety by separating a parent who is the alleged perpetrator and their child in the absence of court intervention. Either a parent agreed to separate:

- At the onset of the CPS assessment as part of a protective action when present danger is identified or as part of an initial safety plan when impending danger is identified, or
- During a CPS assessment as part of any kind of safety plan in the context of a cooperative agreement.

In situations when a parent, who is the alleged perpetrator, agrees to leave or have their child leave the family home as part of a safety plan and the parent retains custody of their child (no court involvement) there are intentionally strict requirements in place to make sure such a plan is warranted and, if warranted, time limited. Any plan separating a parent who is the alleged perpetrator from a child in the absence of court intervention is limited to 10 calendar days with the possibility of a one-time up to 30 calendar day extension.

Just because a parent agrees to cooperate with a safety plan that separates them from their child, does not mean court intervention is not indicated.

When separating a parent, who is the alleged perpetrator, and their child, the CPS worker must first, and continually, consider if the safety intervention should include filing a petition in juvenile court. There are many situations where at initial contact a petition should be filed and other situations where during the CPS assessment the need for court intervention becomes evident based on information gathered, or observations made. Regardless of timing, a petition should be filed when:

- The in-home safety plan criteria will not be met or are unlikely to be met while the time limited safety plan is in place. Change that requires longer term safety management intervention by Child Welfare should be overseen by the court.
- A parent is not in agreement with the safety plan. With awareness of the parent and child rights, the CPS worker listens for and responds to a parent who, directly or indirectly, communicates they do not support the safety plan and are asking not to be separated from their child. The CPS worker must determine whether the child is safe if the safety plan is no longer in place and the parent and child are reunited. If the child is unsafe without the safety plan the CPS worker must file a petition in juvenile court.

When considering whether to work cooperatively with the family or file a petition, the CPS worker should ask themselves:

- What is going to change in the limited time the plan is in place?

  If what is likely to change is that the in-home criteria will be met, then that is a reasonable use of such an intrusive plan in the absence of court intervention. There are circumstances when the change is imminent, or information gathered supports the change will occur in a defined amount of time. A few such examples include:

  - The family is on the wait list for housing and the new housing will be available and the move complete within the month.

- A parent is on the waiting for bed in a substance use disorder residential treatment program. The parent will be able to be in the program with their child either upon admission or after the blackout period. The bed will be available within the next 14 days.
- A familial support will be moving to Oregon to live with the family, but it will take three weeks until they arrive. Their presence in the home manages the safety threat.
- Mom is in jail and the safety threat does not involve mom's care. She is released in 30 days.
- The safety service that once in place will result in the in-home safety plan criteria being met is a provider, but the provider can't begin providing services for two weeks.

• Now that the child is safe (assume safety plan in place), what will you, the CPS worker, use those days for?

If what you will use the days for is to quickly gather enough information to determine if there is an impending danger safety threat and it is realistic to accomplish this quickly then that is a reasonable use of such an intrusive plan.

If what you will use the days for is to be creative and explore with the family solutions to meeting the in-home safety plan criteria, including identifying and approving safety service providers that is a reasonable use of such an intrusive plan. It is understood it can take some time to explore the natural family supports such as extended family, churches or other organizations the family is affiliated with, friends, co-workers and neighbors. If a family does not have many, or any, natural supports it can also take time to identify community supports, make referrals and have the providers initiate contact.

Remember all safety plans should be developed with the parent. Explain to the parent the following to make sure the parent is making an informed decision about the separation of them from their child and understands the impacts of court involvement versus working cooperatively with Child Welfare:

• The benefits of involving the court

• The parent can end the plan at any time

• If the plan is ended and the child is determined to be unsafe, the CPS worker must file a petition in juvenile court

• The safety plan, if it separates a parent who is the alleged perpetrator from their child, may only be in place for up to 10 calendar days and while a one-time extension of 30 calendar days can be requested, it would only be approved if the parent continues to support the safety plan and signs a new safety plan.

• Why the separation is necessary and what needs to change to have the parent and child in the same home again.

• What visitation will look like

Separating a parent and child as part of a safety plan does not necessarily mean there should be no contact. Consider the level of contact, if any, that can occur and not compromise the safety of the child. Frequently, a plan that allows for no contact is an unnecessary level of intervention. Consider:

• Frequency of contact

- Duration of contact
- Whether a combination in-home and out-of-home safety plan possible
- Level of supervision
- Type of contact, such as phone, email, text, FaceTime/Skype, in person

Even when the child will remain with one parent or a relative, attachment and trauma impacts for the child and parent must be considered and efforts made to minimize the impacts.

Whenever safety allows, engage the parent who is being separated from the child in the transition of the child from their daily physical care. Include them in the plan for the well-being of the child. Ask if the parent or child has or would like photographs to take, blankets, or other reminders of home and family. Promote attachment by letting the parent know when they will be able to talk to or see the child next. Continue regular communication with the parent about the child's activities and well-being. Be creative in finding ways to meet the trauma needs of the family.

Timelines specific to separating a parent and child during a CPS assessment:

Any safety plan, protective action, initial safety plan or ongoing safety plan, separating a parent, who is the alleged perpetrator, from a child in the absence of court intervention is limited to 10 calendar days with the possibility of a one-time 30 calendar day extension.

When a CPS worker puts in place a protective action or initial safety plan that separates the parent, who is the alleged perpetrator, and child the CPS worker complies with the timelines as follows:

- At any time and no later than the 10th day, if there is enough information to determine there is no present or impending danger then the CPS worker completes the CPS assessment without opening a case.
- If by the 10th day there continues to be insufficient information to determine if there is or is not present or impending danger and more time is needed then file a petition in juvenile court.
- If present danger still exists on the 10th day, the CPS worker then files a petition.
- If impending danger is identified the CPS worker determines how the threat or threats are occurring and determines if the in-home criteria can be met.
    - If in-home criteria are met, the CPS worker puts an initial safety plan in place that manages child safety with the parent in the home, opens the case for services and prepares the case for transfer.
    - If in-home criteria are met some of the days determine if a combination in-home and out-of-home safety plan can be developed. Consider the following:
        - Possibly children can be home during the weekdays and nights because the safety service providers are available to monitor safety threats, however there are no safety service providers available on the weekends so children cannot remain in home.
        - Is there an alternative place the children can stay? Possibly a Safe Families host family, with relatives or friends.
        - If the combination safety plan is a temporary plan with in-home criteria being met in the next 30 days, then consider requesting a 30 day extension and ask the parents to sign a

cooperative agreement.

- If in-home criteria not met, is there a resource to do a temporary out-of-home safety plan? If all information gathered suggests this would be a temporary plan with in-home criteria being met in the next 30 days, then consider requesting a 30 day extension and ask the parents to sign a cooperative agreement.

When a CPS worker requests to extend the separation of parent and child for up to 30 additional days this extension must be approved jointly by a program manager and a CPS supervisor.

The program manager and CPS supervisor may only approve the up to 30 day extension after confirming the following:

- The information supports the in-home safety plan criteria that is not met will likely be met within 30 days.
- If it is an out-of-home plan, that the circumstances do not allow for a combination plan.
- The parents signed a new safety plan indicating support of the extension.
- The safety plan manages child safety.
- The visitation plan is as open as it can be given the safety threat and the safety service providers.
- All safety services providers are determined to be suitable.
- Parents have been informed of the option of court intervention.
- The plan will not be in place beyond the completion of the CPS assessment.

Active information gathering and case planning must occur while children are out of the home. This is true whether they are out of the home full time or part time. The CPS caseworker should be actively working with the parents in order to meet the in-home criteria so reunification can occur. A cooperative agreement should only be considered when the changes needing to be made to meet the in-home criteria are realistically achieved before the end of the safety plan extension and never to exceed the duration of the CPS assessment.

Comprehensive assessment

You must complete the CPS comprehensive assessment after you:

I. Complete the initial contacts, and

II. Ensure the child's or young adult's immediate safety, if necessary, through the:

   A. Protective action plan, or

   B. Initial safety plan.

Procedure

I. You should consult other providers when there is a specific client condition or behavior that requires additional professional assessment. For example:

   A. The child exhibits undiagnosed physical health concerns or the child's behaviors or emotions do not appear to be age-appropriate. Examples are:

      1. Hyperactivity;
      2. Excessive sadness and withdrawal;
      3. Chronic nightmares;
      4. Bed wetting; or
      5. Aggressive behavior at home or at school.

   B. The parent exhibits behaviors or emotions that do not appear to be controlled. Examples are:

      1. Violent outbursts;
      2. Extreme lethargy;
      3. Depression; or
      4. Frequent mood swings.

   C. The child or parent has a chemical dependency.

II. In this context, other sources may include:

   A. **Medical personnel** may assess and respond to the medical needs of a child or parent and possibly document the nature and extent of abuse.

   B. **Mental health personnel** may assess the effects of any alleged abuse and help determine the validity of specific allegations. They may also evaluate the parent or caregiver's mental health status and its effect on the safety of the child.

   C. **Alcohol and other drug specialists** may evaluate parental or caregiver substance use or misuse and its impact on the safety of the child.

   D. **Domestic violence experts** may assist to examine the safety of the child in cases where partner abuse and child abuse coexist. These professionals may also help in safety planning.

E. **Multidisciplinary teams** may be used to help CPS analyze the information for proof of abuse and the assessment of risk and safety.

F. **Designated medical professional (DMP)** must be consulted per ORS 419B.022-024. In cases where there is suspicion that injuries are caused by abuse, they must be addressed in the coordinated comprehensive way required by Karly's Law.

G. **Local or regional CAICs (Child Advocacy and Intervention Centers)** are frequently used by workers and law enforcement to conduct forensic interviews of children who are suspected victims of abuse. Often, medical evaluations are conducted as well, and critical information is gathered during the evaluation processes.

III. If the assessment identifies the need for specific evaluation, the referral should specify the following:

A. The reason for referral. Include specific areas for assessment as they relate to the present or impending danger safety threats.

B. The parents' knowledge about the referral and their response.

C. The timeframe in which the evaluation must occur. Also, when the agency will need a report back from the provider.

D. The purpose and objectives of the evaluation. Examples are the parents' level of alcohol use and its effects on their ability to parent.

E. The specific questions the CPS worker wants answered to assist in decision-making.

IV. Another source of information is the LEDS information on the alleged perpetrator and adults who live in and frequent the home. If the individuals were provided with notice (LEDS notice, DHS 9004), you may request a LEDS check. This information should be considered when you:

A. Assess child safety, and

B. Determine that behavior revealed by criminal history is inconsistent with providing care or having access to children.

V. If you identify abuse while you conduct a CPS assessment, it is reasonable to address the new abuse in the open CPS assessment, if:

A. This occurs within 60 days of the original report;

B. Involves the same or similar circumstances as in the original report;

C. Involves perpetrators and victims who live in the household currently being assessed; or

D. The new abuse or new abuse details are not believed to be a crime.

When you address an allegation of abuse identified after the initial contact:

I. Ensure you address the new abuse in the same manner all reports are required to be addressed in a comprehensive CPS assessment.

When all the criteria above are *not* met, the CPS worker must report the new allegation to a screener. Even when all the criteria *are* met, if the CPS worker or supervisor believe the new abuse requires a screening report, a report to a screener should be made.

Chapter 3
Assessment

Section 9: Determine the disposition of the CPS assessment

Determine the disposition of the CPS assessment

As outlined in OAR 413-015-0440:

I. The CPS worker must determine a disposition for all CPS assessments completed by Child Welfare as required by ORS 419B.026 (1).

II. Requirement to determine disposition of the CPS assessment: You must determine if there is reasonable cause to believe that abuse occurred and explain the basis for that determination. The requirements to determine dispositions are in OAR 413-015-1005, The CPS Assessment Dispositions.

III. Documentation: You must document that determination and explain the basis for the determination in the disposition narrative section of OR-Kids prior to completing the CPS assessment.

IV. When a disposition is founded and the victim is 3 years old and under, you must refer the child to early intervention. The form CPS to Early Intervention Referral (DHS 323) is required when a release of information is not signed.

Procedure

You must base the determination for a disposition on state laws, administrative rule, and the information gathered. The standard for determining CPS assessment dispositions is reasonable cause to believe, and the possible determinations are:

I. "Founded" means "substantiated," which means there is reasonable cause to believe the abuse occurred.

II. "Unfounded" means "unsubstantiated," which means there is no evidence the abuse occurred.

III. "Unable to determine" means "inconclusive," which means there is some indication the abuse occurred. However, there is insufficient evidence to conclude that there is reasonable cause to believe that abuse occurred. The "unable to determine" disposition may be used only in the following circumstances:

   A. After extensive efforts have been made, you are unable to locate the family; or

   B. After completing an assessment that complies with Child Welfare's rules, one of the following applies:

      1. The alleged victim is:

         - Unable or unwilling to provide consistent information, and
         - There is insufficient information to support a founded or substantiated or unfounded or unsubstantiated determination.

      2. Information:

         - Conflicts or is inconsistent from collateral contacts or family, and
         - Is insufficient to support a founded or substantiated or unfounded or unsubstantiated determination.

To determine CPS assessment dispositions:

I. Definitions of abuse as defined in OAR 413-015-1015 (1) apply to all allegations of abuse of a child.

II. Definitions of abuse as defined in OAR 413-015-1015 (1) and (2) both apply when determining the CPS assessment disposition of a child living in a home certified by Child Welfare or ODDS, unless the home is the child's family home where the child lives with their parent or caregiver, in which case, only OAR 413-015-1015 (1) applies.

III. When determining the disposition of a young adult living in a home certified by Child Welfare or ODDS, only the definition of abuse as defined in OAR 413-015-1015 (2) applies unless the home is the young adult's family home where the young adult lives with their parent or caregiver, in which case, no CPS assessment disposition is determined.

IV. Abuse does not include reasonable discipline unless the discipline results in one of the conditions described in OAR 413-015-1015 (1) and (2).

Abuse of a *child,* for determining the CPS assessment disposition, includes, among others, the following behavior, conditions, and circumstances:

I. **Abandonment.** This includes parental behavior that shows an intent to permanently give up all rights and claims to the child.

II. **Child selling.** This includes selling of a child that consists of:

   A. Buying,

   B. Selling,

   C. Bartering,

   D. Trading, or

   E. Offering to buy or sell the legal or physical custody of a child.

III. **Mental injury (psychological maltreatment).** This includes cruel or unconscionable acts or statements made, threatened to be made, or permitted to be made by the parent or caregiver that has a direct effect on the child. The parent or caregiver's behavior, intentional or unintentional, must be related to the observable and substantial impairment of the child's:

   A. Psychological,

   B. Cognitive,

   C. Emotional, or

   D. Social well-being and functioning.

IV. **Neglect.** This includes failure, through action or omission, to provide and maintain adequate:

   A. Food,

   B. Clothing,

   C. Shelter,

   D. Medical care,

   E. Supervision,

F. Protection, or

G. Nurturing.

Chronic neglect is a persistent pattern of family functioning in which the parent or caregiver does not sustain or meet the basic needs of a child. This neglect results in an accumulation of harm that can have long-term effects on the child's overall:

A. Physical,

B. Mental, or

C. Emotional development.

Neglect includes each of the following:

A. Physical neglect, which includes each of the following:

1. Failure to provide for the child's basic physical needs.
   This includes adequate:
   - Shelter,
   - Food, and
   - Clothing.
2. Letting a child enter or remain in or on premises where methamphetamines are manufactured.
3. Unlawful exposure of a child to a substance that subjects a child to severe harm to the child's health or safety. When you make a determination of physical neglect based on severe harm to the child's health due to unlawful exposure to a substance, this determination must be consistent with medical findings.

B. Medical neglect is a refusal or failure to seek, obtain, or maintain necessary medical, dental, or mental health care. Medical neglect includes withholding medically indicated treatment from infants who have disabilities and life-threatening conditions. However, failure to provide the child with immunizations or routine well-child care alone does not constitute medical neglect. When you make a determination of medical neglect, this determination must be consistent with medical findings.

V. **Lack of supervision and protection.** This includes failure to provide supervision and protection appropriate to the child's age, mental ability, and physical condition.

VI. **Desertion.** This includes when the parent or caregiver:

A. Leaves the child with another person and fails to reclaim the child;

B. Fails to provide information about their whereabouts;

C. Provides false information about their whereabouts; or

D. Fails to establish a legal guardian or custodian for the child.

VII. **Psychological neglect.** This includes serious inattention to the child's need for:

A. Affection,

B. Support,

C. Nurturing, or

D. Emotional development.

The parent or caregiver behavior must be related to the observable and severe harm of the child's:

E. Psychological,

F. Cognitive,

G. Emotional, or

H. Social well-being and functioning.

VIII. **Physical abuse.** This includes an injury to a child inflicted or allowed to be inflicted by non-accidental means that results in harm. Physical abuse may include injury that could not reasonably be the result of the explanation given. Physical abuse may also include injury that is a result of discipline or punishment. Examples of injuries that may result from physical abuse include:

A. Head injuries;

B. Bruises, cuts, lacerations;

C. Internal injuries;

D. Burns or scalds;

E. Injuries to bone, muscle, cartilage, and ligaments;

F. Poisoning;

G. Electrical shock; or

H. Death.

IX. **Sexual abuse.** This includes:

A. A person's use or attempted use of a child for the:

1. Person's own sexual gratification;
2. Sexual gratification of another person; or
3. Sexual gratification of the child.

Sexual abuse includes:

1. Incest,
2. Rape,
3. Sodomy,
4. Sexual penetration,
5. Fondling, and
6. Voyeurism.

B. Sexual exploitation. This includes the use of a child in a sexually explicit way for personal gain. For example: to make money; in exchange for food stamps or drugs; or to gain status. Sexual exploitation also includes using children in prostitution or using children to create pornography.

C. Sex trafficking is defined in rule. It means:

1. Recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under age 18 for the purpose of a commercial sex act, or
2. Recruitment, harboring, transportation, provision, or obtaining of a person over age 18 using force, fraud, or coercion for the purpose of a commercial sex act.

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

Abuse of a *child* or *young adult* when the child or young adult lives in a home certified by Child Welfare or ODDS includes, among others, the following behavior, conditions, and circumstances, unless the home is the child or young adult's family home where the child or young adult lives with their parent or caregiver:

X. **Abandonment.** This includes:

A. Desertion or willful forsaking of a *child* or *young adult;* or

B. Withdrawal or neglect of duties and obligations owed a *child* or *young adult* by:

1. A home certified by Child Welfare or ODDS;
2. A caregiver; or
3. Other person.

Tip

Considerations that relate to abandonment:

• Only a person in a caregiving role can abandon a child or young adult.

• Abandonment is leaving the child or young adult with no plan to resume care.

• Abandonment is a very specific act.

• When you consider abandonment as an abuse type, also consider neglect.

• Does abandonment include when a foster parent drops a child in care at the DHS office, without notice, and states that they are unable to care for the child any longer? Generally, no. Consider how the drop off looks. What was the responsibility of the state agency?

• An example of abandonment includes a foster parent who drops a child off at some person's home. Also, they never return when they move from Oregon without notification to the caseworker, certifier, or the person.

• If a child is missing, and a provider fails to make any efforts to look for or report a missing child, this is not abandonment. However, it should be considered under neglect.

XI. **Financial exploitation.**

A. Financial exploitation includes:

1. Wrongfully taking assets, funds, or property that belong to or are intended for the use of a *child* or *young adult.*

2. Alarming a *child* or *young adult* by conveying a threat to wrongfully take or appropriate money or property of the *child* or *young adult* if the child would reasonably believe the threat conveyed would be carried out.
3. Misappropriation, misuse, or transfer of any money without authorization from any account held jointly or singly by a *child* or *young adult.*
4. Failure to use the income or assets of a *child* or *young adult* effectively for the support and maintenance of the *child* or *young adult.*

B. Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of, privileges.

Considerations that relate to financial exploitation:

A. Property of the child or young adult refers to items brought into the home by the child or young adult and those items purchased for that child or young adult. This includes clothes, phone, hairbrush, books, toiletries, etc.

B. Wrongfully means unjust or illegal.

C. How a caregiver should use the assets, funds or property of a child or young adult is outlined in certification standards. The certifier should be consulted if there are questions about certification standards.

D. To alarm in this context is to communicate directly or indirectly intent to use a child's or young adult's money or property in a manner that is unjust or illegal and that results in the child or young adult being intimidated or fearful.

E. Authorization refers to permission being granted by the child or young adult's parent or guardian. For a child or young adult receiving ODDS services, permission may be granted by the child's or young adult's Individual Service Plan team.

F. Monies paid to the caregiver for the care and support of the child or young adult must be used for this purpose.

G. Monies and assets of the child or young adult are not to be used for the caregiver's personal gain.

H. The expectation is that monies are spent and assets utilized in a manner consistent with the standards, rules, and regulations applicable to the caregiver. The certifier should be consulted if there are questions about certification standards.

I. Developmentally or age appropriate withholding of, or threats to withhold, money or belongings is not abuse. Appropriate withholding of property assumes the caregiver does not damage or otherwise intentionally change the condition of the property.

J. Taking a child's or young adult's phone away and restricting access to electronics are both examples of temporary suspension of privileges that can be very reasonable discipline. However, the child's or young adult's age, development and behavior must be considered when evaluating the reasonableness.

K. An example of financial exploitation would include when a child does not have clothing that fits despite the foster parent having been given a clothing voucher. The foster parent used the voucher

to buy clothes for their own child's or their own use.

XII. **Involuntary seclusion:** Involuntary seclusion means confinement of a *child* or young adult alone in a room from which the *child* or *young adult* is physically prevented from leaving. Involuntary seclusion includes:

A. Involuntary seclusion of a *child* or *young adult* for the convenience of a:

1. Child-caring agency, proctor foster home;
2. ODDS licensed group home;
3. Home certified by Child Welfare or ODDS; or
4. Caregiver.

B. Involuntary seclusion of a *child* or *young adult* to discipline the *child* or *young adult.*

C. Involuntary seclusion does not include age-appropriate discipline, including but not limited to, a time-out.

Considerations that relate to involuntary seclusion:

A. Involuntary seclusion includes locking a child or young adult in a room or area inside or outside the residence.

B. Depending on the child's or young adult's age or development, a shut door in the absence of a lock may still prevent the child or young adult from leaving.

C. There are many ways, besides a lock or a closed door, to prevent a child or young adult from leaving a space that could also be considered involuntary seclusion.

D. Use of a baby gate to prevent or protect a child from accessing unsafe or unmonitored areas (such as stairs that are around a corner) is not seclusion. Proper use of a baby gate would include the caregiver hearing and seeing a child.

E. Therapeutic use of a seclusion or isolation room is not automatically involuntary seclusion, but the intent or justification needs to be considered.

F. The reasonableness of any discipline method must consider the child's or young adult's age, development, and behavior.

G. When considering involuntary seclusion as an abuse type, also consider neglect.

XIII. **Neglect.** This includes:

A. Failure to provide care, supervision, or services necessary to maintain the physical and mental health of a *child* or *young adult;* or

B. Failure to make a reasonable effort to protect a *child* or *young adult* from abuse by:

1. Child-caring agency, proctor foster home;
2. ODDS licensed group home;
3. Home certified by Child Welfare or ODDS;

4. Caregiver; or
5. Other person.

Considerations that relate to neglect:

A. One or more missed appointments would rarely be considered neglect.

B. Were the appointments (or other failures) critical to maintaining the physical and mental health of the child or young adult? What was the appointment for, and what were the consequences for the child or young adult as a direct result of missing the appointment? Also, why was the appointment missed? Finally, as the legal guardian, what was the caseworker's responsibility in getting the child or young adult to the appointment?

C. This failure may include a failure to report suspected abuse of a child or young adult. Consider whether the failure did or was likely to result in additional abuse.

D. What was the effect or likely effect on the child or young adult as a result of the caregiver's action or inaction?

E. This failure also may include not providing the level of supervision necessary for a child or young adult that requires considering the age, development, behaviors, and emotional state of a child or young adult.

F. What did the case plan, treatment plan, or supervision plan entail, and was the caregiver involved in the creation of the plan or was the caregiver instructed about those plans and expectations?

G. It is important to understand the high-risk behaviors of a child or young adult (for example, sexual offending, drug use, or gang affiliation) and how they may place another child or young adult at risk to ensure adequate supervision and protection. Adequate supervision and protection of children or young adults who have sexually offended is critical for the safety of all children and young adults in care. This includes the offending child or young adult.

XIV. **Physical abuse.** This includes:

A. Any physical injury to a child or young adult caused by other than accidental means or that appears to conflict with the explanation given of the injury;

B. Willful infliction of physical pain or injury upon a child or young adult.

Considerations that relate to physical abuse:

A. The injury does not have to be visible.

B. The purpose of the act is deliberate and for the intent to cause pain.

C. A caregiver may cause pain, but was it the purpose of the act or a secondary consequence of the act? An example could be administering a shot to a diabetic child; the shot caused pain, but the intent was to give medication.

D. Did the caregiver use physical means to manage the child's or young adult's behavior?

E. Did the caregiver intend to cause an injury or intend to cause pain? Even if the caregiver does not acknowledge intent, is it reasonably assumed the behavior of the caregiver would result in injury or pain?

F. Did the caregiver have a reasonable reaction or startled response to something surprising that unintentionally results in injury or pain to the child or young adult?

G. When a caregiver's actions are consistent with intent to protect the child, young adult, or someone else or even for their own protection, it may not be willful infliction of pain.

H. When considering disposition related to an injury that conflicts with the explanation provided, consider whether the injury was likely to have been intentionally inflicted.

XV. **Sexual abuse.** This includes:

A. A person's use or attempted use of a child or young adult for the:

1. Person's own sexual gratification;
2. Sexual gratification of another person; or
3. Sexual gratification of the child or young adult.

Sexual abuse includes:

4. Incest,
5. Rape,
6. Sodomy,
7. Sexual penetration,
8. Fondling, and
9. Voyeurism.

B. Sexual exploitation, which includes the use of a child or young adult in a sexually explicit way for personal gain. For example, to make money, in exchange for food stamps or drugs, or to gain status. Sexual exploitation also includes using children or young adults in prostitution or to create pornography.

C. Sex trafficking: "Sex trafficking" is defined in rule. It means:

1. Recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under age 18 for the purpose of a commercial sex act, or
2. Recruitment, harboring, transportation, provision, or obtaining of a person over age 18 using force, fraud, or coercion for the purpose of a commercial sex act.

XVI. **Verbal abuse:**

A. Verbal abuse includes the threat of severe harm, either physical or emotional, to a child or young adult by use of:

1. Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule, or.

2. Harassment, coercion, threats, compelling or deterring conduct by threats, humiliation, mental cruelty, or inappropriate sexual comments.

B. Verbal abuse does not include age-appropriate discipline. – That may involve the threat to withhold privileges.

Considerations that relate to verbal abuse:

A. All threats that constitute verbal abuse, regardless of use of profanity and insults, must threaten severe physical or emotional harm (refer to the definition of severe harm.)

B. What was the context? If a joke, while it may be inappropriate, if the child or young adult received it as a joke, it is not a threat.

C. Did the child or young adult experience the words as threatening?

D. Did the child or young adult experience anguish, distress, or fear?

E. When considering verbal abuse as an abuse type, also consider mental injury and neglect.

Wrongful use of a physical or chemical restraint of a *child* or *young adult,* excludes an act of restraint prescribed by a physician licensed under ORS chapter 677. Also, any treatment activities consistent with an approved treatment plan or used in connection with a court order.

A. "Physical restraint" means the act of restricting a *child* or *young adult's* voluntary movement as an emergency measure to manage and protect the *child* or *young adult* or others from injury when no alternate actions are sufficient to manage the *child* or *young adult's* behavior. "Physical restraint" does not include temporarily holding a *child* or *young adult* to assist them or assure their safety, such as preventing a *child* or *young adult* from running onto a busy street.

B. "Chemical restraint" means the administration of medication for the management of uncontrolled behavior. "Chemical restraint" is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.

Considerations that relate to physical restraint:

A. Only a caregiver trained to use a physical restraint should be doing so, per the rules, contracts and regulations.

B. Despite the expectation that only caregivers trained in use of a physical restraint do so, someone untrained in physical restraint may be in a position where they put hands on a child or young adult to restrain them. When this occurs, it may be reasonable if the child or young adult or others were believed to be at imminent risk of harm.

C. When a physician has prescribed the restraint, the behavior prescribed is not abuse. Follow up with the physician if the prescribed behavior is inappropriate.

D. Did the method for restraining the child or young adult demonstrate good judgment and was it safely implemented?

E. Was a non-physical intervention considered? Did the caregiver consider contacting police or taking

other measures to diffuse the situation?

F. What was the justification for using a restraint? What was the behavior made it necessary for the restraint? What was the potential outcome if the restraint did not occur?

G. If the child or young adult receives services from ODDS and has a positive behavior support plan, consider and review that plan.

Considerations that relate to chemical restraint:

- A caregiver may not use chemicals or substances to manage or control a child's or young adult's behavior in the absence of a doctor's direction.
- *What was the reason for the medication to be administered? The reason for the medication to be provided should not be for the benefit of the caregiver.*
- *Would giving a child or young adult a Benadryl (not for a cold or with doctor's instructions) to make them drowsy so they calm down, be a "wrongful" use of a chemical restraint? Yes*
- *Giving a child or young adult a Tylenol to treat a headache is not the use of a chemical restraint. –Its use is not to manage uncontrolled behavior.*

It is important to state the specific type of abuse, the relationship and name of the perpetrator and victim, as well as the dispositional finding itself. You then must explain how you came to the conclusion you did. Provide as much detail as possible. It is important to include interviews with:

I. Children,

II. Alleged perpetrator,

III. Non-offending parent,

IV. Police report information, and

V. Advocacy center reports when appropriate.

You will need to provide this type of detail on all dispositional findings. For example:

I. To determine whether neglect occurred directly related to lack of supervision, consider the following:

A. The child's:

1. Physical condition and mental abilities,
2. Coping capacity,
3. Maturity,
4. Competence,
5. Knowledge about how to respond to an emergency, and
6. Feelings about being alone.

B. Type and degree of indirect adult supervision. For example, is there an adult checking in on the child?

C. The length of time and frequency which the child is left alone. Is the child being left alone all day, every day? Are they left alone all night?

D. The safety of the child's environment. For example, the safety of the neighborhood, access to a telephone, and safety of the home.

Once you consider the above issues, document the consideration of those issues and how that lead to your finding.

Similar documentation should occur on each allegation type.

Special note on threat of harm cases: It is important to document the potential effect to the child's:

I. Physical,
II. Sexual,
III. Psychological,
IV. Cognitive, or
V. Behavioral state.

Also, show how the perpetrator's past circumstances can be tied to a current threat of harm. It is not enough to state there was prior founded or substantiated for sexual abuse, therefore there is a founded or substantiated threat of harm. You need to document how consideration of circumstances that surround the perpetrator's past sex abuse places the current children at threat of harm.

Documentation

Prior to completion, in the disposition narrative section of the assessment you must:

I. Document the disposition, and

II. Explain the basis for the disposition.

You must detail and specify the conditions and circumstances that resulted in the dispositional finding in the documentation.

When you document the type of abuse, you must specify which definition of abuse applies.

Be specific whether it is a type of abuse of a child as defined in 413-015-1015 (1) or a type of abuse of a child in a Child Welfare or ODDS certified foster home as defined in 413-015-1015 (2) or both.

When explaining the basis for the disposition the CPS worker:

- Includes the basics:
  - Perpetrator's name and their relationship to the victim
  - Victim's name
  - Abuse type (Neglect, Sexual Abuse, Physical Abuse, Threat of Harm)
    - Do NOT include the abuse description. For example, neglect is the abuse type, lack of supervision and protection is the description. Similarly, threat of harm is the abuse type and threat of harm: sexual abuse includes the description.
    - When you document the type of abuse, you must specify which definition of abuse applies. Be specific whether it is a type of abuse of a child as defined in 413-015-1015 (1) or a type

of abuse of a child in a Child Welfare or ODDS certified foster home as defined in 413-015-1015 (2) or both.

- Supports the finding with facts
  - What information gathered supports the disposition selected. There is always more than a disclosure. What details were corroborated? what adds credibility?
  - Includes the facts that do and do not support the conclusion and why that information did or did not have more weight than the other information
  - Names sources. Who (Dr. Smith) or where (police report #02-12345), did you learn the information from.
  - Avoids opinion, judgment and gut feeling. Rather than drawing a conclusion such as saying a child is fearful describe the behaviors such as child was shaking and started to cry when told they would be seeing their mother.
- Includes impact, or likely impact, to the child
- Is specific to each child
  - Uses the rule, but no need to quote the rule. Review the definitions of unfounded, founded and unable to determine as well as the definitions of the abuse types. All of these definitions can be found in the "CPS Assessment Dispositions" rule. If making a finding of Threat of harm, review the definition of "severe" in Introduction to CPS Rules." Rather than quoting the rule, document the justification by providing the information gathered in the CPS assessment in a manner that is consistent with the definitions.
- For CPS assessments where a child has died, clearly states if the death was the result of abuse.

Tip

When making the disposition decision, it is important to answer the question, "Is there sufficient information and documentation to support this being abuse?" Even in referrals that lack reasonable cause to believe abuse occurred (unfounded or unsubstantiated, or unable to determine, or inconclusive dispositions), documentation of information is important. – The content of reports eventually may show a pattern of abuse.

Chapter 3
Assessment

Section 10: Early intervention referrals

Early intervention referrals

As outlined in OAR 413-015-0440, when a disposition is founded or substantiated for abuse, you must refer all victims age 3 and under to early intervention. To complete the referral, you must use the CPS to Early Intervention Referral Form (CF 323) when a release of information is not signed.

Procedure

Best practice is to get a release of information. A release is ***not*** necessary if the referral form is used.

Chapter 3

Assessment

Section 11: Make child safety decision and determine whether to open a case

Make child safety decision and determine whether to open a case

As outlined in OAR 413-015-0445, you must determine if the child is safe or unsafe at the conclusion of the CPS assessment after:

I. All the necessary information is gathered for the CPS assessment, and

II. The disposition has been determined.

To make a child safety decision at the conclusion of a CPS assessment, you must again determine if an impending danger safety threat is present as outlined in OAR 413-015-0425.

I. You must conclude the child is unsafe, when at the conclusion of the CPS assessment you determine:
   A. One or more impending danger safety threats are present; and
   B. This includes a previously identified impending danger safety threat that has not been eliminated.

When you conclude that the child is unsafe at the conclusion of the CPS assessment, you must:

I. Determine how the impending danger safety threat is occurring to support the development of an ongoing safety plan as outlined in OAR 413-015-0428;

II. Develop an ongoing safety plan as outlined in OAR 413-015-0450;

III. Complete the CPS assessment; and

IV. Open a case.

V. You must conclude the child is safe, when at the conclusion of the CPS assessment you determine:
   A. No present or impending danger safety threats are present; and
   B. This includes any that were identified previously were eliminated.

When you conclude the child is safe at the conclusion of the CPS assessment, you must:

I. Dismiss the protective action plan or initial safety plan if one is in place; and

II. Determine if the family has moderate to high needs unless completing a CPS assessment involving the home certified by Child Welfare, ODDS, or OYA.

III. When you determine the family does not have moderate to high needs, you must complete and close the CPS assessment.

IV. When you determine the family does have moderate to high needs, you must:
   A. Offer the family referrals to relevant services as available.
   B. If the family accepts the offer, the CPS worker must refer the family to relevant services as available;

and

C. Complete and close the CPS assessment.

V. You must document in OR-Kids the child safety decision. This includes:

A. If the child is safe and the assessment will be closed, or the child is unsafe and the case will be opened; and

B. If the child is safe:

1. Whether the family was determined to have moderate to high needs and the basis for the determination; and

2. If applicable, whether the family accepted the offer for service referrals.

C. The basis for the determination of whether the child is safe or unsafe.

Procedure

At the conclusion of the assessment, make one of the following child safety decisions based on information gathered:

I. **The child is safe, but the family has moderate to high needs.**

A. When you identify that the child is safe and the family has moderate to high needs, offer the family referrals. These services should be:

1. Relevant (directly related to the needs);

2. Non-contracted (DHS does not pay for); and

3. Available (accessible to the family).

B. If the family accepts the offer for non-contracted service referrals, make the referrals and help the family to connect with the service.

C. All cases where the children are safe and the family has moderate to high needs must be closed.

II. **The child is safe, and the family does not have moderate to high needs.**

A. Please refer to the Chapter 3 section on moderate to high needs.

III. **The child is unsafe.**

A. The CPS worker will develop an ongoing safety plan.

Chapter 3
Assessment

Section 12: Determine moderate to high needs

Determine moderate to high needs

As defined in OAR 413-015-0115, moderate to high needs means:

I. Observable family behaviors, conditions, or circumstances that are occurring now; and

II. Over the next year without intervention, are likely to have a negative impact on a child's:
   A. Physical,
   B. Sexual,
   C. Psychological,
   D. Cognitive, or
   E. Behavioral development or functioning.

The potential negative impact is not judged to be severe. Intervention is not required for the child to be safe. However, it is reasonable to determine that short-term targeted services can reduce or eliminate the likelihood the negative impact will occur.

Procedure

At the conclusion of the CPS assessment, you and your CPS supervisor may have determined there is no impending danger safety threat. However, the family, the CPS worker, and the supervisor may determine moderate to high needs exist within the family condition if:

I. Observable family behaviors, conditions, or circumstances are occurring now; and

II. Over the next year without intervention, are likely to have a negative impact on a child's:
   A. Physical,
   B. Sexual,
   C. Psychological,
   D. Cognitive, or
   E. Behavioral development or functioning; and

III. The potential negative impact is not judged to be severe.

When it is determined that a family has moderate to high needs, refer to Chapter 3 section 11, Make Child Safety Decision and Determine Whether to Open a Case, for next steps.

Documentation

The CPS worker must document the moderate to high needs determination in OR-Kids.

Chapter 3
Assessment

Section 14: Protective Custody

Protective Custody

OAR 413-015-0455 outlines the CPS worker authority and responsibility as it relates to protective custody. Protective custody is when a child is removed from the legal and physical care of their parents. Depending on the circumstances a CPS worker can either take a child into protective custody with a protective custody order or without. When possible, a protective custody order should be obtained prior to removing a child.

Before we talk about how to take a child into protective custody, it is important to first talk about why. It is a very serious decision to remove a child from their parents. As such Oregon law is specific about when this action can be taken. The reasons for taking a child into protective custody are different depending on whether there is a protective custody order

A child may be taken into protective custody with a protective custody order when removal of the child from their parents is necessary and the least restrictive means available to:

- Protect the child from abuse;
- Prevent the child from inflicting harm on self or others;
- Ensure the child remains within the reach of the juvenile court to protect the child from abuse or to prevent the child from inflicting harm on self or others; or
- Prevent imminent physical damage or harm to the child, if there is reason to know the child is an Indian child.

When taking protective custody of a child with a protective custody order, there are two ways to go about getting the order.

I. Completing a declaration in support of a request for a protective custody and presenting the declaration to a judge. The declaration provides information describing the reasons protective custody is necessary and why protective custody is in the best interest of the child. The court will then review the Declaration and determine whether there is sufficient information to support the order.

II. Filing a petition with the juvenile court and scheduling a shelter hearing. At the shelter hearing the CPS worker, or their representation on Child Welfare's behalf, may request protective custody of a child.

In either case, if a judge grants the request then a protective custody order will be signed by the judge and provided to the CPS worker. The CPS worker now has the permission from the court to remove the child.

When taking protective custody of a child without a protective custody order the CPS worker has determined the child's safety would be compromised in the time it took to obtain a protective custody order and there is reasonable cause to believe that:

- There is imminent threat of severe harm to the child;
- The child poses an imminent threat of severe harm to self or others;
- There is an imminent threat the child's parent or guardian will cause the child to be beyond the reach of the juvenile court before the court can order the child to be taken into protective custody; or
- The child is an Indian child, and taking protective custody is necessary to prevent imminent physical damage or harm to the child.

- You have observed a child who has suffered a suspicious physical injury and you know or have a reasonable suspicion the injury is or may be the result of abuse, protective custody can be taken without a court order only for the amount of time necessary to ensure photographs are taken immediately and a medical assessment is conducted within 48 hours.

Before taking a child into protective custody to photograph or examine a suspicious injury, the CPS worker should consider exploring different ways to ensure these requirements are met. For example, was the parent invited to be present when photographs are taken and to see the photographs once taken. Make efforts to increase the parents' comfort with the photographs or medical exam.

If you identify any of the circumstances above, contact a CPS supervisor before taking further action, unless doing so will compromise safety of the child in which case make contact with a CPS supervisor afterward.

Remember, if there is no reason to believe the child is going to be unsafe before a protective custody order can be obtained, then complete a declaration or schedule a shelter hearing. The CPS worker should consider the following when determining if leaving to obtain a protective custody order could compromise the safety of the child:

- Whether the circumstances are such that the child is likely to suffer an acute or significant injury to their physical, sexual or psychological functioning or life-threatening damage.
- The distance to the local office and the court from the location of the child.
- The amount of time to drive back and forth to the office, the court and back to the home.
- If there is support at the local office to assist with the process and if so, whether there is cellular reception to collaborate with staff.

Additional Required Steps

Whenever you do take a child into protective custody with or without a court order, you must write a Protective Custody Report and promptly file that report with the court the day the child was taken into custody or no later than the morning of the next business day (ORS 419B.171). A Protective Custody Report is required even if the child is released to a parent or other responsible person before a Shelter Hearing.

If the child is not released to a parent or other responsible person, but is retained in protective custody, a Shelter Hearing must be scheduled to occur within 24 hours (excluding weekends and judicial holidays or court order) (ORS 419B.183).

Also, when a child is taken into protective custody or juvenile court intervention is necessary to ensure the child and family receive appropriate services, you must arrange for a juvenile court petition to be filed (ORS 419B.809).

Placing a Child into Protective Custody

When you go to place the child into protective custody (with or without the order), it is important to evaluate the current circumstances and your surroundings to determine the safest course of action. Law enforcement should be present whenever possible to ensure everyone's safety. If the child has been severely harmed or there is a threat of severe harm happening in the present, you do not have to wait for law enforcement. However, you may not take the child into protective custody without law enforcement assistance if:

- There is any resistance (for example, physically holding the child and refusing to let go, blocking exits, physically

blocking access to the child);

- There is threatened resistance; (for example, threatening to harm themselves, threatening to use weapons, or threatening violence if you take the child) or
- It creates a substantial risk of physical injury to any person.

Trauma informed engagement is essential when taking protective custody, not only for the child, but for the parents and caregivers as well. Placing a child into protective custody can create trauma for all persons involved.

Whenever safety allows, engage the parent/caregiver in the transition of the child from their care. Include them in the plan for the well-being of the child. Find out what comforts the child, what the child likes to eat, what are the child's interests, and what the bedtime routines are. Ask if the child could take photographs, blankets, or other reminders of home and family. Promote attachment by letting the parent/ caregiver know when they will be able to talk to or see the child next. Be creative in finding ways to meet the trauma needs of the family.

For more information about requirements and considerations for placements, see Chapter 5 Section 2: Placement Services Generally in the procedure manual.

Chapter 3
Assessment

Section 15: Reasonable and Active Efforts

Reasonable and Active Efforts

To meet the reasonable efforts requirement, Oregon's practice model uses the:

I. Comprehensive child safety assessment; and

II. Safety planning process.

The reasonable efforts requirement is consistent to ensure the least intrusive intervention used to ensure child safety.

I. CPS performs reasonable efforts to prevent out-of-home placement. Conducting comprehensive safety assessments and continuing safety planning requirements ensures that CPS meets the reasonable efforts requirement. The rigorous application of these standards is sufficient to comply with:

   A. Reasonable efforts expectations and requirements; and

   B. Justifies seeking court authority to place a child out of their home as part of the ongoing safety plan.

II. Active efforts are actions required of the state to care for an Indian child. These efforts are mandated under the Indian Child Welfare Act (ICWA), see OAR 413-115-0060. While active efforts are undefined in ICWA, these efforts are more intense than the legal term "reasonable efforts." Active efforts apply to:

   A. The provision of remedial and rehabilitative services to the family prior to the removal of an Indian child from their parent or Indian custodian; or

   B. An intensive effort to reunify an Indian child with their parent or Indian custodian.

   Each tribe determines what actions are indicated for the specific family that are:

   A. More intensive;

   B. Family involved; and

   C. Culturally appropriate.

The court makes findings if active efforts were met. However, the tribe largely, if not completely, determines this.

Form Reference:

A CF 0127 No Reasonable Efforts (NRE) No Active Efforts (NAE) Tracking Form must be submitted by the caseworker or supervisor whenever the court or the Citizen Review Board makes a NRE or NAE finding. The form is submitted to: Salem-Summer.CAFNoReasonableEffortsNotifications@dhsoha.state.or.us (address is also on the tracking form).

Chapter 3
Assessment

Section 16: Identifying legal parents

Identifying legal parents

Procedure

Immediately after a child is taken into protective custody, you or a designee must make diligent efforts to identify:

I. Legal parents, and

II. Putative fathers.

To take steps to determine and establish legal paternity, make these efforts:

I. Record information about putative and legal fathers on form CF418, "Father Questionnaire. File the form in the case record.

II. Notify the Department of Child Support (DCS). Complete and forward form CF5600, Child Welfare Parentage Testing and Division of Child Support Notification, or review related IIS screens.

III. Order the child's birth certificate. Then, determine if a father is named or if the certificate has been amended.

IV. If there is a putative father, help him contact the State Recovery Central Unit in DCS.

V. Obtain copies of marriage certificate or divorce decrees, as applicable.

VI. Determine if DNA tests should be pursued. This may be an option through DCS or by use of system of care funds.

Tip

Self Sufficiency and Division of Child Support screens are viewer access only. They may not be printed or filed in case files.

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 offered services. This will help to determine if the parents are resources for placement. If it is not known where the parents are, DHS must conduct reasonably diligent searches for them to give them notice of the juvenile court proceedings. A "reasonably or duly diligent search" is a systematic investigation that extends to:

I. People who, in the ordinary course of events, would be likely to receive news of or from the absent parent, and

II. 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. A search must be made in good faith. 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.

Support staff may conduct searches. However, it is the responsibility of the caseworker to ensure the search is complete.

Procedure

You must:

I. Read the family's child welfare files. Look for:
   A. Birth certificates or birth data;
   B. Names;
   C. Social Security numbers;
   D. Last known addresses; and
   E. Names of people who may have current information (relatives, employers, professionals who have worked with the family).

II. Within 30 days of placement, get and review the birth certificate for a child in temporary custody of DHS. The birth certificate may include names of previously unknown legal parents. Otherwise, confirm who may establish paternity.

III. Take notes. Make a list of all relevant pieces of information, places, and people likely to provide information about the parent. Each potential source, linked by place or relationship to the parent, is a reasonable avenue of inquiry.

IV. Use all relevant and available file material and results of interviews.

V. Contact known relatives, friends, and coworkers of the parent. Include the parent's last known address and last place of work.

VI. Follow up reasonable avenues of inquiry. Ask each contact for the parent's current and last known addresses.

VII. Review other DHS program files if accessible. Examples are Self Sufficiency and Division of Child Support screens.

VIII. If you cannot verify information through the above sources, access the Federal Parent Locator Service (FPLS) through the Division of Child Support. FPLS can be used to help locate and identify people who have or may have parental rights to a child. Send a letter that requests to locate the parent, signed by the authorized requester, to:

Division of Child Support
Locate Branch Manager
3200 Lancaster Drive NE
Salem, Oregon 97305

Send a copy of the letter to:

DHS Child Support Coordinator
500 Summer Street NE
Salem, Oregon 97310-1017

IX. When available, include in your request:

A. Social Security number of the parent;

B. Name of the parent;

C. Name of the child in care; and

D. Case number.

X. Information that may be made available through FPLS includes:

A. Social security number;

B. Address or location;

C. Employer's name;

D. Employer's address; and

E. Employment wages, benefits or other income.

Do not request the Division of Child Support to search for a parent to notify the parent their child is in state care.

Please refer to the booklet, Child Welfare Practices for Cases with Domestic Violence, DHS9200.

Tip

When you search for a parent who is the perpetrator of domestic violence against the other adult parent (victim):

- *Inform the victim that the attempt to locate the other parent is being made.*
- *Make a safety plan with the adult victim when appropriate. However, the search still needs to be made.*

Chapter 3
Assessment

Section 17: Visitation

Visitation

Ensure the parent or caregiver maintains contact and interaction with the child fitting to the circumstances when there is any kind of out-of-home placement in the:

I. Protective action plan;

II. Initial safety plan; or

III. Ongoing safety plan.

If an out-of-home ongoing safety plan is developed, you must arrange for visitation between the child and their family. You must refer to Visits and Other Types of Child and Family Contact, OAR 413-070-0800 through 0880.

Chapter 3
Assessment

Section 18: Notifications

Notifications

As outlined in OAR 413-015-0470 you must:

I. Notify the reporter (if they provided Child Welfare with contact information), unless Child Welfare determines that disclosure is not permitted under ORS 419B.035, of:

   A. Whether contact was made;

   B. Whether Child Welfare determined that abuse occurred; and

   C. Whether services will be provided.

   You must complete and document the notification prior to completion of the CPS assessment.

II. Verbally notify the following about all CPS assessment dispositions and whether Child Welfare will provide services as a result of the assessment:

   A. Parents of child or, when applicable, young adult;

   B. Non-custodial legal parent; and

   C. Caregivers.

   CPS assessment dispositions include:

   D. Unfounded or unsubstantiated;

   E. Unable to determine or inconclusive; or

   F. Founded or substantiated.

   When the child's parent is the perpetrator, the notice described in the next paragraph also must be provided. If notification may make any individual unsafe, a CPS supervisor may authorize an exception to the requirement to provide notification based on documentation supporting that conclusion. This notice must be documented within five business days of supervisory approval of the CPS assessment.

III. Give perpetrators written notice of founded or substantiated dispositions. The notice must include information about the disposition review process as outlined in Child Welfare Policy Notice and Review of CPS Founded Dispositions, OAR 413-010-0700 through 0750. If the notice could make any individual unsafe, the CPS supervisor may grant an exception to the requirement to provide notice, based on documentation that supports this conclusion. You must document the notification within five business days of supervisory approval of the CPS assessment.

IV. Give the Teacher Standards and Practices Commission (TSPC) notice of a completed CPS assessment when the alleged perpetrator is a:

   A. Teacher; or

   B. School administrator (each are defined in OAR 413-015-0115).

   Regardless of the disposition, a copy of the CPS assessment must be sent to TSPC. Remove the reporter's identity and other confidential information on the copy before you send it. This notice must be documented within five business days of supervisory approval of the CPS assessment.

V. Give the Office of Developmental Disabilities Services (ODDS) notice of a completed CPS assessment when it involves an ODDS certified home. Regardless of the disposition, a copy of the completed CPS assessment must be sent to ODDS. Remove the reporter's identity and other confidential information on the copy before you send it.

VI. Give Oregon Youth Authority (OYA) notice of a completed CPS assessment if it involves an OYA certified home. Regardless of the disposition, a copy of the completed CPS assessment must be sent to OYA. Remove the reporter's identity and other confidential information on the copy before you send it.

VII. Give Disability Rights Oregon notice of a completed CPS assessment when the report of abuse involves a child with a disability and was alleged to have occurred:

   A. At a school, or

   B. In an educational setting.

   Regardless of the disposition, a copy of the completed CPS assessment must be sent to Disability Rights Oregon. Remove the reporter's identity and other confidential information on the copy before you send it.

VIII. Notify law enforcement right away when a crime is suspected to have occurred even if unrelated to a report of abuse:

   A. At one of the following or to a child or young adult living or receiving services from a:

      1. Child-caring agency;

      2. Proctor foster home;

      3. ODDS licensed group home; or

      4. Home certified by Child Welfare, ODDS, or OYA.

Documentation

You must document the notifications as described above in OR-Kids. The documentation must include:

I. Who gave the notification;

II. To whom notification was given;

III. The date notification was given; and

IV. That notifications have been attempted or made within the timelines outlined in each paragraph above.

Procedure

Complete the required notifications related to a CPS assessment disposition to:

I. Reporters,

II. Parents, or

III. Caregivers

Also, notify them if there is no disposition, as well.

Notifications to TSPC, ODDS and OYA

It is important that the ODDS or OYA certifier has the safety related information to inform the certification decisions. TSPC needs the information to inform decisions about school teachers and administrators. The decisions made by these entities directly relate to child safety. Sharing information may prevent future child abuse.

Consular notifications – Vienna Convention

Overview

Sometimes, an action for appointment of a guardian or trustee is filed on behalf of a child that is a foreign national. When that happens, the Vienna Convention on Consular Relations (1963), a multi-lateral international treaty, requires notification be given to the consulate for the child's country. Oregon law carries out the treaty by requiring notification to the consulate of a foreign national child in the following situations:

I. A petition or motion to implement under ORS 109.119 seeking custody of or guardianship of a child;

II. A petition to appoint a fiduciary for the child or the entry of a protective order under ORS chapter 125;

III. A petition alleging that a child is within the jurisdiction of the juvenile court under ORS chapter 419B; and

IV. A motion to implement a plan other than return to parent under ORS Chapter 419B for a ward of the juvenile court.

Whenever DHS files a petition alleging a child who is a foreign national is within the jurisdiction of the juvenile court, DHS is required to:

I. Serve a copy of the petition on the consulate for the child's country, and

II. Document that service.

This is required even if the parents of the child do not want DHS to notify the consulate.

Caseworker's responsibilities

Determine the citizenship of the child and their parent

When a child is placed into substitute care and a petition is filed, you must attempt to determine if the child is a U.S. citizen. To accomplish this, you should do the following:

I. Ask the child's parents or relatives if the child is:

   A. A U.S. citizen;

   B. A citizen of another country; or

   C. A citizen of both the United States and another country.

II. Gather as much information about the child's nationality as possible from the child's parents and other relatives. This includes:
    A. When and where the child was born;
    B. Location of the other family members; and
    C. Last known addresses of the:
        1. Child;
        2. Child's parents; and
        3. Family members.

III. Use form CF449, Relative Contact Information Memo, to identify parents and other relatives. Also, document their contact information outside of the United States.

Based on the information obtained above, determine if the child is a U.S. citizen.

What if the child is not a U.S. citizen?

You should complete the following steps if you have reason to believe that the child:

I. Is not a U.S. citizen, and
II. Has been placed on a voluntary basis into substitute care, but
III. DHS has not filed a petition alleging that the child is within the jurisdiction of the juvenile court.

Notify the consulate of the child's country that the child has been placed into substitute care. This notification can be done via fax or letter (See Appendix 3.7 - Consulate Notifications via Fax).

Access the web page for the foreign consular offices in the United States. Determine the fax number and address of the consulate office you need to notify. Also find out the title of the consular officer.

I. Keep a copy of the notification in the DHS file. If you fax information to a consular office, keep the transmittal for your file as evidence of official notification. Also send a copy of the notification to the Office of Equity and Multicultural Services (OEMS).

II. If you have questions or need clarification on what the notification materials should include, contact the following:
    A. Office of Equity and Multicultural Services, 503-945-5700.

If you determine that:

I. The child is not a U.S. citizen, and
II. DHS has filed a petition alleging that the child is within the jurisdiction of the juvenile court.

Then, you must complete the following steps:

I. Serve a copy of the petition on the consulate of the child's country. Service may be made by:
    A. Hand delivery,
    B. Mail, or

C. Fax.

II. Document that service was completed. This may be done by having the consulate complete a written acknowledgment of service. Otherwise, you may have the person who made the service complete an affidavit that explains to whom a copy of the petition was served. The affidavit needs to be signed in front of a notary and notarized. If the document was served by fax, the printed confirmation receipt generated by the fax machine must be attached to the affidavit.

III. Send the written acknowledgment or affidavit that documents completed service, with a copy of the petition attached, to the court for filing. A copy of this proof of service must also be sent to the legal parties to the juvenile court proceeding.

IV. A copy of the proof of service should be:

A. Kept in the DHS file, and

B. Sent to Office of Equity and Multicultural Services.

What if the child is a U.S. citizen?

If you determine that the child is a U.S. citizen and not a foreign national, then DHS is not legally required to provide notification to the consulate of the child's country. However, per an agreement between Oregon's DHS and the Consulate General of Mexico of Portland, Oregon, DHS will provide notification to the Mexican Consulate's Office for children who are:

I. Dual citizens of Mexico, or

II. A biological minor of a Mexican national.

The notification process is slightly different. Prior to sending the notification form to the Mexican Consulate's office, you must have an Authorization to Share Information form (2099) signed by one of the parents. This allows you to share information with the consulate on behalf of their children. Otherwise, you must have a court order that allows you to share information with the consular office for purposes of planning for the child.

Role of the supervisor

I. Review all cases in your unit that have children placed in substitute care to ensure that the appropriate consulate was notified if any of the child or their parent(s):

A. Were born in another country, or

B. Have citizenship in another country.

II. Provide case consultation to caseworkers about consulate notification, if needed.

Forms and references

International law

I. Vienna Convention on Consular Affairs (1963), Articles 36 and 37

Oregon Revised Statutes

II. ORS 109.119

III. ORS 125 and 125.070 (guardianships and other protective proceedings)

IV. ORS 419B.851

Chapter 3
Assessment

Section 19: CPS assessment documentation

CPS assessment documentation

Procedure

You must record assessment activities and information gathered during the assessment process. Oregon Administrative Rule provides specific requirements and procedures for making findings and documenting information such as:

I. Present danger safety threats and impending danger safety threats that have been identified;

II. The capacity of parents or caregivers to protect;

III. The safety plan components; and

IV. The identity of relatives willing to contribute to the safety plan and cultural considerations.

You must complete the CPS assessment for review within 60 days of the day the information alleging abuse is received by the screener. This includes OR-Kids input and electronic submission. The Child Welfare program manager may approve a one-time extension of an additional 30 days for completion of the CPS assessment if:

I. It has been confirmed that critical information is still needed; and

II. The ability to obtain critical information is beyond your reasonable control.

Completion of the assessment must not interfere with the development of the initial case plan. The initial case plan must occur within 60 days as required in OAR 413-040-0010 when Child Welfare is granted temporary custody of the child during the CPS assessment. You should make efforts to complete the CPS assessment when there is sufficient information to do so. The timeline to complete the CPS assessment should not interfere with a permanency plan. To ensure timely development of the initial case plan, on cases where Child Welfare is granted temporary custody of the child in the course of the CPS assessment, no extension to complete the CPS assessment is allowed.

Chapter 3
Assessment

Section 20: The role of the supervisor

The role of the supervisor

Procedures

I. The CPS supervisor ensures that child, or when applicable young adult, safety is the focus of all assessment activity. To achieve that expectation, the CPS supervisor should:

   A. Review and discuss with the worker all safety decisions. This includes, but is not limited to, decisions to leave a child in the home, to remove a child from the home, and plans for reunification.

   B. Review the worker's documentation, and meet with the worker to analyze the information. Ensure that documentation adequately describes activities to achieve child safety and to make dispositional findings regarding child abuse.

   C. Be aware of and consider worker strengths, vulnerabilities, and experiences.

   D. Provide constructive feedback and recommend training whenever needs are identified.

II. During the course of completing a CPS assessment, the CPS supervisor must consult with the CPS worker in the following situations, most of which are outlined in OAR 413-015-0415:

   A. When a CPS worker has reasonable cause to believe that an alleged perpetrator is an employee of any program, office, or division of DHS or OYA. A CPS supervisor or designee must review and approve a completed CPS assessment within five working days of the electronic submission of the assessment by the CPS worker. After the assessment is reviewed by a CPS supervisor, if the alleged perpetrator is an employee of DHS or OYA, the CPS supervisor must inform the DHS Office of Human Resources of the disposition.

      If the disposition is founded, the CPS supervisor also informs the DHS Office of Human Resources of the type of abuse. The CPS supervisor must document the notification in OR-Kids.

   B. When a CPS worker contacts a child at home, the parent or caregiver is not present, and the referral indicates there may be immediate danger to the child's health or safety.

   C. When a CPS worker contacts a child at home, the parent or caregiver is not present, the child is inadequately supervised, and there is an immediate need to evaluate the child's health and safety.

   D. When a CPS worker believes a school employee does not need to be present during a child interview, but the school employee insists.

   E. If school officials refuse to allow the child interview to take place on school property.

   F. When a referral involves the home certified by Child Welfare, ODDS, or OYA.

   G. When a referral involves allegations that abuse occurred in a proctor foster home.

   H. When a CPS worker receives notification from a screener that a closed at screening or new referral was created on an open CPS assessment.

   I. Prior to a CPS worker placing a child in protective custody or after placement if consultation before placement will delay the safety intervention.

   J. Prior to a CPS worker initiating court action or after initiating court action if consultation before will delay the safety intervention.

K. Prior to a CPS worker developing an initial safety plan with a home certified by Child Welfare, ODDS, or OYA.

L. When the referral involves a child fatality.

M. When a CPS worker is making a disposition in a complicated or sensitive situation or case.

N. When a CPS worker is closing an assessment with the disposition of unable to locate.

III. When working with families where the Indian Child Welfare Act applies, the CPS supervisor:

A. Reviews compliance with the worker to ensure the tribe has been given formal notice and the worker is in frequent contact with the tribal social worker.

B. Assists the worker in making sure the Indian child, if placed out of his or her home, was placed following the placement preferences of the ICWA.

C. Ensures the worker is providing culturally appropriate services to the family.

IV. When working with children or parents born in another country or noncitizens, the CPS supervisor:

A. Reviews all cases in the unit that have children placed in substitute care to ensure that, when applicable, the appropriate consulate was notified if any of the children or children's parent(s) were born in another country or have citizenship in another country.

B. Provides case consultation to caseworkers regarding consulate notification.

V. In regard to completing absent parent searches, the CPS supervisor must:

A. Routinely check the status of searches for timeliness and accuracy.

B. Ensure a reasonable and diligent search to find available legal parents or involved putative fathers.

C. Consult with the appropriate program consultant to determine whether to make a search for a putative father if there are questions about how to proceed.

Granting extensions and exceptions

I. During the course of completing a CPS assessment, the CPS supervisor may grant the following extensions or exceptions:

A. An extension of the timeframe for the notification to the parent or caregiver that a child has been interviewed may be granted if earlier notification will compromise child safety. The CPS worker must notify the parents or caregivers the same day the interview occurred. If the same-day notification could make a child or adult unsafe, the CPS supervisor may authorize an extension for one day to allow a planned notification that is less likely to compromise safety.

B. An exception to the requirement to interview non-custodial legal parents if the interview, based on written documentation, may make a child or adult victim unsafe.

C. An exception to the requirement to notify parents, including non-custodial legal parents, and caregivers of the CPS assessment disposition if, based on written documentation, the notification may make a child or adult victim unsafe.

Supervisory approvals

I. A supervisor must approve the protective action plan, the initial safety plan and ongoing safety plan. A supervisor immediately advises a caseworker developing a protective action plan, initial safety plan, or ongoing safety plan when one is submitted for approval and does not meet one or more of the requirements.

II. The CPS supervisor must review and approve a completed assessment within five working days of the electronic submission of the assessment by the CPS worker. The local child welfare offices have the discretion to appoint a designee to fulfill the requirement of entering the supervisor's electronic verification of review and approval into OR-Kids.

Chapter 3

Assessment

Section 21: Special Considerations and Requirements for CPS Assessment

Special considerations and requirements for CPS assessment

A. Referral on an open case

Procedure

I. When receiving a new CPS referral on an open case, you should:

   A. Meet with the assigned caseworker or their supervisor to gain an understanding of past or chronic concerns.

   B. Contact the family together with the permanency worker whenever feasible and beneficial to the assessment.

   C. Review the ongoing safety plan to understand the impending danger safety threats addressed through ongoing case management.

II. If, after evaluating the information:

   A. It appears there is a violation of a current safety plan, but

   B. It does not constitute an allegation of abuse or neglect, you should:

      1. Consult with the CPS supervisor to determine if the referral should be closed without a CPS assessment. In this situation, you should document in OR-Kids that the referral was opened in error.

      2. You or the CPS supervisor must inform the permanency worker who will handle the violation through ongoing case management.

B. CPS assessment when there is a child fatality

Procedure

Child protective services assessments that involve a child fatality are complex and sensitive. It is important to be aware of and address the impact on the caseworker. Due to the challenging nature of these referrals, assignment to an experienced CPS worker should be considered whenever possible.

I. While each fatality case is different and creates varying assessment needs, in general, your role is to:

   A. Refer to the Child Welfare fatality protocol.

   B. Protect the surviving siblings.

   C. Determine whether there is a need for medical intervention.

   D. Determine whether abuse occurred.

   E. Determine whether there are additional CPS allegations that need assessment about the conditions and circumstances that surround the fatality. (The screener already may have identified all relevant additional allegations.)

F. Provide information and make referrals for crisis intervention and counseling as appropriate.

G. Complete an assessment for:

1. Possible filing of a dependency and petition, and
2. Follow-up services for surviving siblings or other children in the home.

H. Notify the Child Safety consultant.

II. A fatality staffing must be completed:

A. Within three business days of the receipt of a report that the fatality may be the result of abuse, or

B. When the deceased child, the deceased child's siblings or a member of the deceased childs household was the subject of a report.

1. This is regardless of the report being closed at screening or assigned.

Refer to Fatality Protocol for more information.

III. Your role and the role of the law enforcement officer are different. When there is a joint CPS and law enforcement agency (LEA) response and the roles appear to be in conflict, you should consult with a CPS supervisor. Child Welfare may determine that a fatality is founded for abuse, even if there is no LEA determination that a crime has occurred.

IV. If the LEA investigation and a medical examiner determine that the child fatality clearly was the result of abuse, and if there are:

A. No siblings to the deceased child; and

B. No other children in the home where the fatality occurred, you:

1. May complete the CPS assessment without face-to-face contact with the parents or caregivers.

Note: Only in a child fatality, when there are no siblings and no other children in the home, may you make a disposition without the required face-to-face contacts.

C. The CPS worker must, if these circumstances apply and no contact was made:

- Complete the CPS assessment; and
- Document a founded disposition based on the LEA investigation, medical examiner's report, and any additional information gathered during the CPS assessment.

D. The CPS worker must notify the below of the CPS founded disposition:

1. Reporter;
2. Deceased child's parents;
3. Non-custodial legal parent;
4. Caregivers; and
5. Perpetrators.

All medical examiner and LEA reports of any fatality must be forwarded to the CPS consultant for the district when you receive them.

C. Determine and respond to ICWA status

For children identified as having American Indian or Alaska Native ancestry, early tribal notification and exploration of extended family and tribal resources help ensure safety and permanency that is:

I. Culturally appropriate; and

II. Complies with the requirements of the Indian Child Welfare Act (ICWA).

Procedure

I. When Child Welfare receives screening information, the screener must inquire whether the child is an Indian child. If the screener receives information that the child may be an Indian child, and the tribe is named, the screener must send a copy of the screening report to the tribe within 24 hours after the screening decision is complete.

You must inquire whether the child is an Indian child and must work with:

A. The child's parents or Indian custodian; and

B. Any available extended family member, if the parents or Indian custodian are not available, to gather detailed information about:

- Tribal membership or enrollment;
- Whether the child is a ward of a tribal court; and
- The child or their parents' or Indian custodian's domicile.

1. Ensure completion of a form CF1270, Verification of ICWA Eligibility, to assist in determining ICWA eligibility.
2. Contact the child's tribe when an Indian child is the subject of a CPS assessment. Federally recognized tribes must be notified within 24 hours after information alleging abuse or neglect is received by Child Welfare.
3. If the Indian child is enrolled or eligible for enrollment in a federally recognized tribe or Alaskan village, notify the child's tribe, if the child may be placed in protective custody.
4. If you have questions about the involvement of a tribe or the ICWA status of a child, consult with:
   - The local Department ICWA liaison;
   - A supervisor; or
   - The ICWA manager.
5. Make a diligent attempt to address the following when determining the placement resource:
   - Contact with the appropriate representative from the child's tribe;
   - Search for relative resources;
   - Search for Oregon Indian foster home availability;
   - Contact other Indian tribes and other Indian organizations with available placement resources; and

- Extended family to the sixth degree of consanguinity.

Unless the Indian child's tribe has established a different order of preference, comply with the ICWA placement preference, which is as follows:

I. Placement with a member of Indian child's extended family;

II. Placement with a foster family that is licensed, approved or specified by the Indian child's tribe;

III. Placement with an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or

IV. Placement with an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.

Note: Both ICWA and Oregon law require any party seeking to remove an Indian child from their home to establish remedial or rehabilitative services to the family to avoid removal of the child. Active efforts must begin when Child Welfare has reason to know the child may be an Indian child, and there is a possibility the Indian child might be removed from the home of the parents or Indian custodian. This does not supersede:

A. The need for emergency removal to prevent imminent physical danger or harm to a child; and

B. When a protective action plan or initial safety plan that involves the child remaining in the home cannot be made.

Case records should document factual evidence that:

A. The conduct or condition of the parent or caregiver will result in severe physical or emotional harm to the child; and

B. That efforts were made to improve the parent's or caregiver's harmful behavior, and these efforts did not work.

Services offered must demonstrate active efforts made to alleviate the need to remove the child prior to a petition to the court for removal of an Indian child.

D. Determine and respond to refugee status

Procedure

During a CPS assessment, you must consider whether the child is a refugee child. Under ORS 418.925, a "refugee child" is a "person under 18 years of age who has entered the United States and is unwilling or unable to return to the person's country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion."

You must ask about the child's or parents':

I. Country of origin;

II. Length of time the child or parents have been in the United States;

III. Reasons why the child or parents came to the United States; and

IV. Ethnic and cultural information relevant to the child's status as a refugee.

You do not have to make a legal determination that the child and parent are refugees. However, if the child or the parents indicate they are refugees, then you must proceed as if they are. Do so, until or unless it is known that they are not refugees.

I. You may not take a refugee child into protective custody unless, in addition to the other requirements for taking a child into custody, you determine that:
   A. Removal is necessary to prevent imminent serious emotional or physical harm to the child; and
   B. Reasonable efforts to alleviate the harm through remedial or preventive services:
      1. Do not alleviate the harm;
      2. Have failed; or
      3. Are not practical in an emergency.
   C. Unless it is a voluntary placement, no refugee child may remain in placement more than five days unless there has been a judicial determination, supported by clear and convincing evidence that:
      1. Preventive or remedial services provided by DHS have failed to alleviate the need for removal; and
      2. Return to the home will likely result in psychological or physical damage to the child.
   D. When a refugee child is placed in care, the juvenile court petition must include, in addition to the information required by ORS 419B.809, the following:
      1. A specific and detailed account of the circumstances that led DHS to conclude that the child was in imminent danger of serious emotional or physical harm;
      2. Specific actions DHS has taken or is taking to alleviate the need for removal;
      3. Assurance that DHS has complied with placement preferences listed in ORS 418.937; and
      4. Assurance that DHS is making or has made diligent efforts to locate and give notice to all affected refugee family members and to the Refugee Child Welfare Advisory Committee that the petition has been filed.

II. Unless it is a voluntary placement, no refugee child shall remain in placement more than five days unless there has been a judicial determination that the above two criteria are met. You must address the following when determining the placement resource:
   A. Consider the child's culture and tradition.
   B. Follow the statutory mandate for placement preference as follows:
      1. Natural parents
      2. Extended family member;
      3. Members from the same cultural heritage; and

4. People with knowledge and appreciation of the child's cultural heritage.

C. You may determine that an exception to the placement preference is warranted when the placement is inappropriate or inconsistent with the best interests of the child if:

1. The placement presents threats to the child's safety;
2. Extreme medical, physical, or psychological needs of the child cannot be met in the placement;
3. The informed request from either the child's biological or legal parents not to use a placement, if the request is consistent with stability, security, and the individual needs of the child; or
4. When a juvenile court petition is filed, and a refugee child is placed in care, you must staff the case with the Refugee Child Welfare Advisory Committee (RCWAC). You must contact the International Case Consultant to arrange a time for the staffing.

   In preparation for the staffing, you must:

   - Invite the CPS supervisor to the staffing; and
   - Be prepared to discuss:
     - *(1)* Reasons for the CPS referral;
     - *(2)* Information indicating that family members are refugees; and
     - *(3)* Their country of origin.

Tip: The RCWAC will provide information about the culture of the family and how that may affect the parent's understanding of child welfare issues. They may have recommendations about culturally appropriate placement or service resources. Informed by the committee, you will find, seek out and use culturally appropriate placements and services for the children and parents.

E. Obtain interpreters and translation

You must obtain the services of a competent interpreter and document translation service for families that have limited or no means of communicating in or reading English. This includes hearing impaired families. Do not use children and other relatives for this purpose. Refer to the Language Services page of the Office of Equity and Multicultural Services.

F. Cultural considerations during the CPS assessment

With every family assessment, a person's history and culture will affect certain areas. Effective engagement with the family is critical to understanding family functioning and cultural considerations.

Use the following questions as a guide to understand cultural difference as part of the assessment.

I. What is the purpose and function of the nuclear family?

II. What roles do males and females play in the family?

III. Does religion play a role in this family? If so:

   A. What role does religion play?

B. How do these beliefs influence child-rearing practices?

IV. What is the meaning, identity, and involvement of the larger homogeneous group (e.g., tribe, race, nationality)?

V. What family rituals, traditions, or behaviors exist?

VI. What is the usual role of children in the family?

VII. What is the perception of the role of children in society?

VIII. What types of discipline does the family consider to be appropriate?

IX. Who is usually responsible for child care?

X. What are the family's attitudes or beliefs regarding health care?

XI. What are the family's sexual attitudes and values?

XII. How are cultural beliefs incorporated into family functioning?

XIII. How does the family maintain its cultural beliefs?

XIV. Who is assigned authority and power for decision-making?

XV. What tasks are assigned based on traditional roles in the family?

XVI. How do family members express and receive affection?

XVII. How do they relate to closeness and distance?

XVIII. What are the communication styles of the family?

XIX. How does the family solve problems?

XX. How do family members usually deal with conflict?

A. Is anger an acceptable emotion?

B. Do members yell and scream or withdraw from conflict situations?

A culturally sensitive CPS assessment recognizes parenting practices and family structures vary as a result of ethnic, community, and familial differences. This diversity can result in different but safe and adequate care for children within the parameters of the law. The CPS assessment process must:

I. Acknowledge, respect, and honor the diversity of families; and

II. Build upon the strengths and reinforce the family unit whenever possible.

G. Taking photographs during the CPS assessment

Procedure

I. During the CPS assessment, you must take photographs and document, as necessary:

A. Child abuse (for example injuries, harm, condition of the environment or dangerous objects within

reach);

B. The observable nature of any present danger safety threat; and

C. Any impending danger safety threat.

This should always be done in the most respectful manner possible. Families may feel defensive when there is a need to take photographs. Effective engagement is key to easing the family's concerns.

II. In the event you observe a suspicious physical injury on a child and you are certain or reasonably suspect the injury is or may be the result of abuse, you must immediately photograph or cause the photographs to be taken. If after attempts to engage the family have been exhausted and the family will not consent to the photographs being taken, immediately consult with a CPS supervisor to determine whether it is necessary to take protective custody of the child. If necessary, to comply with the requirement, the child may be taken into protective custody for the time required to ensure the photographs are taken.

III. Regardless of whether the child has previously been photographed or assessed during the current or a past CPS assessment, new photographs must be taken:

A. During the assessment of a new allegation of abuse; and

B. Each time, during an assessment, an injury is observed that was not previously observed by you.

IV. Photographs of the anal or genital region may be taken only by medical personnel. You must facilitate an examination by a medical professional if the alleged abuse involves:

A. Injury to the genitalia of any age child; or

B. Reported or disclosed injury to the genitalia of a school-aged child

V. Ensure the photographs taken during the course of the CPS assessment are:

A. Processed in a timely manner; and

B. Stored in the client record in an envelope that is labeled and dated. In addition, stored electronically in OR-Kids.

C. Labeled with the:

1. Case name;
2. Child's name;
3. Date taken;
4. Date filed in the DHS record.

D. Provided to the designated medical professional within 48 hours, or by the end of the next business day (whichever comes later) if the injuries are suspicious and you know or reasonably believe they are or may be the result of abuse, and made available to each member of the county's multidisciplinary team at the first meeting when the child's case is staffed.

H. Obtaining medical examinations during the CPS assessment

You should secure a medical examination of the child and obtain the child's medical history when necessary during the CPS assessment to:

I. Ensure child safety;

II. Determine treatment needs;

III. Reassure the child and family; or

IV. Assist in analyzing safety related information.

Procedure

You must proceed in the following situations as described below. You must consult with a CPS supervisor as soon as possible, but not at the expense of delaying medical treatment.

I. When you observe a child who has suffered suspicious physical injury as defined in ORS 419B.023 and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person must, in accordance with the protocols and procedures of the county multi-disciplinary team, ensure that:

   A. A designated medical professional (DMP) conducts a medical assessment:

      1. Within 48 hours of the observation of the suspicious physical injury; or

      2. Sooner if dictated by the child's medical needs; or:

         - If, after reasonable efforts to locate a DMP, and one is not available to conduct a medical assessment within 48 hours, then, an available:

            (1) Physician;

            (2) Physician assistant; or

            (3) Nurse practitioner conducts a medical assessment.

            Note: You are required to document in OR-Kids the efforts to locate the DMP when an available physician, physician assistant, or nurse practitioner is used.

      3. If a timely medical assessment cannot be assured, immediately consult with a CPS supervisor to determine whether it is necessary to take protective custody of the child. If necessary, to comply with the requirement, the child may be taken into protective custody for the time required to ensure the medical assessment is conducted.

II. When there are indications of severe physical trauma to the child, you must arrange to transport the child to a medical facility. This includes calling 911 when the trauma is acute. You also must arrange for medical examination of
a child for mild or moderate physical trauma.

III. To arrange for the medical examination of a child, you must do the following, unless completing the action would delay medical treatment for the child:

   A. Discuss with the parent or caregiver the need for medical evaluation or treatment.

   B. Ask the parent or caregiver to take the child to a medical facility for medical evaluation or treatment. This should always be the first option to seek treatment for a child. Medical care can be a traumatic event for children, so parental presence is encouraged whenever it does not pose a threat to the child's safety.

   C. Request that the parent sign a form MSC 2099, Authorization for Use and Disclosure of Health Information.

D. Contact an LEA immediately and seek a juvenile court order to obtain protective custody of the child to obtain a medical evaluation or treatment when:
   1. The parent or caregiver refuses to obtain needed medical examination or treatment;
   2. The parent or caregiver may flee with the child or young adult; or
   3. Delaying medical evaluation or treatment could result in severe harm to the child.

E. When there is an indication of a life-threatening condition, or of a deteriorating condition that may become life threatening, you must seek medical care and consultation immediately.

F. When there is reason to believe a child has been exposed to dangerous chemicals such as those found in a chemical drug lab, you must arrange to have the child tested for chemical exposure as soon as possible. It cannot be later than 24 hours of learning of the exposure.

G. When a report of suspected medical neglect of an infant with a disability and with life-threatening conditions is referred for CPS assessment, you must comply with OAR 413-030-0600 through 0650.

H. When it is medically indicated to subject a child in the custody of DHS to HIV testing, you must comply with OAR 413-040-0400 through 0450.

I. A child may have a personal representative present during a medical examination who is:
   1. The victim of a person crime as defined in ORS 147.425; and
   2. At least 15 years of age at the time of the abuse.

   If you believe that a personal representative would compromise the CPS assessment, you may prohibit a personal representative from being present during the medical examination.

J. When you are making a determination of medical neglect, you must consult with a health care professional.

Trauma informed engagement is essential when working with families, especially when children have injuries. Consider ways in which to help the child feel more comfortable that will not compromise the CPS assessment. Whenever safety allows, engage the parents or caregivers in the process. If a parent or caregiver is not an option, consider who else may be appropriate to accompany the child during the medical evaluation. Find out what comforts the child and consider what could be taken with child to help the child feel safe. Be creative in finding ways to meet the trauma needs of the child and family.

I. Obtaining psychological and psychiatric evaluations during the CPS assessment

Procedure

I. When during the CPS assessment, you must make a referral for a psychological or psychiatric evaluation by a mental health professional when you identify a specific condition or behavior that requires additional professional evaluation of a parent; caregiver, child or young adult, to:
   1. Assure safety;
   2. Determine treatment needs; or

3. Assist in analyzing safety-related information.

Examples include:

A. Unusual or bizarre forms of punishment;

B. Mental illness;

C. Suicidal ideation;

D. Homicidal ideation; or

E. Unusual or bizarre child or parental behavior indicative of emotional problems.

II. You must obtain consent of the parent or caregiver prior to making a referral for a psychological or psychiatric evaluation of the parent, caregiver or child, unless the evaluation is court ordered.

J. When medical assessments, dental assessments and mental health assessments need to be completed for children in substitute care

Procedure

I. Each child placed in substitute care must receive the following:

A. An intake nursing assessment by a DHS contracted nurse, shortly after entering care;

B. A comprehensive health assessment by the child's primary healthcare provider, within 30 calendar days of entering care;

C. A dental assessment for children age 1 and older, within 30 calendar days of entering care;

D. A Child and Adolescent Needs and Strengths (CANS) screening, within 60 calendar days of entering care;

E. A mental health assessment for children age 3 and older, within 60 calendar days of entering care; and

F. An early intervention screening for children ages 0-2, within 60 calendar days of entering care.

II. You must ensure that the child receives all:

A. Assessments and screenings described above;

B. Treatment and services recommended in the required assessments and screenings that are covered by either:

1. The Oregon Health Plan; or

2. The child's private insurance.

K. Children with special needs and the CPS assessment

Children with special needs include those with:

I. Physical;

II. Intellectual;

III. Developmental;

IV. Emotional; or

V. Mental disabilities.

Procedure

I. When a child has special needs, you should determine if the child has a Developmental Disability (DD) worker. If not, consider making a referral or referring the family to other community services relevant to the child's needs. These referrals can be made regardless of the decision to open a case for Child Welfare services. If the child has a DD worker, coordinate with that person on the interview and assessment of child abuse or neglect.

II. When working with a child with specialized needs, view the child as an individual. A child with a disability has a condition(s) that impacts them in some way daily. Consider the following issues when working with the family to plan useful interventions:

   A. Does the child have a diagnosis or conditions? If so, describe them.

   B. How are the following areas impacted?

      1. **Communication** – How does this child best communicate: Verbally, visually, through a communication board, drawing, or are photos useful? Frequently, receptive (receiving) skills are higher than expressive skills. Therefore, it is important to consult with someone who knows the child's skill levels.

      2. **Mobility** – What are the child's mobility capabilities? What is the level of freedom of movement? Is the child able to fight back physically, run away, or escape?

      3. **Dependency** – Lifelong dependency may cause a child to be trusting and less likely to question care or requests. The child may have become accustomed to others providing personal care, therapies, or some type of assistance. Also, those people being in a position of authority. The child may confuse exploitation with appropriate care.

      4. **Compliance** – Children who require specialized care or supervision often are rewarded for being compliant. Assertiveness or self-advocacy may not be encouraged. Be aware that sexual interest and development for children in the mild and moderate ranges of developmental disabilities occurs at about the same time as typical peers. Lack of skills in protecting oneself from sexual abuse may place the child at risk.

      5. **Cognition** – It may be difficult for a child to identify or understand a situation in a way that represents what has happened. The challenge may involve processing or language, or the child may not understand the nature of the situation. For example, a child requiring personal care may have difficulty identifying exploitive touch.

      6. **Isolation** – The circle of friends and acquaintances may be limited and activity driven. Thus, it may limit the opportunity for the child to have people in whom to confide. If a child has been victimized by someone familiar, there may be fear of retaliation. If the child has few contacts, even the loss of someone who may have harmed them can be frightening.

7. **Behavior control** – Behavior is a means of communication. Some behavior controls are psychotropic medication, isolation from others, or the use of other types of restraints. If there are concerns or doubts about behavioral controls, gather more information about the intent or purpose of the used procedure from the psychiatrist, family, others who know the child, and a Child Welfare supervisor.
8. **Credibility** – Sometimes symptoms of abuse and the disability overlap and may be overlooked. For instance, a child may be on medications that impact the child's affect. As a result, when the child is communicating, their behavior and the way they are relating the incident may seem incongruent. Consequently, it can lead the interviewer to doubt the child's credibility. Sometimes the child may have some self-injurious behaviors that cause abrasions, so signs of abuse may not be evaluated as non-accidental trauma.

L. Substance use

Substance use and misuse are often significant issues for most family members involved in Child Welfare services. Parents who misuse substances are less likely to be able to function effectively in a parental role.

Procedure

I. In every response, you must consider alcohol or drug involvement as part of the CPS assessment. By observing the environment and people in the home, important indicators of alcohol or drug use may become apparent.

II. In addition, when the use of substances is known and established, it is common and expected that any person will deny the excess use of alcohol, and any use of illegal drugs, on a routine basis and minimize:

   A. The amount of their use; and

   B. The negative effect of their use.

III. People who misuse substances are generally poor reporters of their use history. Also, they are generally inaccurate about the effect of that use on others.

IV. Workers who display annoyance or frustration upon hearing inaccurate or incomplete answers about substance use only increase the likelihood of more denial. Staying neutral and using engagement skills will increase the amount and accuracy of alcohol and drug information.

   You should check for the following indicators of alcohol and drug involvement:

   A. A report of substance use is included in the referral.

   B. Paraphernalia is found in the home.

   C. The home or parent or caregiver may smell of alcohol, marijuana, or other drugs.

   D. A child reports alcohol or other drug use by a parent, caregiver, or other adults in the home.

   E. A parent or caregiver appears to be actively under the influence of alcohol or drugs.

   F. A parent shows signs of addiction.

   G. A parent admits to substance misuse.

H. A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal.

I. Observe people who frequent the home. Actions of the parent's friends or associates can indicate their behaviors and practices.

J. Ask about their substance use to screen for alcohol or drug abuse.

V. When you suspect or have clear evidence of drug use by parents, assess how alcohol or drug use affects the parent or caregiver's:

A. Ability to make sound judgments about the safety of the child; and

B. Behaviors that may present a threat to child safety and impact the ability to provide protection.

1. Document this information in the assessment narrative.

2. Refer clients to an appropriate alcohol and drug (A&D) treatment program for a formal evaluation of their alcohol and drug use and a recommended course of action.

VI. Offer a urinalysis (UA) test to the client as an option to verify their claim of no drug involvement. The following is the drug testing protocol for Child Welfare staff:

A. If a client volunteers or is court ordered to participate in drug testing, you or the addiction recovery team in the individual local child welfare offices will assist the client in locating a professional drug testing process (e.g., contracted alcohol and drug treatment providers, hospitals, community programs).

B. You may not be involved in the collection, observation or transportation of a client's drug test for laboratory testing. Results of drug tests can impact critical child welfare and court decisions. Participating in the processing of drug testing creates a conflict of interest.

C. You cannot deny a client services because the client declines voluntary drug testing. This includes frequency or length of child visits. If the client demonstrates behavior that is immediately dangerous to the child, visitation can be interrupted.

D. In consultation with your supervisor, you will determine and inform the client of potential outcomes:

1. The effect of participating or refusing to participate in drug testing; and

2. The effect of drug use on case decisions.

E. The use of drug testing should be limited to those cases in which substance misuse issues appear evident, but not as routine screening for all clients.

F. Limitations in drug testing:

1. Drug tests are either voluntary or court ordered. You have no authority to require or coerce the client to participate in drug testing.

2. Drug test results are a snapshot in time of a client's use. They should not be used as the sole indicator of progress, relapse, or protective capacity.

VII. Always consult with the trained A&D staff within your local office when working with clients who have issues of substance misuse. Different drugs have different effects. Consulting with A&D staff will allow you to make informed decisions about issues from placement to removal. It will also help you develop strategies to assist

clients in being successful.

VIII. Once clients enter A&D treatment, it is essential to partner with treatment staff to:

A. Obtain the most current information about the client's progress; and

B. Offer information that may increase the client's ability to succeed in treatment.

You need to ensure clients sign the necessary authorizations to allow for an exchange of information. Collaboration between A&D treatment and Child Welfare is important to both client success and child safety. Federal law (42 CFR Part II) requires very specific and restrictive procedures about the information in alcohol and drug treatment records.

M. Domestic violence

Procedures

Domestic violence perpetrators can create situations that result in child abuse. Responding to domestic violence requires a specialized approach. This is because our intervention can increase danger to the family.

Critical note:
The dynamics of domestic violence are based on the batterer's maintaining power and control over their partner. Challenges to that power and control, including a CPS assessment, may increase the likelihood of escalating violence. The risk of being seriously harmed or killed may increase when an adult victim stands up to or leaves the batterer. Given this dynamic, plan your assessment carefully when domestic violence is known to be an issue. Always consider that the assessment may increase the risk to the child and the adult victim.

For a complete set of guidelines on addressing domestic violence, see the manual, Child Welfare Practices for Cases with Domestic Violence, DHS9200.

For an excerpt of the guidelines focused on interviewing, see the manual, Quick Reference Guide: Working with Domestic Violence, http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4att6.pdf

I. In conducting a comprehensive CPS assessment, always assess for domestic violence, whether or not it is part of the initial report. Further identify other family issues and their interplay with domestic violence (e.g., substance abuse and domestic violence, which are often both present in the families assessed by Child Welfare).

Some indicators might be:

A. A report of domestic violence is included in the referral.

B. There is a history of domestic violence related crimes or restraining orders against either parent by any party.

C. Either parent uses controlling or blaming language.

D. Either parent exhibits controlling or coercive behavior.

E. Home shows signs of damage or unusual efforts at restraint or isolation.

F. Physical injuries to a parent.

G. A child reports that a parent, caregiver, or other adult in the home uses assaultive and/or coercive tactics.

H. A parent admits to using a pattern of assaultive or coercive tactics.

I. A parent discloses that their partner uses a pattern of assaultive or coercive tactics against them.

J. Indications that a parent has experienced a traumatic incident or incidents

II. There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the dynamics in the family and to determine which party is the predominant aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence or where the adult victim has been arrested. Specifically look for the following:

III. Are injuries defensive wounds (bite marks, scratches etc.)?

A. Who is afraid of the other?

B. What was the intent and level of the violence (was it self-defense or to punish or retaliate)?

C. Who is effectively exerting control over the other?

D. What is the impact of the violence?

E. Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the adult victim to claim responsibility for the violence.

IV. When you suspect domestic violence:

A. Interview the adult victim first, and alone, if possible.

B. Ask questions about domestic violence in separate interviews only.

C. Always inform the victim of CW actions so that safety plans can be made accordingly.

D. Consult with the victim whenever possible on CW actions to ascertain their assessment of the safety risk CW actions might pose and to empower the victim.

E. Assess patterns of assaultive or coercive tactics by the dominant aggressor.

F. Identify actions taken by the dominant aggressor to harm the child.

G. Identify the adverse impact of the perpetrator's behavior on the child.

H. Partner with the non-offending parent. Identify the full spectrum of their efforts to promote the safety and well-being of the child.

V. Document assessment information using clear language. Do not lump batterer and victim together.

A. Avoid phrases like: "Couple engages in violence," "Parents have a history of domestic violence," or "Parents both deny the violence."

B. Be precise and descriptive: Avoid euphemisms or vague terms like "argued" if what you mean is "hit."

C. Describe the pattern; e.g., "Father has engaged in an escalating pattern of physical violence and intimidation that involved multiple incidents of physical assault, threats to kill the mother and her

children."

D. Affirm the batterer's role in harming the children through his actions; e.g., "These behaviors have isolated the mother from her support system, the children from relatives, and led to them moving school systems and residences twice in the past year (as a result of evictions.)"

E. Avoid blaming the victim for the batterer's violence and abusive behavior. Do not use phrases like: "Dysfunctional" family; mother "allows" or "enables" the violence; mother "failed to protect" the children.

F. Use language that focuses on the batterer's role in creating harm or risk to the children; e.g., "Despite the mother's efforts to protect the children, the batterer is creating conditions injurious and harmful to the children."

VI. Refer people determined to be domestic violence offenders to a batterer intervention program that meets the state standards (see OAR chapter 137).

VII. Do not refer them to anger management.

VIII. Never refer families to joint services like couples counseling.

IX. You can consult with the trained domestic violence advocates within your local office when working with domestic violence cases. Any services these advocates provide for victims are voluntary.

X. Services for victims should be voluntary whenever they are related to the domestic violence.

XI. Once a parent enters batterer intervention, it is essential that you continue to partner with the intervention program and any other community partners holding the domestic violence offender accountable. Follow-up routinely with the domestic violence offender to make sure that they understand and are complying with all restrictions or commitments. At these contacts, reinforce appropriate messages and make it clear that all partners are working together.

For example, explain or reinforce any protective order provisions in place or echo information covered in the batterer intervention group. Ensure that domestic violence offenders have signed the necessary authorizations to allow for information exchange. Collaboration between community partners and Child Welfare is important to both parent success and child safety.

Chapter 3
Assessment

Section 22: Legal references

Legal references

I. OAR 413-015-0300 to 413-015-0310

II. OAR 413-015-1005 to 413-015-1015

III. ORS 147.425 (Personal representative of victim of crime)

IV. ORS 418.925 (Refugee child defined)

V. ORS 418.937 (Placement of refugee child)

VI. ORS 419B.005 (Definitions for reporting of child abuse)

VII. ORS 419B.028 (Photographs of child)

VIII. ORS 419B.035 (Confidentiality)

IX. ORS 419B.045 (Investigation on public school premises)

X. ORS 419B.050 (Medical records)

XI. ORS 419B.171 (Report when child taken into custody)

XII. ORS 419B.183 (Shelter hearing within 24-hours)

XIII. ORS 419B.809 (Petition for jurisdiction)

Chapter 3
Assessment

Section 23: Family engagement

Family engagement

Child safety is what we do; family engagement is how we do it. Oregon recognizes that families are experts on their own families. Therefore, they need to be included in all aspects of decision making. Families are treated with respect and genuineness through the collaborative and partnering process of engagement. The intent of family engagement is to assist families in keeping their children safe and thriving in their communities.

Family engagement depends on a clear understanding and application of these core principles:

I. Everyone desires respect.

II. Everyone needs to be heard and understood.

III. Everyone has strengths.

IV. Judgments can wait.

V. Partners share power.

VI. Partnership is a process.

Engagement is a professional helping process. It occurs over time and proceeds developmentally. The phases can be defined as follows:

I. Pre-engagement involves knowing your own strengths, challenges, and biases.

II. Active engagement is the steps we take to empower families.

III. Reaching mutual understanding is how we exchange information to decide how we can partner together.

IV. Acting is partnering with the family when child safety would not be jeopardized.

V. The decision to continue to engage is that of the family. It is often affected by the relationship built with the worker.

Family engagement can be enhanced and demonstrated through key practice skill sets. These skill sets offer an opportunity to:

I. Allow dialogue for clinical supervision;

II. Practice and refine these skills daily with families; and

III. Create an avenue for dialogue and continuous improvement among and between community partners.

Practice skill sets

Ten practices have been defined. All are equally important to successful family engagement.

Engaging

I. Engaging is the ongoing ability to establish and sustain a genuinely supportive relationship with the family while:
   A. Developing a partnership;
   B. Establishing healthy boundaries; and
   C. Maintaining contact as mutually negotiated.

Assessing

I. Gathering information about reported concerns and the needs of the family;

II. Evaluating the relevance of that information;

III. Identifying family strengths; and

IV. Community resources that may be applied to address any safety concerns and needs.

Partnering

I. Respectful and meaningful collaboration with families to achieve shared goals.

Planning

I. Setting goals;

II. Developing strategies;

III. Outlining tasks and schedules to accomplish the goals derived from the:
   A. Engaging,
   B. Assessing, and
   C. Partnering process.

Evaluating

I. Monitoring outcomes of plans and services to determine if the desired goals are being achieved. In addition, if it is not, using the information to reconsider:
   A. Goals and strategies developed in the planning phase; or
   B. Services and resources identified in the implementation stage.

Implementing

I. Identifying and applying the most effective and culturally appropriate plans, services, resources, and processes to meet the goals established in the planning stage.

Advocating

I. Recognizing individual or group needs;

II. Providing intervention on behalf of a client or client group;

III. Communicating with decision-makers; and

IV. Initiating actions to secure or enhance a needed service, resource, or entitlement.

Communicating

I. Effectively sending and receiving information within the appropriate cultural context. Methods include:

   A. Verbal;

   B. Nonverbal;

   C. Electronic; and

   D. Written communication.

Demonstrating cultural diversity and competence

I. Interacting with families without making assumptions;

II. Respecting and learning from the unique characteristics and strengths of the family while acknowledging and honoring the diversity within and across cultures; and

III. Applying these skills to the partnership with the family and the options made available to them.

Collaborating

I. Establishing and maintaining mutually beneficial and well-defined relationships with community partners to achieve the goals of safety, permanence, and well-being for children and families.

Chapter 3

Assessment

Section 24: Report of abuse in a home certified by Child Welfare, ODDS or OYA

Report of abuse in a home certified by Child Welfare, ODDS or OYA

When information is received involving a home certified by Child Welfare, the Office of Developmental Disabilities (ODDS) or the Oregon Youth Authority (OYA), this section describes the additional procedures required for:

I. Screeners,

II. CPS workers,

III. Permanency workers,

IV. Child Welfare (CW) certifiers, and

V. Supervisors.

There are times when Child Welfare will receive information alleging abuse occurred or is occurring in a home certified by CW, ODDS or OYA, including in the home of a relative caregiver. When this happens, there are specific activities that are required for screeners, CPS caseworkers, permanency case workers, Child Welfare certifiers, and supervisors in addition to following Child Welfare administrative rules related to screening, CPS assessment, certification, and case management. Additional requirements are outlined in Child Welfare OAR 413-015-0601 through 0608, Child Welfare Responsibilities When a Report Involves a Home Certified by CW, ODDS or OYA, and further described in this procedure.

These extra responsibilities apply when:

I. The current or past abuse is alleged to have occurred in a home certified by CW, ODDS, or OYA (even if the alleged victim no longer lives in that home).

II. The alleged perpetrator resides in or frequents the certified home (even if the alleged perpetrator is not a caregiver).

III. The alleged abuse occurred while the child or young adult was under the care and supervision of a certified foster or relative caregiver (even if the reported incident occurred outside the actual house).

These extra responsibilities do not apply when a child or young adult discloses historical familial abuse while residing in a certified home.

A. Screening procedures

I. The screener must:

A. Follow screening administrative rules and procedure (see OAR 413-015-0200 through 0225) and Chapter 3). When there is an allegation of abuse in a home certified by CW, ODDS, or OYA, the screener is responsible for all the requirements in the screening rule in addition to completing the requirements outlined in this section.

B. Determine Child Welfare's response. To decide if the report will be closed at screening or assigned, the screener needs to decide if the information reported meets the definition of abuse. There are two definitions of abuse. Therefore, the screener needs to know which definition or definitions to apply.

1. The definition of abuse in OAR 413-015-0115(1)(a) applies to children. This includes all children in foster care and the provider's own children.
2. The definition of abuse in OAR 413-015-0115(1)(b) applies to children and young adults placed in homes certified by CW or ODDS.
   - This definition does not apply to homes certified by OYA.
   - This definition does not apply to the provider's own children (or young adults).

See Chapter 3, Screening, section 9 for the abuse definitions and guidance on how to apply the abuse definitions.

C. Consult with a CPS supervisor to determine Child Welfare's response (close at screening, refer for CPS assessment or document in case notes or provider notes).

D. Notify the following staff of all information received and Child Welfare's response to the information:

1. The assigned caseworker for each child or young adult placed in the home and each assigned caseworker's supervisor.
2. The assigned certifier and the certifier's supervisor. Whether the assigned certifier is a CW certifier, ODDS certifier, or OYA certifier depends on which entity certified the home.

The responsibilities of the assigned permanency worker, which includes required notifications, are outlined in Monthly Contact and Monitoring Child Safety Rules (see OAR 413-080-0051).

II. If it is determined that the information received will be closed at screening, the screener must:

A. Document the information in OR-Kids provider case notes.

B. Notify the below that the information was closed at screening:

1. Caseworkers for each child or young adult placed in the home and those caseworker's supervisors; and
2. The assigned CW, ODDS or OYA certifier and that certifier's supervisor.

The Supervisor's role

CPS and the screening supervisor:

I. Consult with the screener to determine Child Welfare's response.

II. Ensure all required notifications occur.

B. Information that does not require a CPS assessment

Once a screening decision has been made that the information will not be assigned for CPS assessment, the following additional procedures apply:

Permanency worker

Procedure

I. Review information received from the screener.

II. If the information is about a child or young adult on your caseload (this may also apply to a CPS worker), consider:

   A. The information about that child's or young adult's vulnerabilities; and

   B. Individual needs to assess how the information affects the child or young adult.

III. If the information is about another child or young adult in the home:

   A. Review the information;

   B. Assess if the information poses any concerns, both safety and well-being, for the child or young adult on your caseload, given their vulnerabilities and individual needs.

CW certifier

Procedure

I. When a certifier receives information, which is information only (does not require a CPS assessment, and is not a closed at screening), the certifier must:

   A. Look at the information; and

   B. Identify any potential certification issues, training, or support needed.

   C. Follow up as appropriate to ensure the safety of the certified family's home environment.

   This is critical communication because certifiers make decisions about the adequacy of homes certified by CW.

II. When the certifier is notified by a screener that information regarding one of the certifier's homes was closed at screening, the certifier must:

   A. Assess the information and determine whether the information may be:

1. A certification concern;
2. A violation of certification standards; or
3. An indication that the certified family may need additional support.

B. Assess whether to consider any certification action should be, such as:

1. Initiating a placement support plan;
2. Invoking inactive referral status; or
3. Making the decision to send a notice of intent to revoke the certificate of approval.

Ways of doing this can include:

1. Talking to caseworkers;
2. Discussing with the foster parent;
3. Reading the screener's notes; and
4. Discussing with the screener.

III. Staff the case with certification supervisor.

IV. Determine if additional actions are necessary to ensure the safety of the environment in the certified home.

V. Arrange a home visit if a certification action will support the family toward mitigating concerns.

A. If additional supports would ensure the safety of the environment, implement a placement support plan. Remember that a placement support plan should:

1. Be time limited;
2. Contain specific actions or services in which the certified family will participate; and
3. Contain any actions Child Welfare will take or services it will provide to support the family in ensuring child and young adult safety. (See section 5, D of this chapter.)

B. Consider placing the certified family on inactive referral status, if it is important to maintain the stability of the home with the children and young adults currently placed in the home. In determining if inactive referral status is appropriate, assess whether doing so:

1. Will stabilize the family, and
2. Will strengthen the family's ability to provide for the safety, health, and well-being of children and young adults placed in the home.

Be honest and forthright in your discussions with the family.

C. Determine if a placement support plan or inactive referral status will provide enough support for the family to maintain certification standards. If not, initiate the revocation process. You will determine this from:

1. The information received by the screener, and
2. Your ongoing assessment of the certified family's ability to maintain safety and well-being of the children and young adults placed in the home. (See section 10 of chapter 8.)

D. To place a family on inactive referral status in Child Welfare's information system, the certificate of

approval must be placed "on hold." To access the **on hold** function:

1. Go to the **certification** window,
2. Go to the **options** drop down menu, and
3. Select the **additional certification actions.**
   - At the **additional certification actions** window:
     - *(1)* Choose **place on hold** as the **action.**
     - *(2)* Complete the other fields as appropriate.
4. Once all fields are completed:
   - Go to the options drop down menu,
   - Select **approval,** and
   - Send for approval.

The supervisor's role

Certification supervisor

I. Consult with the certifier regarding any necessary certification actions.

Ongoing supervisor

I. Ensure information reported regarding a young adult (anyone over 18 years old) is shared with APD or law enforcement as appropriate.

II. Ensure notification of a report of abuse to appropriate individuals.

C. Information that requires a CPS assessment

Once there is a screening decision that there will be an assigned CPS assessment, the following additional procedures apply:

One of the most important factors in completing an assessment in a home certified by CW, ODDS or OYA is clear communication among staff. Responsibility for ensuring a safe environment for a child or young adult in the home and contacting the certified family is shared by the:

I. CPS caseworker,

II. Ongoing caseworker, and

III. CW, ODDS, or OYA certifier.

Because all these staff play a role, it is essential that cross communication and collaboration occur.

CPS worker

Procedure

1. Initial staffing

The CPS worker must convene a staffing before making initial contact. The exception is if timing of the staffing will compromise child safety. Consult with your supervisor to determine if this is the case.

I. For each child in the home, invite the:
   A. Assigned CW, ODDS, or OYA certifier, or certification supervisor, and
   B. Caseworker (or their supervisor).

II. Consider inviting the CDDP service coordinator or the juvenile probation and parole officer. The certifier from the respective agency can assist in identifying who else may be working with the child or young adult.

III. Consider inviting the:
   A. Child Welfare program manager,
   B. CPS consultant, and
   C. Foster care coordinator.

   Considerations include:
   A. The nature of the referral,
   B. Whether the case will likely be high profile or receive media attention, or
   C. If a serious injury to a child has occurred.

IV. At the staffing, discuss:
   A. The nature of the referral.
   B. Coordination of the response to the referral. For example, the presence of a permanency caseworker who has an established relationship with a child or young adult may be helpful in making them more comfortable during the CPS worker's interview. Therefore, the two caseworkers could arrange an interview where they are both present.
   C. Any previous CPS assessments that involve the home or individuals who live in the home.
   D. Information known by staff who have worked with the family and any other information known by Child Welfare. For example, special needs of any children placed in the home or previous certification concerns.

2. During the CPS assessment the CPS worker must:

I. Follow Child Welfare administrative rule regarding completion of a CPS assessment. This includes the CPS Assessment Dispositions, OAR 413-015-1005 through 1015. When there is an allegation of abuse in a home certified by CW, ODDS or OYA, the CPS worker is responsible for:
   A. All requirements in the CPS assessment rule;
   B. CPS Assessment Disposition rule; and
   C. Child Welfare's Responsibilities When a Report Involves a Home Certified by Child Welfare, ODDS or OYA, OAR 413-015-0601 through 0608.

II. If a child or young adult placed in the home is an alleged victim, give the certified family:

A. Pamphlet 1537, What You Need to Know about a Child Protective Service Assessment, Foster Care.

III. If a child of the certified family is an alleged victim, give the family:

A. Pamphlet 1536, What You Need to Know about a Child Protective Service Assessment

The child may be:

A. A biological child,

B. An adopted child, or

C. Other child living in the home, not placed by Child Welfare.

IV. If both a child or young adult placed in the home and another child in the home are alleged victims, give the family:

A. Both pamphlets.

The child may be:

A. A biological child,

B. An adopted child, or

C. Other child living in the home not placed by Child Welfare.

V. Before conducting an interview with a child or young adult, the CPS worker must inform:

A. A child or young adult not in the custody of DHS or OYA that they may have any of these people present:

1. Parent,
2. Caregiver, or
3. Attorney.

VI. Notify and interview the parent or caregiver of any child or young adult residing in a home certified by Child Welfare, ODDS, or OYA, but not in the legal custody of Child Welfare or OYA. Also, gain permission to interview the child or young adult. If there is a denial of permission to interview, but interviews are needed to complete the assessment:

A. Consult with a supervisor, and

B. Seek the assistance of a district attorney or assistant attorney general.

VII. Ensure additional screening forms are generated as appropriate, if during the course of the CPS assessment it is determined that additional children or young adults are:

A. At a threat of harm, or

B. Are victims of abuse.

VIII. Consult with your supervisor before making the decision to remove any child or young adult from the home.

IX. Provide ongoing information on the status of the CPS assessment to the:

A. Assigned CW, ODDS, or OYA certifier, and

B. Caseworkers of each child placed in the home.

The status of the assessment may influence what the caseworker or certifier is required to do.

X. Document the basis for the determination. State whether there is reasonable cause to believe that abuse occurred as outlined in CPS Assessment Dispositions, OAR 413-015-1005 through 1015.

XI. Complete the CPS Assessment in OR-Kids, including the selection of a safety threat when appropriate. Even if children or young adults were removed from the home, select the appropriate safety threats to document the existence of those threats in the foster home. The safety decision will conclude that children are safe, and a parent or caregiver can and will protect the child from the safety threat. The parent or caregiver in this situation may be Child Welfare or OYA as the legal guardian of the child. In a home certified by ODDS, the parent may have privately placed the child.

Ongoing worker

Procedure

Note: These requirements may need to be completed by the CPS worker if the case has not yet transferred to an ongoing worker.

I. When a report is received on an open case alleging abuse (including third-party abuse) in a home certified by CW, ODDS, or OYA, the assigned caseworker for the child or young adult must make notifications within three business days. The responsibilities of the assigned permanency worker, including required notifications, are outlined in Monthly Contact and Monitoring Child Safety, OAR 413-080-0051.

It may be necessary to make other notifications to those involved in the case plan. Examples of others may include the child's therapist or sibling. If the child is in therapy, it would be appropriate for the therapist to have information about any new events that surround the child. Also, if a child is having regular visitation with a verbal sibling, it is likely that the allegation will be discussed. Providing the information in a manner that reduces fear and answers questions may be helpful.

II. Use the CF 988 Notification of Child Abuse form as the template to provide written notice. This is to be used both when information is:

A. Closed at screening, and

B. Referred for a CPS assessment.

III. When an allegation involves the provider's child, still complete the notifications to Child Welfare staff and hold meetings as required. Notification to legal parties is not necessary (unless there is a threat of harm allegation against a foster child), as the provider's child is not part of an open case. When a report of abuse has been assigned for a CPS assessment on a child or young adult who is not in the care or custody of Child Welfare, the ODDS or OYA certifier is responsible for any additional notifications required in SB 243 (2017).

CW certifier

Procedure

I. A certifier must act if they are notified that a report of abuse involves a certified family and has been referred for a CPS assessment. Within one business day after the CPS worker has made initial contact, the certifier must give the family the following information:
   A. That the certifier is available to answer questions related to certification. However, that they are not able to discuss the specifics of the CPS assessment. For instance, the certified family may want clarification on what the assessment means to their certification or whether children will be removed from their home.
   B. That the certified family is immediately placed on inactive referral status.
   C. That the certified family has the option of having a consulting foster parent or relative caregiver available for support during the assessment. They must provide:
      1. The names of foster parents and relative caregivers who have agreed to be consulting foster parents.

II. Also, within one business day, the certifier must:
   A. Document in the OR-Kids provider notes that:
      1. A CPS assessment has been initiated, and
      2. The family is on inactive referral status.
   B. Notify all staff responsible for placing children or young adults in homes certified by CW that no additional children or young adults may be placed in the home.

III. The certifier must provide the family written notification to the certified family within 14 days that their home has been placed on inactive referral status. (This is true any time Child Welfare initiates inactive referral status.)
   A. Explain in the letter what inactive referral status means. Also, explain that anytime there is a CPS assessment, a family is placed on inactive referral status.
   B. File the letter in the certification file, section 1, under certification actions.

IV. The certifier must provide information regarding the family to:
   A. The CPS worker, and
   B. Caseworkers of children or young adults in the home.

The supervisor's role

CPS supervisor

I. Ensure that staffing occurs in a timely manner.

II. Attend the staffing (or assign a designee) or ensure the CPS worker is in attendance.

III. Determine whether the below should be invited to the staffing:
   A. Child Welfare program manager,
   B. CPS Consultant, and

C. Foster Care Coordinator.

IV. Ensure that all required notifications to the certified family have occurred in a timely manner.

Ongoing supervisor

I. Attend the staffing (or assign a designee) or ensure the ongoing worker is in attendance.

II. Staff the case with the ongoing worker as appropriate.

Certification supervisor

I. Attend the staffing (or assign a designee) or ensure the certifier is in attendance.

II. Staff the case with the certifier as appropriate.

D. Conclusion of the CPS assessment

CPS worker

Procedure

The CPS worker must convene a staffing within five business days of completing the CPS assessment. They must invite the:

I. CPS supervisor;

II. CW, ODDS, or OYA certifier or certification supervisor; and

III. Caseworker for each child or young adult placed in the home; or

IV. Supervisor for each caseworker.

Even if they are not invited, it is good practice to notify the:

I. Supervisor for the certifier, and

II. Supervisor for each child or young adult's caseworker.

III. During the staffing:

A. Share information gathered during the CPS assessment process, including the disposition.

B. Determine who needs to be notified of the disposition of the CPS assessment. Also, determine which staff will provide notification.

C. Discuss certification actions that have been taken, will be taken, and whether any additional actions are appropriate.

1. This is a general discussion of possible certification actions that may need to occur.

Ongoing worker

Note: These requirements may need to be completed by the CPS worker if the case has not yet transferred to an ongoing worker.

Procedure

I. When the disposition involves a *child* or *young adult* in the care and custody of Child Welfare, the assigned caseworker must, within 10 days of the determination of the disposition, make required notifications. The responsibilities of the assigned permanency worker, including required notifications, are outlined in Monthly Contact and Monitoring Child Safety, OAR 413-080-0051. When the disposition involves a *child* or *young adult* who is not in the care or custody of Child Welfare, the ODDS or OYA certifier is responsible for any additional notifications required in SB 243 (2017).

CW certifier

Procedure

The certifier must do the following within five days of the staffing at the end of the CPS assessment:

I. Staff the case with the supervisor and review all information gathered during the CPS assessment.

II. Determine whether any additional contact with the certified family is appropriate. Also, whether any certification actions should be taken. This is a follow-up to the staffing that occurred with other Child Welfare staff. During this meeting, discuss the specifics of what was decided at the staffing. For example:

   A. Details of a placement support plan, or

   B. Documenting specific facts for a notice of intent to revoke a certificate of approval.

III. Discuss the need for any specific training. For example, should the certified family attend:

   A. Behavior management training, or

   B. Training on parenting a child with an attachment disorder?

   Discuss the certified family's:

   A. Willingness to attend trainings, and

   B. Ability to use the information gained at the training.

IV. Discuss the need for respite care. Does the certified family have natural supports to give them needed breaks? Is a respite resource needed?

V. Discuss the need for additional contact to provide support for the certified family and to verify safety in the home:

   A. If the determination is made to seek revocation of the certified family's certificate of approval, see section 10 of this chapter, Certification Actions.

   B. If the determination is that inactive referral status should continue, summarize the below in a letter:

      1. Outcome of the CPS assessment, and

      2. Reasons for continuing inactive referral status.

Deliver to certified family within 10 days of receiving the completed CPS assessment. File the letter in the certification file, section 1 under certification actions.

C. Get management approval from the program manager on the CF 117 if the decision is made to continue certification and if the CPS assessment was:

1. Founded or substantiated, or
2. Unable to determine or inconclusive.

Be clear in the documentation how, despite the issues in the CPS assessment, the certified family:

1. Can meet the safety and well-being needs of a child or young adult placed in the home.
2. Maintain conditions in the home that provide safety, health, and well-being for the child or young adult.

D. If no certification actions will be taken, send written notification to the certified family that the inactive referral status is no longer in effect. File a copy of the letter in the certification file, section 1, under certification actions. Also notify the appropriate staff that the family is no longer on inactive referral status. This may be the case if the assessment disposition was unfounded or unsubstantiated and the assessment and the staffing did not reveal any certification concerns.

VI. Document the results of this staffing in OR-Kids provider notes and in the certification file.

Final action

The CPS worker and the Child Welfare certifier must:

The final action in this process is for the CPS caseworker (or supervisor) and the certifier (or supervisor) to request a meeting with the certified family within 10 days of the completion of the CPS assessment. At the meeting, you will explain the disposition and any certification actions that will be taken. The intent of this meeting is to provide closure for the certified family. Be honest with the family about concerns Child Welfare has and why Child Welfare made the decisions it has.

I. When the decision is to continue certification, the certified family may need assistance to address concerns and feelings about the assessment process. Provide additional contact. This includes telephone contact to the family. If the family has not been working with a foster parent mentor, provide the family with information about support groups or an experienced foster parent to support the family.

The supervisor's role

CPS supervisor

I. Ensure that the staffing occurs.

II. Determine whether the below should be invited to the staffing:

A. Child Welfare program manager,

B. CPS consultant, and

C. Foster care coordinator

Ongoing supervisor

I. Ensure that the required legal parties receive notification of the disposition.

Certification supervisor

I. Discuss with the certifier the appropriate certification actions that need to occur. Ensure appropriate follow-through on all actions.

E. CW foster home review committee

I. Each district is responsible for the development of a local protocol to ensure that there is a formal review structure for foster homes certified by Child Welfare when the following occurs:

   A. An issue of concern,

   B. Allegations, or

   C. Rule violations.

   This review provides a foundation for an increase in communication among staff as well as the consistency of a multidisciplinary review. It is intended to assist in documentation and coordination of follow-up action by Child Welfare.

II. The local structure includes a regularly scheduled time a minimum of two times per month in which the committee meets. The purpose of having a regular scheduled time is to minimize the workload of coordinating a review committee among multiple individuals and to provide time for a more proactive review of foster homes. The structure allows for a staff person to:

   A. Request a review of a foster home,

   B. Prepare any materials that need to be presented, and

   C. Provide them to the review team prior to the committee.

   This schedule is not intended to replace current administrative rule requirements and timelines pertaining to Child Protective Services.

   The local structure includes:

   A. A review process that is not incident based but considers prior issues, concerns, and allegations that have been reviewed.

   B. A process to gather and provide review materials to committee members prior to the committee. Therefore, a comprehensive review may occur.

   C. The standing members of the Foster Home Review Committee, the certifier for the foster home, and caseworkers who have children placed in the foster home being reviewed.

   D. A person assigned to:

      1. Take notes or minutes of the review committee;

      2. To document action items and assignments from the review; and

      3. Disseminate these notes or minutes to the members of the committee.

E. Documentation of the review committee notes for the individual family kept in the OR-Kids Provider record.

F. A process by which the foster home being reviewed receives a written notice from the branch as to:

1. The purpose of the staffing, and
2. Any follow-up action they need to be aware of by the committee, after they have been notified verbally.

III. To ensure objectivity in the review process, these reviews require the inclusion of individuals who have no relationship to the:

A. Foster family;

B. Child welfare staff responsible for the foster home's certification; or

C. Foster children in the family's care.

Staff involved with the foster homes are necessary participants in the review. However, they are not the sole participants in the review committee.

IV. Standing committee members include:

A. Child Welfare program manager or designee;

B. CPS or screening supervisor or designee;

C. Certification supervisor or designee

D. Person assigned for notes or minutes and documentation of review; and

E. People involved with the foster home under review, the certifier and caseworkers.

Others who may be considered:

I. Culturally appropriate representation. Tribal worker or other representative should be invited if the foster home or foster child in the home has special cultural considerations.

II. Social service assistant. When people have information to share or action that will require followup.

III. Foster parent representative. A certified foster parent who can provide input on the review who is not involved in the actual case being reviewed and does not have a personal relationship with the foster parent. The Child Welfare program manager should select this person. It should not be someone who assumes the role due to other responsibilities in local associations or support groups.

IV. Program consultants. Central Office consultants, Foster Care, CPS, Adoption, Residential Treatment, Interstate Compact on the Placement of Children (ICPC), or Field Administration may be used in complex cases, cases reviewed previously, or when the district or branch requires additional review participants.

Tip

To identify the ODDS or OYA certifier and their supervisor and how to contact them, go to the "CPS Notifications" tab on the DHS intranet at https://inside.dhsoha.state.or.us/dhs/child-welfare/licensed-child-caring-agencies.html

The assigned ODDS certifier will be responsible for notifying:

- *The County Developmental Disabilities Program (CDDP) service coordinator, if one is assigned, and*
- *Others in ODDS that should be made aware of the report.*

The assigned OYA certifier is responsible for notifying the Juvenile Probation and Parole Officer and others in OYA that should be made aware of the report.

Tip

Suggestions for how to complete this meeting:

Standing meeting:

» *Consider having the staffing via telephone when staff are in different offices.*

Examples of when a delay in response time will compromise child or young adult safety include:

- *Family (including alleged perpetrator and alleged victim) is due to leave town within a few hours either permanently (to move or flee) or temporarily (vacation).*
- *It is near the end of the school day and the alleged perpetrator is aware of the report being made. There is potential for the perpetrator to coach the child if the interview does not occur before the child's release from school.*

Chapter 3
Assessment

Section 25: Substance affected infant

Substance affected infant

A. Introduction

The federal government passed the Comprehensive Addiction and Recovery Act of 2016 (CARA). CARA added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA) to focus on the effect of substance misuse on infants and their families.

The purpose is early identification and intervention by provision of support and services to families that need help with substance use disorders.

Specifically, the law requires:

I. Health care providers to notify Child Welfare when an infant is born affected by substances.

II. Plans of care to be developed for such infants to address the health and substance use disorder treatment needs of the infant and their family.

III. Service referrals to be made for any services identified in the plan of care.

Maternal drug and alcohol use during pregnancy have been associated with:

I. Premature birth;

II. Still birth;

III. Low birth weight;

IV. Slowed growth;

V. Sudden Infant Death Syndrome; and

VI. A variety of physical, emotional, behavioral, and cognitive problems.

How and whether prenatal substance exposure affects the infant depends on several factors, including the frequency, timing, and type of substances used. Substance affected infants are likely to require health care and related services of a type or amount beyond that required by children generally. Therefore, it follows that these infants and their families could benefit from support and services.

When providing support and services to families where substance use is identified, it is important to use a multi-disciplinary approach draws on trauma-informed professional expertise across agencies. This includes:

I. Medical providers;

II. Public health, such as home visiting nurses;

III. Chemical dependency programs;

IV. Social services

V. Mental health; and

VI. Early intervention services.

B. Definitions

I. **Health care provider** means a licensed independent practitioner involved in the care and delivery of infants. This includes:

   A. A physician, as defined in ORS 677.010;

   B. A nurse practitioner, that includes nurse-midwives, certified under ORS 678.375 and authorized to write prescriptions under ORS 678.390; or

   C. A naturopathic physician licensed under ORS chapter 685.

II. **Medication assisted treatment (MAT)** means use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

III. **Plan of care** means a written plan for a substance affected infant and the infant's family. The plan focuses on meeting health needs and substance disorder treatment needs and developed in collaboration with the:

   A. Family;

   B. Healthcare provider;

   C. Community agencies; and

   D. Child Welfare, when appropriate.

IV. **Substance** means any legal or illegal drug with potential for misuse. This includes:

   A. Any controlled substance as defined by ORS 475.005;

   B. Prescription medications;

   C. Over-the-counter medications; or

   D. Alcoholic beverages.

   Substance does **not** include:

   E. Tobacco;

   F. Medication assisted treatment; or

   G. Drugs used in a manner prescribed.

V. **Substance affected infant** means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth, and subsequent assessment by a health care provider identifies signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that is associated with prenatal substance exposure.

Prenatal substance exposure is determined by:

I. A positive toxicology screen from the infant or the mother at delivery, or

II. Credible information the mother had an active untreated substance use disorder during the pregnancy or at the

time of birth.

C. Assessment activities

1. Gather Information from family and collateral contacts

In addition to the information typically gathered during the CPS assessment, you should ask questions specific to substance use when the report identifies an infant exposed to or affected by substances.

Procedure

When a report identifies a substance exposed or substance affected infant, in addition to the information typically gathered, you should ask questions specific to substance use and infant care, such as:

I. The nature and extent of the effects of substance exposure on the infant, if any.

II. The infant's medical condition and any current or ongoing health care needs. This includes:
   A. An extended hospital stay prior to discharge;
   B. Specific medical procedures, medication, specialized equipment; or
   C. The need for more frequent monitoring.

III. Whether and when the infant's mother had prenatal care.

IV. The name of the infant and the mother's health care provider.

V. The nature and extent of the mother's current drug or alcohol use and that of the father and other caregivers:
   A. Current substance use (specific substance(s) used, frequency, intensity, duration and amount of use);
   B. History of substance use (e.g., periods of abstinence);
   C. History of or refusal to enter substance use disorder treatment; and
   D. Results of prior substance use disorder treatment.

VI. The nature and extent of any history of:
   A. Mental illness,
   B. Intimate partner violence, or
   C. Cognitive limitations.

VII. Whether the mother is receiving medication assisted treatment.

VIII. The nature and extent of the impact of the use on the mother's ability to provide proper care and attention to the infant.

IX. The extent to which the parents are responsive to the infant's needs and are bonding with the infant (response to infant's crying, eye contact, and other observations).

X. Parents' protective capacity.

XI. Parents' level of cooperation with any referrals for services, such as substance use disorder treatment if

indicated, or assistance in care of the infant.

XII. Parenting skills demonstrated in the health care setting.

XIII. The anticipated discharge date and plan for discharge.

XIV. What family and social support system is available to the family.

XV. Child welfare history.

XVI. The nature and extent of the alleged abusive behavior or circumstances (determine the presence and immediacy of concerning issues).

2. Plan of care

When a child is identified as a substance affected infant, you must reach out to the health care provider, hospital social worker, or others engaged with the family and determine if a plan of care has been developed and whether service referrals were made for the infant or the infant's family.

You must ensure a plan of care is developed, and service referrals identified in the plan for the infant and the infant's family have been made.

Procedure

I. **What does a Plan of Safe Care include?** The Plan of Safe Care includes the following:

   A. The physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs of the infant who may be having physical effects or withdrawal symptoms from prenatal exposure;

   B. The physical, social, and emotional health and substance use disorder treatment needs of the parents or caregivers; and

   C. Services and supports to improve the parent or caregiver's capacity to nurture and care for the infant.

II. **Who may be involved in a Plan of Safe Care?** The development of the Plan of Safe Care involves input from the mother, father and other caregivers and uses a multidisciplinary team approach to provide coordinated and complete care. The team may include:

   A. Child welfare;

   B. Medical;

   C. Substance misuse disorder treatment;

   D. Mental health;

   E. Early childhood intervention;

   F. Home visitors;

   G. Public health;

   H. Tribe; or

   I. Others, as appropriate.

In most cases, the health care provider will be leading the development of the plan of care. However, remember it is developed in collaboration with:

A. Family;

B. Other social service agencies; and

C. When Child Welfare is involved:

1. The CPS worker; or

2. Permanency worker.

If the health care provider or other service providers are not taking the lead, it is then important for you to do so. When a substance affected infant is identified on an open CPS assessment, a plan of care must be developed and service referrals made.

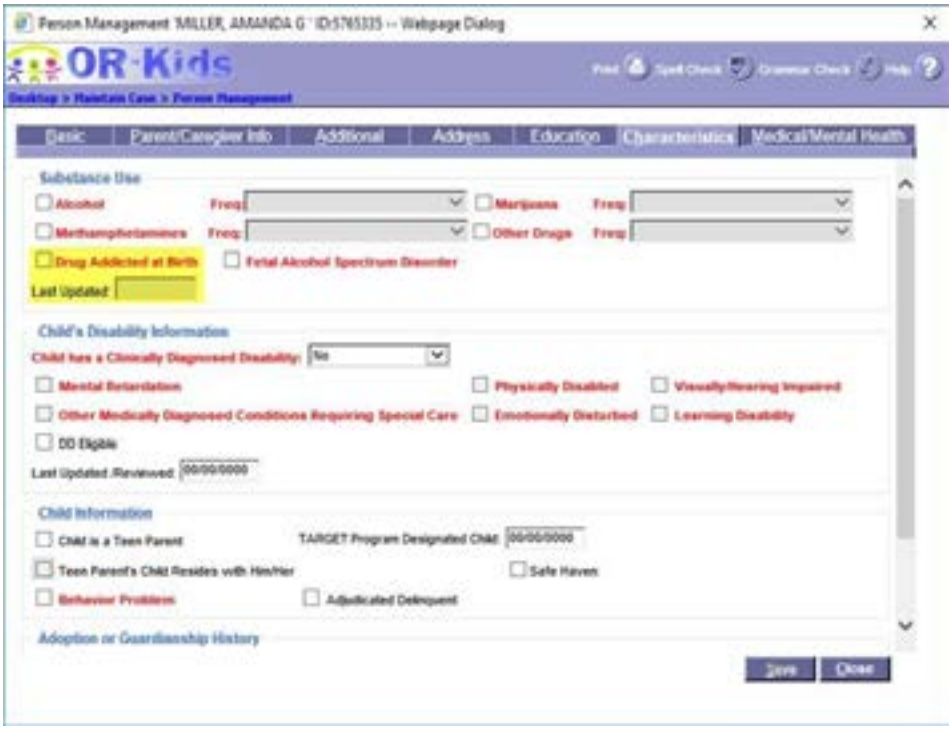
If you are taking the lead on the development of the plan, you may use the OHA 1394 Plan of Care. If preferable, you can incorporate the elements of the plan into the protective action, initial safety plan or ongoing safety plan. This depends on which element fits best where and what plans are pertinent to the specific family. When a plan of care has been developed or another person is taking the lead, ask for a copy or for information about the plan and referred services.

3. Identify the child as a substance affected infant in OR-Kids

Identifying substance affected infants will allow Child Welfare to track and report related data. It also is a way to identify children (and families) who may need additional support and services.

Procedure

If not completed at screening, click on the person hyperlink, then click on the characteristics tab. In the top section titled Substance Use, there are two boxes, “Drug Addicted at Birth” and “Fetal Alcohol Spectrum Disorder.” While drug addicted at birth is an incorrect term, please select this box to indicate the child is a substance affected infant (a change request has been submitted to change the title of the box).



Remember, when the infant or mother test positive for substances at birth, the infant is substance exposed. However, the infant may or may not be affected by the exposure. Only select the box when a healthcare provider indicates the substances affected the infant.

D. Engaging clients struggling with a substance use disorder

People with a substance use disorder are victims of their disease. Working with them can be a challenge. People struggling with a substance use disorder tend to blame problems on those around them. They may go to great lengths to deny their addiction is the reason for their current situation. Most people with a substance use disorder believe they have no problems and that others do not understand their situation. An important aspect of substance use disorder denial is the ability to:

I. Excuse,

II. Rationalize,

III. Minimize,

IV. Lie, or

V. Blame others for their behavior.

In addition, a pregnant woman may fear she will lose her infant if she acknowledges her substance use.

By the nature of the illness, people with substance use disorders are not able to control use by practicing self-control. They use denial to maintain using substances. Until a person receives treatment for their substance use, they may not be willing or open to changing their behavior. They may suffer many consequences because of their use. They may be forced to go to treatment through family or court intervention before they are willing to

acknowledge they have a problem and need help to remain free from using substances.

You need to have patience and understanding of the multiple facets of this chronic disease when working with people with this disorder. Believing in a person's ability to change and wanting a sober life is imperative. Once a person with a substance use disorder receives treatment and remains sober, they will no longer need addictive defenses. When they view themselves in a positive way, their behavior will also change in that direction. You can aid in this change by:

I. Acknowledging and building on a person's successes,

II. Offering support,

III. Being non-judgmental, and

IV. Treating each contact as an opportunity for growth.*

* "The Problem of Addiction," Modern Drummer, February 1991.

E. References

Legal references

V. OAR 413-015-0115, Introduction to CPS rules

VI. OAR 413-015-0400 to 0485, CPS assessment

VII. Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Forms

I. OHA 1394 Plan of Care

Chapter 3

Section 26 : Exception to Completing All CPS Assessment

Exception to Completing All CPS Assessment Requirements

Introduction

The Oregon Department of Human Services Office of Child Welfare Programs is committed to responding to reports of child abuse in a manner that focuses, first and foremost, on safety. With safety in mind, Oregon Child Welfare, after researching practices and outcomes in other states and seeking the assistance of national experts, does not require completion of all CPS assessment requirements in limited situations.

Shortening the CPS assessment process in situations where further assessment is not warranted will allow for a CPS worker to focus on the families and situations that require a more in-depth safety intervention. Whether conducting an abbreviated or a comprehensive CPS assessment will depend on the level of intervention necessary for children to have the best outcomes possible.

This procedure outlines the limited circumstances where a CPS worker does not complete all CPS assessment requirements. Such a CPS assessment is referred to as an “abbreviated CPS assessment”.

Prior to Contact

Remember, there is a current exception to completing a CPS assessment prior to contact. The abbreviated CPS assessment procedure is only used if contact has already been made (see CPS assessment OAR 413-015-0409).

Procedure

The only exception to completing all requirements of a CPS assessment outlined in OAR 413-015-0400 through 0485 is when the following criteria are met:

I. The CPS worker has gathered enough information to make a safety determination, and the alleged victim is safe;

II. The CPS worker has gathered enough information to make a disposition as required by OAR 413-015-1015;

III. The CPS assessment will be submitted for approval within 20 calendar days of the first contact with the parent/caregiver or child.

IV. The CPS supervisor and the local office program manager or Child Safety Program consultant, jointly approve and confirm all the following criteria are met:

V. It is a CPS assessment with alleged familial abuse (family or household member) and:

   A. The disposition is unfounded;

   B. No prior abbreviated CPS assessments on the same child or household;

   C. No present or impending danger is identified at any time during the CPS assessment;

   D. No children in the home are less than 5 years old;

   E. No children in the home have been the subject of two or more assigned CPS assessments within the last 12 months regardless of disposition;

   F. No children in the home have a verifiable, significant mental health diagnosis, developmental, medical or behavioral disability resulting in high vulnerability;

G. There are no prior reports of domestic violence involving the family or caregivers within the last 12 months (If during the review of child welfare records, including the current report, there are prior reports of domestic violence, including restraining orders, domestic violence grants, law enforcement reports, or relevant child welfare history, the information should be documented and reviewed when considering if an abbreviated CPS assessment is appropriate);

H. No household member or caregiver has a founded disposition against them; and

I. The report does not involve a home certified by Child Welfare, ODDS or OYA, or a DHS employee.

Any other exception to completing all CPS assessment requirements must be approved by the Central Office Child Safety Program manager or their designee. Send requests for an exception along with a PDF of the CPS assessment (307B) with all narrative entered, by email to: Abbrev Assess Requests. Please include the CPS worker, CPS supervisor, local office program manager and Child Safety Consultant in cc: line of the request for exception.

In limited circumstances, the Central Office Child Safety Program manager or designee may approve an exception to completing the comprehensive CPS assessment when the criteria are not all met. The email should clearly identify which of the criteria requiring an exception were identified. An exception will only be approved if sufficient information was gathered to support the child safety decision and disposition. If an exception is approved, an additional assessment activity will be added to the CPS assessment documenting the approval.

When an exception to completing all CPS assessment requirements is approved, the exception will not apply to the following requirements:

I. Review of all paper and electronic records maintained by Child Welfare for historical information on the family alleged victim and alleged perpetrator, that may be useful in completing the CPS assessment

II. Review of available Self Sufficiency records

III. Diligent efforts to contact CPS in another state to obtain records if applicable

IV. ICWA inquiry

V. The following notifications to:

A. Parents/caregivers of the report

B. Parents/caregivers of child interviews as required by OAR 413-015-0420

C. Parents/caregivers and the alleged perpetrator of the CPS assessment disposition

D. Indian tribes if the CPS worker knows or has reason to know the child is an Indian child

E. The reporter, unless it is determined that disclosure is not permitted under ORS 419B.035

Documentation Requirements

I. The CPS worker must document the following in OR-Kids

A. All information gathered and notifications made. Information gathered about the functioning and other domains regarding the report participants may be documented in “Extent of Maltreatment” and “Circumstances Surrounding the Maltreatment” tabs.

B. All CPS assessment activities would be documented per current procedure, including but not limited to

review of records, contact with Self Sufficiency, ICWA inquiry, contact with CPS in other states, initial contact, notifications and management approvals.

C. The CPS assessment disposition, including the justification for the disposition in the disposition narrative section.

D. Any exception granted under the rule, the basis for the exception, and who approved the exception.

II. The tracker must be kept up to date

The electronic spreadsheet is utilized to document case-specific information. The form is completed by managers and submitted to the Child Safety Program each month. Do not add columns or make changes to the spreadsheet. One must be completed for each local office every month. If there have been no abbreviated CPS assessments, notify your local Child Safety consultant, and they will submit a tracking sheet to indicate there were none in the local office. The tracking sheets are due to your local Child Safety consultant by the first Monday of each month.

III. Documentation and analysis of any information gathered through eCourt, OJIN and LEDS is critical to supporting the child safety decision prior to the conclusion of the CPS assessment.

Chapter 3

Appendix 3.1: Extent of maltreatment

Extent of Maltreatment

This question is concerned with maltreatment and the immediate physical and psychological effects it has on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, or trauma). Observations and interviews are used to answer this question. Collateral sources of information (doctors, teachers, relatives, friends, etc.) are useful to check information gathered.

I. Information about extent of maltreatment includes:
   A. Type and severity of maltreatment;
   B. History of the maltreatment (include prior child welfare history);
   C. Description of specific events;
   D. Description of emotional and physical symptoms;
   E. Identification of the child and maltreating caregiver;
   F. Identification of any cultural considerations around the maltreatment.

II. Describe what abuse occurred:
   A. Physical abuse: Describe injuries. Document with photographs, medical reports, LEA reports, etc.
   B. Sexual abuse: Describe child's statements of abuse, as well as any corroborating witness accounts. Document information from advocacy centers, police reports, perpetrator statements, etc.
   C. Neglect -- inadequate food/shelter: Describe home environment and child's condition. Photograph home environment.
   D. Medical neglect: Describe child's condition. Document information from medical staff.

III. Describe how the child was impacted:
   A. Any lasting results of the maltreatment: Surgery, blindness, scarring, etc.
   B. Any emotional and behavioral observations: Fearful, clingy, nightmares, tantrums, suicidal, running away, etc.
   C. Child's physical state: Hungry, dirty, medical needs, etc.

IV. Describe details about:
   A. Severity: Pattern or progression of abuse.
   B. History: Similar prior incidents, both related to the affected children, as well as history regarding the perpetrator with other families.

V. Identify victims and perpetrators:
   A. Name who the maltreating person is. Consider if there is more than one perpetrator.
   B. Name the affected child or children.

VI. Circumstances Surrounding the Maltreatment

   This question addresses what was going on when the maltreatment occurred. This question is concerned with

understanding why maltreatment happened in this particular family.

Information about circumstances surrounding the maltreatment includes:

A. The duration of the maltreatment: Multi-generational abuse? Recent stress event?
B. Caregiver intent concerning the maltreatment.
C. Caregiver explanation for the maltreatment and family conditions.
D. Caregiver acknowledgment and attitude about the maltreatment.
E. Other problems occurring in association with the maltreatment; consider substance use or mental disturbance, etc.

VII. Describe the intention of maltreatment:

A. What was parents' intention?
B. Does parent acknowledge maltreatment?
C. Was the parent impaired (e.g., substance abuse, mental health) or otherwise out of control when this happened?
D. What was the situation that preceded to or led up to the maltreatment?
E. What is his/her attitude about what happened?
F. Does he/she believe it was maltreatment?

VIII. Describe other impacts:

A. Is the family isolated?
B. Is violence pervasive?
C. Is there anyone exercising power and control over any of the adults in the home? Did this impact the maltreatment?

IX. Child Functioning

This question is concerned with a child's general behavior, emotions, temperament and physical capacity. It addresses how a child is from day to day rather than focusing on points in time, and it must consider a child's developmental level. The child's functioning should also address changes observed due to the maltreatment.

Information about child functioning includes:

A. Capacity for attachment
B. General mood and functioning
C. Intellectual functioning
D. Communication ability
E. Social skills
F. Ability to express emotion
G. Physical and mental health

H. Functioning within cultural norms

I. Developmental disability

J. Medical condition

K. Peer relations

L. School performance

M. Independence

N. Motor skills

O. Behavior

Describe child functioning:

P. Describe your own observations of the child's mood, temperament, behavior.

Q. Utilize collaterals to inform about the child's functioning, both currently and prior to recent involvement when the family wasn't amid a child welfare crisis.

R. If the child is seeing a therapist or is school-aged, be sure to include those sources of information.

X. Adult Functioning

This question is concerned with how the adults/caregivers in the family feel, think and act daily. The question focuses on adult functioning separate from parenting. Be clear: The way adults manage their day-to-day lives impacts their children.

Information about adult functioning includes:

A. Communication and social skills

B. Coping and stress management

C. Self control

D. Problem solving

E. Judgment and decision making

F. Independence

G. Home and financial management

H. Employment

I. Domestic violence: Consider if anyone is exercising power and control over any of the adults in the home.

J. Citizenship and community involvement

K. Rationality

L. Self care and self preservation

M. Substance use

N. Mental health

O. Physical health and capacity

P. Functioning within cultural norms

Describe adult functioning:

Q. What's their day-to-day life like?

R. How do they make decisions? Do they talk with anyone about decisions? Do they have family/friend supports?

S. Employment: How do they earn money? Have they always worked? When's the last time they had a job?

T. How is their health?

U. How their day-to-day life is managed? Is it chaotic?

V. What is their judgment or decision-making ability?

W. Are they employed? Do they have financial management?

X. Are they rational?

Y. Are they open or defensive?

Z. Do they have emotional control? If not, what seems to be getting in the way (substances, mental health, abuse/trauma)?

XI. Disciplinary Practices

This question is concerned with the manner in which caregivers approach discipline and child guidance. Discipline is considered in the broader context of socialization — teaching and guiding the child. This question is broken out from parenting generally because this aspect of family life is highly related to both risk of maltreatment and threats to child safety. Answer this both from the child's perspective and from the parents'. Note discrepancies.

Information about disciplinary practices includes:

A. Disciplinary methods

B. Concept and purpose of discipline

C. Context in which discipline occurs

D. Cultural practices

Describe disciplinary practices:

E. What does the child feel is the purpose of discipline? (I.e., does it keep the child's behavior managed; is it to cause pain so they will learn; is it to teach them respect?)

F. What does the parent feel is the purpose of discipline? (I.e., is it to keep the child's behavior managed; is it to cause pain so they will learn; is it to teach them respect?)

G. What is the parent's emotional state when disciplining?

H. What does the parent understand about their child's need for safety and protection?

I. What does the parent understand about how their discipline impacts the child?

J. What is the parent's perception of their child? Is it accurate?

K. What are the parent's expectations of the child? Are they realistic?

XII. Parenting Practices

This question explores the general nature and approach to parenting as well as the parents' satisfaction with being a parent. Some parents have little knowledge of child rearing practices. Other parents may know what is considered "appropriate" parenting but choose their method based on how they were raised, how their partner does it, etc.

Information about parenting practices includes:

A. Reasons for being a caregiver
B. Satisfaction in being a caregiver
C. Caregiver knowledge and skill in parenting and child development
D. Caregiver expectations and empathy for a child
E. Decision making in parenting practices
F. Parenting style
G. History of parenting behavior
H. Protectiveness
I. Difference in how the parent thinks and feels about each child

Describe parenting practices. Can they detail:

J. Why they became a parent.
K. Whether they like being a parent.
L. How much time they spend with each child.
M. Expectations for each child.
N. What they like to do with each child.
O. What each child does best.
P. What they like about each child.
Q. What they don't like about each child.
R. What works best for each child when he/she is sad, angry, or frustrated.

Chapter 3

Appendix 3.2: Present danger threats

Present Danger Threats

From Action for Child Protection Curriculum

Maltreatment

I. Maltreating now: The parents' mistreatment of the child is occurring right now. The maltreatment will typically be physical, verbal, or sexual in nature. Neglect that is chronic may be occurring in the present sense but does not necessarily meet the criterion of danger.

II. Multiple injuries: Although it is acceptable to consider this as injuries on different parts of the body, as in bruises to the arms and lower legs, its intent is more accurately related to different kinds of injuries, as in a serious burn and bruising to the arms.

   A. Face/head: This includes bruises, cuts, abrasions, swelling, or any physical manifestation alleged to have occurred as a result of parental treatment of the child.

   B. Serious injury: Typically, this would include bone breaks, deep lacerations, burns, malnutrition, etc.

III. Premeditated: There must be clear information that what has been alleged is associated with and a result of a deliberate, preconceived plan or thinking that the parent is responsible for and which preceded the maltreatment event.

IV. Several victims: This refers to the identification of more than one child who currently is being maltreated. There is no historical context here. Additionally, one must keep in mind that several victims in chronic neglect situations who are not at danger precludes the selection of this influence.

V. History of reports: This influence requires no qualification about the nature of the previous reports, as in whether they were minor or serious. Concern is assumed and accepted when a family has a history of reports. This present danger influence should always be considered in relation to other influences when considering response time or emergency custody matters.

Life Threatening

I. Living arrangements: This is based on specific information that indicates a child's living situation is an immediate threat to his/her safety. This would include the most serious health circumstances: buildings capable of falling in, exposure to elements in bitter weather, fire hazards, electrical wiring exposed, guns/knives available, etc.

Unexplained

I. Injuries: This refers to a serious injury that parents and others cannot or will not explain.

II. Bizarre cruelty: This qualifies the maltreatment that has been alleged and usually will require an interpretation, such as locking up children, torture, exaggerated emotional abuse, etc.

Accessible to

I. Maltreater: This is another influence that must be considered in concert with other present danger influences when judging response or emergency safety. It refers to a situation, such as only caretaker, significant amounts of caretaking time, isolation from others, etc. This influence can be used to indicate current accessibility as well as anticipated accessibility in the near future, such as when the child goes home from school.

Child

I. Parent's viewpoint of child is bizarre: This is an extreme, not just a negative, attitude toward the child. It is consistent with the level of seeing the child as demon possessed.

II. Child is unsupervised or alone for extended periods: Although this could involve an older child, to be present danger it is more likely to be a younger child. The time of day, of course, is important, as is the length of time the child has been unsupervised. This only applies if the child is truly without care, not someone is caring for the child and complaining that the mom is supposed to be but isn't present. Keep in mind the present time concept here. If the child was unsupervised last night but is not alone now, it is not a present danger influence.

III. Child is 0 to 6: Like some of the others, this influence should be considered in relationship to other present danger influences such as alone.

IV. Child is unable to protect self: This is like the influence above generally but will also include children who are older but may possess some incapacity.

V. Child is fearful/anxious: This does not refer to generalized fear or anxiety. Children who are described as being obviously afraid of: their present circumstance, the home situation, or a person because of a concern of personal threat would fit this influence. Available information may be from actual communication or emotional/physical manifestation from the child's perception of their situation.

VI. Child needs medical attention: To be a present danger influence, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. In other words, if children are not being given routine medical care, it would not constitute a present danger situation. It should have an emergent quality.

Parent

I. Parents are unable to perform parental responsibilities: This only refers to those parental duties and responsibilities consistent with basic care or assuring safety. This is not associated with whether parents are effective parents generally but whether their inability to provide basic duties leaves the child in a threatened state.

II. Bizarre behaviors: This requires interpretation. Unpredictable, incoherent, weird, outrageous, or totally inappropriate behaviors fit this influence.

III. Parents described as dangerous: Dangerous parents may be behaving in bizarre ways; however, this is intended to capture a more specific type of behavior. Information would be considered present danger here when parents are described as physically/verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways, etc.

IV. Parent: This influence may include aspects of the two preceding influences.

V. Out-of-control: However, this allows for capturing emotional, upset, or depressed people who cannot focus themselves or manage their behavior in ways to properly perform their parental responsibilities. Their actions or lack of actions may not be directed at the children but may affect them in dangerous ways.

VI. Parent intoxicated: Applying the present time context, this refers to a parent who is drunk now or is consistently drunk all the time. The state of the parent's condition is more important than the use of a substance (drinking compared to drunk).

VII. Caregivers overtly reject intervention: This threat refers to situations where a caregiver refuses to see or speak with child welfare staff and/or to let child welfare staff see the child; is openly hostile or physically aggressive toward child welfare staff; refuses access to the home; hides child or refuses access to child.

Family

I. Family isolated: This is a dependent influence as many others are. In other words, this influence must be considered in relationship to other influences when assessing or deciding about response or emergency protection. This refers to both geographic and social isolation.

II. Spouse abuse present: This considers family situations in which the alleged child maltreatment is accompanied by spouse abuse. For example, a child is being mistreated and acknowledges that a parent is also being mistreated, thus suggesting a violent situation which is generalized among members. Concern is heightened if both abuses are presented as occurring during the same time and more concerning if that same time is now.

III. Family will flee: This may require some interpretation. Transient families, homes that are not established, families with limited possessions, etc. are included.

IV. Family hides child: This should be thought of in both overt and covert terms. For example, a child being physically restrained within the home or parents who avoid allowing others to have personal contact with their child can be considered. This may include passing a child around to other adults, relatives, or different homes.

Other

I. Services inaccessible or unavailable: This is an influence that becomes present danger when considered in relation to other influences that demand access to services. For instance, a child who has a routine need for a particular kind of medical service which is a life threatening need and the service is inaccessible; a present danger circumstance may be apparent.

Chapter 3

Appendix 3.3: Present danger assessment

Present Danger Assessment
(From Action for Child Protection Curriculum)

Abuse and Neglect Issues

abuse and neglect now ____**Yes**
multiple injuries ____**Yes**
face/head injury ____**Yes**
serious injury ____**Yes**
premeditated ____**Yes**
several victims ____**Yes**
life-threatening living arrangements ____**Yes**
bizarre cruelty ____**Yes**
accessible to perpetrator ____**Yes**
unexplained injury/condition ____**Yes**

Child Issues

caregiver's viewpoint of child is bizarre ____**Yes**
child unable to protect self ____**Yes**
child fearful/anxious of home environment ____**Yes**
child is unsupervised/alone ____**Yes**
child needs medical care or faces life-threatening/permanent consequence ____**Yes**

Parent/Caregiver Issues

caregiver's unable to perform parental responsibilities ____**Yes**
bizarre behaviors ____**Yes**
caregivers described as dangerous ____**Yes**
caregiver out-of-control ____**Yes**
caregiver intoxicated/high ____**Yes**
caregivers overtly reject intervention ____**Yes**

Family Issues

family isolated ____**Yes**
domestic violence and child abuse ____**Yes**
family may flee ____**Yes**
family hides child ____**Yes**

If a "yes" is checked, but no Protective Action was required, justify the decision.

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Chapter 3

Appendix 3.4: Impending danger threats

Oregon Safety Threats Guide

Impending Danger Threats

This guide has been modified from the Action for Child Protection Guide.

This guide identifies and explains the 15 universal safety threats and includes a 16th safety threat added in the Oregon Child Welfare Safety Model. Remember that safety threats present in the form of behavior, conditions, or circumstances. Examples within this reference guide refer to impending danger. Regarding any family behavior, condition, or circumstance being considered as a safety threat, remember that the safety threshold criteria must always apply.

The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that ensure child safety.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affect the safety of a child. This includes situations in which parents'/caregivers' whereabouts are unknown. The parent's/caregiver's whereabouts are unknown while the CPS initial assessment is being completed, and this is affecting child safety. This safety threat applies when a child's parent or caregiver is present and available but does not provide supervision or basic care. The failure to provide supervision and basic care may be due to avoidance of protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other parent/caregiver issues coexist with the lack of supervision like substance use or mental health. Compare this threat to the safety threat concerned with impulsiveness and lack of self-control.

Application of the Safety Threshold Criteria

The parent or caregiver who normally is responsible for protecting the child is absent, likely to be absent or is incapacitated in some way or becomes incapacitated and is not available. Nothing within the family can compensate for the condition of the parent or caregiver which meets the out-of-control criterion. An unexplained absence of parents/caregivers is a situation that is out of control. Without explanation, the children have been abandoned and are totally subject to the whims of life and others. They are totally without parent or caregiver protection. Nothing can control the absence of the parents or caregivers.

Duties and responsibilities are at a critical level that, if not addressed, represent a specific danger or threat posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, or even dying. Regarding absent parents/caregivers and in the absence of a family network that imposes itself, vulnerable children left without parents or caregivers will suffer serious effects.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the parent's or caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports. The absence of parents or caregivers meets the imminence criteria. The threat is immediate.

This threat includes both behaviors and emotions as illustrated in the following examples:

I. Parent's/caregiver's physical or mental disability/incapacitation renders the person unable and unavailable to

provide basic care for the children.

II. Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.

III. Parents/caregivers have abandoned the children.

IV. Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.

V. Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.

VI. Parent/caregiver does not respond to or ignores a child's basic needs.

VII. Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.

VIII. Parent/caregiver ignores/does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.

IX. Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.

X. Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child, and the parent/caregiver is present or approves.

XI. Child has been abandoned or left with someone who does not know the parent/caregiver.

XII. Parent/caregiver has left the child with someone and not returned as planned.

XIII. Parent/caregiver did not express plans to return, or the parent/caregiver has been gone longer than expected or what would be normally acceptable.

XIV. No one knows the parent's/caregiver's identity.

XV. Parents'/caregivers' unexplained absence exceeds a few days.

One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active. When seen in an intimate partner relationship, the violence is generally part of a pattern of power and control that one partner exerts over the other.

Application of the Safety Threshold Criteria

To be out of control, the violence must be active. It moves beyond being angry or upset, particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive in terms of the way the person feels and acts. There is nothing within the family or household that can counteract the violence.

The active aspect of this behavior could easily result in aggression toward family members and children, specifically,

who may be targets or bystanders. Vulnerable children are those who cannot self-protect, who cannot get out of the way, and who have no adult who is able to protect them and/or may intervene in the violence. These children could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent behavior. It is conclusive that the violence and likely harmful effects could or will occur soon to the extent that the violence:

I. Is a pervasive aspect of a person's character or a family dynamic.

II. May or may not be predictable.

III. Has a standing history or there is a recent severe incident.

This threat includes behaviors as illustrated in the following examples:

I. Violence includes hitting, beating, physically assaulting a child, spouse, or other family member.

II. Violence includes acting dangerously toward a child or others, including throwing things, brandishing weapons, aggressively intimidating, and terrorizing. This includes making believable threats of homicide or suicide.

III. Family violence involves physical and verbal assault on a parent, caregiver or member of the child's household, in the presence of a child; the child witnesses the activity, and the child demonstrates an observable, significant effect.

IV. Family violence occurs and a child has been assaulted or attempted to intervene.

V. Family violence occurs and a child could be inadvertently harmed even though the child may not be the actual target of the violence.

VI. Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home that threatens child safety (e.g., drug labs, gangs, drive-by shootings).

VII. Due to the batterer's controlling behavior, the child's basic needs are unmet.

One or both parents' or caregivers' behavior is impulsive, or they will not/cannot control their behavior.

This threat is concerned with self-control. It is concerned with a person's ability to postpone; to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of parent or caregiver self-control that places vulnerable children in jeopardy. This threat also includes parents or caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse. This safety threat is different than the first safety threat concerned with no adult in the home to routinely provide supervision and protection. That safety threat is based on consistent neglectful parent or caregiver behavior; this safety threat is tied specifically to a caregiver's spontaneous reactions or failure to control their behavior.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition,

this includes parents or caregivers who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times, such as while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior, but clearly, much of self-control issues rest in emotional areas. Emotionally disturbed parents or caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared to, say, the lack of self-control to exercise. The effects of the threat could result in severe effects as parents or caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Because the lack of self-control is severe, the examples of it should be clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors, other than aggression or emotion, that affect child safety as illustrated in the following examples:

I. Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties.

II. Parent/caregiver is seriously depressed and unable to control emotions or behaviors.

III. Parent/caregiver is chemically dependent and unable to control the dependency's effects.

IV. A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.

V. Parent/caregiver makes impulsive decisions and plans that leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable parent or caregiver).

VI. Parent/caregiver spends money impulsively, resulting in a lack of basic necessities.

VII. Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.

VIII. Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).

IX. Parent/caregiver is delusional and/or experiencing hallucinations.

X. Parent/caregiver cannot or will not control sexual offending behavior.

XI. Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

Parents' or Caregivers' perceptions of a child are extremely negative.

"Extremely" is meant to suggest a perception that is so negative that, when present, it creates child safety concerns. In

order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out of control because the point of view of the child is so extreme and out of touch with reality that it compels the parent or caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the parent's or caregiver's perception or explaining it away to the parent or caregiver. It is out of control.

The extreme negative perception fuels the parent's or caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the parent or caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child, such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place, not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the parent or caregiver. Anything occurring in association with the standing perception could trigger the parent or caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples:

I. Child is perceived to be evil, demon-possessed, deformed or deficient.

II. Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile toward, and the parent/caregiver transfers feelings and perceptions of the person to the child.

III. Child is considered to be punishing or torturing the parent/caregiver.

IV. One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.

V. Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.

VI. Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child; perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

A family situation or behavior is such that the family does not have or use resources necessary to ensure a child's safety.

"Basic needs" refers to the family's lack of:

I. Minimal resources to provide shelter, food, and clothing; or

II. The capacity to use resources if they were available.

Application of the Safety Threshold Criteria

There could be two things out of control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The second question of control is concerned with the parent or caregiver's lack of control related to either impulses about use of resources or problem solving concerning with use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g., infant, ill, fragile, etc.).

This threat is illustrated in the following examples:

I. Family has insufficient food, clothing, or shelter affecting child safety.

II. Family finances are insufficient to support needs (e.g., medical care) that, if unmet, could result in a threat to child safety.

III. Parents/caregivers lack life management skills to properly use resources when they are available.

IV. Family is routinely using their resources for things (e.g., drugs) other than their basic care and support, thereby leaving them without their basic needs being adequately met.

V. Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child), and the family is unable to adequately address the needs.

One or both parents'/caregivers' attitudes, emotions, and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.

This refers to parents or caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also refers to parents or caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

Application of the Safety Threshold Criteria

Out of control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance, or dread as experienced by the parent or caregiver is serious and high. This is no passing thing the parent or caregiver is feeling. The parent or caregiver is or feels out of control. The parent or caregiver is either afraid of what he or she might do or is beyond self-limits and forbearance. A request for placement is extreme evidence with respect to a parent or caregiver's conclusion that the child can only be safe if he or she is away from the parent or caregiver.

Presumably, the parent or caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The parent or caregiver has concluded that the child is vulnerable to experiencing severe effects.

The parent or caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the parent or caregiver might react toward the child at any time, and it could be in the near future.

This threat is illustrated in the following examples:

I. Parents/caregivers use specific threatening terms, including even identifying how they will harm the child or what sort of harm they intend to inflict.

II. Parents'/caregivers' threats are plausible, believable; they may be related to specific provocative child behavior.

III. Parents/caregivers state they will maltreat.

IV. Parent/caregiver describes conditions and situations that stimulate them to think about maltreating.

V. Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.

VI. Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.

VII. Parent/caregiver describes disciplinary incidents that have become out of control.

VIII. Parents/caregivers are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.

IX. One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

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

This refers to parents or caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to an intention to cause the child to suffer. This is more about a child's pain than any expectation to teach a child.

Application of the Safety Threshold Criteria

This safety threat seems to contradict the criterion "out of control." People who "plan" to hurt someone are under control. However, it is important to remember that "out of control" also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that:

I. The acts were intentional;

II. The objective was to cause pain and suffering; and

III. Nothing or no one in the household could stop the behavior.

Parents or caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme

or severe. Furthermore, the whole point of this safety threat is pain and suffering, which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that parents or caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

This threat includes both behaviors and emotions as illustrated in the following examples:

I. The incident was planned or had an element of premeditation, and there is no remorse.

II. The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns), and there is no remorse.

III. Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury, and there is no remorse.

IV. Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.

V. Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.

VI. Parent/caregiver does not acknowledge any guilt or wrongdoing, and there was intent to hurt the child.

VII. Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.

VIII. Parent/caregiver may feel justified; they may express that the child deserved it, and they intended to hurt the child.

A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to ensure a child's safety.

This refers to basic parenting that directly affects a child's safety. It includes parents/primary caregivers lacking the basic knowledge or skills that prevent them from meeting the child's basic needs or the lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

Application of the Safety Threshold Criteria

When is this family condition out of control? Parents or caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out of control because it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don't perform. The lack of aptitude must be clear. The basis for ineptness may vary. Parents or caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable and may have plenty of pertinent knowledge but simply don't care or can't generate sufficient energy

to act. Remember, any of these are out of control by virtue of the behavior of the parent or caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples:

I. Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.

II. Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.

III. Parent's/caregiver's expectations of the child far exceed the child's capacity, thereby placing the child in unsafe situations.

IV. Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).

V. Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.

VI. Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).

VII. Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.

VIII. Parent/caregiver is averse to parenting and does not provide basic needs.

IX. Parent/caregiver avoids parenting and basic care responsibilities.

X. Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).

XI. Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).

XII. Parents/caregivers place their own needs above the children's needs, thereby affecting the children's safety.

XIII. Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence, and this affects the children's safety.

Parents' or caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication that the caregivers will flee.

This threat is selected if the facts suggest that the family is acting in such a way in order to hide the child from CPS. Attempts to avoid CPS access to a child can include overtly rejecting all attempts by CPS to enter the home, see a child, and conduct routine initial assessment information collection. The key to parents or caregivers rejecting CPS involvement is the term "overt." The rejection is far more than a failure to cooperate, open anger or hostility about CPS involvement or other signs of general resistance or reluctance. Rejecting CPS intervention must be blatant to meet the safety threshold criteria. This safety threat applies also when there are indications that a family will change residences,

leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by CPS, the current status of the child or the potential consequences for the child must be considered severe and immediate.

Application of the Safety Threshold

Like other safety threats, it appears when people do things deliberately that they are under control. Certainly overt rejection of CPS or an attempt to flee must be considered a deliberate act to prevent CPS from having access to a child; it is a planned-out intention to hide a child. People who solve their problems by such behavior can be considered to be out-of-control and desperate. Furthermore, parents or caregivers who need to keep secret what is happening in their family represent people who are out of control. Certainly, families who are transient for purpose of keeping things secret do not possess within their ranks anything that serves to control such behavior. Overt rejection of CPS could be an expression of a parent's/caregiver's rights; however, until access to the child can be gained through legal means, the conclusion about the rejection representing a safety threat remains the same.

Judging severity is speculative with respect to this safety threat. An assumption prevails concerned with a conservative point of view that parents or caregivers who overtly reject CPS intervention as defined here or who might flee are doing so for some critical reason. It is consistent with a "worst case scenario" perspective. A child might already be seriously hurt or may be in serious danger.

Imminence is obvious. Fleeing can happen immediately. The van could be packed and the family gone by this evening. People who flee are desperate and act very impulsively. Overt rejection of intervention immediately results in no access to a child and to the opportunity to determine if a child is safe.

This threat is illustrated in the following examples:

I. Parents/caregivers avoid talking with CPS or refuse to allow CPS access to the home.

II. Parents/caregivers manipulate in order to avoid any contact with CPS; make excuses for not participating; miss appointments; go through various means and methods to avoid CPS involvement and any access to a child.

III. Parents/caregivers avoid allowing CPS to see or speak with a child or do not inform CPS where the child is located.

IV. Family is highly transient.

V. Family has little tangible attachments (e.g., job, home, property, extended family).

VI. Parent/caregiver is evasive, manipulative, suspicious.

VII. There is precedence for avoidance and flight.

VIII. There are or will be civil or criminal complications that the family wants to avoid.

IX. There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

Parents' or Caregivers' attitude, behavior, or perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs), which are either organic or naturally induced as opposed to induced by parents or caregivers. The key here is that the parents/caregivers, by not addressing the child's exceptional needs, will not or cannot meet the child's basic safety needs.

Application of the Safety Threshold Criteria

The parent's or caregiver's ability and/or attitude are what is out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it, but you are the principal person who must do the task, then no control exists either. If you are not doing what is required to ensure the exceptional needs are being met daily, then nothing within the family is ensuring control.

This does not refer to parents or caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur and are required for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples:

I. Child has a physical or mental condition that, if untreated, is a safety threat.

II. Parent/caregiver does not recognize the condition.

III. Parent/caregiver views the condition as less serious than it is.

IV. Parent/caregiver refuses to obtain treatment for the child who threatens suicide, attempts suicide, or appears to be having suicidal thoughts.

V. Child is so withdrawn that basic needs are not being met.

VI. Parent/caregiver refuses to address the condition for religious or other reasons.

VII. Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.

VIII. Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.

IX. Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

The family situation is such that living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed or the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

Application of the Safety Threshold Criteria

To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples:

I. The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.

II. Housing is unsanitary, filthy, infested, a health hazard.

III. The house's physical structure is decaying, falling down.

IV. Wiring and plumbing in the house are substandard, exposed.

V. Furnishings or appliances are hazardous.

VI. Heating, fireplaces, stoves, are hazardous and accessible.

VII. There are natural or man-made hazards located close to the home.

VIII. The home has easily accessible open windows or balconies in upper stories.

IX. Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.

X. People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.

XI. People frequent the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.

The key word is "serious" and suggests that the child's condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability). The presumption related to this safety threat is there is some connection, either alleged or confirmed, between the physical injuries or physical symptoms and child abuse or neglect. During the initial contacts with a child, physical injuries and physical symptoms may be obvious (as in a present danger), but insufficient information has been gathered to connect the child's condition to abuse or neglect. However, this item remains a safety threat until such time as the abuse or neglect as the cause of the child's condition is ruled out.

Application of the Safety Threshold Criteria

Serious physical effects of abuse or neglect are out of control when they are health- or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked aggressive, assaultive caregiving behavior. No control exists within the family to care for and nurture the child respective of the physical condition.

Severe is qualified by the nature of the child's condition and the impending results of no protection and questionable medical care and followup.

Imminence is qualified by whether the child's condition will not improve or worsen if left unattended.

Note: *Many of the examples are also consistent with present danger. The injuries identified in the examples would be apparent at first contact. These remain here in this listing to emphasize the importance of addressing serious injuries to children as a result of abuse or neglect, the need for immediate medical care, and the relationship of these kinds of concerns to other family conditions and behaviors that represent a continuing state of danger – impending danger. Some of the examples, such as failure to thrive, may not be apparent at the initial contact.*

This threat is illustrated in the following examples:

I. Child has severe injuries.

II. Child has multiple/different kinds of injuries (e.g., burns and bruises).

III. Child has injuries to head or face.

IV. Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out-of-control reactions (e.g., serious bruising across a child's back as if beaten in an out-of-control disciplinary act).

V. Injuries appear associated with the use of an instrument that exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.).

VI. Child has physical symptoms from abuse or neglect that require immediate medical treatment.

VII. Child has physical symptoms from abuse or neglect that require continual medical treatment.

VIII. Child appears to be suffering from failure to thrive.

IX. Child is malnourished.

The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in parents or caregivers.

Key words are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention (e.g., extreme emotional vulnerability, suicidal thoughts or actions). "Lacks behavioral control" describes the provocative child who stimulates reactions in others.

Application of the Safety Threshold Criteria

The condition of the child is what is out of control. The child is a source of danger to him or herself. The damage has been done, and the child cannot control it. Family members cannot control the child with respect to preventing what

the child may do that could result in severe effects. Additionally, caregivers and even others can be so provoked by the child's behavior that they are not able or wanting to control their reactions against the child.

The child's emotional and behavioral conditions are so extreme that the child is seriously disturbed and self-destructive or behaves in ways that others will be a danger to him or her. The results could be suicide, self-mutilation, being physically abused, etc.

The child's emotion and behavior are so profound that he or she is an immediate danger to him or herself without protection. The severe effects could be immediate.

The child's condition may or may not be a result of previous maltreatment. This threat is illustrated in the following examples:

I. Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.

II. Child's emotional state is such that immediate mental health/medical care is needed.

III. Child is capable of and likely to self-mutilate.

IV. Child is so withdrawn that basic needs are not being met.

The situation is such that a child is fearful of the home situation or people within the home.

"The home situation" includes specific family members and/or other conditions in the living situation. Other people in the home refers to those who either live in the home or frequent the home so often that a child daily expects that the person may be there or show up. (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out of control? Have you ever felt that way? Can you imagine a child being so afraid that his or her fear is out of control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child's fear and assure a sense of security? To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child's terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child's fear could result in severe effects.

Whatever is causing the child's fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

This threat is illustrated in the following examples:

I. Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).

II. Child expresses fear and describes people and circumstances that are reasonably threatening.

III. Child recounts previous experiences that form the basis for fear.

IV. Child's fearful response escalates at the mention of home, people, or circumstances associated with reported

incidents.

V. Child describes personal threats that seem reasonable and believable.

Because of perception, attitude or emotion, parents or caregivers cannot, will not, or do not explain a child's injuries or threatening family conditions.

Parents/caregivers do not or are unable or unwilling to explain maltreating conditions or injuries that are consistent with the facts. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

Application of the Safety Threshold Criteria

You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out of control.

Typically, this safety threat occurs in connection with a serious injury, so the severity question is already answered. Research (such as that associated with the Battered Child Syndrome) supports a concern that one serious unexplained or nonaccidental injury reasonably may be followed by another.

When the cause of an injury is not known, then what might be operating could result in another injury in the near future.

Note: *An unexplained injury at initial contact should be considered a present danger. If the injury remains unexplained at the conclusion of an initial assessment/investigation, the lack of an acceptable explanation must be considered an impending danger.*

This threat is illustrated in the following examples:

I. Parents/caregivers acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.

II. Parents/caregivers express concern for the child's condition but are unable to explain it.

III. Parents/caregivers appear to be totally competent and appropriate with the exception of:
   A. The physical or sexual abuse; and
   B. The lack of an explanation; or
   C. An explanation that makes no sense.

IV. Parents/caregivers accept the presence of injuries and conditions but do not explain them or seem concerned.

V. Sexual abuse has occurred in which:
   A. The child discloses;
   B. Family circumstances, including opportunity, may or may not be consistent with sexual abuse; and
   C. The parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.

VI. "Battered Child Syndrome" case circumstances are present, and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' appearance, and there is

no explanation for the child's symptoms.

VII. Parents'/caregivers' explanations are far-fetched.

VIII. Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parents'/primary caregivers' explanations.

IX. History and circumstantial information are incongruent with the parents'/primary caregivers' explanation of the injuries and conditions.

X. Parents'/caregivers' verbal expressions do not match their emotional responses, and there is not a believable explanation.

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

**This safety threat has been added in the Oregon Child Welfare Safety Model.*

This safety threat occurs in family situations in which the parent has previously abused and/or neglected a child(ren), and the behavior or conditions that resulted in that abuse or neglect were serious enough to require removal, and the behavior or condition has not been remediated. The behavior or conditions have not allowed for reunification with the child or children that were removed.

Application of the safety threshold criteria:

This situation meets the safety threshold criteria in that the severity of the behavior, condition, or circumstance is such that it requires current removal of the child(ren) or has required permanent removal of the parent's child(ren) through relinquishment prior to termination or termination of parental rights. The situation is out of control in that the behavior, condition, or circumstance resulting in the removal of children has not changed. Exposure of a child to this severe and out-of-control behavior condition or circumstance that has not changed requires immediate intervention.

Chapter 3

Appendix 3.5: Justifying a Parent/Caregiver can and will protect

Justifying a Parent/Caregiver Can and Will Protect

A Reference Guide

The following are examples of family situations that should support the determination that a parent or caregiver can and will protect the child against threats to child safety. In some situations, more than one of these conditions would be necessary to support and confirm a parent's/caregiver's capacity to protect.

I. Parent/caregiver has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.

II. Parent/caregiver has made appropriate arrangements that have been confirmed to ensure the child is not left alone with the perpetrator. This may include having another adult present within the home who is aware of the protective concerns and is able to protect the child.

III. Parent/caregiver can specifically articulate a plan to protect the child, such as the parent/caregiver leaving when a situation escalates, calling the police in the event the restraining order is violated, etc.

IV. Parent/caregiver believes the child's report of abuse or neglect and is supportive of the child.

V. Parent/caregiver is physically able to intervene to protect the child.

VI. Parent/caregiver does not have significant individual needs that might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

VII. Parent/caregiver has asked, demands, expects the perpetrating adult to leave the household and can assure the separation is maintained effectively.

VIII. Parent/caregiver has adequate resources necessary to meet the child's basic needs.

IX. Parent/caregiver is capable of understanding the specific threat to the child and the need to protect.

X. Parent/caregiver has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the parent's/caregiver's ability to meet any exceptional needs that the child might have.

XI. Parent/caregiver is cooperating with the caseworker's efforts to provide services and assess the specific needs of the family.

XII. There is no precedence for the current abuse or neglect in respect to type and severity, and the parent/caregiver demonstrates appropriate concern and intolerance.

XIII. Parent/caregiver is emotionally able to carry out a plan and/or to intervene to protect the child (parent/caregiver not incapacitated by fear of the perpetrator).

XIV. Parent/caregiver has legally separated from the perpetrator and has/does demonstrate behavior to suggest he or she will not reunite until circumstance warrants or they are proceeding with divorce action.

XV. Parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.

XVI. Parent/caregiver and child have strong bond, and parent/caregiver is clear that the number one priority is the well-being of the child.

XVII. The parent/caregiver consistently expresses belief that the perpetrator is in need of help and that he or she supports the perpetrator getting help. This is parent's/caregiver's point of view without being prompted by CPS.

XVIII. While the parent/caregiver may be having a difficult time believing the other person would abuse or neglect the child, the parent/caregiver describes the child as believable and trustworthy.

XIX. Parent/caregiver does not place responsibility on the child for the problems of the family.

Chapter 3

Appendix 3.6: Protective action

Protective Action

*(**Note**: This Protective Action is merely a sample of how to document a protective action as provided by the Action for Child Protection Curriculum.)*

Worker Name: Tiny Workington

Case Name: Vincent, Naomi

Date: October 25, 2006

Description/explanation of safety threat:

Protective action has been taken to assure Sheila's safety while the assessment is being completed. It has been confirmed that Sheila has a broken right arm from what appears to be a twist. She has a history of two previous breaks (arms). The parents cannot explain the injuries. Although they appear concerned, the age of the child and the seriousness of the injuries (which have been described by Dr. Simms as appearing to be nonaccidental) indicate the need for protective action until such time as more information can be gathered and the assessment can be completed.

Specifics of Protective Action, including caregiver contact that is allowed during the Protective Action:

Because the child has been injured while in the care of the parent; the parents cannot explain the injuries; and the injuries appear to be nonaccidental, an out-of-home protective action is necessary until more information can be gathered in the CPS assessment. The family identified a relative, Mrs. Green, Clara's mother. DHS was able to do an emergency certification, and Mrs. Green is now the temporary out-of-home care provider for Sheila. The Vincents will visit the child daily from 3 - 5 p.m. at Mrs. Green's. Mrs. Green will take Sheila to Dr. Simms' office for appointments that have been set. Additionally, Mrs. Green will report any incident involving the Vincents attempting to depart from the protective action.

Justification of the suitability of safety service providers:

I have spoken at length with Mrs. Green, Clara's mother, who lives at 1325 Oak (approximately 10 miles from the Vincents). Her phone number is 333-3333. She is a retired teacher and lives alone. She has cared for Sheila from time to time and is willing to care for her 24 hours a day for up to a month. Mrs. Green communicates effectively; she is rational, calm and seems reliable. She shares CPS's concern for the lack of explanation for injuries even though she has no explanation either. She has indicated adamantly that she can care for the child without interference from Phil or Clara. She expresses no concern about keeping Sheila safe. She is not interested in financial support. There is no CPS or criminal record on Mrs. Green, and she met the criteria for emergency certification. She is physically healthy and able. Her home is adequate. She understands this is a temporary measure.

How CPS will provide oversight of the protective action:

I will call Mrs. Green routinely and will visit her home weekly. I will attempt to visit sometimes during the time the Vincents are visiting the child. The protective action will be modified if a more intrusive action is necessary.

Provide rationale why protective action will work and is the least intrusive:

This plan will ensure Sheila's safety given that her care will be accomplished by a responsible caretaker 24 hours a day.

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Mrs. Green demonstrates sufficient strength and commitment to see the plan work. The Vincents are agreeable and cooperative. They have indicated they prefer this plan rather than Sheila being placed with strangers. They understand that this action will be in place until the assessment can be completed and it is determined if an ongoing safety plan is necessary.

Parent/Caregiver Signature:

Date:

Worker Signature:

Chapter 3

Appendix 3.7: State of Oregon consular notification via fax

STATE OF OREGON
CONSULAR NOTIFICATION VIA FAX

DATE/Time:	
TO:	Consul General of (Country) Street Address City, State , Zip Code (Area Code) Telephone Number (FAX #)
FROM:	Caseworker Name Oregon Department of Human Services Child Welfare - (Branch Name) Office Address (Area Code) Telephone Number (FAX #) / E-Mail address:
SUBJECT:	Notification of Protective Custody of a Foreign National of (Country) CW Case #: Case Name:

The Oregon Department of Human Services (DHS), Child Welfare Branch, has taken the following foreign national, whom we understand to be a national of your country, into protective custody on (DATE).

Child's Full Name, (DOB) born in (City) (State) (Country). If said child was born in the United States then we must include the parent's full name and place of birth so that this may serve as official notice of the family's involvement with the agency. (List any other comments including parents' present location and contact information if known.)

To arrange for consular access, or further information, please call (caseworker) at the number listed above.

Thank you.

Chapter 3

Appendix 3.8: Domestic Violence and the six domains

DHS Oregon Department of Human Services

Domestic Violence and the 6 Domains

Critical note: The dynamics of domestic violence are based on the batterer maintaining power and control over his or her partner. Challenges to that power and control, including a CPS assessment, may escalate the abuse. **The risk of a batterer seriously harming or killing the adult victim and children increases when the victim tries to leave.** *Given this, plan your assessment carefully when domestic violence is known to be an issue. Always consider that the assessment may increase the risk to the child and adult victims.*

- Interview the alleged adult victim first, whenever possible, without the alleged batterer present, and in the victim's first language. Also, it is best to interview the alleged adult victim without the alleged batterer's knowledge, to increase safety and get the best chance to gather relevant information. If the alleged batterer is present, do separate interviews that they cannot overhear.
- If you cannot separate the partners, focus on issues other than the domestic violence. Resistance to separate interviews with adults may be an indication of domestic violence and a batterer's control.
- If you believe, or it becomes apparent, that an interview with an alleged batterer (or another family member) will compromise the safety of any family member, consult with a supervisor to request an exception to interviewing the alleged perpetrator in order to allow for safety planning or for the situation to become safe enough for an interview. Always listen to the alleged victim's concerns and safety plan around those concerns if at all possible.

Identifying the predominant domestic violence batterer

There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the family dynamics and to determine if one party is the predominant aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where you believe the adult victim has been arrested. Specifically look for:

- Are injuries defensive wounds (bite marks, scratches etc.)?
- Is one partner afraid of the other?
- What was the intent and level of the violence? (was it self-defense, retaliation, meant to punish or control)
- Who is effectively exerting control over the other? (who makes the rules, who is in charge of money, etc.)
- What is the impact of the violence?

- Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the alleged adult victim to claim responsibility for the violence and for the alleged batterer to be blaming.

Trauma-informed practice

It is essential for the safety of the child that we create a partnership with the alleged adult victim. They have usually been working to keep the child safe and they know the dangers. Also the stability of their relationship with the child is a significant, long-term protective factor.

We can encourage partnership by using trauma-informed practices. These practices center on creating safety first, while promoting choice, agency, connection, and collaboration. It is important to support alleged adult victims in making decisions for themselves, to acknowledge them as the experts on their own experience, and to offer them relationships that are true partnerships. It is essential to be trustworthy in offering our services and supports.

Using the current best practice of Forensic Experiential Trauma Interviewing (FETI)[1], may help us gather information in ways that empower and calm people who have been traumatized, so they are able to give narratives that are more accurate, coherent, consistent, and persuasive.

If at all possible, we do not want to re-victimize anyone with our intervention. It is counter-productive. Trauma survivors have to feel safe before they will share their experiences in a meaningful way.

Trauma survivors speak more fully and freely when they feel that they are talking to someone who:

- is able to **listen**;
- can tolerate what they have to share;
- can really understand what they are sharing; and,
- can imagine that what they are sharing is true and valid

Body language is especially important. Distancing, skeptical or even faintly critical expressions will be detected and will shut down sharing.

Research suggests that first responders need to re-evaluate their reliance on their instincts when dealing with trauma victims. Nonverbal cues to deception are relatively nonexistent. Victims can seem upset or calm, even happy. In fact trauma victims can display the same reactions generally attributed to liars – raised blood pressure, increased heart rate, sweaty palms, etc.

[1] Russell Strand, U.S. Military Police School, Chief, Behavioral Sciences Education and Training Division

In domestic violence situations we are more likely to find that people have experienced chronic trauma. This can actually change brain function. When we are in a normal, calm state our brains can handle abstract thought and do long term thinking, as we become aroused our thinking becomes concrete and focused on days or hours. This is a state we can recognize in ourselves when we respond to critical child safety reports. If we are alarmed, we become emotional and focused on hours and minutes. When we experience fear, we become reactive and think in minutes and seconds. When traumatized, we can become reflexive and lose all sense of time. Keep in mind that trauma will impact the ability of victims to form a clear and detailed narrative.

Batterers however are not traumatized or stressed out, in fact they often experience chemical changes in their brains that are rewarding. Batterers are usually using logic to go through practiced steps focused on overcoming resistance. They have a totally different brain state from the victim. So their reports are likely to be more strategic, detailed, consistent, factual, and unemotional; in other words batterers' memories and narratives usually seem to make more sense.

Domestic Violence and the 6 Domains of OSM

The Oregon Child Welfare Department has adopted the Safe & Together™ Model[2] for guiding our work when domestic violence is part of our child abuse cases. The model's clear focus on the batterer's behavior patterns and their connection to the harm to the child is very compatible with the Oregon Safety Model.

The Department, in rule, defines "Domestic violence" as a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse, which an individual uses against a past or current intimate partner to gain power and control in a relationship.

The following chart outlines points of intersection between the Six Domains of the Oregon Safety Model and the Safe & Together™ Model.[3] It has prompts to consider when documenting three types of cases: those with domestic violence allegations; those without current domestic violence allegations, but involving a person with a prior history of battering; and cases with no identified current or prior domestic violence.

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[2] The Safe and Together Model was created by David Mandel & Associates. For more information on the model, go to www.endingviolence.com.

[3] The chart is adapted from the chart written by David Mandel and Associates in collaboration with the Florida Coalition Against Domestic Violence, 2014. The project was funded by Children's Justice Act Program, administered by the Children's Bureau, Administration on Children, Youth and Families and was sponsored by the Florida Coalition Against Domestic Violence and the State of Florida, Department of Children and Families

OSM Domain 1: What is the extent of the maltreatment?
In domestic violence cases look for patterns of power and control used by the batterer. Be sure to identify their controlling tactics and the immediate emotional, social and physical impacts of the batterer's use of those tactics on each child in the family.
Related to the child maltreatment, what is the batterer's pattern of coercive control and actions taken to harm the child? (1st and 2nd Critical Components)
To ensure accurate assessment, safety planning and appropriate partnership with the family, <u>the batterer should be identified as the sole source of the child maltreatment related to the domestic violence</u>. Looking at the pattern of coercive control ensures that the assessment of the impact of the batterer's behavior on the child is broader than just "Was the child physically harmed?" or "Did he or she see or hear the incident?" The batterer's pattern often directly and/or indirectly involves, targets, and/or impacts the child. ○ How has prior abuse impacted the current incident of maltreatment?

- What are the coercive tactics the alleged batterer has used against the child/ren? For example, belittling and name calling, isolation, berating or other intimidating behaviors, sexual abuse.
- How have these behaviors manifested over time? How long has this been going on? How often does it happen? Is the frequency increasing? How predictable is the maltreatment?
- Is there a reason to believe the child might intervene or is intervening to protect the non-offending parent?
- Has the batterer killed or severely harmed a family member, even an extended family member or pet?
- Has the child's pet or other significant emotional support been threatened?
- Is the child in close proximity to aggressive or violent behavior, e.g. throwing objects near a child, beating a partner who is holding a child, etc.?
- Has the batterer taken the children or threatened to abduct or otherwise endanger the children?
- Have they threatened to remove the children from their partner's care in any other way?
- Has the batterer used the child or child's behavior as an excuse for abuse?
- Does the batterer use the child as a tool to manipulate their partner? How?
- Does the batterer involve the children in the abuse of their partner, e.g., family meetings, witnessing punishment, etc.? If so how?
- Has the batterer destroyed the child's belongings?

What has been the physical and emotional impact of the batterer's behavior on the child? (4th Critical Component).

The strongest documentation will make clear the nexus between the batterer's behavior and its impact on the child. For example, "Because of father's multiple physical assaults against mother, the family has been dislocated four times in the last four years. Twice the mother fled to a shelter to protect the children from more violence, once the family was evicted because of the batterer's violence, and another time the batterer stalked the family, who had been living in safe stable housing, and forced them to move in with his family."

A picture of the impact on the child may include assessing the following:

- How did the batterer's behavior disrupt the child's daily routine, e.g. arrival of the police or fleeing to shelter?
- What was the impact of any verbal statements made by the batterer before during and after any maltreatment? For example, assaults with verbal threats to kill might be more frightening.

- What was the immediate adverse impact on the child's:
  - Physical well-being: ability to function, sleep, toileting, eating, etc.
  - Emotional well-being: ability to regulate, non-reactive, shut down, tearful, distracted, distant, angry, aggressive, easily startled
  - Social functioning: withdrawn at school or from friends, difficulty making friends, acting out at school, changes in social behaviors
- Were any of these impacts affected by previous trauma or threats?
- Did the child act to protect their siblings, pets, or others?

Do substance abuse, mental health, culture, and/or other socio-economic issues significantly impact the extent of the maltreatment? (5th Critical Component)

- Was the batterer drinking or using other drugs around any maltreatment? Did that use escalate the fear and/or the level of harm?
- Did the batterer's experience with weapons, martial arts, military service, or gangs increase the level of fear and/or harm during any maltreatment?
- Did the batterer use race, gender, disability, immigration status, sexual orientation, etc. as a tactic of abuse during any maltreatment?

How has the batterer's pattern of coercive control impacted the adult victim's ability to promote the safety and well-being of the children? (1st and 3rd Critical Components)

To fully assess the impact of the batterer's pattern on the child, there needs to be a "multiple pathways to harm" framework. The focus on the physical danger and trauma needs to be expanded to include the following question:

- How is the child being impacted by the batterer's influence over the adult victim's adult functioning, parenting and discipline?

What has been the full spectrum of the victim's efforts to manage child safety and well-being? (3rd Critical Component)

Make sure you use a comprehensive lens and give victim credit for placating and day-to-day actions as protective capacities regarding the maltreatment.

- What basic care activities were being performed by the adult victim prior and during any maltreatment incidents?
- What were the adult victim's specific strategies to minimize, reduce, and prevent any maltreatment from occurring?
- What did the adult victim do during any maltreatment to reduce the physical and emotional danger to the child?
- After incidents of maltreatment, what did the adult victim do to take care of the physical and emotional needs of the child?

- Overall, how does the adult victim's behavior buffer the child from trauma and support their healing and/or normal development?

For example: "The victim engaged in age appropriate play with her child, attempted to defuse her partner's anger and abusive behavior through avoidance of his questions, placating him by providing him with a beer and engaging him in a conversation about chores, redirecting the conversation, reminding her partner about their son's needs, preparing dinner for the family, defending her parenting and her son's participation in age appropriate play. She also role modeled resistance to abuse by standing up to his verbal abuse and actively tried to remove herself and her son from her partner's abusive behaviors but was prevented from doing so by her partner's intimidating and threatening behavior. While mother engaged in a series of efforts to shield her son from his fathers' verbal abuse, threats and intimidation, father continued to choose to expose his child to his verbal abuse, threats and intimidation of his mother. Mother's age appropriate play and efforts to shield her son from his father's abuse are clear strengths as a parent. She appears to be actively engaged in supporting her child's safety and well-being."

In this area you need to make sure that protective efforts are contextualized to the situation and that the victim's efforts are valued for what was possible for them to do before, during or after any maltreatment versus holding them responsible for the ultimate outcomes of the incidents, which are the sole responsibility of the batterer.

When domestic violence is not a part of the current allegation:

Other maltreatments, such as physical abuse, sexual abuse, or neglect, may be perpetrated by a caregiver who is abusive to their adult partner, and therefore part of their overall pattern of abuse. Using a lens that focuses on patterns of coercive control can expose the roots of the maltreatment. Moreover, maltreatment perpetrated by an adult domestic violence victim may be the direct or indirect result of the domestic violence. Consider what the victim's parenting, day-to-day functioning and disciplinary strategies would be if they were free from the batterer's coercive control.

When there is prior history of domestic violence perpetration but none currently alleged:

- Is coercive control currently occurring but not the reason for the referral?
- Is the batterer, whether in the home or not, still negatively influencing the family functioning through fear, intimidation, third party contact, or other forms of control?

OSM Domain 2: What are surrounding circumstances?

In domestic violence cases look for the circumstances that accompany the maltreatment, which would be the power & control that one parent is exercising over the other. Also identify how this pattern of behavior is impacting maltreatment. We want to be careful not to use this information to excuse behavior or offer inappropriate interventions. Remember that the use of a pattern of coercive and controlling behavior is a choice.

What is the batterer's pattern of coercive control directed toward the adult partner? (1st Critical Components)

The Safe & Together™ Model offers a clear focus on the broader pattern of the batterer's behavior, including the intent behind the abuse, the behaviors leading up to the abuse, actions and statements of responsibility for the abuse.

It is critical, for this domain, to research and document the perpetrator's pattern of behavior in the current relationship, as well as history regarding coercive and controlling tactics used by the perpetrator in other relationships.

- Does the batterer use tactics of coercive control, sexual assault, stalking, or assaultive behaviors outside this relationship, either in another current relationship or in the past?
- Does the batterer have a history of violent and threatening behavior to others outside of the family? e.g., gang involvement, behavior toward other interveners
- Does the batterer engage in sanctioned violence as part of their work or other career? e.g. martial arts, military or police
- Do you have a full picture of similar prior incidents in this relationship?
- How has the batterer targeted the adult survivor over time? How long has this been going on? How often does it happen? Is the frequency increasing? How predictable is the coercive and controlling behavior targeting the adult survivor?
- How has prior coercive and controlling behavior impacted the current situation?
- What are the coercive tactics the alleged batterer has used? For example, belittling and name calling, unreasonable and ongoing jealousy, sexual abuse, pet abuse physically preventing their partner from leaving the house, isolating the adult victim from family and friends, controlling or sabotaging transportation, violence, etc.
- What is the potential lethality of the alleged batterer's behavior? For example, are they extremely jealous, is the abuse escalating, are there any

verbal or non-verbal threats to kill anyone or to commit suicide, do they have access to weapons, have they used strangulation, do they use stalking behaviors, are they out of work and not looking for employment, did they use violence against their partner when she was pregnant, is there a step-child in the home?

- Have they threatened the safety of family, friends, pets or others?
- Have they made any other threats?
- How does the batterer's explanation help us understand the extent of their control and their pattern of child maltreatment?
- How does the batterer's explanation help us understand the extent of their control and their pattern of abuse in regards to the adult victim?
- How do the circumstances of the abuse help us understand and further our assessment of the family functioning? For example, if this incident of physical violence targeted the caregiver's contact with her family, what else can we learn about how the batterer sabotages contact with family and perhaps other outside contacts, including schools and medical providers?

Do substance abuse, mental health, culture, and/or other socio-economic issues significantly impact surrounding circumstances? (5th Critical Component)

- How does the batterer's overall functioning affect dangerousness? For example, for a batterer who also is an alcoholic: are they more dangerous when drinking? Does abuse escalate or subside when sober?
- How has the batterer's drinking or use of other drugs over time impacted the family functioning and levels of fear and control? For example, while a batterer may not become violent every time he drinks, the family may get scared of the potential for violence every time the batterer drinks.
- Does the batterer use violence and abuse to facilitate access to money for drugs and alcohol?
- Does the batterer use violence and control to deflect questions about the consequences of substance use?
- Does the batterer use substance abuse, victim blaming or other rationalizations as excuses for the violence?
- Is the batterer in a profession or a position in the community that would make family members more isolated, afraid to access resources, or fearful that outside involvement would escalate the situation, i.e., police, judge, child welfare staff?
- Are there cultural or socio-economic factors that may help us understand the unique tactics the batterer is using in this family and/or make the adult

and child victims more vulnerable, e.g. immigration status, past criminal behavior or convictions, past child welfare history, language barriers, physical disability, cultural and religious beliefs, medical condition, criminal history, being a member of a group that has been historically discriminated against, or having a substance abuse or mental health history?

- Did the batterer use race, gender, disability, immigration status, sexual orientation, etc. as a tactic of abuse in their pattern of coercive control toward the adult partner?
- Is there an economic imbalance between the batterer and the adult victim that allows for more control?
- What aspects of the batterer's culture, community, or family system tolerate the batterer's abusive behavior or hold the abuser accountable for it?
- What aspects of the adult victim's cultural, community or family system support or undermine their protective efforts?

Cultural factors may make it harder to label and identify the batterer's overall patterns of coercive control. If a community identifies with strict norms it may be hard to see the batterer's pattern. Similarly within the context of home schooling it may be difficult to see a wider pattern of isolation. Cultural values that allow extremely high expectations of women as parents and low ones of men as parents will make it harder to identify control e.g. "he's not making her stay with the children. That's what women do." or "He's a good dad because he's never physically harmed them." Cultural norms about physical discipline of children may make it harder to identify the batterer's pattern of abuse as well.

What is the full spectrum of the victim's efforts to manage child safety and well-being, in spite of the batterer's pattern of coercive control? (3rd Critical Component)

- What does the adult victim do to maintain the child's well-being and safety despite the abuse? For example,
  - making sure the house is clean before the abuser comes home; getting kids to school on time in spite of being kept up all night
- How does the adult victim's behavior provide day-to-day stability and nurturance for the child, in spite of the climate of coercive control?

As with all assessment of protective efforts, this needs to be comprehensive and contextualized. A victim's continuing relationship with a batterer, reluctance to call police or get a protective order does not mean she has not engaged in significant and meaningful protective efforts. For example, getting kids away, placating, keeping lines of communication open, or staying because

he has threatened to hurt children if she leaves. These efforts should be validated and used as a foundation for future safety planning for the children.

When domestic violence is not part of the allegation:

- Are there indicators of the perpetration of patterns of coercive control, including actions taken to harm the child?
- If there are indicators, how are these patterns relevant to the reported maltreatment and family functioning?

When there is prior history of domestic violence perpetration but none currently alleged:

- What are the connections between the current allegation and any prior documented incidents of domestic violence?
- Is coercive control currently occurring but not immediately evident as the reason for the referral?
- Is the batterer, whether in the home or not, still negatively influencing the family functioning through fear, intimidation, third part contact, or other forms of control?
- How has the prior domestic violence perpetration affected current family functioning? For example, have the mother and child been forced to live in hiding for several years.
- After completing batterer intervention, is the batterer still using forms of coercive control that are not physical, e.g., threats, name-calling, isolation, financial manipulation, stalking.

OSM Domain 3: How does the child function on a daily basis?

In domestic violence cases look for the on-going and pervasive impacts of the batter's use of coercive and controlling tactics within the family on the child's overall development. After an in-depth assessment if you cannot identify significant negative impacts, look for resiliency factors and what is contributing to them. Remember to focus on their day to day life.

What has been the overall impact of the batterer's on-going behavior pattern on the children? (4th Critical Component)

- How has child's normal, healthy development been impacted by the batterer's behavior pattern?
- What are the child's feelings toward the batterer, or how have their feelings changed toward them, as result of the on-going pattern of abuse?
- Has the child's sense of a safe and stable home environment been compromised, as a result of the batterer's behavior?
- Have any diagnoses or concerns about the child's behavior, mood or

development factored in the potential role of the batterer's behavior?

- Is the child rejecting or blaming the adult victim because of the batterer's coercion or manipulation?
- Is the child avoiding or unable to participate in developmentally appropriate activities?
- Is the child over-compensating, e.g., doing extremely well in school despite barriers, being compliant, never a problem, etc.?
- Is the child aligned with the batterer, either out of fear or for advantage?
- Is the child's ability to function on a daily basis substantially impaired by being in a constant state of fear?
- Is the child compliant, anxious, or worried about following the rules?
- Does the child think they have to take on the role of protecting their siblings or the adult victim?
- How has the child's academic performance been impacted by the batterer's behavior?
- Has the child's ability to connect with family or friends been impacted by the batterer or the batterer's behavior?
- Has the child's treatment or treatment recommendations from medical professionals' or therapists' been interfered with by the batterer?

In domestic violence cases, the meaningful completion of this domain requires connecting what is known from the first two domains about the batterer's overall pattern of coercive control with the negative impact on the children's daily functioning. For example: "As a result of these behaviors by the batterer, the children have lost significant time in school (20 days last year), been forced to change schools once and have gone from being high performing students to being on academic probation. One of the children has been suspended for fighting at the most recent school."

How substance abuse, mental health, culture, socio-economic issues intersect with domestic violence to impact child functioning? (5th Critical Component)

Domestic violence intersects with issues of race, class, gender, immigration status, religion, substance abuse, and mental health, among other issues. Child functioning is shaped by all these things. Some examples are:

- A gay or transgendered child whose parent is a domestic violence batterer that is homophobic and has rigid gender expectations may be targeted
- An undocumented mother partnered with a citizen or legal immigrant may be very susceptible to threats of deportation and her children may fear separation from her.

- A child's delinquency, mental health or substance abuse issues may become the identified problem instead of the batterer's chronic domestic violence.
- In a privileged family a child may hide abuse to protect the family image.
- School officials may respond differently to a child of color acting aggressively because of their parent's violence than a Caucasian child.
- Over-controlling behavior might be mistaken for a caring response to a child with disabilities?

How has the full spectrum of the adult victim's efforts to promote the safety and wellbeing of the child affected child functioning? (3rd Critical Component)

- Have the adult victim's efforts led to the child feeling that they are safe and loved unconditionally?
- What can be documented about the connection between the adult victim's pattern of protective efforts and the positive functioning of the child?

In many cases with domestic violence, the children are functioning well in some or all areas of their life. This is often the result of the adult victim's and other people's protective efforts. In this, as in all areas, the protective efforts need to be evaluated by a standard that values the victim's day-to-day efforts in the context of what is reasonable given the batterer's pattern of control.

In cases without an obvious allegation or history of domestic violence:

- Does the child display any indicators (aggressive behavior, withdrawal, trauma symptoms) of an unidentified pattern of domestic violence?
- Could a child's academic and/or social issues be connected to frequent moves, or other potential consequences of domestic violence?

When there is prior domestic violence but none in the current referral:

- How might the batterer's pattern still be impacting the family functioning?
- Could current or prior exposure to the batterer's behavior explain any of the concerns related to child functioning?

OSM Domain 4: How does the adult function on a daily basis?

In cases of domestic violence look for how the batterer's need to be in control is impacting the way they present themselves publicly and privately. Also identify how their use of controlling tactics impacts their partner's abilities to function. Remember to focus on each parent's day-to-day life.

What is the batterer's overall pattern of coercive control, actions taken to harm the child, and the role of substance abuse, mental health, culture, and other socio-economic factors? (1st, 2nd and 5th Critical Components)

- How are the batterer's choices outside social norms?
- How is the batterer's dishonesty impacting their ability to develop sincere

and meaningful relationships, both within the family and in the community?

- How might the batterer's current or prior abusive behavior be connected to their current adult functioning:
  - Employment: Has the batterer lost a job as result of abusive behavior?
  - Social Functioning: Who is part of the batterer's support and kinship network? Do members of their network support positive change or not? What is the history of damage to social and family relationships created by the batterer's abusive behavior?
  - Criminal behavior: Is the domestic violence part of larger pattern of anti-social or criminal behavior? If so, does this increase risk and danger?
  - Day-to-day functioning: Are there cognitive, mental health or substance abuse concerns? If so, are they associated with increased danger?
  - Housing/homelessness: Has the domestic violence led to housing instability or homelessness? Is the batterer dependent on the adult victim or others for housing?

> Practice Tip: Remember that batterer's are often practiced liars and will use their tactics on you. For example, they can act overly appreciative, minimize, triangulate, cry, challenge your experience, try to turn the focus onto their partner, threaten, etc.

Racism and other forms of discrimination can increase the negative overall assessment of a batterer. For example, an overall assessment of a batterer who is poor or a person of color may be more negative than someone who comes from a higher socio-economic status or is Caucasian. Articulation of the specific behaviors related to domestic violence, makes it less likely that assessment will be biased by cultural, racial or economic stereotypes. Similarly the assessment of the adult functioning of the victim can be influenced by racism, homophobia or other forms of discrimination.

- When English is not the primary language is the overall adult functioning assessment incomplete or inappropriately negative, e.g. being confused with lower intellectual levels or poorer behavior management?
- Is the batterer playing on racial or gender stereotypes to increase their control over the adult victim?
- Are service providers overlooking coercive control issues by dismissing possible warning signs as norms within a culture?
- Is the batterer using their perception of cultural norms as an excuse?
- Are service providers and others taking an overly pathologized view of the adult victim because of racism or other forms of bias?

Substance abuse by the batterer and its impact on adult functioning needs to be factored into the assessment. Substance abuse is often not integrated into the overall assessment of the domestic violence because it is perceived primarily as an adult functioning issue. Here are some things to assess:

- How has the batterer used violence and control to support the substance abuse, e.g. stealing rent money to use?
- Has the focus on the substance abuse eclipsed the domestic violence?
- Do practitioners believe that the domestic violence will automatically stop being an issue if the substance abuse is addressed?
- How does recovery from substance abuse change the batterer's pattern of coercive control? Do family members experience a greater feeling of safety and self-determination or do they feel the control is the same or worse?

Similarly, the batterer's mental health and its impact on adult functioning must be factored into the assessment. Mental health is often not integrated into the overall assessment of domestic violence because it is perceived primarily as an adult functioning issue. Here are some things to assess:

- Has the batterer been wrongly or incompletely diagnosed with a mental health issue instead of being identified as coercive and controlling? For example, some abusers will be wrongly diagnosed as bi-polar. Or, veterans with PTSD may not be identified as coercive and controlling.
- Has the focus on the mental health eclipsed the domestic violence?
- Do practitioners believe that the domestic violence will automatically stop being an issue if the mental health concern is addressed?
- How does treatment of the mental health issue change the batterer's pattern of coercive control? Do family members have a greater feeling of safety and self-determination or is the level of control the same or worse?

Because batterers' patterns often continue to have impact even when they are not in the home or after a relationship ends, it is critical to assess a batterer's adult functioning and pattern of control even if they are incarcerated, out of the home, subject to a protective order, and/or separated or divorced.

Recognizing the three dimensionality of the batterer is important when assessing this domain. The adult functioning of batterers varies widely. Some batterers appear very functional in all the other domains of their life except for their abuse towards their family, which can make the coercive control less believable to those outside the family. Other batterers may have multiple issues such as substance abuse or mental health diagnoses or wider criminal behavior.

Positive adult functioning of a batterer can have various effects on the family

condition. For example, a father's regular employment can be a source of stability and strength and at the same time it could be a mechanism for economic control and coercion. Family members can experience painful confusion and conflicting loyalties. They can also begin to see abusive behavior as normal or even a positive life choice, which is very poor role modeling.

In cases without an obvious allegation or history of domestic violence:

- Does the batterer display any indicators (such as jealousy, isolation, reluctance for separate interviews) of unidentified domestic violence?
- Does the adult victim display any indicators (aggression, withdrawal, trauma symptoms, substance abuse) of unidentified domestic violence?

In cases with prior domestic violence but none in the current referral:

- How do the batterer and family identify the batterer's behavior change?
- Have the behaviors stopped or have they merely become less extreme?
- What has the batterer done to take responsibility and promote healing and a sense of safety in the home?
- Is the batterer's pattern still impacting the adult victim's functioning?
- Can any of the current concerns in adult functioning be a result of unidentified or historical domestic violence?

This provides the opportunity to look for signs and symptoms of trauma or other indicators of unidentified domestic violence victimization. Issues such as substance abuse or the apparent inability to keep a job or stable housing may be the indicators of an abusive partner. At the same time, prior victimization in one or more relationship does not automatically indicate the presence of current relationship or mental health issues for the adult victim.

What has been the overall impact of the batterer's on-going behavior pattern on the adult victim's daily functioning? (1st Critical Component)

One of the principal pathways to harming a child for a batterer is through their control and abuse of the child's other parent. It is critical to contextualize the adult victim's functioning.

From a batterer pattern-based, victim strengths-based approach, we must understand the context of coercive control when assessing an adult victim's decision-making, self-care, self-preservation, stress management, and protective capacities in any of the domains, including adult functioning. The batterer should be held 100% accountable for the impacts of their behavior.

- How has the adult victim managed to maintain their daily functioning despite the abuse and/or violence?
- What can be documented on the batterer's interference with the victim's

adult functioning? On the impact of trauma from the coercive control on the victim's functioning?

- What was the victim's adult functioning prior to violence and abuse?
- How does the victim function when the batterer's behavior is not a factor?
- How might the batterer's behavior (current or prior) be causing and/or exacerbating issues with the victim's daily functioning:
  - Have the batterer's behaviors contributed to any of the victim's housing instability, employment issues or other financial issues? If so how?
  - Have the batterer's behaviors caused and/or exacerbated any of the victim's substance abuse and/or mental health issues? If so how? e.g. forcing or coercing into substance abuse, traumatizing the adult victim so that they turn to substances to cope or self-medicate, triggering childhood trauma, using previous diagnosis against them
  - Has the batterer undermined or supported the victim's recovery or treatment efforts?
  - Have the batterer's behaviors disrupted the victim's support networks?

It is imperative to start this conversation about victims and adult functioning from a strengths-based, contextualized perspective. Because domestic violence results from the choices of the batterer and not the adult victim, and can impact the adult victim's choices, the starting point needs to be that the victim may not have any adult functioning concerns except for being the target of a batterer's abuse.

Once the victim's strengths are identified, their functioning can be contextualized; taking into account how the batterer's behavior has comprised adult functioning. For example, it's important to see that an adult victim might have the skills and desire to work but not be allowed to because of the batterer's control. Similarly, it would be important to understand when the adult victim's depression and anxiety was related to the batterer's behavior.

It is also important to identify issues that existed prior to the current domestic violence. For example, some adult victims have pre-existing substance abuse and/or mental health problems. This should increase our concern about the batterer as it may indicate more extreme predatory behavior, particularly if they intentionally exacerbate the adult victim's pre-existing conditions.

OSM Domain 5: What are the parenting practices?

In domestic violence cases, the meaningful completion of this domain involves identifying and describing how the batterer's pattern of behavior affects their own parenting and the parenting of the other caregiver.

How does the batterer support or undermine the overall safety and well-being of the child, including meeting basic needs and emotional needs? (1st, 2nd, 4th and 5th Critical Components)

Since this domain highlights a wide range of parenting strategies to address child behavioral issues and the broader role of teaching and guiding a child, it is an ideal domain for assessing and documenting the following:

- What kind of role model is the domestic violence batterer for the child?
- What role do they see themselves playing in their children's future?

When we are asking questions to assess for these things, opportunities can arise for measuring where a parent is with regard to the stages of change. Child Welfare workers have a unique opportunity to engage batterers, since Batterer Intervention Programs report that many of their program participants are open to information about their children and more willing to examine the impact of their behavior on them than on their adult partner. Giving this key message can create an opportunity to increase safety and lay the groundwork for change.

It is also vital to see the batterer's behavior as a parenting choice:

- What is the batterer's overall involvement with taking care of the child's basic needs including, feeding, bathing, and medical care? How does their controlling pattern impact their involvement?
- Has the batterer interfered with the child getting basic needs met? e.g., caused the family to lose housing, disrupt employment, interfered with transportation, medical treatment, adequate food, etc.
- How does the batterer support or hinder the child's academic success? e.g., creates chaos when the child is trying to do homework, calls the child stupid "like their mother," keeping them home from school because afraid of what they will disclose
- How does the batterer support or hinder the child's social functioning? Refuse to allow child to have friends over, interfere with contact with other family members, batterer's jealousy prevents children's extracurricular activities
- How does the batterer's pattern of behavior lead to the child being overly compliant or, alternatively, oppositional to either caregiver?
- How does the batterer's parenting include manipulations that turn family members against one another? e.g., favoring one child over another, encouraging fighting, and/or scapegoating one child? It is not uncommon for a batterer to use both fear and rewards to control family members.

- Do the batterer's needs overshadow the needs of the child? e.g., spends the family money on himself, demands that he is fed before the child
- What sort of role model is the batterer? What sort of role model do they want to be?

A gender responsive approach requires conscious attention to a male caregiver's role in the basic parenting of the child; otherwise social expectations will often lead us to attribute the negative (or positive) impact of the male caregiver to the female caregiver. For example, in a situation where there has been domestic violence, a series of missed doctor's appointments might not be the failure of the primary caregiver, but might be an indicator of control over transportation or other behaviors disruptive of the household functioning. Or, for a child who requires medication, we would want to know if the batterer is being supportive, negative or neutral about the child receiving medication.

The overall parenting of batterers varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other person's parenting, and interfering with the other caregiver's relationship with the child.

However, understanding the three dimensionality of the batterer is important when assessing this domain. Some batterers are not engaged in parenting whereas others might be coaching the child's sports team. Some are not at all invested in the child and others are highly invested. Some have not identified with a parenting role and others are strongly identified with it.

Positive parenting by a batterer can have various effects on a child. A parent's regular involvement can be source of stability and strength for the child and at the same time it could be a source of confusion, grief and loss. For example, a child can experience confusion if the same person who takes them to sporting activities and on family outings, also abuses their other parent.

Core to the assessment of the batterer as parent is their ability to treat the other parent with respect and support their parenting and their relationship with the child.

- How does the domestic violence batterer's behavior support or undermine the other caregiver's parenting abilities?
- How does the batterer's behavior pattern make meeting the child's emotional and other needs easier or harder?
- How does the domestic violence batterer's behavior interfere with the relationship between the other caregiver and the child?

When the adult victim seems to have parenting issues, it is important to know how the batterer's past and present behavior influences the victim's parenting.

- What is the influence of the batterer who is no longer in the home?
- Has the batterer turned the child against the adult victim?
- Has the batterer used the child as a spy?
- How have financial control and/or sabotage of outside relationships interfered with the adult victim's parenting?
- What is known about the victim's parenting prior to the batterer's involvement in the family or when not present in the home?

A batterer's behavior can have tremendous influence over a partner's parenting. It may lead to more lenient parenting to compensate for the harsh parenting of the batterer or it may lead to more harsh discipline to protect the child from worse consequences from the batterer. The batterer's control over finances may force a victim into criminal behavior to make sure the child's basic needs are being met or the batterer's isolation tactics may prevent him or her from using the natural respite support of relatives. It is insufficient to assess the adult victim's parenting without assessing for the batterer's influence over it.

How does the role of substance abuse, mental health, culture, and/or other socio-economic issues as related to the domestic violence shape parenting? (5th Critical Component)

As detailed in adult functioning above, racism, classism, and other forms of discrimination can increase the negative overall assessment of the batterer's or the victim's parenting. Other considerations include:

- Have any other issues eclipsed the focus on the impact of domestic violence on either caregiver's parenting?
- Is the batterer playing on racial or gender stereotypes to impact the adult victim's parenting?
- Is culturally or circumstantially acceptable parenting misinterpreted as inappropriate? For example, is sending children to be raised by extended family interpreted as lack of attachment and care?

In cases without an obvious allegation or history of domestic violence:

It is important to look for indicators of coercive control such as an authoritarian parenting style. A gender responsive approach suggests that another indicator of unidentified domestic violence may be the presence of a marginalized female caregiver. This may be the result of other issues, but can result from an abusive partner's pattern of undermining the female caregiver.

What is the full spectrum of the adult victim's efforts to promote the safety

and well-being of the child? (3rd Critical Component)

- How has the adult victim parented despite the abusive pattern?
- What are the adult victim's day to day parenting responsibilities including meeting the child's basic care needs?
- How are we making a strengths-based assessment, in the context of parenting under duress, of the victim's care of the child, satisfaction at being a caregiver, skill level, parenting style, and protective factors?
- Have the victim's protective efforts been so successful that the child does not understand why the victim and batterer are no longer together?

Gender responsiveness plays a critical role here to ensure that mothers are getting full credit for all their basic care efforts as part of the assessment of their parenting. A gender responsive approach involves documenting both the heroic protective efforts of victims (protective orders, fleeing, separation and divorce, calling police) and the day-to-day efforts of nurturing, caring for and stabilizing a child who is impacted by a batterer's behavior. This means documenting that, in spite of the batterer's behavior, everyday things are happening, like making sure that the child is fed regularly and is medically up to date. For example, "Despite the batterer's decision to take the family car when ordered out of the home, mother has maintained the child's routine, including weekly doctor's appointments, through a network of friends and family."

OSM Domain 6: What are the disciplinary approaches?

In domestic violence cases look for how the batter's need to be in control impacts the expectations, purpose, and meaning of discipline in the family. Also look for how their controlling tactics may impact the discipline choices of their partner.

What are the implications of the batterer's pattern of coercive control and actions taken to harm the child on their disciplinary approach? (1st, 2nd, 3rd and 5th Critical Components)

- Does the batterer engage in rigid and harsh discipline?
- Does the batterer use discipline that is inappropriate for the ages and stage of development for the child in the home?
- How does the batterer respond to specific resistance or defiance of the child in the home?
- Does the batterer engage in physical discipline of child? Is this appropriate?

Similar to the adult functioning and parenting, in this domain, the three dimensionality of the batterer is important. The overall discipline of domestic violence batterers varies widely with some common themes re-occurring:

physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other persons parenting, and interfering with the other caregiver's relationship with the child. Some batterers are not engaged in the disciplining of their child and others might do all of it.

Any positive healthy discipline and behavior management by the batterer must be integrated with the overall pattern of behavior. For example, some batterers marginalize their partner's role with the child and take over all the parenting and discipline. While some of the specific behavior management techniques might be positive, the assessment would not be complete if it didn't include the broader context of control and marginalization of the other parent.

There also can be great variability in how the batterer impacts the child through impacting the victim's disciplinary approaches. As indicated above, one of the principal pathways to harming a child for a batterer is through their control and abuse of the child's other parent. It is important to contextualize the adult victim's discipline choices.

For the domestic violence victim, how might the batterer's behavior (current or prior) be causing and/or exacerbating current disciplining issues? (1st Critical Component)

- Does the batterer undermine or reverse the appropriate discipline of the other caregiver?
- How much does fear of the batterer's reaction to the child's behavior influence the adult victim's disciplining decisions?
- How does the fear of the batterer's reaction to a child's mistakes or failure to listen affect the household functioning?
- Is the victim harsher or stricter because of fear of the batterer's response?
- Is the victim more lenient in their discipline because they want to make up for the batterer's harsh disciplining?
- How much does the batterer interfere with the victim's ability to effectively discipline the child?
- How has the batterer undermined the adult victim's parental authority?
- Does the batterer support the adult victim's disciplinary choices?

The issues here are very similar to the ones outlined in the domain related to parenting. In domestic violence cases, the meaningful completion of this domain would specifically look for ways the batterer has, through their behavior pattern, negatively shaped the disciplinary approach of the adult victim.

The adult victim's disciplinary approaches may be shaped by the

batterer's pattern in other ways. If the victim has been traumatized, this may result in difficulties regulating emotion and impulsive behavior. Also the batterer's pattern may result in developmental delays, aggression, difficult, or high risk behavior on the part of the child. Additionally the batterer may encourage defiant or disobedient behavior (even when not in the home.) Our assessment needs to be contextualized by the batterer's behaviors.

How does the role of substance abuse, mental health, culture, and/or other socio-economic issues as related to the domestic violence shape discipline? (5th Critical Component)

Again, as detailed above, racism and other forms of discrimination can increase the negative overall assessment of domestic violence batterers or victims. Make sure that you take time to consider your personal biases when assessing discipline practices that may be culturally or circumstantially appropriate.

- Is the child targeted for discipline because of homophobia or other biases
- Has the batterer used substance abuse or mental health issues as an excuse for excessive, inadequate or inappropriate discipline

In cases without an obvious allegation or history of domestic violence:

- Can any of the current concerns with discipline be connected to unidentified domestic violence?

What is the full spectrum of the adult victim's efforts to promote the safety and well-being of the child? (3rd Critical Component)

- How has the victim maintained healthy discipline despite the abuse?
- What was adult victim's discipline in key areas prior to violence and abuse?
- How does the adult victim discipline when the batterer is not a factor in her or his decision making?
- How are we making a strengths-based, contextualized assessment of an adult victim's disciplining and behavior management?

Similar to parental and adult functioning it is very important to start with a strengths-based approach to assessing an adult victim's discipline and behavior management. A batterer's behavior can have tremendous influence over a partner's discipline and behavior management. It is insufficient to assess the adult victim's discipline and behavior management without assessing for the batterer's influence over it.

It is important to be able to look at the batterer's patterns and their impact on overall family functioning to get a clear picture of the discipline and behavior management of the adult victim. For example, when the batterer's choice to expose the child to the abuse leads to academic and behavioral issues

with the child, how does this limit or shape the victim's options to address these issues? Or, if the batterer is undercutting the victim's efforts to set up structure and routine, how would this affect her or his behavior management?

Engaging the family

- Use strategies to build rapport and encourage conversation. Demonstrate interest in the family members, empathetic listening, and providing a clear explanation of the worker's role and expectations.
- Avoid labeling and using terms, i.e., domestic violence, abuser, and conclusions about mental illness, even in documentation.
- Ask about other issues first before asking about domestic violence. Ask about their relationship, including positive aspects. Begin with more general questions then follow up with more specific and detailed ones.
- Ask open-ended questions about well-being to start the conversation.
- Ask about how the relationship began, what the person likes about their partner, what's working well.
- The adult and child victims may express positive feelings toward the batterer. When asking questions about the abuse, focus on the batterer's violence and controlling behaviors, not their personality.

Partnering with the alleged adult victim

- Immediately ask the alleged adult victim if it is safe to conduct an interview and, if not, what might be a safe way.
- Don't let your personal biases get in the way of partnering with the victim, remember that research shows that it takes an average of seven tries to successfully leave a batterer and survivors are stalked for an average of two years after they leave.
- With regards to the domestic violence, confirm for the adult victim that you are holding the batterer responsible for the resulting child safety issues.
- Remember that you will never know the full extent of what is going on within the family. You only get the pieces they are able to tell you. Be sure to proceed with caution. There may be reasons that a victim is making decisions we don't understand.
- Affirm that no one deserves to be abused and live in fear.
- Express concerns and ask questions about bruises or other injuries.
- Express concerns for the safety of the alleged adult victim and children.
- Explain that domestic violence may increase in frequency and/or severity.

- Identify what the alleged adult victim has done to stay safe and keep the children safe, and how well those actions have worked.
- Remember that the adult victim's actions have been survival strategies. For example, staying with the alleged batterer may be safer than leaving.
- Recognize that because many adult victims lack access to financial resources or other housing options they may believe that it is better, especially for the children, to stay with the alleged batterer.
- Give the adult victim information about domestic violence. If you know the batterer has previous convictions, share that information with the victim.
- When we have to remove, we have to focus on our concerns for the safety of the children on the behavior of the batterer, not the victim's choices.
- Discuss what will happen with the information gathered, including what information will be disclosed to the alleged batterer.
- Refer the adult victim to the co-located domestic violence advocate or your local program to address the immediate needs of adult and child victims.
- When ending the interview, ask the alleged adult victim about safe times and ways to make contact in the future.

Engaging the children

- Be aware a child may take responsibility for the abuse or side with the batterer. Assure them that we are looking to hear the whole story and that the violence is not their fault.
- If a child has tried to intervene reassure them that they do not have to protect their parent or stop the abuse.
- Acknowledge the batterer's positive traits as well as asking about abusive behavior.
- Recognize that some children align with the batterer. Don't shame them or appear one-sided, as it may make them defensive or shut them down.
- Support the ways in which the child tries to stay safer when there is a domestic violence situation occurring and discuss additional age-appropriate ways in which the child could stay safer.
- Tell the child what information you will be sharing with either parent.

Engaging the alleged batterer

- Be respectful.
- Build rapport with genuine interest, listening and clarity of roles.
- Focus on the children. Batterer's often want to see themselves as good

parents.

- Recognize their strengths and ask if there are any things about themselves that they would like to improve for the sake of their children.

Engaging without colluding

When assessing the alleged batterer's answers, be aware of tactics commonly used by batterers to deflect attention away from themselves. Batterers will try to enlist you to collude with them against the adult victim. Tactics include:

- Presenting as the victim;
- Using statements of remorse as a way to avoid consequences;
- Using flattery or "buddy" behavior to charm;
- Describing protective actions the alleged adult victim has taken (leaving or calling police) as ways to be hurtful to the alleged batterer;
- Presenting as the more stable and calm partner and better parent;
- Denying or minimizing abuse ('you know how women are,' 'it is not my fault if someone bruises easily,' 'I just pushed a little');
- Blaming the adult victim for the abuse (one should know not to do that);
- Avoiding responsibility by blaming alcohol, other substances, stress, etc.;
- Alleging drug or alcohol abuse by partner;
- Alleging the partner has mental illness and/or is off medication;
- Presenting the alleged adult victim's behavior in a negative way to get you to side with the alleged batterer.

- Batterers can be intimidating, using their size, position in the room or voices to control the interview. It is ok to use respectful limit setting to call out the behavior and redirect it.
- Batterers are not reliable sources of information about their own violent behavior or use of power and control tactics. Better sources include the alleged adult and child victims, police reports, parole and probation, court documents, and other persons or agencies known to the family.
- Don't tell the batterer information given by the adult victim or child if other sources are available or until a safety plan is in place. Use corroborating reports such as police, neighbors, parole or probation, courts, medical.
- Delay asking specific questions that may endanger adult victim or child.

Sample Questions for DV Cases

Some of following questions have notations to indicate which domain or domains they may be particularly helpful for, but remember that any question may give useful information about any of the 6 domains.

Assessment questions for the alleged adult victim

The following are sample questions to ask the alleged adult victim. Adapt these to your style, the language the alleged adult victim uses and the situation. Many adult victims may not identify what is happening as domestic violence. Calling it "violence" during the assessment interview may inhibit the conversation. It is important, though, to label it as domestic violence and provide information on domestic violence toward the conclusion of the interview.

- Are you safe right now to talk? (always ask this in some way)
- What are you able to tell me about your relationship? (Domains 2, 4)
- What are you able to tell me about how decisions get made? (Domains 2, 4)
- How do you and your partner divide household responsibilities? (Domains 2, 4)
- What are you able to tell me about how you and your partner make decisions about money? Can you spend money when you want to? Whose name is on the accounts? (Domains 2, 4)
- What are you able to tell me about what happens when you and your partner disagree? (Domains 2, 4)
- What do you do during the day? Has your partner prevented you from going to work/school/church? What are you able to tell me about that? (Domains 2, 4)
- Does your partner harass you or make it difficult for you to work? What are you able to tell me about that? (Domains 2, 4)
- Who are your friends and family? How much contact do you have with them? Is your partner usually there? Has your partner prevented you from seeing friends or family? What are you able to tell me about that? (Domains 2, 4)
- Does your partner listen in on your phone calls or otherwise monitor your communication? What are you able to tell me about that? (Domains 2, 4)
- What are you able to tell me about what happens when your partner feels jealous or possessive? How does that feel? (Domains 2, 4)
- Does your partner call you names, insult you or scream at you? (Domains 2, 4)
- Have you ever felt afraid of your partner? What are you able to tell me about that? (Domains 2, 4)

- Has your partner ever destroyed or thrown away belongings that have sentimental value to you? Was this done as a way to punish you or to ensure that you are following rules? (Domains 2,4)
- Has your partner ever threatened you, your children or your family? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner threaten to take your children? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner threaten to take you away from your family? (Domains 2, 4)
- Does your partner ever threaten you with deportation? Is your partner making it difficult for you to get legal status? (Domains 2, 4)
- Does your partner do reckless things that scare you, like driving too fast with the children in the car? What can you tell me about that? (Domains 1, 2, 4, 5)
- Has your partner ever used force against you? Pushed? Shoved? Hit? Strangled? What are you able to tell me about that? (Domains 1, 2)
- If your partner has used force against you, what are you able to tell me about the worst episode? When was the most recent episode? What are you able to tell me about that? How frequently does this happen? (Domains 1, 2)
- How often do you get hurt by accident? What are you able to tell me about that? (Domains 1, 2)
- Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, what are you able to tell me about that? (Domains 1, 2)
- How does your partner treat your pets? Your property? (Domains 1, 2, 4)
- How often does your partner drink or use drugs? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner have recent military or police training? (Domains 2, 4)
- Have you left before? What happened when you did? What are you able to tell me about that? (Domains 2, 4)
- Has your partner threatened suicide? (Domains 2, 4)
- What was/is the relationship between your parents? Your partner's parents? (Domains 2, 4)
- Have you ever been forced into doing something that makes you uncomfortable? What are you able to tell me about that? (Domains 2, 4)
- Has your partner pressured you or forced you to have sex? What are you able to tell me about that? (Domains 2, 4)
- On a scale from 1-10, how safe do you feel? What are you able to tell me about that? (Domains 2, 4)

- If you could change one thing about your partner, what would it be? (Domains 2, 4)

Impact on the children

Additional questions to ask the non-offending parent to assess the impact of the violence on the children include the following:

- What are you able to tell me about how your partner disciplines the child, and what for? (Domains 1, 6)
- Does your partner call your children names, insult them, or yell at them? (Domains 1, 5, 6)
- Are there step-children in the home? If so, are they treated differently? (Domains 1, 5, 6)
- Is your partner able to take care of the child and keep the child safe? Does your partner make decisions that are best for the child? (Domains 1, 5)
- Describe how your partner supports your parenting? (Domains 1, 5, 6)
- What are you able to tell me about how your partner interferes with your parenting? (Domains 1, 5, 6)
- Where are the children when the fighting happens? What are you able to tell me about that? (Domain 1)
- Describe how the children respond to the abuse. Have they ever tried to stop it? Have they ever hidden in their room or left the house? (Domain 1)
- Have the children ever called anyone for help or told anyone about what is happening? (Domain 1)
- Have the children ever been hurt, either accidentally or on purpose? What are you able to tell me about that? (Domain 1)
- Have you noticed any effects on your children? (Domain 1)
- Are you concerned about any of your child's behavior? (Domain 1, 3)
- Have you noticed changes in your child's behavior? (Domain 1, 3)
- Does your child have trouble sleeping? (Domain 1, 3)
- Is your child getting sick more often? (Domain 1, 3)
- Describe any problems your child has in school or with friends. (Domain 1, 3)
- How often have you had to move or change the child's school? (Domain 1, 3)
- Describe activities or groups your child is involved with. (Domain 1, 3, 5)
- Have you ever suspected that your partner may have been sexually inappropriate with your child? (Domain 1)

- If your child has visits with your partner, how has that been going? What does the child say about the visits? What happens at drop-off and pick-up times? (Domains 3, 5)
- Does your partner ask the child to pass messages to you or ask the child to report what you do during the day? (Domains 2, 5)
- How do all the things we've talked about today affect the way you can care for your child? (Domains 1, 5)
- On a scale from 1-10, how safe are your children? How safe do they feel? How safe do they think you are? (Domain 1)

Full spectrum of efforts to protect

It is also important to assess strengths and protective factors in the family and the strategies the alleged adult victim has used to stay safe and keep their children safe. Ask things like:

- How are you managing day to day? (Domain 4)
- How are you maintaining a regular schedule for the children? (Domains 1, 2, 5)
- Are the children in school? (Domains 1, 3, 5)
- Do the children get regular meals and a routine at bedtime? (Domains 1, 3, 5)
- Are the children getting regular medical and dental care? (Domains 1, 3, 5)
- Describe what you try to do to keep yourself and your children safe. What has worked well? (Domains 1, 4, 5)
- Who are friends and family members you can talk to? (Domain 4)
- Has anyone been able to help you? (Domains 2, 4)
- What has worked for you in the past? (Domains 2, 4)
- Have you ever left the situation? Where did you go? What happened? (Domains 2, 4)
- How are you talking to your children about the situation? (Domains 2, 4)
- What has your partner tried in the past to stop his or her unsafe behaviors? (Domains 2, 4)
- What do you think needs to happen for you and your children to be safe? (Domains 2, 4)

Concluding the interview with the alleged adult victim (Domains 2, 4)

- What are you able to tell me about how dangerous your partner is? What do you think your partner is capable of? What is the worst-case scenario?
- How do you think your partner will react when finding out we talked to you?
- How will your partner react when finding out we talked to the children?
- How will your partner react when receiving the notice of disposition?

- What do you think will happen when I leave?

Assessment questions for the alleged batterer

The following are sample questions to ask the alleged batterer. You may want to reassure the alleged batterer that the domestic violence questions are a routine part of any family assessment. These questions can also be used to screen for domestic violence when it was not part of the allegation. Adapt these to your style and the situation. Many alleged batterers will not identify what is happening as domestic violence. Calling it "violence" during the assessment may inhibit the conversation. It is important, though, to label domestic violence behavior as domestic violence and provide information about it toward the conclusion of the interview.

- Tell me about your relationship. (Domains 2, 4)
- How do decisions get made? (Domains 2, 4)
- How do you divide household responsibilities? (Domains 2, 4, 5)
- How do you make decisions about money? Whose name is on the accounts? (Domains 2, 4)
- What types of things are children disciplined for? What happens? (Domains 2, 5, 6)
- How are you maintaining a regular schedule for the children? (Domains 2, 4, 5)
- Are the children in school? (Domains 2, 4, 5)
- Do the children get regular meals and a routine at bedtime? (Domains 2, 4, 5)
- Are the children getting regular medical and dental care? (Domains 2, 4, 5)
- What does your partner do during the day? (Domains 2, 4)
- Who are your partner's friends or family? How often does your partner see or talk with them? (Domains 2, 4)
- If you ever feel jealous or possessive, what do you do? (Domains 2, 4)
- Do you listen in on your partner's phone calls? (Domains 2, 4)
- What happens when you and your partner disagree? (Domains 2, 4)
- Do you call your partner names, insult or scream at them? (Domains 2, 4)
- Does your partner ever seem afraid of you? (Domains 2, 4)
- Has anyone been hurt during an argument? What happened? Was anyone pushed, shoved, hit, strangled, etc.? (Domains 1, 2)
- If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen? (Domains 1, 2)
- Do you have weapons (knife, guns, etc.) in the house? Have you used them to frighten your partner? (Domains 1, 2)

- Have the children ever been frightened or hurt? How did this happen? (Domains 1, 2)
- When this happened what did you do? What did other family members do (including pets)? (Domains 1, 2)
- Has property been destroyed or damaged? (Domains 1, 2)
- Do you or your partner use alcohol or drugs? How often? (Domains 2, 4)
- Do you have recent military or law enforcement training? (Domains 1, 2, 4)
- On a scale from 1-10, how safe do you feel in your family? How safe do you think your partner feels? Your children? (Domain 2)
- What was the relationship like between your parents? (Domains 2, 4)

Impact on the children

Additional questions to ask the batterer to assess the impact of their violence on the children include:

- Have your noticed changes in your child's behavior? (Domains 1, 3, 5)
- Are you concerned about any of your child's behavior? (Domains 1, 3, 5)
- If your child visits you, how has that been going? How much time do you spend together? Who, if anyone, helps care for your child on visits? (Domains 1, 3, 5)
- Does your child have trouble sleeping? (Domains 1, 3, 5)
- Is your child getting sick more often? (Domains 1, 3, 5)
- Describe any problems your child has in school or with friends. (Domains 1, 3, 5)
- How often have you had to move or change your child's school? (Domains 1, 3, 5)
- Describe activities or groups your child is involved in. (Domains 1, 3, 5)
- How do you think your child sees you or feels about you? (Domains 1, 3, 4, 5)
- How does the abuse interfere with the care of your child? (Domain 1)

It is also important to assess opportunities for change and intervention. Ask:

- How would you like your child to think of you? (Domain 4)
- What do you want for your kids? (Domain 4)
- What sorts of memories do you want your children to have of their childhood? (Domain 4)
- What hopes and dreams do you have for your children? (Domain 4)
- How do you want your child to think of you when they grow up? (Domain 4)

- How would you like your child's relationships to be in the future? (Domain 4)
- What do you think needs to change to make your child safer? (Domains 2, 4)
- What can you do to make your children safer? (Domains 2, 4)
- What have you done to stop the violence? (Domains 2, 4)
- Whom have you asked for help? (Domains 2, 4)
- What happened when you asked? (Domains 2, 4)
- Who are friends and family members you can talk to? (Domains 2, 4)

Assessment questions for the children

Talk to the child about ways to stay safe as possible. As in any child interview, start with questions to develop rapport, and use the child's language.

Ask general questions first.

- Who lives or stays in your home (including pets)? Who visits? (Domains 1, 3)
- What things do you do with your mom? What things do you do with your dad? (Domains 3, 4)
- What's your favorite thing about your mom? (Domains 3, 4)
- Is there anything about your mom that makes you sad, scared or worried? (Domains 1, 3)
- What's your favorite thing about your dad? (Domains 3, 4)
- Is there anything about your dad that makes you sad, scared or worried? (Domains 1, 3)
- What are the rules in your house? Are any rules just for your mom or dad? (Domains 1, 2, 4, 5, 6)
- What happens when someone breaks the rules? (Domains 1, 2, 4, 5, 6)
- What happens when your pet breaks the rules or gets in trouble? (Domains 1, 2, 4, 5, 6)

If the child discloses violence, follow-up with clarifying questions to define terms and determine what happened.

- Does anyone hit, shove, push, or throw things? Who does that? What are you able to tell me about the last time that happened? (Domain 1)
- What are you able to tell me about what you did? What are you able to tell me about other family members or pets? (Domain 1)
- Has anyone been hurt? What are you able to tell me about who was there? What are you able to tell me about what happened next? (Follow-up with specifics about police, doctors, etc.) (Domain 1)

- How does it make you feel? (Domain 1)
  Pay particular attention when children state that the violence has had no impact on them. Sometimes children in these situations protect themselves by "appearing" immune to the violence.
- Has anyone asked you not to talk about this? (Domain 1)
- Are you worried or scared about anything? (Domain 1)

When ending the interview

- Do you have anyone you can talk to if you don't feel safe....when you are worried....when you are hurt? (Domains 1, 3)
- Who do you talk to when you don't feel safe/are worried/hurt? (Domains 1, 3)
- What would you like to see happen? (Domains 1, 3)
- If you could have three wishes, what would they be? (Domains 1, 3)

Talk to the child about what will happen next. Ask the child whether they have concerns about you talking to their parents. Ask the child what they think will happen when you talk to their parents. Tell the child what information you will be sharing with the adults.

Chapter 3

Appendix 3.10: Present danger

Present Danger

Present danger is an immediate, significant and clearly observable family condition occurring in the present tense, already endangering or threatening to endanger a child. The family condition is happening now; it is currently in process of actively placing a child in peril.

Present Danger Criteria

I. Immediate

This means that what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subjected to. The threatening family condition is in operation.

II. Significant

Referring to a family condition: This means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.

III. Clearly Observable

Present danger family conditions are totally transparent. You see and experience them. There is no guesswork. One rule is: If you have to interpret what is going on, then it likely is not a present danger.

Protective Actions

A Protective Action is an instantaneous (same day), short-term, sufficient strategy that provides a child responsible adult supervision and care that controls the present danger threat while the Department expedites the assessment to gather sufficient information about the six domains to determine whether or not an impending danger exists.

Protective Action Criteria

I. Immediate Effect

A. The plan must be capable of being in operation the same day it is created.

B. Before the worker leaves the home, the Protective Action must be in motion and confirmed.

C. Supervisor must approve all Protective Actions.

II. Short Term

A. The plan is very specific, tied to particular present danger situations, and must be sufficient to manage safety/control the present danger until additional information regarding the six domains can be gathered and analyzed to determine if an Impending Danger Safety Threat exists.

B. Should last no more than 10 days. Assessment activity (gathering six domain information) should be expedited once present danger has been identified. If a Protective Action involves a child or a parent leaving the home, and either need to remain out of the home at the conclusion of the 10-day period, a

petition must be filed in the juvenile court to ensure due process occurs.

III. Sufficient

A. The Protective Action must manage present danger situations.

B. Worker must confirm that it will do so.

C. CPS must verify that selected people are responsible, will be available, are trustworthy, and are capable. (DHS verifies: Safety Service Providers are really there in the home, ready to participate now; SSPs understand the safety issue, their role, and know to contact DHS if the plan is not working.)

D. Must confirm that caregivers are willing to cooperate with the Protective Action. Although legal action may be necessary to carry out the Protective Action, the caregivers' ability/willingness to cooperate must still be assessed and confirmed.

E. If parents don't agree to the Protective Action, we must bring the matter before the juvenile court.

F. If the plan includes the child residing outside his or her household, the safety of the environment where the child is to stay must be determined.

IV. Not Optional

If there is present danger, a Protective Action must be put into place.

Additional Information: Present Danger and Protective Actions:

I. We are required to enter the Protective Action in OR-Kids within five days.

II. Worker is to call supervisor to review information when determining present danger exists and to discuss the Protective Action.

A. This is an intrusive process.

B. Supervisor involvement increases accurate identification of present danger and ensures necessary components of the Protective Action have been adequately addressed.

III. Least Restrictive to Most Restrictive Protective Actions:

A. A threatening person leaves the home.

B. A responsible adult routinely monitors the home.

C. A responsible adult is in the home periodically.

D. A responsible adult moves into the home 24/7.

E. The child is cared for outside the home periodically.

F. The child lives with someone in the family network part time.

G. The child lives with someone in the family network 24/7.

H. The child is placed in foster care.

Chapter 3

Appendix 3.11: Safety threshold criteria

Safety Threshold Criteria

A threat of danger is a specific family condition, behavior, attitude, action or circumstance that threatens child safety. The danger threshold is the point at which family functioning and associated caregiver performance becomes perilous enough to be perceived as a threat or produce a threat to child safety.

For each safety threat considered, apply the five safety threshold criteria specifically to the family condition considered in that safety threat. To determine if an impending danger safety threat exists, all of the five criteria must be met:

I. Imminent

Imminence is determined by using the available information learned to date and deciding with a reasonable degree of certainty that the threat is likely to occur in the immediate to near future if the family condition is not controlled by external methods.

Consider: Understand when the threats occur in terms of frequency, times of day, days of the week, or when the maltreating caregiver is around the vulnerable child. These can help with determining if threats are imminent and in creating a sufficient safety plan.

II. Severity

The likelihood that the family conditions, behaviors, attitudes, actions, and/or circumstances, if left unchecked, will result in severe harm (effects) to a vulnerable child in the near to immediate future.

A. "Severe harm" defined:

1. Significant or acute injury to a child's physical, sexual, psychological, cognitive or behavioral development or functioning; immobilizing impairment; or
2. Life threatening damage.
3. These criteria are considered in terms of potential effect on the vulnerable child.

III. Out of control

No responsible parent or adult in the home can stop, prevent, or otherwise control the family condition/threat. The family condition is out of the family's control. Primary caregivers may be present in the home but incapacitated (emotionally or physically related, use of substances, etc.).

IV. Observable and specific

You can clearly describe what is happening that makes the child unsafe (conditions, behaviors, actions, or circumstances). Danger is real, can be seen, and can be reported.

Consider: The behavior, motive, attitude, emotion, perception, or family situation that creates the threat to safety. Describe the frequency of the threat to safety; describe the circumstances that prevail when the threat to safety is active; describe anything that stimulates or influences the threat to safety.

V. Vulnerability

Determine what characteristics of the child result in the child being vulnerable to a specific safety threat.

A. Vulnerable child is defined as:

1. A child who is unable to protect him- or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless, exposed to behavior, conditions, or circumstances that he or she is powerless to manage, and is accessible and susceptible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size, and dependence.
2. Consider: The power differential between children and adults; special needs including trauma-induced vulnerability; detail how each child is or is not vulnerable to a specific safety threat.

Chapter 3

Appendix 3.12: Safety threshold criteria

SAFETY THRESHOLD CRITERIA

Directions: Review six domain assessment. Using ST guide, determine which safety threat/s might be present. Use work sheet to determine if threshold is met on the safety threat/s you have identified. Use one worksheet per identified impending danger safety threat.

Severity: The likelihood that family conditions (behaviors, attitudes, actions, or circumstances) may result in: (a) significant or acute injury to a child's physical, sexual, psychological, cognitive or behavioral development or functioning; (b) immobilizing impairment, or (c) life threatening damage.

Imminence: Threat is likely to occur in the near to immediate future.

Vulnerable Child: Cannot protect him/herself, power differential between child and adults, special needs, trauma-induced vulnerability.

Out of Control: No adult in the home can stop, prevent or otherwise control the family condition. No adult can control the threat.

Observable: Must be able to clearly describe. What is happening that makes the child unsafe?

Does Impending Danger Safety Threat/s exist?

Chapter 3

Appendix 3.13: Understanding how the impending danger safety threat operates in the family

Understanding How the Impending Danger Safety Threat Operates in the Family

1. Who (is creating and/or allowing the threat)?

2. What (what are they doing/not doing)?

3. To whom (which children are affected)?

4. When (what times, days of the week, etc.)?

5. Precipitants/family condition (what contributes to the threat)?

6. How often (does the precipitant/family condition/threat occur)?

7. How long (has the family condition been occurring)?

8. How persistent (is the family condition/threat)?

Chapter 3

Appendix 3.14: Criteria for an In-Home Safety Plan

Criteria For An In-Home Safety Plan

Can you answer yes to all of these questions?

- Is there a home-like setting where the parent(s) and child(ren) live?
- Is the home calm enough to allow safety service providers and activities to occur?
- Is at least one parent willing to cooperate with the safety plan?
- Are the necessary safety activities and resources available to implement the plan?

If so, an in-home plan is appropriate and the least intrusive.

Chapter 3

Appendix 3.15: Conducting Tandem Investigations

Conducting Tandem Investigations

Tandem investigations are conducted when a report assigned to a CPS worker involves a setting in which the Office of Training, Investigations, and Safety (OTIS) is responsible for investigating (OAR 413-015-0215). The purpose of a tandem investigation is to have optimum communication, coordination, and collaboration when responding to reports of child abuse involving multiple agency partners. The goals of the tandem investigation are to:

- Ensure safety of children;
- Share information;
- Make informed and timely decisions;
- Optimize the collection of direct evidence and observations;
- Minimize repetitive interviews;
- Support intervention, including legal action, as necessary to protect children and prevent unsafe children; and
- Understand each entity's roles and responsibilities.

It is important to note that a CPS worker is still responsible for all of the activities necessary to complete a CPS assessment when conducting a tandem investigation (OAR 413-015-0415(5)).

Child Care Settings

The purpose of the tandem investigation when responding to a report involving a child care is for Early Learning Division, Office of Child Care (OCC), the OTIS, Child Welfare (CW) and Self-Sufficiency Child Care Program (SSCCP) to have optimum collaboration and communication.

Child care is defined in OAR 413-015-0115. "Involving a child care" in this section includes reports in which:

- A behavior, condition, or circumstance occurred under the care of a child care provider;
- The alleged perpetrator resides in the home where child care is provided;
- The child care is an in-home or facility setting;
- The allegations are current or past circumstances and the child care is open or closed;
- The child care is an illegal child care (a child care requiring a license that is providing services without a license whether intentionally or not); or
- A report of abuse in a child care where there is also an allegation of abuse towards the alleged perpetrator's children, their siblings, or other child household assigned to a CPS worker.

When working a child care tandem investigation, it's important to remember CW, the OTIS, and the OCC have different roles and purposes. Some assessment activities, interviews, and home visits will require collaboration and some may not. It will be important to plan for these together and make those determinations in advance.

Prior to Initial Contact:

- The CPS worker, OTIS investigator, and OCC investigative specialist will coordinate to conduct a

staffing and determine how and when the initial contacts will be made.

- The OCC will provide a chronological report of the child care's complaint and compliance history to the CPS worker, the OTIS investigator, and SSCCP (if applicable) prior to initial contact, whenever possible.

Initial Contact:

- Whenever possible, the CPS worker, OTIS investigator, and the OCC investigative specialist will conduct the initial contacts together.
- At the initial contact the CPS worker, OTIS investigator and the OCC investigative specialist are individually responsible for ensuring the activities outlined in their respective rules and procedures are followed.
- At the initial contact, the CPS worker or OTIS investigator is responsible for all interviews. The OCC investigative specialist should observe the child interviews when child safety and circumstances allow. The OCC investigative specialist may participate in adult interviews as determined in consultation with the CPS worker and the OTIS investigator.
- The CPS worker or the OTIS investigator is responsible for interviewing the alleged victim and any other children identified as requiring an interview. The OCC investigative specialist may observe the child interviews, but must not interview any children during the investigation without prior approval of OCC's legal administrator or director of the Office of Child Care.
- The CPS worker is responsible for notifying the legal parents of any children interviewed as a part of their assessment as required by rule. The OTIS investigator is responsible for notifying parents of any other children interviewed as a part of their investigation.

After Initial Contact:

- The OCC investigative specialist will schedule a staffing and notify the CPS worker, OTIS investigator, required OCC personnel, and if applicable, SSCCP of the staffing.
- OTIS and SSCCP will collaborate to identify the children enrolled at the child care and determine which children are receiving CW services or SSCCP subsidy.
- The OTIS investigator will notify the caseworkers for any children enrolled in the child care and others as indicated. (Others may include the CW certifier if the in-home day care is also a certified foster home.)
- The purpose of the staffing is:
    - To review the results of the initial contact;
    - To share information regarding the child care provider (director/owner), employees, caregivers, the children enrolled in the child care, the child care setting, and, if applicable, children or adults living in the home.
- Anyone unable to attend the staffing must email a summary of the type of information that fulfills the purpose of the staffing to all parties included in the meeting invite.

Ongoing Communication and Collaboration:

- The CPS worker, OTIS investigator, OCC investigative specialist and, when applicable, SSCCP will share information gathered or observed throughout the investigation/CPS assessment with each other. OCC investigative specialists will inform OCC compliance of critical issues that arise.

- The CPS worker, OTIS investigator, and OCC investigative specialist will communicate about scheduled and unscheduled visits and make contact together when possible and indicated.
- The CPS worker and the OTIS investigator will notify the OCC investigative specialist prior to face to face interviews occurring after the initial contact and make contact together when possible and indicated.
- With the OTIS investigator's or CPS worker's approval, the OCC investigative specialist may conduct staff and parent interviews without the OTIS investigator if OCC requires additional information.

Conclusion of the Tandem Investigation Involving a Child Care

- When the OTIS investigation is completed, the OTIS investigator will email their report to the OCC and SSCCP, and to CW if requested. All agencies will review the investigation results and determine any next steps needed based on the results of the investigation.
- If any of the involved agencies have concerns that differing investigations results are not a result of agency authority and statute, that agency will initiate a staffing meeting with the designated leads of each agency.
- The purpose of the staffing is:
    - To share and discuss the OTIS investigation disposition, determinations of the OCC investigation and, if applicable, SSCCP and CW determinations.
    - To discuss inconsistencies and determine if there is statutory justification for the inconsistencies. When the inconsistency is not a result of statute and any participant questions the validity of the inconsistency, the issue is escalated to leadership to review and resolve.
- The tandem investigation is not complete and communication will continue until CW, the OTIS, the OCC, and, if applicable, SSCCP each reach their respective determinations.

Chapter 4

Managing Child Safety In and Out of Home

Section 1: Overview

Managing child safety in and out of home

Overview

Intervention with abused and neglected children and their families is planned, purposeful and focused on achieving child safety, permanency and well-being. Planned and purposeful intervention depends on completely understanding and assessing what contributes to the abuse. This assessment results in understanding parental protective capacity and development of a Child Welfare case plan that serves as a roadmap to the needed changes. Good case planning identifies the goals, activities and tasks leading to successful outcomes. The ongoing safety plan and permanency plan are incorporated into the case planning process.

The Child Welfare case plan is always dynamic; no plan should be static. Flexibility is critical in developing and managing case plans. When child and family needs and protective capacity change, flexibility allows the plan to change as well.

Although this manual incorporates safety considerations throughout, this chapter focuses on the caseworker's specific responsibilities in order to manage child safety. This includes:

I. Developing and implementing the Child Welfare case plan,

II. Managing the ongoing safety plan,

III. Planning and working the permanency plan,

IV. Considering and working the concurrent permanency plan,

V. Involving the family, and

VI. Involving others in activities and services designed to increase parental protective capacity and reunify the child with the parents.

Although the caseworker will sometimes work with a child's legal guardians, this chapter will reference the adults in the family as the child's parents.

Developing the Child Welfare case plan

The caseworker develops and uses a Child Welfare case plan to:

I. Assess the family's protective capacities and make informed, collaborative decisions on what must change to establish a safe home for the child;

II. Provide clear and specific expected outcomes and establish priorities for changing the behaviors, conditions or circumstances that caused the abuse;

III. Identify strategies with the family that:

   A. Address the effects of abuse; and

   B. Change the behaviors, conditions or circumstances contributing to the safety threats.

IV. Identify and coordinate the services needed for the child to ensure safety and well-being;

V. Identify and coordinate the services needed for the parents to enhance protective capacities and support change behaviors to reduce safety threats;

VI. Track and measure a family's progress toward achieving outcomes; and

VII. Support decision-making in the case.

The Child Welfare case plan should be clear to all participants in the case and service delivery systems.

Managing safety

Safety guides all casework practice. In every case, a fundamental goal is to protect children from harm. The Adoption and Safe Families Act (ASFA) requires assessment of the child's safety in birth families, substitute care placements and adoptive homes. The caseworker is responsible for:

I. Monitoring the ongoing safety plan; and

II. Making appropriate changes in actions or services when parental protective capacity changes or safety threats are eliminated or no longer present.

Involving the family

Families are more likely to engage in the case-planning process when they believe the caseworker is hearing their feelings and concerns. A caseworker helps the family maintain a realistic perspective on what they can accomplish and how long it will take to do so. By involving the family, the caseworker:

I. Enhances the essential helping relationship because the caseworker hears, respects and considers the family's feelings and concerns;

II. Facilitates the family's investment in and commitment to achieving outcomes, and participating in services and activities identified in the Child Welfare case plan;

III. Empowers parents to take the necessary action to change the behaviors, conditions, or circumstances that contributed to the child being unsafe; and

IV. Ensures better communication and increases the likelihood the caseworker and the family are working toward the same outcome.

Involving others

Other family members and service providers are almost always involved with the family or will be part of the services and activities outlined in the Child Welfare case plan. When working with others, the caseworker needs to address issues related to parental consent and confidentiality. For detailed information regarding confidentiality, see Chapter 1.

In every case, Child Welfare has the responsibility to decide the overall focus of intervention and whether the child and family are getting the services they need and making the changes necessary to achieve safety, permanency, and child well-being. The caseworker should always work in partnership with the family and consider family voice, culture, norms, history, and structure.

Chapter 4

Managing child safety in and out of home

Section 2: Introduction

Introduction to managing child safety in and out of home

Whenever **safely** possible, engage the family while the child remains in his or her own home. Deciding whether a child should remain at home or be placed in protective custody is based on a thorough assessment and safety analysis including:

I. The parent's willingness and ability to protect the child; and

II. The availability of appropriate safety services and safety service providers.

The current caseworker confirms the ongoing safety plan is always the most suitable, least intrusive available intervention.

Child Welfare safety intervention and safety management is:

I. ***Provisional*** until Child Welfare can ensure the child's safety in the parents' home or other permanency options outside the child's family are selected;

II. ***Temporary*** until the parents can and will protect a child;

III. ***Conditional*** because it is required until the child is determined to be safe and the parents' protective capacities are sufficiently enhanced to assure the child's safety;

IV. ***Dynamic*** from the time a child is determined to be unsafe until parental protective capacity can ensure child safety;

V. ***An interim intervention*** necessary as long as needed to manage child safety;

VI. ***Parent-centered*** in that the caseworker involves the parents in all aspects of the case from safety planning and safety management to case planning as much as possible;

VII. ***Child-centered*** in that the focus of every case is the safety, permanency, and well-being of the child;

VIII. ***The least intrusive intervention*** possible to manage child safety; and

IX. ***Not voluntary*** in the sense that safety threats exist that a parent cannot manage and Child Welfare has determined require intervention to keep the child safe, even if the child is in the parents' home. Child Welfare is responsible for and can, with the court's backing, legally protect a child if needed. The court decides if the child is unsafe. However, parents **may** have a choice in safety management options Child Welfare offers.

Child safety is always of primary importance throughout Child Welfare casework. The children who remain in their parents' home with identified safety threats are some of the most vulnerable in Child Welfare caseloads. These cases require diligent, ongoing safety management. They also require active monitoring of both the ongoing safety plan and changes in the parents' protective capacity. When Child Welfare places a child out of home to manage safety, the case requires:

I. Active and constant assessment of the parents' protective capacities; and

II. Determining when the parents' changes in protective capacity or the family's behaviors, conditions, or circumstances improve, leading to needing less intrusive interventions to manage the child's safety.

In-home plans with safety threats

Families may be willing and able to engage with Child Welfare without court involvement. On occasion, Child Welfare may seek legal custody of the child, even when Child Welfare determines the child can safely remain in the physical custody of the parents with an ongoing safety plan.

The decision to seek legal custody of children while the children remain in the physical care of their parents has inherent associated risks and responsibilities. We must carefully analyze it on a case-by-case basis. When Child Welfare has legal custody of a child, Child Welfare responsibilities expand to go beyond child safety and oversight of parental protective capacity changes. Responsibilities also include consideration of and attention to the child's needs for permanency and well-being.

Out-of-home plans

When a caseworker receives a case with an out-of-home safety plan, the CPS assessment has concluded that it is **not possible** for the child's safety to be managed in the child's home. The case management functions include both safety intervention and safety management. These functions relate to identified safety threats and confirming the child's environment is safe in substitute care.

Chapter 4

Managing child safety in and out of home

Section 3: Transfer of a Case

Co-case Management and Transfer of a Case

When a child remains in the parents' home or is placed in substitute care.

A permanency caseworker is assigned as the secondary worker on a case within 48 hours of a petition being filed or the identification of safety threats resulting in a cooperative in-home case during the CPS assessment. It is critical for the permanency caseworker to understand the circumstances of the case as soon as possible in order to begin co-case management with the CPS worker. Both the CPS and permanency caseworkers are responsible for safety management. Both caseworkers must communicate frequently with each other and the family to fully understand the behaviors, conditions and circumstances that made a child unsafe and how the in-home safety plan is managing child safety.

Managing child safety with an ongoing safety plan is critical. Whether the child remains in the parents' home or is placed in substitute care, the case needs thoughtful engagement, frequent contact with the family and continuous safety monitoring and management.

We are relying on participants in the ongoing safety plan to assist Child Welfare in managing child safety. The following actions provide for continuous case oversight and make the first 60 days of involvement with Child Welfare trauma-informed and supportive for the family.

Procedures

Co-case Management

On the same day a petition is filed in court or safety threat identification has occurred resulting in a cooperative in-home case, the CPS supervisor will contact the Permanency supervisor requesting the assignment of a permanency caseworker for the family. Within 48 hours, a permanency caseworker will be assigned as a secondary worker on the case and co-case management will begin.

Procedure

Within 5 business days of the permanency worker being assigned as the secondary worker, a Preparation Meeting will occur.

Prior to this meeting, the permanency caseworker must:

I. Review records

   A. Thoroughly review the case records, gain an understanding of the child and family paying particular attention to the identified safety threats, how the threats are operating in the family and how the child's safety is being managed in the safety plan (Protective Capacity Assessment Stage 1).

Preparation Meeting

Purpose: This meeting serves as an introduction of the case by the CPS worker to the Permanency worker. The Preparation Meeting initiates co-case management with the goal of supporting the family being reunified as quickly and

safely as possible.

Participants: Both the CPS and Permanency caseworkers and their supervisors must attend. It is best practice to also invite any other staff who may have knowledge of the family circumstance or may be involved in supporting the case or the family: MAPS, SSA, Certification staff, consultants, or previous caseworkers who may have worked with the family.

During the meeting:

Cooperative Cases

I. Review and confirm with the CPS worker legal authority for services if the family:
   A. Has been willing to work with Child Welfare,
   B. Is retaining legal custody of the child,
   C. Has an identified safety threat, and
   D. Has signed a Cooperative Services Application (CF 0304B),

A signed Cooperative Services Application provides written documentation of Child Welfare's authority to provide services. The caseworker and family must both understand that, although the family is cooperatively entering services, Child Welfare may seek court authority if safety can no longer be managed in the parent's home with an in-home ongoing safety plan.

Cooperative and Substitute Care Cases

A. The CPS worker will provide first-hand information about the family: Who the family members are, cultural considerations, the best ways to engage the family, and any information they are still hoping to gather.
B. The CPS worker will describe the 6 domains, the identified safety threats and discuss how safety threshold was met. The Permanency caseworker must be prepared to ask questions if they are unclear on any of the case record documentation or any information presented.
C. The CPS and permanency workers review the ICWA forms and Father's Questionnaire completed by the CPS worker, the ongoing safety plan, legal issues, and any other currently available information pertinent to the family.
D. Review roles and responsibilities for both workers:
   1. **CPS:** All assessment activities, ICWA forms, Father's Questionnaire, discovery.
   2. **Permanency:** Referrals, visitation, PCA.
E. Discuss how the CPS and Permanency worker will communicate and co-case manage together to support sufficient management of safety, trauma-informed engagement with the family, and progress toward reunification for out of home placements.
F. Collaborate on the best way for the Permanency worker to be introduced to the family, and discuss next steps for setting up the meeting keeping in mind this introduction will set the stage for engaging the family throughout the life of their case. Whenever possible, schedule a time for a joint home visit with the CPS worker. Whether or not a joint visit is possible, the caseworker must visit the child and the family within five working days of receiving the case.

At the conclusion of the Preparation Meeting, CPS will continue the CPS assessment, and Permanency will continue the Protective Capacity Assessment (PCA).

Meeting the Family:

I. When the child remains in the family home:

A face-to-face meeting with the family within 5 days of the Preparation Meeting provides a venue for introductions, engagement, support and giving consistent information to the family.

A. Activities during the meeting with the family may include:

1. The CPS worker's introduction of the parents and child/ren to the caseworker;
2. A review of the ongoing safety plan with the parents; and
3. The caseworker's introduction of the next phase of the case planning process. This meeting begins the Introduction, Stage 2 of the protective capacity assessment.

B. When meeting the family:

1. Introduce yourself and explain your style of communication and working with families. Ask the family what communication style works best for them.
2. Explain your role and responsibilities.
3. Ask the family if they have questions or immediate concerns. Ask how the family is coping.
4. Explain why it is important to learn about what they see as their strengths and challenges (enhanced and diminished protective capacities), and if they have any immediate needs (PCA Stage 3).
5. Assess and confirm that the ongoing safety plan is sufficient to ensure child safety in the parents' home.
6. Discuss next steps for the parents and for the Department, action agreements, and schedule another home visit.

II. When a child has been placed in substitute care:

In addition to the casework procedures outlined above, the caseworker also meets the child (if this has not occurred when meeting with the child's parents), confirms the child's safety in the substitute care environment, and reviews the Visit and Contact Plan (0831).

Procedure

I. When meeting with the child:

A. Have face-to-face contact with the child within five working days of the Preparation Meeting.

B. Whenever possible and, if appropriate, schedule a time for a joint visit with the CPS worker and the child in the substitute care placement.

C. If a visit with the child in the home or the placement is not possible, try to schedule a time in another location familiar to the child where the child is introduced to the caseworker. A face-to-face meeting with the child provides them with a sense of understanding of who you are and why you are coming to

visit.

1. Activities during the meeting with the child may include:
   - The CPS worker explaining to the child that a new person will be visiting and working with the family to ensure that he or she is safe;
   - Assuring the child that you will work with his or her family; and
   - Letting the child know why family contact is restricted, if that is the case.

D. Review the Visit and Contact Plan (0831).

E. Review the Foster Child's Bill of Rights.

F. Answer the child's questions to the best of your ability. If you do not have an answer, let the child know when you will be able to get back to them with information.

G. Confirm a safe environment by observing and gathering information from the child to assist in assessing the child's adjustment to substitute care placement, physical and emotional well-being, and safety in the substitute placement.

H. Based on the child's age and development, provide the child with ways to contact you, such as giving them a card with your name, phone number and email address.

I. Prior to ending this first visit, provide the child with information on when he or she will see or hear from you again.

II. When meeting with the substitute care provider.

A. Explain your role in the case and establish ways to communicate information. Provide your business card, your email address, and the name and phone number of your supervisor.

B. Ask the substitute care provider about the child and their adjustment to the placement. Inquire about any special concerns or questions regarding meeting the child's needs.

C. As soon as known, provide the substitute caregiver information on school enrollment, medical, dental and mental health care, if this has not been set up by the CPS worker. (Refer to Chapter 5 for detailed procedures regarding services to children.)

D. Confirm the child's safety by following procedures in Section 9 of this chatper, Monitor the Child Welfare Case plan through Required Contact.

Regardless of all other case activities, the child must be seen every month.

III. Review the Visit and Contact Plan:

The CPS worker will have developed a Visit and Contact Plan (CF 0831) for the parents and the child at the time the child was removed from the parents' home.

A. Review the Visit and Contact Plan to ensure:

1. Visits and contacts are occurring as planned;
2. The visit and contact plan conforms with the ongoing safety plan; and
3. Ensure there is as much contact as possible with the parents knowing that frequent contact promotes timely reunification and is good for the parents and the child.

4. Siblings are able to visit one another if they are not in the same substitute care setting or if some siblings are in the parents' home.
5. Arrange for as much visiting and other contact as is reasonably necessary to support the child's attachment to their family.
6. Have the Visit and Contact Plan translated into a language the parents understand if the primary language of the parent is not English.
7. Complete a CF 0010A to request translation.
8. Ensure culturally relevant and language appropriate services are being provided when necessary to meaningful visitation.

B. Address any barriers to visits or contact

1. For example: Arrange transportation; reschedule at more convenient times; provide for alternate means of supervision; allow for phone, email or other contact; allow the parents to accompany the child to school events, church, medical appointments or other supervised family activities as appropriate.

C. If supervision is required, review the reasons for the level of supervision and determine whether restrictions continue to be necessary.

D. Revise the Visit and Contact Plan (831) as necessary.

Agreement Meeting

Prior to the CPS assessment being sent to a supervisor for approval, an Agreement Meeting must occur. This meeting should take place within 30 days from the assignment of the CPS worker.

Purpose: This meeting ensures CPS and Permanency agree regarding the identified safety threats, ongoing safety plan, conditions for return, visits and contact, legal issues and any other case planning information. The goal is to transition the case fully to Permanency for ongoing management without slowing down progress toward reunification.

Participants: Both the CPS and Permanency caseworkers and their supervisors need to attend. It is best practice to also invite any other staff who may have knowledge of the family circumstance or may be involved in supporting the case or the family: Family Meeting Facilitator, MAPS, SSA, Certification, Consultants, or previous caseworkers who may have worked with the family.

I. During the meeting:

A. Confirm agreement on: Safety Threats, Ongoing Safety Plan, Conditions for Return, Expected Outcomes and visitations. If agreement on any of these items cannot be reached, a consultant and/or a program manager must be included to support agreement being reached.

B. Confirm the CPS worker has completed the following forms: ICWA 1270 and Father's Questionnaire. If any of these documents are not complete, discuss and document a plan for completion.

C. The CPS worker and Permanency worker offer times they are available for a Family Engagement Meeting (FEM). If a meeting facilitator is not available, document a plan for offering available times to the family, scheduling the FEM, and inviting participants.

II. At the conclusion of the Agreement Meeting, the CPS worker will send the CPS assessment to the CPS supervisor for approval, and the CPS and permanancy workers will continue to engage the family in case planning through the Family Engagement Meeting. After the FEM, the permanency worker becomes the primary worker.

III. Follow procedures for reunification with a parent in another state. (See Section 14 of this chapter for procedures for ICPC reunification.)

IV. Follow procedures for reunification with a parent in a foreign country. (See Section 14 for procedures for reunification with a parent in a foreign country.)

Case transfer from ongoing worker to ongoing worker

Procedure

I. When a case needs to be transferred, ensure the following are the same as in the sections above: the procedures for records and case review; contact with the prior caseworker; and contact with the child, parents and child's substitute caregiver.

II. If a Child Welfare case plan has not been developed or updated within the past three months, the sending worker will update the plan prior to the transfer. When the case has been open for several months, the initial protective capacity assessment and the Child Welfare case plan have already been documented. The receiving worker is responsible for a complete review of the protective capacity assessment, the Child Welfare case plan, the ongoing safety plan, and all documentation of parents' progress in meeting the expected outcomes of the Child Welfare case plan and the conditions for return of the child.

III. When receiving the case, the receiving worker is responsible for ongoing safety management.

Forms

I. CF 304A, Cooperative Services Application

II. CF 304B, Family Support Service Application

III. CF 0831, Visit and Contact Plan

IV. CF 1149

Chapter 4

Managing child safety in and out of home

Section 4: Confirm the ongoing safety plan

Confirm the ongoing safety plan

An ongoing safety plan is reviewed every 30 days. This review must be updated or documented in case notes in the Child Welfare information system.

An ongoing safety plan must be immediately updated in the Child Welfare information system when the plan changes or a new impending danger safety threat is identified.

In addition, whether or not the caseworker was part of developing the ongoing safety plan, the worker must confirm within five working days of the case transfer that the ongoing safety plan is sufficient by assuring the plan is:

I. Adequate to manage child safety by controlling safety threats that are uniquely occurring within the family; and

II. The least intrusive plan possible.

III. The worker must know and understand: Their role in monitoring the safety plan, including the responsibilities for contact with the safety service providers.

IV. Exactly what is expected in a safety plan and each safety service provider's responsibilities.

Reviewing an in-home ongoing safety plan

I. Understand the rationale for the in-home safety plan, including fully understanding the safety threats, how the family meet the four in-home criteria, and what has happened to the child in the family.

II. Complete the following required actions:

   A. Assess any changes in the protective capacity of parents and changes in the parent's or legal guardian's ability or willingness to keep the child safe.

   B. Have a conversation with a verbal child.

   C. Assess whether the ongoing safety plan keeps the child safe by determining:

      1. Whether the home environment is calm enough for safety service providers to be in the home and be safe; and

      2. Whether the parent or legal guardian states they are:

         - Agreeable to the services in the ongoing safety plan.
         - Cooperating in services provided as prescribed by the ongoing safety plan.
         - Cooperating with all participants in the ongoing safety plan.

      3. Participating in the actions and the time requirements of the ongoing safety plan; and

      4. Meeting the expectations detailed in the ongoing safety plan.

   D. Determine whether the condition of the child is satisfactory and safety threats to the child are managed.

   E. Immediately notify your supervisor when it is determined the in-home ongoing safety plan is insufficient to ensure the safety of the child.

Reviewing an out-of-home safety plan

I. When a child is in substitute care, understand the rationale for an out-of-home safety plan, including fully understanding why an in-home safety plan was not a viable option for managing child safety, including which of the four in-home criteria were not met.

II. Review whether an out-of-home ongoing safety plan is still required.

   A. Review the conditions for return to determine if they are now met and, if not, what needs to happen to support the family to have the children returned home.

   B. Consider if or how any of the safety services can change or be less intrusive. Make appropriate adjustments if less intrusive interventions will manage child safety.

   C. Confirm that an out-of-home ongoing safety plan is the least intrusive plan to manage child safety.

   D. Confirm the out-of-home safety plan will keep the child safe. Rely on your supervisor to confirm that judgment.

   E. If safety service providers can be put in place to manage child safety in the parents' home; behaviors, conditions or circumstances have changed; or parental protective capacity has been enhanced: discuss with the supervisor and follow procedures to plan for returning a child to the parent's home. Update the ongoing safety plan.

   F. When considering updating an out-of-home safety plan to an in-home safety plan, discuss with the supervisor and follow the procedures for reunification in Section 14 of this chapter.

When child safety is not being managed with the ongoing safety plan

I. The caseworker must update the ongoing safety plan if:

   1. A child's safety is not being managed by the ongoing safety plan (e.g., if the parent is no longer willing to cooperate or a safety service provider is no longer willing to continue his or her commitment); or

   A. The current safety plan is not adequately managing child safety. Caseworker actions if an ongoing safety plan is insufficient:

      1. Identify the safety threat the current safety plan is not controlling.
      2. Identify ways to manage the identified safety threat.
      3. Contact persons or providers who can help provide safety services in an ongoing safety plan.
      4. Consult with your supervisor if you need advice to develop a sufficient ongoing safety plan.
      5. Update the ongoing safety plan and obtain signatures of all safety plan participants.
      6. Obtain the approval of your supervisor before implementing an updated ongoing safety plan.

II. If a child is determined to be unsafe while in substitute care, immediately consult with your supervisor. Immediate action must be taken to keep the child safe (ORS 413-080-0052).

Documentation requirements

I. Document in case notes in the Child Welfare information system that the safety plan has been reviewed.

II. Document any updates to an ongoing safety plan in the Child Welfare information system and obtain the supervisor's approval.

The supervisor's role

I. Participate in a joint meeting with the transferring worker and new caseworker when a case is transferred.

II. Ensure that the transferring worker and the new caseworker know the specific date of the case transfer.

III. Become familiar with the case by reviewing the case file and electronic information. Speak with the transferring worker or supervisor, if needed.

IV. Provide consultation on managing the ongoing safety plan.

V. Review and confirm the sufficiency of the ongoing safety plan.

VI. Approve updates to the ongoing safety plan in the Child Welfare information system.

VII. Provide consultation on planning for the protective capacity assessment.

VIII. In rare cases, approve an exception to the required caseworker contact within five days and only when the sufficiency of the ongoing safety plan can be confirmed without face-to-face contact.

IX. Remember a supervisor must approve any update to an ongoing safety plan.

X. Document in the Child Welfare information system that the ongoing safety plan has been reviewed.

References

Forms

I. CF 1149, Safety Plan

II. CF 304A Service Application

OARs

I. 413-015-0400 to 0485, CPS Assessments

II. Chapter 413, Division 80, Monthly Contact and Monitoring Child and Young Adult Safety

Tip

Any time you question your confidence in a safety plan, chances are it is reasonable to question its sufficiency. "Maybe or probably" are not the standards when it comes to making sure children are safe.

Chapter 4

Managing child safety in and out of home

Section 5: Conduct the Protective Capacity Assessment

To report errors, email CW.PolicyUnit@dhsoha.state.or.us

Conduct the Protective Capacity Assessment (PCA)

Introduction to protective capacity

The PCA process begins during the CPS assessment when a petition has been filed or safety threats are identified in a cooperative in-home case. The caseworker completes the initial PCA within 30 days unless a supervisor approves an exception. The caseworker documents the PCA process in case notes and in the case plan as actions and contacts occur and information becomes known.

The findings of the PCA include identification of the parents' enhanced and diminished protective capacities directly related to the identified safety threats. The caseworker uses the information to develop the written Child Welfare case plan. Understanding the parents' enhanced and diminished protective capacities provides in-depth information on how behaviors, conditions or circumstances resulted in an unsafe child, and the related behaviors, conditions, or circumstances that must change to sustain child safety.

The caseworker documents the description of the specific behaviors, conditions and circumstances that must be present to sustain child safety. The descriptions are called the "expected outcomes of the Child Welfare case plan." The assessment of protective capacity continues throughout the life of the case, and the caseworker updates the PCA's findings at each 90-day review of the Child Welfare case plan. The updates are used to measure progress toward achieving the expected outcomes.

Two concepts critical to the PCA are:

I. Safety threats described in the Safety Threat Guide; and

II. Parental protective capacities as described in the Protective Capacity Reference.

The PCA process guides and focuses the interactions between the caseworker and parents toward a mutual understanding of what must change for the parents to regain responsibility for the child's safety. A clear understanding of the specific behaviors, conditions, and circumstances that caused the child to be unsafe helps the caseworker and parents select services and activities focused specifically on building on the foundation of the parents' enhanced capacities (strengths) and enhancing the diminished protective capacities. It promotes effective case planning and implementation.

Following the protective capacity assessment conducted in the first 30 days, the caseworker continually assesses parents' protective capacities throughout the life of the case. Use parental protective capacities to measure progress toward achieving the expected outcomes and to guide decisions regarding the appropriate actions, services, and activities needed to facilitate change. As the relevant protective capacities are enhanced, the safety threats are diminished. Once the protective capacities are sufficient to eliminate, reduce, or manage the safety threats to ensure sustained child safety, the expected outcomes have been met and the case is closed.

Tip

Any time you question your confidence in a safety plan, chances are it is reasonable to question its sufficiency. "Maybe or probably" are not the standards when it comes to making sure children are safe.

Protective capacity assessment decisions

Answer the following questions by the end of the initial PCA:

I. Are safety threats being sufficiently managed in the least restrictive way possible?

II. Can existing protective capacities (strengths) be built upon to make needed changes?

III. What is the relationship between identified safety threats and currently diminished protective capacities?

IV. What is the parents' perspective or awareness regarding safety threats and their relationship to diminished parental protective capacities?

V. What are parents ready, willing, and able to do to make needed changes?

VI. What are the areas of disagreement between the parents and Child Welfare regarding what needs to change?

VII. What change actions, services, and activities will be used to help enhance diminished parental protective capacities?

Stages of the protective capacity assessment

The four stages of the initial PCA are:

Stage 1: Preparation

Stage 2: Introduction

Stage 3: Exploration

Stage 4: Change strategy and case planning

I. Each of the stages has a distinct purpose.

II. There is no set amount of time to complete each stage. As you complete one, proceed to the next one.

III. Of the four stages, all but the first require face-to-face contact with parents and perhaps others. Each family will not necessarily require exactly three separate interviews or meetings. The family may need additional or fewer meetings.

IV. The transition from one stage to the next should evolve smoothly between identifying needs (diminished protective capacities), strengths (enhanced protective capacities), and solutions (actions, services and activities).

Stage 1 – Preparation

The caseworker, in consultation with the supervisor, plans for an efficient and focused PCA. The caseworker ensures all is ready for the PCA, including:

I. The necessary documentation;

II. Thorough knowledge of the case;

III. Information regarding safety threats and the ongoing safety plan;

IV. An understanding of the parents' reaction to CPS; and

V. Anticipated challenges in conducting the PCA.

The caseworker can coordinate with the Preparation Meeting for most of these things.

The following lists in a logical order the activities required during the preparation stage. However, the specific circumstances in a given case control the order in which the activities occur.

Procedure

Review case information and child safety

I. Within five days of assignment to a case and prior to the Preparation Meeting, the caseworker must:

   A. Review case records and speak to the CPS worker to gain a thorough understanding of the case history and actions and decisions during the current CPS assessment. These include:

      1. Child Welfare case history and past interventions.
      2. CPS assessment information including the maltreatment, nature of the maltreatment, child functioning, adult functioning, discipline and general parenting.
      3. Special circumstances Child Welfare knows about that affect the family including:
         - Domestic violence,
         - Parents' own childhood history of abuse,
         - Substance abuse,
         - Mental illness,
         - Criminal behaviors, and
         - Other factors affecting the parents' abilities to be protective.
      4. Current safety threats, and
      5. Information gathered at the Preparation Meeting.

II. Reconfirm the safety plan is sufficient. (See Section 4 of this chapter for detailed procedures.)

Plan initial contact

To help ensure an effective introduction stage, the caseworker must gather information and thoughtfully plan the approach. This includes who to involve and meeting logistics.

Procedure

I. At the Preparation Meeting talk with the CPS worker about what they have learned about the family that may help build rapport and support engagement

II. Be clear about the purpose of the introduction meeting.

III. Given what is known about the parent's trauma, decide how best to describe current safety threats and reasons for Child Welfare involvement.

IV. Plan how to explain the PCA's purpose and process in clear, jargon-free language.

V. Based on what is known, form some initial impressions of the specific enhanced and diminished protective capacities that are, are not, or might be affecting child safety.

VI. Develop general areas of inquiry/discussion questions based on confirming and refuting initial assessments of relevant protective capacities.

VII. Identify professional records you need in case planning.

VIII. Consider whether professional evaluations might contribute to the protective capacity assessment.

IX. Gather information regarding other persons who could contribute to the PCA process.

   A. Learn about the family's unique circumstances and composition. Grandparents, parents' live-in partners, extended family, persons with significant attachment to the child, teachers, physicians, coaches, neighbors or members of the faith community may be able to appropriately contribute information and help the parents make necessary changes.

   B. Assess each person's ability and willingness to provide helpful information and help the parents.

   C. Involve an Indian child's tribe(s).

      1. If Child Welfare has legal custody of the child and if no one has notified the tribe, immediately notify the tribe of the child's legal custody status.

      2. Explore the tribe's available services that may address the child's safety needs.

      3. Ask the tribe's designated social service and/or ICWA representative if the tribe can assume custodial responsibility for the child.

      4. Help the tribe determine the tribe's ability to assume custodial care or offer services or placement assistance for the child.

      5. Document in case notes all contacts with the child's parents, Indian custodian and tribal social services representatives.

   D. If the child is in substitute care, ask the substitute caregiver what they have learned about the child. If the substitute caregiver is a relative, that person will likely have historical information about the family and the child.

X. Plan the timing, location and circumstances of the initial contact to facilitate communication without interruptions or distractions.

   A. Should the meeting be at the family home, the office or a neutral setting?

   B. Can child care be arranged to avoid interruptions?

   C. What day of the week and time of day would best allow the parents to focus on the meeting?

XI. Understand and plan to use the professional interpersonal skills needed for effective intervention. Refer to Appendix 4.4, Caseworker's Role During the Protective Capacity Assessment, for more information.

After being fully informed and prepared, the CPS and Permanency caseworkers should decide who would be the best person to contact the family to schedule the first contact. The PCA process can continue to the introduction stage.

Conducting the PCA when parents are unable or unwilling to participate

In some situations, despite the caseworker's best efforts to collaborate with the parents, they are unable or unwilling to engage. In other cases, the caseworker and the parents are at odds about what needs to change. The caseworker needs to move the case forward and continue to actively seek the parents' involvement.

Procedure

I. Seek to understand what is leading to the parents' inability or unwillingness to engage.

II. Work diligently to overcome the barriers to the parents' participation.

III. Frequently and actively re-invite the parents' participation.

IV. Continue to work toward establishing a partnership.

V. Obtain and review all relevant documentation.

VI. Interview other involved persons.

VII. Obtain professional assessments and evaluations.

VIII. Decide on the most likely relevant enhanced and diminished protective capacities.

IX. Clearly explain to the parents the identified enhanced and diminished protective capacities and how they are related to the safety threats.

X. Clearly explain to the parents what must change (the expected outcomes).

XI. Ask for the parents' input/feedback.

XII. Provide a written Child Welfare case plan and Letter of Expectation to parents who remain unwilling to engage.

The caseworker should address parents' noncompliance in the activities and services related to long-term changes in behavior, condition, or circumstance and increases in protective capacity (expected outcomes). The caseworker should use strategies to facilitate change. These should not be confused with, equated to, or dealt with the same as noncompliance with safety-related services required to manage child safety.

Stage 2 – Introduction

The initial meeting with the parents is a time to build rapport and a partnership, provide information, and allow parents to express themselves. Initial contact often happens after the Preparation Meeting. The introduction stage is the point of transition for the parents from CPS to ongoing case. This stage should allow parents to express their thoughts about what has happened up to this point to begin thinking about how they will choose to deal with their ongoing involvement with Child Welfare. Also refer to Section 3, Transfer of a Case, of this chapter.

I. First impressions make a difference. A calm, honest, open, empathetic, and respectful approach goes a long way toward establishing in the parents' mind the kind of interactions they can expect from you.

II. Demonstrate respect for self-determination and your commitment to provide the information parents need to make informed choices.

III. Be open and clear about your objective and desire to work in partnership with them to understand and address the reasons for Child Welfare's current involvement with their family due to identified safety threats to the child.

IV. Do not assume parents know what is going on in their case or understand why the case was opened for ongoing Child Welfare involvement.

V. Provide clear, honest answers to their questions.

The activities required during the introduction stage are outlined below. The activities are described in a logical order. However, the specific circumstances of the case control the order in which they occur.

Procedure part I

I. Introduce yourself by full name and job title.

II. Ensure the family has your contact information.

III. Describe your Child Welfare job in layman's terms. Clearly differentiate between the goals of the CPS worker (assessing child safety, abuse, and neglect) and your role as the case continues (managing child safety and partnering with the parents to resolve the reasons for Child Welfare involvement).

IV. Clearly differentiate between the goals of the CPS worker (assessing child safety, abuse, and neglect) and your permanency role as the case continues (managing child safety and partnering with the parents to resolve the reasons for Child Welfare involvement).

V. Clarify reasons for Child Welfare involvement.

VI. Openly address issues and concerns.

VII. Explain the purpose of the PCA.

VIII. Set expectations.

IX. Evaluate the parents' readiness and willingness to change.

X. Seek a commitment to participate.

Procedure part II

I. Ask the parents to share their understanding of the reasons for Child Welfare involvement. Do they know and understand the identified safety threats? If not, clearly explain the identified safety threats and the reason for Child Welfare involvement.

   A. Determine if the parents deny the threat, are in partial agreement, or are in nearly complete agreement.

   B. If needed, help the parents understand specifically what is making the child unsafe.

   C. Describe what your work with families usually involves (i.e., figuring out what needs to change for parents to regain responsibility for the care and safety of their children).

   D. Answer their questions about the current Child Welfare involvement in their lives.

Openly addressing issues and concerns

Until the caseworker answers questions and parents express their emotions, they are unable to move forward toward necessary change. Although difficult, it is the caseworker's responsibility to initiate ongoing discussions so that parents consistently have these needs met. Refer to Appendix 4.7, Stages of Change.

Procedure

I. Seek feedback from the parents regarding the experience (generally) with Child Welfare up to this point. Expect and graciously accept resistance.

II. Allow parents to express feelings. Provide points of clarification when possible but avoid confrontation or arguing.

III. State your desire for a partnership with the parents and demonstrate genuine empathy, respect, and concern.

Explain the purpose of the PCA

When describing the PCA to parents, it is not necessary or advisable to use the professional terms such as "exploration," "PCA," or "protective capacities." The goal is for the parents to understand:

I. The importance of working in partnership with the caseworker.

II. The process we will use to reach an understanding about how the identified safety threats resulted in an unsafe child. (We will want to understand together how the behaviors, conditions, or circumstances in their home resulted in their child being hurt.)

III. That specific behaviors, conditions, and circumstances can be identified, described, and observed that lead to safety or lack of safety for children.

IV. That there are specific things we can identify that will lead to their child being safe or being hurt; and

V. That the focus of Child Welfare's intervention will be to address the identified safety threats by helping parents increase their abilities to caring for and keeping their child safe. (It will be our job to figure out with them why their child was hurt, what their child needs from them to stay safe, and what they can do as parents to care for and protect their child.)

Procedure

I. Describe the purpose, goals, and objectives of the PCA, which are:

   A. Building collaborative partnerships.

   B. Gaining a mutual understanding of what changes are needed to restore and sustain child safety (expected outcomes).

   C. Promoting family involvement and self-determination in case planning and implementation.

   D. Developing focused, effective, individualized case plans (actions, services, activities).

II. Describe the stages of the PCA by briefly explaining the remaining two stages of the PCA, which are:

   A. Exploration – identifying and discussing what must change to restore and sustain child safety;

determining what parents are willing to work on to increase their ability to care for and keep their child safe.

B. Change strategy and case planning – prioritizing the focus of the Child Welfare case plan; identifying the specific actions, services, and activities the parents are willing to commit to increase their ability to care for and keep their child safe.

Set expectations

Procedure

I. Discuss the expectations you have for the parents, both generally during the life of the case and specifically regarding the PCA.

II. Reinforce the goal of a partnership while asking the parents for:

A. Agreement or commitment to participate in meetings, interviews, planning, activities, and services.

B. Openness or willingness to consider issues, concerns, and possible solutions.

C. Expression of their perspective and feelings regarding what has been leading to the identified safety threats, what needs to change, how things are going, and what might work better.

D. Involvement in identifying children's unmet needs.

E. Involvement in developing Child Welfare case plans and action plans.

F. Thoughtful decision-making based upon their right of self-determination.

1. People may be unfamiliar with the concept of self-determination and will need a definition.

Evaluate the parents' readiness and willingness to change

Procedure

I. Evaluate the parents' readiness for change.

A. Are the parents willing to participate with Child Welfare?

B. Do they respond to phone calls?

C. Are they available and do they participate in visits?

D. Are the parents willing to engage in the protective capacity assessment process?

E. Are they willing to consider change?

F. Have they come up with good ideas on their own?

II. Consider ways to increase the parents' readiness and willingness to change.

A. What barriers, real or imagined, do the parents need to address?

B. Are there extended family members or other family friends available to help the family?

C. Is there something the parents can accomplish quickly to feel some measure of success?

Seek a commitment to participate

I. Conclude the introduction stage by overtly seeking a commitment from parents to participate in the PCA process and in case planning and implementation. Ask for their continued participation.

II. Express appreciation to the parents for their participation and reaffirm your desire for a collaborative partnership.

III. Set the date, time, and place of the next contact with the parents or, if appropriate, move to the next stage of the PCA during this meeting.

IV. Provide the 24-hour contact information for your local office.

V. If the parents are unwilling to commit to the PCA process, try to gain additional information and discuss with them the reasons they are unwilling to participate in the process. Seek to find some areas of mutual agreement, such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent and the caseworker. Finding some area of agreement demonstrates the caseworker's intent to use the parent's input and build a collaborative relationship.

Document the introduction stage

I. Document the persons' present, date, location and circumstances of each contact.

II. Document relevant observations of the family in the Child Welfare information system.

III. Including behaviors, conditions, circumstances, and activities.

Stage 3 – Exploration

This stage is a process of joint exploration with the parents of what must change for the parents to regain and sustain responsibility for their child's safety. The exploration stage helps identify the enhanced protective capacities (strengths) and diminished protective capacities (needs) directly related to the identified safety threats. The stage concludes with determining what actions, services, and activities the parents are ready and willing to participate in to increase their protective capacities.

Refer to Caseworker's Role During the Protective Capacity Assessment, Appendix 4.4, for supplemental information on facilitating the PCA process.

Below are the activities required during the exploration stage. The activities are in a logical order, but the case's specific circumstances control the order.

Plan for successful exploration

Procedure

I. As with the introduction stage, give careful thought and preplanning about the persons to be present, the timing, and environment for the meeting best for communication and exploration. If the child is in substitute care, an Oregon Family Decision-making Meeting must be considered and is often appropriate for a more thorough understanding of the family. For more information on conducting meetings, refer to Section 6, Conduct family meetings.

II. Based on what is currently known, enter the exploration stage prepared to discuss current thoughts regarding the parents' likely enhanced and diminished protective capacities and relationship to the identified safety threats. Also prepare to discuss possible actions, services and activities to enhance protective capacities.

III. Develop specific inquiry and discussion questions based on wanting to confirm or refute the initial assessment of protective capacities made during the CPS assessment.

IV. Prepare to maintain an open mind, remain sensitive to the parents' point of view, and honor their right to self-determination.

V. Plan how to explain to the parents the concept of enhanced and diminished protective capacities as related to the safety threats, case planning, and actions, services and activities in terms the parents can understand.

Refer to the Safety Threats Guide, Appendix 3.4, and the Protective Capacity Reference Guide, Appendix 4.3, as needed throughout the PCA process.

Introduce the exploration stage

Procedure

I. Explain to the parents that the purpose of the exploration stage is:

   A. To reach understanding and agreement on how the identified safety threats cause their child to be unsafe.

   B. To decide what must change.

   C. To learn what the parents are willing to do.

II. Define the concepts of enhanced and diminished protective capacities and their relationship to safety threats, case planning, and actions, services, and activities.

   A. Identifying enhanced protective capacities (strengths) allows parents to build on them and avoids unnecessary efforts and services (i.e., if the parents know how to parent, parenting classes are not needed).

   B. Identifying diminished protective capacities (needs) provides clarity for everyone (parents, Child Welfare, providers, courts) on what must change in the family's behaviors, conditions, or circumstances for the child to be cared for and safe. Identifying protective capacities also leads to specific interventions (individualized actions, services, and activities).

III. Ask for feedback, answer questions, acknowledge and address difficult emotions to allow the parents to move forward to participation.

Gather additional information about family and child circumstances

If the child is in substitute care, an Oregon Family Decision-making Meeting is often appropriate. It provides a more thorough understanding of the family. For more information on conducting meetings, refer to Section 6, Conduct Family Meetings.

Procedure

I. Through discussion with the parents, develop additional knowledge about:
   A. Special circumstances affecting the family such as:
      1. Domestic violence.
      2. Parents' own childhood history of abuse.
      3. Substance abuse.
      4. Mental illness.
      5. Criminal behaviors.
   B. Additional individuals who may contribute to the PCA process (i.e., family members, professionals, tribal members, neighbors, faith community, teachers). Ask about:
      1. Who may contribute to understanding the current situation?
      2. Who may contribute to restoring child safety, permanency and well-being?
      3. When the child is a Native American child, how is or can the tribe(s) be involved?
      4. What are the unique circumstances and composition of the family? Grandparents? Aunts and uncles? Cousins? Parent's live-in companion?
   C. Determine whether expert assessments or evaluations would help assess child needs and parental protective capacities.
   D. What professional records should be obtained and considered in case planning?
      1. Medical records.
      2. Treatment records.
      3. Legal records.
   E. Ask about special assessments that may have occurred regarding the child's special or unique needs. Also refer to "Determine the child's needs" in the next section.
   F. Obtain information regarding other persons or professionals who know about the child's special need.

Referrals to family planning services

When talking with the family about current circumstances, if a family member who is an adult or a child 15 years of age or older and is receiving department services requests family planning information, make appropriate referrals such as to the county health departments and other qualified health care providers. Find more resources through the Oregon Health Authority Family Planning Program website.

Family planning and birth control services may include:

I. Interviews with trained personnel;

II. Distribution of literature;

III. Referral to a licensed physician for consultation, examination, medical treatment and prescription; and

IV. As prescribed, distribution of rhythm charts, the initial supply of a drug or other medical preparation, contraceptive devices and similar products.

Also, refer to procedures for providing family planning information for children age 15 and older in Child Welfare custody, contained in Chapter 5, Section 21.

Determine the child's needs

Whenever Child Welfare must intervene to manage child safety, Child Welfare must assess the child's needs. The assessment begins during the CPS assessment. Its primary focus is child safety. The needs of the child are assessed as long as Child Welfare intervention is required. A child's needs are determined based upon information from the child's parents, extended family, school, and any medical or mental health providers the child has or has had in the past. Services to a child are individualized to meet the child's specific needs.

Understanding the parameters and limitations of Child Welfare responsibilities

When the parent retains legal custody of the child

I. If the family retains legal custody of the child, the parent retains the responsibility for medical and educational needs of the child. If the reasons that brought the family to the attention of Child Welfare are unrelated to physical health issues of the child, it is not Child Welfare's responsibility to monitor medical care. However, it remains the caseworker's responsibility to ensure that the child is safe and his or her needs are being met. If at any time the caseworker determines that the child's unattended health care needs are a safety threat, follow procedures for managing a new safety threat.

II. If the child is school age, the caseworker may discuss any issues regarding school with the family as part of the assessment and assist as appropriate. However, educational issues should not be a reason to continue involvement once the safety threats have been resolved.

III. If Child Welfare obtains temporary legal custody of a child, but the child remains in the parent's physical custody, Child Welfare is responsible for:

   A. Monitoring the child's medical and mental health care;

   B. Ensuring the parents are getting the child to appointments; and

   C. Helping the family access medical and mental health resources.

IV. Monitor school attendance, review school records and any educational assessment, and ensure the child's educational needs are met. See Educational section below.

When Child Welfare has temporary legal custody of the child and the child is placed in substitute care

I. When Child Welfare is the child's legal custodian and thus has legal and physical custody, Child Welfare is responsible for identifying and meeting the child's needs.

II. The caseworker ensures the child's physical and mental health as well as developmental and educational needs are addressed. There are specific procedures for each of these topics. For detailed procedures, refer to Chapter 5, Services to Children.

Procedure

Assessment of a child's needs takes place during:

I. Face-to-face contact with the child,

II. Face-to-face contact with the parents,

III. Contact with others providing services to the child, and

IV. Others, such as extended family, with knowledge of the child's functioning.

Physical health needs

I. Talk with the child's parents and the child, if age appropriate, about current health and dental needs.

II. Work to form a partnership with the parents to learn and understand the child's physical health needs.

III. Ask the parents to obtain copies of the child's health records or to sign an Authorization for Use and Disclosure of Information, MSC 2099, which authorizes disclosure of the child's medical or dental records.

IV. Contact the child's physician and dentist.

V. Obtain medical records for the child, including immunization records.

VI. Determine if the child has special medical needs or is vulnerable because of special circumstances. For example, the child was exposed to drugs or alcohol in utero or has a chronic health condition, such as juvenile diabetes.

VII. Determine whether the child's physical health needs must be addressed with services in the written Child Welfare case plan or the parents' protective capacity includes ability and willingness to tend to the child's health care.

Mental health needs

I. Ask the child's parents and the child, if age appropriate, whether the child has had any mental health assessments or other specialized assessments including psychological or psychiatric evaluations.

II. Ask the parents to obtain copies of the child's health records or ask the parent to sign an Authorization for Use and Disclosure of Information, MSC 2099, which authorizes release of the child's mental health records.

III. Determine if the child has special mental health needs or is vulnerable because of special circumstances; e.g., the child's mental health condition results in challenging behaviors. Consider that any child victim of abuse is likely to have some mental health needs. These needs may be compounded when the child is removed from the home.

IV. Determine if:

   A. The child's mental health needs must be addressed with services in the written Child Welfare case plan; or

   B. If the parent's protective capacity includes ability and willingness to tend to the child's mental health care.

Developmental needs

I. Discuss the child's developmental issues with the parents and other family members as well as educators, mental health and medical service providers.

II. Work with the parents to obtain further assessment of the child's developmental milestones with a physician or mental health professional, or through the child's school or the local education service district.

III. Work with the parents to obtain a developmental assessment through Early Intervention or Early Childhood Education Services if the child is birth through 5 years old and there are any concerns regarding developmental delays. Follow up on any referral to Early Intervention completed during the CPS assessment for a child birth through 3 years old.

IV. Work with the parents to request a developmental assessment through the child's school if the child is school age.

V. Determine if a child has developmental needs or is vulnerable because of special circumstances; e.g., when the parents do not accept or understand the child's identified developmental delays.

VI. Determine whether the child's developmental needs:

   A. Must be addressed with services in the written Child Welfare case plan; or

   B. If the parents' protective capacity includes ability and willingness to tend to the child's identified developmental needs.

Educational needs

I. Ask the child's parents and the child, if age appropriate, whether the child has specific educational needs or has had any educational assessments or evaluations.

II. Ask the parents to obtain copies of the child's education records or to sign an Authorization for Use and Disclosure of Information, DHS 2099, specifying authorization to release the child's education records.

III. Determine if the child has educational needs.

IV. Determine whether the child's educational needs:

   A. Must be addressed with services in the written Child Welfare case plan; or

   B. The parents' protective capacity includes ability and willingness to tend to the child's education.

For detailed information, see Chapter 5, Services to Children.

For detailed information on independent living program services, refer to Chapter 5, section 29, Youth Transitions.

Explore what led to the child being unsafe

Procedure

I. Review the identified safety threats with the parent. For example:

   A. The mother's condition (mother is alcoholic) results in no adult in the home routinely performing

parenting duties and responsibilities that ensure child safety (mother drinks, passes out and is unavailable). The child has a diagnosed medical condition (diabetes) and is not receiving necessary care and treatment.

B. Re-evaluate if the parents are denying the presence of safety threats, are in partial agreement, or are in near complete agreement.

C. If necessary, help the parents understand specifically what makes the child unsafe.

II. Seek information from others who know the family and the behaviors, conditions or circumstances that led to an unsafe child.

III. Reach agreement with the parents about what the child needs to be cared for and safe.

A. For example:

The child needs a responsible adult to ensure the daily basic needs, including the medical needs related to the diabetes, are consistently met.

IV. Examine the current family behaviors, conditions and circumstances.

A. What has changed to create the unsafe situation?

B. What has and has not worked in the past?

C. Explore general adult functioning, general child functioning, adult functioning in the parental role, and adult functioning regarding discipline.

V. Discuss which diminished protective capacities may have resulted in the identified safety threats. (Refer to Protective Capacity Reference Guide, Appendix 4.3.)

A. Encourage the parents to say which diminished protective capacities led to an unsafe child.

B. If the parents are unable or unwilling to offer their opinion, suggest which protective capacities may be diminished and ask for feedback.

VI. Reach agreement with the parents about which diminished protective capacities directly affect child safety. For example:

A. A parent does not set aside his or her needs in favor of the child. (The parent drinks alcohol to the point of passing out several times each week rather than being alert and available to care for the child.)

B. The parents do not take necessary action. (The parents know what the child needs but take no action to ensure the child's needs, including the special needs related to the diabetes, are consistently are met.)

Identify and use enhanced protective capacities (strengths)

Procedure

I. Use the information gathered thus far to identify the family's specific enhanced protective capacities.

II. Reach agreement with the parents about what enhanced protective capacities are present and can be built upon to restore child safety.

A. Encourage the parents to say which enhanced protective capacities (strengths) could be built upon to address the identified safety threats.

B. If the parents are unable or unwilling to offer their perspective, suggest which protective capacities may be enhanced and ask for feedback.

C. For example:

1. The parents know how to care for the child's diabetes.
2. The parents have a history of providing appropriate care for the child.
3. The parents use necessary resources to meet the child's needs (i.e., the child is enrolled in the Oregon Health Plan and has access to all needed diabetes supplies and medication).

III. Explore what the parents might do to build upon enhanced protective capacities and increase diminished protective capacities to reach the case's expected outcomes.

A. Ask the parents to brainstorm a list of everything that might help them reach the expected outcome and regain safety for the child.

B. If the parents are unable or unwilling to offer ideas, make as many suggestions as possible about actions, services and activities that may be helpful.

1. For example:
   - Addiction services.
   - AA meetings.
   - Church involvement and support.
   - Community support services.
   - A change in child custody to the other parent who will meet the child's needs.
   - Medical services.
   - Mental health services.
   - Another responsible adult (perhaps a relative) taking full responsibility for ensuring the child's needs are met in the foreseeable future.

Explore what must change

Now that the protective capacities that resulted in the identified safety threats are better understood, the caseworker and parent can work to mutually agree about what must change in the identified safety threats and parental protective capacities to restore and sustain child safety.

When the parent accomplishes an expected outcome, Child Welfare will no longer need to intervene to manage a child's safety. As a result, the case will close. The expected outcome is a desired end result that takes effort to achieve. While child safety must be managed in the moment, the expected outcome is achieved through an ongoing safety plan and, over time, through increasing the parent's protective capacities and/or through a significant change in the behaviors, conditions or circumstances that led to the identified safety threat to the child.

The expected outcome is the concrete statement of the observable, sustained behaviors, conditions or circumstances

that, when accomplished, will reduce, eliminate or manage the identified safety threats. The Child Welfare case plan will document them.

Procedure

I. Focusing on the identified diminished protective capacities, agree about what must happen for the child's safety to be sustained without Child Welfare's involvement.
   A. Talk about what it will look like when the child is safe.
   B. How will the parents (and Child Welfare) know that the child is safe?
   C. What will change so that the child's safety is sustained?

II. Restate the identified diminished protective capacities as an expected outcome, an observable, sustained change in behavior, condition or circumstance. These will be documented in the Child Welfare case plan. **For example,** using the case scenario related to the parent frequently drinking to the point of passing out and neglecting the child's care and treatment for diabetes, the expected outcomes statements could be the following:
   A. The child's basic needs are met at all times, including the special care related to diabetes.
   B. The child has developmentally appropriate care and supervision at all times.
   C. A responsible adult will ensure there is adequate care for and treatment of the child's diabetes, and the child will not be responsible for self-care and treatment.

Explore how to change

Once the expected outcomes and observable changes in behavior, condition, or circumstance are identified, the caseworker and parents discuss what actions or services need to occur to achieve the expected outcomes. Keep in mind, increasing the parents' protective capacities is only one way to work toward expected outcomes. Changes in the family structure, including who has custody of the child, or other changes in circumstances and environment are also considered to achieve the expected outcomes.

Procedure

I. Discuss differences between observable, sustained change in the parents' behavior, condition, or circumstances and the parent's compliance with attending services or participation in activities. Relate how progress is measured by observable, sustained changes, not by the parent "jumping through hoops."

II. Talk about what must eventually exist in order to establish a safe home, to restore the parent to the protective role and for Child Welfare's intervention to end.

III. Decide which of the diminished protective capacities will be the focus of change.

   Note: Do not look at everything that could possibly change. Instead, keep the focus on child safety. Work toward success.

   A. Another way to say this is, "What protective capacities must be enhanced so that the child will be safe and remain safe in the long term?"

Explore what the parents are willing to do

Procedure

I. Work from the brainstormed list of possible actions, services, and activities and the expected outcomes. Ask the parents what, **specifically,** they are willing to start doing now.
   A. Where are the parents willing to begin to make initial changes?
   B. What's the best place to start?
   C. Are there activities the parents are willing to do that will provide early success?

II. List the initial actions, services, and activities in which the parents are willing to engage.

III. Discuss any barriers to the chosen actions, services, and activities.
   A. What needs to be in place for the parents to do what is necessary to change?
   B. What special considerations need to be addressed?
   C. Are there language or cultural considerations?
   D. Are there transportation, child care, housing, funding or other external factors preventing access?

IV. Discuss possible solutions to each identified barrier including what Child Welfare can and cannot provide. Discuss any possible alternatives.

V. Agree which barriers can be overcome and which may prevent particular actions, services, and activities.

VI. Discuss the benefits of engaging the extended family in a Family Decision Meeting (or an Oregon Family Decision-making Meeting) in developing the family's plan, which is integrated into the Child Welfare case plan, if appropriate.

VII. Request the parent's and extended family members' participation in a Family Decision Meeting (Refer to Section 6, Conducting Family Meetings for more information on meetings.)

Document the exploration stage

Procedure

Case note the person's present date, location, and circumstances of each contact, including relevant observations, conditions, activities, and circumstances of the family in the Child Welfare electronic information system.

The supervisor's role

I. Consult with caseworkers to support and encourage their efforts to do the following:
   A. Approach the process of the protective capacity assessment as requiring parents' involvement, partnership, and mutual agreement.
   B. Acknowledge and build on parents' strengths (enhanced protective capacities) as caseworkers attempt to facilitate the process of change.

C. Focus on the identified safety threats.

D. Articulate to parents observable, measurable changes to lead to sustained child safety.

II. When consulting with caseworkers and developing Child Welfare case plans, confirm that the expected outcomes, when achieved, will likely increase a parents' protective capacity or reduce or eliminate or manage safety threats. This will likely result in parents being able to manage child safety without Child Welfare's intervention.

III. Monitor when cases should be reviewed, based on decisions about child safety that emerge from, among other factors:

A. An assessment about whether the parental protective capacity has changed; and

B. Whether this change has resulted in sustained child safety; or

C. Whether safety threats no longer exist.

IV. Assist the caseworker when the caseworker experiences challenges in reaching a mutually agreed upon decision (between Child Welfare and the parent) about expected outcomes.

V. Ensure the caseworker communicates to community partners (including schools, courts, safety service providers, CASAs, attorneys, etc.) that Child Welfare plans to close the case when the expected outcomes have been met (parents' protective capacities have been enhanced so that they can adequately manage the identified safety threats or the identified safety threats are reduced or eliminated, and child safety is sustained).

Stage 4 – Change strategy and case planning

During this final stage of the initial PCA, the caseworker and parents work together to:

I. Prioritize what must change;

II. Create an individualized Child Welfare Case plan that documents the expected outcomes; and

III. Select specific actions, services, and activities to achieve the expected outcomes.

A collaborative protective capacity assessment does not mean that parents direct the focus of the Child Welfare case plan. What must change and, therefore, what must be addressed in the Child Welfare case plan is related to the identified child safety threats. Thus, to a large extent, the plan is not negotiable. However, parents should have a say in how change occurs and what a Child Welfare case Plan may ultimately look like.

When parents choose not to participate or commit to changing, acknowledge areas of disagreement, be clear about potential consequences for choices and emphasize areas where there is agreement.

Determine expected outcomes

Procedure

I. Review with the parents the relationship between the identified safety threats and the diminished protective

capacities.

II. Discuss with the parents what behavior, conditions, or circumstances must exist to manage or remediate the identified safety threats.

III. Consider and identify the child's specific needs that the Child Welfare case plan must address.

IV. Document the expected outcomes in measurable behavioral terms. Expected outcomes are what we anticipate will exist in the future and, thus, are written in the future tense.

V. The Child Welfare Case plan might also include an expected outcome related to the protective capacity of Mom learning to put her children's needs before her own. An expected outcome might read:

Within the next six months:

A. *Mom will learn to understand and describe her child's needs for safety and security that require she think about and respond to the child's needs before her own.*

B. *Mom will be able to describe the dangers that leaving the children alone creates, and she will describe the feelings the children may have as a result of being exposed to these dangers.*

C. *Mom will be able to accept and demonstrate her ongoing ability to ensure that children's basic needs for safety are met.*

I. If the parent can agree without arguing or being judgmental, be clear about what you (on behalf of Child Welfare) believe needs to change, why you believe this, and your beliefs about how the Child Welfare case plan (actions, activities, supports, and services, etc.) can help the family and, ultimately, the child.

A. Ask for feedback.

B. Consult with your supervisor about how to increase the prospect of the parents and Child Welfare mutually agreeing on a decision, when this is not occurring.

1. Other sections of procedure in this chapter — Determine Appropriate Actions, Services and Activities (below), and Document the Child Welfare case plan, Section 7 — address the use of a Letter of Expectation and the Child Welfare case plan when Child Welfare and parents do not reach an agreement.

C. Explain to the parents that, together with the parents, Child Welfare will continually review and report the progress made toward the expected outcomes, including at the following junctures:

1. As an ongoing activity, the caseworker will *measure progress* and will look at, among other things, the progress being made toward achieving the expected outcomes. This will be reviewed at least every 90 days during the case plan review (addressed further in this chapter, in the Measure Progress section).

2. When providing updates about progress **to the court,** the caseworker will report, among other things, the progress or lack thereof being made in achieving the expected outcomes (addressed further in Chapter 9, Work With the Courts and External Partners).

3. When deciding to **close the in-home ongoing safety plan** and the case, the caseworker must determine the parents have demonstrated capacity to sustain the safety of the child. This is based upon, among other things, the extent to which parents' achievement of expected

outcomes supports their ability to sustain the child's safety. (Refer to Closing an In-home Ongoing Safety Plan in this chapter.)

Determine appropriate actions, services and activities

After the protective capacities are understood and well-defined, it is important to determine services that will help:

I. Facilitate necessary change;

II. Achieve the expected outcomes;

III. Enhance specific diminished protective capacities; and

IV. Help the parents regain and sustain primary responsibility for their child's safety.

While formal, structured services such as parenting classes, family sexual abuse treatment or intensive family services may be used when appropriate, these are by no means the only available services and supports. Services may also include support and help from individuals in the family system, community resources, treatment providers or any number of creative and flexible interventions.

Using information gained during the protective capacity assessment and determination of the child's needs, the caseworker and parents can decide what will assist the family in making the necessary change. Exploring the available intervention options with the parents results in an individualized approach to the family that is culturally relevant and maximizes the family's self-determination and commitment to change.

If the parents of a child living in the parents' home refuse to participate in the process of determining services, or if parents refuse safety services the caseworker sees as critical to managing child safety while the child remains in the family home, the caseworker must immediately consult with the supervisor to determine any actions necessary to adequately manage the child's safety at this time.

Remember, the behaviors, conditions, or circumstances necessary to keep a child safe at home should not be confused with services or activities that will lead to sustained change of parental protective capacity (the expected outcomes).

Procedure

The caseworker must:

I. Meet with the parents to explore services (supports, treatment providers, other interventions) available and helpful to the parents.

II. Determine if an expert evaluation for either a parent or the child is appropriate. Expert evaluation is a written assessment prepared by a professional with specialized knowledge of a particular subject matter such as physical, psychological or mental health, sexual deviancy, substance abuse, and domestic violence to:

   A. Help analyze child safety when a specific condition or behavior requires more professional assessment, including situations such as:

      1. The parent or child is displaying unusual or bizarre behaviors that indicate:

         - Emotional or behavioral problems;
         - Physical illness, physical disability, or mental illness;

- Suicidal ideation; or
- Homicidal ideation.

2. Determine service or treatment needs based on information gathered up to this point.
3. Provide more information on an individual's functioning related to the professional's specialized knowledge; or
4. Develop a better understanding of whether the individual's functioning affects his or her protective capacity.

III. If an expert evaluation is appropriate, do the following:

A. Explain to the parents the need to secure an expert evaluation.

B. Obtain the consent of the parent prior to arranging the expert evaluation.

C. Explain the use of the Authorization for Use and Disclosure of Information (DHS 2099) to the parents and seek permission to exchange information with the individual or agency doing the evaluation.

D. Obtain the parent's signature on the 2099.

E. Choose an appropriate expert, refer for the evaluation, and provide background material that is needed for a thorough and accurate evaluation. Ask the evaluator questions that provide the information Child Welfare needs.

IV. Consult with your supervisor if the parent refuses an expert evaluation.

V. Upon receipt of an expert evaluation:

A. Assess whether information obtained in the expert evaluation needs to be shared with any individuals or agencies providing support, treatment or safety services so that the intervention is best able to meet the identified parent's needs and child safety is maintained. If so:

1. Obtain permission to re-release evaluation from the expert evaluator to the service provider(s), and
2. Obtain permission from the parent to release information from expert evaluation to the service provider.

B. If this permission is not granted, consult with a supervisor to determine next steps.

VI. Determine whether it is appropriate to incorporate the expert evaluator's recommendations into the Child Welfare case plan:

A. If not appropriate to incorporate recommendations into Child Welfare case plan:

1. Consult with the supervisor to obtain approval to not follow recommendations; and
2. Document the recommendations in the Child Welfare case plan in DHS's information system and, if recommendations are not used, document the rationale for the determination not to use those recommendations.

VII. Along with the parents, consider appropriate services or interventions by critically examining key questions, such as:

A. What will it look like when the child is safe and the parents have regained responsibility to care for and keep the child safe? Then focus on what is needed to get there.

B. How might services or supports improve behaviors, conditions, or circumstances and facilitate permanency in the home?

C. How can parents' capacity to provide for their children's needs, including the need to care for and keep the child safe, be enhanced? This may be achieved by directing services to the parents or the child.

D. How can the parents' strengths be used to increase child safety and enhance protective capacities?

E. Consider acknowledging and using what is already working well and the effect that acknowledgement may have on a family and their readiness for change.

F. Explore how to build on the protective capacities already in place.

G. Ensure services are not focused on things the parents are currently doing well.

H. Who is available to the parents in their already existing support network? Can these people provide supports?

I. Who is available and willing to participate with the family now?

J. Are flexible and creative options being explored and entertained?

K. Are proposed interventions culturally appropriate?

L. Do activities and recommended services respect the parents' belief system and values?

M. Are the services, supports, or activities the least intrusive interventions available for this family?

N. Are the services, supports, or activities able to remain in place after Child Welfare is no longer involved? Has this potential benefit been adequately considered?

O. What opportunities are there to connect the parents with supports available to people in the community that do not require Child Welfare's involvement?

P. What are the parents' ideas about what would be most helpful to them?

Q. How am I, as a caseworker, honoring that the parents have a right to select choices and make decisions that affect their life?

R. How do I adjust any preconceived intervention ideas after analyzing information from the parents about:

   1. What is most comfortable for them?
   2. What do they perceive as the most valuable intervention?
   3. What concerns or hesitations do they have about the use of particular supports?

S. Will the proposed services, supports, and activities address the identified safety threats so that safety can be managed, and the parents can resume responsibility for protecting the child and meeting the child's needs without the involvement of Child Welfare?

T. What are the reasons for, conditions that contributed to, or circumstances that surround the diminished protective capacities?

   1. Given this, are the proposed interventions likely going to be helpful?

2. Is there a match between the circumstances of the diminished protective capacity, the identified safety threats, and the selected intervention?
3. Will the proposed services to the parents or the child likely improve conditions in the parents' home and increase likelihood for sustained child safety without Child Welfare's involvement?

VIII. Have discussions with parents and seek agreement about where to begin and how to arrange services, supports, interventions, and activities. **Note:** Information gathered in this discussion will be used when the Child Welfare case plan is written and an action agreement is developed.

A. Consider:

1. The parents' schedules;
2. Other commitments in the parents' lives;
3. Sense of loss parents may feel when contemplating or making changes;
4. Readiness for change at this moment;
5. What is most important to the parents at this point?
6. Why and how the protective capacities have become diminished;
7. Appropriate timing of interventions;
8. Importance of sequencing steps;
9. Frequency with which the next steps should be decided; or
10. Parents' need for clear, concrete steps or preference other approaches.

IX. When selecting service providers, consider some of the following:

A. Does the service provider have the knowledge, skills and ability to assist the family with the specific services needed to address the parents' identified diminished protective capacity?

B. Is there a match between the service being considered and the diminished protective capacities that have been identified ? In other words, will the service likely address the behavior, condition, or circumstances that led to the identified safety threat?

For example: A child is neglected when her basic needs were not met (safety threat). The parents lack knowledge about typical child development (diminished protective capacity). The service provides necessary information about child development (good match), or the service offers treatment for the parents' traumatic childhoods, when this issue was not connected to the safety threat (poor match).

X. When referring to services, share necessary information with service providers. Necessary information may include anything that will help the parents achieve the expected outcome, enhance protective capacities, and/or meet an identified child or family need.

XI. Consider the information these individuals would likely need to know to help the parent work toward increasing protective capacities and achieving expected outcomes.

XII. Explain Child Welfare's use of the Authorization for Use and Disclosure of Information (DHS 2099) to the parents.

XIII. Ask the parents to sign the DHS 2099 to allow Child Welfare to exchange pertinent information with them.

A. State form 2099i lists helpful instructions for completing the DHS 2099.

B. Consult with supervisor when the parent hesitates signing DHS 2099, after you have fully explained the purpose, reason for and use of information, and you have heard the parents' concerns.

XIV. Communicate with service providers and reach agreement regarding the following:

A. How will they know change is occurring and progress is or is not being made?

B. What will they be able to *observe* in the parents' behaviors, attitude, thinking, etc. that indicates to them the expected outcome is or is not being met?

C. How will the service provider notify Child Welfare and the parents of the progress or lack thereof?

D. How will contact between Child Welfare and service providers be made a minimum of every 90 days?

E. How often will Child Welfare and the parents receive this feedback?

F. What does Child Welfare expect to see from the parents in observable, measurable progress?

G. How will we determine if adequate progress is being made?

XV. Explain to the parents that every service provider, for the parents or the child, will be asked to provide certain information including:

A. Notifying Child Welfare immediately when a child is believed to be unsafe;

B. Providing supportive documentation regarding the continued safety of the child in the home when working with parents whose child remains or has returned to the parents' home;

C. Providing updates about progress or lack thereof in meeting expected outcomes or in meeting the child or family's needs, at least once every 90 days; and

D. Providing the aforementioned information verbally or in writing, as requested by the caseworker.

XVI. Consult with supervisor immediately if any of the following occur:

A. The parents refuse to participate in this process;

B. Safety services the caseworker sees as critical to managing child safety while the child remains in the family home are being refused; or

C. The parents or a safety service provider does not adhere to the current in-home safety plan.

XVII. Follow the supervisor's direction regarding an immediate protective action to manage the child's safety if situations such as those listed above occur.

XVIII. Additional actions when a child is a Indian child:

A. Make active efforts to ensure the Indian child's tribe and/or parent's tribe participates in person, by telephone or another effective means of communication in selection of services and activities.

B. Contact the tribal social services and/or ICWA representatives and ask the tribe to help identify and provide culturally appropriate services and programs available through the tribe and/or an organization such as the Native American cultural and/or services center that may assist the child and the parents.

C. Ask the tribe to provide the following information:

1. The name, address, telephone number, and a contact person of a tribal program or an organization that provides services to Indian families; and
2. When appropriate, information about any known persons recognized by the Indian community as medicine men or other traditional tribal leaders, such as elders, whose skills can be used to keep the family together.

D. Document all contacts with the Indian child's and/or parent's tribe including the name, address, title, telephone number of the person contacted, and the results of these contacts in case notes.

1. File copies of all correspondence with tribal staff in the case record.

The supervisor's role

I. Consult with the caseworker and provide direction when the caseworker believes an expert evaluation of the parents or the child is appropriate, but the parents refuse to authorize consent.

II. If a caseworker questions whether it is appropriate to follow recommendations made by an expert evaluator:

A. Meet with the caseworker to understand the issues and provide consultation including:

1. Exploration of available resources;
2. Legal and case planning implications of a decision to not follow recommendations; and
3. Whether the recommendation was based on erroneous information and, if so, whether clarification via an addendum or other means needs to be requested.

III. Consult with caseworker about how to document the decision to not follow an expert evaluator's recommendation in the Child Welfare case plan.

IV. In regular consultation with the caseworker, explore issues and provide feedback regarding concepts such as:

A. Partnership, collaboration, and self-determination;

B. Culturally relevant and individualized services and interventions;

C. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so;

D. Helping parents with change (including normalizing resistance, seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being used to hear and be nonjudgmental about the parents' hesitancy to make change, and effective ways to assist the parents to continue making positive steps toward change;

E. Appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists; and

F. Setting the stage (with service providers) to obtain feedback about progress and measurable changes that can be observed.

V. Provide direction about whether an immediate protective action should be taken to manage a child's safety if the supervisor becomes aware of a circumstance when a child is unsafe.

Determine conditions for return

Conditions for return are written statements describing specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home safety plan while the parents continue to work with Child Welfare toward reaching the expected outcomes. Each written statement is related to the missing in-home criteria. The conditions for return are to be part of the court order, making it the official record and expectation that guides intervention, decisions and subsequent court involvement concerning returning a child.

Conditions for return is a description of what needs to be present in the home to many statements that make up the overall conditions for return. Each parent should have clear statements about what needs to be in place for a child to return to their care.

Conditions for return should not be confused with the expected outcomes. Expected outcomes are the desired end result, based on a sustained change in the parents' behavior, which will signal that Child Welfare's intervention is no longer needed. Parents do not necessarily have to change in order for children to be returned to the parents' home. Instead, to achieve reunification, a well-defined set of interventions to manage the identified safety threats must be in place and sufficient to manage the child's safety in the parents' home. This distinction maintains the focus on reunification as a safety decision, instead of allowing the parents' involvement and progress with services and treatment activities to become the measure for reunification.

The following is an **example** of a conditions for return statement when the identified safety threat is no adult in the home is routinely performing parenting duties and responsibilities that ensure child safety.

> *Mom is willing and able to have a responsible adult in the home to help her provide adequate care for her child.*

This could be more specific, to define what "care" means, depending on the age and needs of the child. A more detailed description could read:

> *Care includes supervision of the child at all times, providing meals at regular intervals, giving baths on a regular basis, and ensuring that the child does not leave the home without a responsible adult being in arm's reach.*

Note: This statement focuses on what would be present in the child's home environment and does not necessarily require that the parents are the ones to provide for the supervision at this time. While the expected outcome or long-term goal may be for the parents to understand and consistently meet the child's need for age-appropriate supervision, this desired end result does not necessarily need to be achieved in order for the child to be reunified with the parents with an ongoing safety plan. What must be present is the parents' willingness and ability to engage in an ongoing safety plan and to continue to work with Child Welfare toward the expected outcomes.

Procedure

I. The caseworker must:

   A. Determine the conditions that must exist prior to the child's return to the parents by doing the following:

      1. Think about the identified safety threats to consider options:

         - How are the identified safety threats manifested?

- What is the parents' capacity surrounding attitude about and awareness of the safety threats?
- What must be managed?
- How can it be managed?
- What, if anything, stands in the way of the identified safety threat being managed while the child is in the home?
- Who, other than the parents, can help manage safety?
- Can anyone substitute for the parents within the home to provide sufficient protective capacity to assure safety management?
- What is the potential for the parent or person who is unable or unwilling to be protective to leave the home?
- What **specifically** will manage the identified safety threat in the home?

2. Develop a detailed understanding of why an in-home plan will not work at this time.
   - If the caseworker questions whether an in-home safety plan could be put into place at this time to adequately manage safety, seek additional information and consult with the supervisor to further consider this option.
   - The supervisor may be able to think of additional resources and/or options that have not yet been considered.
3. Determine what would manage child safety with an in-home safety plan, such as:
   - Who are some acceptable individuals that could become safety service providers to manage the identified safety threats in the child's home?
   - What parental behaviors, if exhibited, would be acceptable?
   - What situations would be safe?
   - What circumstances would create safety?
4. Clearly communicate the conditions for return to everyone involved, most notably the child's parents.
5. Communicate conditions for return to the court, attorneys, CASA, tribe(s), etc. through regular court reports, case plan reviews, discussions and other forms of communication.
6. Document information about the conditions for return in the Child Welfare case plan, and describe the following:
   - The specific behaviors, conditions, or circumstances that must exist before a child can return to the parents' home with an in-home ongoing safety plan; and
   - The actions and time requirements of all participants in the in-home ongoing safety plan for a child to be safe.

The supervisor's role

I. Assist the caseworker to consider options that would allow for reunification.

II. Ensure that conditions for return will, in fact, manage safety for the child.

III. Help the caseworker, when needed, to communicate to others involved why the particular conditions for return are Child Welfare's conditions for reunification.

IV. When reviewing and approving court reports and Child Welfare case plans, ensure:

   A. Are conditions for return clear?

   B. If the stated conditions for return are met, would the supervisor likely approve reunification if an adequate in-home ongoing safety plan could then be developed?

   C. Is it clear that adequate options have been considered to determine that an in-home ongoing safety plan is not appropriate at this time?

References

I. OAR 413-040-0005 to 0032, Developing and Managing the Case Plan

Tip

Whenever Child Welfare is working with a family where the child remains in the home with an ongoing safety plan, the parents must be able and willing to participate in the ongoing safety plan. They must also be willing to engage in activities and services to mitigate the current safety threats to the child.

Tip

Self-determination refers to the "right" parents have to select choices, make decisions, chart their course and do what they want. Life's realities affect self-determination. Individual needs and social relationships also influence self-determination. Anticipated and actual consequences also regulate it.

Caseworkers have an ongoing responsibility to promote and safeguard parents' self-determination. Understanding and accepting the reality of self-determination and clearly explaining the choices available to parents and the possible consequences (positive and negative) allow a caseworker to help the parent make informed choices. Self-determination is a foundation of the protective capacity assessment.

Tip

Professional assessments such as substance abuse assessments, mental health assessments, psychological evaluations, and parent and child observations may be helpful during the PCA process. If a professional evaluation is used to help determine protective capacities and identify appropriate interventions, the Protective Capacity Reference, Appendix 4.3, and the Protective Capacity Assessment Decisions, Appendix 4.5, help formulate concise and relevant referral questions. For example, questions posed in a mental health referral could include:

» *Does the parent accurately perceive reality?*

» *Is the parent able to set aside his or her own needs in favor of the needs of the child?*

» *What services might be beneficial to the parent to increase his or her impulse control?*

»

Tip

It is easy to confuse a need with a service. A need is something the child requires to improve or address some aspect of his or her life; a service is something put in place to achieve that end. For instance, the statements, "The child needs a mentor," or "The child needs counseling," are inaccurate. The child may need to increase his reading level by a grade; therefore, the service may be a mentor to work with him on his reading. The child may need to control her anger, so the service may be a weekly meeting with a counselor. It is important to make sure the services put in place meet the needs of the child.

Tip

Example of an expected outcome: *When working with a mom whose primary protective capacity needing improvement is impulse control (because she takes off and leaves her children alone), an expected outcome would include, for example, Mom will make safe child care arrangements with a suitable person(s) each time she is going out and will sustain this for the next six months.*

Tip

A Family Decision Meeting (or Oregon Family Decision-making Meeting if a child is in substitute care) is beneficial to the case planning process. Routinely use it to help the family develop a family plan that, if appropriate, is integrated into the Child Welfare case plan. The procedures outlined below fit the structure and purpose of a Family Decision Meeting. The procedures for family meetings are discussed in detail in Section 6 of this chapter, Conducting Family Meetings."

Tip

When thinking about where to start the process of change, you and the parents may consider these concepts. In looking at the diminished protective capacities, this capacity is the one that:

- *Is most reliable; it is essential and needs to change.*
- *Is most compelling; it must be addressed.*
- *Is most defining; it is the central explanation for why the person is not protective; it reflects or represents the person.*
- *Is at the root of or is the cause of other diminished protective capacities.*
- *Sums up several closely related diminished protective capacities.*
- *Is of the most interest to you and the parent.*
- *Has the quickest payoff; it is most easily or quickly addressed.*
- *Is most crucial; it is most associated with protectiveness; may produce the greatest gain or the greatest loss.*
- *Is least threatening; the parent is challenging it the least.*
- *Is least resistive; the parent feels the least concern about changing.*

Taken from: Action for Child Protection, November 2005 article: Integrating Caregiver Protective Capacities into Case plan"

Chapter 4

Managing child safety in and out of home

Section 6: Conduct family meetings

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Conduct family meetings

A meeting with family members, natural supports, community partners and people the family identifies as supportive can increase collaboration and engagement of the family's team around decisions about a child's safety, permanency and well-being. The team may also address safety, case planning or specific needs of the family or child during a family meeting. Such meetings are a tool to increase participation in and commitment to the activities, services, and supports used in the Child Welfare case plan. A family meeting can inform decision-making and be an effective communication tool. Meetings can be powerful events. They are most successful when the approach is:

I. Strengths-based: This type of approach is built around recognizing, acknowledging and building on a client's strengths, specifically seeing them as resourceful and resilient when they are in adverse conditions. This approach is goal oriented, assesses and documents strengths, identifies and utilizes natural supports, creates a hope-inducing relationship with the team, and at every stage of the case, offers choices to the family supporting self-determination. A strengths-based approach is client led and supports increased engagement by the family and the family's team.

II. Trauma-informed: A trauma-informed approach with families acknowledges the current and historical trauma and oppression people experience and the impact that trauma and oppression can have on decision-making and on the way the world may be viewed. This approach guides Child Welfare workers to create a safe context, both emotionally and physically, in which to have a predictable, transparent and trusting relationship. This is done through listening, recognizing and honoring each individual and their experiences throughout their lives and restoring power to families through choice, empowerment, strengths focus, and skill building. Some examples of using this approach in meetings are: preparing the family for who will be at the meeting and the roles, setting ground rules that offer breaks, and asking the parent or youth where they prefer to sit in the room.

III. Culturally responsive: In order to support families around safety and well-being caseworkers need to have an understanding of the unique functioning of a family that may be based on cultural practices, beliefs, values and norms. This may include, but is not limited to, race, ethnicity, gender or sexual identity, values systems and family structure. A family meeting may be held at a church or a family member's home, food may be a part of the meeting or the meeting may be held in the primary language spoken by the family.

IV. Family driven/Youth guided: A family driven approach is one where Child Welfare workers understand the family has a role in decision-making regarding their children and their case planning. Youth also have a decision-making role in case planning for their future. This approach is used in family meetings in several ways including having the parents set the agenda, parents speak first in a meeting, youth are invited to meetings and are a part of agenda setting.

Meetings can provide a model of open communication and use of problem-solving skills.

Purposes of meetings

Although there are specific purposes for meetings, the caseworker most often uses a meeting to:

I. Consider options in developing an ongoing safety plan;

II. Address a specific issue or goal;

III. Talk through if conditions for return are met, what progress has been made, and, what can the team might do to move closer to meeting the conditions for return;

IV. Gather and share information to help make decisions;

V. Identify family and community resources that can support child safety;

VI. Provide information and direction to the team, family, extended family, and service providers about expected activities, tasks, and support;

VII. If needed, determine a substitute care placement to meet a child's or siblings' needs;

VIII. Communicate about progress; and

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

Before any meeting, the meeting facilitator or caseworker must:

I. Talk with the caseworker and the parent to set the agenda, date, time and location for the meeting; and

II. Effectively communicate information about the meeting's purpose to all participants.

Types of family meetings

There are three types of family meetings:

I. **Family Engagement Meeting (FEM):** Child Welfare must use the FEM to review the ongoing safety plan including conditions for return, discuss ASFA timelines (OFDM), discuss how the children are doing, review progress and the appropriateness of services, discuss the next steps and reaffirm support for the family.

II. **Family Decision Meeting (FDM):** Use subsequent FDMs to bring the family's team together to make a variety of case planning decisions. Appropriate case planning topics may be child placement, addressing a child's particular needs, addressing a parent's treatment needs, planning reunification, or moving toward implementing the concurrent permanency plan.

III. **Youth Decision Meeting (YDM):** The YDM is a facilitated meeting. It is held with the intent to empower the youth to plan for their independence. See Chapter 5, section 29: Developing a Comprehensive Transition Plan for a description of the use and content of the YDM.

Procedures for Family Decision Meetings are described in this chapter.

The Family Engagement Meeting (FEM)

The FEM focuses on the family members' and Child Welfare's ideas about the child's safety and permanency. The meeting will bring the family's team together to reaffirm or update the ongoing safety plan, continue the Protective Capacity Assessment and support continued development of the Child Welfare case plan. It is also the transition from co-case management to the CPS worker stepping out of the case and the Permanency worker taking on case planning as the primary worker.

The FEM is a chance for the family to continue to give input into child planning decisions and to keep the focus on achieving safety and reunification for the child and the parents within a reasonable time. Child Welfare, through the caseworker, retains final responsibility for decisions affecting child safety, and participants may contribute information, expertise, resources, and support for developing and implementing the Child Welfare case plan.

The FEM is facilitated by the Family Engagement Facilitator (FEF). If a FEF is not available, the meeting may be facilitated by another staff member.

TIP

Domestic violence and a pattern of control and intimidation may not be identified in the family prior to the meeting. As a general practice, routinely screen for domestic violence and develop a back-up plan to handle situations if they arise. Discontinue the meeting at any point if you suspect domestic violence of attending partners when continuing the meeting would create an unsafe situation. The facilitator tactfully ends the meeting in this case but does not disclose why the meeting is ending if doing so would create an unsafe situation.

Preparing the parents for the meeting

Procedure

I. Discuss with the parents the purpose of the meeting, the structure, who will be present, and the meeting agenda topics.

II. Ask the parents what they would like included on the agenda. Let the parents know what topics may be brought up by the caseworkers and community partners.

III. Work with the parents to identify FEM participants. The goal is to have more family, natural supports, and people invited by the parents than professionals and Child Welfare staff at the meeting. This may include:

   A. Family members including children of any age;

   B. The Indian child(s) tribe;

   C. Members of the family's faith community;

   D. Teachers and other school officials;

   E. Medical or mental health professionals;

   F. Child care providers;

   G. Persons with a significant attachment to the child;

   H. Other persons who have an interest in the safety of the child, including family friends; and

   I. The child's substitute caregiver (if parents want their participation and the substitute caregiver agrees to attend).

IV. Consider any special circumstances when deciding on participants.

   A. **Safety**: Exclude family members if they compromise other participants' safety. However, a parent may submit written recommendations that address the plan for the child. Restraining or no contact orders may not be violated to attend a family meeting. (Refer to Appendix 4.11, Domestic Violence and Sexual Abuse Considerations.)

   B. **Parent hospitalization**: Consult with the medical provider to determine whether the parent can

participate. Phone conferencing or written recommendations may be an option.

C. **Parent incarceration**: Arrange phone conferencing for an incarcerated parent whenever possible, unless the parent's incarceration results from sexual or physical abuse of the child or of other family participants. In these situations, the parent may submit written recommendations for the child to the caseworker.

D. **Special needs accommodations**: Arrange special accommodations related to the physical access, language interpreters or alternative methods of communication.

E. **Professional disclosure of information**: Professionals follow their agency and professional guidelines for disclosure of information.

V. Discuss the role of the various participants with the parents. Their role is to support the parent and the child/young adult, present strengths and challenges regarding the child's safety, permanency, or well-being needs, to share progress the parents are making in services, to make recommendations based on their knowledge of the child and family and to be collaborative and solution focused.

A. Explain to the parent the use of the Authorization for Use and Disclosure of Information (MSC 2099). Ask permission to contact participants and explain the reason for the Family Engagement Meeting.

B. Obtain the parent's signature on the MSC 2099.

Invite and prepare children, young adults and participants

Procedure

I. Child/young adult: Determine who is the best person to meet with the child to explain the FEM and determine with the child if they would like to attend. Offer various ways they may have their concerns/questions heard: attending in-person, writing a letter, sending an email, or having the facilitator or caseworker convey their thoughts to the team. Be flexible around attendance. It may be best for the child to attend for the first 10 to 15 minutes of the meeting and then leave or come at the end. Having a child at the meeting can be very powerful for the team and the child.

A youth 12 and older has the right to invite two people of their choice to attend the meeting with them. These are people other than the caseworker or another professional. The youth may choose to invite friends or other outside supports to help them feel comfortable and supported at the meeting.

II. Participants: Explain the purpose of the meeting and prepare them to be strengths-based and trauma-informed team members. Ask them to review the safety plan and be prepared to be collaborative and solution-focused while the team works toward reunification of the family.

Prepare caseworkers

Procedure

I. Meet with the caseworker ahead of the meeting to discuss the agenda and ask if there are additional items they would like included.

II. Discuss with the caseworker any concerns or fears they may have about the meeting.

III. Routinely ask if other family members or participants should be invited to the meeting. If more persons are identified, notify the parents and ask for their consent.

IV. Determine a date and time for the FEM that works for the parents and allows the most participants to attend. Meet the needs of family members who have to travel or have scheduling conflicts as much as possible, including evening times if necessary.

V. Determine the meeting location:

   A. Ask the family where they would be most comfortable meeting. Local Child Welfare offices can be very trauma-inducing for families and create an inherent power differential for parents who have or are experiencing oppression. Consider meetings in the community: churches, libraries, or community centers. If an alternate site is considered, select a location that provides all participants a safe setting with adequate seating, space, privacy and accessibility.

VI. Help the family obtain child care for the meeting if needed.

   A. Follow local protocols developed in the Child Welfare office.

During the Family Engagement Meeting

Procedure

I. Provide all team members with a copy of the most recent ongoing safety plan

II. Introductions

- Family/Cultural Opening
  - Is there a way the parent would like to begin the meeting based upon their family/cultural traditions?
  - This is discussed between the meeting facilitator and the parent prior to the meeting.
  - Picture of child.
  - How many days has child been in substitute care?
  - Number of placements.
  - Current placement.
- Family Engagement Facilitator (FEF) states the purpose of the meeting and confirms participants' understanding.
- FEF asks all participants to introduce themselves and describe their relationship to the child and family.

III. Ground Rules

- FEF discusses the ground rules and asks if the team has any edits or additions.

IV. Parent Update

- Facilitator preps with parent prior to the meeting to help them share what is going well and any needs they have currently. Caseworkers should come with at least a couple of strengths to share regarding each parent.

- Asking for the parent to give updates first models the value of Family Voice and models the parent as a key member of the team.

V. Safety Planning

- Safety Threats
- How do they look for this family?
- What needs to happen for the child to be able to go home (conditions for return)?
    - Have new Safety Service Providers (SSPs) been identified?
    - Can the safety plan be updated based on SSPs?
    - Are there additional relatives, tribal resources or others with a caregiver relationship to contact?
    - Update on engagement with identified family and how relatives are participating in the Child Welfare case.

VI. ASFA (Adoptions and Safe Families Act)

- Discuss primary plan, concurrent planning and timelines.
- Who might be a resource for the child for the concurrent plan?

VII. Case Planning

- Visitation
    - How are visits and phone/email contacts going?
    - Review visitation plan. Are changes needed (can relatives/others facilitate additional visitation)?
    - Who else should the child be visiting/maintaining connections with?
- PCA/Expected Outcomes
    - Has there been progress in enhancing Protective Capacities that support meeting the expected outcomes?
    - How are current services working for the parent?
    - Are there service/support referral needs for the parent?
    - What needs to be in place to close the case?
    - Action Agreement developed/updated.
- Youth
    - Update from the youth (or if the youth prefers, a support person) to speak about their progress, what they are working on, what concerns they have, and what they feel the team needs to know.

VIII. To Do's

- What are needs expressed by the family?
- Are there next steps the Department or team members need to complete?
- Who will be responsible for each item?

- Are the action items clear and doable?

IX. Upcoming Dates

Tip

Domestic violence and a pattern of control and intimidation may not be identified in the family prior to the meeting. As a general practice, routinely screen for domestic violence and develop a general back-up plan to handle these situations if they arise.

After the Family Engagement Meeting

Procedure

I. Send copies of meeting notes to all participants within 5 days and no later than 21 days (required by ORS 417.375(5)).

II. Incorporate ideas and family and team plans developed during the Initial Family Engagement Meeting in the Child Welfare case plan and Safety Plan to the extent the family plan does the following:

   A. Protects the child from the identified safety threats,

   B. Builds on the family's enhanced protective capacities (strengths), and

   C. Focuses on achieving permanency for the child within a reasonable timeframe.

If the family's plan developed at the FEM cannot be incorporated into the Child Welfare case plan, document the reasons for this in the Child Welfare electronic information system. If an FEM was not held, explain the reason in the Child Welfare electronic information system.

The supervisor's role

The supervisor:

I. Attends the FEM if requested by the caseworker, family, or another party to the case.

II. Ensures that either the caseworker or the facilitator is an expert in child safety or ensures a Child Welfare staff person who is a child safety expert attends each meeting.

III. Reviews and approves a decision not to hold an FEM.

IV. Reviews and approves the decisions made during the FEM that are incorporated into the Child Welfare case plan.

Family Decision Meetings

After an FEM has been held, a Family Decision Meeting (FDM) may be an appropriate tool to inform decisions around a number of topics, such as case planning, child placement, addressing a child's particular needs, addressing a parent's treatment needs, planning reunification, or moving toward implementing the concurrent permanency plan. Consistent FDMs are an important way for the caseworker, the family and the family's team to get updates on progress and to support timely reunification and/or concurrent planning. They also ensure that team members are completing action items and that collaborative, solution-focused case planning is occurring to support the child and the parents.

An FDM is not a required meeting but is highly effective as a tool to efficiently and effectively do casework. When

scheduling a Family Decision Meeting with family members, clearly state the purpose, decisions to be made and anticipated results of the meeting. Be sure to communicate that to all participants prior to the meeting. A trained Family Engagement Facilitator (FEF) or another person trained in meeting facilitation and in Child Welfare practice should be used for all meetings, particularly if the meeting will discuss complicated issues or involve difficult decisions. A facilitator can help guide the flow of the meeting. Consult with your supervisor if a trained FEF is not available.

Procedures

A Family Decision Meeting will follow the same procedures as the FEM above except for the ASFA discussion (step VI). The content of the discussion and collaboration may vary as needed by the family and the Department.

Special considerations, exclusions and exceptions during a meeting

Domestic violence and sexual abuse

(Refer to Appendix 4.11 for more information on domestic violence and sexual abuse.)

I. Consider the issue of domestic violence when planning a family meeting. Family meetings are to provide care for and to protect children and not to stop violent behavior. Individuals who batter, however, may also be parents. Consult them for their recommendations for placement of their children and involve them in service and treatment planning for the abuse that has occurred.

II. Ensure the facilitator and the supervisor or designee has the skills and strategies to recognize symptoms of domestic violence.

III. Assess the level of danger both within the larger family system and for individual participants.

IV. Clarify the purpose of the meeting and emphasize the highest priority of child safety.

V. Exclude the alleged perpetrator when previous history or current assessment indicates a risk of the parent being violent or when contact is prohibited. The caseworker can arrange for input through written information, consultation prior to the family meeting, or by phone if appropriate.

Child care

I. Help obtain child care to occur during the meeting. When there is an immediate need, the caseworker follows protocols developed in the local Child Welfare office.

II. Request supportive or remedial day care funds when day care will be needed for other scheduled meetings and cannot be met through other means.

Adaptations

I. Arrange for, if necessary:

   A. A translator.

   B. An interpreter for hearing-impaired clients.

   C. An advocate for a client with mental illness or developmental delays.

Law enforcement involvement

I. In cases where law enforcement is involved in a criminal investigation, work closely with law enforcement, the district attorney's office or a child advocacy center to:
   A. Share information,
   B. Conduct joint interviews when appropriate,
   C. Coordinate roles and responsibilities, and
   D. Avoid jeopardizing the ongoing criminal investigation.

Other meetings with a family

The caseworker may meet with family members on other occasions to share with or obtain information from the family, extended family or service providers. A meeting may be used to discuss specific activities, tasks or supports for the family, coordinate the methods for measuring progress, or review the permanent and concurrent permanent plan. These meetings do not need a facilitator.

Procedure

I. When scheduling a meeting with the parents and other family members, the caseworker:
   A. Secures the date, time, and location of the meeting,
   B. Ensures all participants receive information in Number 1 above, and
   C. Is clear at the start of the meeting of the meeting's purpose.

References

Forms

I. FEM Agenda and Notes Template

OARs

II. OAR 413-040-0005 to 0032, Developing and Managing the Case plan

III. OAR 413-015-0400 to 0485, CPS Assessment

Chapter 4

Managing child safety in and out of home

Section 7: Document the Child Welfare Case Plan

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Document the Child Welfare Case plan

The Child Welfare case plan resulting from an unsafe child must be developed within 60 days of the child's placement in substitute care or within 60 days of the CPS assessment when the child remains in the parents' home (and the child remains in the parent's custody). The Child Welfare case plan is the documented case plan that describes why Child Welfare is involved and the actions and services required to change behaviors, conditions or circumstances that led to the child being unsafe.

Procedure

The caseworker must:

I. Analyze the information gathered during the protective capacity assessment (first 30 days) to develop a Child Welfare case plan.

II. Include the following people in developing the Child Welfare case plan:

   A. Parents, unless an exception exists (described later in this section);

   B. A Indian custodian, when applicable;

   C. When the child is a Indian child, the child's tribe(s) and extended family members; and

   D. Whenever appropriate:

      1. The child,

      2. Other relatives,

      3. Other service providers,

      4. Persons with significant attachment to the child, and

      5. A substitute caregiver when the child is in substitute care and the placement is intended to become the adoptive home.

III. Document the Child Welfare case plan in the Child Welfare electronic information system.

IV. If our involvement with the family is for reasons **other than a child's safety because a parent or caregiver cannot and will not protect a child,** refer to Chapter 7, Family Support Services, including an eligible family who has requested voluntary placement of their child or an eligible family who has asked Child Welfare to take voluntary custody of their child.

V. Consider meeting with the family. Consider the use of an OFDM, described earlier in this chapter, when a child is in substitute care. If an OFDM is not used, follow the documentation requirements detailed in Conducting Family Meetings, OFDM section.

VI. Include all the following information in the Child Welfare case plan:

   A. Family composition that identifies:

      1. Each child.

      2. Each young adult.

3. When the child is a Indian child, the child's tribe(s).
4. Each parent, including documentation on how the father was determined to be the legal father.

B. Documentation of the active efforts to ensure the Indian child's tribe and/or Native American parent's tribe participates in person, by telephone or another effective means of communication in selecting services and activities.

C. The safety threats identified in the CPS assessment.

D. The ongoing safety plan.

E. The findings of the protective capacity assessment.

1. Clearly describe enhanced and diminished parental protective capacities of all legal parents.
2. Use caution when documenting information in a case that involves domestic violence. Remember not to include information that will put others at risk of harm, such as a restraining order, names of other victims or people providing information; or redact sensitive information from the copies distributed to one or more of the parties in the case if such information would put a person at risk.

F. Expected outcomes and actions that each parent or legal guardian will take to achieve them (as described in a previous section of this chapter of the procedure manual).

G. Child description, strengths, needs, well-being and treatment services, if applicable, including:

1. Describe the following:
   - The child, including strengths, current development, physical and emotional condition.
   - The child's relationship with siblings.
   - Support the child receives from parents, extended family, peers, school and, if the child is Indian, the child's tribe(s).
   - The child's needs, including any special needs and, if in substitute care, the child's strengths and needs identified by the CANS unless a CANS has not yet been completed.
   - Evaluations or plans that affect the child's needs, such as an IEP or 504 educational plan, developmental screening, IQ or adaptive functioning tests, mental health assessment, etc.
   - Services provided to address identified needs or to build upon identified strengths of the child including:
     - *(1)* Interventions provided by the parents to address a child's special or unique needs.
     - *(2)* Educational services including the school of and any special education needs.
     - *(3)* Educational services including the child's or young adult's school and any special education needs.
     - *(4)* Routine and specialized medical and mental health services including the personal care services of a child who is in substitute care and has been determined through a Personal Care Services Assessment and documented in a Personal Care Services Plan.
     - *(5)* Actions taken by Child Welfare to address identified but unmet needs.

H. **When the child is in substitute care,** the child's current placement information

1. Type of placement:
   - Professional shelter care.
   - Relative caregiver.
   - Family foster home.
   - Residential care.
   - Legal risk adoptive home.
   - Pre-adoptive home.
   - ILP Subsidy Program Housing.
2. Location of the child and the substitute caregiver unless:
   - Doing so would jeopardize the safety of the child or the substitute caregiver.

     Consult with supervisor if needed.

     (1) The substitute caregiver will not authorize release of the address. Contact the substitute caregiver for permission prior to releasing address.
3. Document explanations of the following:
   - How Child Welfare knows the child is receiving safe and appropriate care. (For additional information on assessment of safe and appropriate care, refer to Section 9, Monitor the Case Plan and Required Contact, in this chapter.)
   - Why the placement is the least restrictive environment able to provide safety and well-being for the child.
   - The child's adjustment to the current living arrangement.
   - How the placement preserves the child's connections and attachments including:

     (1) Proximity to the child's biological family, including siblings and the child's school.

     (2) If the placement is not in close proximity of the above individuals or required a change in schools, describe why the placement is in the child's best interests.

     (3) If the child was moved within the past six months, explain why. Were parents notified of the move? If not, why not?

     (4) Why this placement supports the child's cultural and family identity.
4. Describe specific supportive services that Child Welfare anticipates will be provided to the child over the next six months developed or tailored to support the placement and ensure the child receives safe and appropriate care while in placement; this includes information from the supervision plan for children who are receiving a level of care as a result of the CANS screening.

   For example: Additional home visits or phone contact; substitute caregiver working with parents or professionals as the family moves toward reunification; consultation with a nurse, mental health professional or educational specialist.
5. Special services being provided to the substitute caregiver (e.g., relief care or specialized

training on managing the specific child's needs).

6. If the child is not placed with a relative, an update on the relative search efforts.
7. If placed out of state:
   - Request the receiving state provide 30-day face-to-face contact or negotiate a timeframe that meets the child, family, and department needs.
   - Document how the receiving state will supervise the child's placement (frequency of contact, type of contact such as face to face or by phone, collateral contact, etc.)
   - Provide information from the supervising state staff that reflects their observations from the visits to the child's home.

I. Services Child Welfare will provide, including all of the following:

1. Case oversight and routine contact with the parents and the child or young adult.
2. Appropriate and timely referrals to services and service providers suitable to address identified safety threats or strengthen parental protective capacity.
3. Ensuring a Native American child's tribe(s) is included as a case resource.
4. Timely preparation of reports to the court or other service providers.

J. The date that the parent's progress in achieving expected outcomes will be reviewed.

1. Must be done at least once every 90 days in face-to-face contact with the parents, unless an exception is granted.
2. May be reviewed more frequently than every 90 days when the caseworker and parents wish to do so.
3. More information about this requirement is available in Section 10, Conduct a Case plan Review.

K. Narrate a plan for visitation and contact with parents and siblings or attach a copy of the Visit and Contact Plan (CF/CW 0831).

1. Ensure a child, the parents, and each sibling (who are not in the same substitute care setting) are able to visit one another while the child is in substitute care as often as reasonably necessary to support and enhance their attachment to each other.
2. Coordinate the first visit as soon as possible and within the first week of placement. If not done, the caseworker must document in the DHS information system the reason the visit was delayed.
3. Develop the Visit and Contact Plan within 30 days of the date the child enters substitute care.
4. Indicate whether there are any court orders regarding visitation.
5. Note the level of supervision of the visits.
6. How does this level of supervision meet the child's safety needs?
7. How is this visitation plan the least intrusive and most appropriate plan?
8. What other forms of communication are used for additional parent/child contact?

L. The primary permanency plan, which is one of the following:

1. Place with parent (return to parent home).

2. Adoption.
3. Guardianship.
4. APPLA: permanent foster care.
5. APPLA: permanent connections and support.
6. Fit and willing relative.

M. The conditions for return (required for every child in substitute care unless aggravated circumstances preclude a child's return home):

1. Document the specific behaviors, conditions, or circumstances that must exist within a child's home for a child to safely return and remain in the home with an in-home ongoing safety plan.

N. The concurrent permanent plan (the alternate permanent plan is required when the child is in substitute care).

1. The choices for a concurrent permanent plan are the same as choices 2 through 6 in the primary permanency plan (L, above).
2. Briefly describe the discussion between Child Welfare and the parents about:
   - The concurrent permanency plan.
   - Adoption Safe Families Act requirements and timelines (you can use the DHS 9120 to explain ASFA).
   - Benefits of compliance with the case plan.
   - Consequences of noncompliance and/or lack of progress with the case plan. Lack of progress includes not being able to demonstrate a capacity to sustain the safety of the child without Child Welfare's involvement. Consequences include implementation of the concurrent plan if the parent has not made adequate progress within specified ASFA timeframes.
3. If any of the above discussions did not occur with either parent, explain why. Also indicate if this information has been shared with the parents in any other way.

O. Progress to date, including:

1. Document the progress made by the parents in:
   - Achieving the conditions for return (when the child is in substitute care).
   - Achieving expected outcomes.
   - Completing any action agreements and the related expected outcome the agreement has or is addressing.
   - Observable changes in parental protective capacity (cognitive, behavioral, and emotional).
2. Document actions Child Welfare has taken to support achieving conditions for return **(when the child is in substitute care)** and expected outcomes.
3. **When the child is in substitute care,** indicate whether the child has been in substitute care 15 of the last 22 months.
   - If not, circumstances requiring filing a petition to terminate parental rights (TPR) do not

exist at this time.

- If so, indicate whether the TPR petition has been filed**, or** list the compelling reason that prevents filing a TPR petition.

4. **When the child is in substitute care,** what actions have been taken, and what progress has been made on achieving the concurrent permanency plan for the child?
   - **For example:** diligent relative search, identification of family member for permanent placement, discussion of supports available to substitute caregiver if concurrent plan implemented, relinquishment signed, adoption recruitment bulletin completed, current caretaker staffing occurred, adoption home study completed, adoption assistance agreement signed.
   - Are there any barriers to achieving permanency? If so, what are they, and what is being done to address them?
   - If either of the APPLA options has been selected as the permanency plan, explain:
     - *(1)* How this plan was selected for the child?
     - *(2)* How it best meets the child's needs?
     - *(3)* The compelling reasons why other, more permanent options were ruled out or determined to be inappropriate.

P. When applicable, the caseworker must also include:

1. The goals and activities required for:
   - An Indian child under the Indian Child Welfare Act, and how the activities and services are provided in a culturally competent manner.
   - A refugee child under the Refugee Act and how the activities and services are provided in a culturally competent manner.
   - Recommendations of expert evaluations that Child Welfare requests whenever they may affect parental protective capacities or treatment services for the child.
   - If recommendations are not included in the Child Welfare case plan, the rationale must be documented in the Child Welfare electronic information system. There are services to transition to independent living in all cases when a child is 16 years or older, and when provided to a child who is 14 or 15 years old (refer Chapter 5, Section 29, Youth Transitions), including:
     - *(1)* Was an assessment done?
     - *(2)* If an assessment has not been completed for any child over 16, provide an explanation.
     - *(3)* Describe the Youth Transition programs and services offered.
     - *(4)* Attach the Comprehensive Transition Plan.
     - *(5)* If services are not being provided, explain why.
     - *(6)* **When the child is in substitute care,** discuss sibling issues including:

(i) If the child has a sibling, is he or she in the same placement?

(ii) If not:

(a) Why not (lack of placement resources, safety issues, different level of care needs at this time, etc.)?

(b) What is being done to address issues that contribute to siblings being apart?

(c) In what ways has Child Welfare conveyed to all involved that the sibling separation is intended to be temporary?

(d) What efforts are being made to reunite siblings?

(e) In what ways are sibling connections being maintained (siblings visit at weekly parent/child visits and every other week facilitated by foster parents, phone calls, letters, etc.)?

(f) If siblings are placed together, are there any issues that may threaten continued placement together?

(g) If so, what is being done to address this to preserve the sibling placement together?

(h) Orders of the court and the efforts DHS is making toward meeting those orders.

Q. List information regarding caseworker contacts with the child, parents, substitute caregiver and other collateral contacts.

1. Also include in the narration:

- A description of how the contact included discussion of the implementation of the Child Welfare case plan.
- If contact occurred less frequently than required, explain why.

If a supervisor approved an exception to the requirement document:

(1) Name of the supervisor who authorized exception.

(2) The rationale behind granting the exception.

R. Have the case plan translated into a language the parents understand, if the primary language of the parent is other than English.

S. Complete a CF 0010A to request translation.

T. The caseworker must also:

1. Obtain the following signatures on the appropriate Child Welfare case plan document:

- Orders of the court and the efforts DHS is making toward meeting those orders.
- The caseworker.
- The supervisor, once the supervisor has approved the Child Welfare case plan (see supervisor's role below).

- Each parent, unless an exception exists, as allowed by policy (refer to end of this section of caseworker responsibilities for exceptions).

2. Distribute the Child Welfare case plan.
   - Give a copy of the Child Welfare case plan to the following people:
     - *(1)* Parents of the child.
     - *(2)* The Indian child's tribe(s) (when applicable).
   - Distribute the Child Welfare case plan as soon as possible, but no later than seven days after the supervisor approves the plan (unless):
     - *(3)* If doing so would provide information that places another person at risk.
     - *(4)* Consult with supervisor to determine if a particular situation warrants withholding the Child Welfare case plan.
     - *(5)* Determine other ways to communicate information to that individual that will not place others at risk.
3. Complete the Child Welfare case plan within 60 days of a child's removal from home when the child is in substitute care or 60 days from the completion of the CPS assessment.
4. Adhere to procedure and policy requirements unless an exception exists, including:
   - A parent's participation in the development of the Child Welfare case plan threatens or places other participants at risk. When this occurs:
     - *(1)* Consider other meaningful ways to include the threatening parent.
     - *(2)* Consult with your supervisor to explore safe ways to include a parent when other participants may be at risk when helping develop the Child Welfare case plan.
     - *(3)* Attempt to obtain the signature of the parent, even though perhaps not involved in development of the Child Welfare case plan.
     - *(4)* Consider whether the caseworker should prepare and send a Letter of Expectation and a copy of the Child Welfare case plan to the parent (more detail re: LOE below).
     - *(5)* The court has authorized an exception to the involvement of a parent when the court determined that reasonable efforts (or active efforts for ICWA) to return a child are not required. When this occurs:
       - *(i)* Consider whether Child Welfare still wishes to include the parents in the case planning process.
       - *(ii)* Consult with the supervisor prior to deciding not to include the parents in the case planning process to fully consider potential negative consequences of excluding the parent, even when legally able to do so.
     - *(6)* **When a child is in substitute care** and Child Welfare is unable to obtain a parent's signature on the Child Welfare case plan and/or involve the parents in the development of the Child Welfare case plan, do the following:

(i) Prepare and send a Letter of Expectation (LOE) and a copy of the Child Welfare case plan to the parents within seven days after the supervisor has approved and signed the Child Welfare case plan.

(ii) LOE means a goal-oriented, time-limited, individualized written statement for the family of the child that identifies:

(a) Family behaviors, conditions or circumstances.

(b) Expected outcomes of improved parental capacity.

(c) What Child Welfare expects each parent will do to achieve safety, permanency, and well-being of the child or young adult in the parental home.

(7) If a parent's whereabouts are unknown:

(i) Conduct a search for the absent parent.

(ii) Upon locating the parent, discuss planning for the child, including development of a Child Welfare case plan, or develop a Child Welfare case plan, unless doing so would place another person at risk.

(iii) Consult with supervisor as needed, to determine ways to involve a parent who has been located, when a child has been in substitute care for a considerable period of time.

Tip

Per federal requirements, the child must be visited at least every six months if placed out of the state.

Role of the supervisor

I. While reviewing the Child Welfare case plan, attend to issues such as:

A. Are there any issues concerning child safety that have not adequately been addressed, and a child may be unsafe? If so:

1. Determine what needs to be done to protect the child at this time, including implementing a protective action when needed.
2. Ensure an intake screener is immediately notified if the safety issue constitutes a safety threat that had not previously been identified.
3. Meet with caseworker to obtain more information when needed and ensure documentation is adequate.
4. Help the caseworker better understand safety issues, including ways to manage safety and how to better document activities in the future.

B. Was the protective capacities assessment thorough, and is there a good understanding of the parents thinking, behaving or feeling that need to change to manage or mitigate child safety threats?

C. **When a child is in substitute care,** do the conditions for return reflect what is needed in each parent's home environment to allow for the development of an in-home ongoing safety plan that will adequately manage child safety?

D. Do the expected outcomes reflect the sustained changes that, if achieved over time, will eliminate or reduce safety threats and will enhance protective capacities in a way that child safety can be managed without Child Welfare's involvement?

E. Is Child Welfare providing adequate and appropriate services, which are culturally relevant, to assist the family in making progress toward the expected outcomes?

F. Are service providers giving information that allow Child Welfare to assess the progress the parents are making?

1. If not, consult with worker to discuss ways to receive necessary information from service providers.

G. Are the parents making reasonable progress, such that the child's need for permanency and stability is being met?

1. If no, what is being done to enhance stability?

H. Are the parents making reasonable progress, such that the child's need for permanency will likely be achieved in the child's timeframe?

1. Is adequate progress being made with the concurrent permanency plan?
2. Has Child Welfare done what was needed for the diligent relative search, and is there an identified person to be a permanent resource in the concurrent plan?
3. Are there any committee staffings or legal processes that are needed to move along the concurrent plan?

I. In what ways have the strengths and needs of the child as identified by the CANS been incorporated into the case plan? What services are being offered to build upon those strengths and meet the needs? If the child is receiving a level of care, how has the supervision plan been developed (i.e., with the foster parent or with the child's team)? Does the supervision plan appear to meet the child's needs?

J. Does the child have personal care services and, if so, how have the child's medical needs and care been included in the case plan?

II. Approve and sign Child Welfare case plan when the plan is adequate and no changes need to be made.

A. If changes need to occur, consult with caseworker.

B. If changes may affect the family or child, encourage discussion with the individuals before changes are made.

III. Be available to meet with the caseworker and other people connected with the Child Welfare case plan, if needed.

IV. As needed, consult with caseworker and/or provide connections with others who can help the worker understand the need for and access culturally appropriate services and service providers.

V. Ensure that parents are included adequately in developing the Child Welfare case plan (refer to detail in caseworker section above regarding possible exceptions to a parent's involvement).

A. Consult with the caseworker to consider safety issues and options for collaboration with a parent when

the parent's participation in the Child Welfare case plan may threaten the safety of others or may put other participants in the Child Welfare case plan at risk.

B. Consult with the caseworker and consider review of the LOE to ensure its adequacy when a parent is not involved in the development of a Child Welfare case plan.

C. Consult with caseworker (and use resources to consider potential implications) when considering whether to include the parents in developing a Child Welfare case plan, even when there is an option to exclude the parents.

VI. Consult with the caseworker when a parent is absent to determine that Child Welfare is conducting a thorough search, following up appropriately when location is identified, and that the child's need for permanency is considered when beginning to involve a parent who has been absent for a period of time.

Tip

Parents must cooperate with the Child Welfare Case plan and the ongoing safety plan when the child remains in the parents' home.

References

Forms

I. CF 0010A

II. DHS 9120

III. CF 0994

OARs

I. OAR 413-015-0400 to 0485, CPS Assessment

II. OAR 413-040-0005 to 0032, Developing and Managing the Case plan

III. OAR Chapter 413, division 80, Monitoring Child Safety

IV. OAR 413-070-0500 to 0519, Permanency

V. OAR Chapter 413, division 120, Adoption

VI. OAR Chapter 413, division 70, Guardianship Assistance

VII. OAR 413-070-0520 to 0565, Another Planned Permanent Living Arrangement

VIII. OAR Chapter 413, division 115, Placement of Indian Children

IX. OAR 413-070-0300 to 0380, Placement of Refugee Children

X. OAR 413-030-0400 to 0460, Youth Transitions

XI. OAR 413-020-0200 to 0255, Enhanced Supervision

Chapter 4

Managing child safety in and out of home

Section 8: Develop an action agreement

Develop an action agreement

Once the parents and the caseworker have explored services and activities that may help the family meet the expected outcomes, 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 that identifies one or more of the services or activities the parents will participate in to achieve one or more of the expected outcomes. 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 focus on the parent's achievement of the expected outcomes identified in the case plan. Also refer to the requirements for securing culturally competent services for a Native American child and his or her parents in Section 5 of this chapter, Determine Appropriate Actions, Services and Activities.

Procedure

I. It is the caseworker's responsibility to make sure the action agreement addresses and includes:

   A. At least one of the expected outcomes in the case plan.

   B. The specific activities or services required to achieve the expected outcome.

   C. The specific services or activities related to the specific change being sought.

      For example, if there isn't a specific parenting deficiency that resulted in an unsafe child, a parent-training class would not be an appropriate service to achieve change. The activities and services should be individualized and directly related to the expected outcomes (change goals).

   D. Services that are as culturally appropriate as possible, given Child Welfare's resources. This may include locating a service provider who speaks the parents' language, a service provider of the same ethnicity or race as the parents, or a service provider who is familiar with the parents' cultural background.

   E. The services are clear, succinct and manageable. The parents need to understand what the services are and how those services relate to keeping the child safe.

   F. The participants and responsibilities of each person.

      1. The action agreement must describe the responsibilities of the parents and Child Welfare.

         - It is important for the caseworker to follow through with any responsibility listed for Child Welfare.
         - It is also important for a caseworker to make sure that anything listed as a Child Welfare responsibility is something that Child Welfare can do. If there is a question if Child Welfare can do a particular activity (e.g., pay for a service), the caseworker should consult with his or her supervisor.

   G. The action agreement needs to list an anticipated start date (e.g., if part of an agreement is that the parents will enter into alcohol and drug treatment) the anticipated start date would be listed, with an anticipated completion date, based on the assessment of the service provider.

H. Indicate if a particular service or activity is an order of the court (if applicable) that relates to the expected outcome or specified activities or services.

I. Have the action agreement translated into a language the parents understand if the primary language of the parent is not English.

J. Complete a CF 0010 A to request translation. Ensure the Child Welfare case plan, petition, and action agreement are all related to one another and connected to the child's identified safety threats. The action agreement should only include activities the parents are required to do that are linked back to the safety threats and expected outcomes that brought the family to the attention of Child Welfare.

II. Document the method of measuring progress.

A. The action agreement includes how Child Welfare will measure the parents' enhanced protective capacity. Methods for measuring progress may include professional assessments, observations of changes in behaviors, conditions, or circumstances by family or other community members, or demonstrated changes in behaviors, conditions, or circumstances; e.g., parents making and keeping appointments, having residential stability or employment stability.

B. The parents need to understand how Child Welfare will measure progress at the onset of the action agreement.

III. Indicate the date Child Welfare will review the agreement.

A. The action agreement is time-limited. Over the life of a case, the caseworker will develop several sequential action agreements with the family. Each agreement needs to relate to the safety threats to the child. The agreements do not change the expectations placed upon the parents.

IV. Obtain agreement and signatures.

A. The parents and caseworker sign the action agreement. The action agreement also lists the date to review. Again, it is important to follow through with this review as a way to monitor compliance with services and assess the parents' protective capacity.

V. Discuss progress toward conditions for return and expected outcomes with the family as a routine part of your caseworker contact. When the child is in the parents' home and parents are unable or unwilling to participate in developing an action agreement, the caseworker must immediately reassess the parents' ability and willingness to keep the child safe in the family home and whether more intrusive interventions are required. Parents must continue to participate in services and activities related to child safety when the child remains in the parents' home with an ongoing safety plan.

References

Forms

CF 1147 Action Agreement

CF 0010 A

OARs

I. OAR 413-040-0005 to 0032, Developing and Managing the Case Plan

Chapter 4

Managing child safety in and out of home

Section 9: Monitor the Child Welfare case plan through required contacts

Monitor the Child Welfare case plan through required contacts

Face-to-face and other contact

The caseworker is responsible for 30-day face-to-face contacts. These contacts' purpose is twofold. First and foremost, frequent contact is a part of the caseworker's role in managing child safety. The caseworker is also responsible for:

I. Monitoring the changes in the family;

II. Continually assessing protective capacity;

III. Always ensuring Child Welfare interventions are the least intrusive means of keeping the child safe; and

IV. Making adjustments to Child Welfare's interventions whenever indicated.

Procedure

I. The caseworker must have the following contacts:

   A. Face-to-face contact with the child monthly.

   B. Face-to-face contact with the parents monthly.

   C. Contact with the safety service providers monthly.

   D. Contact with the substitute caregiver monthly when a child is in substitute care.

   E. Face-to-face contact with the substitute caregiver in the home or facility of the substitute caregiver every 60 days.

   F. Contact with the service providers a minimum of once every 90 days.

Monitor the ongoing safety plan

Procedure

I. The caseworker reviews or updates while confirming the ongoing safety plan is sufficient monthly. The caseworker adjusts to either increase or decrease intrusiveness of Child Welfare intervention as necessary to manage child safety. For detailed procedures on confirming the ongoing safety plan, refer to Section 4 of this chapter.

Parent and child contact when a child remains in the parents' home

Procedure

I. The caseworker must have face-to-face contact with the parents and the child at least monthly to monitor the child's safety. This contact should occur in the parents' home. Face-to-face contacts should be more frequent when needed to ensure child safety. Part of the visit should include time with the child away from the parents. During each face-to-face contact, monitor the child's safety by:

   A. Looking for and evaluating any changes (increases and decreases) in the parents' protective capacity and changes in the parents' ability or willingness to keep the child safe.

   B. Confirming the Ongoing Safety Plan's sufficiency (refer to Section 4 of this chapter).

Monitoring Infant Safe Sleep Practices During Parent and Child Contacts

During each face-to-face contact in the home of a parent or caregiver with children under the age of 12 months, the caseworker has the responsibility of observing the sleeping arrangements of any infant in the home and engaging and educating the parents or caregivers on safe sleep practices.

Procedure

I. As part of the activities required during each face-to-face contact in the home of a parent or guardian with an infant, the caseworker must:

   A. Observe the home and assess the sleep environment of the infant;

   B. Inquire about the sleep practices the family uses any time the infant is laid down to sleep for nap time or night time anywhere. Does the family know how the infant is laid down to sleep when at child care or with a babysitter or relative?

   C. Provide education on safe sleep recommendations. Provide both written information and a verbal explanation:

      - Written information may include the "Safe Sleep for Babies" brochure (OHA 8213) or other written resources depending on the needs, the languages used, and the learning styles of the parent or caregiver. Brochures demonstrating rather than describing safe sleep may be preferable to some families.
      - Consider the family's culture or heritage when providing information. There are brochures available for focused outreach to different cultures or populations, like African American, American Indian or Alaska Native, or even grandparents.
      - Incorporate and acknowledge familial and cultural preferences.

   D. Support the family in problem solving to reduce sleep related risk. Check with the family's support network or local organizations to secure a safe sleep surfact (crib, bassinet, pack-n-play). Request funds to pay for a safe sleep surface if one is not available through other resources or create a sleep plan with the family.

   E. At each subsequent home visit, assess the sleeping conditions and engage the parents or caregivers on how to reduce the risks of unsafe sleep situations. Consider including other community partners in these conversations with the family, such as experts on substance use disorders, safe sleep or infant health, or culturally specific providers or experts. Consider connecting the family with providers they

trust and who would have credibility on the topic, such as their pediatrician.

F. Document your observations of the sleep environment, information gathered on sleep practices, whether written information on safe sleep was provided and any efforts to reduce risk. Include the parent or caregiver reasons for their practices; for example, a Native family using traditional child rearing practices such as a baby board.

G. This information must be documented using the Safe Sleep Environment Checklist (DHS 2362) at first in-home contact with the family and any subsequent in-home contacts when there is a change in sleep practices. The completed checklist must be uploaded into the OR-Kids file cabinet under Case Management. When there is no change in sleep practices, document this information in the case note already created for the face to face contact.

Documentation

I. Document your observations of the sleep environment, information gathered from the parent or caregiver on their sleep practices, whether written information on safe sleep was provided and any efforts to reduce risk. Include the parent or caregiver reasons for their practices; for example, a Native family using traditional child rearing practices such as a baby board.

II. Document the above information using the Safe Sleep Checklist (DHS 2362) at first in-home contact with the family and any subsequent in-home contacts when there is a change in sleep practices. The completed checklist must be uploaded into the OR-Kids file cabinet. When there is no change in sleep practices, document this information in the case note already created for the face-to-face contact.

Safety Service Provider Contact (Every Participant In an Ongoing Safety Plan)

Procedure

I. The caseworker must have contact with each safety service provider in the ongoing safety plan monthly. This contact does not need to be face to face. Through this contact with the safety service provider in the ongoing safety plan, the caseworker must determine whether:

A. Safety service providers in the ongoing safety plan are engaged and active in the safety activities.

B. The parents are cooperating with the safety services.

C. The safety service providers report that the interventions are effective.

D. The safety service provider agrees that the level of intervention ensures the ongoing safety of the child.

II. The caseworker must evaluate the ongoing safety plan and feel confident the services are the least intrusive available to ensure the child's safety.

A. Revise the ongoing safety plan if less intrusive actions are appropriate.

B. Revise the ongoing safety plan if the current plan is insufficient to manage child safety.

Monitor Action Agreements

Procedure

I. The caseworker must contact the service providers in an action agreement a minimum of once every 90 days. Child Welfare recommends more frequent contact, including email and phone communication, to get updated information on parents' involvement and progress. The contact is a tool used to determine whether:

   A. The service provider is actively engaged with the family and providing the agreed upon services.

   B. The parents are making progress toward meeting the expected outcomes in a timely manner.

   C. The current action agreement is not working, and alternate strategies should be implemented to facilitate change.

Contact With The Child Placed in Substitute Care

Contacts with the child in out-of home care involve not only confirming the substitute caregiver's participation in the ongoing safety plan as a resource but confirming the substitute care environment is safe for the child, and the child's needs are being met while there. It includes monitoring services provided to the child (education, physical and mental health, or other treatment needs), the child's adjustment to substitute care, and the ability of the substitute caregiver to provide a safe environment for the child.

Procedure

During each face-to-face contact, the caseworker must monitor the safety of the child by:

I. Assessing the progress in and adjustment to the placement of the child.

II. Receiving updates from the child and the substitute caregiver.

III. If the child has a supervision plan, ensuring it continues to meet the child's enhanced supervision needs as identified by the CANS and making adjustments with the substitute caregiver as necessary.

IV. If the child is receiving personal care services, ensuring the Personal Care Services Plan is meeting the child's additional service needs. If you are unsure whether the plan is meeting the child's needs, consult with your supervisor. If a supervisor approves, consult with the child's physician or the personal care nurse manager regarding your concerns about the child's medical needs.

V. Assessing the safety and well-being of the child by determining whether each of the following conditions exist in the home:

   A. The child is comfortable, and the environment of the home is supportive and safe.

      1. The caseworker should talk to the child alone and, if the child is able to answer, ask questions about how the child feels in the placement, and whether they feel comfortable in the home.

   B. Adults in the home take an active role in caring for and supervising the child.

      1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of him or her, what they do, etc.

   C. Adult family members possess the physical, emotional and cognitive capacity to sufficiently care for the child.

1. The caseworker should assess whether the child is:
    - Getting to medical and other appointments.
    - Getting to school on time.
    - What treatment providers for the child report about whether child's needs are being met.

D. Family members and the child have contact with others in the community.

1. The caseworker should ask the substitute caregiver and the child what they do for recreation and whether they attend school functions, church, other neighborhood events, etc.

E. The child is considered part of the household.

1. The caseworker should ask questions about where the child eats, where they spend their time in the home (e.g., is much of the home restricted to the foster child?), and whether the child participates in family activities with the substitute caregiver.

F. The substitute caregiver understands and is attentive to the child's vulnerability and need for protection.

1. Is the substitute caregiver attending to the child's special circumstances and protective of the child when they may be fearful or sensitive to the special issues a victim of child abuse may need to address?

G. The substitute caregiver is amenable to Child Welfare oversight and willing to partner with Child Welfare.

1. Is the substitute caregiver following the Child Welfare case plan, including the visitation plan? Does the substitute caregiver share negative information about the case with the child?

H. If the child is placed with a relative caregiver, the child's parents and other family understand the role of the relative caregiver in managing safety as a substitute caregiver.

1. The child's parents may not support the placement, but their opinion is a factor to consider in the quality of the placement. In addition, consider whether other extended family members can support the relative caregiver.

I. The child has a sufficiently positive relationship with the substitute caregiver's own children who live in the home.

1. The caseworker should talk to the child about interactions with the foster parents' own children, whether they play together or if they fight or argue.

J. The substitute caregiver is caring for children matching the preferences and experience of the family.

1. The caseworker should talk with the substitute caregiver about how they are managing the care of the children in their home. Are they stressed, or do they feel overwhelmed?

K. The interactions between the child and other children placed in the home are sufficient to ensure safety.

1. The caseworker should talk to the child about the interactions with other foster children in the home. Do they play together, argue or fight, or generally get along?

L. The present demands do not exceed the ability of the substitute caregiver to provide safe and

protective care.

1. The caseworker should talk to the substitute caregiver about their stress level, how they handle stress, whether they get breaks, if they enjoy foster parenting, and how are circumstances in their own lives affecting the children in the home?

VI. If any of the above conditions do not exist in the home, and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:

A. Assess child safety immediately to determine if there is a safety threat.

1. If there is an evident safety threat, the caseworker must immediately:

- Consult with the caseworker's supervisor to determine any immediate protective action required to ensure the child's safety, or
- Any action required to ensure the child's safety.
- Contact a CPS screener and report the identified safety threat to the child.

B. Document the behaviors, conditions, or circumstances observed in the home and any immediate protective actions in the Child Welfare electronic data system.

VII. When the child is currently safe in the home, but a certification rule is being violated or, for other reasons, the caregiver is struggling with the responsibilities of caregiving, the caseworker must:

A. Document date, time, location, and current behaviors, conditions, or circumstances observed in the home in the Child Welfare electronic information system. Notify the certifier or certifier's supervisor within one day.

B. The caseworker must have face-to-face contact with the substitute caregiver within the next 30 days, and the visit must occur in the home. The caseworker must observe the behaviors, conditions, or circumstances of the substitute caregiver, the child, and other children in the home, as well as conditions in the home.

C. When the caseworker can confirm that the child is safe, current conditions in the home provide safety and well-being for the child, and the certification violation has been remediated or, for other reasons, the caregiver's struggles with caregiving have been resolved, the caseworker must:

1. Document the date, time, location, and observations of the condition of the environment in the Child Welfare electronic information system.
2. Notify the certifier of the improved behaviors, conditions, or circumstances in the home.

D. When the caseworker can confirm the child is safe but cannot confirm that the certification standard has been remediated, or if the caregiver continues to struggle with the responsibilities of caregiving, the caseworker must:

1. Consult with the supervisor to determine whether to recommend implementing a Placement Support Plan (refer to Chapter 7 for detailed procedures regarding the Placement Support Plan) to the certifier, or whether the child should no longer remain in the home because the conditions necessary to provide safety and well-being cannot be sustained in this home.
2. Notify the certifier of the behaviors, conditions, or circumstances in the home.

3. Document the date, time, location, and the behaviors, conditions, or circumstances in the home in the Child Welfare electronic information system.
4. During each face-to-face contact in the home of a certified family providing care for an infant in the care or custody of the Department, the caseworker must:
    - Observe and assess the sleep environment of the infant;
    - Inquire as to the sleep practices the certified family uses anytime the infant is laid down to sleep;
    - Engage and educate the certified family on safe sleep practices, as needed; and

VIII. Document observations of the sleep environment, any information gathered from the certified family on their sleep practices and whether written information on safe sleep was provided in the Department's electronic information system.

Contact With a Child Placed With a Provider

A provider is defined as a "person approved by a licensed private child-caring agency to provide care for children or an employee approved by a licensed private child-caring agency." In other words, it is a placement in a residential treatment facility or a foster home licensed or approved by someone other than a Child Welfare certifier.

Procedure

During every contact with a provider, the caseworker must:

I. Assess the progress in and adjustment to the placement of the child.

II. Receive updates from the child and from the provider.

III. Assess the safety of the child in the home or facility by determining whether each of the following conditions exists:

A. The child is comfortable, and the environment is supportive and safe.

1. The caseworker should talk to the child alone and, if the child is able, ask him or her questions about how they feel in the placement, and whether they feel comfortable.

B. Adults take an active role in caring for and supervising the child.

1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of him or her, what they do, etc.

C. Adults possess the physical, emotional, and cognitive capacity to sufficiently care for the child.

1. The caseworker should assess:
    - Whether the child is getting to medical and other appointments.
    - Whether the child is getting to school on time.
    - What the treatment service providers for the child report about whether the child's needs are being met.

D. The child has formal and informal contact with others in the community.

1. The caseworker should ask the substitute caregiver and the child what they do for recreation and whether they participate in school functions, church, other neighborhood events, etc.

E. The child is considered part of the household or facility.

1. The caseworker should ask questions such as:
   - Where the child eats,
   - Where they spend their time in the home or facility (are there restrictions placed on the child?), and
   - Whether the child routinely participates in activities with the substitute caregiver.

F. The provider understands and is attentive to the vulnerability and need for protection of the child.

1. Is the substitute caregiver attending to the child's special circumstances and protecting the child when the child may be fearful? Is the substitute caregiver sensitive to the special issues that a victim of child abuse may need to address?

G. The provider is amenable to Child Welfare oversight and willing to partner with Child Welfare.

1. Is the substitute caregiver following the Child Welfare case plan, including the Visit and Contact Plan? Does the substitute caregiver share negative information about the case with the child? Is the substitute caregiver ensuring the child is receiving the treatment services he or she needs?

H. The child has a sufficiently positive relationship with other children in the home or facility of the provider.

1. Observe the child in the home or facility. Ask about his or her relationships with others, the friends he or she has developed, and what relationships are meaningful to the child.

I. The substitute caregiver is caring for children matching the caregiver's preferences and experience.

1. The caseworker should talk to the child about the interactions with other foster children in the home. Do they play together, argue or fight, or generally get along?

J. The interactions between the child and other children placed in the home or facility sufficiently ensures safety.

1. Observe the care provided to all the children in the home or facility. Do people seem to get along? Is everyone valued as a member of the group? Do caregivers appear to possess the knowledge and skills needed to care for the child and other children in the home?

K. The present demands of the home or facility do not exceed the ability of the substitute caregiver to provide safe and protective care.

IV. Document the date, time, location, and observations of the environment's condition in the Child Welfare electronic information system.

V. If any of the above conditions do not exist in the home or facility and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:

A. Assess child safety immediately to determine if there is a safety threat.

1. If a safety threat exists, the caseworker must immediately:

Consult with the caseworker's supervisor to determine any immediate protective action required to

ensure the child's safety or any action required to ensure the child's safety.

Contact a CPS screener and report the identified safety threat to the child.

B. Document the behaviors, conditions, or circumstances observed in the home or facility and any immediate protective actions in the Child Welfare electronic information system.

VI. When the child is currently safe in the home or facility, but the conditions described above are not fully met, the caseworker must:

A. Contact the child caring agency's management to report the conditions of the home or facility and request additional supportive resources for the provider.

B. Document in the Child Welfare electronic information system case notes the contact with the child caring agency's management.

C. Have face-to-face contact with the provider and the child within the next 30 days. The visit must occur in the home or facility. The caseworker must observe the behaviors, conditions, or circumstances of the home or facility and the child and other children in the home or facility.

D. When the caseworker can confirm that current conditions in the home or facility provide safety and well-being for the child, the caseworker must:

1. Document the date, time, location, and observations of the condition of the environment in the Child Welfare electronic information system.
2. Contact the child caring agency's management and report the improved behaviors, conditions, or circumstances in the home.

E. When the caseworker can confirm the child's safety but cannot confirm that current conditions in the home or facility meet the requirements in OAR 413-080-0059 (3)(a)(D), the caseworker must:

1. Consult with the supervisor to determine whether an immediate protective action is required to ensure the child's safety or any other action is required to ensure the child's safety; or
2. Whether it is necessary to consult with the child caring agency's management to provide additional support and ensure child safety.
3. Document the date, time, location, and the behaviors, conditions, or circumstances in the home or facility and any actions in the Child Welfare electronic information system.
4. Document contact with the child caring agency's management.

Monitor The Case Plan

Procedure

I. The caseworker is responsible for continually monitoring all aspects of the Child Welfare case plan including:

A. The sufficiency of the ongoing safety plan;

B. The safety of the child;

C. That the interventions are the least intrusive available to keep the child safe;

D. The parents' progress in the activities and services focused on enhancing protective capacity and/or

managing safety threats; and

E. The child's needs are being met.

II. The contact requirements are the caseworker's vehicle to monitor the Child Welfare case plan. Consider the following questions:

A. Am I confident that the child is safe now?

B. Does the child report that he or she is safe, and can you observe a safe environment in the home?

C. How are parents progressing in enhancing protective capacity? What behaviors, conditions, or circumstances have I observed that indicate change is occurring?

D. Am I learning new things about the family that would indicate that the Child Welfare case plan or services should be modified to more specifically focus on the diminished protective capacities that make the child unsafe?

E. Are there ways services can be less intrusive and still keep the child safe?

F. Are the parents making sufficient progress that I can begin to work toward case closure?

G. What do I need to feel confident that child safety can be sustained without Child Welfare involvement?

III. Consult regularly with your supervisor on the case.

Documentation

I. Document in the Child Welfare electronic information system case notes:

A. The date, type, and location of each contact with the child and parent;

B. The date and type of each contact with each participant in the in-home ongoing safety plan;

C. Observations and condition of the child during the home visit;

D. Observations and condition of each parent during the home visit;

E. Changes observed in the ability of the parents to provide protective care;

F. Observations or reports from ongoing safety plan participants and service providers;

G. How the ongoing safety plan or any revised safety plan (including the facts supporting the revision) continues to ensure the safety of the child; and

H. Any immediate protective action if required to ensure the safety of the child.

What do I talk to a child about?

For a toddler or a young child, the caseworker can observe the child to see how comfortable the child is in the home and around their parent. The caseworker can ask the child simple questions such as what type of things they do, are there lots of people in their house and, even if it is a child a little bit older, if they feel safe.

For an older child, the caseworker can ask specific questions about how safe they feel, how they get to school, who is at the home when they are, what type of things they like to do. Also refer to Chapter 5 for more information on visitation.

References

OARs

I. OAR 413-015-0400 to 0485, CPS Assessment

II. OAR 413-080-0040, Monitoring Child Safety

Chapter 4

Managing child safety in and out of home

Section 10: Conduct a Child Welfare case plan review

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Conduct a Child Welfare case plan review

Procedure

I. The caseworker must:

A. Review the Child Welfare case plan at least every 90 days and make appropriate updates.

B. Consider revising the Child Welfare case plan to include recommendations that will improve parents' protective capacity related to the identified safety threats.

1. Do this within 30 calendar days of receiving an expert evaluation that Child Welfare requested.

   If the recommendations are not implemented and not included in the Child Welfare case plan, the rationale must be documented in the Child Welfare electronic information system.

   Document case notes in the Child Welfare electronic information system when the decision is made.

   Document the decision in the next Child Welfare case plan update.

C. Review the Child Welfare case plan in a face-to-face meeting with the parents.

1. If a parent is not available for the review, the caseworker must document the following:
   - The reason the parent was not available.
   - The efforts made to involve the parent in the review.
2. The meeting may also include the child, substitute caregiver, service providers, attorneys, CASA and other family members.

   The caseworker must consider input received from the following during a case plan review during the meeting or through other contacts or correspondence:
   - The child or young adult,
   - The service providers,
   - Safety plan participants,
   - Substitute caregivers,
   - Attorneys,
   - A child's CASA,
   - Persons with significant attachments to the child, and
   - Family members.

II. In all cases, the case plan review must include:

A. An assessment of the progress made in achieving the expected outcomes of the Child Welfare case plan. Follow Section 11 of this chapter, Measure Progress, which addresses the procedure to use when assessing and determining progress in achieving expected outcomes.

B. Input received from service providers, foster parents, attorneys, CASA and family members.

C. Observations of improved or worsening parent protective capacity based on specific behaviors, conditions, or circumstances that have measurably changed.

D. The elimination or management of identified safety threats.

III. In substitute care cases, the case plan review must also include:

A. An assessment of one or both parents' progress toward meeting the conditions for return.

B. A review of the services provided to the child and whether they are building upon the child's strengths and meeting the child's needs. This includes those identified in the CANS screening and, when applicable, the personal care assessment.

C. An assessment of the substitute caregiver's ability to meet the child's identified needs, including:

1. The child's physical and emotional safety:
   - Does the substitute caregiver possess the skill level or willingness to acquire the skills necessary to meet the physical, emotional, and supervisory needs of the child?
   - Do the ages, number, and gender of other children currently in the home affect the caregiver's ability to meet the child's needs?
   - What are the behaviors of the children currently in the home related to protecting the child from further victimization and from harm to self or others?
   - What is the substitute caregiver's ability to protect the child from inappropriate contact with those who would harm the child?
   - Does the physical layout of the home affect the substitute caregiver's ability to adequately supervise children?
2. Preserving existing attachments to family:
   - Is the substitute caregiver a relative? If not, what does a review of the relative search results indicate? What are the barriers to placement with a relative, and can they be eliminated?
   - Does the substitute caregiver meet the family's placement preference?
   - Is this the substitute caregiver the child requested?
   - Does the substitute caregiver help the child's attachment through supporting visitation and working with the family?
   - Does this substitute caregiver provide mutual care when both child and parent require out-of-home placement?
3. Supporting continuity and familiarity:
   - What is the parents' relationship with the substitute caregiver or the child's ability to develop relationships with a substitute caregiver?
   - What is the substitute caregiver's proximity to the child's neighborhood, school, and family?
   - What is the substitute caregiver's capacity to support reunification, provide a permanent home, or support transition to a permanent home?

4. Supporting appropriate educational, developmental, emotional, and physical support for the child:
   - Does the substitute caregiver have a demonstrated capacity to meet the child's specific or unique needs, including needs identified in the CANS screening?
   - If the child receives a level of care resulting from the CANS screening, has the substitute caregiver effectively implemented the supervision plan?
   - Is the substitute caregiver willing to acquire the skills necessary to meet the child's specific needs?
   - Does the substitute caregiver help get the child to appointments for physical, mental health, and dental care?
   - Is the substitute caregiver able to meet the child's needs considering the number and type of children in the home?
   - Is the substitute caregiver willing and able to assist, participate in decisions about, and act as an advocate for the child?
   - Is the substitute caregiver able to identify and build upon the child's strengths?
   - If the child is receiving personal care services, do these services address the child's additional medical needs?
   - Is the child's medical condition improving or, if the child has chronic or serious medical complications, is the child's medical care sufficiently meeting those needs?
5. Meeting the child's needs to be nurtured and supported:
   - Considering the other children in the home, what is the substitute caregiver's:
     (1) Desire to provide care for this child and ability to provide the necessary nurture and support?
     (2) Willingness to provide care as long as needed?
     (3) Willingness to support a transition home or other placement?
     (4) Ability to recognize a child's needs and build on the child's strengths?
6. Supporting the child's cultural and religious background:
   - What is the substitute caregiver's ability to:
     (1) Appreciate, nurture, support and reinforce the cultural identity of the child?
     (2) Support the child's development and help the child develop age-appropriate developmental and social skills?
     (3) Communicate with the child?
     (4) Honor and accommodate religious differences and support the child's religious heritage and preferences?

D. A review of the supervision plan if one is in place:

1. The review of the supervision plan should include, at a minimum, a conversation with the substitute caregiver. It may also include the child, when appropriate, and the certifier for the substitute caregiver. Questions to consider include:

- Whether the plan is meeting the child's supervision needs as identified in the CANS screening;
- Whether the plan should be adjusted to be either more or less structured depending on how the child is progressing in the placement; and
- Whether or not there have been significant, observed, documented changes in the pattern of the child's behavior to warrant a referral for a new CANS screening.

E. The review of the personal care services plan if one is in place:

1. The review of the personal care services plan should include, at a minimum, a conversation with the substitute caregiver. It may also include the child, when appropriate, the certifier for the substitute caregiver, and the personal care nurse manager when needed. Questions to consider include:
   - Do the services address the child's needs to remain in the least restrictive environment?
   - Is the child's medical condition improving, or, if a chronic or serious illness, remaining stable?
   - Is the child receiving ongoing, appropriate medical care?

F. A review of the search for the child's relatives:

The following questions may assist in this review:

1. What maternal and paternal relatives have been identified and contacted?
2. What maternal and paternal relatives have responded, and how have you responded to their interest to be a placement resource, visiting resource, or safety service provider? How have you responded to their desire to maintain connection with the child?
3. In what ways have the relatives been engaged with the family and the child?
4. Has the caseworker contacted the relatives again when there was no response to the initial inquiry?
5. Is it appropriate to contact relatives again (e.g., considering a placement change, considering a case plan change, considering a return home)?
6. Were some relatives denied placement but could be engaged to participate in the child's life in other ways? If so, how?

G. A review of the visitation plan. The following questions may help in this review:

1. How have changes in the parents' protective capacity affected supervision of visits?
2. Does the visitation plan meet the child's safety and well-being needs?
3. Is the visitation plan the least restrictive plan?
4. What opportunities exist for the child to visit with other family members?
5. Does the visitation plan support progress toward the conditions for return and achieving the case plan's expected outcomes?

H. Consideration of a child's siblings:

1. Are siblings placed together? If so, what services are in place to address supervision and/or

therapeutic issues (e.g., aggression or sexual acting out between siblings) if they exist?

2. If siblings are not together, what ongoing efforts are made to place them together? What efforts are made to keep them connected while separated in placement?
3. Has a permanency committee recommended it would not be in their best interests to be placed together? If so, what efforts have been made to assess their need for ongoing connection, and how is that need being met?

I. A review of concurrent planning

1. What is the child's concurrent permanency plan?
2. In what ways have we engaged the family to develop the concurrent plan?
3. What actions are currently underway should the concurrent plan become the permanency plan for the child?
4. What remaining actions need to occur to implement the concurrent plan?
5. Has the child been in care for 15 out of the last 22 months and, if TPR has not been filed, what is the compelling reason not to pursue TPR?

IV. Review the Child Welfare case plan with the supervisor to gain approval of the revised case plan.

V. Document the Child Welfare case plan review by recording updated information in the Child Welfare electronic information system:

A. Document the information gathered for a 90-day review in the Child Welfare electronic information system case notes.

B. Record the 90-day review on the appropriate Child Welfare case plan form (CF 333 a, b or c) as follows:

1. Use the 333a whenever the child is in substitute care.
2. **Note:** A young adult in the custody of Child Welfare and residing in a Child Welfare-supported placement through the Independent Living Subsidy Program is documented on a Child Welfare case plan using the 333a.
3. Use the 333b whenever the court has given Child Welfare legal custody of the child and the child remains in the home or has returned to the parents' home with an in-home safety plan. (The court is involved and Child Welfare has custody.)
4. Use the 333c whenever Child Welfare has opened a case because of:
   - An identified child safety threat, and
   - The parent is unable or unwilling to protect the child, and
   - The child remains in the parents' home with an in-home ongoing safety plan. (There is no court involvement.)

C. Document input received from service providers, substitute caregivers, attorneys, the child's CASA, persons with significant attachments to the child and family members.

D. Review and fully update the Child Welfare case plan at least every six months, with the current information and a record of progress, using the appropriate CF 333 series form (as listed above).

A worker may wish to document the 90-day review on the CF 333 series instead of in case notes when the full information provided on the CF 333 will soon be needed for an upcoming court hearing (or, if in substitute care, Citizen Review Board Hearing). Use the CF 333 form for the initial Child Welfare case plan and every six months thereafter for the six-month case plan reviews.

VI. When the CF 333 Child Welfare case plan is used, submit the completed case plan to your supervisor for approval and procure the supervisor's signature on the CF 333 Child Welfare case plan.

VII. Distribute the updated Child Welfare case plan to the following individuals no later than seven days after the supervisor has approved the case plan, unless doing so would provide information that places one of these individuals at risk:

   A. The parents.

   B. A Native American child's tribe(s).

   C. If involved with the court, also distribute to:

      1. The CASA.

      2. Attorneys of record for the parent, legal guardians, and child.

Role of the supervisor

I. Regular consultation with the caseworker regarding case planning and progress. Regular consultation may include brief issues-specific staffing as well as at least monthly reviews of each case. Worker face-to-face contact with supervisors should take into account the needs and experience of the worker and the complexity of the family or the case load. At a minimum, worker face-to-face contact with the supervisor should be monthly to review the worker's entire case load.

II. Supervisors should use the exploratory questions contained in the 90-Day Staffing Supervisory Guide, appendix 4.12.

III. After the caseworker completes documentation of the Child Welfare case plan review (every 90 days), the supervisor must check the caseworker's documentation of the Child Welfare case plan review.

   A. Document that you have read the caseworker's documentation of the Child Welfare case plan review:

      1. In DHS information system case notes, if documentation was recorded in this manner; or

      2. By signing the CF 333 Child Welfare cCase plan, when its review is documented in the CF 333 series.

   B. Consult with caseworker if the Child Welfare case plan review (either the 90-day or six-month review recorded in 333 series) is not adequate and if changes need to be made.

   C. If not approving the Child Welfare case plan as-is, consider the following:

      1. The effect of the necessary changes on the parents; and

      2. Whether another meeting with the parents may need to occur to keep them involved in the process of updating the Child Welfare case plan and to keep up to date about the contents of the Child Welfare case plan.

References

Forms

I. CF 333a

II. CF 333b

III. CF 333c

OARs

I. OAR 413-040-0005 to 0032, Developing and Monitoring the Case plan

II. OAR Chapter 413, division 70, Substitute Care

Chapter 4

Managing child safety in and out of home

Section 11: Measure progress

Measure progress

Whenever Child Welfare is involved with a family due to a threat to child safety, the caseworker is continually measuring progress. Why do we need to measure progress? The paramount concern is child safety. Caseworkers must continually be aware of potential safety threats, managing existing threats, and responding with the least intrusive interventions that still manage child safety. We must work toward maintaining a child in his or her home or, if in substitute care, to achieve placement with a parent, in almost all situations. We are mandated to address children's need for permanency and to ensure their well-being.

Measuring progress is necessary to increase the likelihood that we achieve these goals in a timely fashion. When measuring progress, consider a number of areas, including whether:

I. The parents are making adequate progress toward the expected outcomes.

II. The parents are making progress toward the conditions for return.

III. The interventions of Child Welfare are effective in helping the family.

IV. The child's need for permanency and well-being are being met.

V. The parents can manage and sustain the child's safety without Child Welfare's involvement.

Tip

The previous section of this chapter, "Conduct a Child Welfare case plan review," provides procedure regarding contact and documentation requirements for Child Welfare case plan reviews.

Procedure

The caseworker must:

I. Assess progress as a part of the ongoing intervention with the family, including at the following times:
   A. Measure during and/or after any contacts with parents, children, service providers and others connected to the child and/or family.
      1. Measure progress by observing changes being made over time.
   B. Every 90 days, formally measure progress when reviewing the Child Welfare case plan.

II. Measure progress with respect to the following:
   A. Meeting the conditions for return **(when a child is in substitute care);**
   B. Achieving the expected outcomes (including):
      1. Improvements in parent's protective capacities related to the safety threats; and/or
      2. Reduction in or elimination of safety threats.

C. Permanency and well-being for the child:

1. Child Welfare monitors child well-being and provides services to ensure children's needs are met and/or supports parents in meeting children's needs.

III. Progress is measured in terms of what has changed and been accomplished or can be observed. It can be documented because its occurrence has been verified, changed, or observed.

For example, in the case example used in the Determine Expected Outcomes section of this chapter, of the mom who takes off and leaves her children alone, the relationship between the expected outcomes and progress measurement could be something like:

Expected outcome

A. *Mom will make sufficient child care arrangements with a suitable person(s) each time she is going out and will sustain this for the next six months.*

Measure of progress

B. *Caseworker verified with the child care provider that Mom made appropriate decisions on supervision of the child when child care provider was not available. Caseworker verified mother used grandmother as babysitter.*

If the Child Welfare case plan included an expected outcome related to the protective capacity for mom learning to put her children's needs before her own, the measure of progress would be something like:

Expected outcome within the next six months:

A. *Mom will learn to understand her children's needs for safety and security that require she think about and respond to their needs before her own.*

B. *Mom will be able to describe the dangers that leaving the children alone create and to describe the feelings the children may have because of their exposure to these dangers.*

C. *Mom will be able to accept her responsibilities to ensure that children's basic needs for safety are met.*

Measure of progress

D. *Mother's mental health therapist reported positive results from individual counseling specific to understanding children's needs for safety being essential.*

E. *Mother's parent trainer reported mother's demonstrated ability to understand and describe children's feelings.*

F. *Caseworker observations of mother with children during face-to-face contact demonstrated mother's ability to consistently and appropriately respond to children's needs.*

IV. Adjust the following, when indicated, based on the information learned when monitoring the Child Welfare case plan, maintaining case contacts, and measuring progress:

A. Child Welfare interventions, including but not limited to:

1. Action agreements.

- Logically sequence actions, services and activities through a series of time-limited,

focused action agreements.

2. Timing, sequencing and appropriateness of services.
3. Caseworker contacts (frequency, quality and content).
4. Caseworker approach with parents.

B. Level of intrusiveness:

1. Strive toward the lowest level of Child Welfare intrusiveness needed to manage child safety.
2. Step up or step down intrusiveness based on ensuring child safety.

C. Parental responsibility for the protection of the child, including:

1. Encouraging and supporting parents' efforts to be in a protective role.
2. Increasing parental responsibility when possible and safe to do so.

D. The ongoing safety plan:

1. Adequately managing child safety.
2. Lowering the level of intrusiveness when safe to do so.
3. Increasing parental responsibility for child protection when possible.

E. The Child Welfare case plan, including:

1. Adjusting any of the above issues.
2. Securing services and supports for the child or the parents.
3. Increasing the support system so that sustained changes and child safety are most likely to continue without Child Welfare's involvement.

V. Consider the following when measuring the parents' progress toward a change:

A. What signs of **readiness** and **motivation** to change do I currently see?

B. How does this compare with what I have seen in the past with this family?

C. What can I do to increase readiness and motivation toward change?

D. What is the parent's **motive** to do something or not do something? Motive has to do with **intent** and a **choice** to change. Reflect on:

1. What parents say and do.
2. How they plan.
3. Their approach to problem solving.
4. The extent to which they direct their efforts to the child safety issue.
5. Their follow-through.
6. The extent to which they remain focused.
7. How they prioritize.

E. In what way is the parent **moving** toward the desired change? Movement has to do with **activity** and **behavior.** Reflect on:

1. Evidence of trying, participating, following through, being dependable, being committed and making gains.
2. Qualities of the movement by considering questions such as:
   - What small steps are occurring?
   - What forward movement (along with slips away from desired change) is occurring?
   - Are the parents learning things from the steps backward that will help to ultimately strengthen the change?
   - How motivated or ready are the parents to change now?
   - How may this motivation/readiness have changed over time and to what contributed to that shift?
   - In what ways am I, as the worker, helping to motivate change?
   - In what ways am I noticing and acknowledging movement?
   - What may be reinforcing the parents' movement toward the desired change?
   - What may be reinforcing maintenance of the status quo?
   - What may be reinforcing slips away from the desired change?
3. Think about the interventions of Child Welfare and service providers.
   - Are they likely to facilitate positive change, given the parents' current motivation/readiness for change?
   - If no, adjust based on what can be done differently.
4. Is there a match between Child Welfare or the service provider's interventions and the parents' readiness at this moment?
   - If no, adjust based on what could be more effective at influencing positive change.

F. What are the potential **barriers** to change, and how can with the caseworker and parents deal with this?

1. Ask yourself some questions to determine what may stand in the way of achieving positive change, including:
   - What may keep the parents from being more ready for change at this time?
   - What are the parents' capacities to change?
   - Are necessary resources for change available?
   - What will the parents lose if they change? What can help the parents adjust to/cope with that loss?
   - In what way are others holding relapses against the parents (and how can relapse be normalized and used as an experience that can: strengthen positive change, enhance important learning about oneself, and motivate continued desirable change)?
   - Who can assist the parents with things that stand in the way of change? What is my role in this as the caseworker?

G. How likely will change occur in a necessary time frame? Ask yourself some of these questions to examine this, including:

1. What is the likelihood for acceptable change and success?
2. How long is acceptable change likely to take?
3. How does this timeframe affect the child's need for permanency in a reasonable amount of time for this child (considering the child's emotional status, developmental age, attachment needs)?
4. What has happened historically?
5. What is the nature of the safety threat?
6. What are the circumstances in which the safety threat occurred?
7. How much effort do the parents need to make adequate change with the critical diminished protective capacities?
8. What support do the parents have, and what additional support could be in place to improve chance for success?
9. What personal and concrete resources are available to support change?

H. Pay attention to the parents' thoughts/feelings/beliefs and the parents' qualities that may signal barriers for making change or those that may be associated with success in making change. Adjust approach or decisions as needed.

1. Some examples of thoughts/beliefs/perceptions that may be a barrier to positive change:
   - Unrealistic feelings of helplessness.
   - Reference to rigid beliefs/values.
   - Focus on the limitations and faults of others involved in the problem.
   - Psychological labeling of problems.
   - Beliefs that family members lack the capacity or desire to make changes.
   - Unchangeable external factors.
   - Misconceptions about innate qualities that cannot be changed.
2. Some examples of thoughts/beliefs/perceptions/qualities that may signal likelihood for success in making positive change:
   - Sense of family identity.
   - Desire to stay together.
   - Vision of the future.
   - Notion that life can be better/different.
   - Sufficient capacity to learn.
   - Participation in problem solving and gaining some insight.
   - Motivation to change.
   - Sense of hope.
   - Openness and capacity to participate in a relationship.

- Need for relationships.
- Openness to the caseworker and a capacity to trust.
- Openness or readiness for change.
- Common worker/family acceptance of necessary change.
- The family "owns" the Child Welfare case plan to address change.

VI. Measure progress based on your own understanding of the parents' protective capacities coupled with information you gain from other sources.

A. Caseworker gains understanding about safety and the parents' protective capacities by:

1. Developing a relationship with parents and children and maintaining meaningful caseworker contacts with the parents and child.
2. Knowledge about the parents' thoughts, feelings, beliefs and behaviors and about the specific child's needs.
3. Asking questions, probing into issues and observing situations.
4. Exploring any revealed contradictions and being careful about overestimating or underestimating what parents or others may say.
5. Attempting to establish proof of protective capacities.

B. Parents make statements about their capabilities and intents, as well.

1. While the nonoffending and nonthreatening parent is the most important source of information about his or her protective capacities, it is bad practice to accept a parent's statements as the only basis for decisions about child safety.
2. The caseworker needs to take note when parents intentionally or unintentionally reveal important information.
3. The parents have a reasonable, doable plan likely to protect the child that may reflect the parents' enhanced protective capacity and increase the caseworker's confidence in the parents' ability to be responsible for providing protection.

C. People who know the parents may provide information to confirm what the caseworker learns about the parents. The caseworker needs to judge the person's reliability and veracity. Potential information includes:

1. Providing historical information indicating protectiveness.
2. Giving information about the nature of the relationship between the parents and the person who threatens child safety.
3. Stating an opinion about the parents' plan to protect.
4. Responding to caseworker questions, such as:
   - What specific behaviors have you seen that tell you that the parents are better able to protect the child?
   - What have the parents done or said that may have made you concerned about whether

they could or would protect the child?

- (Use of scaling questions.) If 0 is completely unsafe and 10 is completely safe, what would you rate the safety of the child when Child Welfare first became involved? What would you rate it today? What would need to happen for you to rate it one number higher? What would need to occur for you to consider it a 10?

D. The child may be a source of information.

1. What does the child notice about changes the parents are making?
2. What does the caseworker observe between the parents and child when seeing them together?

E. Reports from the service providers.

1. As addressed in Determine Appropriate Actions, Services and Activities in this chapter, the caseworker needs to communicate with service providers at least every 90 days.
   - What are their current thoughts about child safety?
   - What observations do they have of changes in the parents' protective capacity and enhancement of parents' responsibility for child protection?
   - How have they arrived at their conclusions and recommendations?

F. Reports from safety plan participants.

1. What do individuals involved in the current plan to provide for child safety say about changes the parents are making or changed circumstances related to safety?

G. Reports from other Child Welfare staff who are involved with the family (social service assistant, supervisor or other staff).

H. Reports from others involved in the case, such as the child's CASA, attorneys, others with significant attachment to the child or affiliation with the family.

I. **When a child is in substitute care,** adjust the following, based on the information learned through the process of measuring progress:

1. Child Welfare interventions and activities of concurrent planning, including but not limited to:
   - Review services provided to meet the child's needs and ensure they are adequately meeting needs and the substitute caregiver does not currently need other services.
   - Assess the child's need for a safe, permanent home in a timeframe that meets the child's needs:
     - *(1)* Consider: child's age, developmental level, whether the identified concurrent plan still appears to best meet the child's needs, and whether a person has been identified to provide permanency in the concurrent plan.
     - *(2)* Consider whether an expert evaluation would provide information and make recommendations about any of the above issues.
     - *(3)* Consider people who could potentially become a permanent placement resource for the concurrent plan, including:
       - *(i)* Determining whether more efforts are needed to complete the diligent

relative search or to locate additional relatives.

(ii) Learn if the substitute caregiver would be interested in and appropriate to provide permanent care, if needed; and

(iii) If there are still no potential permanent placement resources in the concurrent plan, whether you need to explore any other avenues for locating individuals who could provide permanency at this time.

2. Assess the capacity of the substitute caregiver to meet the identified needs of the child and make adjustments as needed.
3. Consult with people who may provide guidance about appropriate activities for concurrent planning, including consultation with your supervisor.
4. Determine whether an in-home safety plan may be able to manage child safety when conditions for return are met.
5. Reevaluate the Child Welfare case plan, including implementing the concurrent plan when adequate change is not being made and the child needs permanency soon.

VII. How do you decide to implement the concurrent plan? You're working hard to provide efforts to reunify the child with the parents. You're measuring progress and adjusting to try to help the child safely return to parents. You have been working simultaneously toward achieving the concurrent plan and staffing the case regularly with your supervisor. Yet, it seems that adequate progress is still not being made.

Answers to the questions below may signal that it's time for Child Welfare to recommend implementation of the concurrent plan:

A. Are the parents engaged or making any efforts toward reunification? If not, it may be appropriate to request an early permanency hearing.

B. Is the permanency hearing date approaching?

1. If so, how likely is it that parents will soon meet conditions for return and an in-home safety plan can manage the child's safety in the home? If not likely, it may be time to change the plan.

C. Has the child been in substitute care almost 15 of the last 22 months?

1. If so, the law requires compelling reasons not to file a petition to terminate parental rights when that time frame is reached. It may be time.

D. What does the child need?

1. Factors such as the child's age, the child's developmental level, the child's attachment to the parents, the child's ability to transfer an attachment to another person, and the child's special needs may all play a part in determining the child's needs. If the child needs permanency now, it may be time.

E. Who can tell us about the child's need for permanency?

1. The substitute care provider? The child's therapist? The CASA? The Native American child's tribe(s)? Is there somebody with professional expertise (such as a psychologist) who has evaluated the child and can inform us and/or the court about this matter? If not, it may be time to get this evaluation.

2. What do parents say about the child's needs, given the progress and/or lack thereof made with reunification?

F. Do the parents know about available options?

1. The options are different depending on the safety issues and what option will provide the most legally secure and permanent concurrent plan that best meets this child's needs. However, some options may include:
   - Voluntary planning for adoption by relinquishing parental rights and possibly entering into a mediated agreement regarding openness in adoption.
2. Permanent placement with a relative through adoption, guardianship or permanent foster care that may allow continued contact with the parents, if appropriate.

VIII. Obtain court approval prior to working toward the concurrent permanency plan.

A. The case must be staffed at the local legal assistance staffing with an assistant attorney general (or district attorney if in Multnomah County) for approval to file a TPR petition.

B. If TPR is approved in the staffing, request the court to schedule a permanency hearing to determine the plan within 30 days if one is not already scheduled within 30 days of the approval from the local legal assistance staffing. If the court declines to schedule a permanency hearing, contact the AAG to file a motion requesting a permanency hearing.

C. At the permanency hearing, recommend the permanency plan change from reunification and request that the court approve the change of plan pursuant to ORS 419B.476(5).

D. If the court approves the change of plan to adoption, Child Welfare may then request a Family Law Section AAF file a TPR petition. If the court does not approve the change of plan to adoption, Child Welfare must continue to work with the parent(s) toward reunification, and no TPR will be filed, except in the following circumstances.

E. If, after review with your supervisor and local legal assistance staffing, Child Welfare believes the plan approved by the court is not in the best interests of the child, consult with an AAG and Central Office staff to determine whether it would be appropriate to appeal the court's determination of the plan or take other actions.

F. Follow these procedures when changing the permanency plan from reunification to any other permanency option, including guardianship, permanent foster care or any APPLA plan.

G. In the circumstance where the court orders Child Welfare to file a TPR and simultaneously continue to work toward reunification, comply with the court order.

H. If, after review with your supervisor, you determine the decision is not in the best interests of the child, consider an appeal or other legal action.

IX. Relief of efforts toward reunification.

A. Continue to offer services to parents throughout the life of the case. Historically, in some courts, the caseworker has asked to be relieved of efforts to reunify the child with the parents at the time a permanency plan changes. In other courts, the court has ordered Child Welfare to be relieved of efforts

to reunify the family.

B. Except in cases where Child Welfare is not required to make reasonable efforts, commonly characterized as "aggravated circumstances" cases (described in ORS 419B.340(5)), the caseworker is not to request relief of efforts toward reunification, even after the court has approved a change in the permanency plan.

Continue to provide services to the parents after a TPR petition is filed, even if a court enters an order relieving Child Welfare of making reunification efforts. Oregon case law and statutes require continuing reasonable efforts.

The supervisor's role

I. Provide regular consultation with the caseworker.

II. Review the reported progress, ask questions, review case notes.

III. Help the caseworker make decisions when progress is slow or there is not progress toward meeting expected outcomes.

IV. Review again with the caseworker the parental protective capacities and the related services and activities to mitigate diminished protective capacities.

V. Suggest alternate methods to achieve expected outcomes.

VI. Help the caseworker meet with the family when a joint meeting would be helpful.

VII. Provide regular supervision whenever considering a permanency plan change. Support the caseworker in continuing to provide services to the parents even after a court has relieved Child Welfare of making reunification efforts.

References

I. OAR 413-040-0005 to 0032, Developing and Managing the Case plan

Chapter 4

Managing child safety in and out of home

Section 12: Manage a new safety threat

To report errors, email CW.PolicyUnit@dhsoha.state.or.us

Manage a new safety threat

When the child is in the parent's home

Procedure

I. When a caseworker is in the child's home and identifies present danger or a new impending danger that meets the safety threshold criteria, the caseworker must ensure child safety before leaving the home. The facts surrounding the safety threat will determine a caseworker's response. The caseworker must consider:

   A. Will a revision of the ongoing safety plan manage safety in the child's home?

   B. Are there safety service providers available and willing to participate in the ongoing safety plan now?

   C. Can safety be managed before the caseworker calls the screener?

   D. Do I need help to ensure child safety? Is it likely the child will need to be removed from the home and placed in substitute care?

   E. The caseworker may need to contact a supervisor or law enforcement to determine how to adequately manage the new safety threat.

II. When information is received that indicates there is a new safety threat, the caseworker must report the new safety threat to a screener immediately (ensuring safety first and foremost), unless the caseworker has reliable information that the information has already been reported.

    With new information, the caseworker must re-evaluate whether an increased level of safety intervention is necessary and adjust the ongoing safety plan.

When the child is in substitute care

I. If the caseworker cannot confirm the safety and well-being of the child, the caseworker must:

   A. Assess child safety immediately to determine if there is present danger.

      If present danger is identified, the caseworker must immediately:

      1. Consult with the caseworker's supervisor to determine an immediate protective action to ensure the child's safety.
      2. Contact a CPS screener and report the identified threat to the child.
      3. Document the behaviors, conditions or circumstances observed in the home and any immediate protective actions in the Child Welfare electronic information system.

The supervisor's role

I. Consult with the caseworker when a new safety threat is identified.

II. Review and approve any revision to an ongoing safety plan to ensure it is sufficient.

III. Provide routine case oversight and help the caseworker gain experience and expertise in safety management decisions.

Chapter 4

Managing child safety in and out of home

Section 13: Revise an ongoing safety plan

To report errors, email CW.PolicyUnit@dhsoha.state.or.us

Revise an ongoing safety plan

The ongoing safety plan is continually subject to revision and should adjust to the changes in family functioning. All revisions are to ensure the ongoing safety plan at any given point is:

I. Adequate to manage child safety, and

II. The least intrusive intervention to assure child safety.

When revising/updating an ongoing safety plan, the caseworker relies on his or her understanding of the safety threats, parental protective capacities, roles of the safety service providers, and the family's support system. Both the family's functioning and the ongoing safety plan are dynamic.

The more a caseworker knows about a family, the more a caseworker can create and adjust an ongoing safety plan that appropriately involves safety service providers in the least intrusive ways to ensure child safety.

Tip

Any time you question your confidence in the safety plan, chances are that it is reasonable to question if it is sufficient. "Maybe or probably" are not the standards when it comes to making sure children are safe.

Procedure

I. Caseworker actions if an ongoing safety plan is insufficient:

   A. Identify what safety need is not being met.

   B. Explore ways to meet those needs.

   C. Contact persons or providers who can participate in an ongoing safety plan.

   D. Consult with your supervisor if you need advice in developing a sufficient ongoing safety plan.

   E. Revise the ongoing safety plan and seek to obtain signatures of all safety service providers and participants.

   F. Obtain your supervisor's approval.

   G. Document the new safety plan in the Child Welfare electronic information system.

The supervisor's role

I. Provide consultation on the ongoing safety plan.

II. Confirm the ongoing safety plan's sufficiency.

Approve any revisions to the ongoing safety plan in the Child Welfare electronic information system.

References

Forms

CF 1149 Safety Plan

OARs

OAR 413-015-0400 to 0485, CPS Assessment

OAR 413-080-0040, Monthly Contact and Monitoring Child and Young Adult Safety

Chapter 4

Managing child safety in and out of home

Section 14: Reunification

Reunification

When an ongoing safety plan includes a child's placement in substitute care, the caseworker must make ongoing reasonable efforts to reduce the time in placement. Remember that any legal parent may reunify with the child; do not only consider the parent from whom the child was removed. Thoughtful and effective planning to return the child must begin at the time of placement and continue until the child returns or the Child Welfare case plan's goal is changed to the concurrent permanency plan. The effort to reunify should be constant and intense. Safety threats do not have to be eradicated to manage the child's safety. Parents do not necessarily have to demonstrate sustained change for children to return to the parents' home.

The decisions made at the time of placement and the actions taken throughout the case greatly affect timely return of the child to the parents' home, including:

I. Where and with whom the child is placed.

II. Visitation plans that maintain or increase parent/child bonds to the parents.

III. Clear understanding and constant monitoring of the safety threats in relation to the parental protective capacities.

IV. Developing conditions for return.

V. Monitoring case progress.

Reunification as a decision and practice is part of ongoing safety management. Reunification should occur:

I. At the earliest time a child's legal parent can meet the safety needs of the child, regardless of whether that parent was the parent from whose home the child was removed, or

II. At the earliest time safety threats can be sufficiently managed with an in-home safety plan because of the progress that made related to the conditions for return.

Reunification can only occur when parents have met conditions for return and they have implemented an in-home safety plan. The parents' progress and changes in the behaviors, conditions or circumstances that led to placement are important. However, they are not the only consideration when deciding to return a child. Returning children is not dependent upon parents changing their lives or fully achieving the Child Welfare case plan's expected outcomes. It is possible and ethical to reunite the family while efforts continue to restore safety.

Information and procedures related to conditions for return are found in Section 5 of this chapter.

Decision to return the child to the home from which the child was removed

Procedure

I. When deciding whether to reunify the family, the caseworker must use a similar analysis process to what the CPS worker followed at the beginning of the safety intervention process. The analysis related to the following concepts:

   A. Present danger – immediate, significant and clearly observable severe harm or threat of severe harm to a child in the present.

   B. Impending danger – state of danger in which family conditions, behaviors, attitudes, motive, emotions and/or situations are out of control. While the danger may not be currently active, it may have severe effects on a child at any time.

   C. Safety threats – family behavior, conditions or circumstances that could result in harm to a child.

   D. Child vulnerability – a child who is unable to protect him/herself or seek help from others who may be able to protect the child. Vulnerability is based upon age, physical and emotional development, ability to communicate needs, mobility, size and dependence.

   E. Protective capacities – specific behavioral, emotional and cognitive characteristics directly related to being protective.

   F. Safety analysis – considers how safety threats are occurring in the family and evaluates what kind and level of effort is required to protect a child.

   G. Safety of the home environment – condition of the child's living space, including where the child sleeps; physical status of the home such as sanitation hazards or dangerous living conditions; signs of excessive alcohol use; use of illicit drugs; accessible drugs and alcohol; inadequate food or lack of access to food and water; weapons; chemicals; traffic in and out of the home; climate of the neighborhood.

II. When the parents have met the conditions for return and reunification, the caseworker must:

   A. Inform the child's parents, the child and the child's substitute caregivers that a return home is being considered.

   B. In writing, inform service providers currently working with the child and other involved persons including the child's CASA and attorneys, of the plan to return the child or young adult with an in-home ongoing safety plan.

   C. Conduct a safety analysis, which must include an analysis of the safety threats that continue to exist and how they are occurring (frequency, intensity, influences, etc.).

   D. Determine that the safety threats can be managed and child safety can be managed within the family home with an in-home ongoing safety plan because:

      1. There have been specific changes in the family circumstances and/or increased protective capacities.

      2. There have been specific changes in the family circumstances and/or increased protective

capacities.

3. Safety threats have been mitigated or eliminated.
4. Safety services and safety service providers are available and accessible at the level of effort required to ensure safety in the home.
5. The parents are willing and able to continue participating in Child Welfare case plan services.
6. The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage the safety threats.

E. Determine that an ongoing safety plan can be sustained while ongoing Child Welfare case plan services continue because:

1. The home environment is stable enough to sustain the use of an in-home safety plan.
2. Parents are willing to be involved and cooperate with the use an in-home safety plan and are agreeable to the expectations within the plan.
3. Safety service providers are committed to participating in the in-home safety plan.
4. Parents are willing for safety services to be provided in the home according to the ongoing in-home safety plan.
5. Parents are willing to be cooperative with the participants carrying out the ongoing in-home safety plan.
6. Parents are agreeable to the designated actions and time requirements in the plan.

F. Review reports from service providers, safety plan participants and others involved in the case, such as attorneys or the child's CASA. Confirm you have considered any disagreement with the plan to return the child or young adult home in developing the current in-home ongoing safety plan.

G. Review the strengths and needs of the child including those identified by the CANS and any services being provided to the child to build upon the strengths or meet the needs. Consider how the parents will be able to meet the child's identified supervision needs. Consider what supports can be set up to support a successful transition.

H. Review any personal care services the child may be receiving when the child has identified medical needs addressed in the substitute caregiver's home through personal care services. Consider how the parents will be able to meet the child's identified medical needs.

I. Review the criminal history records and Child Welfare protective service records of all persons currently residing in the home with the parents and confirm that records raise no safety threats to the child.

1. Explain the use of the CF 1011f, Consent for Criminal Records and Fingerprint Check, and the MSC 2099, Authorization for Use and Disclosure of Information, for authorization to obtain and review criminal history and Child Welfare protective service records.
2. Obtain signed consent and authorization forms prior to obtaining and reviewing records.

J. Prepare the child for the return home.

K. Prepare the substitute caregiver for the child's leaving the home and allow for transition from the substitute caregiver's home to the parent's home. Whenever possible, provide at least 10-day notice

to allow the child and the substitute caregiver time to transition, provide closure and say goodbye.

L. Consider whether there will be any future contact with the substitute caregiver and the child. Arrange and coordinate the type of contact when appropriate.

M. Acknowledge and support that this change involves loss for both the substitute caregiver and the child (even though the child is returning to the parents' home).

III. Once the caseworker has obtained supervisory approval for a return home, develop the in-home ongoing safety plan.

Develop the in-home ongoing safety plan

Prior to reunification, the caseworker must develop an in-home ongoing safety plan to manage safety threats as they uniquely occur in the family. Continue to work with the family to increase protective capacities toward achieving case goals.

The following questions may help the caseworker develop the safety plan:

I. What are the safety threats that need to be managed to ensure safety?

II. Is there any source within the family that can manage the safety threats?

III. How do I know if they are willing and able?

IV. What do I know about these resources? How do I find out?

V. Is it clear that people participating in the safety plan understand and believe the safety threats and are aligned with Child Welfare?

VI. Do the resources/supports seem sufficient and available to address the safety threats for as long as needed?

VII. How will I know the safety plan will work?

VIII. What is my role?

IX. Does everyone else know their role?

X. How will I know if the safety plan isn't working?

Procedure

I. The caseworker must update the safety plan and ensure that it is sufficient in these ways. The safety plan:

A. Is a written agreement between the parent and Child Welfare.

B. Specifies the safety threat(s).

C. Establishes how safety threats will be managed, including the safety actions and safety services that will be used and will have immediate effect in controlling safety threats.

D. Establishes the initial contact dates, frequency, duration and purpose of each safety service provider contact, including caseworker contact, which must be within one day of the child's return home.

E. Explains how the plan is the least intrusive means to effectively manage safety threats. The in-home

ongoing safety plan can be a combination of the child being in-home and in substitute care to ensure the least intrusive intervention. Consider various arrangements that include the child being at home and with others:

1. For instance, weekends at grandma's house; weekdays with parents.

F. Identifies and confirms all participants' suitability, availability and commitments.

G. Does not use the parent who poses the safety threat to provide protection.

H. Is approved by the supervisor within seven days prior to the child's return. The supervisor must document the approval in the DHS informational system.

Caseworker responsibilities prior to the child's return home

Procedure

After the caseworker's supervisor approves a proposed in-home ongoing safety plan, the caseworker must complete the following activities prior to the child's return home:

I. Visit the child outside the presence of the parents at least once during the five days prior to the return of the child and confirm the child's readiness and preparation for the return home.

II. Visit the parents in their home at least once during the five days prior to the child's return to verify:

A. The current behaviors, conditions and circumstances of the home are safe for the return of the child.

B. Identify all persons living in the household.

C. The parents are ready for the child's return and are aware of the child's strengths and needs, including those identified by the CANS and/or personal care assessment.

D. The parents are willing and able to participate in the ongoing safety plan.

E. The parents are willing and able to continue in Child Welfare case plan services.

F. The parents sign the in-home ongoing safety plan if they did not sign it during a Family Decision Meeting.

Caseworker responsibilities at the time of reunification

Procedure

I. The caseworker must:

A. Visit the child in the parents' home the day following the child's return home.

B. Confirm the child's safety.

C. Review or update the safety plan; document observations and conditions of the home in the DHS informational system within seven days of the child's return home.

D. Document observations and conditions of the home in the DHS informational system within seven days of the child's return home.

When an in-home ongoing safety plan involves a parent voluntarily leaving the home

Procedure

If the in-home ongoing protective action includes a parent who is the alleged perpetrator and who is consenting to leave the family home, the CPS worker or caseworker must do the following:

I. Notify the district attorney responsible for the multidisciplinary ream in the county where the child resides by:
   A. Providing this notice in writing; and
   B. Providing this notice within three business days of the date the parent leaves the family home.

B. Decision to return a child to a legal parent living in Oregon other than the parent from whom the child was removed

Procedure

I. When the court has given Child Welfare legal custody of a child and, subsequently, a legal parent other than the parent from whom the child was removed is identified, the caseworker must complete the following actions prior to returning the child to that legal parent:
   A. Review the criminal history records and Child Welfare protective service records of all persons currently residing in the home, and confirm that records raise no safety threats to the child.
   B. Confirm the legal parent has sufficient protective capacity to keep the child safe from the identified impending danger safety threats.
   C. Confirm the legal parent is willing and able to parent and care for the child.
   D. Prepare the child for return to the legal parent.
   E. Prepare the substitute caregiver for the child's transition to the legal parent.
   F. Document the facts and observations that support your recommendation to return the child to the legal parent.
   G. Prepare a report to the court. Refer to Chapter 9, Working with the Courts and External Partners, for procedures to prepare this petition.
   H. Reunify the child with the legal parent and follow procedures for closing a case.

Decision to return a child to a legal parent in a state other than Oregon

I. Under Regulation #3 of the Interstate Compact on the Placement of Children (ICPC), reunification of a child

with his or her parent in another state is subject to the requirements of the ICPC, unless the conditions explained below apply.

A. Regulation #3 states: **"The Compact does not apply whenever a court transfers the child to a noncustodial parent with whom the court does not have evidence before it that such parent is unfit, does not seek such evidence, and does not retain jurisdiction of the child after the court transfers the child."**

B. Even when the petition seeking legal custody of the child does not name the parent living out of state, the court has the option to grant custody of the child directly to the parent living out of state. ICPC does not apply because the court grants custody to the out-of-state parent.

II. In the majority of cases, the ICPC applies when Child Welfare seeks to reunify a child with a parent living out of state.

A. When the parent or parents of a child who is in the legal custody of Child Welfare move to or is living in another state, follow the procedures for ICPC assessment of the parent's fitness to provide care in that state. (Refer to Chapter 5, Section 13 for those procedures.)

1. At a minimum, the assessment must include information confirming:

- The legal parent has sufficient protective capacity to keep the child safe.
- The legal parent is willing and able to parent and care for the child.

Decision to reunify with a parent in a foreign country

Procedure

When a child in the legal custody of Child Welfare has a legal parent living in a foreign country and Child Welfare wants to assess that parent's ability to provide safety and care for the child, the caseworker requests the help of that country's consular office to assess the parent's ability to provide safety and care for the child. Contact the CAF Diversity and International Affairs manager for additional help or consultation regarding reunification with a parent in a foreign country or international travel procedures.

I. Determine whether the child is a U.S. citizen or a foreign national prior to sharing information with the consular office.

A. If the child is a foreign national, international treaties and statutory authority already exist to share information with a consular office.

B. If the child is a U.S. citizen or dual citizen, obtain the parent's signed authorization to share their child's information with the consular staff through a signed MSC 2099 (Authorization for Use and Disclosure of Information) or obtain permission through an order of the court.

II. Send a template copy of the Home Study for Parents Living Outside of the United States in both English and in the language of the other country to the closest foreign consulate office to the parent's address. Ask the consulate's help in forwarding the request to the appropriate entity in that country to conduct a parental home study.

A. Include with a cover letter a copy of documentation explaining the child's history in the United States

and any special needs. Remember to include the following information:

1. Parent's physical residence;
2. Parent's phone number, if any;
3. Reason for the home study request;
4. Reason why the child is not in the parent's custody;
5. What DHS is requiring of the parent to improve involvement with the department;
6. Any specific concerns regarding parental behavior or safety issues; and
7. Where to send the completed home study and who to contact if questions arise.

B. Provide instructions for completing the Home Study for Parents Living Outside of the United States. For example:

1. Complete each section with the information requested.
2. All persons living in the home, 18 years or older, need their history checked for any criminal or child abuse involvement.

C. All translations must be done through DHS approved contracted services. Complete a CF 0010 A to request translation and refer to the Child Welfare transmittal, AR 06 002 dated June 30, 2006.

The branch office needs to notify the consulate as a diplomatic courtesy when the completed home study is received. For the Mexican consulate in Portland, email portland@sre.gob.mx.

I. Carefully review all documentation received from the foreign country, staff with your supervisor regarding the content of the home study and any documents received. Because the skill of foreign social workers varies, it is important that all questions referring to safety threats and their resolution are carefully evaluated. Criminal and child abuse background history must be included in the home study.

II. If more information is necessary to decide whether to return the child to the parent in the foreign country, request this information through the consulate.

III. Once the decision has been made to return the child to the parent in the foreign country, the caseworker must complete the following steps:

A. Request final approval from the Diversity and International Affairs Unit in Salem. The request must contain a copy of the Home Study for Parents Living Outside the United States.

B. Contact the consular office of the foreign country where the parent is living and advise them of the intent to reunite the child with the parent.

C. Continue to work with the consular office to ensure completion of all of the necessary steps and documents the foreign country requires to physically and legally return the child to the parent.

D. Follow the procedures below to ensure all the required documents and to obtain international travel authorization.

Travel documents

Procedure

I. Verify with the consular office and with the U.S. Department of Homeland Security, Customs and Border Protection (https://www.cbp.gov/travel) which travel documents are required for the trip, both to enter the foreign country and to re-enter the United States.

II. Verify with the travel agency if any immunization or medical interventions are required or recommended and documentation needed to verify any requirements have been met.

III. Passport photos: Once it appears that travel to another country is likely, schedule a time to have the child's passport photo taken.

IV. Apply for a passport for the child and the person traveling with the child.

V. Ensure each individual has a U.S. passport if a U.S citizen or have dual citizenship in the United States and another country.

VI. The child is required to have a passport from the country in which he or she is a citizen. To receive this document, send the child's passport photos to the consular's office. The consular's office will produce and send the caseworker the travel document that will serve as the child's temporary passport and grant him or her entry.

Travel authorization

Procedure

I. Verify with the U.S. Department of State that there are no travel restrictions to the country to which the child will be returning (this information could change daily). If there are travel restrictions in place for the country in question, consult with the central office Diversity and International Affairs Unit.

II. Fax a copy of the signed Out-of-state Authorization form (CF 1293), the Child's Consent to Travel form (CF 0002, and CF 0002a) to the DHS Diversity and International Affairs Unit, Fax: 503-373-7032. Before faxing the required documentation, email the Diversity and International Affairs manager with notification that the fax is being sent. If more than one employee will accompany the child(ren), submit written documentation for the additional person at this time. (Similar criteria as ICPC uses will be considered; i.e., safety and health risks.)

III. Allow at least 14 days to obtain the necessary authorizations.

IV. The packet of information is reviewed and forwarded to the Child Welfare field administrator for final authorization. When authorization is granted, Child Welfare field operations will supply the caseworker with a travel authorization number and carbon copy to the Diversity and International Affairs Unit. These steps can take up to 14 working days.

Court orders necessary for child to travel to another country

Procedure

I. After receiving authorization to travel and at least three weeks prior to traveling, obtain a court order granting permission for the child to travel to a foreign country. This is separate from the court order authorizing the placement with the parent. The caseworker seeks help to obtain this court order from an assistant attorney general with the Oregon Department of Justice.

II. The court order must be translated into the language of the country where the child is traveling. Both copies of the order (English and foreign language) must be presented to the court along with an official certificate of translation (in both English and the foreign language). See ORS 1.150(2) (pleading may be submitted in English and accompanied by a translation into a foreign language that is certified by the translator to be a true and accurate translation). The caseworker must always use DHS approved translators to translate the court orders. Complete a CF 0010 A to request translation and refer to the Child Welfare transmittal AR 06 002 dated June 30, 2006.

III. Always attach the translated copy of the court order to the English copy of the court order.

IV. The caseworker should send copies of this order to all parties to the case.

V. When a DHS employee is traveling out of the country, that person should request international phone calling capability. This can be done by completing the DHS 1496 to add international calling to their current WCD (wireless communication device) or through contacting the DHS telecom statewide coordinator at 503-945-6787 and requesting an international calling card.

Inform the consular office of travel plans

Procedure

I. Once the district manager and Diversity and International Affairs manager authorize and finalize travel plans, inform the consular office of the following:

   A. All flight information,

   B. Expected time of arrival, and

   C. Emergency contacts in the United States and at the destination. Frequently, consular officials can provide additional support to ensure a smooth exit from the United States as well as a welcoming entrance into the foreign country.

II. Request that the consular office arrange for a government official to be present, if possible, to ensure that the child is united with the parent.

III. Always verify the identity (e.g., through an official identity badge) of the parent before the child is released.

Prior to departure

Procedure

I. Prior to leaving for the foreign country, the caseworker should confirm that he or she has all required documents including:

   A. Copies of the court order that establishes jurisdiction or wardship;

   B. The court order granting permission for the child to travel to a foreign country and court approval for return to parent;

   C. Travel documents from the consular's office;

   D. The child's birth certificate;

E. Child's passport;

F. DHS ID;

G. Caseworker's personal passport;

H. Any other necessary documents the consular's office identified; and

I. Medical records (if required) for both the child and caseworker; e.g., immunization records.

Additional information for traveling to Mexico

Procedure

I. When placing a child with a parent in Mexico, the caseworker should have all legal documents available in English and Spanish, notarized and "Apostilled."

A. An Apostille is special form that, as in the case of a notarized document, serves as official acknowledgment that a notary commissioned in Oregon in good standing performed the notarization. There is a fee for each document requiring an Apostille. To obtain an Apostille for documents that require authentication, contact the:

Oregon Secretary of State, Corporation Division-Notary Authentication Office
255 Capitol St. NE, Suite 151
Salem OR 97310-1327
Phone: 503-986-2593

B. Contact the office by phone prior to sending any documents to ensure that the office can Apostille the documents the caseworker believes require authentication. The process is simple and will take less than 30 minutes if the caseworker hand-delivers the documents needing an Apostille.

II. If the documents needing an Apostille are mailed, the caseworker should include:

A. The caseworker's name, phone number and any other contact information.

B. A cover letter stating the documents are going to Mexico.

C. Each notarized document that needs to be authenticated.

D. A business check or money order made payable to the State of Oregon.

E. A return self-addressed stamped envelope so that the documents can be returned to the caseworker.

F. It normally takes two to three working days to process a request by mail.

III. For more information, the caseworker can view the following website: https://sos.oregon.gov/business/Pages/apostille.aspx.

Documents provided to the caseworker by the foreign country

Procedure

I. Upon releasing the child to the birth parent or designated legal officials, the foreign country's officials may give the caseworker documents that support the arrival and the action to return the child to the parent.

A. Examples of these documents might include:

1. An official stamp by the customs, foreign relations or DIF official, or
2. A document that the consular's office in the United States has pre-requested from the other country. If the caseworker receives documents, he or she should provide them to the court as part of a request to dismiss juvenile court jurisdiction of the child.

Transitioning a child to the parent in a foreign country

Procedure

Thoughtfully transitioning a child is critical to returning the child to his or her parent. The parent may come to the United States to help transition the child. However, it is not always feasible or possible for the parent to come to the United States for the child.

I. The caseworker transporting the child to the parent should assist in the transition. Transitions may be needed for a child who is returned to a parent in a foreign country, because he or she may not have had recent contact and familiarity with the parent. These should be brief but allow the parent to reunite with the child.

Disclosure of information

I. Share information about the child and any of the child's identified special needs.

II. When a child returns to a parent in a foreign country, the child's important documents should be translated to the parent's language if the parent does not speak English. This includes documents such as the child's:

   A. Birth certificate.

   B. Medical records.

   C. Educational records.

Court dismissal of jurisdiction

I. If the child is returned to a parent, the caseworker must request dismissal of juvenile court jurisdiction following the return to the parent.

II. The caseworker can write a letter to the court asking that jurisdiction be dismissed or can request the child's attorney's or the Department of Justice's help.

If the caseworker has questions about return to a parent in a foreign country

I. The caseworker should consult with the supervisor.

Role of the supervisor

I. The supervisor should call the International Case Consultant in Central Office if he or she has questions or wants more information about the procedures for return of a child to a parent living in a foreign country.

II. Review the home study submitted by the other country and, together with the caseworker and the international placement point person in the local Child Welfare office, ensure it is complete and all questions are answered regarding any special needs of the child.

III. Together with the caseworker and the international placement point person in the local Child Welfare office, determine if the parent in the other country is an appropriate placement for the child.

IV. Authorize and approve the necessary travel plans and paperwork for the caseworker and the child.

V. Assist the caseworker, as needed, in working with officials in the other country, including the consular's office in the other country.

VI. Review and sign the CF 1293 form, Out-of-State Travel Authorization.

Role of the district manager

I. Review and sign the CF 1293 form, Out-of-State Travel Authorization, after the caseworker's supervisor signs it.

Tip

This is a good opportunity to use a Family Decision Meeting. A meeting at this time can be an opportunity to finalize the ongoing safety plan and confirm the commitment of all safety plan participants. It also can streamline your requirements to notify parties in writing, consider their concerns and develop a solid plan to meet the needs of the child.

TIP

A parent's ability or inability to meet a child's non-safety-related needs should not keep a child from reunifying with that parent when active safety threats can be managed with an In-home Safety Plan. However, in developing and managing an in-home plan, the caseworker should help the parent understand the child's non-safety-related needs and develop the skill and ability to meet those needs. This can affect the family's overall functioning. For example, if a child's supervision plan in substitute care includes providing a structured routine, provide the parent with this information and help maintain a structured routine in their home.

References

Forms

I. CF 1293

II. DHS 2099

III. CF 0010A

OARs

I. OAR 413-040-0005 to 0032, Developing and Managing the Case plan

II. OAR 413-040-0200 to 0330, Interstate Compact on the Placement of Children

Chapter 4

Managing child safety in and out of home

Section 15: Court-ordered return of child

Court-ordered return of child

Procedure

I. If the court orders the return of the child to the parents' home before an in-home safety plan is developed and approved, the caseworker must develop the in-home ongoing safety plan as soon as possible, but no later than seven days following the court order.

The supervisor's role

Procedure

I. Provide regular consultation with the caseworker throughout the reunification process.

II. Review case progress and concur that the family has achieved sufficient progress or an in-home ongoing safety plan can manage safety threats.

III. Participate in the Family Decision Meeting, if one is held, whenever possible.

IV. The supervisor must:

   A. Approve of the proposed in-home ongoing safety plan during the seven days prior to the return of a child to the home of a parent.

   B. Document the approval in the Child Welfare electronic information system.

References

Form

I. CF 1149 Safety Plan

References

II. OAR 413-040-0005 to 0032, Developing and Monitoring the Case plan

III. OAR 413-080-0040, Monthly Contact and Monitoring Child and Young Adult Safety

Chapter 4

Managing child safety in and out of home

Section 16: Closing an in-home ongoing safety plan

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Closing an in-home ongoing safety plan

When the family has made significant progress in achieving the expected outcomes of the case, child safety is being sustained in the child's home, and/or the safety threats have been eliminated or mitigated, and the child's safety can be sustained without the ongoing intervention of safety service providers, the case is nearing closure. The caseworker continues to be responsible for managing child safety until the case is closed. The caseworker is guided by administrative rule in determining to close an in-home ongoing safety plan. Those requirements are:

I. Caseworker observations of the child and the parents in the home;

II. Receipt of evaluations and reports from service providers;

III. Reports from participants in the ongoing safety plan;

IV. Measured progress on the extent the expected outcomes have been achieved;

V. The reduction or elimination of a safety threat; and

VI. Consultation with others who may be participating with the family to sustain child safety.

Procedure

The caseworker must:

I. Continue to contact the family a minimum of once a month. Prior to closing the ongoing safety plan, make more frequent contact whenever possible.

II. Observe firsthand the changed behaviors, conditions or circumstances in the family and the changes in protective capacity.

III. Document those observations in case notes.

IV. Review the progress the family has achieved as reported and documented in written reports by the services providers.

V. Review the progress the family has achieved as reported by participants in the ongoing safety plan.

VI. Interview the parents to determine the parents' understanding of ensuring child safety and their ability to sustain safety over time.

VII. Interview and observe the child to determine whether the child remains safe in the home.

VIII. Confirm that the identified safety threats that occurred at the beginning of the case are no longer occurring or are consistently managed by the parents.

IX. Confirm that the parents have developed a plan and identified resources to manage child safety over time.

   A. **For example,** the family has a plan if there is a relapse in alcohol use, or the primary caretaker becomes ill or loses a job.

X. Confirm that the parents understand and accept responsibility to care for and keep the child safe over time.

XI. Document the facts and observations that support your recommendation to close the in-home ongoing safety plan.

XII. Obtain your supervisor's approval.

XIII. Contact the participants in the ongoing safety plan and notify each participant that the ongoing safety plan has ended.

XIV. Schedule a final visit with the family to provide closure to Child Welfare's relationship to the family. Reinforce their ability to keep the child safe, remind them of available resources as well as their plans and resources to handle new situations.

When Child Welfare has custody of the child and seeks to end the safety plan and close the case

There are additional responsibilities when the court has given Child Welfare temporary legal custody of the child, most specifically petitioning the court to dismiss wardship. The case cannot be closed until legal custody has been returned to the parent. Refer to Chapter 9, Working with the Courts and External Partners, for how to prepare this petition.

Procedure

I. Subsequent to the court relieving Child Welfare of custody, notify the parents' service or treatment providers that Child Welfare no longer has legal custody of the child.

II. Notify the child's school, medical and/or other treatment providers that the family has regained custody of the child.

III. If all parties to the case were not present at the court hearing, notify all parties that Child Welfare no longer has legal custody of the child.

The supervisor's role

I. Provide consultation to the caseworker when needed on case closure.

II. Support the worker in ending the relationship between the family and Child Welfare.

III. Review and confirm Child Welfare's ability to confidently close the ongoing safety plan.

IV. Confirm the ongoing safety plan's closure in the DHS information system.

V. Review and confirm the court has returned legal custody of the child to the parent when Child Welfare had been granted legal custody of the child.

VI. Confirm completion of all notifications of change of wardship.

VII. Review and confirm completion of case documentation.

VIII. Review and approve closing the case.

References

OARs

I. OAR 413-040-0005, Developing and Managing the Case plan

Chapter 4

Managing child safety in and out of home

Section 17: Closing the case

Closing the case

Procedure

I. When the ongoing safety plan has been terminated and the final visit with the family has occurred, the caseworker must complete the following:

   A. Ensure all case notes are completed.

   B. Ensure the case file is in order and ready for filing.

   C. Ensure all services to the family have been closed.

   D. Complete case closure narrative in the Child Welfare electronic information system.

   E. Obtain your supervisor's signature.

The supervisor's role

I. Consult with the caseworker when needed on case closure.

II. Support the worker in ending the relationship between the family and Child Welfare.

III. Review and confirm Child Welfare's ability to confidently close the ongoing safety plan.

IV. Confirm the case closure and approve case closure narrative in the Child Welfare electronic information system.

V. Review and confirm completion of case documentation.

VI. Review and approve closing the case.

References

OARs

I. OAR 413-040-0005, Developing and Managing the Case plan

Chapter 4

Managing child safety in and out of home

Section 18: Missing children and young adults

Missing children and young adults

A child or young adult being missing can mean several things. It can mean the child or young adult ran away, wandered off, was abducted or the caregiver does not know his or her whereabouts. The circumstances of why the child or young adult is missing may determine the approach taken to locate and return him or her to where the child or young adult is supposed to be. This applies whether the child or young adult is supposed to be at home, in foster care, residential care or another location as determined by the parent or caregiver. Every child or young adult should be considered unsafe if missing; this is true even if, despite not being where he or she is supposed to be, the child or young adult has occasional contact with the caseworker or a family member.

Missing child or young adult means any person through age 20 in substitute care who is absent from their placement without the permission or knowledge of the child's or young adult's caregiver or guardian.

The required and suggested actions to take when a child or young adult is missing and located are outlined below. The actions listed are not exhaustive and, while described in a logical order, specific circumstances in a given case control the order.

Tip

Establish a practice of taking a photo of each child or young adult on an open case and uploading the photo into the OR-Kids file cabinet. It is hoped the photo will never be needed for this purpose; however, if the child or young adult goes missing, a recent photo is a critical component to locating him or her.

Tip

The administrative rule requirements pertaining to a missing child or young adult are specific to a child or young adult in substitute care. However, if a child or young adult on an open CPS assessment or open DHS case who is not in substitute care is missing, the caseworker will refer to this procedure to find ways to support the parents or caregiver in locating the missing child or young adult.

Tip

Federal law requires law enforcement take a report on a missing child; there should be no wait time to take the report. If told there is a wait time, reference 42.U.S.C. 5780(1).

Tip

Providing information to NCMEC, including the child's photograph, does not violate DHS confidentiality rules.

When a child or young adult is missing: Actions to take

The following activities should be completed when the caseworker is informed that a child/young adult is missing. While timelines vary on when to complete the following activities, efforts to locate the child/young adult must be made immediately.

I. **Report to law enforcement agency (LEA).** As outlined in OAR 413-080-0053, the caseworker must ensure the information on the missing child or young adult is reported to law enforcement within 24 hours.

Procedure

While the report to law enforcement is required within 24 hours, the caseworker should ensure the report is made

immediately. Document the date and time of the report, the report number and the name of the officer taking the report. If the foster parent or other caregiver made the report to LEA and was unable to provide the report number, contact law enforcement to obtain it. Also provide contact information.

Be prepared to provide a recent photo of the child or young adult if one is available. Also provide information such as:

I. A physical description, including tattoos and piercings, what he or she was wearing when seen last and a description of personality traits;

II. Information about the child or young adult's routine, friends, activities, social media presence, etc., including any recent changes in his or her life; and/or

III. Click on this link to view a checklist of information to gather: www.ojjdp.gov/pubs/ChildIsmissing/ch1ck.html.

Not having this information should not delay making the report.

I. **Report to the National Center for Missing and Exploited Children (NCMEC).** As outlined in OAR 413-080-0053, the caseworker must ensure the information on the missing child or young adult is reported to the National Center for Missing and Exploited Children within 24 hours. The NCMEC also receives reports on young adults.

Procedure

While the report to NCMEC is required within 24 hours, the caseworker should ensure the report is made immediately following the report to law enforcement. Always contact law enforcement first as NCMEC will need to know a missing person report has been filed. If you attempt to file a missing person report with law enforcement but are unsuccessful, contact NCMEC.

In some circumstances, such as after hours, the foster parent or other caregiver may have already made the report to NCMEC. When the caregiver has already made the report, the caseworker still contacts NCMEC to provide contact information, as well as additional information, if known, about the child or young adult and to confirm NCMEC knows the child or young adult is in the custody of Child Welfare.

You can make a report to NCMEC by either calling the hotline number, 1-800-THE-LOST (1-800-843-5678) or completing the form on the website (www.missingkids.com/home).

Just like the report to LEA, be prepared to provide a recent photo and description of the child or young adult. Do not delay making the report if you do not have this information.

NCMEC is much more than a hotline. It is important to be aware of all the other resources that NCMEC offers.

The Critical and Runaway Unit provides technical assistance to law enforcement and support to those with a claim to custody of children who are missing under critical circumstances or who have run away from their legal guardian. When the case is assigned, the case management team makes initial contact with listed parents or guardians and law enforcement to verify circumstances surrounding the child's disappearance. Each team provides the relevant technical assistance and uses NCMEC resources, including:

A. Missing child posters;

B. Requests for analytical reports from the Case Analysis Division;

C. Referrals to in-house federal liaisons (including the Federal Bureau of Investigation, U.S. Marshal Service, U.S. Postal Inspection Service, Immigration and Customs Enforcement, and the Naval Criminal Investigation Service); and

D. Referrals to other NCMEC divisions (Exploited Children Division for possible sexual exploitation, Family Advocacy Division for family support, reunifications and post-recovery support).

Once a case is ready, the case management team develops and implements a strategy for poster distribution. Incoming leads are closely monitored and promptly forwarded to law enforcement. The case management teams keep in regular contact with parents or guardians and law enforcement, and continue to assess appropriate resources to help resolve each case.

Notifications

In addition to the required reports to LEA and NCMEC, it is important to notify certain individuals that the child or young adult is missing.

As outlined in OAR 413-080-0053, the caseworker must ensure the following individuals or entities are notified on the same working day the information is received:

II. Parents and caregivers,

III. Court,

IV. Attorney for the child/young adult,

V. Attorneys for the parent,

VI. District attorney,

VII. CASA, and

VIII. Tribe.

Tip

This notification must occur if the child/young adult is missing or if he or she is missing but is maintaining contact and refusing to return to an approved placement.

Procedure

On the same working day the caseworker receives information a child or young adult is missing, the information must be shared with the following individuals and entities:

I. **Parents:** This does not include parents whose parental rights have been terminated.

II. **Caregivers:** The child or young adult may have been in care of someone other than a parent before Department custody.

III. **The court:** This includes all parties (judge, district attorney, child and parents' attorneys, CASA and tribe)

IV. **The tribe:** Sometimes the tribe is involved in case planning but is not a party to the case.

Resources are available to provide support to families and those close to the missing child or young adult through NCMEC (www.missingkids.com/Home) and the National Runaway Safeline (www.1800runaway.org).

Staffing Procedure

After you complete reporting and notification requirements and a child has been missing for more than 24 hours, staff the case with a supervisor. Continue to staff with a supervisor at a minimum of once weekly to:

I. Identify protective factors and vulnerabilities of the child/young adult;

II. Identify individuals already contacted and others who should be;

III. Discuss potential reasons for the child or young adult to be missing;

IV. Determine whether to send a department-wide email communication;

V. Determine whether to request a pick-up order and warrant;

VI. Determine whether to request a court hearing;

VII. Review ongoing strategies and efforts to determine the child or young adult's whereabouts;

VIII. Review updated information from law enforcement and NCMEC;

IX. Determine what additional steps may be taken to find the child or young adult; and

X. Develop a placement plan for when the child or young adult is located.

Search

Procedure

There are many ways to search for a missing child or young adult, including but not limited to physically looking, using the internet, using the phone and asking others to help locate.

I. **Physically looking and other outreach efforts.** It is important to physically look for the child or young adult and to reach out in the community. This may include:

   A. Searching the last place he or she was seen;

   B. Going to the homes of his or her friends;

C. Checking regular hang outs and any place he or she frequents and leaving messages at these places;

D. Going to emergency shelter's homeless youth programs;

E. Searching the immediate area around the place he or she was last seen;

F. Checking with juvenile detention if it is a child who is missing and jails if it is a young adult;

G. Checking with hospitals; and

H. If he or she is a victim of sex trafficking or at risk of being a victim of sex trafficking, checking clubs.

While it is important to physically look for the child or young adult, who should be looking depends on the situation, including the place to be searched. In most circumstances, various people will have a role in looking for the child.

Use law enforcement when there are safety concerns, such as a child or young adult who is or may be a victim of sex trafficking and who is believed to be at the home of their pimp. When it is believed that a child may have run away, collaborate with individuals the child or young adult considers to be trustworthy adults so, if located, he or she is more likely to listen and agree to return home.

II. **Looking on the internet.**

A. Remember to check Facebook, Twitter and other social media sites. Refer to the current policy on the use of social media and restrictions in viewing or posting. Reach out to family and friends who have positive relationships with the missing child or young adult to allow viewing of the content and consider asking these individuals to post messages.

B. If the missing child or young adult is a victim of sex trafficking or at risk of being a victim of sex trafficking, check known escort sites, such as Backpage, and ads.

C. Google the child's or young adult's phone number in case the number is in an ad.

D. If there is an urgent reason to, Facebook can be contacted for an IP address to help locate the child or young adult.

III. **Using the phone.**

A. Call the child's or young adult's phone number or have someone he or she trusts call from their phone.

B. Use the phone's GPS system to try and determine a location.

Contact individuals close to the child/young adult

Procedure

Looking for the child or young adult includes reaching out and maintaining contact with those who know him or her well. These individuals may be critical for locating the child or young adult. Likely these individuals have information about what led to him or her being missing, where he or she might be and who he or she might be with. These individuals are also potential resources to help look for the child or young adult.

These people may include:

I. Relatives, including his or her parents and siblings;

II. Neighbors and the landlord of his or her last known address;

III. Close friends and classmates, including any known boyfriends or girlfriends;

IV. Teachers, counselor and other school personnel from the school he or she last attended or other schools he or she attended if there is knowledge that he or she had a close relationship with persons at that school;

V. Employer and coworkers where he or she was employed;

VI. Other department staff such as former caseworkers;

VII. Mental health providers;

VIII. Tribal staff;

IX. Attorney;

X. CASA;

XI. Probation or parole officer

XII. Advocate or case manager; and

XIII. Runaway and homeless programs. (These programs usually have message boards and can post messages for the child or young adult.)

Maintain regular contact with the individuals close to the child or young adult. Updates to and from these individuals are important and may identify the location of the child or young adult. Also maintain regular contact with the LEA and the NCMEC case manager to provide any new information on the child's or young adult's possible whereabouts and to receive updates on efforts to locate him or her.

Assemble a team

Procedure

When attempting to locate the child or young adult, gather individuals who can provide guidance on how to locate him or her. This team may be the existing county multidisciplinary team (MDT). When the missing child or young adult has run away and remains in sporadic contact, the MDT can help make a plan to convince him or her to return or reduce the harm to the child or young adult while a runaway. Depending on the reason for the child or young adult being missing or the individual's experiences, the team may include:

I. Law enforcement;

II. Juvenile probation;

III. NGO-nonprofit for case management beyond DHS provided services;

IV. Shelter/treatment; and

V. District attorney if court involved.

When meeting, consider the following:

I. Protective factors and vulnerabilities of the child or young adult;

II. Information already gathered or still needing to be gathered;

III. Potential reasons for the child/young adult to be missing;

IV. Strategies and efforts to locate the child/young adult; and

V. What steps to take when the child or young adult is located.

When the missing child or young adult is a victim of sex trafficking or is at risk of being a victim of sex trafficking, it is important to assemble a sex trafficking MDT. While sex trafficking MDTs are being developed in every county in Oregon, one does not yet exist in every county. When a sex trafficking MDT would be beneficial and there is not one already existing, include individuals representing the entities above that have experience working with victims of sex trafficking. If the expertise is not readily available in the county, reach out to another local office or district child safety consultant for assistance in locating expertise outside of the county.

When the caseworker has periodic contact with a missing child or young adult

Procedure

The caseworker may be contacted by a missing child or young adult and determine he or she, at the time of the contact, is not willing to return to an approved placement.

When a child's or young adult's location is known, but he or she remains on the run, the caseworker may still be able to begin gathering information from him or her. Information gathering can also be a means of building or maintaining trust. The child or young adult may be in contact with very few safe people; it might be necessary to have daily phone contact just to check in. Some of this is to build the relationship and to keep reminding the child or young adult there is someone who cares about him or her and wants him or her to be safe. The child or young adult may feel great about his or her life one day and then be scared or hurt the next day. If a caseworker calls during a time the child or young adult needs support, it can make a big difference in how he or she views DHS or the plans DHS may make. It is important to encourage the child or young adult to return every time the caseworker has contact.

At each contact, the caseworker must engage the child or young adult and try to return him or her to an approved placement. Attempt to gather the following information:

I. His or her location;

II. Where he or she is staying for any period of time;

III. Individuals he or she may be with;

IV. Information about his or her health and safety;

V. Whether he or she is attending school and where;

VI. Whether he or she is employed and where; and

VII. Any contact he or she has made with family, friends, providers, etc.

If the caseworker gathers information that may assist in locating the child or young adult, the information should be

shared with law enforcement and NCMEC.

Substitute care payments when a child is abducted or has run away

I. Authorize payment to the substitute caregiver for up to seven days following the date the child or young adult was determined missing when the following two criteria are met:
   A. The plan is for the child or young adult to return to the same substitute care placement; and
   B. No other substitute caregiver is receiving a maintenance payment for the child or young adult.

II. Obtain approval from the district manager or designee for payment after a child or young adult is absent from a substitute care placement for more than seven days. Use caution when paying a substitute caregiver more than the seven days. Examples of when request for approval would be appropriate are:
   A. A child or young adult returns on day eight or nine, and returns to the same substitute caregiver; or
   B. A child or young adult is located out of county or out of state, and it will take a day or two to return the child or young adult to the substitute caregiver.

Service codes when a child is on the run or has been abducted

Close the placement service when a child or young adult has run away with an "SRUN" disposition and enter a "YTRA" service (it is permissible to wait up to seven days as mentioned above). When a child or young adult has been abducted, the placement service is closed with a "SAWL" disposition and a "YTRA" service is entered.

Court hearings

Permanency and administrative hearings will continue as scheduled when a child is missing.

Procedure

I. Continue to have regularly scheduled permanency hearings and Citizens' Review Board (CRB) hearings.

II. Reports to the court and CRB include documentation on the agency's efforts to locate the child.

III. The child's legal parents continue to receive notification of the hearings and reviews.

Document

As outlined in OAR 413-080-0053, the caseworker must document the following in the Child Welfare electronic information system:

I. Efforts made to locate the missing child or young adult;

II. Reports to LEA and NCMEC; and

III. Notifications to parents and caregivers, the court, the attorney for the child or young adult, the attorneys for the parents, district attorney, CASA and the tribe.

Procedure

In OR-Kids case notes, select the case note type "missing child/young adult" located under the categories of

assessment or case management. Document the following information at least monthly until the child/young adult is located:

I. Continued efforts to locate (places searched, individuals contacted, MDT meetings, information gathered, websites checked, and continued progress consultation with LEA and NCMEC),

II. Contact with the child or young adult, and

III. Any additional information related to the child's or young adult's health, safety or whereabouts.

When a child or young adult is located: Actions to take

The following is a list of activities to complete when the caseworker receives information that a child or young adult who was missing has been located. It is not exhaustive and while described in a logical order, the specific circumstances in a given case controls the order in which each action occurs.

Return the child/young adult to a safe placement

Procedure

I. Go to the child or young adult or have a support person go to him or her. Although the caseworker must meet with the child or young adult, it may be better for someone else to make the first contact.

   A. Consider the relationship with the child, including how long the caseworker has known the child and the level of trust developed.

   B. Consider the location and circumstances when determining whether to contact law enforcement for assistance.

II. Consider contacting secure transport if there is a bed for the child in a secure facility. While it sometimes makes sense to interrupt a child's perceived freedom by placing him or her in a residential program or by probation placing the child in detention, the goal is to help him or her learn to protect themselves. The goal is to also help him or her make good decisions when he or she is ready, but also to provide a safety net for when making choices that may not be wise or safe.

III. Arrange transportation for the child or young adult to return if he or she is out of town or out of state. When a child or young adult in the legal custody of the department has been located in another state, the Interstate Compact on Juveniles (ICJ) applies. The caseworker contacts the ICJ coordinator at the Oregon Youth Authority, 503-373-7569, and arranges the child's or young adult's return to Oregon. The ICJ coordinator helps obtain the correct court order and makes travel arrangements for the child/young adult's return.

IV. Once contact is made, express relief and concern for the child or young adult. If the caseworker is not the one making the first contact, ask that those feelings be conveyed by the person who meets with the child or young adult. Also ensure the child knows DHS is committed to providing them with a safe place to sleep every night.

V. In determining whether to return a child or young adult to the last placement he or she was in, the worker should gather information from the child or young adult and the caregiver separately about why the child or young adult went missing. If the reasons are related to the placement itself, staff the placement decision with

a supervisor.

VI. If the child or young adult has a history of running away or indicates that he or she will not accept any placement selected by the department, the worker should discuss with the child or young adult where he or she wants to live or what type of placement he or she is willing to accept. Such placements may include:

   A. A particular relative with whom the child or young adult is comfortable. The requirements for relative placement must be met to place him or her with that relative.

   B. A former caregiver or another adult with whom the child or young adult has formed a relationship and with whom the he or she expresses a desire to be placed. Again, all certification requirements must be met to place him or her with that adult.

   C. Independent living services, while not a placement, has associated housing programs. If the child or young adult is considering independent living services, determine if he or she is eligible and appropriate for these services.

   D. Reunification with the child's or young adult's parent or parents. If he or she expresses a desire to live with his or her parent, the caseworker should determine if the factors preventing a reunification in the past are still a factor and, if not, follow DHS's requirements for pursuing a possible reunification.

By attempting to limit trauma to the child or young adult and increase his or her connections with supportive people, he or she will be more likely to move forward in making progress toward a stable adulthood.

Evaluate medical needs

When a child or young adult is located, ensure a medical professional sees him or her within 24 hours.

Notifications

Procedure

When the child/young adult is located, the caseworker must ensure this information is shared within 24 hours with those who were informed that he or she was missing. (If notification of the location occurs after hours, the timeline for completing these notifications begins on the next business day). At a minimum the notifications include:

I. Parents or caregivers.

II. Law enforcement: Do not remove the missing person report until he or she is in an approved placement. Knowing the location of the child or young adult does not mean he or she is safe.

III. NCMEC: Call the hotline number, 1-800-THE-LOST (1-800-843-5678). Like law enforcement, NCMEC will continue to use resources to locate missing persons, so it is important to notify them when a child or young adult is located.

IV. The court (including all parties), and

V. The tribe.

Vacate pick-up order and warrant

If a pick-up order and warrant were issued, ensure they are vacated.

Replace needed clothing or personal items.

Schedule a team meeting.

The caseworker should gather the team assembled when the child or young adult went missing.

Procedure

Bring together the team assembled when the child or young adult was missing to develop a plan to support him or her after being located. It will be important for the caseworker to meet with the child or young adult and gather information to best inform how to support him or her. This support may include identification of services to meet the child's or young adult's needs.

Take a photo

The caseworker should take a photo of the child or young adult and upload that photo into the OR-Kids file cabinet.

Procedure

Having a recent photo of a child or young adult is a critical piece to locating him or her if missing. Even though the child or young adult was located, it is important to be prepared should he or she go missing in the future.

Gather information

The caseworker should make face-to-face contact with the child or young adult within three business days of being located. As outlined in OAR 413-080-0053, when a child or young adult missing from substitute care is located, the caseworker must determine:

I. The primary factors that contributed to the missing status of the child or young adult and to the extent possible, address them;

II. The child's or young adult's experiences when missing; and

III. If the child or young adult is a sex trafficking victim or at risk of being a sex trafficking victim.

Procedure

This information must be gathered from the child or young adult and may be gathered from others. The caregiver at the time the child or young adult went missing is likely to have a critical perspective, and friends of the child or young adult likely have relevant information.

The information gathered should also include:

I. Contact information for the child or young adult;

II. If there are adults he or she trusts and would return to or speak to;

III. What he or she is looking for in a placement or at home (using motivational interviewing if possible); and

IV. The future.

Ensure information is gathered in a developmentally appropriate manner, considering the following:

I. Age and developmental stage of the child/young adult;

II. Mental and physical health of the child/young adult;

III. Best person to gather information; and

IV. Ways to continue to gather information by being in contact more than usual (daily, weekly, etc.).

Use information gathered

When the caseworker understands the primary factors contributing the child or young adult being missing, the caseworker must try to address those factors if at all possible. Even if the child or young adult has a different caregiver when he or she returns, the circumstances that led to the child being missing may be addressed in the new environment.

I. When the caseworker knows what happened when the child or young adult was missing, the caseworker should consider sharing this information with the MDT. This can inform how to best support the child or young adult and prevent him or her from going missing in the future.

II. Determine if the ongoing safety plan needs to be modified and whether the services to the child or young adult continue to be sufficient.

Develop a run prevention plan.

When a child or young adult was missing due to having run away, consider developing a runaway prevention plan. See form 0484, Run Prevention Plan for a template.

Take steps to resume school.

Document.

As outlined in OAR 413-080-0053, when a child or young adult missing from substitute care is located, the caseworker must document in the department's information system:

I. The primary factors that contributed to the missing status of the child or young adult;

II. Any actions taken to address the primary factors that contributed to the missing status of the child or young adult;

III. The child's or young adult's experiences when missing; and

IV. The determination of whether this child or young adult is a sex trafficking victim or at risk of being a sex trafficking victim.

Procedure

The caseworker should document in OR-Kids case notes the information gathered from and about a missing child or young adult who has been located. Select the case note type "missing child/young adult" located under the categories of assessment or case management.

The determination of a whether a child or young adult is a sex trafficking victim or at risk of being a sex trafficking victim is documented on the Identification of a Sex Trafficking Victim (Section 19 of this chapter) and then scanned and uploaded into the OR-Kids file cabinet under the file cabinet category "child/young adult sex trafficking." For details about how to make the determination, see Section 19.

References

Forms

I. Return Child Debrief https://apps.state.or.us/Forms/Served/ce0485.doc

II. Run Prevention Plan https://apps.state.or.us/Forms/Served/ce0484.doc

OARs

I. OAR 413-040, Substitute Care Placement Reviews

II. OAR 413-080, Monthly Contact and Monitoring Child and Young Adult Safety

III. OAR 413-090, Substitute Care – Payments

Tip

If the child or young adult requires medical help, encourage him or her to seek prompt medical attention by going to the nearest emergency room or urgent care clinic.

Tip

Ongoing conversations about the future are really important, especially when present life is difficult. Asking a child or young adult what he or she wants their life to be like in five years, where he or she wants to go in regard to education, getting a driver's license, etc., can be important. A child or young adult might want to look at school placements even though he or she does not want to live in foster care.

Chapter 4

Managing child safety in and out of home

Section 19: Identification of a sex trafficking victim

Identification of a sex trafficking victim

As outlined in OAR 413-015-0415 and 413-080-0053 and 0054, all caseworkers, including CPS workers, must determine if a child or young adult is a victim or is at risk of being a victim of sex trafficking. This could occur when either information gathered or observations made indicate a child or young adult may be a victim of sex trafficking or when a child or young adult has been missing and is located.

I. If a determination is made that a child or young adult is a victim of sex trafficking, the caseworker must:
   A. Report to a screener any new reports of child abuse or neglect,
   B. Identify appropriate services, and
   C. Identify the child or young adult as a sex trafficking victim in the Child Welfare electronic information system.

II. If it is determined that a child or young adult is at risk to be a victim of sex trafficking, the caseworker must identify and refer to appropriate services.

Understanding sex trafficking

I. "Child" means a person under 18 years of age. It is important to pay close attention to when "child" is used and when "young adult" is used.

II. "Coercion" means threats of serious harm to, or physical restraint of, any person; any scheme, plan or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to, or physical restraint against, any person; or the abuse or threatened abuse of the legal process.

III. "Commercial sex act" means any sex act where anything of value is given to or received by any person.

IV. "Force" means the use of any form of physical force, including rape, beatings and confinement to control victims.

V. ''Sex trafficking'' means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person over the age of 18 using force, fraud or coercion for the purpose of a commercial sex act.

VI. "Sexually explicit performance" means a live, recorded, broadcast (including internet) or public act or show intended to arouse or satisfy the sexual desires or appeal to the excessive sexual interests of customers.

VII. "Young adult" means a person aged 18 through 20.

Beyond the definitions

To be clear, sex trafficking of a child is child abuse regardless of force or coercion because a child, by law, can't consent. Sex trafficking of a young adult, however, does require force or coercion.

It is also important to know that sex trafficking is not limited to exchanging something of value for sex, but also for

stripping and live sex shows (see the definition of sexually explicit performance). Something of value may be money, but it may also be food, drugs, shelter or any other item that has value. Sex trafficking takes place in a variety of public and private locations including, but not limited to, the street, brothels, residential homes, spas, massage parlors and strip clubs.

Pimps and traffickers (two words meaning the same thing) target vulnerable children and young adults and lure them into sex trafficking using psychological manipulation, drugs and/or violence. Any child or young adult may be vulnerable to such a person who promises to meet his or her emotional and physical needs. A trafficker's or pimp's main purpose is to exploit the child or young adult for monetary gain. Often traffickers or pimps will create a seemingly loving and caring relationship with their victim in order to establish trust and allegiance. This manipulative relationship tries to ensure the child or young adult will remain loyal to the exploiter even in the face of severe victimization. These relationships may begin online before progressing to a real-life encounter.

Victims are:

I. **Targeted**

Pimps are predators who seek out vulnerable victims, particularly runaways or children or young adults experiencing trouble at home (including in a foster home). They know these children or young adults have emotional and physical needs they perceive are not being met and use this to their advantage. Pimps find victims at a variety of venues such as in social networking websites, shopping malls, schools, on local streets or at bus stations. While pimps often target children or young adults outside their family, a family member may also sexually traffic a child or young adult.

II. **Tricked**

Pimps are willing to invest a great deal of time and effort in their victim to break down a victim's natural resistance and suspicion by buying them gifts, providing a place to stay, and promising a loving relationship before revealing their true intent. Frequently, victims do not realize the deceptive nature of their trafficker's interest in them, viewing their pimp as a caretaker and/or boyfriend or girlfriend.

III. **Traumatized**

A pimp's use of psychological manipulation (causing the child or young adult to truly believe the pimp loves and cares for his or her well-being) coupled with physical control (threats, violence or drug addiction) can make a victim feel trapped and powerless. This "trauma bond" is difficult to break and requires long-term treatment and counseling for victims.

Barriers for victims

IV. **Psychology of victimization**

Pimps may use force, fraud or coercion to virtually enslave their victims. Victims have been controlled by threats of violence to their family; pornographic images taken and used for blackmail or stigmatization; and physical, verbal and sexual abuse. Young victims may be gang-raped to desensitize them to sexual activity prior to victimizing them in prostitution. Victims are taught not to trust law enforcement and may have experienced negative encounters with law enforcement officers. Victims often remain with pimps out of fear

of being physically harmed, having another victim endure physical harm, or a threat to their family members. Pimps have been convicted of plotting to murder cooperative victim witnesses and for the homicide of victims, further instilling fear.

V. **Trauma bonding**

This is also common among young victims exploited for commercial sex. The child or young adult experiences a strong link to the pimp or exploiter based on what is perceived as an incredibly intense or important relationship, but one in which there has been an exploitation of trust or power. Emotional bonding is a learned tactic for survival and can be common between exploited children or young adults and the exploiter.

The process of identification

Awareness of what to listen and look for

When completing casework activities, it is important to both listen and look for any indication that a child or young adult may be a sex trafficking victim or be at risk of being a sex trafficking victim. The indicators may be present when interacting with the child or young adult, but may also be realized when interacting with parents, substitute caregivers, providers or others working with him or her.

The following is an extensive, but not exhaustive, list of possible indicators that a child or young adult may be a sex trafficking victim. Remember, these are possible indicators, not determinative descriptors. The presence of one or even several indicators may not mean a child or young adult is a victim but does mean it is important to take a deeper look. While there is some duplication in the list, multiple ways of expressing a similar behavior may provide a clearer understanding.

When indicators are present or there are other behaviors that indicate to the caseworker that a child or young adult may be a sex trafficking victim, the caseworker should use the Identification of a Sex Trafficking Victim form, below. The caseworker must use the form when a child or young adult who was missing is located.

Look and listen for the following about the child/young adult:

I. Frequently “on the run” or regularly changes residence;

II. Is homeless;

III. Makes references to substance use/abuse;

IV. Has heightened sense of fear or distrust of authority or law enforcement;

V. Exhibits behaviors including fear, anxiety, depression, submission, tension and/or nervousness;

VI. Does not maintain family connections;

VII. Identifies the street family as his or her mother or father;

VIII. Doesn’t know what drugs he or she has taken;

IX. Not allowed to speak to the caseworker alone and is controlled by another person (a boyfriend, other adult or even same-age peer);

X. Accompanied and transported by dominating or controlling person;

XI. Cannot or will not speak on own behalf;

XII. Inability or fear to make eye contact;

XIII. Excess cash;

XIV. Has money without a clear explanation of where it came from — "I gotta go take care of my finances.";

XV. Has a sudden change in attire, behavior or material possessions (has expensive items, dresses provocatively or has unaccounted for money);

XVI. Wearing expensive clothing and has hair and nails done regularly, though he or she has no income to pay for such items;

XVII. Has a cell phone but no apparent means to pay for it;

XVIII. Age-inappropriate control over income or schedule;

XIX. Secrecy about whereabouts;

XX. Unaccounted for time;

XXI. Keeping late-night or unusual hours;

XXII. Works long hours;

XXIII. Is paid very little or nothing for work or services performed;

XXIV. Repeated curfew violations, keeps unusual hours, chronic truancy/tardiness from school or does not attend school;

XXV. Is not engaged in school or work, or has significant gaps in schooling;

XXVI. Lying about age; has false ID or no ID;

XXVII. Not in control of documents;

XXVIII. Contradicting personal information;

XXIX. Has unexplained injuries;

XXX. Has suspicious tattoos (branding tattoo);

XXXI. Has a "boyfriend" but does not know his name or only knows his street name;

XXXII. Presence of significantly older male, female or boyfriend or girlfriend who seems controlling;

XXXIII. Any mention of a pimp or boyfriend;

XXXIV. Refers to employer or boyfriend using slang such as "Daddy";

XXXV. Refers to or is participating in an online relationship and has not met the person face-to-face;

XXXVI. Self-disclosed or reported history of multiple and/or anonymous sex partners;

XXXVII. History of sexually transmitted disease(s);

XXXVIII. Is pregnant or a minor parent;

XXXIX. Frequent need for medical attention: STI/STDs, pregnancies, multiple ED visits;

XL. Returns from being on the run and reports sexual assaults by strangers (e.g., rapes, gang rapes). He or she may make multiple reports of such abuse, especially if on the run regularly.

XLI. "Picked up" from being on the run at a hotel, transit station or other known location of prostitution;

XLII. Picked up from being on the run with adults that have a history of previous exploitation;

XLIII. Has multiple hotel keys, saying, "Some guy got me this hotel.";

XLIV. Refers to sexual situations that are beyond age-specific norms;

XLV. Engages in sexually provocative behaviors, is promiscuous and/or has unprotected sex with multiple partners;

XLVI. Uses or refers to the terminology of the commercial sex trade;

XLVII. Depiction of sex industry in drawing, poetry or lyrics to sexually explicit music or songs;

XLVIII. Friend group includes other suspected or identified sex trafficking victims;

XLIX. Knows someone who has had sex for drugs, shelter, food or money;

L. Contact with adults or juveniles in prison;

LI. Criminal record, arrest history, juvenile probation;

LII. Gang affiliation reported, suspected or confirmed (may hang out with gang members);

LIII. Excessive frequenting of internet chat rooms or classified sites;

LIV. Has an explicitly sexual online profile via internet community sites, such as Facebook, Blackplanet.com, etc.;

LV. Exploitation on the internet, online ads, posted sexually explicit material;

LVI. Stripping or dancing in a club; or

LVII. Sexually explicit photos or videos.

The following actions may reveal indicators and, at a minimum, help the caseworker better understand the child's or young adult's circumstances:

I. Ask specific questions to draw information out about possible sex trafficking involvement:

   A. What kind of support do you need?

   B. How do you get your money?

   C. So, when your boyfriend gives you money, is it because you have to work for it?

D. Those bruises look like they hurt. Do you remember how you got them?

E. Did something happen?

F. Sometimes people trade sex for money or because they have to survive or need basic necessities. Has that happened to you?

G. I'm concerned about your safety. Are there places that are dangerous for you to go?

H. Are there people who are dangerous for you to be around right now?

I. I'm worried about your safety. Do you feel safe? Can we talk about that?

J. I'm concerned about where you are in the life. I will not judge you or judge anything you tell me. I'm here to listen if you ever want to talk or want support getting out.

II. Increase attempts to find a child or young adult who frequently runs away or is regularly truant.

III. Learn about specific gang activity from local law enforcement (or from other children or young adults if it is safe for them to discuss).

IV. Ask about STI/STDs, pregnancy and unexplained injuries and review medical records.

V. Observe communication patterns (who talks to whom, who doesn't talk, who is in control).

When communicating with the child or young adult, listen for the terminology of the commercial sex trade. Being familiar with this language can help a caseworker identify a possible sex trafficking victim and can also assist in understanding his or her daily life.

The following terms are from Shared Hope International:

I. **Automatic**

A term denoting the victim's "automatic" routine when her pimp is out of town, in jail or otherwise not in direct contact with those he is prostituting. Victims are expected to comply with the rules and often do so out of fear of punishment or because they have been psychologically manipulated into a sense of loyalty or love. All money generated on "automatic" is turned over to the pimp. This money may be used to support his concession or phone account or to pay his bond if he is in jail.

II. **Bottom or bottom bitch**

A female appointed by the trafficker or pimp to supervise the others and report rule violations. Operating as his "right hand," the bottom may help instruct victims, collect money, book hotel rooms, post ads or inflict punishments on other girls.

III. **Branding**

A tattoo or carving on a victim that indicates a trafficker's, pimp's or gang's ownership of the victim.

IV. **Brothel (aka cathouse or whorehouse)**

These establishments may be apartments, houses, trailers or any facility where sex is sold on the premises. It could be in a rural area or nice neighborhood. Most brothels have security measures to prevent attacks

by other criminals or provide a warning if law enforcement is nearby. The security is two sided – to keep the women and children in, as well as robbers out. The places often are guarded (and open) 24 hours a day, but some have closing times in which the victims are locked in from the outside. Victims may be kept in this location for extended periods or rotated to other locations every few days.

V. **Caught a case**

A term that refers to when a pimp or victim has been arrested and charged with a crime.

VI. **Choosing up**

The process by which a different pimp takes "ownership" of a victim. Victims are instructed to keep their eyes on the ground at all times. According to traditional pimping rules, when a victim makes eye contact with another pimp (accidentally or on purpose), she is choosing him to be her pimp. If the original pimp wants the victim back, he must pay a fee to the new pimp. When this occurs, he will force the victim to work harder to replace the money lost in transaction. (See "Reckless eyeballing.")

VII. **Circuit**

A series of cities among which prostituted people are moved. One example would be the West Coast circuit of San Diego, Las Vegas, Portland and the cities between. The term can also refer to a chain of states such as the "Minnesota pipeline" by which victims are moved through a series of locations from Minnesota to markets in New York.

VIII. **Daddy**

The term a pimp will often require his victim to call him.

IX. **Date**

The exchange when prostitution takes place or the activity of prostitution. A victim is said to be "with a date" or "dating."

X. **Escort service**

An organization, operating chiefly via cellphone and the internet, that sends a victim to a buyer's location (an "outcall") or arranges for the buyer to come to a house or apartment (an "in-call"); this may be the workplace of a single woman or a small brothel. Some escort services network with others and can assemble large numbers of women for parties and conventions.

XI. **Exit fee**

The money a pimp will demand from a victim who is thinking about trying to leave. It will be an exorbitant sum, to discourage her from leaving. Most pimps never let their victims leave freely.

XII. **Family or folks**

The term used to describe the other individuals under the control of the same pimp. He plays the role of father (or "Daddy") while the group fulfills the need for a "family."

XIII. **Finesse pimp or Romeo pimp**

One who prides himself on controlling others primarily through psychological manipulation. Although he may shower his victims with affection and gifts (especially during the recruitment phase), the threat of violence is always present.

XIV. **Gorilla (or guerilla) pimp**

A pimp who controls his victims almost entirely through physical violence and force.

XV. **John (aka buyer or trick)**

An individual who pays for or trades something of value for sexual acts.

XVI. **Kiddie stroll**

An area known for prostitution that features younger victims.

XVII. **Lot lizard**

Derogatory term for a person who is being prostituted at truck stops.

XVIII. **Madam**

An older woman who manages a brothel, escort service or other prostitution establishment. She may work alone or in collaboration with other traffickers.

XIX. **Out of pocket**

The phrase describing when a victim is not under control of a pimp but working on a pimp-controlled track, leaving him or her vulnerable to threats, harassment and violence in order to make him or her "choose" a pimp. This may also refer to a victim who is disobeying the pimp's rules.

XX. **Pimp circle**

When several pimps encircle a victim to intimidate through verbal and physical threats in order to discipline the victim or force him or her to choose up.

XXI. **Quota**

A set amount of money that a trafficking victim must make each night before he or she can come "home." Quotas are often set between $300 and $2,000. If the victim returns without meeting the quota, he or she is typically beaten and sent back out on the street to earn the rest. Quotas vary according to geographic region, local events, etc.

XXII. **Reckless eyeballing**

A term that refers to the act of looking around instead of keeping your eyes on the ground. Eyeballing is against the rules and could lead an untrained victim to "choose up" by mistake.

XXIII. **Renegade**

A person involved in prostitution without a pimp. ("Renegade" and "independent" have the same meaning, but renegade is a negative term used by a pimp and independent is a term used by the child or young adult that he or she would not consider negative.)

XXIV. **Seasoning**

A combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food or sleep, isolation from friends or family and other sources of support and threatening or holding a victim's children hostage.

Seasoning is designed to break down a victim's resistance and ensure compliance.

XXV. **Squaring up**

Attempting to escape or exit prostitution.

XXVI. **Stable**

A group of victims under the control of a single pimp.

XXVII. **The game or the life**

The subculture of prostitution, complete with rules, a hierarchy of authority and language. Referring to the act of pimping as "the game" gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Women and girls will say they have been "in the life" if they've been involved in prostitution for a while.

XXVIII. **Track (aka stroll or blade)**

An area of town known for prostitution activity. This can be the area around a group of strip clubs and pornography stores or a particular stretch of street.

XXIX. **Trade up or trade down**

To move a victim like merchandise between pimps. A pimp may trade one victim for another or trade with some exchange of money.

XXX. **Trick**

Committing an act of prostitution (verb), or the person buying it (noun). A victim is said to be "turning a trick" or "with a trick."

XXXI. **Turn out**

To be forced into prostitution (verb) or a person newly involved in prostitution (noun).

XXXII. **Wifeys or wife-in-law or sister wife**

What women and girls under the control of the same pimp call each other. (See "Family or folks" and "Stable.")

Tip

Pay close attention to the use of the words “child” and “young adult “to ensure which questions are applicable. When identifying a victim of sex trafficking, force and coercion do not have to be present when a child engages in a commercial sex act,; however, they are required to identify a young adult as a victim. If any of the questions in the section below are marked yes, the child or young adult is an identified sex trafficking victim.

Determining and documenting sex trafficking victim status

When information gathered or observations made indicate a child or young adult may be a victim of sex trafficking or a missing child or young adult in substitute care was missing and is located, the caseworker must determine and document the determination of sex trafficking victim status in OR-Kids.

Confirmed victim, if yes to one or more of the following

If the answer is yes to any of the above questions, complete the following two questions. The form is then complete.

If confirmed victim — answer the following question:	**Yes**	**No**
Has the child self-reported engaging in sexual activity or sexually explicit performance for another person’s monetary or in-kind benefit?	☐	☐
Has the young adult self-reported being forced or coerced into sexual activity or sexually explicit performance for another person’s monetary or in-kind benefit?	☐	☐
Has law enforcement confirmed through an investigation that the child or young adult has been sexually trafficked?	☐	☐
Has the child self-reported “consensual” participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other item(s) of value?	☐	☐

If the answer is yes to any of the above questions, complete the following two questions. The form is then complete.

If confirmed victim — answer the following question:	**Yes**	**No**
Is the child or young adult in substitute care?	☐	☐
If yes, does the information support the first victimization was before entering substitute care and not in their family home? (Answer no if first victimization was while in substitute care.)	☐	☐

If the answer is no to all of the questions under the confirmed victim section, complete the below questions:

At risk — if yes to one or more of the following:	**Yes**	**No**
Does the child or young adult have a self-disclosed or reported history of multiple (one or more) and/or anonymous sex partners?	☐	☐
Does the child or young adult have a history of multiple (one or more) chronic sexually transmitted diseases?	☐	☐
Has the child or young adult used the internet for posting sexually explicit material?	☐	☐

Have there been confirmed or reported uses of hotels for parties or sexual encounters?	☐	☐
Does the child or young adult have family connections to sex trafficking	☐	☐
Has gang affiliation been disclosed, reported or suspected?	☐	☐

At risk — If yes to two or more of the following	**Yes**	**No**
Does the child or young adult have unaccounted for injuries or suspicious tattoos?	☐	☐
Does the child or young adult have a history of multiple (one or more) runs?	☐	☐
Has the child or young adult been in possession of money, cell phone, hotel keys or other items that cannot be accounted for or explained?	☐	☐
Is the child or young adult in a relationship with a significantly older partner?	☐	☐
Is the child or young adult unable or unwilling to provide information about a boyfriend or girlfriend or sex partners?	☐	☐

Identified victim

When a child or young adult is identified as a victim of sex trafficking (at least one question in the "Confirmed victim" section is answered yes), the caseworker must:

I. **Complete the Determination of Sex Trafficking Victim Status form**

The caseworker must complete the questions about whether a child or young adult was first victimized while in substitute care or before ever being in substitute care. The information gathered and documented may change as the child or young adult develops more trust with the caseworker and is more comfortable sharing more details.

II. **Who needs to know (Screening, NCMEC, if previously missing)?**

A. **Screeners**

If it is determined that a child or young adult is a victim of sex trafficking, the caseworker must report the determination immediately, and — in no case — later than 24 hours, to a screener.

B. **National Center for Missing and Exploited Children (NCMEC)**

When a caseworker identifies a child or young adult as a sex trafficking victim and the child or young adult has previously been missing, the information can be shared with NCMEC. This includes when the child or young adult is not currently missing.

Because NCMEC has a file on a child or young adult previously missing, they can add that information to the file and be in a better position to assist if the child or young adult is missing in the future.

III. **Medical assessment**

A medical professional should see the child or young adult.

IV. **Services**

If enough yeses were marked to identify a child or young adult as at risk for being a victim of sex trafficking, the caseworker must identify and refer to appropriate services as outlined in Chapter 5, Section 36, Sex Trafficking Services.

V. **Documentation**

A. Document any additional information related to sex trafficking in OR-Kids case notes, category type "sex trafficking."

B. Revise the case plan as indicated.

D. Identified at risk

I. **Services**

If a determination is made that a child or young adult is at risk to be a victim of sex trafficking, the caseworker must identify and refer to appropriate services as outlined in Chapter 5, Section 36, Sex Trafficking Services, which applies to victims and those at risk of being a victim.

II. **Documentation**

A. Document any additional information related to sex trafficking in OR-Kids case notes, category type "sex trafficking."

B. Revise the case plan as indicated.

Not identified victim or at risk

I. **Next steps**

If after completing the form, the child or young adult is not an identified victim and is not identified as at risk for being a victim, consider the information that triggered the need to complete the form and whether any response to those behaviors is warranted.

Despite the child or young adult not being an identified victim or at risk, it is important to continue looking and listening for the indicators. When additional indicators are present, again determine and document the determination of sex trafficking victim status in OR-Kids.

II. **Documentation**

Ensure the determination of sex trafficking victim status is documented in OR-Kids.

Chapter 4

Managing child safety in and out of home

Section 20: Substance affected infant

Substance affected infant

Introduction

The federal government passed the Comprehensive Addiction and Recovery Act of 2016 (CARA). This act added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA) to focus on the effects of substance misuse on infants and their families.

The purpose is for early identification and intervention by providing support and services to families needing help with substance use disorders.

Specifically, the law requires:

I. Health care providers to notify Child Welfare when an infant is born affected by substances.

II. Plans of care to be developed for such infants to address the health and substance use disorder treatment needs of the infant and the infant's family.

III. Service referrals to be made for any services identified in the plan of care.

Maternal drug and alcohol use during pregnancy have been associated with premature birth, still birth, low birth weight, slowed growth, sudden infant death syndrome, and a variety of physical, emotional, behavioral and cognitive problems. How and whether the infant is affected by prenatal substance exposure depends on several factors, including the frequency, timing and type of substances used. Because substance-affected infants are likely to require health care and related services of a type or amount beyond what children generally require, it follows that these infants and their families could benefit from support and possibly services.

When providing support and services to families where substance use is identified, it is important to use a multi-disciplinary approach that draws on trauma-informed professional expertise across agencies. These providers include medical providers; public health, such as home visiting nurses; chemical dependency programs; social services; mental health; and early intervention services.

Definitions

I. "Health care provider" means a licensed independent practitioner involved in the care and delivery of infants, including:

   A. A physician, as defined in ORS 677.010,

   B. A nurse practitioner, including nurse-midwives, certified under ORS 678.375 and authorized to write prescriptions under ORS 678.390, or

   C. A naturopathic physician licensed under ORS chapter 685.

II. "Medication assisted treatment (MAT)" means the use of FDA-approved medications combined with counseling and behavioral therapies to provide a "whole-patient" approach to treating substance use disorders.

III. "Plan of care" means a written plan for a substance-affected infant and the infant's family, focused on

meeting health needs and substance disorder treatment needs and developed in collaboration with the family, the healthcare provider, community agencies and Child Welfare when appropriate.

IV. "Substance" means any legal or illegal drug with potential for misuse, including any controlled substance as defined by ORS 475.005, prescription medications, over-the-counter medications or alcoholic beverages. Substance does not include tobacco, medication-assisted treatment, or drugs used in a manner prescribed.

V. "Substance-affected infant" means an infant, regardless of whether abuse is suspected:

   A. For whom prenatal substance exposure is indicated at birth, and

   B. Subsequent assessment by a health care provider identifies signs of substance withdrawal, a fetal alcohol spectrum disorder diagnosis, or detectable physical, developmental, cognitive or emotional delay or harm associated with prenatal substance exposure.

   Prenatal substance exposure is determined by a positive toxicology screen from the infant or the mother at delivery or credible information that the mother had an active untreated substance use disorder during the pregnancy or at the time of birth.

Casework activities

Planning

In addition to the information typically addressed in ongoing safety plans and case plans, the caseworker should address behaviors, conditions and circumstances specific to substance use when an infant on their caseload has been exposed to or affected by substances.

Procedure

When working with a substance-exposed or substance-affected infant and the infant's family, the caseworker, in addition to the typical planning considerations, should consider planning specific to substance use and infant care, such as:

I. Treatment compliance (e.g., attendance to individual, group, case management meetings; drug testing attendance and results)

II. Treatment progress (e.g., treatment plan progress; behavioral changes; phase progression)

III. Changes in treatment plan (e.g., diagnosis; level of care; drug testing requirements; service recommendations)

IV. Observations of parent-child interaction including any child risk and safety concerns (e.g., unsafe home environment or parent relocation; indicators of substance use)

V. Outcomes monitoring (e.g., sustaining long-term recovery, improved functioning)

Plan of care

When a child is identified as a substance-affected infant, the caseworker must reach out to the health care provider, hospital social worker or others engaged with the family, and determine if a plan of care has been developed and whether service referrals were made for the infant or the infant's family.

The caseworker must ensure a plan of care is developed, and service referrals identified in the plan for the infant and the infant's family have been made.

Procedure

I. **What does a Plan of Safe Care include?** The Plan of Safe Care includes the following:

   A. The physical health, substance use disorder treatment needs, general functioning, development, safety and any special care needs of the infant who may be having physical effects or withdrawal symptoms from prenatal exposure.

   B. The parents or caregivers' physical, social and emotional health, and substance use disorder treatment needs.

   C. Services and supports to improve the parent or caregiver's capacity to nurture and care for the infant.

II. **Who may be involved in a Plan of Safe Care?** Developing a Plan of Safe Care involves input from the mother, father and other caregivers and uses a multidisciplinary team approach to provide coordinated and complete care. The team may include:

   A. Child Welfare
   B. Medical
   C. Substance misuse disorder treatment
   D. Mental health
   E. Early childhood intervention
   F. Home visitors
   G. Public health
   H. Tribe
   I. Others, as appropriate

While in most cases the health care provider will be leading the plan of care's development, remember it is developed in collaboration with the family, other social service agencies and —when Child Welfare is involved — with the CPS worker or permanency worker.

If the health care provider or other service providers are not taking the lead, it is important for the permanency worker to do so. When a substance affected infant is identified on an open case, a plan of care must be developed and service referrals made.

The permanency worker, if taking the lead on the development of the plan, may use the OHA 1394 Plan of Care.

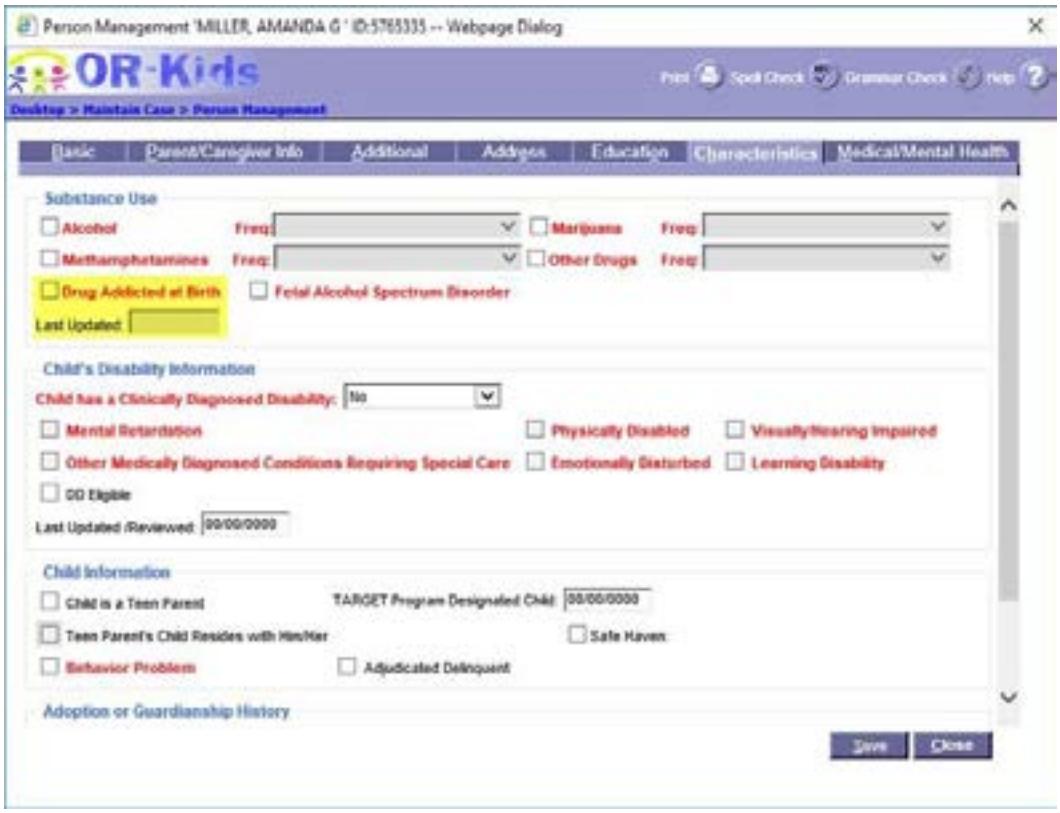
If preferable, the permanency worker can incorporate the elements of the plan into the ongoing safety plan or case plan, depending on which element fits best where and what plans are pertinent to the specific family. When a plan of care has been developed or another person is taking the lead, ask for a copy or for information about the plan and referred services.

Identify the child as a substance-affected infant in OR-Kids

Identifying substance affected infants will allow Child Welfare to track and report related data. It also is a way to identify children (and families) who may need additional support and services.

Procedure

If not completed in OR-Kids at screening or during the CPS assessment, the permanency worker would click on the person hyperlink and then click on the characteristics tab. In the top section titled "Substance Use," there are two boxes — "Drug Addicted at Birth" and "Fetal Alcohol Spectrum Disorder." While drug addicted at birth is an incorrect term, please select this box to indicate the child is a substance-affected infant (a change request has been submitted to change the title of the box).



Remember, when the infant or mother test positive for substances at birth, the infant is substance-exposed, but may or may not be affected by the exposure. Only select the box when a healthcare provider indicates the substances affected the infant.

Engaging clients struggling with a substance use disorder

People with a substance use disorder are victims of their disease. As a result, working with them can be a challenge for caseworkers. People struggling with a substance use disorder tend to blame their problems on those around them and may go to great lengths to deny their addiction is the reason for their current situation. Most people with substance use disorder believe they have no problem and that others do not understand their situation. An important aspect of substance use disorder denial is the ability to excuse, rationalize, minimize, lie or blame others for their behavior. In addition, a pregnant woman may fear she will lose her infant if she acknowledges her substance use.

By the nature of the illness, people with substance use disorders are not able to control use by practicing self-control; they use denial to maintain using substances. Until a person receives treatment for their substance use, they may not be willing or open to changing their behavior. They may suffer many consequences because of their use or be forced to go to treatment through family or court intervention before they are willing to acknowledge they have a problem and need

help to remain free from using substances.

Caseworkers need to have patience and understanding of the multiple facets of this chronic disease when working with people who have this disorder. Believing in a person's ability to change and wanting a sober life is imperative. Once a person with a substance use disorder receives treatment and remains sober, he or she will no longer need addictive defenses. When they view themselves in a positive way, their behavior will also change in that direction. Caseworkers can aid in this change by acknowledging and building on a person's successes, offering support, being non-judgmental, and treating each contact as an opportunity for growth.*

References

Legal references

I. OAR 413-080-0040, Monthly Contact and Monitoring Child Safety

II. Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Forms

OHA 1394 Plan of Care

* "The Problem of Addiction," Modern Drummer, February 1991.

Chapter 4

Appendix 4.1: Case transfer information sufficiency checklist

Case Transfer Information Sufficiency Checklist

Determine the sufficiency of information in the Initial assessment, Safety Assessment, Analysis and Plan, and supporting documentation.

☐ **Does the documentation within the initial assessment sufficiently answer the 6 assessment questions?**
- *Are there "gaps" in information?*
- *Is there need for further clarification regarding documented information?*
- *Are family and child functioning sufficiently understood?*

☐ ***Do you understand how safety threats are occurring in the family?***
- *Does documentation in the initial assessment support the identification of safety threats?*
- *Is it obvious how threats to child are operating in the family?*
- *Are safety threats justified, clearly and precisely described in the safety assessment?*
- *Is further information needed to understand the safety assessment decision?*

☐ **Can the family adequately manage and control for the child's safety without direct assistance from Child Welfare?**
- *Does documentation support the decision that the family can sufficiently manage safety on its own?*
- *Is there an adequate basis for determining that a non-maltreating parent has the capacity and willingness to protect?*
- *Is further clarification indicated?*

☐ **Can an in-home safety plan sufficiently manage safety threats?**
- *Does the safety analysis documentation clearly support the decision to use an in-home safety plan?*
- *Do identified safety actions match up with how safety threats are manifested?*
- *Does the in-home safety plan provide a sufficient level of effort?*
- *Is it clear who is responsible for providing what safety action?*
- *Are there gaps in information that require immediate follow-up?*
- *Is there a need for further clarification and supervisory consultation?*

☐ **Does out-of-home placement appear to continue to be necessary?**
- *Does the safety analysis documentation obviously support the decision to place out of the home?*
- *Is there a need for further clarification regarding the decision to place?*

- ☐ **Identification of Caregiver Protective Capacities**
  - ○ *Does documentation identify specific strengths associated with the parents' role?*
  - ○ *Is there need for clarification regarding parental protective capacities?*
  - ○ *Consider what possibilities may exist for discussing and using parental protective capacities during the PCA process.*

Planning for Conducting the PCA and Implications for Immediate Response

- ☐ *If it is unclear how safety threats are manifested, seek supervisor consultation and clarification from the CPS worker.*
- ☐ *If the safety response is unclear or not supported in the documentation, seek supervisor consultation and follow up with the CPS worker.*
- ☐ *Consider whether there is a need to immediately contact safety service providers (in-home safety plan) prior to the PCA Introduction with the parents. Make immediate adjustments to safety plans as indicated.*
- ☐ *Always consider if there is a need for immediate adjustments to safety plans prior to initiating the PCA Introduction with parents.*
- ☐ *If there are significant gaps in information related to safety threats and/or safety analysis and plans, attempts should be made to promptly make face-to-face contact with parents and children to verify that child safety is being sufficiently managed.*
- ☐ *If safety threats are not well understood and cannot be clarified by the CPS worker, seek to reconcile what information is unknown by the conclusion of the Introduction meeting(s), and make adjustments to the safety plan as indicated.*
- ☐ *Consider how the parents' reaction to Child Welfare might influence how you introduce yourself and the PCA.*
- ☐ *Prior to the Introduction meeting(s) with parents, make sure that you are clear about what you want to accomplish by the end of the meetings.*
- ☐ *Given variation in family dynamics, consider carefully how best to initiate the PCA process with parents.*

Chapter 4

Appendix 4.1a: Is my safety plan sufficient?

Is my safety plan sufficient?

- ☐ It clearly controls or manages impending danger threat.
- ☐ It had an immediate effect.
- ☐ It uses actions that are immediately accessible and available.
- ☐ It contains **safety services and actions only** (not change-based or case plan services).
- ☐ Safety service providers were assessed to be suitable and reliable through a due diligence approach.
- ☐ It is not based on commitments from parent or caregivers.
- ☐ It includes detail on DHS's oversight processes.

Chapter 4

Appendix 4.1b: In-home Criteria and Conditions for Return Guide

In-Home Criteria and Conditions for Return Guide

Each parent's ability to meet the four in-home criteria should be addressed immediately upon determining there is an impending danger safety threat requiring a safety plan. If parents cannot meet all four criteria and a child must be placed in substitute care, clear Conditions for Return statements should be developed for only the missing criteria. This process guides us to have the least restrictive plan for the family. Concise, specific, simple language and formatting gives the family a clear guide to the expectations for reunification and the best chance at successful timely reunification. The underlying value of this process is the belief that children should be with their family unless it's impossible to manage safety in their home. The developed Conditions for Return should be reviewed at each monthly contact with parents to identify barriers.

Below are all four in-home criteria descriptions with examples of when they are met, examples of when they are not met, and corresponding examples of a condition for return. These examples are intended to be ideas for language to consider. Conditions for Return statements should be customized to each parent's situation.

There Is A Home Like Setting Where the Parent(s) and Child(ren) Live?

This criteria requires us to determine if where a parent lives is suitable for implementing an in-home safety plan. The critical issue is sustainability. In other words, is there confidence that the place where a parent is residing is stable enough to establish and sustain an in-home safety plan over a reasonable period? This does not necessarily preclude motels or shelters from potential in-home safety planning locations. However, there needs to be assurance that the place where a parent is staying is not temporary – that there is a reasonable way to sustain the use of an in-home safety plan in that location.

Justification for Meeting This Criteria:

- There is an adequate home in which a safety plan can be maintained.
- [Name] has maintained a home in which a safety plan can be maintained.
- [Name] has historically been able to maintain a place to live.
- [Name] has housing difficulties but there is evidence that they can maintain a place where a safety plan could be monitored.
- [Name] has a residence (e.g home, trailer, apartment, hotel, shelter situation- in specific cases) that is sufficient to support the use of an in-home safety plan.
- [Name] is staying with someone else but the situation is stable enough to use an in-home safety plan.

Examples when there was NOT a home-like setting:	Examples for Conditions for Return:
1. [Name] has no stable home from which to implement a safety plan.	[Name] will have a stable home where an in-home safety plan can be maintained.

2. The living situation is too unpredictable for a safety plan.	The home environment will be predictable enough to allow for adequate safety services to manage child safety in-home.
3. The home is hazardous for the children. (Describe)	The home will be free from [the previously identified hazards] and there will be confidence that can be maintained with the oversight of safety service providers.
4. [Name] does not have the resources to maintain a home for an in-home safety plan.	[Name] will use resources and have a reasonable plan to maintain a stable home.
5. There is a known perpetrator of child abuse living in the home.	The home will be free from dangerous people who pose a safety risk to the child, and there will be confidence that can be maintained with the oversight of safety service providers.

There Are No Barriers in the Home to Allowing Safety Service Providers & Activities to Occur.

This condition is about whether the home environment is understood enough for an in-home safety plan to be implemented and to allow safety service providers to carry out planned activities without interference. To have confidence in establishing and sustaining an in-home safety plan, the home environment needs to have some routine and predictability.

Justification for Meeting This Criteria:

- There are no barriers that would prevent safety service providers from their role in monitoring the plan.
- While there may be active substance use, there are no barriers preventing safety services from monitoring safety.
- The home may have aspects that are out-of-control, but safety resources can control and manage the situation.
- The apparent crisis is situational and in-home safety services can address the crisis.
- Overall home environment is stable enough to accommodate in home safety services.
- Behavior and emotions are not aggravated or extreme, and can be managed by in-home safety services.
- There is enough routine to implement an in-home safety plan, focusing on specific days and times.
- While parent functioning may be out-of-control and affecting child safety, there is enough understanding of how the family operates to implement a safety plan sufficient to ensure the child's safety in-home.
- There is an understanding of the specific triggers that cause the safety threat to occur, to ensure the current plan is sufficent to mange safety.

Examples of a home NOT free from barriers allowing for safety service providers and activities to occur:	Examples of Conditions for Return:

1. [Name]'s substance use is so out-of-control that no level of safety service provider could maintain a child's safety in the home.	Substance use will be under control to a degree that safety service providers can ensure a child's safety.
2. There are people in the home preventing safety services from managing safety.	Specific individuals who were barriers to safety service providers ensuring safety won't have access to the home.
3. [Name] is directly threatening to the child.	[Name]'s behavior will not be directly threatening to the child.
4. [Name] demonstrates cruel, aggressive or threatening actions which are beyond safety service providers ability to manage.	[Name]'s behavior will no be longer cruel, aggressive or threatening to the degree that safety services can sufficiently manage child safety in-home.
5. Violence in the home is out-of-control and too dangerous for safety providers to manage.	Violence in the home will be understood and not so dangerous that safety service providers can't manage the plan.
6. There is a belief that safety service providers would not be safe when in the home. [Describe why they would not feel safe]	There is confidence that safety service providers will be safe when accessing the home.
7. A child is extremely fearful of the home situation. [Describe the situation causing fear]	The child will no longer be fearful of living in the home and is comfortable around the parent.
8. [Name]'s behaviors associated with their mental health issues are extreme and in-home safety services cannot sufficiently manage the behavior to assure safety.	[Name]'s mental health issues will be managed to a degree that safety services can manage child safety.
9. The home is unpredictable and there is not enough routine and organization to maintain a safety plan.	[Name] will have a predictable routine and structure in the home to a degree that in-home safety services are able to monitor safety in the home.
10. [Name] views the child in such an extremely negative manner that their actions (physical and/or verbal) cannot be managed by safety service providers to avoid the child being in a continually unsafe environment.	[Name]'s view of, and relationship to, [child] will improve to a degree that safety service providers are able to maintain the child's physical/emotional safety in-home.
11. Unknown people who may pose a danger have access to the household.	People who have access to the home will be known and will not impose a risk to child safety.
12. There is no clear routine in the home for safety providers to know when to monitor safety.	There will be an increased structure and routine in the home to a degree that safety service providers can monitor safety.
13. The child has a suspicious physical injury which is known to be or reasonably suspected to be the result of abuse and there is reason to believe that someone in the home caused the injury, so a plan cannot be created without some understanding of who/what caused the injury.	There will be an adequate understanding of who and what caused the injury to allow safety service providers to sufficiently manage the child's safety in the home.
14. The (insert unsafe family condition) is unpredictable and currently impacting child safety.	The specific triggers for (insert unsafe family condition) are understood and able to be managed to allow for child safety in the home.

At Least One Parent Is Willing to Cooperate with The Safety Plan.

Willingness to cooperate with an in-home safety plan should be based on a caregiver's participation in safety planning and allowing – not interfering - with safety service providers. Willingness can exist when a parent or caregiver does not agree with the reasons for needing a safety plan. Willingness means a parent understands what the safety plan will entail, accepts who will be involved, the frequency and intrusiveness during daily and weekly home life that is necessary, and there is no intent to disrupt the plan. There must be confidence that a parent is willing to cooperate with a safety plan to assure sustainability.

Justification for Meeting This Criteria:

- [Name] agrees to and cooperates with an in-home plan.
- [Name] understands what is required and agrees to allow others into the home at the level required.
- [Name] avoids interfering with safety service providers.
- [Name] is open to exploring in-home safety options.
- [Name] does not reject or avoid involvement.
- [Name] is willing to consider what it would take to keep the child in the home.
- [Name] is open to the parameters of an in-home safety plan, arrangements and safety service providers.
- [Name] demonstrates an investment in having the child remain in the home.

Examples of NOT being willing to cooperate:	Examples of Conditions for Return:
1. [Name] is unwilling to do what it would take to keep the child in the home.	[Name] will be open to doing what the safety plan would require and show a willingness to commit to it.
2. Despite verbally agreeing to the plan, there is reason to believe [Name] would not actually follow the necessary requirements.	[Name] will show an ability to cooperate with the requirements of an in-home safety plan (by being active in case planning, visitation, etc).
3. [Name] does not accept the requirements of an in-home plan. [Name] will not agree to allow safety providers access to the home when necessary.	[Name] will show a willingness to allow safety services in the home and agree to the level of involvement from safety services necessary to assure child safety.
4. [Name] openly and adamantly rejects the need for safety plan.	[Name] will acknowledge the need for a safety plan, and show an ability to cooperate with an in-home safety plan (by being active in case planning, visitation, etc).
5. [Name] limits or refuses access to the home.	[Name] will allow safety providers and Child Welfare access to the home, as necessary.
6. [Name] avoids contact (related to safety planning) with Child Welfare or safety services.	[Name] will maintain consistent communication with Child Welfare and Safety Providers to a degree they can manage the in-home safety plan.
7. [Name] does not want the child in the home.	[Name] will express a desire to parent and have the child in the home.

8. There is evidence that supports [Name] may flee with the child.	[Name] will no longer be a risk to flee and will show a consistent commitment to cooperating with planning.

The Necessary Safety Activities and Resources Are Available to Implement the Plan?

Having necessary safety activities and resources means there are adequate safety services and safety service providers available at the level required to sufficiently manage child safety in the home. It also includes having access to safety services that are appropriate considering how impending danger is occurring. This criteria requires that safety service providers are committed to participating in a safety plan and have been verified as suitable to manage a specific role in the plan. Safety service resources and providers must also be available and accessible at the specific times and for the duration necessary for managing child safety. Remember, as a parent makes progress towards the Expected Outcomes, the level and frequency of safety providers in the home may decrease.

Justification for Meeting This Criteria:

- There are adequate resources for an in-home safety plan [describe those resources].
- Identified safety services that are available match up with how impending danger is occurring.
- Safety service providers are logical given family circumstances and what must be managed to assure child safety.
- There is confidence that safety service providers are open and understand their role in an in-home safety plan.
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan.
- Safety services are immediately available and accessible in time and proximity.

Examples of there NOT being sufficient safety activities and resources available:	Examples of Conditions for Return:
1. There are not enough safety providers or resources available at the level and/or times necessary to monitor safety. (Describe: what level of supervision is needed, and at what times)	There will be enough safety providers and resources necessary to manage an in-home safety plan with [Name]. There will be an SSP in the home during all waking hours. If the parent and child leaves the home the SSP will accompany them and not let them leave their sight.
2. Safety providers or services are not available at the times necessary to control and manage the danger. (Describe times: after school, weekends, when working parent is home)	[Name] will partner with Child Welfare to identify safety service providers who can be available at [the necessary times described in the in-home criteria assessment].
3. [Name] is not able to provide basic care, the child(ren) need constant attention and there are not enough safety service providers to provide the required monitoring and support.	[Name] will partner with Child Welfare to identify safety service people who can be available to provide the necessary monitoring and support to ensure child safety.

4. There are not enough safety service providers available to ensure the child(ren)'s special needs are met.	[Name] will partner with Child Welfare to identify services and supports who can ensure that the child(ren)'s special needs are met.

Sample Formatting

In-Home Criteria	Conditions for Return
Ms. Jones was not able to meet criteria for an in-home plan. • **Home like setting:** NOT MET Ms. Jones does not have a stable home in which a safety plan can be implemented. She has struggled with maintaining a stable home for the last year. • **There are no barriers for Safety Services:** NOT MET The child is extremely fearful of Ms. Jones's home situation. She doesn't trust Ms. Jones given their history. No level of safety services could overcome this barrier. • **Willing to cooperate with the plan:** MET Ms. Jones demonstrates she would be invested in having her child remain in the home and that she would agree to the requirements of an in-home plan. • **Sufficient safety services available:** NOT MET There are not enough people or services available to ensure that the children have their basic needs met after school and on weekends.	1. There will be a stable home where an in-home safety plan can be maintained with Ms. Jones. 2. The child will no longer be fearful of the home, and there will be adequate safety service providers to ensure emotional safety for the child. 3. Ms. Jones will partner with Child Welfare to identify safety service people who can be available after school and on weekends to ensure the child's basic needs are met. As progress is made, the frequency of safety providers needing to be in the home may decrease.

Frequently Asked Questions:

What if a parent goes into residential treatment and the child can join them?

Answer: Typically, all Conditions for Return are met when a parent is in a residential program. A common concern is the parent's sustainability in the program. We should not underestimate the level of commitment a parent makes prior to entering into treatment. They give up nearly every aspect of control in their life. Parents often are motivated by the plan of having their children with them. Our treatment providers are experts on treating substance use disorders and we should rely on their judgement to know when to reunite the family. We shouldn't delay reunification and deny the family the opportunity for success. Residential Programs are full of mandatory reporters, parenting instructors, and a multitude of supports that provide safety and expertise on the parent's progress and readiness. Communication between Child Welfare and the treatment program is key to supporting the parent in recovery and reunification.

What if a parent appears to meet conditions for return but the court has ordered the concurrent plan be implemented?

Answer: We are required to make efforts to implement the ordered plan, but each situation is unique, so you will want to staff the situation with your supervisor and the assigned AAG to consider a change in the court order.

What if you cannot assess a parent's situation as they are out-of-state, incarcerated, or missing?

Answer: You can simply note that the parent's situation will be assessed when they are available.

Why can't I just list the in-home criteria as conditions for return?

Answer: The in-home criteria tells us what was missing that required a removal. The purpose for Conditions for Return is to have a concise, accurate, and understandable list of what is minimally required for reunification (or to meet in-home criteria). This is critical both for the parent to know what is required before their child to return home, and for the caseworker to know when to return the child.

What if all the criteria were not assessed at removal due to the parent clearly not meeting one?

Answer: We need to do our best to assess each criteria as if they would have met the other three. For example, to assess barriers to allowing safety services and activities to occur: if they had a home, enough safety providers, and would cooperate with a plan, would there be barriers to the safety service providers monitoring safety in the home?

Do I have to update the in-home criteria each month?

Answer: When a child is in foster care, the in-home criteria box becomes a historical record of why we removed. In-Home cases should describe how the criteria is currently met. Changes can be made as a parent's circumstances change as the Ongoing Safety Plan is updated.

What if the parent loses an in-home criterion after conditions for return were developed?

Answer: Conditions can be added and/or updated, when necessary. For example, if you have a parent who had a home but has since lost it, your updated Condition may read: [Name] has lost their residence, and will establish a home where an in-home safety plan can be monitored. We want to communicate that we are not moving the goal for a parent, but accurately reflecting how the in-home criteria should be met given their new circumstances.

Chapter 4

Appendix 4.1c: Criteria to Assess the Suitability of SSPs

Criteria to Assess the Suitability of Safety Plan Providers/Safety Service Providers

General Criteria

"Provider" refers to any person, professional or nonprofessional, selected to provide the safety response(s) within in-home safety plans, out-of-home safety plans or a combination of the two.

I. The person must be a responsible and physically and cognitively adequate adult. The person must understand what the threats are and accept them as existing, serious and concerning.

II. The person must have a sufficiently strong personality and will that the child's family members cannot influence him or her.

III. The person must be fully aware of and committed to the assigned tasks in the safety plan.

IV. The person must be available, which means that he or she can begin providing the safety response the same day the safety plan is enacted. Available also refers to being able to complete one's responsibilities throughout the life of the safety plan.

V. The person must be accessible, which means close by with transportation and easily and immediately reachable as required by the safety plan.

VI. The person should have a keen sense of perception about things happening around him or her.

VII. The person should be well trained and skilled in any area of competency required by the safety plan.

VIII. The person must be trustworthy, willing to work with CPS in a cooperative and collaborative relationship and willing to communicate regularly concerning all matters associated with the safety plan.

IX. The person must be booked and confirmed with precise understanding of the schedule, activities and expectations.

Specific Criteria

These criteria primarily relate to nonprofessional safety service providers.

I. The person's viewpoint toward the child is appropriate and realistic.

II. The person's attitude toward whether the child contributed to the need for a safety plan; a placement or family problems is consistent with the facts and is appropriate.

III. The person's attitude toward the child's parents is appropriate and realistic.

IV. The person accepts CPS involvement.

V. The person possesses the ability to perform basic care.

VI. The person's availability within the home will be sufficient.

VII. The person's use of substance in no way affects his or her ability to perform expected responsibilities.

VIII. The person's beliefs about what happened that required safety intervention and who is responsible are reasonable and appropriate.

IX. The person possesses the knowledge, skill and motivation necessary.

X. The person currently is not involved in any criminal activity. OAR 413-015-1220: *The CPS worker or caseworker must consult with and receive approval from a supervisor prior to engaging an individual as a safety service provider whenever the individual's past behaviors, conditions, or circumstances include one of the items listed in the subsections of this section so long as those behaviors, conditions, or circumstances do not impact negatively the individual's ability to fulfill the specific role and responsibilities in managing the child's safety: (a) A record of abuse; (b) A criminal history; or (c) A history of drug or alcohol abuse.*

XI. The person possesses sufficient resources to meet his or her responsibilities.

XII. The person's living arrangement is safe.

XIII. The person's home is secure from access by others.

XIV. The person's living arrangement is socially and geographically near.

XV. The person and the home situation are stable.

XVI. The person is not involved in domestic violence.

XVII. The person is not a party to an active CPS case.

XVIII. The person has a history of protecting and providing acceptable care to children.

Chapter 4

Appendix 4.2: Face-to-Face Case Note Guide

Face-to-Face (F2F):

Intentional Contact with Parents

Face-to-Face

Case Note Guide

Your monthly Face-to-Face case notes with parents MUST:

Describe your observations and discussions of safety in the home

- Describe how the **safety threats are still occurring**.
- Is the **Safety Plan sufficiently managing the identified safety threats?**
- Describe your observations and condition of the parent during your visit.
- Are all 4 **in-home criteria still met?** *In-home*
- Assess how members of the home interact. (How do they view each other?) *In-home*

Describe progress on the Case Plan

- Describe **progress toward Conditions for Return.** If the child is placed out of home, **which of the in-home criteria remain unmet**?
- Describe **progress toward Expected Outcomes** and any changes you observed regarding the parent's ability to provide protective care.
- Are **actions/interventions still matching the needs** of the parent and family? If not, how will this be addressed?
- What is **working/challenging** for the parent?

Detail next steps

- Detail what DHS and the parent will do to keep **moving the case forward?**
- Schedule your **next visit**.

If you have 45 minutes to meet with a parent, try this:

10 minutes: Connection and Check in

How are you? Actively listening to this answer will tell you exactly where that parent is at and will help parents feel heard. (Trauma-informed)

5 minutes: Collaborative agenda

What does the parent need to talk about during our time together? What do I need to talk about? Why are we here?

5 minutes: Handle business

Phone cards, bus passes, referral status, important dates

20 minutes: Progress

Conditions for Return - Which conditions are not met, and where are we with progress? What will you do, and what will the parent do to move closer to meeting C4R? (Bring the Safety Plan to look at the C4R together.)

Expected Outcomes: Discuss what they are working on/learning. How are they applying it to parenting time/day-to-day life?

5 minutes: Acknowledge their efforts (just showing up is a big deal sometimes), and review next steps for both of you to keep moving forward.

When the team feels you **listening**, sees you **planning ahead**, and experiences your **singular focus on getting the kids back home**… **they will walk your walk alongside you.**

Face-to-Face (F2F)

Intentional Contact with Children

Face-to-Face

Case Note Guide

Your monthly Face-to-Face case notes with children MUST:

Describe your observations & discussions of **safety** in the home

- Are there any **physical hazards** impacting safety in the home, including the home itself, surrounding area, and people?
- Assess how members of the home interact.
- Talk with the child (separate from the parent/caregiver; consider stepping outside) to **assess their view of safety**. Describe your observations and condition of the child during your visit.
- Assess the **Supervision Plan**, if applicable. Is it still sufficient?

Describe **progress** on the Case Plan

- How are the child's **well-being needs** (medical, dental, educational, behavioral, cultural) being met? Describe progress for the child: attachment, services, needs.
- Is the child involved in **developmentally appropriate activities** (extracurricular, enrichment, cultural, social)? Provide an update. *Out of home*
- How is the child's team supporting the child's **attachment to their parents, siblings, and** other natural supports?
- Are **activities/interventions still matching the needs** of the child and family? If not, how will this be addressed?
- Does the child or caregiver report any **unmet needs?** How will they be addressed?
- Assess the **Personal Care Services Plan**, if applicable. *Out of home*

Detail next steps

- What will DHS and/or the foster parent do to **support the child/foster parent?**
- Schedule your **next visit.**

Scenario	F2F Contact Required
Child placed in foster care.	At removal and monthly thereafter. F2F must occur in foster home at least once every 60 days.
Child reunified with a parent.	In the home the next day and every month thereafter.
Child moved from one placement to another; child moved from one parent to another; youth turns 18 years old.	Regular monthly contact.
Case transferred from CPS to Permanency; case transferred from permanency worker to permanency worker.	Within 5 working days of receiving the case.
Child placed out of state.	Monthly contact is required. Coordinate monthly contact with receiving state.
Certification identifies concerns in the home.	Within 30 days.
When the Case Plan has been developed (Stage 4 of the PCA).	Must have F2F contact with the parents to review and collect signatures.

Face-to-Face (F2F):

Practicing Intentional Contact

Best Practice Reminder

Why do you work at Child Welfare?

You told us: **To support families being together.**

At every Face-to-Face Contact:

The most effective ways to move a case forward toward reunification are to **listen, collaborate, and always focus on progress using engagement that is:**

- **Strengths-based**
- **Trauma-informed**
- **Culturally responsive**
- **Values family and youth voice**

Intentionally:

- ✓ Demonstrate genuineness, empathy, and respect for each family member.
- ✓ Suspend biases and avoid judgments.
- ✓ Make sure children, youth, parents, and foster parents feel comfortable discussing challenges and needs.
- ✓ Communicate support and partnership.
- ✓ Be humble and curious. Ask and then listen to understand who the parent/youth is and what they know their family needs.

Parents who have been consumers of our system agree: The most important factor in the success of a case is the relationship between the parent and you.

Parent Engagement:

Engagement is an essential part of **partnering with parents in the change process** and contributes to more positive outcomes for families.

Parental **engagement can be challenging** given the intense emotions of parents in response to Child Welfare involvement, challenges related to co-occurring issues (e.g., substance misuse, mental illness, family stressors), and reactions to the power differential created by the agency's authority.

There are 3 key caseworker actions you can take to increase engagement:

- Include parents as partners in planning.
- Demonstrate care and support.
- Praise parents for their efforts, ideas, or achievements.

Relationship building is an essential part of parent engagement. Parents (and all of us) need:

- Genuineness (being real)
- Empathy (communicating understanding)
- Respect (suspending critical judgment)

Documentation should be clear, concise, factual, and objective. Describe behaviors or interactions, avoid jargon, and stay away from negative or overused "buzzwords" (e.g., "The mother was hostile," or "Parents were noncompliant.").

Chapter 4

Appendix 4.3: Protective Capacity Reference Guide

PROTECTIVE CAPACITY REFERENCE

Enhancing Protective Capacities in the Case Plan: What Behavior Must Change

Protective Capacity

"Protective capacity" means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

Criteria for Determining Protective Capacities

- The characteristic prepares the person to be protective.
- The characteristic enables or empowers the person to be protective.
- The characteristic is necessary or fundamental to being protective.
- The characteristic must exist prior to being protective.
- The characteristic can be related to acting or being able to act on behalf of a child.

Behavioral Protective Capacities

The parent has a history of protecting.	This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include: • People who've raised children (now older) with no evidence of maltreatment or exposure to danger. • People who've protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others, or similar clear evidence. • Parents and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent takes action.	This refers to a person who is action-oriented as a human being, not just a caregiver. • People who perform when necessary. • People who proceed with a course of action. • People who take necessary steps. • People who are expedient and timely in doing things. • People who discharge their duties.

The parent demonstrates impulse control.	This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways. • People who do not act on their urges or desires. • People that do not behave as a result of outside stimulation. • People who avoid whimsical responses. • People who think before they act. • People who are planful.

The parent is physically able.	This refers to people who are sufficiently healthy, mobile and strong. • People who can chase down children. • People who can lift children. • People who are able to restrain children. • People with physical abilities to effectively deal with dangers like fires or physical threats.

The parent has/demonstrates adequate skill to fulfill care giving responsibilities.	This refers to the possession and use of skills that are related to being protective. • People who can feed, care for, supervise children according to their basic needs. • People who can handle, manage, oversee as related to protectiveness. • People who can cook, clean, maintain, guide, shelter as related to protectiveness.

The parent possesses adequate energy.	This refers to the personal sustenance necessary to be ready and on the job of being protective. • People who are alert and focused. • People who can move, are on the move, ready to move, will move in a timely way. • People who are motivated and have the capacity to work and be active. • People express force and power in their action and activity. • People who are not lazy or lethargic. • People who are rested or able to overcome being tired.

The parent sets aside her/his needs in favor of a child.	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. • People who do for themselves after they've done for their children. • People who sacrifice for their children. • People who can wait to be satisfied. • People who seek ways to satisfy their children's needs as the priority.

The parent is adaptive as a caregiver.	This refers to people who adjust and make the best of whatever caregiving situation occurs. • People who are flexible and adjustable. • People who accept things and can move with them. • People who are creative about caregiving. • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.

The parent is assertive as a caregiver.	This refers to being positive and persistent. • People who are firm and convicted. • People who are self-confident and self-assured. • People who are secure with themselves and their ways. • People who are poised and certain of themselves. • People who are forceful and forward.

The parent uses resources necessary to meet the child's basic needs.	This refers to knowing what is needed, getting it and using it to keep a child safe. • People who get people to help them and their children. • People who use community public and private organizations. • People who will call on police or access the courts to help them. • People who use basic services such as food and shelter.

The parent supports the child.	This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being. • People who spend considerable time with a child filled with positive regard. • People who take action to assure that children are encouraged and reassured. • People who take an obvious stand on behalf of a child.

Cognitive Protective Capacities

The parent plans and articulates a plan to protect the child.	This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. • People who are realistic in their idea and arrangements about what is needed to protect a child. • People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child. • People who are aware and show a conscious focused process for thinking that results in an acceptable plan. • People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The parent is aligned with the child.	This refers to a mental state or an identity with a child. • People who strongly think of themselves as closely related to or associated with a child. • People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety. • People who consider their relationship with a child as the highest priority.

The parent has adequate knowledge to fulfill care giving responsibilities and tasks.	This refers to information and personal knowledge that is specific to care giving that is associated with protection. • People who know enough about child development to keep kids safe. • People who have information related to what is needed to keep a child safe. • People who know how to provide basic care which assures that children are safe.

The parent is reality oriented; perceives reality accurately.	This refers to mental awareness and accuracy about one's surroundings, correct perceptions of what is happening, and the viability and appropriateness of responses to what is real and factual. • People who describe life circumstances accurately. • People who recognize threatening situations and people. • People who do not deny reality or operate in unrealistic ways. • People who are alert to danger within persons and the environment. • People who are able to distinguish threats to child safety.

The parent has accurate perceptions of the child.	This refers to seeing and understanding a child's capabilities, needs and limitations correctly. • People who know what children of certain age or with particular characteristics are capable of. • People who respect uniqueness in others. • People who see a child exactly as the child is and as others see the child. • People who recognize the child's needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why. • People who see and value the capabilities of a child and are sensitive to difficulties a child experiences. • People who appreciate uniqueness and difference. • People who are accepting and understanding.

The parent understands his/her protective role.	This refers to awareness…knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. • People who possess an internal sense and appreciation for their protective role. • People who can explain what the "protective role" means and involves and why it is so important. • People who recognize the accountability and stakes associated with the role. • People who value and believe it is his/her primary responsibility to protect the child.

The parent is self-aware as a caregiver.	This refers to sensitivity to one's thinking and actions and their effects on others – on a child. • People who understand the cause – effect relationship between their own actions and results for their children • People who are open to who they are, to what they do, and to the effects of what they do. • People who think about themselves and judge the quality of their thoughts, emotions and behavior. • People who see that the part of them that is a caregiver is unique and requires different things from them.

Emotional Protective Capacities

The parent is able to meet own emotional needs.	This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children. • People who use personal and social means for feeling well and happy that are acceptable, sensible and practical. • People who employ mature, adult-like ways of satisfying their feelings and emotional needs. • People who understand and accept that their feelings and gratification of those feelings are separate from their child.

The parent is emotionally able to intervene to protect the child.	This refers to mental health, emotional energy and emotional stability. • People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately. • People who are not consumed with their own feelings and anxieties. • People who are mentally alert, in touch with reality. • People who are motivated as a caregiver and with respect to protectiveness.

The parent is resilient as a caregiver.	This refers to responsiveness and being able and ready to act promptly. • People who recover quickly from set backs or being upset. • People who spring into action. • People who can withstand. • People who are effective at coping as a caregiver.

The parent is tolerant as a caregiver.	This refers to acceptance, allowing and understanding, and respect. • People who can let things pass. • People who have a big picture attitude, who don't over react to mistakes and accidents. • People who value how others feel and what they think.

The parent displays concern for the child and the child's experience and is intent on emotionally protecting the child.	This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. • People who show compassion through sheltering and soothing a child. • People who calm, pacify and appease a child. • People who physically take action or provide physical responses that reassure a child, that generate security.

The parent and child have a strong bond, and the parent is clear that the number one priority is the well-being of the child.	This refers to a strong attachment that places a child's interest above all else. • People who act on behalf of a child because of the closeness and identity the person feels for the child. • People who order their lives according to what is best for their children because of the special connection and attachment that exits between them. • People whose closeness with a child exceeds other relationships. • People who are properly attached to a child.

The parent expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.	This refers to active affection, compassion, warmth and sympathy. • People who fully relate to, can explain, and feel what a child feels, thinks and goes through. • People who relate to a child with expressed positive regard and feeling and physical touching. • People who are understanding of children and their life situation.

Chapter 4

Appendix 4.4: Caseworker's role during the Protective Capacity Assessment

Caseworker's role during the protective capacity assessment

The caseworker-parent collaboration that occurs during protective capacity assessment requires caseworkers to be versatile and competent when it comes to being a facilitator. The protective capacity assessment can only be effectively completed when a caseworker actively facilitates the process. The protective capacity assessment is an ongoing DHS intervention with families that relies heavily on the caseworker's mentality, skills, techniques and direction.

Facilitation

Caseworker facilitation in the protective capacity assessment refers to the interpersonal, guiding, educating, problem solving, planning and brokering activities necessary to enable a family to proceed through the assessment process. This results in a change strategy that can go in a case plan.

A caseworker's primary objectives for facilitating the protective capacity assessment include:

I. Building a collaborative working relationship with family members,
II. Engaging the parents in the assessment process,
III. Simplifying the assessment process for the family,
IV. Focusing on assessing what is essential to child protection and child safety in the family's home,
V. Learning from the family what must change to sustain child safety in the child's home,
VI. Seeking agreement of what must change to sustain child safety in the child's home,
VII. Stimulating ideas and solutions for addressing what must change, and
VIII. Developing strategies for change to be included in a case plan.

Facilitating the protective capacity assessment involves four roles and several related responsibilities. The four roles are:

I. Guide,
II. Educator,
III. Evaluator, and
IV. Broker.

(Adapted from Sheafor BW, Horejsi CR, Horejsi GA. Techniques and guidelines for social work practice 4th ed. 1997)

Guide

The guide's role involves planning and directing families' navigation through the assessment process. The guide coordinates and regulates the approach to the intervention and focuses the interactions with families to ensure achievement of assessment objectives and decisions. The guide:

I. Engages family members in the assessment process and change;

II. Establishes a partnership with parents;

III. Fully informs parents of the assessment process, objectives and decisions;

IV. Adequately prepares for each series of interviews and is clear about accomplishments needed by the end of each interview series;

V. Considers how best to structure the interviews to achieve objectives;

VI. Focuses interviews on the specific objectives for each intervention stage;

VII. Redirects conversations as needed; and

VIII. Effectively manages the use of time in the individual series of interviews and the entire assessment process.

Educator

The educator's role empowers families by providing information about their case and the child welfare system. The educator offers suggestions, identifies options and alternatives, clarifies perceptions and provides feedback that might raise self-awareness about needed changes. The educator:

I. Engages family members in the assessment process;

II. Answers questions about DHS's involvement, safety issues, practice requirements, expectations, court, etc.;

III. Supports client self-determination and right to choose;

IV. Informs parents of options as well as potential consequences;

V. Promotes problem solving among parents; and

VI. Provides feedback, observations and insights regarding family strengths, motivation, safety concerns and what must change.

Evaluator

The role of the evaluator involves learning and understanding family member motivations, strengths, capacities and needs. The evaluator then discerns what must change to create a safe environment in the family's home. The evaluator:

I. Engages family members in the assessment process;

II. Explores a parent's perspective regarding strengths, capacities, needs and safety concerns;

III. Considers how existing family and family members could use their strengths to enhance protective capacities;

IV. Focuses on safety threats and diminished protective capacities as the highest priority for change;

V. Clearly understands how impending danger is evident in a family and determines the principle threat to child safety;

VI. Raises awareness and seeks agreement with parents on what protective capacities they must enhance that are essential to reducing impending danger; and

VII. Seeks to understand family member motivation; identifies parents' stage(s) of change needed to address child safety.

Broker

The broker's role involves identifying, linking, matching or accessing appropriate services for parents and children as needed related to what must change to create a safe environment. The broker:

I. Engages the family in the case planning process;

II. Promotes problem solving among parents;

III. Seeks areas of agreement from parents regarding what must change;

IV. Considers parent motivation for change;

V. Collaborates and builds common ground on what parents need to work on and how they may change;

VI. Brainstorms solutions to address safety-related issues;

VII. Educates about services and resources and their availability;

VIII. Provides service options based on family members' needs; and

IX. Creates change strategies with families and establishes case plans that support achieving the change strategy.

The following are some basic principles for interacting with family members during the protective capacity assessment:

I. Interpersonal engagement is fundamental to facilitation.

II. Fully informed parents make for better working partners.

III. Be prepared to work with an involuntary client.

IV. Empathetic responses encourage client engagement and participation.

V. Developing partnerships with families requires that ongoing DHS intervention is not paternalistic.

VI. Feel comfortable enough with your authority to consider ways to increase a family's sense of power and autonomy, specifically in terms of parent choices.

VII. Acknowledge that most people resist change and want to maintain certain behaviors (status quo).

VIII. Be open to considering that healthy intentions may be embedded in questionable behavior.

IX. Demonstrate acceptance for individuals; maintain objectivity.

X. In a collaborative working partnership, both DHS and the family have responsibilities; be clear about DHS's role and reasonable about what it can achieve.

XI. Recognize that ultimately the responsibility for change rests with parents and the family.

XII. Avoid arguing, demanding or expecting compliance; these are not intervention strategies.

XIII. Be clear about DHS expectations and the limits to negotiating, compromising or dismissing.

XIV. DHS's mission includes ensuring child protection by confirming sustained child safety in the child's home.

Chapter 4

Appendix 4.5: Protective Capacity Assessment decisions

Protective capacity assessment decisions

Child Welfare makes the following decisions by the end of the initial PCA. The decisions must be regularly re-evaluated throughout the life of the case to guide case planning and implementation and to measure progress.

I. Are safety threats being managed in the least restrictive way possible?

II. Can existing protective capacities (strengths) be the foundation for needed changes?

III. What is the relationship between identified safety threats and currently diminished protective capacities?

IV. What is the parent's perspective or awareness of safety threats and the threats' relationship to diminished parental protective capacities?

V. What are parents ready, willing and able to work on in the case plan?

VI. What are the areas of disagreement between the parents and DHS about what needs to change?

VII. What change actions, services and activities will be used to enhance diminished parental protective capacities?

Chapter 4

Appendix 4.6: Protective Capacity Assessment Worksheet

Protective capacity assessment guide

The PCA process begins immediately following the CPS assessment at the point the case is opened for services, whether or not the case is transferred to a new worker. The PCA is completed on both in-home and substitute care cases. *The Initial PCA must be completed within 30 days unless a supervisor approves an exception.* The PCA process is documented in the case notes as actions and contacts occur. *It is the goal of the PCA to clearly identify both the diminished and enhanced protective capacities directly related to the identified impending danger safety threats.* CPS identifies Impending Danger Safety Threats during the CPS assessment, and the ongoing caseworker identifies the diminished capacities that are directly causing the impending danger safety threat/s to occur.

Please note: This guide in not meant to replace policy or procedure but can be used as an outline to assist in understanding the basics of each stage of the Protective Capacity Assessment. Please refer to OAR 413-040-0000 through 0032 and Chapter 4, Managing Child Safety In and Out of the Home for further guidance:

Family name	Case #
Worker name	Date
PCA start date	PCA complete date

Child information

List all children in the household.

Child name	Date of birth
1	
2	
3	
4	
5	
6	
7	
8	

Caregiver(s) And Other Adult(s) Information

List all caregivers and other adults the household.

Child name	Date of birth	Relationship to child

Impending Danger Safety Threats

Identify and describe each impending danger threat determined during the CPS Comprehensive Safety Assessment and confirmed during the Protective Capacity Assessment.

Impending danger safety threat/s	Description (Family specific)

Stage 1: Preparation (Reviewing Information, Preparing for Next Steps)

The caseworker *must conduct the following activities within five days* of receipt of the case from CPS. (Remember, PCAs are required on both in-home and substitute care cases.)

I. Review the CW case history, case documentation, actions and decisions of the CPS assessment. (Remember: The six domains are the building blocks of the PCA and should offer some preliminary information as to how the family functions.)

II. Review the initial/ongoing safety plan by contacting all participants in the safety plan to determine whether the ongoing safety plan ensures the safety of the child. (This includes in-home safety plans and out-of-home safety plans.)

III. If a child is in substitute care, review the Conditions for Return.

IV. Document the review of the in-home/out-of-home safety plan and Conditions for Return in the Child Welfare electronic information system.

The caseworker plans their initial contact to help ensure an effective introduction stage:

I. Thoughtfully plan the approach, including who to include and the logistics of the meeting. Plan the timing, location and circumstances of the initial contact (office, family home, neutral setting).

II. Gather information from others through individual interviews or meetings for the purpose of identifying and understanding the needs, concerns, strengths, and limitations associated with the protective capacity of the parent and assessing the impact on the child's safety. Consider grandparents, parents' live-in partners, extended family, persons with significant attachment to the child, teachers, physicians, coaches, neighbors or members of the faith community. Those who know the family best may be able to appropriately contribute information and assist the parents in making necessary changes.

III. Involve an Indian child's tribe(s).

Contacts

Name	Time/date	Brief summary of contact:

Stage 2: Introduction (Family Officially Transitions From CPS to Ongoing)

The initial meeting with the parents is a time to build rapport, begin to build a partnership, provide information and allow the parents time to express themselves. This stage is the point of transition for the parents from the CPS case to the ongoing case. The caseworker will explain his/her job title, ensure the family has his/her contact information, and differentiate the goals of CPS (assessing child safety) and the ongoing worker's role of managing child safety and partnering with the parents to resolve the reasons for child welfare.

The ongoing caseworker should do the following:

I. Ask the parents to share their understanding of the reasons for CW involvement. Do they know and understand the identified safety threats?

II. Be able to describe the caregivers' reaction and perspective regarding the identified impending danger safety threats.

III. Answer the parent's questions openly and let them express their emotions. People are unable to move toward necessary change until their questions can be answered.

IV. Explain the importance of working in partnership and how together they want to understand how the situation/circumstances resulted in their children being hurt/unsafe.

V. Evaluate the parent's readiness for change. (Do they respond to phone calls; are they willing to consider change; are they available, and do they participate in visits; are they willing to engage in the PCA process?)

VI. If the parents are unwilling to commit to the PCA process, try to gain additional information and discuss with them the reasons they are unwilling. It is the ongoing responsibility of the caseworker to move the case forward and to continue to actively seek the parents' involvement.

VII. Seek a commitment from the parents to participate in the process, express appreciation and reaffirm desire to partner with them.

VIII. Set the date, time and place of the next contact.

IX. Document the Introduction Stage in OR-Kids Case Notes. (Who was present, location, relevant observations, behaviors, conditions, circumstances, etc.)

Stage 3: Exploration (Determining What Must Change)

This stage is the process of joint exploration with the parents of what must change in order for the parents to regain and sustain responsibility for their child's safety. This stage helps identify the enhanced (strengths) and diminished protective capacities that are directly related to the identified Impending Danger Safety Threat/s. In other words, the diminished parental capacity is either causing the Impending Danger Safety Threat/s to occur OR causing the parent to be unable/unwilling to protect their child from the Impending Danger Safety Threat. It will likely take more than one contact with the parent to complete this stage. (Caseworker can utilize tool Stage 3 Exploration to assist in this process). The case worker should determine whether expert assessment/evaluations are needed to help assess the parental protective capacities.

I. The caseworker's goal is to reach an understanding/agreement with the parent/s on how the impending danger safety threats cause their child to be unsafe and what must change.

II. The caseworker determines what the parents are willing to do.

Through discussion with the parents, the caseworker should develop additional knowledge about:

I. Domestic violence, parents' own childhood history of abuse/neglect, substance abuse, mental illness, criminal behaviors.

Expected Outcome Development:

After there is an understanding/agreement of how and why the identified impending danger safety threats have occurred, the Expected Outcomes must be developed. It's important to elicit the parent's perceptions when developing the EO's. Remember, these are developed around the diminished protective capacities that were learned during exploration with the parents.

Parent #1: _____

I. Determine the cognitive, emotional, and/or behavioral protective capacities that must be enhanced to create a safe home and then behaviorally state the measurable goal.

Examples: (1) Larry will learn to understand and describe his child's needs for safety that require he think about and respond to Jimmy's needs before his own. (2) Angela is able to control herself and her impulses by not exposing Angel to inappropriate activities in the home or allowing the presence of people who cause Angel to be fearful of her home environment.

a.

b.

c.

d.

II. Status of readiness to change (pre-contemplation, contemplation, preparation, action and maintenance):

III. Describe existing/enhanced parental protective capacities, and discuss how these can influence change:

IV. Describe potential barriers to meeting the expected outcomes:

Parent #2: _____

I. Determine the cognitive, emotional, and/or behavioral protective capacities that must be enhanced to create a safe home, and then *behaviorally state the measurable goal.* (Use Appendix 4.3.)

   a.

   b.

   c.

   d.

II. Status of readiness to change (pre-contemplation, contemplation, preparation, action and maintenance):

III. Describe existing/enhanced parental protective capacities, and discuss how these can influence change:

IV. Describe potential barriers to meeting the expected outcomes:

Child(ren) needs: Identify and describe any services for child(ren) necessary to address their individual needs:

a.

b.

c.

Stage 4: Change Strategy and Case planning

After the protective capacities are understood and well-defined, it is important to determine actions, services, or activities that will assist in facilitating necessary change by enhancing specific diminished protective capacities and helping the parents regain and sustain primary responsibility for their child's safety.

Consider creative and flexible interventions such as support and assistance from individuals in the family system, community resources, and treatment providers along with structured services (such as family sexual abuse treatment, parenting classes, etc.) when appropriate to enhancing the identified diminished capacities.

During the final stage of the initial PCA, the caseworker and the parents work together to do the following:

I. Prioritize what must change;

II. Create an individualized Child Welfare case plan that documents the Expected Outcomes; and

III. Select specific actions, services and activities to achieve the Expected Outcomes, and document these on the Action Agreement.

When thinking about where to start the process of change, consider the following:

I. What expected outcomes related to diminished caregiver protective capacities are most likely to address child safety?

II. What services can stimulate progress for change and could establish a foundation for further change?

III. What do both the worker and parents mutuality agree must change? Or, at least, what do caregivers agree to do?

IV. What issues that, if addressed, might have the greatest impact on enhancing caregiver protective capacities?

The assessment of the protective capacity continues throughout the life of the case, and the findings of the PCA are updated at each 90-day review of the Child Welfare case plan and used to measure progress toward achieving the Expected Outcomes.

Chapter 4

Appendix 4.7: Stages of Change

Adapted from Prochaska and DiClemente's Stages of Change Model

Stage of change	Characteristics	Techniques
Pre-contemplation	**Not currently considering change:** • "Ignorance is bliss"	• Validate lack of readiness • Clarify: decision is theirs • Encourage re-evaluation of current behavior • Encourage self-exploration, not action • Explain and personalize the risk
Contemplation	**Ambivalent about change:** • "Sitting on the fence" • Not considering change within the next month	• Validate lack of readiness • Clarify: decision is theirs • Encourage evaluation of pros and cons of behavior change • Identify and promote new, positive outcome expectations
Preparation	**Some experience with change and are trying to change:** • "Testing the waters" • Planning to act within 1month	• Identify and assist in problem solving re obstacles • Help the client identify social support • Verify client has underlying skills for behavior change • Encourage small initial steps
Action	• Practicing new behavior for 3–6 months	• Focus on restructuring cues and social support • Bolster self-efficacy for dealing with obstacles • Combat feelings of loss and reiterate long-term benefits
Maintenance	• Continued commitment to sustaining new behavior • Post-6 months to 5 years	• Plan for follow-up support • Reinforce internal rewards • Discuss coping with relapse
Relapse	• Resumption of old behaviors: • "Fall from grace"	• Evaluate trigger for relapse • Reassess motivation and barriers • Plan stronger coping strategies

The Trans-Theoretical Model (TTM) (Stages of change)

The Trans-Theoretical Model (TTM) (Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992) provides a way to understand the cognitive process for human change. The knowledge regarding how and why change occurs among individuals is important for understanding the rationale for the design of the ongoing family functioning assessment and has direct implications for how ongoing case managers should behave when intervening with caregivers.

The premise of TTM is that human change is a progressive cyclical mental and behavioral process that occurs as a matter of personal caregiver choice and intention. Working from this perspective, the ongoing case manager seeks to engage caregivers in conversations that are intended to promote problem recognition, if not acceptance, and reinforce a caregiver's internal desire for change. Adopting the principle assertion of TTM that change can be facilitated by influencing internal motivation, the conversations that occur with caregivers during the ongoing protective capacity assessment attempt to raise self-awareness regarding the need for change, to instill hope for change and to elicit caregiver input regarding what must change related to caregiver protective capacities.

Stages of change

The stages of change embody the dynamic and motivational aspects of the process of change described in TTM. There are five sequential stages that people move through when considering the impact of personal problems, thinking about the need for change and eventually making choices about doing something to change. Rarely do individuals move through the stages of change in a prescriptive linear way. More often, when individuals are struggling to make choices regarding the need for change, there is a tendency to vacillate between problem recognition and problem denial; between wanting to do something to change and insecurity about the ability to change; between taking steps to change and relapsing into problem behavior.

The stages of change provide ongoing case managers with a realistic model for understanding the difficulties that caregivers face in making choices regarding change and the challenges that are evident when intervening with caregivers to help facilitate that change. Understanding the stages that a caregiver goes through to make choices regarding change is crucial for providing ongoing case managers with a rationale for how to interact with caregivers during the ongoing PCA process, including being nonjudgmental; supporting self-determination; creating discrepancy for change; exploring intentions for change; considering what caregivers are ready, willing and able to do; encouraging and instilling hope for change; and providing options.

Pre-Contemplation: Not ready to change!

The caregiver is communicating during ongoing protective capacity assessment conversations that he/she does not acknowledge that there are problems, and he/she does not consider the need to change. The caregiver who is in the pre-contemplation stage of change tends to demonstrate some level of resistance. He/she is reluctant to participate in conversations during the ongoing protective capacity assessment. He/she may express "fake cooperation" as a form of resistance and may even acknowledge that he/she is willing to complete services but in reality does not have intentions to change or does not believe that change is possible. He/she may be rationalizing problems or blaming others; making excuses; or accusing the ongoing case manager of interfering in their lives. He/she could be actively rebelling against

intervention by being overtly argumentative during conversations.

Most caregivers who begin the ongoing case management process do so as involuntary clients. These caregivers tend to be in pre-contemplation about all or some of the problems that were identified during the investigation. They likely feel forced or coerced to be involved with case management and as a result, they feel a sense of powerlessness.

Contemplation: Thinking about change

Caregivers may begin the ongoing protective capacity assessment process thinking about problems and considering the need to change, but they have likely not made a decision that change is necessary. The conversations that occur during the ongoing protective capacity assessment are intended to facilitate caregivers to begin weighing the pros and cons for change. Caregivers who are in the contemplation stage for change are ambivalent. They consider the need for change, but they are hesitant to fully acknowledge problems, and they are not sure they want to give up negative patterns of behavior.

When caregivers begin the assessment as highly resistant, efforts to facilitate change should concentrate on moving caregivers from pre-contemplation to a mindset of contemplating the need for change. Simply getting caregivers to minimally acknowledge problems and start thinking about the need for change is a realistic objective for intervention in the short term when caregivers are very resistant to participating in the ongoing protective capacity assessment and much less open to thinking about change.

Preparation: Getting ready to make a change

As a result of the self-awareness raising that occurs during the ongoing protective capacity assessment, many caregivers will move toward taking increasing ownership for their problems (or some of their problems), and they will start talking about not only the need for change but what specific behavioral change would look like. When conversations are productive with respect to eliciting caregiver feedback regarding what must change, there emerges a period of time when a window of opportunity opens for engaging caregivers to commit to taking steps to change.

Action: Ready to make a change

Caregivers who are in the action stage are not only taking steps to change, including participating in a change process with the ongoing case manager and other changed-focused services, but they also express a belief and attitude that the actions taken to address problems will result in things being different. In effect, when a caregiver completes the ongoing protective capacity assessment process and commits him/herself to participating in services and working toward achieving expected outcomes and case plan outcomes, he/she is moving into action stage. If at the conclusion of the ongoing protective capacity assessment or in the months following the implementation of the case plan, a caregiver communicates that he/she is ready, willing and able to make change and then proceeds to take the steps to do so, he/she is in the action stage.

Maintenance: Continuing to support the behavior change

A caregiver does not reach the maintenance stage of change until he/she demonstrates sustained behavioral change for at least six months. Caregivers may still be actively involved in completing their case plans and participating in services, but significant progress has been made toward the achievement of expected outcomes and outcomes related to caregiver protective capacities and child well-being. It is important to note that a caregiver is not likely to be in the maintenance stage for all expected outcomes in the case plan at the same time. In most cases, it will be more likely that caregivers could be in the maintenance stage for one outcome related to caregiver protective capacities while remaining in the action stage or even contemplation stage related to other outcomes. In ongoing case management, the change process is evaluated at least every 90 days, or at critical juncture, during the ongoing case management and services to determine when sufficient change has occurred such that no intervention is required and the case can be closed.

Chapter 4

Appendix 4.8: Criteria for Expected Outcomes

Criteria for expected outcome development

Introduction

The Protective Capacity Assessment results in the identification of specific Expected Outcomes for change. The Expected Outcomes for change are precise and clearly worded statements that form a picture of what enhanced diminished caregiver protective capacities would look like for caregivers for each case that is opened for Ongoing Case Management. *The Expected Outcomes for change that emerge from the Protective Capacity Assessment process are the most important aspect of the case plan.* The Expected Outcomes define for caregivers, workers, courts, and treatment providers what must change to achieve intervention success. The Expected Outcomes serve as the focus or target of all treatment intervention services throughout ongoing case management.

Developing criteria-based expected outcomes

I. All Expected Outcomes must focus on enhancing diminished caregiver protective capacities.
   A. When developing Expected Outcomes, ongoing workers and supervisors should always begin by referring to the Protective Capacity Reference Guide Appendix 4.3.

II. All Expected Outcomes must target individual caregiver thinking, feeling, and behavior associated with caregiver performance and the ability to ensure child protection.
   A. Expected Outcomes should always reflect how a caregiver's thinking, feelings, and behavior are interrelated and influence caregiver performance. Expected Outcomes should always be based on what has been identified as being diminished related to cognitive, emotional, and/or behavioral caregiver protective capacities.

III. All Expected Outcomes must be understandable.
   A. The Expected Outcomes that are selected for the case plan (related to enhancing diminished caregiver protective capacities) should logically match up with the reason the case was opened (impending danger safety threats).

IV. All Expected Outcomes must reflect specific behavioral change that must occur for a caregiver to have sufficient protective capacities to ensure child safety and permanence.
   A. Expected Outcomes that are behavioral require that documentation describe in positive terms what it would look like (or how caregivers would specifically need to behave differently) for them to be protective.

V. All Expected Outcomes must be individualized based on the unique dynamics of the family, how impending danger is manifested, and which caregiver protective capacities are diminished.
   A. Expected Outcomes must be specific enough to accurately reflect diminished caregiver protective capacities and describe what must change for each individual caregiver. Expected Outcomes for change are better when the Expected Outcome statements include a caregiver's own perceptions and language.

VI. All Expected Outcomes must be measurable in the sense of specifically defining what must change and/or exist related to caregiver thinking, feelings, and behavior.
   A. The ability to effectively measure progress related to Expected Outcome achievement is based on the extent to which the Expected Outcome statement associated with caregiver protective capacities clearly describes what specifically must change related to caregiver thoughts, feelings, and behaviors.

Chapter 4

Appendix 4.9: Family Meeting Agenda

Oregon family decision-making meeting suggested agenda

The facilitator guides the Oregon family decision-making meeting.

1. Introductions

I. The facilitator states the purpose of the meeting and confirms participant understanding of this purpose.

II. The facilitator asks all participants to introduce themselves and describe their relationship to the child and family.

III. The facilitator requests names of other persons not present who should receive a copy of the meeting notes.

2. Ground rules

I. The facilitator provides ground rules for the meeting including, but not limited to:

A. Respect for privacy: Request that participants do not share information discussed in the meeting outside the meeting. Advise participants that recommendations may be included in the case plan and included in reports to the court.

B. Time limits: The meeting usually lasts two hours.

C. Respectfulness: The facilitator ensures that each participant can speak with the focus on determining the services and activities to establish a permanent placement, either at the home of a legal parent or an alternate permanent home.

D. Agreement: The meeting's goal is to develop a partnership that addresses the child's safety and permanent care.

E. Responsibility: DHS is responsible for the final decisions on the safety of the child.

3. Identification of issues affecting child safety and parental protective capacity

I. The caseworker explains the meeting's purpose, and summarizes safety threats, relevant parental protective capacities and related Child Welfare history.

II. Other participants contribute their information about child safety concerns and parental capacity to protect the children

4. Assessing options

I. Participants consider placement and service options, including both the permanency plan and concurrent permanency plan. Options should focus on what needs to happen to keep a child safe, and help the family increase their capacity to protect the child.

II. The caseworker may add any additional actions or services DHS requires for child safety. If some recommendations are not chosen, the worker will let participants know the reasons for not choosing them. Participants may not always agree on placement or service decisions.

5. Making decisions/coming to agreement

I. Review the suggested options.

II. Participants may revise or add to the options.

III. The caseworker must approve or revise the options that affect child safety.

IV. If the group achieves consensus, the recommendations are finalized and documented in the meeting notes.

V. If the group cannot reach consensus for one or more recommendations, the meeting notes will document this as well. However, advise participants that the recommendations not reaching consensus will not be included in the case plan.

6. Follow-up and documentation

I. During the meeting, the facilitator or scribe will record decisions on the local Child Welfare office Oregon Family Decision-making Meeting (OFDM) form. Each participant signs the form acknowledging attendance and participation.

II. Debrief the process and the plan developed at the OFDM with the caseworker and the child welfare supervisor.

Chapter 4

Appendix 4.10: Facilitator role and qualifications

Facilitator role and qualifications

The assigned caseworker has primary responsibility to identify participants and prepare them for the meeting. However, the facilitator often makes the many detailed contacts and arrangements necessary to accomplish these tasks. It is especially helpful for participants to have contact with the facilitator before the meeting and become more comfortable with the meeting process. Facilitators may be Child Welfare staff or contracted providers. The local Child Welfare office maintains a current list of approved and/or contract facilitators.

Facilitator role:

I. Coordinate with the caseworker to communicate the purpose of the meeting to participants and describe how the meeting will proceed, including ground rules.

II. Conduct each meeting in a respectful manner that promotes and encourages the participation of each person attending.

III. During the meeting, guide participants to:
   A. Share all concerns and recommendations for reducing, eliminating or managing the safety threats and increasing the family's ability to protect the child. Some participants may need help to phrase these in a way that focuses on the children's and parents' needs. Using the language of "concerns" often reduces defensive attitudes and helps move the meeting toward positive action. Recommendations for change should describe what needs to exist to meet the children's needs. These often flow out of the concerns previously stated.
   B. After the group has heard all recommendations, ask members to focus on areas of agreement and recommend actions for the family and service providers.

IV. Document agreement on decisions and actions to be taken.

V. Document areas where the group did not agree.

VI. Schedule subsequent meeting(s) when appropriate.

Facilitator qualifications:

I. Has completed Meeting Facilitator training.

II. Is experienced as a team member in Oregon family decision-making meetings.

III. Knowledgeable about Child Welfare laws, policies and procedures.

IV. Able to routinely screen for issues of family violence that may require separate meetings for each legal parent or exclusion of a participant that may put others at risk.

V. Skilled in basic engagement and meeting facilitation.

VI. Able to be objective and decline to facilitate whenever objectivity cannot be maintained.

Accommodations: The facilitator, in conjunction with the caseworker, and using local Child Welfare office protocols, arranges for:

I. A translator when necessary.

II. An interpreter for hearing-impaired clients.

III. An advocate for a client with mental illness or developmental delays.

IV. Site access.

Chapter 4

Appendix 4.11: Domestic violence and sexual abuse considerations

Domestic violence and sexual abuse considerations

The caseworker must consider domestic violence and sexual abuse issues when planning a meeting. Meetings are for the care and protection of children and not to confront batterers and child sexual offenders. A combination of group therapy and court intervention are often necessary to effectively stop these behaviors. However, persons who demonstrate these behaviors are often also parents and should be able to offer their recommendations for their children's care.

Family members may attend a scheduled meeting unless the caseworker determines the family member may threaten or place other participants at risk. For example, a family member who is violent, unpredictable or abusive or is an alleged perpetrator of sexual abuse, domestic violence or severe physical assaults will be excluded from a meeting.

While it is best if all parties participate as equals in a meeting, persons under threat of harm due to domestic violence or other covert forms of abuse cannot equally participate in meetings without protection and support from other family members. It is also important that family members are present who will hold abusers accountable.

We do not advise child sexual abuse victims to attend meetings if the meeting includes the offender. Even reading a letter from the offender may be a disturbing experience. For further information, refer to the issues to be resolved below:

I. Ensure that the meeting facilitator and the caseworker have skills and strategies to recognize symptoms of domestic violence in families.

II. Assess the level of risk both within the larger family system and for individual participants.

III. Clarify the purpose of the meeting and emphasize the highest priority of child safety.

The caseworker considers the following questions prior to recommending an exception to conducting a required meeting when domestic violence is a consideration:

I. Can someone identify the pattern of power and control?

II. Is sufficient information available to accurately assess risk?

III. Is the family a closed system with possible major secrets?

IV. Who will hold the batterer accountable? Is legal leverage, such as a parole officer or the court, available?

V. Who will support the child victim?

VI. Who will support the adult victim?

VII. Are there effective strategies for engaging and empowering the abused persons before and during the meeting?

VIII. How will hidden intimidation be identified and managed?

IX. Should the batterer attend the meeting and fully participate? Should a separate meeting be held with the

batterer?

X. Has the abused person been able to prepare potential plans before a meeting, rather than feeling pressured to agree at a meeting to a plan that might compromise the person's or the child's safety?

XI. Can adequate safety measures be devised given the level of risk in the family?

XII. What are the potential effects of excluding an unrelated (no children in common) partner?

XIII. What are the necessary safety plans and follow-up after the meeting?

The caseworker excludes the alleged perpetrator when previous history or current assessment indicates a risk of violence by a parent or when contact is prohibited. Family members may be told not to attend the meeting. The caseworker can arrange for input through written information, consultation before the meeting or by phone if appropriate.

Tip

Individuals with restraining orders or "No Contact" orders will not be included in family meetings if their participation would violate these orders.

Chapter 4

Appendix 4.12: 90-Day Staffing Supervisor Guide

90-day Staffing:

Intentional Contact

Document your staffing in OR-Kids in the 90-day Staffing dropdown. Include decisions and next steps.

Supervisor Guide

Review the following:

Safety: Children are protected

Safety threats: Reduced? Mitigated? How?
Safety Plan: Is it currently managing safety? In home? Out of home? Least restrictive plan? Changes?
Protective capacities: Describe strengths and observable behaviors. How have they changed? What is their willingness to change? Barriers? What are service providers reporting?
Family Engagement: Parents? Child? Tribe? Extended family/natural supports? Other ways to enhance engagement?
Documents for Review: Safety Plan, Action Agreements, Case Plan

Permanency: Children have stability & permanency in their living situations

Current Placement: Stability? Most appropriate? Tribal placement preferences? Least restrictive? Familial, sibling, community, cultural, religious connections for child?
Visitation: Can it be increased? Least intrusive? Can we include additional SSPs? Siblings?
Conditions for Return: Met? Progress? How or how not? Reunification planning?
Expected Outcomes: Status? Changes in parent thoughts, behaviors, emotions? Observable? Reports/perceptions of parents? Reports/perceptions of service providers?
Services: Parents? Child/youth? Changes or additions? Equitable? Any unmet needs?
Concurrent Planning: 15 of 22 months? Relative engagement? Legal parties? LAS staffing? Committees?
Documents for Review: Case Plan, Court orders, CRB findings, Father's Questionnaire, ICWA, Relative search

Well Being: Families have an enhanced capacity to provide for their children's needs

Child: Frequency of worker contact? Worker relationship with child? Are child's needs met? Physical safety? Educational? Medical? Emotional? Cultural connections? Extracurricular? CANS? If so, Supervision Plan?
Substitute Care Provider: Relationship between provider and child? Worker relationship with substitute care provider? Are provider's needs met? Support? Respite? Is provider meeting child's needs?
Safety in Placement: Out-of-home care assessments? CAS? Placement Support Plan?
Education: Contact with school? School functioning? IEP? 504?
Medical: Contact with medical provider? General health? Exceptional needs? Medications (logs)? Parents attending appointments?
Mental Health: Diagnoses? Counseling? Contact with mental health provider? Psychotropic medications (approvals and medication logs)? Impact of medication on youth?
Documents for Review: Case Plan, CANS, Supervision Plan, Placement Support Plan

90-day Staffing:

Intentional Contact

Best Practice Reminder

The 90-day staffing should result in decisions regarding the direction of the Case Plan.

Possible decisions at this staffing:

- Correcting the plan to ensure time is not wasted on a flawed strategy;
- Reunification of the children and family with an in-home safety plan;
- Considering concurrent planning;
- Changing the permanency goal; or
- Closing the case.

Consider:

- How frequently is the plan's effectiveness evaluated by the worker?
- Is the worker focusing on behavioral change by parents/guardians or compliance?
- Do the worker's methods for gathering information and measuring progress include all appropriate people (parents, tribes, substitute caregivers, children, service providers, etc.)?
- If there are differences of opinion on the level of progress, does the worker attempt to reconcile differences?
- Has the worker considered a lack of progress connected to:
  - ✓ A lack of parental involvement in the plan's creation?
  - ✓ Unreasonable expectations of the parent?
  - ✓ Inaccurate identification of safety threats or needs?
  - ✓ Service providers who are not suited for the task?
  - ✓ If so, what is the plan for addressing those barriers?
- Is there a concurrent plan that is being actively pursued in the event that change is not likely in a timely way?
- Are the behaviors and conditions being measured directly related to the safety threats and diminished protective capacities?
- Is there a thoughtful distinction made between all safety threats being resolved and re-establishing an in-home safety plan in order to meet conditions for return?
- When reunification is about to happen, is there a corresponding "uptick" of casework activity to thoroughly plan, assure safety and prevent a return to foster care?

If the Case Plan is **targeting the correct issues and casework practice meets the above expectations**, there should be abundant information supporting casework decisions/interventions.

The caseworker should be able (or coached, if necessary) to **sufficiently demonstrate** reunification is warranted, or sufficiently **demonstrate reasonable efforts** have been made to reunify but an alternate plan for permanency is required.

Chapter 4

Appendix 4.13: Inter-County Case Responsibilities, Requirements and Oversight Procedures

Inter-county Case Responsibilities, Requirements and Oversight Procedures

The purpose of this document is to provide consistent statewide requirements that promote the best interests of the children and families the Department serves regardless of their geographical location within the state. Specifically, this procedure is meant to guide Department staff involved in cases where more than one county is providing services to a child and his/her family.

The foundation of this procedure is to promote best practices among counties by approaching each situation in a collaborative manner and with an understanding that what may appear to be most convenient for staff may not always be in the best interests of the child and family. Following the model of parallel process, counties are encouraged to work with one another by being open-minded and practicing frequent communication.

CPS Assessments and Interviews

CPS assessments must be assigned and completed by the county in which the child resides. The child's residence is determined by where the child and his/her family are physically residing. This may include shelters, motels, case-managed housing, or other temporary housing. When a family does not have a stable residence, the motel or shelter where the family is staying will be treated as the residence, even though it is temporary. When the family has a stable residence but is temporarily staying elsewhere, the assessment will be assigned and completed where the residence is located.

When a child is temporarily staying outside the family home, residence will not be defined by the child's short-term visit location or placements designed to be short term (e.g. hospitalizations, sub-acute care, or stabilization centers). When the child/young adult is temporarily placed in a setting such as these, and the alleged abuse/neglect has occurred in the familial setting, the CPS assessment will be assigned and completed where the family resides. It is recognized that initial contact with the child/young adult may need to occur in the county in which the child is temporarily located, and this initial contact should be coordinated between the offices.

The exception to assigning the CPS assessment in the county where the child resides is when the abuse is alleged to have occurred in a substitute care setting. If child abuse is alleged involving a child-caring agency, licensed group home or certified foster home, the CPS assessment must be assigned in the county where the abuse occurred.

When it is learned that the residence of the child has been inaccurately identified or a child is residing at a new address, reassignment of the assessment must be considered. If contact with most participants has been already been made in the county that was inaccurately identified, then that county will complete the assessment and may ask for a secondary caseworker to assess the safety of the home. If little to no contact has been made with the family, then the screening report should be moved to the correct county, which is where the child resides.

The sending county will notify the new county, and the receiving county must respond to confirm the family's location prior to transfer of the case assignment. The assessment will be reassigned to the county where the family resides using applicable extensions. A new assessment will not be generated unless the original assessment was closed prior to determining the family's location. A courtesy interview may be requested by another county if the family is more than 30 miles away from the requesting county and the other county's branch office is closer to the family. Courtesy

interviews must be documented in the six domains and in the assessment activity section of the CPS assessment.

If a child moves to a different county during a CPS assessment, the assigned county continues with and completes the assessment, requesting courtesy interviews as needed. If it is determined a child is unsafe at the conclusion of the assessment, discussion about the filing of a dependency petition in the new county of residence must occur between the two counties and may include the DDA or AAG, as warranted. If appropriate, a courtesy interview may be requested; however, the original assigned caseworker is responsible for completing the assessment.

If a mother of a child in DHS custody is placed in a residential treatment facility and she has a new baby, the county with the open case will assess and plan for that new baby with the assistance of the county in which the residential treatment program is located.

If there is a referral assigned to assess the safety of a new baby on an open case (except residential treatment) or if there is a new CPS referral on an open case (court involved, nonlegal cooperative, FSS, etc.), the county in which the child resides will complete the new assessment with the expectation of partnering with the open case county for case history and family engagement, as appropriate.

Cross-County Case Supervision

I. Cross-county case supervision requires a joint effort between branches and/or counties to ensure child safety and quality service. Requests should, when possible, occur prior to placement of the child or family's move to the receiving county. Cross-county case supervision may be requested by another county under the following circumstances:

   A. If the family's residence is more than approximately 30 driving miles away from the requesting county, the other county's branch office is closer to the family, and the family will need services identified within the receiving county; or

   B. If the family's residence is more than approximately 70 miles away from the requesting county, the other county's branch office is closer to the family, and no service identification will be needed within the receiving county.

II. To facilitate a plan that best meets the needs of the child and family, all information must be shared and documented in OR-Kids in a timely manner. Responsibilities are as follows:

   A. The sending county will:

      1. Verify that the information that supports working with the child and family is scanned into or is otherwise available in OR-Kids. This includes the safety plan, current case plan, current child specific case plan, current action agreement, current petition and court order and any other relevant information, such as evaluations and medical records.

      2. Assure the supervisor of the sending caseworker has reviewed and authorized the request. Send an email to the receiving branch's inter-county case services request email address requesting cross-county case supervision prior to placement of the child. For residential treatment cases, the proposed plan for after-care should be included in the request when available.

      3. If a child has been placed in the receiving county on an emergency basis, the sending county will notify the receiving county within one business day.

4. Retain case planning responsibility.
5. If applicable, determine which caseworker will be present at treatment reviews, court hearings and other relevant proceedings with an understanding that the sending caseworker will, at minimum, participate by phone.
6. The sending county must document the request in a case note in OR-Kids within one business day.

B. The receiving county will:

1. Document receipt of the request in OR-Kids case notes within one business day.
2. Notify sending branch of receipt of request within two business days of the receipt of the request.
3. Verify and review documents in OR-Kids. The assigned caseworker must document in an OR-Kids case note that review of the information occurred. Documentation must clearly demonstrate a thorough review of Department history and include a short analysis of decision making leading up to the request and indicate whether the receiving branch agrees with previous decision making. If the receiving branch does not agree with previous decision making, a staffing comprised of staff from both the sending and receiving branches must be scheduled within one business day to discuss and resolve any concerns. The staffing must include the caseworker, the caseworker's supervisor, and the program manager or designee from both branches. The staffing and outcome must be clearly documented in a case note in OR-Kids by the receiving branch in a timely manner.

III. Initiate communication with the sending branch within seven calendar days of the receipt of the request. In cases where active efforts apply, communication should occur within three calendar days. This communication should include:

A. Identification of the assigned caseworker and active efforts worker.

B. Clarification of roles and responsibilities.

C. Discussion and agreement on the needed frequency of communication among caseworkers.

D. Development of a plan to provide court-ordered services by the receiving branch.

E. If applicable, determination of which caseworker will be present at treatment reviews, court hearings and other relevant proceedings with an understanding that the sending caseworker will, at minimum, participate by phone.

F. Once the child has been placed in the receiving county, the caseworker will have face-to-face contact with the child within five business days. If a child has been placed on an emergency basis, the receiving county will have face-to-face contact with the child within five calendar days.

G. Ensure children and families will receive services consistent with those being provided in the receiving branch. Those include both contracted (Strengthening, Preserving and Reunifying Families; In-Home Safety and Reunification Services; etc.) and non-contracted services (System of Care, Foster Care Prevention, etc.), which will be provided by the receiving branch based on availability in their area. In addition, Central Office-based contracted services (Independent Living Program, Behavioral Rehabilitation Services, etc.) will be made available to the child and family.

H. Assume responsibility for face-to-face contact and documentation of these contacts for all children and parents receiving cross-county case supervision. Documentation of face-to-face contacts must clearly demonstrate how safety has been ensured.

I. If the caseworker is unable to locate the child and/or parent receiving cross-county case services, communication to the sending branch must include detailed narration regarding the number of attempts and what steps were taken to locate the family.

J. All other responsibilities will be negotiated as necessary.

Children placed in a child caring agency

Cases will be accepted for cross-county case supervision when the situation meets the criteria established under (1) and (2) below and will comply with all of the expectations listed for both the sending and receiving branch under the Cross-County Case Supervision section.

I. Seventy miles (per diem guideline) workstation to placement; and

II. Placement anticipated to be longer than 90 days.

An exception can be made to (2) if the distance is more than 100 miles between workstation and placement.

Out-of-county placements

Notification of intent to place children out of county shall occur prior to placement, unless there is an emergency, in which case notification shall occur the next business day. Notification must be made to the receiving branch's inter-county case services request email address. This includes placements with biological parents of children who are in the care and custody of the Department.

To coordinate services for the child and/or family, information required for cross-county case supervision must be immediately available in OR-Kids. If the receiving branch believes the needs of the child, parents and/or foster parents are not being met, the receiving county reserves the right to require cross-county case supervision regarding the availability of services in the area. In situations involving Department-certified foster homes, the certifier of that home, in conjunction with his/her supervisor, can deny placement with good cause. All information must be thoroughly documented in an OR-Kids case note.

Transfer of jurisdiction

I. Transfer of jurisdiction is sometimes necessary to meet the needs of the children and families we serve. In order to ensure the safety of the child and continuity of services, the following criteria have been established:

II. Prior to requesting the court send or accept a case for transfer of jurisdiction, the sending branch will request and have cross-county case supervision in place for at least six months. The receiving branch may notify the sending branch of its willingness to accept transfer of jurisdiction at any time.

A. EXCEPTION to (1): Transfer of jurisdiction may be requested without cross-county case supervision or the six-month waiting period in cases where it is clearly in the best interest of the child and supportive of achieving the permanent plan for the child. For example, a current or recent TPR case in the

receiving county.

B. If the court initiates this process without DHS consultation, a manager must be notified immediately. Within one business day, the manager must take action to address any concerns regarding the court-ordered transfer of jurisdiction and thoroughly document steps taken in a case note in OR-Kids. As ensuring child safety is critical, the receiving branch maintains the responsibility of timely face-to-face contact and must follow all steps outlined in this procedure.

III. Sending branch retains case planning responsibility until the legal case has been received and accepted in the receiving county and its court.

IV. If a non-legal cooperative case exists, and it is determined safety threats can no longer be managed without court involvement and a petition must be filed, the receiving county will have sending county representation at initial court proceedings in the receiving county, if requested, with regard to availability of services in the area.

Out-of-county foster/adoption home studies

I. In situations where it is necessary to study or certify a home out of county, a request should be made to the receiving branch, via the receiving branch's inter-county case services request email address, to provide certification or adoptive home study services. All studies should be given the same priority regardless from which branch they are being referred. Prior to requesting a home study of a family interested in child-specific foster care or adoption, the sending branch is responsible for:

A. The initial discussion with the potential applicant (including sibling planning issues, a brief discussion about certification and adoption standards, and that the assessment process includes criminal and child welfare background checks as well as a full assessment of the family and home environment); and

B. An initial check of databases (OR-Kids, IIS, OJIN/eCourt).

II. If after conducting an assessment or home study, the receiving branch determines the family cannot be approved, the receiving branch will notify the requesting branch prior to providing notification to the applicant and an explanation of the withdrawal process of their application versus denial.

III. Placements out of county are subject to the approval of the receiving branch. The counties can jointly agree to follow the Foster Home Certification rule (OAR 413-200-0260 to 0424) that allows the sending county certifier to enter the receiving county for the purpose of completing the certification. This exception requires District Manager approval from the receiving county.

Dual-county cases

Situations may occur where new allegations arise or a family seeks services in a new county of residence. This may include an older child in permanent foster or in an Independent Living Program who is recieving services in another county. If there is no plan for reunification and no current involvement between the child and the family, a separate case plan with the same case number/name should be opened and shared between counties. In situations of co-managing cases, branches should determine in partnership when making changes in OR-Kids primary and secondary caseworker designation.

Required staffings and documentation

Required staffings and documentation involving all inter-county case services include:

I. A staffing that includes caseworkers and supervisors from both sending and receiving branches at the following critical junctures:

   A. At initiation of cross-county case supervision, once a caseworker has been assigned.

   B. Upon any changes or disruptions in placement of child. If the child is moved after hours or on an emergency basis, a staffing must occur the next business day. Documentation of the staffing must include the following:

      1. Identification of any health and medical, mental health, educational or other concerns for the child. This includes documentation of any necessary follow-up required or other appointments previously scheduled or requiring scheduling.

      2. Identification of any prescription or over-the-counter medications taken by the child and confirmation the medications were given to the appropriate caretaker with instructions on how to administer, whom to contact for clarification, and when a review of medication needs to occur.

      3. Verification medication logs were provided and explained to the caretaker.

      4. Plan to address educational and other needs as necessary.

      5. Review of any CANS assessment and supervision plan as applicable.

   C. Upon relocation of any other member of the family receiving cross-county case supervision services from the receiving county.

   D. In advance of all court hearings at a time agreed to by both receiving and sending counties.

   E. Upon conclusion of the cross county-case supervision.

II. All written communication between branches must include the assigned caseworkers and supervisors to ensure safety of the child and family is not overlooked in the event of unexpected or otherwise scheduled staff absence.

Dispute resolution

Disputes that may arise in any sections within this procedure that are unable to be resolved at the supervisory level should be staffed with the program manager from each county, the involved supervisors, and caseworkers, as appropriate. If the dispute still cannot be resolved, it will then be staffed with the respective district managers and the applicable Central Office program manager.

Email Addresses for Inter-County Case Services Requests

I. D1 Inter-County Case Services Requests
D1Inter-CountyCaseServicesRequests@dhsoha.state.or.us

II. D2 Inter-County Case Services Requests
D2Inter-CountyCaseServicesRequests@dhsoha.state.or.us

III. Inter-County Case Services Requests D3
Inter-County.CaseServicesRequestsD3@dhsoha.state.or.us

IV. D4 – Benton Inter-County Case Services Requests
D4BentonInterCountyCaseServicesRequests@dhsoha.state.or.us

V. D4 – Lincoln Inter-County Case Services Requests
D4LincolnInterCountyCaseServicesRequests@dhsoha.state.or.us

VI. D4 – Linn Inter-County Case Services Requests
D4LinnInterCountyCaseServicesRequests@dhsoha.state.or.us

VII. D5 Inter-County Case Services Requests
D5InterCountyCaseServicesRequests@dhsoha.state.or.us

VIII. Inter-County Case Services Requests D6
Inter-County.CaseServicesRequestsD6@dhsoha.state.or.us

IX. Inter-County Case Services Requests D7 - Coos
Inter-County.CaseServicesRequestsD7-Coos@dhsoha.state.or.us

X. Inter-County Case Services Requests D7 - Curry
Inter-County.CaseServicesRequestsD7-Curry@dhsoha.state.or.us

XI. D8 – Jackson Inter-County Case Services Requests
D8JacksonInterCountyCaseServicesRequests@dhsoha.state.or.us

XII. D8 – Josephine Inter-County Case Services Requests
D8JosephineInterCountyCaseServicesRequests@dhsoha.state.or.us

XIII. Inter-County Case Services Requests D9
Inter-County.CaseServicesRequestsD9@dhsoha.state.or.us

XIV. Inter-County Case Services Requests D10
Inter-County.CaseServicesRequestsD10@dhsoha.state.or.us

XV. D11 Inter-County Case Services Requests
D11InterCountyCaseServicesRequests@dhsoha.state.or.us

XVI. Inter-County Case Services Requests D12
Inter-County.CaseServiceRequestsD12@dhsoha.state.or.us

XVII. D13 Inter-County Case Services Requests
D13InterCountyCaseServicesRequests@dhsoha.state.or.us

XVIII. Inter-County Case Services Requests D14
Inter-County.CaseServiceRequestsD14@dhsoha.state.or.us

XIX. D15 – N. Clackamas Inter-County Case Services Requests
D15NClackamasInterCountyCaseServicesRequests@dhsoha.state.or.us

XX. D15 – Oregon City Inter-County Case Services Requests
D15OregonCityInterCountyCaseServicesRequests@dhsoha.state.or.us

XXI. D16 – Beaverton Inter-County Case Services Requests
D16BeavertonInterCountyCaseServicesRequests@dhsoha.state.or.us

XXII. D16 – Hillsboro Inter-County Case Services Requests
D16HillsboroInterCountyCaseServicesRequests@dhsoha.state.or.us

Chapter 4

Appendix 4.14: International travel procedures for children in DHS substitute care for the purpose of adoption

International travel procedures for children in DHS substitute care for the purpose of adoption

This document outlines the procedures to follow when children in the custody of DHS require international travel to be adopted. Refer to OARs 413-020-0140 and 413-020-0150 for more information on authorizations needed for international travel. Travel cannot occur until all the required steps have been taken to have the adoptive family selected at a Central Office Adoption Selection Committee and a contract or supervision agreement has been put in place with the receiving country.

When adult(s) are planning to travel with a child on DHS's behalf (including foster parents) to a country outside the USA, the caseworker needs to do the following:

I. Complete an Out of State Travel Authorization form (CF 1293) for each adult and have the district manager or designee sign it.

II. Complete a Child's Consent to Travel form (CF 0002) and have all staff on the form up to the district manager sign it.

III. Complete the Out of Country Travel Exception Memo (CF 0002a) and attach any supporting documents such as a tentative itinerary from Corporate Travel.

IV. Verify with the travel agency or on https://travel.state.gov/content/travel/en/international-travel.html if any immunization or medical interventions are required or recommended.

V. For Hague Convention adoptive placements, the worker must have a Hague Custody Declaration issued by the United States Department of State acting as the central authority for this country for the child to pass through immigration and customs and enter the country of placement.

VI. Email the signed Out-of-State Authorization form (CF 1293), Child's Consent to Travel form (CF 0002) and (CF 0002a), and (if appropriate) Hague Custody Declaration to CW.OutofCountryTravel@dhsoha.state.or.us.

VII. If more than one employee will accompany the child(ren), the Out of Country Travel Exception Memo must include written documentation to support the additional person. (Similar criteria as that used by ICPC will be considered; e.g., safety and health risks).

VIII. The packet of information is reviewed and forwarded to the field administrator for final authorization. When the office grants authorization, Field Operations will supply the caseworker with a travel authorization number and carbon copy the international case consultant assisting in this case. These steps can take up to 14 working days.

IX. After receiving DHS authorization to travel, obtain a court order from the court having jurisdiction of the child, granting permission for the child to travel.

The caseworker seeks help from an assistant attorney general with the Oregon Department of Justice to obtain this court order. The court order must be translated into the language of the country where the child is traveling. Both copies of the order (English and foreign language) must be presented to the court along with an official certificate of translation (in both English and the foreign language). See ORS 1.150(2); pleading may be submitted in English and accompanied

by a translation into a foreign language certified by the translator to be a true and accurate translation). The caseworker must always use DHS-approved translators to translate the court orders. Complete a CF 0010 A to request translation.

I. Keep a copy of the entire out-of-country packet in the child's case file for audit purposes.

II. When a department employee is traveling out of the country, they should request international phone calling capability. To do this, complete the DHS 1496 to add international calling to their current WCD (wireless communication devise); or. through contacting the DHS Telecom statewide coordinator at 503-945-6787 and requesting an international calling card.

Travel to Mexico

If there are any problems, the contact in Mexico is:

I. Office of the Secretary of Foreign Affairs at (5) 782-4221.

OR

II. Call the chancellor at the Mexican Consulate Office in Portland Oregon; he can direct you or advise you on what to do or who to contact: 503-274-1442 x 14.

OR

III. Call the Embassy of the United States in Mexico City at: 011-52-55-5080-2000.

IV. Or call the International Case Consultant in Central Office at 503-947-5102.

Documents required for travel/placement

Agency staff

I. A passport

II. DHS ID

III. Medical/immunization records (if appropriate).

Child

I. Passport application must be made for the child after the child is legally free and in the permanent custody of the state of Oregon,

II. Medical/immunization records (if appropriate),

III. Court order that establishes jurisdiction, and

IV. Hague Custody Declaration, if placement is for adoption.

In addition, the Mexican government recognizes and accepts documents that are Apostilled. Apostille is a certificate with the state seal adhered that verifies the notary of the document is in good standing with the state and can notarize documents. For this process, contact the Secretary of State's Office, Corporation Division, Attn.: Notary, 255 Capital St.

NE Suite 151, Salem, OR 97310; phone number 503-986-2593. Call before sending the documents to learn the cost of the process, who to direct them to, what documents can be Apostilled and the requirements. Documents must be notarized before having a document Apostilled.

If a Court Commitment Order is used that has not been Apostilled, have the court order certified with a raised seal and the signature in an ink color other than black. This will increase the chance the document is seen as "official."

Chapter 5
Services to Children

Section 1: Overview: Services to children

Overview: Services to children

Oregon's child welfare system focuses on child safety and urgency of planning to meet the individual child's needs for permanency and well-being. Case planning includes identifying the specific services needed to meet each child's needs. Consider all information gathered during both the child safety and protective capacity assessments. Doing so helps develop a focused, systematic, time-limited plan to meet the child's needs. You will work in partnership with:

I. The family,

II. Other key persons, and

III. Agencies and systems involved with the child.

Case management of services to children is a complex task, but has many benefits:

I. Thoughtful case management is critical to address the safety and well-being of a child. This is especially true when selecting a substitute caregiver appropriate to the child's needs.

II. Case management models a method of problem solving that may be used by a child and their family.

III. Case management helps a child understand decisions that result in:
   A. Family reunification, or
   B. Another permanent plan.

IV. Case management improves communication between the:
   A. Caseworker,
   B. Substitute caregiver,
   C. Families,
   D. Supervisor,
   E. Peers,
   F. Other providers, and
   G. The courts.

In the decision-making process, always consider:

I. A child's safety,

II. Permanency, and

III. Well-being.

Delivery of services to children is critical in achieving positive outcomes for Oregon's children. Successful intervention in the lives of abused and neglected children requires concurrent involvement of many different systems:

I. The child and family,

II. Child welfare,

III. The court,

IV. Education,

V. Medical and mental health professionals,

VI. Attorneys,

VII. CASAs, and

VIII. Other local agencies that serve children and families.

You and other child welfare staff and service providers provide services to children. Service providers include:

I. The child's substitute caregiver,

II. School,

III. Medical and mental health professionals, and

IV. Other community agencies.

Federal law, state statute and administrative rule provide the framework for providing and monitoring specific services for a child. These include:

I. The least restrictive appropriate placement that is in the child's best interests,

II. Frequent caseworker contact,

III. Frequent family visitation,

IV. Sibling contact

V. Appropriate education,

VI. Physical and mental health care,

VII. Addressing the child's identified needs, and

VIII. Providing services to support the transition to adulthood.

Services are provided with sensitivity to a child's culture and ethnicity.

You are responsible for:

I. Coordinating the systematic delivery of services to provide meaningful intervention and support, and

II. Not increasing a child's isolation or sense of victimization.

Well-planned and coordinated service delivery increases the likelihood of achieving positive outcomes.

These procedures are written for all children and young adults served by Child Welfare staff. Each procedure describes:

I. The unique actions required when DHS has legal custody of the child,

II. Any special actions required for young adults 18 through 20 years who remain in child welfare's legal custody, and

III. Expectations for monitoring the child's needs when the family retains legal custody of the child.

There are also procedures for unique activities when a child is placed through a.

IV. Voluntary Placement Agreement, or

V. Voluntary Custody Agreement.

Chapter 5

Section 2: Placement Services Generally

Placement Services Generally

The decision to place a child in out-of-home care is a critical safety decision. It may have life-changing effects on a child.

Placing a child in substitute care is always difficult. Still, do your best to foster an environment that will:

I. Stabilize a child and family, and

II. Strengthen parental protective capacity, so a child can return home.

Placement should:

I. Help a child and family resolve problems,

II. Assist parents in enhancing their protective capacity, and

III. Progress toward permanency for a child.

If a child cannot return home, substitute care can provide a safe and nurturing environment while a permanent placement is found.

Child welfare must make active efforts to reduce the risk of child abuse and neglect. Also, to ensure there is a legal basis for removal before removal of a child from their home.

A child should be placed in substitute care only when criteria for an in-home ongoing safety plan cannot be met.

A child should be placed in substitute care as a last resort. Refer to Chapter 4, “Managing child safety in and out of home,” for detailed procedures on developing an ongoing safety plan. Refer to Chapter 9, “Work with the Courts and External Partners,” for detailed procedures on court actions.

Types of substitute care and the services each provides

The following types of substitute care are listed from the least to most restrictive.

Always select the least restrictive substitute care option able to meet the child’s needs for safety and well-being.

Family foster care

Includes:

I. Relative caregivers or other adults known to the child,

II. Able to be certified by child welfare, and

III. Unrelated foster parents.

Consider **family foster care** for a child with normal or special developmental needs or problems who can be cared for and maintained in a regular family setting. Family foster care means the child is living with a family who has been or can be certified through child welfare. Most children can be cared for in a family foster care setting. The caregiver can be:

I. A relative,

II. Another adult known to the child, or

III. A foster family unknown to the child.

Within this category of substitute care, there are preferences listed below, starting with the first preference.

I. The relative is the first choice for a child's placement when:
   A. There is a relative available to provide substitute care, and
   B. The relative can be certified by the department.

II. An adult who has a caregiver relationship with a child is the next in order of placement preference. This type of relationship could be with a relative or a non-relative.

As defined in OAR 413-070-0600 to OAR 413-070-0645, Placement Matching, "Caregiver relationship" means a relationship between a person and a child that has existed:

I. For the 12 months immediately preceding the initiation of a dependency proceeding;

II. For at least 12 months during a dependency proceeding; or

III. For half of the child's life, if the child is less than six months of age, and

IV. The person had physical custody of the child or resided in the same household as the child.

V. The person provided the child daily the love, nurturing and other necessities to meet the child's psychological and physical needs, and

VI. The child depended on the relationship to meet the child's needs.

"Caregiver relationship" does not include a relationship between a child and a person who is an unrelated foster parent of the child unless the relationship continued for a period of at least 12 consecutive months.

I. An unrelated person is next in order of preference of family foster care options, if the person is someone:
   A. Who the child has significant attachment to, or
   B. Who has significant attachment to the child, and
   C. Who can be certified by the department.

II. Fourth in the sequence of family foster care options is an unrelated adult unknown to the child, what traditionally is considered family foster care.

Professional and emergency shelter care

Consider **professional and emergency shelter care** when:

I. The child needs more structure and supervision than available in regular family foster care, or

II. When regular foster care is unavailable or inappropriate due to the child's needs or behaviors.

Therapeutic foster care (Behavior Rehabilitation Services)

Consider **therapeutic foster care** when:

I. The child's needs for these cannot be managed in a less structured and less restrictive environment:
    A. Behavioral intervention,
    B. Counseling, and
    C. Skill-building services.

Psychiatric residential treatment

Consider **psychiatric residential treatment** when:

I. The child needs a treatment environment to manage behavioral problems that cannot be managed in a family setting in the community.

Initial substitute care placement

Procedure

To determine a child's immediate needs when an out-of-home ongoing safety plan is a required, you must:

Involve the child's parents and, when developmentally appropriate, the child in identifying substitute care placement resources whenever possible.

Whenever a child who needs substitute care is diagnosed with HIV or AIDS, also refer to section 10 of this chapter for detailed procedures to follow in planning and selecting a substitute caregiver.

Assess the ability of each potential substitute caregiver to provide safety for the child.

Identify potential substitute care placements in order of preference:

I. A relative who can and will meet the child's needs for safety and who can be certified by child welfare.

II. A person who has a caregiver relationship with the child and can be certified by child welfare.

III. An unrelated person:
    A. Who the child has significant attachment to, or
    B. Who has significant attachment to the child, and
    C. Who can be certified by child welfare

IV. A foster parent who is certified, or

V. A provider who has been licensed by child welfare.

VI. Identify which person has the closest existing personal relationship with the child if more than one person requests to have the child placed with them.

Consider whether the substitute care placement:

I. Can provide safety for the child;

II. Is willing to cooperate with any restrictions placed on contact between the child and others;

III. Can prevent anyone's influence on the child regarding the allegations of the case;

IV. Can support Child Welfare's efforts to implement the permanent plan for the child;

V. Can keep siblings together; and

VI. Can meet the child's physical, emotional and educational needs. This includes the child's need to continue in the same school or educational placement.

VII. Can manage the child's supervision needs identified in:

   A. Child and Adolescent Needs and Strengths (CANS) screening,

   B. Other current assessments, or

   C. Evaluations of the child.

Ensure that the substitute care placement to meet the child's needs is:

I. The most home-like, and

II. Least restrictive available.

Ensure that the following are not a consideration when assessing a substitute care placement for a child:

I. Race,

II. Color,

III. Culture, or

IV. National origin.

If the child is an Indian or refugee child, follow:

I. OAR 413-070-0300 to 0380 and OAR Chapter 413, division 115 regarding placement preferences, and

II. Detailed procedures in this chapter about placement.

III.

Involve the child's family

Both federal and state laws place strong emphasis on maintaining continuity of family relationships and connections within the child's community whenever appropriate.

Even in an emergency, involve the family as much as possible in making safety-related decisions regarding a child's substitute care placement.

Procedure

Treat parents respectfully. Include them in placement decision-making processes. Also, include them in the Family Engagement Meetings when developing the ongoing safety plan (see Chapter 4, Section 6). Even if parents and children disagree with the placement decision (which, of course, many do), it is important for them to understand the reason for

placement is to manage a child's safety.

Focus on maintaining family and relative ties. This includes the relationships of the child with:

I. Parents,

II. Siblings,

III. Grandparents,

IV. Aunts,

V. Uncles,

VI. Cousins, and

VII. Family friends who are viewed as part of the family.

Also focus on maintaining those ties in substitute care placement decisions (Chapter 5) and visitation and contact arrangements (Chapters 4 and 5). Even if parental rights eventually are relinquished or terminated, the child may continue a relationship with some or all family members.

Discuss potential substitute caregivers with the family. Explain to the family the requirement that DHS consider substitute care placements in the following order of preference:

I. A relative who can and will meet the child's needs for safety and can be certified by Child Welfare.

II. A person who has a caregiver relationship with the child and can be certified by Child Welfare.

III. An unrelated person:

   A. Who the child has significant attachment to, or

   B. Who has significant attachment to the child, and

   C. Who can be certified by child welfare, or

IV. A foster parent who is certified or a provider who is licensed by Child Welfare.

Ask whether the family has relatives who may be able and willing to care for the child.

Ask whether there are other adults who know and are known by the child who may be able and willing to care for the child.

Work with the family to identify which person has the closest existing personal relationship with the child. If there is more than one person (relative or another adult known to the child) request to have the child placed with them.

Initiate the procedures for immediate certification of a prospective relative or other adult known to the child.

Continue to assist parents in understanding the steps you are taking to manage their child's safety.

Match the child's needs with a substitute caregiver's ability

The actions you take to facilitate a substitute care placement that meets a child's needs depends on the type of

substitute care placement selected. To the extent possible, explore all the issues pertinent to a child's substitute care placement before removal from the family home. The more knowledgeable you are of a child and their needs, including cultural considerations, the more likely the initial substitute care placement of a child will last throughout their stay in substitute care.

A child's substitute care placement is likely the most significant service provided by child welfare and is critical to a child's safety and well-being.

In a planned substitute care placement, consider all the issues related to a child's needs and the substitute caregiver's capacities.

In an emergency, when immediate substitute care placement is necessary to manage child safety, make the best initial substitute care placement decision possible in light of:

I. General knowledge of substitute care placement considerations, and

II. What is known about a child.

Procedure

Answer the following questions when an immediate substitute care placement is necessary:

I. What are the ***identified*** safety threats that require an out-of-home ongoing safety plan?

II. Does the child have any ***immediate*** mental or physical health care issues that need to be considered?

III. Have relatives been contacted and assessed?

IV. Must emergency shelter care be used while a prospective substitute caregiver can be assessed?

V. How are the parents involved in the substitute care placement process?

VI. How are the child and the substitute caregiver involved in the placement process?

VII. When placing a sibling group, can the siblings be placed together? If not, what arrangements are made for visitation and contact in the Temporary Visit and Contact Plan?

VIII. What resources are needed to support a prospective placement?

When you look to decide on substitute care for a child, consider both:

I. Individual needs of the child, and

II. Skills and abilities of the substitute caregiver.

Tip

The longer the child remains with the initial substitute caregiver:

- *The more likely the child and caregiver are to become attached to each other, and*
- *The more difficult and problematic it will be to transfer the child to another substitute caregiver.*

It is especially important to act quickly when the initial substitute care placement fails to address one or more of a

child's key needs. For example:

- *A substitute care placement may be so far from the child's biological family that visitation and reunification are adversely affected, or*
- *Siblings may be separated due to lack of openings in the substitute care resources available at initial placement.*

Assess the child's needs

Consider the needs of the individual child. The assessment of the child's individual needs began during the CPS screening and assessment process. It continues when substitute care is required to manage safety either:

I. When the protective action is removal from the home, or

II. When substitute care is the least restrictive ongoing safety plan that can manage child safety.

It is important to ask the child, at a developmentally appropriate level, what they need in a substitute care setting to make them feel safe and comfortable.

Procedure

Answer the following questions to help identify the child's substitute care placement needs as they relate to safety, permanency and well-being.

Safety

I. What unique circumstances required substitute care placement, and how do these safety issues affect the child?

II. Are there particular safety issues related to proximity to parents, siblings or family that must be considered?

III. Does the child have any identified medical or mental health treatment needs?

IV. Does the child have identified supervision needs that indicate immediate referral for a CANS screening?

V. Is the child in a special educational program?

VI. Are there other unique circumstances related to keeping the child safe?

Permanency

I. Does the CPS assessment give any indications that the child may be able return home soon?

II. Are there clear indications at this point that the child will need permanent placement other than return to parents?

III. Is the child strongly connected with relatives or other supportive adults who may serve as permanent resources?

Well-being

I. Who are the important family members and other adults in the child's life who have provided safety and a sense of self?

II. Are there particular services available and appropriate to address the child's needs, including cultural needs?

III. Does the child have important connections that should be considered:

   A. School,

   B. Church, or

   C. Community?

IV. Can the placement decision provide some continuity even during this crisis?

Determine whether a child has special needs

Procedure

Consider whether the assessment of this family, to date, has identified any special needs that may include, but are not limited to, the following circumstances:

I. A child has severe health impairments or developmental disabilities requiring specialized medical and physical care. Consider referring the child for a Personal Care Services Assessment.

II. A child has diagnosed educational or mental health needs and currently is receiving day or outpatient treatment.

III. A child has emotional or behavioral problems and requires extraordinary support from the substitute caregiver. Consider referring the child immediately for a CANS screening.

IV. A child has emotional or behavioral problems and needs ongoing treatment in the substitute care setting and more restrictive care.

V. A teen mother requires parental guidance for herself and assistance with learning to parent her child.

VI. A child cannot readily accept parental care and guidance.

VII. A child requires a regulated environment integrated with mental health or social treatment services and training.

Assess prospective substitute caregivers

Procedure

The following actions are required in the assessment process when a child must be placed in substitute care:

Identify potential substitute care placements in the following order of preference:

I. A relative who can and will meet the child's needs for safety and can be certified by child welfare;

II. A person who has a caregiver relationship with the child and can be certified by child welfare;

III. An unrelated person:

   A. Who the child has significant attachment to, or

   B. Who has significant attachment to the child, and

   C. Who can be certified by child welfare; or

IV. A foster parent who is certified or a provider who is licensed by child welfare.

Identify which person has the closest existing personal relationship with the child.

Determine whether the person:

I. Can provide safety for the child;

II. Is willing to cooperate with any restrictions placed on contact between the child and others;

III. Can prevent anyone from influencing the child regarding the allegations of the case;

IV. Can support Child Welfare's efforts to implement the permanent plan for the child; and

V. Can meet the child's identified physical, emotional and educational needs This includes the child's need to continue in the same school or educational placement.

If more than one person requests to have the child placed with them, select the person who best matches the criteria outlined above.

Ensure that the out-of-home care placement meet the child's needs that is the:

I. Most home-like, and

II. Least restrictive available.

Ensure that the following are not a consideration when assessing an out-of-home care placement for a child:

I. Race,

II. Color, or

III. Culture or national origin.

If the child is an Indian or refugee child, follow the procedures in this chapter regarding placement preferences for Indian or refugee children.

Make a placement selection

Select an initial and any subsequent placement based on:

I. The substitute caregiver's capacity to participate in the ongoing safety plan, and

II. Meeting the safety and well-being needs of the child.

A child's substitute care placement likely is the most significant service provided by Child Welfare. It is critical to a child's safety and well-being.

Procedure

Consider all the information gathered during the assessment regarding:

I. Specific circumstances as they are occurring within the family;

II. Specific child's needs;

III. The substitute caregiver's capacity to meet the criteria when considering substitute care placement; and

IV. Available substitute care placement resources in relationship to the following statutory requirements when making a substitute care placement selection.

Safety is the top concern that guides the requirements for the care, services and treatment of a child. The ongoing safety plan participants include the substitute caregiver as a participant in managing the child's safety.

Place a child with relatives whenever possible. Also, keep siblings in the same substitute care placement whenever possible, when it is in the best interests of the children. Federal Child and Family Services Reviews (CFSRs) have found several benefits in placements with relatives. This includes:

I. More frequent contact with parents;

II. Fewer placement disruptions;

III. Preservation of existing family connections;

IV. Continuity of care;

V. Maintenance of the family system as the child's primary caregiver; and

VI. A continued sense of belonging, worth and history for the child.

Make efforts to reunite separated siblings in substitute care as soon as possible. In the interim, include routine contact and visitation in:

I. Temporary visit,

II. Ongoing visit, and

III. Contact plans.

Place the child in the least restrictive substitute care placement that meets the child's safety and developmental needs. This includes the ability to maintain the child in their current school.

Look for a substitute care placement near the parents whenever:

I. It is in the child's best interest, and

II. Safety can be maintained.

Prepare a child and family for placement

Once the decision has been made to remove a child from their home, the substitute care placement process begins. Once a specific substitute care placement is chosen, the substitute care placement process becomes concrete. Whenever possible, include the parents, child and substitute caregiver in discussing the process and encouraging input.

Procedure

Cover the following issues:

I. Determine which possessions the child should bring.

   A. Include transitional objects to which the child is especially attached such as:

      1. Blanket,
      2. Stuffed animals, or
      3. Other special toys.

      The child should bring personal clothing items. These should be marked by the substitute caregiver, so the child's belongings are properly identified and labeled.

   B. Include items important to the child such as:

      1. Band instrument;
      2. Special club clothing, uniforms;
      3. Favorite books;
      4. Diaries;
      5. Jewelry; and
      6. Phone numbers.

   C. Do not take a child's personal items when there is risk of contamination due to drug production in the household.

II. Develop a plan for maintaining contact between the child and the parents with a Temporary Visit and Contact Plan.

   A. Document the plan on the Temporary Visit and Contact Plan form 0831. There can be some flexibility, but the child will be less anxious if there is scheduled contact.

   B. With an established schedule of calls and visits, it is easier to talk with parents about the child's need for contact if there are lapses in contact.

III. List the people who can have phone and face to-face contact with the child and who cannot.

IV. Describe the reasons for supervision if a child's visits must be supervised.

V. Gather information about:

   A. The child's medical condition,

   B. Routines,

C. Preferences,

D. Best discipline techniques for the child, and

E. How the child is soothed and similar care topics.

This is vital information for the child's substitute caregiver and will assist in maintaining consistency in the child's life. Record the information on the Child Welfare Child Placement Form (CF 261). Give a copy to the substitute caregiver when the child is placed in the home.

VI. Ask about values, activities and behaviors about which the parents feel strongly (e.g., church attendance, haircuts or clothing choices). Share this information with the child's substitute caregiver.

VII. Share information with the parents about the substitute caregiver's rules, routines and preferences. For instance, substitute caregivers usually have routines that parents need to respect, such as meal times and when they prefer no phone calls. Many treatment facilities have requirements about phone use, except in an emergency. Many also have standard visiting times and rules for signing in and out of the facility.

VIII. Give a clear message to the parents and child that the substitute care placement is for:

A. Safety, and

B. To help the family work on solutions to the problems that precipitated the child's need for placement.

Remind the parents they have work ahead of them.

IX. Remind the substitute caregiver of their role in the ongoing safety plan and their responsibilities to:

A. Cooperate with any restrictions placed on contact between the child and others, and

B. Prevent anyone from influencing the child regarding the allegations of the case.

X. Introduce the parents to the child's substitute caregiver whenever possible, when the substitute caregiver is not a person known to the family (e.g., not a relative or person with an ongoing relationship with the child). As an ice breaker, a structured meeting of a child's parents and the child's substitute caregiver can be used. It is described in Appendix 5.1.

Help a child transition to substitute care

Every child experiences an emotional response to placement in substitute care. For some, there may be a feeling of relief and anticipation of safety. For most, removal from the family's home, no matter how dangerous and chaotic, is a frightening and traumatic time in their lives.

Procedure

I. Prepare the child for substitute care placement by explaining to the child, within the scope of their developmental level, the reasons they will stay in another home.

II. It is important to talk with the child; both verbal and nonverbal children need to hear the reasons behind what is happening to them. The child needs to hear that they are not at fault for the crisis in the family. Messages the child receives comes not only from the words spoken, but your tone and nonverbal behavior.

III. The person transporting the child, whether you or other Child Welfare staff, should talk to the child in a soothing voice. This is a very frightening time for the child.

IV. Acknowledge the child's feelings, answer questions and provide information (as it is available and appropriate) to the child.

V. Have the child awake during the transition if possible. However brief, witnessing the transition from you to the substitute caregiver provides a measure of continuity for the child.

VI. Provide information about the next steps and introduce the substitute caregiver. These transitions, although they may be brief, are critical, as they are the linked chain of relationships back to the child's family.

The 30-day assessment of a child's placement

Early assessment of the appropriateness of the placement is important for several reasons:

Child Welfare is responsible for ensuring a child's safety while in out-of-home care. The substitute caregiver selected for the child must be able to meet the child's needs for safety and well-being.

When a substitute caregiver is struggling with a certain child, or if the mix of children in the home is challenging, it is Child Welfare's responsibility to support the substitute caregiver.

When more information on the child's needs becomes known, you are responsible for informing the substitute caregiver and referring the substitute caregiver to services and supports to meet the child's needs.

Procedure

Refer to Chapter 5, section 5, Personal Care Services.

Refer to Chapter 5, section 6, Child and Adolescent Needs and Strengths.

At the first 30-day contact with the substitute caregiver, assess whether the substitute caregiver meets these additional statutory placement preferences:

I. Near the child's parents,

II. Near the child's community,

III. Keeps siblings together, and

IV. Supports the child's culture and family identity.

When the substitute care placement does not meet one or more of these statutory substitute care placement preferences and the criteria described in the **Assess the prospective caregiver,** section:

I. Re-evaluate the substitute care placement selection, and

II. Decide whether this substitute care placement selection is in the best interests of the child.

Ensure the CANS referral has been completed. Assess whether the substitute caregiver can manage the child's supervision needs as identified in the CANS screening and other current assessments or evaluations of the child when a CANS is completed.

When a child has ongoing medical needs that require personal care services, refer the child for a Personal Care Services Assessment, if the referral has not been completed.

If it is determined that remaining in the current substitute care placement is in the best interests of the child, the child should remain with the substitute caregiver.

Consult your supervisor if you are unsure whether the child's placement is in the best interests of the child.

If it is determined that remaining in the current substitute care placement is not in the best interests of the child, work with the child's family and other child welfare staff to secure another substitute caregiver for the child.

Reassess substitute care placement options under the identical criteria and preferences.

Select a substitute care placement option that:

I. Can manage child safety,

II. Is in the child's best interests, and

III. Can meet the needs of the child.

Document the determination in OR-Kids. Also, explain the basis for the determination as it relates to the best interests of the child.

The 30-day contact also is a time to monitor child safety. Follow the procedures in Chapter 4, section 9 regarding contact requirements.

Ongoing assessment of a child's substitute care placement

There are several considerations in ongoing assessment of a child's substitute care placement in addition to the child's safety management. Be mindful of the following during your contacts with the child and the substitute caregiver:

I. Is the child physically and emotionally safe?

II. Does this substitute care placement allow the child to preserve and maintain existing attachments to their family?

III. Does this substitute care placement provide continuity and familiarity?

IV. Does this substitute care placement provide appropriate support for the child's needs?
   A. Educational,
   B. Developmental,
   C. Emotional, and
   D. Physical.

V. Does the substitute caregiver meet the child's supervision needs?

VI. Does the substitute caregiver provide the required personal care services when the child's medical needs require a personal care services plan?

VII. Is the substitute care placement stable?

VIII. Does this substitute care placement allow the child to maintain their cultural and religious heritage?

Weigh the answers to these questions when you consider the best interests of the child.

Consider ways the substitute care placement can be supported to meet each of these considerations.

I. Are there ways to increase the child's contact with their family or other community connections?

II. Can arrangements be made for the child to attend cultural events, religious services or other activities to maintain attachments to the child's heritage and culture?

III. Are there services in the community or are there service providers who can address the child's specific needs (e.g., education, mental or physical health, or developmental)?

IV. Is training appropriate and available for the substitute caregiver? Can certification staff assist in supporting the substitute caregiver with training materials or other resources by developing a Placement Support Plan (Chapter 8, section 5)?

Staff the substitute care placement with a supervisor when you doubt that it is the best possible substitute care placement selection for the child.

90-day review of a child's substitute care placement

Procedure

The child's substitute care placement is reviewed during each 90-day case plan review. The procedure for this review is described in Chapter 4, section 10.

When the assessment is completed, the child remains with the substitute caregiver if:

I. You are confident the substitute care placement meets the needs and best interests of the child, and

II. Substitute care placement is still necessary to manage child safety.

When, after the assessment, you conclude:

I. The substitute placement is not meeting the needs or is not in the best interests of the child, and

II. Substitute care is still necessary to manage child safety, then:

A. The case should be staffed with the supervisor for further consultation on either:

1. Supporting the substitute caregiver in strengthening their skills and abilities, or
2. Securing an appropriate substitute care placement for the child using the criteria for assessing an appropriate caregiver, and
3. Beginning again by reviewing possible relative caregivers.

Tip

The longer the child remains with the initial substitute caregiver:

- *The more likely the child and caregiver are to become attached to each other, and*
- *The more difficult and problematic it will be to transfer the child to another substitute caregiver.*

It is especially important to act quickly when the initial substitute care placement fails to address one or more of a child's key needs. For example:

- *A substitute care placement may be so far from the child's biological family that visitation and reunification are adversely affected, or*
- *Siblings may be separated due to lack of openings in the substitute care resources available at initial placement.*

Tip

It is important to remember to talk with the child more than once about the reasons why they are going to live with someone other than their parents. The explanation for substitute care should be discussed again during face-to-face visits. Due to the trauma and stress associated with the move to substitute care placement, the child may not be able to understand the "why" the first time it is discussed.

Chapter 5

Section 3: Working With Relatives

Working With Relatives

Federal and state laws and administrative rules require a diligent search for a child's relatives and persons with a caregiver relationship for the purposes of placing a child with his or her relatives and placing siblings together. Oregon's administrative rules also require consideration of relatives and persons with a caregiver relationship for the purposes of placement prior to placement with unrelated and unknown persons. The diligent search for relatives who could serve as temporary or permanent placement or for ongoing connection and support is an active and dynamic process to ensure the child knows and can remain connected to his or her family.

Research indicates that relative placements are almost always less traumatic for children and provide continuity and connection with familiar adults and surroundings. Separation from parents is traumatic in and of itself; substitute care with strangers compounds the trauma. Even when a child does not know the relative, the relative still has an important role to play in keeping the child connected to family history and culture, whether it is through placement or other types of contact and support.

Who is defined as a relative?

Because every family system is unique, the definition of a child or young adult's relatives is broad in order to capture all persons who are uniquely considered as family within unique family systems. In some families, every blood relative is considered family while in others, both blood and legal relatives are considered family. In yet others, godparents, neighbors, family friends, etc, might be considered family due to the role those persons play in the family system and/or the emotionally significant relationship they have with the child or the child's family.

A relative is defined in Oregon Administrative Rule 413-070-0063(9). The definition is summarized here.

There are four categories in which a person is defined as a relative:

I. A person related to the child or young adult through a parent, including a putative father. This includes:
   - A. Blood relatives that have prefixes of grand, great, or great-great.
   - B. Half blood relatives with prefixes of grand, great, or great-great.
   - C. Siblings, including siblings that are related through a putative father.
   - D. Aunts/uncles.
   - E. Nieces/nephews.
   - F. First cousins and first cousins once-removed (a parent's cousin).
   - G. The spouses of any of the above-listed relatives.
   - H. The ex-spouses of any of the those persons listed in A through F if the child or young adult had a relationship with them prior to entering substitute care.

II. A person related to the child but not always through the child's parent. This includes:
   - A. A person defined as a relative by the child's tribe if the child is an Indian child under the ICWA or is in the legal custody of the tribe.
   - B. A person defined as a relative of a refugee child.

C. A child's stepparent or former stepparent if the child had a relationship to the former stepparent prior to coming into substitute care.

D. The registered domestic partner or former registered domestic partner of the child's parent if the child had a relationship with the former registered domestic partner prior to coming into substitute care.

E. The adoptive parent of a child's sibling.

F. The unrelated legal or biological parent of a child's half sibling if that half sibling is living with the unrelated parent.

III. A person distantly related to the child. This includes those persons who the family or child indentifies, or the person self-identifies, as being related to the child by blood, adoption, or marriage but to a degree other than specified in No. 1 above.

IV. A person not related to the child by blood or through legal means but is identified by the child or the 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 and are identified by the child or the family. There is no comprehensive list of such persons but may include godparents, neighbors, close family friends, spiritual advisors, or congregation members, and others identified by the child or family. These are the people who, by the family's, parent's, or child's value system, culture, and beliefs are identified as family members and act as family members.

For the purpose of guardianship assistance eligibility as a relative, there are additional considerations.

First, a stepparent is not a relative and is not eligible for guardianship assistance unless a petition for annulment, dissolution, or separation has been filed or the marriage to the child's parent has been terminated by death or divorce. In other words, if a stepparent is still married to the child's parent, a stepparent is considered a "parent" for the purpose of considering guardianship assistance and therefore is not eligible for this type of support in a guardianship.

Second, unrelated foster parents may be considered for the purpose of considering guardianship and the availability of guardianship assistance when, in addition to the child being eligible:

A. There is a compelling reason why adoption is not an achievable permanency plan;

B. The foster parent is currently caring a for a child in the legal custody of the Department who has a permanency plan or concurrent permanency plan of guardianship;

C. The foster parent has cared for the child for at least the past 12 consecutive months; and

D. A Permanency Committee has recommended the foster parent for consideration as a guardian.

Who is Defined as a Person with a Caregiver Relationship?

Persons with a caregiver relationship are defined by Oregon Revised Statute. These are persons who have had physical custody of the child and lived in the same household as the child for specific periods of time as listed below. The child must have depended upon the relationship to meet the child's needs. This relationship must have existed:

I. For at least 12 months immediately preceding the initiation of a dependency proceeding;

II. For at least 6 months during a dependency proceeding, if that person is a relative; or

III. For half the child's life if the child is less than 6 months of age.

This may include an unrelated foster parent only when the relationship has continued for at least 12 months.

The Department's responsibility to search for persons with a caregiver relationship for the purpose of placement should only apply to those who fall under Nos. 1 and 3 above because any caregiver with whom a relationship has existed during the course of dependency proceeding will inherently be known to the Department already.

Search for and identify relatives

Identification of relatives is an ongoing activity that may begin as early as screening, and must begin during the CPS assessment when it is determined that a child is unsafe. The values and principles of family-centered practice provide the framework for conducting relative searches. Use the family's knowledge of their history, strengths and resources in your decision-making process to aid in using the family to provide individualized, culturally responsive safety services, substitute care placement, and/or ongoing connections for the child.

Begin the search for relatives without delay when a protective action must be taken in order to manage child safety, whether that protective action is in home or out of home. Include both the mother's and the father's family in the search. This early and immediate search and identification of relatives can identify resources that prevent the child from entering substitute care, reduce the number of placement moves when a child is in substitute care, and keep the child connected to his/her family system, history, and culture. The identification of relatives continues throughout the case and is reviewed periodically as described later in this section.

Procedure

I. Use the contacts with family members and others who have a significant relationship to the family as an opportunity to continue to search for and identify relatives and persons with an emotionally significant

relationship with the child or the child's family. Information can be gathered through the following contacts or activities:

A. Parents;

B. Children;

C. Other family members;

D. During every family meeting such as the Family Engagement Meeting or subsequent Family Decision Meetings.

E. School teachers or other school staff;

F. Persons participating in the shelter hearing;

G. Day care or other child care providers,;

H. The family's spiritual or church leaders;

I. Search of previous child welfare records;

J. Search of other state database records such as Self Sufficiency records, vital statistics, Department of Motor Vehicles, or Support Enforcement records which are available to the Department; and

K. Internet search engines such as Intelius/Accurint.com, Family Finders/US. Search.com, Ancestry.com and/or Daplus.us.

II. In those instances where the family is initially unwilling to provide contact information for possible relative resources, explain to the family the reasons why identifying a child's relatives is important both to support the parents and to support the child during a difficult time. Explain that the search can include use of the above-listed resources but that the best way to connect a child with his/her family is by gathering family information from the parent and/or child themselves. Furthermore, assure them that you will keep them informed of all relatives that you contact unless doing so would compromise the safety of another person. Share with the parents the benefits to children and young adults of permanent connections with and support from relatives. Explore with the parent the reasons for unwillingness to share family information and whether they can be assisted in overcoming any barriers they feel exist. Possible barriers may include:

A. Do they feel embarrassment or shame about Child Welfare's involvement?

B. Are they concerned about how much information will be shared with their family members?

C. Are they concerned about particular relatives being contacted for safety reasons?

D. Do they believe the family will not be supportive?

When the parents continue to be unwilling to provide contact information, request the court to order the parents to provide this information. Inform the parent that DHS has a responsibility to seek out relatives and persons with a caregiver relationship and will continue the efforts to find family members even when parents object.

Initial and ongoing contact with a relative

The Department is responsible for contacting identified relatives and persons with a caregiver relationship during the CPS assessment and on an ongoing basis. These persons should be contacted as soon as they are identified but must be contacted within 15 business days of receiving a person's contact information.

I. Make an initial contact with relatives in person or by phone when a telephone number is available. Make an effort to locate the phone number. Upon being contacted, a relative is likely to experience a lot of emotions and have a lot of questions that can be answered immediately when the contact is in person or by telephone.

II. Be prepared to answer all the questions you can. Federal law allows the Department to tell an adult relative that a child is in substitute care.

III. Provide information. Let the relative know how you will be following up with him or her, that you will be sending a follow-up letter, whether there will be someone else from the Department contacting them, if certification is a possibility, how they can send cards or letters through you to the child, other contact arrangements you may be making as a caseworker, and where they can find more information on our website.

IV. When the relative is a grandparent who is the legal parent of the child or young adult's legal parent, as defined in ORS 109.119, that grandparent has additional rights. Notify that grandparent of numerous options for involvement (see Options for Relatives DHS 9360 for a more inclusive list) and tell the grandparent that the Department will notify them of the date and time of court hearings unless: 1) they have been present at court and have already been notified of the date and time of the hearing by the court or 2) the court has relieved the Department of the responsibility to provide such notice after making a finding of "good cause."

V. Provide notice of court hearings, regarding any child or young adult, from the point of shelter hearings forward, to any grandparent who is the legal parent of a child's legal parent, unless: 1) the person has been at a court hearing and already been provided the date and time of the next hearing by the court or 2) the court has relieved the Department of the responsibility to provide such notice, after making a finding of "good cause."

VI. When a telephone number is not provided or available, contact the relative by sending a letter. There are five letters available on the forms directory that can be sent. The letters are designed that at least one of the letters can be sent to possible relatives or persons with a caregiver relationship. Each letter is a bit different and addresses some of the most frequently encountered situations in a child welfare case. Some of the letters may be sent as part of ongoing contact with relatives. Choose the letter that meets the case situation for each person, child or young adult. These letters cannot match every situation, and there are times when you will need to write a personalized letter.

Form number	Letter is sent to:	Letter solicits the following information
CF 264	Current relative caregiver	• Names and contact information of other relatives
CF 265	Relatives of child in permanent foster care	• Interest in placement or contact • Names and contact information of other relatives
CF 266	Other relatives when child currently placed with a relative	• Interest in contact or potential placement in future • Names and contact information of other relatives
CF 267	Relatives when child in foster care	• Interest in placement or contact • Names and contact information of other relatives

CF 268	Relative to solicit information for contact/support but not placement	• Interest in contact • Names and contact information of other relatives

VII. During the initial contact, the caseworker is responsible for providing relatives and persons with a caregiver relationship with specific information in the person's own language and in a format that the person can understand. The Department has a relative pamphlet (DHS 9360 Options for Relatives) and all the letters translated into the languages most commonly spoken by our families. Be sure to clearly explain information in a way that makes sense to the relative, respecting his/her role in the family and the family's cultural perspective and values. The following must take place during initial contact:

A. Explain to the person that the Department's goal is to manage child safety within the child's home, if possible, and that the relative may have a role to play if safety can be managed in the child's own home.

B. If the child has been placed in substitute care, the Department must let the relative know the child is in substitute care.

C. Explain to the person whether the child is placed with another relative.

D. Give the relative information about the Department's efforts to keep a child safe, and when it is possible to keep the child safe in his or her own home with help from others, a relative may involved in that effort with specific responsibilities. Let the relative know that the Department assesses everyone who assists in managing a child's safety and that this assessment, at a minimum, involves a check of the person's criminal history and any previous records of child abuse and neglect. Reassure the relative that the Department will do everything it needs to do to ensure child safety.

E. Explain the rights of relatives as described in OAR 413-010-0300 to 0340, Rights of Relatives.

F. Provide information about the availability of Guardianship Assistance and how the child meets eligibility requirements.

VIII. There may be occasions when it is not safe for a family if a particular relative is contacted. These reasons are outlined in administrative rule and include family/domestic violence or when contact may compromise a child or young adult's, or another person's, safety. When the caseworker has knowledge that a specific relative is unsafe or believes there is enough information that another person's safety would be jeopardized, the caseworker should consult with his or her supervisor, then contact a program manager who must approve any decision not to contact a relative for these reasons.

Tip

Be mindful that culture is one of the lenses that help us interpret, interact and respond to others and to situations. Understand the family's culture to be able to effectively communicate and develop a relationship with the family members. Be mindful of the role culture may play in a relative's perception of what the relative is being asked to do. Openly discuss options, roles and responsibilities to help reduce misunderstandings.

Document ongoing relative search efforts

Procedure

I. Document all identified relatives and persons with a caregiver relationship in the Department's electronic information system. Document the following information as part of the diligent search efforts made by child welfare:

   A. Name and contact information of each person that the Department tried to contact;

   B. The relationship to the child or young adult;

   C. The method of contact;

   D. Each person's response when a response is received; and

   E. Reasons for not contacting a relative when one has been identified but not contacted and the program manager who gave approval for not contacting them.

II. Include information in each court report on the progress and results of the diligent search for relatives, the assessment activities underway, and the efforts to place the child with relatives and to place siblings together.

III. Document all contacts and assessment activities in case notes.

Engagement of a child or young adult's relatives and persons with a caregiver relationship

Children and young adults need families. They need to have a sense of belonging and sense of who they are and from whom they have come. Whether their case plan involves in-home safety planning, out-of-home care, reunification, or other permanency options, children need relationships with family in order to be successful. Engagement of relatives and persons with a caregiver relationship means building partnerships between the child's family system and the Child Welfare system with the goal of meeting the child or young adult's needs for safety, permanency and wellbeing.

I. In order to successfully build a partnership with the family system, the caseworker must make every effort to engage family members at each stage of case planning. Family members may approach contact with the Department with sense of distrust of the Child Welfare system or of government agencies in general. It is important to recognize this distrust as a normal reaction to a large government agency intervening in a family's life. If a family's response to the Department's intervention is perceived by Child Welfare workers as uncooperative or resistive, the perception may negatively impact the caseworker's goal to build a partnership with the family.

II. There are many strategies to build trust with a child's relatives. Some of these include:

   A. Perseverance: Do not give up on your efforts to engage relatives. Even if a person does not respond to your initial inquiries, contact that person again at the next critical juncture and/or during the periodic review of the case plan and the substitute care placement of the child. Many families are later grateful that a caseworker did not give up trying to engage them.

   B. Acknowledge imperfection: Child Welfare systems are not perfect. Often, allowing room for the relative to express his/her concern about the Department's actions and/or decision making and validating that which can be validated can express respect and humility.

   C. Provide many opportunities for family participation in decision making. Provide formal opportunities

such as family decision meetings and informal opportunities such as a phone call to get a relative's input.

D. Honor the family system's culture and background. Integrate their cultural practices and beliefs into plans for the child or young adult's care.

E. Look for ways a relative can be involved with the child. Can the relative attend school functions, religious or sporting activities or events? Can the relative offer transportation to visits? Are there opportunities for visitation, phone, email, or other contact? Can the relative offer resources in other ways such as providing family history information, information on family medical or cultural practices, family mementos and other important connection with a child's history, music lessons or sporting equipment, mentoring, vacations, or other types of family connectedness?

III. It is important that the Department engage relatives in case planning throughout the life of the case. Engage relatives and persons with a caregiver relationship:

A. During the course of a CPS assessment, if a protective action needs to be taken, always consider whether persons in the family system can participate in managing child safety within the home. Ask the parents/child/other family members for family members' names and contact information and contact them right away. Follow the procedures for assessment of safety service providers.

B. When child is entering substitute care. Use the Child Specific Expedited Certification procedures as described in Chapter 8 whenever possible in order to avoid the child going to the home of an adult unknown to them or to their family. Administrative rule allows for the emergency certification and placement with any relative or person with a caregiver relationship who is assessed to meet certification requirements and able to meet the child's need prior to searching for and contacting all relatives.

C. In the development of the ongoing safety plan by inviting their participation in a Family Engagement Meeting (FEM) and stressing the importance of their input.

D. In the development of the child's case plan by inviting their participation in family meetings and during the development of concurrent permanency plan options.

E. During the 90-day case plan review.

F. When a child who is in substitute care must move.

G. When the Department is considering reunification.

H. When the Department is considering recommendation of moving to the concurrent plan other than return home.

I. At all critical junctures in the case plan and in the child or young adult's life.

Engagement of relatives as temporary and/or permanent placement resources

I. When making placement decisions for a child, always seek input from the child or young adult and their parents or guardians regarding their preferences, and make every attempt to engage and collaborate with the family members in determining the best temporary and/or permanent placement resource for the child or young adult.

II. In addition, when considering the adults who can provide substitute care, adhere to the following order of placement preference:

   A. Relatives as defined in OAR 413-070-0063(8)(a): blood or legal relatives related through the child's parent or through the child.

   B. Relatives as defined in OAR 413-070-0063(8)(d): persons identified by the family or the child as a relative.

   C. Persons with a caregiver relationship.

   D. Persons known to the child or family.

   E. Foster parents unknown to the child or family when none of the above is available or able to meet the child's needs.

III. At times, there may be more than one relative or person with a caregiver relationship interested in being considered for placement. These are some of the most difficult decisions the Department makes and can impact the child in a lasting, life long way. In these situations, engage the family system in partnering with the Department to make this decision together. Ultimately, the Department is responsible for placement decisions, but using the family's input as a guide and collaborating with family members whenever possible is imperative.

   A. Use the placement matching order of preference above as a guide and consider each person's ability to:

      1. Provide safety for the child or young adult.

      2. Support the Department implementation of the permanent plan.

      3. Ability to meet the child's physical, emotional, and educational needs.

      4. Which person has the closest existing relationship with the child.

   B. The person's ability to provide substitute care for siblings in order to keep them placed together. Consider the child's proximity to school and ability to remain in his or her home school, proximity to parents for the purposes of visitation, or whether the relative being considered is able and willing to transport children to school or to visits.

   C. Consider the person's ability to keep siblings together.

   D. A family decision meeting is a great way to seek family participation in placement decisions. Family meetings can be either facilitated or an informal gathering making sure people are prepared and feel heard.

   E. Re-contact even those relatives that did not respond before or were not interested in participation before, and invite the family to help the Department in planning for the child or young adult.

   F. Consult with your supervisor when making placement decisions.

IV. It is important to distinguish between temporary and permanent placement when engaging family systems in the placement decisions. A particular relative might undergo the expedited certification process in order to provide placement for a child on the first day of substitute care. This is a temporary placement. It is important to stress this to the relative providing placement as well as to other relatives that may wish to be considered for placement. While one relative might be available and best matched to the child for temporary placement,

another might be available and best matched to the child for adoption or guardianship. It is also important to minimize a child's moves in substitute care. Even when moving a child from one relative to another, this decision should not be taken lightly. The Department must always be weighing what is in the child's best interests and which placement resource will best meet his/her needs for safety, permanency, and well-being.

Tip

What constitutes a "best match" for a child with a relative? The answer to this question will be different for every child and will be based on each child's individual needs and strengths in combination with the potential placement resource's ability to meet those needs and build upon those strengths. Input from parents, the child (when appropriate), relatives, service providers, and others serving as part of the child's team will be important in making the decision. The caseworker should consider (this list is not inclusive):

- *Contact between the child and birth parents and/or other family members.*
- *Proximity to community, school, and other needed services.*
- *Placing with siblings.*
- *Cultural connections.*
- *Supervision needs.*
- *Mental health needs.*
- *Child's strengths.*
- *Child's medical needs.*

Assessment of Relatives as a Substitute Care Resource

When a relative or person with a caregiver relationship wants to be considered as a placement resource and the child is not placed with a relative, the person must be assessed. A child-specific expedited certification can be used to assess the person. This is an expedited process to certify a relative or unrelated adult to provide the least restrictive environment to meet the child's needs, avoid substitute care placement with persons unknown to the child, and minimize trauma to the child.

I. Begin the child-specific certification assessment on initial contact with the person who is being considered for child-specific certification. In some local offices, assessment and certification responsibilities remain solely in the certification units. In other local offices, a CPS worker performs these functions during the CPS assessment. In either case, explain the certification process and begin the assessing the adult's ability and interest in providing a substitute care placement and/or identification of other possible relatives who may be interested in providing a substitute care placement for the child. The expedited certification process can be accomplished in one working day with the assistance of others.

II. Discuss with the prospective caregiver the role and responsibilities of a substitute caregiver. Explain certification standards and requirements for assessing whether the adult has the ability and willingness to provide safe substitute care. Complete the procedure described in Chapter 8, section 2 for temporary certification (expedited certification).

III. After being given information about the certification requirements and process, a person who is interested in being considered as a placement resource must be given and return a completed Application for Approval

to Care for a Child in DHS custody (CF 1260A) *prior* to any background checks or assessment decisions. The Department may not make a fitness or suitability determination without taking an application. If the child/young adult is already placed with a relative who is assessed by the Department and family to be the best match for that child/young adult, it will be important to explain to the interested person that, although the person has an interest as a placement resource, a placement change may not be considered at this time. Offer the person other ways to be connected to and provide for the safety and wellbeing of the child or young adult. If the person still wants to be assessed, give the person an application.

IV. If, after the application has been completed and background checks have been obtained, there is any documented child welfare or criminal background history, this information must be assessed except for certain circumstances where the person's crimes or actions against a child preclude further assessment. In other words, an applicant who has a criminal conviction, for example, is not enough information in and of itself, to determine that the application will be denied unless that conviction is one for which no approval can be granted or one can be granted but it has been determined that an approval will not be granted. Refer to OAR 413-120-0400 to 0475.

V. If a decision is made not to certify a person who has applied to provide care for a specific child, verbally notify the person of this decision as soon as possible. When doing so, inform the person of the reasons for the decision and explain that the person has the option of withdrawing his/her application or of exercising his/her right to have an external review of the decision after receiving a letter from the Department informing him/her of the Department's intent to deny the application. Be sure to explain that a withdrawal would not preclude the person from applying again at some future date if/when circumstances for the denial have been changed or mitigated in some way. On the other hand, if a denial is issued and the final order after a Contested Case hearing process upholds that decision, it is the Department's discretion whether to accept another application from the person regardless of circumstances for a period of up to 5 years. When explaining these options, be clear that regardless of the applicant's decision, as a relative he/she will continue to have opportunities to be connected to the child in other ways, if safe and appropriate. These specific opportunities will be dependent upon the child's needs and best interests and the relative's ability and willingness to participate in the child's life or case planning.

Engagement of Relatives and Persons with a Caregiver Relationship in ongoing connections with and support of the child/young adult

Engagement of relatives is about more than placement. Even if a relative cannot be certified as the substitute caregiver for a child or young adult, or the child is already placed with a relative who is best able to meet the child's needs, or the relative lives some distance from the child or the child's family, there may be other roles that the person can play in meeting the needs of the child or young adult.

I. Consider ways in which the relative or person with a caregiver relationship can support the child and the existing placement through activities such as:

   A. Respite care;

   B. Transportation for the child to visits with parents, siblings or other family members;

C. Transportation to services or extracurricular activities;

D. Regular contact through phone calls, mail, or email; or

E. Regular visits with the child.

II. Consider ways in which the relative or person with a caregiver relationship can support the child and the existing placement through providing other resources such as:

A. Monetary support for extracurricular activities;

B. Mentoring;

C. Providing family history, family photos, or family mementos;

D. Financial support for particular items or activities; or

E. Access to special family events, holidays, religious or cultural ceremonies or other rites of passage.

III. There are times when a child's team may recommend no contact or no visitation with a particular relative or with all relatives. This needs to be taken into consideration in decision making but also needs to be reassessed periodically as circumstances for the child/young adult or for the relative may change. Even when it is not in the child/young adult's best interests to have contact with a relative, there are times when the relative can be engaged in other ways. Consider including the relative in family meetings (if safe), providing contact information for other relatives, providing meaningful information regarding the family history and culture, or providing meaningful family items such as a photo album.

Substitute Care Review and re-contacting identified relatives

Because the relative search is dynamic and people's life circumstances change, the Department must continually consider ways in which relatives and persons with a caregiver relationship can be engaged in case planning, safety planning, placement, and ongoing support.

I. A review of the Department's diligent efforts to place with a relative or person with a caregiver relationship must take place periodically. This review must include:

A. Whether the child or young adult is placed with relatives and whether siblings are placed together. If not, why not and what could be done to place them together? What is being done to maintain contact between the siblings?

B. What the current efforts are to identify relatives and persons with a caregiver relationship. Is it time to search again or to re-contact relatives who responded previously?

C. What additional contact with relatives and persons with a caregiver relationship needs to take place in order to achieve placement with a relative?

D. If a child is already placed with a relative or person with a caregiver relationship, the review includes to what extent that person is meeting the child or young adult's needs for safety, well-being, and permanency.

II. The review of the Department's diligent efforts may mean a review of the file, a staffing with your supervisor, or a conversation with the parents, family members, child/young adult, and/or current substitute care provider. Consider whether the child/young adult has been given every opportunity possible to be returned home with

an in-home safety plan, be placed with a relative and/or siblings, or to have ongoing connection to his/her family system.

III. Required Reviews:

A. The caseworker first reviews the substitute care placement within 30 days of the child's placement. This is a good time to review all the attempts made to contact identified relatives, including those who have already responded, and invite their participation in a Family Engagement Meeting (FEM) and/or a Family Decision Meeting. If you find that not all relatives have been contacted yet, do so at this time. Look for ways to find more relatives and/or to connect the child with the relatives that have been found. Consider whether an in-home safety plan could be achieved through the engagement of relatives in managing child safety.

B. Include a review of the Department's diligent efforts to identify, engage, and place with relatives during the 90-day case plan reviews. This may include a relative search coordinator or other community partner involved with the Department in searching for identified relatives or further searching for relatives if the child or young adult is not currently placed with a relative. This may include seeking another placement resource if the current placement resource is unable to meet the child's needs or is not a relative.

IV. Additional times to review:

A. When the child or family members participate in a family meeting at which they recommend a relative for substitute care or permanency, and that relative has not yet been assessed, review efforts to locate and assess that particular relative. Contact the relative and explain the child's current circumstances, the requirements and responsibilities of providing substitute care, and give them an Application to Care for a Child in the Department's Custody if they wish to be considered. Consider whether the child is already placed with a relative and where in the order of preference that relative falls. Consider the extent to which the current placement resource relative can meet the child's needs for safety, permanency and well-being. Seek family input and supervisor guidance in your decision making.

B. When the child is going to experience a placement change, take another look at all relatives that have been identified and when they were last contacted. Might there be more relatives that have not yet been identified? Who in the family could provide more information? Who in the family indicated in the past that they could not be a placement resource? Re-contact relatives to inform them of the impending placement change and seek out whether their circumstances may have changed to an extent that they might consider being a placement resource or can offer support to the child or young adult as he/she transitions to a new placement.

C. When it appears that the current placement resource is not meeting the child or young adult's needs for safety, permanency, and wellbeing, consider how relatives might be engaged in assisting the placement resource in meeting these needs (respite, connections with the child, visitation, etc) or whether other relatives should be considered as placement resources.

D. At least annually when a child is in an APPLA plan. Review the relatives identified, re-contact any relative who is not currently in regular contact with the child to assess willingness for contact, connection and support, or possible availability as a placement resource. For additional information on APPLA, refer to Chapter 6, Section 16.

E. Ask relatives who have not yet been assessed whether they might be willing to be assessed as a placement resource.

F. Ask relatives who in the past have said they are not available or able to provide placement in the event that their circumstances are such now that they could be able to do so.

Role of the Supervisor

The role of the supervisor and of clinical supervision regarding search and engagement of relatives is critical. Engagement of relatives in safety planning, case planning, placement opportunities, and connections with the child/young adult are some of the most complex casework activities. Assisting caseworkers in creatively using a child's family at all levels of case planning and involvement and in recognizing their own biases and values regarding relatives is one of the most critical roles for a supervisor.

I. The supervisor should ask about relative search and engagement at the following times:
   A. When a worker is taking a protective action,
   B. During the Preparation and Agreement meetings,
   C. When planning for a Family Engagement Meeting,
   D. When approving the ongoing safety plan,
   E. When planning for a Family Decision Meeting,
   F. When approving the case plan;
   G. When conducting the 90-day case plan staffing; and
   H. At all times when staffing a case with a worker.

II. Direct the caseworker to re-contact relatives whenever additional information is needed for case planning, placement matching, permanency options, or other information or resources are needed from relatives for the child's placement, safety, permanency, or well-being needs.

III. Ensure that the Department has provided grandparents (legal parent of the child or young adult's legal parent, as defined in ORS 109.119) notice of the date and time of court hearings regarding a child or young adult who is committed to the custody of the Department unless: 1) they have been present at court and have already been notified of the date and time of the hearing by the court, or 2) the court has relieved the Department of the responsibility to provide such notice, after making a finding of "good cause."

IV. The specific questions a supervisor asks the worker to consider and decisions that the supervisor helps the worker make will be unique depending upon the current circumstances and decisions points of the case. Consider:
   A. Has the worker asked all known family members for the names of more relatives?
   B. In what ways has the worker included the family members in decisions and case planning?
   C. In what ways has the worker incorporated the family's input into the case plan?
   D. Are there family members that could assist in managing child safety in an in-home safety plan?
   E. Are there family members who could assist in facilitating visitation for the child, siblings, and parents?
   F. Are there other times relatives can be allowed to visit?

G. What efforts are currently being made to place the child with a relative when a child is not currently with a relative?

H. How have relatives who can't or won't be placement resources been included in case planning? Have relatives been asked for names of additional relatives? Have they been invited or offered ways to provide family history, or to maintain connections for the child?

I. If the child is currently placed with a relative, in what ways is that relative meeting the child's needs for safety, well-being and permanency? What supports may the relative need? How is the Department supporting the relative's new role in the family?

J. If alternate relatives have been identified as permanent placement resources but not for substitute care, such as a relative living in another state/country, what efforts are being made in assessment of these relatives for the purposes of permanency, and what arrangements have been made for ongoing contact and relationship-building?

K. If there was a relative or person with a caregiver relationship that previously was not allowed to have contact with the child/young adult, have the circumstances surrounding that decision changed, and if so, how might the child benefit from contact with that person now?

L. Have accurate and thorough records of relative contact been maintained in the case file?

M. What external resources or searches have been tried? What degree of success resulted from these efforts?

References

Forms

I. CF 264
II. CF 265
III. CF 266
IV. CF 267
V. CF 268
VI. CF 449
VII. CF 448
VIII. CF 148
IX. DHS 9360, Options for Relatives

Oregon Revised Statutes

ORS 419B.116

ORS 419B.192

ORS 419B.875

Oregon Administrative Rules

OAR 413-010-0300 thru 0340 Rights of Relatives

OAR 413-070-0060 thru 0093 Search for and Engagement of Relatives

OAR 413-015-1200 thru 1230 Assessment of a Safety Service Provider

Chapter 5

Section 4: Placement in foster care

Placement in foster care

Sometimes the circumstances of the crisis and the need for an immediate substitute care placement do not permit a search for and assessment of relatives or other adults known to the child, or the search and assessment are not successful. If there are no identified relatives or other adults known to the child, a family foster home is the least restrictive placement option.

Procedure

I. In these cases, make a substitute care placement with a family already certified through Child Welfare. Local offices have various systems for emergency foster care placement. Each branch maintains a list of available foster homes, and certifiers can provide information regarding specific strengths and skills of the foster family, or any current limitations or other concerns. You also may want to check the OR-Kids provider screen, in the Notes tab, to see if there is any documentation on the certified family. Because resources and procedures vary, it is important to be aware of the branch-specific system for emergency placement in certified foster homes. Some branches have staff assigned to the task of securing an emergency placement. Others have resources such as short-term emergency shelter homes, receiving centers or foster homes available for emergencies. In these situations, consult with the supervisor for the local office procedure.

The Supervisor's Role

When a child is placed in any substitute care placement, the supervisor:

I. Ensures that the diligent search for relatives was initiated and continues;

II. Reviews documentation, data entry, appropriate documentation and records filing; and

III. Conducts routine and scheduled support and consultation sessions with the caseworker.

When a child is placed in a child-specific placement with a relative or adult known to the child:

I. The Permanency, CPS or Certification supervisor:

   A. Ensures that any relative applicant who is 18, 19 or 20 years of age has been approved by the district manager or designee.

   B. Consults with the certifier on any relative applicant who has any criminal history and ensures the appropriate management review and approval is obtained prior to certification and placement of a child in a relative's home.

   C. Consults with the certifier on any relative applicant who has any abuse/neglect history. The supervisor reviews the history, makes an informed judgment as to whether the family can provide a safe environment for the child, and advises the caseworker on proceeding with the assessment process.

II. The Certification supervisor:

   A. Reviews all assessment information obtained during the assessment of a relative for certification.

   B. Ensures that an emergency criminal history check has been completed.

C. Reviews and approves or ensures appropriate management approval of criminal history exceptions prior to certification. Many background exceptions require approval by the Child Welfare program manager, district manager or the DHS assistant director for CAF. If the worker cannot access management to have a criminal history exception request reviewed and approved, the child-specific certification cannot proceed.

D. Reviews and approves or ensures appropriate management approval of child abuse history background checks prior to certification.

E. Approves the home for placement of the child.

F. Ensures receipt of all documentation and assessment information for ongoing assessment.

III. When the child is placed in regular foster care, the supervisor reviews and approves the decisions of the caseworker in the placement of the child.

Have child-specific certification packets available to you when you contact a relative or other unrelated adult known to the child:

Include a supply of the following forms in the packets:

SCF 0447	Relative Information
SCF 1260A	Application for Approval to Care for a Child in the Custody of DHS
SCF 1011F	Consent for Criminal Records and Fingerprint Check
SCF 1255	Applicant Reference
SCF 979	Safety Assessment – Home and Surroundings
SCF 261	DHS Child Welfare Placement Information Form

Bags to transport the child's personal belongings. Business cards to provide the child and the placement resource with contact information.

Some communities support local child welfare systems by providing teddy bears, blankets or other comforting articles for children placed in protective custody. If your community provides these kinds of supports, have a supply available as you make placements.

Chapter 5

Section 5: Personal Care Services

Personal Care Services

Overview

A child who requires personal care services is a child with a chronic medical condition or with medical needs requiring specialized care, or, a physically handicapping condition requiring care and assistance in most domains of daily functioning. A foster parent or relative caregiver who cares for a child eligible for personal care services must have the knowledge, skill and ability required to meet the child's personal care needs. For some children, the caregiver will need to learn and demonstrate delegated nursing tasks. Caregivers should also be invested in providing a quality of life that is positive in nature and assist in improving the child's skills regardless of the abilities a child may have upon entering care.

I. Personal care services are specific services provided to a child due to the child's medical or physical impairment and include the following:

   A. Mobility, transfers, repositioning: assisting a child or young adult with ambulation or transfers with or without an assistive device, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;

   B. Basic personal hygiene: providing or assisting a child or young adult with needs such as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail care, foot care, dressing, skin care, mouth care, and oral hygiene;

   C. Toileting, bowel and bladder care: assisting a child or young adult to and from bathroom, on and off a toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care or bowel care;

   D. Nutrition: preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes and utensils within reach for eating;

   E. Medication management: assisting with ordering, organizing and administering prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring for choking while taking medications; and

   F. A delegated nursing task.

II. Conducting the Personal Care Services Assessment.

   A. A contract registered nurse or the personal care RN manager will conduct the assessment. The assessment includes:

      1. A review of the child's available medical records.

      2. An in person assessment of the child, with the foster parent or relative caregiver, unless the child is hospitalized and not yet in a certified home.

      3. Receipt of information from the certified caregiver regarding child's current functioning and condition.

4. Documentation of the findings of the personal care services assessment.
5. Submission of the completed assessment to the personal care RN manager in central office.

B. The Personal Care RN Manager:

1. Reviews and approves the personal care services assessment.
2. Applies the personal care services rating scale to the assessment results and determines the level of personal care.
3. Directs the contract registered nurse to develop a personal care services plan.

C. When the results of the personal care services assessment indicates the personal care needs of the child are level 4, the personal care RN manager convenes a meeting with the certified family, the caseworker, other individuals who are involved in the medical care of the child. At this meeting, the personal care services plan is developed, including identifying any of the additional services provided in conjunction with the child's personal care needs.

Developing a Personal Care Services Plan

I. When the level of care has been determined, the contract registered nurse, or, occasionally the personal care RN manager, is responsible for developing the personal care services plan. A personal care services plan must include the following:

A. The frequency and intensity of each personal service the child will need.

B. The qualified provider who provides the personal care service.

C. Whenever the personal care services plan includes a task of delegated nursing, the plan must include written documentation:

1. Who is authorized to perform the delegated nursing task.
2. Written instructions for performing each delegated nursing task.
3. The frequency the child is reassessed specific to the task of delegated nursing.
   - The frequency the qualified provider is supervised and reevaluated performing the delegated nursing task.
4. The date the personal services plan begin and end dates.

D. The personal care services plan must be signed by both the contract registered nurse and the certified family.

Procedure

I. **Referring a child for a Personal Care Service Assessment**

A. Refer a child for a personal care services assessment when a child's physical or mental condition appears to meet the criteria for one or more of the personal care services:

1. Activities of daily living;
2. Medication management; or

3. Delegated nursing procedures.

B. Ensure the child does not have other resources available through natural support systems.

C. Complete the referral information on the personal care services referral. It is critical that the information be current and accurate medical information on the child.

D. Include copies of the child's pertinent medical records, immunizations, and current medications. Include an Authorization for Use and Disclosure, any CANS screening results, if known, and whether or not the child has been referred for a CANS screening.

E. Submit the completed packet to the designated person in the branch office to submit to a contract registered nurse for an assessment.

F. Respond in a timely manner if the contract registered nurse or the RN nurse manager requests additional information.

II. **Monitoring the Personal Care Services Plan**

A. The caseworker receives a copy of the completed personal care services assessment, the results of the assessment, and a copy of the personal care services plan. Review these documents to gain an understanding how the child's personal care services will be met through this plan.

B. During regular face-to-face contact with the certified family, review the personal care services plan to ensure the child's personal care service needs are met through these specialized services.

C. Develop a thorough understanding of how the personal care services fit with the health care services the child receives from the child's medical providers.

D. Whenever questions arise regarding the child's medical condition, consult with the child's medical providers or with the personal care RN manager.

E. Note when the personal care services plan will end, as you will be asked to submit current medical information for the child on a referral for a reassessment. You will be notified when the referral information for a reassessment is required.

1. Notification of the reassessment will also be sent to the certified family prior to the end date of the personal care services plan.
2. This notification is sent from Central Office and will include information regarding the reassessment process.

F. There may be times when a child's medical condition improves significantly, and personal care services are no longer required. Consult with your supervisor and submit the request for a reassessment to the personal care RN manager, who approves the reassessment.

Supervisor role

I. Provide support and knowledge to the caseworker with responsibility for monitoring the child's safety and well-being.

II. Visit the child in the home with the caseworker when the caseworker needs additional support in monitoring a medically fragile child.

III. Review the child's medical records to ensure referrals and appointments are completed.

IV. Consult with other medical professionals to gain additional information or understanding of the child's condition when warranted.

V. Participate in the staffing when a child is eligible for Level 4 Personal Care Services when necessary

References

OAR

OAR 413-090-0100 to 0210, Personal Care Services

Forms

MSC 2099 Authorization for Use and Disclosure

CW 172B CW 172B Personal Care Services Referral

CW 172 PCSA CW 172 PCSA Personal Care Services Asessment

CW 172 PCSP CW 172 PCSP Personal Care Services Plan

Chapter 5

Section 6: Child and Adolescent Needs and Strengths (CANS)

Child and Adolescent Needs and Strengths (CANS)

CANS screening integrates information about a child's needs and strengths for the purposes of:

I. Case planning,

II. Service planning, and

III. Determining the supervision needs of the child.

There are two versions of the CANS tool:

I. One is for children 0 to 5 years, and

II. The other is for children 6 to 20.

An individual trained and certified through the department conducts a CANS screening. CANS screening provides information to establish:

I. A level of care for a child (whether the child will receive an additional level 1, 2, or 3 payment);

II. Areas where a child has identified supervision needs; and

III. Important case planning information.

CANS results contain seven domains. Each domain identifies needs or strengths of a child.

Domains:

Six needs	One strength
Risk factors: Present safety needs	**Strengths:** Useful strengths are rated 0-1 Strengths to build on are rated 2-3.
Traumatic experiences: All traumatic experiences the child or young adult has gone through	
Adjustment to trauma: Present symptoms the child exhibits from trauma they have experienced	
Life domain functioning: Daily functioning needs	
Acculturation: Cultural, identity and language concerns	
Emotional and behavioral needs: Mental health needs	

Each item has a possible rating score from 0-3. Depending on the rating, a different response is needed.

Items:

Needs	Strengths
0 – No evidence or no concern	0 – Centerpiece
1 – Watch or prevent	1 – Useful strength
2 – Action needed	2 – Potential strength
3 – Immediate or intensive action	3 – None identified

Items in the need-based domains and rated a 2 or 3 are considered actionable items. These items are the child's needs to address.

Initial CANS screening

You must refer every child placed in substitute care for CANS screening. The timing for this is between the 14th and 21st day of out-of-home care. CANS screening provides valuable information for:

I. Case planning,

II. Service delivery, and

III. Establishing a level of care payment for enhanced supervision needs of a child.

Procedure

Refer every child entering care for a CANS screening between the 14th and 21st day of the child's entry into substitute care. Include any information from other evaluations or plans with the referral. Submit the referral to the staff member in the branch office who coordinates referrals and sends completed referral information to the CANS screener.

I. The screener submits the results of the CANS screening to a central office level of care supervisor who:

   A. Reviews the results,

   B. Sets the effective date, and

   C. Approves the CANS.

   The above determines a level of care through an algorithm.

II. Once CANS results have been determined, receive and review the information. The information describes the child's:

   A. Strengths,

   B. Presenting behaviors and functioning,

   C. Functional domains where additional supervision is necessary to manage the needs of the child, and

   D. Recommendations for services based on the identified needs.

   When reviewing the information, complete the following:

A. Does the child currently have suicidal ideation or intent? If so, review the supervisor plan created during the CANS screening. Assess whether the plan is appropriate or needs modification. Contact the substitute caregiver to review how the plan is working. Also, whether the child has any immediate supervision needs not being met by the substitute caregiver.

B. Review the CANS screening results with the certified family. This can be done during a required face-to-face contact.

C. Gather information about both the child's strengths and the child's supervision needs.

D. Incorporate this information into the case plan:

1. Refer the child to services or further assessments recommended in the CANS screening.
2. Determine if additional services are needed to provide for the supervision needs of the child.
3. Determine if the child's educational needs are being appropriately addressed. Based the determination on the information in the CANS screening.

Level of care

CANS screening may result in a child's eligibility for a level of care payment. This payment would be in addition to the base rate reimbursement to the foster parent or relative caregiver. See Appendix 5.2 for rates for the base rate as well as level-of-care amounts. See Appendices 5.3a and 5.3b to understand the individual domains of the screening and the results that indicate the child's level-of-care needs. The level of care is established by the level-of-care supervisor in central office based on CANS screening results.

Note: The base rate is designed to reimburse the foster parent or relative caregiver for the costs of providing the child with:

I. **Food**

A. This includes the cost to cover a child's special or unique nutritional needs.

II. **Clothing**

A. This includes purchase and replacement.

III. **Housing**

A. This includes maintenance of household utilities, furnishings and equipment.

IV. **Daily supervision**

A. This includes maintenance of household utilities, furnishings, and equipment. It also includes teaching and directing to ensure safety and well-being at an appropriate level based on the child's age.

V. **Personal incidentals**

A. This including personal care items, entertainment, reading materials and miscellaneous items.

VI. **Transportation costs**

A. This includes local travel associated with gas and oil expenses. It also includes vehicle maintenance and repair associated with transportation to and from:

1. Extracurricular,
2. Childcare,
3. Recreational, and
4. Cultural activities.

Supervision plan

A supervision plan is a documented set of strategies to help a certified family to provide what is necessary to promote and ensure a child's safety and well-being in the areas of:

I. Additional support,

II. Observation,

III. Direction, and

IV. Guidance.

A supervision plan must be used when:

I. CANS screening results indicate a level of care that requires enhanced supervision, or

II. When a child with a level of care moves from one substitute care placement to another substitute placement.

Procedure

I. Within 30 days of receipt of the CANS screening results that indicate a level of care that requires enhanced supervision, contact the certified family. Explain the needs and supervision requirements necessary to maintain safety and support the well-being of the child.

II. When a child with a current supervision plan moves to another certified home, follow procedures to develop a supervision plan outlined below. Do so during, or shortly after, the placement process but no later than 30 days after placement.

III. Arrange a meeting with:
   A. The certified family
   B. The child when age and developmental level is appropriate, and
   C. Others involved in the child's life. This may include:
      1. The child's therapist,
      2. A teacher,
      3. Attorney or a CASA,
      4. Parents and other relatives, or
      5. Others as appropriate.

IV. During the meeting, develop a supervision plan that meets the supervision needs of the child.

A. Focus the meeting on addressing issues identified in the CANS screening. Include the following:
   1. The actions or activities to be provided by the certified family and any other individuals to meet the child's identified needs. Examples of actions may include:
      - Proactive use of space,
      - Routine,
      - Structure of the environment,
      - Positive reinforcement, and
      - De-escalation techniques.
   2. The actions and assistance the department will provide to support the certified family to:
      - Address the needs of the child, and
      - Maintain the child in the home.

      Examples of this may include:
      - Referral for specific training for the certified family,
      - Referral for a service for the child, or
      - An increase in caseworker contact.
   3. The actions the child is to take, if applicable. For instance, if developmentally appropriate for the child, for the child to engage in counseling or participate in youth transition services.
   4. The people responsible for monitoring the child's supervision needs. Most of the time, this includes the child's caseworker, but a plan can also include the family's certifier or a community partner.
   5. How the people responsible for monitoring the supervision plan will communicate with one another. For instance, there may be:
      - Regularly scheduled meetings,
      - Additional phone contact, or
      - Contact required when there are other concerns.
   6. When the plan is to be reviewed (at least every 60 days).

B. The caseworker, the certified family and other individuals who are to:
   1. Provide specific actions in the supervision plan, and
   2. Sign the supervision plan.

C. Have the child sign the supervision plan, if appropriate.

D. Submit the supervision plan to the supervisor for approval.

E. Review the supervision plan at least every 60 days. The review takes place during face-to-face contact in the certified family's home.

F. During 30-day face-to-face contact with the child, be sure to address:
   1. Child safety,

2. Well-being issues,
3. How the child is doing, and
4. Particularly address concerns raised in the CANS screening.

G. Base the level of supervision actions on the level of care indicated in the CANS screening:

1. **Level 1 (moderate needs)** means the certified family must provide an environment with:
   - Additional support,
   - Direction,
   - Observation, and
   - Guidance.

   This environment is to ensure a child's safety and well-being, beyond the level of supervision typically required for a child of the same age.
2. **Level 2 (intermediate needs)** means the certified family must provide a **structured** environment with:
   - Additional support,
   - Direction,
   - Observation, and
   - Guidance.

   This environment is to ensure a child's safety and well-being, beyond the level of supervision typically required for a child of the same age.
3. **Level 3 (advanced needs)** means the certified family must provide a **highly structured** environment with:
   - Additional support,
   - Direction,
   - Observation, and
   - Guidance.

   This environment is to ensure a child's safety and well-being beyond the level of supervision typically required for a child of the same age.

H. Supervision plan with use of physical restraint. If the child has significant behavioral issues and use of a planned physical restraint is part of the supervision plan, extra responsibilities must occur:

1. The certified family must have completed the physical restraint training required by DHS. Work with the family's certifier to refer for the training if the family has not completed it.
2. Discuss with the certified family the requirement that the family:
   - Document each use of the physical restraint in writing on a Physical Restraint Incident Report as soon as possible after each use;
   - Orally report the circumstances of each physical restraint to the caseworker or the caseworker's supervisor within one business day; and

- Submit the Physical Restraint Incident Report to the caseworker within two business days.

Involve the family's certifier as needed to discuss these requirements with the family and provide the family with the forms.

3. Focus the plan on intervention strategies to modify the child's behavior without the need for the physical restraint. Discuss with the certified family that restraint is only to be used when:
   - The child's behavior poses an imminent danger to self or others, and
   - No alternate actions are sufficient to stop a child's behavior.
4. Submit the plan to the child welfare program manager for approval.
5. Provide copies of the signed plan to the:
   - Certified family, and
   - Certified family's certifier.

   File a copy in the child's file.
6. Document a summary of the supervision plan in case notes and provider notes.

I. Monitoring the supervision plan.

1. At each face-to-face contact, assess whether the certified family is meeting the supervision needs of the child. Also, whether the supervision needs of the child have changed.

V. If the supervision needs of the child are not being met, you must assess the child for safety; refer to Chapter 4, Managing Child Safety In and Out of the Home.

VI. If the child is safe, but their supervision needs are not being met, ask the family's certifier if there are resources available to provide the family:

A. Training, or

B. Other support.

Case planning

Use the child's CANS results for case planning purposes. CANS can be used for:

I. Placement matching,

II. Reunification planning,

III. Services, and

IV. Interventions.

The focus of this all is the child's well-being.

I. Look over the current CANS results of the child to determine their needs and strengths and how they may fit in a home. This will help consider if a placement may be a match.

II. When planning for a return home, share and use the current CANS results as part of the reunification process. At the same time, assess parental protective capacities.

   A. Share CANS results with the parent(s) or current guardian and child. This will help them become aware of the needs the child is exhibiting. Also share CANS results with others involved in the reunification process. Examples are the child's school or mental health providers.

   B. When you share the CANS results, discuss with the family how the parental protective capacities are, or are not, suited to meet the needs of the child. Furthermore, discuss how the parent(s) will address those needs.

III. Identify services and interventions for the child by using the CANS results to determine what needs the child has. Discuss these with service providers and family. Decide which family services and interventions are appropriate. Consider actionable need-based items, items rated 2 or 3. Use them to help identify services and interventions.

Examples:

I. A child or youth scores a 2 or 3 on anger control, danger to others, or aggressive behavior due to behaviors at home or school when frustrated. Refer the child to wraparound services, if available or eligible.

   An in-home plan explains how parents can manage aggression and is specific. The plan includes:

   A. Physical outlets and alternatives,

   B. Routines,

   C. Ownership techniques,

   D. Clear consequences,

   E. Positive reinforcement methods, and

   F. Coping techniques.

   Work to develop the plan with the parents or guardian and child or youth. Enlist the help of a counselor or behavior consultant. Share the CANS results with the school. Include their input in the plan. Consider additional services, such as:

   A. Parenting classes,

   B. A mentor for the child,

   C. After-school programs, or

   D. In-home services.

II. A child or youth scores a 2 or 3 on anxiety or depression. Have the child or youth work with a counselor to address the anxiety and depression.

   Explain how the parents can support the child in an in-home plan. The plan can include:

   A. Providing relax times;

   B. Developing routines;

   C. Monitoring what the child is exposed to (TV, internet, movies);

D. Determining what events are stressful and how to recognize them before the anxiety starts;

E. What coping strategies the child can use, physical activities; and

F. Other suggested strategies.

Develop the plan with the family and a professional counselor as needed. Share the plan with those involved in the implementation of the plan. Consider additional services such as:

A. Parenting classes,

B. One-on-one counseling,

C. Group or family therapy,

D. In-home services,

E. A mentor for the child, or

F. After-school programs.

III. A child or youth scored a 2 or 3 on sexual behavior. Have the child or youth work with a counselor or therapist as needed to address current behaviors or past trauma. Develop an in-home plan for the family that helps the parents establish clear boundaries that protect the child. The plan includes:

A. What the parents do if they see inappropriate sexualized behavior;

B. How they report it to the caseworker and a therapist;

C. Structures and routines;

D. What supervision is required and when;

E. Bedroom and bathroom protocols; and

F. What appropriate play would be acceptable for the child or youth.

Consider additional services, such as:

A. Parenting classes,

B. One-on-one counseling,

C. Group or family therapy,

D. In-home services,

E. A mentor for the child, or

F. After-school programs.

IV. If life-changing events occur (e.g., out-of-state placement changes, returns home, death of a family member or separation of siblings), and this results in new behaviors, consider a CANS rescreen as outlined in the Subsequent CANS Screening section of this chapter.

Subsequent CANS screening

Procedure

I. With supervisory approval, refer each child for a CANS screening:

A. Within 12 months from the date of the initial CANS screening and the child remains with a certified family, or

B. When a child or young adult returns to a placement with a certified family after a Behavior Rehabilitation Services (BRS) placement of six months or longer.

II. With supervisory approval, refer a child for a re-screening, when:

A. A child or young adult is living with a certified family, and

B. The certified family has observed:

1. Ongoing, documented changes in behavior or functioning, which:

- Has not improved through a revision of the supervision actions and activities provided by the certified family and other individuals, or
- Endangers the child's safety or the safety of others, and
- The last CANS screen was completed more than 90 days before the current CANS re-screening referral. (An exception to the 90 days can be approved through the level of care manager.)

Examples:

I. A bottle of beer is found in the bedroom of a teen. This **would not** result in a re-screen. However, it should result in consequences and possible service referrals for the child. A teen coming home intoxicated and acting belligerent or aggressive over time **would** result in a request for a re-screen.

II. A child receives after-school detention for one day. This **would not** result in a re-screen. A child suspended from school after serving three in-school detentions or other sanctions over time **would** result in a request for a re-screen.

III. A young adult staying out past curfew or overnight one time. This **would not** result in a re-screen. A young adult repeatedly staying out overnight and refusing to abide by curfew rules **would** result in a request for a re-screen.

IV. A young child yelling at a foster parent when upset. This **would not** result in a re-screening. A young child repeatedly yelling at a foster parent and threatening harm over time or using physical aggression **would** result in a request for a re-screen.

V. A child with a new diagnosis of ADHD **would not** result in a re-screening. A child whose repeated impulsive behavior results in considerable safety risk or interferes with functioning in at least one life domain **would** result in a request for a re-screen.

Note: Observed, documented change. The change in behavior or functioning must be:

A. Seen,

B. Identified, and

C. Recorded.

To be considered for a re-screen, the change in behavior needs to:

A. Endanger the child's own safety or well-being, or

B. Endanger the safety of others.

VI. **Ongoing change:** The observed and documented change needs to occur over time. It cannot be a one-time event.

VII. The emphasis is on a change in behavior. It is not meant to capture a new diagnosis or result of urine analysis.

Supervisor's role

I. Staff with the caseworker any questions or concerns they have with the CANS screening results.

II. Approve the supervision plan in accordance with CANS screening results.

III. Review requests for a re-screen within the 12-month period and approve as appropriate.

IV. Determine the appropriateness of planned use of restraint before seeking approval on a supervision plan from the child welfare program manager. (This includes physical restraint.)

Chapter 5

Section 7: Treatment and Residential Placements

Treatment and Residential Placements

There are several types of Oregon Health Authority (OHA) and Office of Developmental Disability Service (ODDS) treatment settings as well as Child Welfare contracted treatment placements appropriate for children whose behaviors and needs are so challenging or specialized they cannot remain with their family or in a certified foster family home for a period of time. Treatment and other residential placements are designed to address children's treatment and supervision needs in a residential (also known as congregate care) or proctor setting. Depending on the type of treatment and level of care, the setting may provide: trained staff offering assessment and evaluation, treatment services and behavioral rehabilitation services such as skills training. Primarily, Child Welfare Treatment Services contracts directly with agencies to provide Behavior Rehabilitation Services (BRS) while other agencies, such as OHA and ODDS provide access to specialized treatment for mental health, developmental disabilities and alcohol and drug needs. The goal of these placement settings and services is to stabilize the child, leading to an eventual transition to home or other less restrictive substitute care placement setting. Other Child Welfare contracted placements and services are available that do not fall under BRS programming and will be discussed further below.

Assess the Child's Unique Needs

Procedure

I. Consider treatment or residential care for a child in Child Welfare's legal custody when the child:
   - Has emotional, mental health and/or behavioral needs that cannot be addressed in a certified family home, such as a diagnosed mental disorder;
   - Presents a moderate to severe risk of harm to self or others;
   - Lacks social skills and has frequent episodes of aggressive or antisocial behavior;
   - Exhibits persistent or unpredictable aggression; and/or
   - Is markedly withdrawn and isolated or has attempted suicide.

II. A treatment or residential care placement can also be used when a family enters into a Voluntary Placement Agreement with Child Welfare. This is authorized only when the sole reason for placing a child is the need to obtain services for the child's emotional and behavioral disorder. The parents retain legal custody of the child and must play an active role in their child's treatment and planning. For more information on working with a family under a Voluntary Placement Agreement, refer to Chapter 7, Family Support Services. It is critical if a child is placed in a treatment or residential program under a Voluntary Placement Agreement, that the caseworker remains an active member of the child's team to ensure effective coordination between the program and parents.

III. Explore resources to support the child in the current substitute care placement (e.g., mental health counseling, a Behavior Intervention Plan, services provided to families through community agencies, or mentoring and support programs such as Big Brother/Big Sister programs, FOCUS) prior to considering treatment or residential care.

IV. Meet with the child to explore his or her needs, discuss options that may be available, and encourage the child to participate in the process of substitute care placement decisions whenever appropriate. Explore

these individualized services in a meeting with the child's family, current substitute caregiver and service professionals (see Chapter 4, Section 6, Conducting Family Meetings).

V. Consider a treatment or residential setting only after all other resources for meeting the child's needs in a less restrictive environment have been explored or exhausted. This should include contacting the local RRC to determine if the child could be eligible for FOCUS funded services (see Chapter 5, section 8: Target Planning and Consultation Committee Referrals). Document all efforts to find an alternative to a treatment or residential placement in OR-Kids.

VI. Children who are considered inappropriate for a BRS referral include:

- A child whose needs can be met in a certified family foster care home;
- A child whose relationships with siblings could be better preserved in another setting;
- A child whom has a diagnosed mental and/or emotional disorder and has been determined to require psychiatric hospitalization to protect self or others;
- A child whom has demonstrated the ability to function independently through Independent Living Program services, indicating that independent living is a better option;
- A child whose needs, circumstances or social history indicate that available BRS programs could not assist the child, or that the child and/or the community could not be protected during the placement;
- A child whose placement history clearly shows that additional use of BRS programs will not be of further benefit; and/or
- A child who has been identified as eligible for services through Developmental Disabilities and could not access needed services or resources in a BRS placement. A youth eligible for Developmental Disabilities may be referred to a BRS program if it has been determined the child could cognitively engage in the treatment services and benefit from the programming while receiving needed DD services and supports.

Use Resources to Identify and Access Treatment and Residential Placements

Procedure

I. Use your supervisor as the first resource for treatment and residential care placement assistance in exploring service or placement options for a child. When additional support is needed, the supervisor can serve as a liaison to other local office staff or the Residential Resource Consultant (RRC).

II. Consult with the supervisor and the resource developer (district dependent) regarding community programs and services.

- The resource developer (RD) can assist the caseworker in identifying local programs and services available to meet the child's identified needs. The RD can assist in securing contracted services.
- RRCs provide technical assistance and consultation to caseworkers and assist in locating or maintaining a substitute care placement for a particular child. RRCs assist in situations when a caseworker and supervisor cannot locate an appropriate substitute care placement resource and need

to identify a specialized type of placement to meet the unique needs of the youth. In cases where the child may have been inappropriately rejected by, or terminated from a BRS program, the RRC may be contacted to assist the caseworker and supervisor in working with the program to secure or maintain the placement. If needed, the RRC will contact the assigned central office Program Analyst for additional support. Always discuss the case with the supervisor prior to contacting the RRC.

Best Practice Tip: If child is struggling and could benefit from increased behavioral health support, connect with the child's assigned Coordinated Care Organization (CCO) through the Oregon Health Plan (OHP). At each CCO, there is an Intensive Care Manager whom can assist in identifying potential behavioral health services in which the child may qualify. A referral to Wraparound services should also be considered.

Types of Treatment and Residential Settings

Oregon is committed to serving youth in the least restrictive setting as possible and ensuring that children placed in a residential setting not only receive quality services but could not be supported in any other placement setting due to supervision and treatment needs.

The following is a list of treatment and residential settings in Oregon:

- Residential Services provided through the Oregon Health Plan include: https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Intensive-Services.aspx
    - Mental health services in Psychiatric Residential Treatment Services (PRTS) programs,
    - Subacute Psychiatric Care,
    - Secure Children's Inpatient Program (SCIP) and Secure Adolescent Inpatient Program (SAIP).
    - Residential Substance Use Disorder programs
    - Transition Age Youth (TAY) programs for young adults (17-24) who require increased behavioral health services while developing independent living skills.
    - The SAGE Program for survivors of Commercial Sexual Exploitation of Children (CSEC).
- Provided through ODDS- youth qualifying for developmental disability services may have access to a DD certified foster home or specialized group home. https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/children-supports.aspx
- Provided through Child Welfare contracted placements-BRS and other residential programs.

Below is an overview of the array of allowable Child Welfare contracted placements:

Behavior Rehabilitation Services (BRS) Programs

Child Welfare contracts for residential and proctor programs with licensed Child Caring Agencies (CCA's) to provide Behavior Rehabilitation Services. BRS programming occurs in both proctor (family foster homes certified by a child caring agency) and residential settings. BRS programs are Medicaid-funded services that provide behavioral intervention and skill-building services to a child to ameliorate identified behaviors that prevent the child from placement with family or in a non-relative DHS certified home. Every child referred for placement in a BRS program

must have demonstrated behavioral or emotional problems that cannot be managed and remedied in less structured and less restrictive environments or through the use of available community resources and supports. Each BRS program serves a specific population of children and has specific admission criteria. For example, some BRS programs are designed to serve children who have sexually reactive or aggressive behaviors while others specialize in serving commercially sexually exploited children (CSEC). All BRS placements are time limited with a focused effort on the child building skills and achieving identified treatment goals so a successful transition to a lower level of care can occur.

- Proctor- Treatment Services contracts with CCA's throughout the state to provide BRS in proctor homes. The CCA's directly certify and provide oversight for these proctor homes and the majority of BRS required weekly hours are provided by the proctor parents. Some proctor programs may have short term beds available as 'shelter' when youth needs a BRS level of care for a limited duration.
- Residential-Treatment Services contracts with CCA's throughout the state to provide BRS in residential facilities. These programs all have 24/7 rotating staff in a milieu (group based) setting. Some programs are housed in traditional facility like placements while others resemble more of a home like environment.
    - Qualified Residential Treatment Programs (QRTP's)- is a new classification under BRS residential programming for Oregon. This is a result of both the national and state legislation to require residential programs to meet specific standards to ensure that youth whom are placed in residential programs receive a high quality of care. BRS residential programs that are classified as 'QRTP's' are not a homogenous group of BRS residential programs as within this classification there is a continuum of staff supervision requirements and type of BRS programming. For example, an Intensive Behavioral Support BRS program (the most restrictive) will be a QRTP as well as a BRS Independent Living, designed to serve older teens whom need services to address their behavioral and/or emotional needs impacting their ability to live independently. Many of the QRTP requirements have been included in general BRS administrative rule so there is a consistent expectation of BRS programming throughout the state whether a program is a QRTP or not. For detailed information on QRTP requirements, please see BRS Procedure Guide.
    - Programs specializing in providing prenatal, post-partum or parenting supports.
    - Programs that provide specialized supportive services to children who have been found to be or at risk of becoming sex-trafficking victims.
    - BRS Shelter & BRS Short Term Stabilization-BRS programs that fall into this category are of very limited duration as a youth cannot remain for longer than 60 continuous days or 90 cumulative days in a 12 month period. Additionally, there cannot be co-mingling of DHS youth and youth served by the juvenile department or OYA in these types of programs. These placements are:
        - 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;
        - For children who require short-term stabilization of behavioral and emotional disturbances before returning home or to a less restrictive placement; and
        - For children who need an evaluation for possible placement in residential care.

Runaway and Homeless Programs Offering Short Term Stabilization and Assessment Services

RRC's help facilitate placement in a runaway and homeless program when children need an immediate placement.

These are DHS licensed programs and contracted through Treatment Services to provide supervision and limited services for a short period of time. Placements in such a program are restricted to 60 continuous days or 90 cumulative days in a twelve month period. In the event a child was placed in a runaway and homeless program after hours, it is critical to: notify the RRC the next business day; submit a 1055 and if one has not already been provided; submit a 91 form to notify Treatment Services of the placement. Once a youth is placed in a runaway and homeless program, a transition plan should be immediately pursued to prevent multiple disrupted placements. Work closely work your RRC, the child's family and the permanency team to identify appropriate transition placements. These placements are:

- Used when an unanticipated placement need arises for a child with behavioral and emotional needs and a BRS bed is not available; and
- A service provided by approved licensed private child caring agencies.

Residential Licensed Family Setting

DHS is only allowed to contract with two settings that are licensed as residential programs (not BRS) though are physically located in a provider's home. These programs offer a home like feel with staff living on site as well as additional staff coming into the home to provide required supervision

Supervised Independent Living-Basic & Plus

Treatment Services contracts with agencies to provide independent living services and supports to young adults while residing in an independent living setting. These programs are for young adults with a history of BRS or mental health services and require specialized services as they transition to living independently. For young adults with significant mental health needs requiring increased weekly services, SIL Plus offers those additional supports to help the young adult maintain independent living in the community (Chapter 5, Section 15: Placement of Youth in an approved supervised independent living arrangement).

Centralized Referral Process

This procedure describes the process for a referral for BRS and Child Welfare contracted placements. The referral process to a Qualified Residential Treatment Program includes additional steps of needing a QRTP assessment and court approval with strict timeframes which must be adhered to. The court approval requirement will be effective 10.1.2020. Please see section E for the QRTP referral procedure. Note, a placement cannot occur in a Child Welfare contracted Residential or Proctor program unless the Centralized Referral Process is followed. The only exception is for after hours emergency placements in a runaway and homeless placement.

The referral process is as follows for a BRS or residential Child Welfare contracted placement:

- Ensure the child is in the legal custody of Child Welfare by juvenile court order or ensure each custodial parent has signed a Voluntary Placement Agreement (refer to Chapter 7, Family Support Services, for detailed procedures regarding working with a family and using a Voluntary Placement Agreement).
- Consult with your supervisor.
- Determine that remaining at home or in the substitute care placement with a relative caregiver or foster parent is inappropriate due to the child's needs and behaviors, and cannot be supported and sustained with additional

community resources and support or through a placement support plan.

- Consult with the local RRC regarding the child's current placement needs, behaviors, functioning, services and supports. The RRC will provide guidance on potential BRS or other placement options that might be an appropriate fit for the child. Careful consideration in discussing future placement and services should center on programs that can support the child's cultural and racial identity as well as provide a safe and affirming environment if the youth identifies as LGBTQ (see chapter 5, section 41). If the child has any specialized medical or unique developmental needs, the RRC will need all information to help determine the best placement options.
  Consult with the RRC about Oregon Health Plan (OHP)/Coordinate Care Organization (CCO) healthcare coverage and if it is appropriate for the child to enroll into the plan available in the geographic region of placement or if it is critical for the child to maintain their current CCO due to pending authorization or critical service providers.

- Formally make a referral to the local RRC following the Centralized Referral Process:
  - Caseworker completes pages 1-10 on the CF1055. This is the official contracted placement referral form and is required for all contracted Child Welfare placements. It is imperative that the document is thoroughly completed with as much detail as possible, to include specific dates and descriptions of behavior as needed. If there are questions, please connect with the RRC. A thorough and detailed referral packet that gives a complete description of the child to include a strong focus on strengths is key to a successful referral and best placement matching.
  - To be eligible for a BRS program, the child must currently have two or more of the behaviors as identified on pages 4-6. (CF 1055).
  - Caseworker and a supervisor must sign the form on page 8. Physical or electronic signatures are accepted.
  - Caseworker then attaches additional information to the 1055. This is listed on page 1 and should include (if applicable);
    - Required- court order or voluntary placement agreement;
    - Recent psychological evaluation (within the past two years);
    - Psychiatric assessment (within the past two years);
    - Mental health assessment (within the past two years);
    - IEP;
    - CANS screening; (and QRTP algorithm recommendation if pursing a QRTP
    - Wrap service plan;
    - Family Report-applicable sections for child only; and
    - Other documentation that may speak to child's needs and functioning.

    All documentation along with 1055 should be scanned into 1 pdf file and sent to the appropriate RRC's regional email box.
  - The RRC will review the referral packet and will either request more information from the caseworker or send the referral to the Centralized Referral Coordinator for distribution to programs.

- The Centralized BRS referral Coordinator will send the referral packet to the programs recommended by the RRC.
- The provider will respond to the RRC and the Centralized Referral Coordinator in writing within five days if the referral is approved for screening or denied. If the referral is denied, the notification will include the specific reason(s) the child is not appropriate for admission to the program. The RRC and caseworker will consult about additional resources and placement options.

- If the child is accepted for a screening, the RRC will connect the caseworker with the provider, and they will agree to a screening date and time. Whenever possible, the caseworker and the child's family should attend the screening.
- Keep the child's family and perm team up to date on the status of the referral process.
- If the screening results in the child being accepted for admission, establish a date for the child's physical move to the BRS program with the child, family, current substitute caregiver (if applicable) and the BRS program staff. Address questions and concerns of the child and parents to ensure their cooperation in the placement process.
- The child's OHP/CCO healthcare coverage will automatically switch to the region of geographic placement when placed in a BRS program unless otherwise noted. Discuss whether there is a reason for the youth to retain the current CCO coverage with your assigned RRC and the child's team. Retaining (or 'locking') CCO healthcare insurance/coverage would be the exception and not the standard process. It would be used in situations where there are pre-existing authorizations in place such as for unique medical needs or inpatient mental health services (psychiatric residential or sub-acute).

Best Practice Tip: Make intake screenings and the admission to the program a top priority. These are critical events for the child and family and could prevent unneeded placement disruptions.

The Supervisor's Role

- Assist the caseworker in identifying the need for a treatment or residential placement.
- Ensure the caseworker works with the RRC.
- Ensure the caseworker completes all tasks needed to achieve the placement.
- Review, approve and sign the BRS referral (1055) and ensure the referral packet is complete and submitted to RRC.
- Consult with caseworker about the child's OHP/CCO coverage and whether the CCO of origin should remain the same for short term/temporary shelter placements.
- Assist the caseworker in resolving any problems with referral and placement of the child.
- Facilitate requests by the RRC to resolve problems arising during the BRS placement process.
- Ensure the caseworker continues to diligently seek and secure long-term placement for the child if placed in a time limited setting.

Additional Requirements When Referring, Assessing and Obtaining Approval for a Qualified Residential Treatment Program QRTP Placement

I. During the staffing with the RRC and caseworker, a QRTP placement may be determined appropriate if the child's needs indicate a high level of supervision in a residential setting. The RRC will indicate if a referral should be made to a QRTP. In such situations, please review with the RRC the child most recent CANS screening information. To ensure the CANS screening accurately reflects the child's current level of functioning and needs, the caseworker should take the following steps:

- Review the date when the most recent CANS screening was administered. If the screening is over six-month old, a re-screen will be required which the RRC will facilitate.
- Review the CANS screening information to ensure it accurately reflect the child's current functioning and presenting behaviors regarding types of behaviors, frequency and severity. If appropriate, a CANS re-screen can be requested and facilitated by the RRC. This is considered a 'STAT' CANS.
- Review the recommendations of the CANS QRTP algorithm. Whether a caseworker was notified of the QRTP algorithm outcome or not, the score itself will always display on the OR-Kids desktop and search results. Under Placements/Services > Enhanced Supervision, staff will be able to view at-a-glance the algorithm outcome for each CANS assessment.. One of the following recommendations will be viewable:

QRTP Indication	
a.	QRTP/BRS is not indicated as a benefit at this time
b.	It is indicated your youth may benefit from a QRTP/BRS treatment and or supportive services in the community.
c.	It is indicated your youth likely will benefit from elevated Mental Health Services to include Intensive Community-Based Services, Day Treatment, or Psychiatric Residential Treatment Services (PRTS), or Subacute. A mental health assessment and/or update assessment may be indicated
d.	Your youth has active symptoms (elements scored a 3 on the CANS), in the categories of either Suicide, Psychosis, and/ or Substance Abuse. This youth is likely to not be appropriate for a QRTP/BRS at this time. Please staff with your RRC, track the indicated active symptoms, request a mental health assessment, and engage your CCO for services.

II. This algorithm was designed to assess a child's potential level of placement and service need based on the CANS screening information. Upon an initial CANS screening or subsequent re-screen, caseworkers are sent an email notifying them of their child's QRTP algorithm recommendation. The information is also stored for future viewing in the QRTP Assessment document described above. If a caseworker receives notification that a child has an indicated level of need based on the QRTP algorithm and has not previously consulted with the RRC for placement or service options, it is recommended that upon receiving an elevated indication of need the caseworker consults with their local RRC, supervisor and child's family and perm team to discuss the child's current needs, placement and services to determine if additional supports would be beneficial. Reviewing the CANS Level of Care Score in combination with the QRTP algorithm determination allows for a comprehensive overview of the child's current needs to aid in service plan development and safety planning.

III. Although the QRTP algorithm recommendation should be discussed with the RRC during the initial staffing, a QRTP referral can move forward even if a QRTP level of care is not indicated. The QRTP algorithm recommendation is only one source of information in the determination if a QRTP is appropriate.

IV. If the RCC approves, the caseworker will submit the referral following the Centralized Referral Process. Upon receiving the referral, the RRC will send the referral packet to a Central Office contractor designated as a Qualified Individual (QI) to complete a QRTP Assessment and CANS re-screen if necessary.

V. The QRTP assessment must occur within 30 days of placement in a QRTP. A Qualified Individual is required to assess each youth referred to a QRTP and recommend a QRTP as the least restrictive and most appropriate level of care. The QI will conduct the assessment using the CANS screening (including the QRTP recommendation) along with the completed 1055 referral packet to screen the youth to assess their appropriateness for a QRTP. In addition, the QI will incorporate into their final recommendation feedback from the child's family and permanency team on their placement recommendation.

VI. After submitting the 1055 referral packet to the RRC, the caseworker launches the QRTP Assessment Form in OR-Kids and completes sections 1 and 2 to activate the assessment form for the QI.

VII. Caseworker assembles the family and permanency team to:

- Identify the strengths and needs of the child or young adult;
- Identify the short and long-term goals of the child or young adult; and
- Determine the placement preferences of the family and permanency team, and how the preferred placement meets the needs of the child or young adult including the need for siblings to be placed together.

The family and permanency team meeting does not have to be held as a separate meeting and may occur as part of another standing meeting such as a Family Engagement Meeting, WRAP meeting or Youth Decision Meeting. Regardless of the meeting type or venue, the caseworker must make reasonable and good faith efforts to identify and include the following individuals as team members:

- Appropriate biological family members, relatives and fictive kin of the child or young adult;
- Appropriate professionals who are a resource to the family of the child or young adult, including teachers, medical or mental health providers who have treated the child or young adult, or clergy; and
- If the child is 14 years or older, the child or young adult can select up to two members of the team who are not a foster parent; a caseworker for the child or young adult; or someone the Department has good cause to believe would not act in the best interests of the child or young adult.

When identifying and selecting who is an appropriate team member, the caseworker always considers what is in the best interest of the child or young adult. The caseworker should also engage family members, seek their valuable input and accommodate their needs as much as possible including when scheduling team meetings.

Although the legal parties, including the child or young adult, are not required to be members of the team, it is best practice to invite them to any team meetings unless doing so is not in the best interest of the child or young adult. Since efforts to document their placement preferences are required when requesting court approval (effective 10.1.2020) for a QRTP placement, the caseworker should engage and seek their input

independently if they are not included as a team member.

Because the recommendations of the QRTP assessment must include consideration of the placement preferences of the team, the child or young adult and other legal parties, it is important the caseworker and/or facilitator use the family and permanency team meeting notes (DHS 2730) to guide the team's discussion and document critical information either before, during or following the meeting.

The family and permanency meeting form documents the case plan requirements. The team meeting form, however, must be attached to the Family Report at each permanency hearing and subsequent court hearing as long as the child or young adult is placed in a QRTP. To ensure the required information is obtained, the caseworker documents the following information on the team meeting form:

- The reasonable and good faith efforts of the agency to identify and include all the individuals required to be on the family and permanency team;
- All contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the team;
- Efforts to hold the team meeting at a time and place convenient for family;
- If reunification is the goal, efforts to ensure the parents of the child or young adult provided input on who should be a member of the team;
- Placement preferences of the family and permanency team, and how the preferred placement meets the needs of the child or young adult including the need for siblings to be placed together; and
- Placement preferences of the legal parties, including the child or young adult.

If the family and permanency team agree that the child or young adult cannot be placed with family or in a foster family home, then the caseworker documents the agreement and e-mails the meeting form to the Qualified Individual (QI). If the family and permanency team cannot reach agreement or do not agree the child or young adult should be placed in a QRTP or more restrictive level of care, then the caseworker staffs with the supervisor, the RRC and QI to determine if further consideration of a QRTP placement is appropriate. As long as the QI recommends placement, approval for a QRTP placement may proceed but every effort should be made to reach agreement with the family and permanency team including sharing updated information and/or holding additional meetings.

VIII. Caseworker e-mails the team meeting form documenting the team's placement preferences to the QI. The QI will contact the caseworker to discuss the QRTP assessment and any questions based on the clinical documentation. A CANS screening will be set up if needed.

IX. It is best practice to notify the child's family and permanency team of the QRTP assessment outcome within five days of its completion.

X. If the assessment approves QRPT placement, the caseworker proceeds on to steps for obtaining court approval. If the assessment does not recommend a QRTP placement, the caseworker has 30 days to transition the youth out of a QRTP if placement occurred prior to assessment completion. If the caseworker or child and permanency team do not agree with this decision, additional documentation or substantive information can be provided to the QI for possible re-screen and reconsideration. If there is no new information to provide, a rescreen can be requested after 90 days of pursuing a placement and potential services as recommended by

the QRTP assessment if continued efforts have not been successful.

A rescreen is necessary if the youth is not placed within 90 days of the initial QRTP assessment and recommendation. A rescreen is an abridged clinical document review to establish if any condition has changed and therefore would alter the initial recommendation.

XI. Child Welfare is required to receive court approval each time a youth is placed in a QRTP. If the QRTP placement has not been approved prior to a child's placement, the court must approve the QRTP placement no later than 60 days following the date of placement. To obtain court approval, a motion must be filed within 30 days of a QRTP placement seeking court approval.

The following steps are taken to ensure court approval is obtained within the required timeframe:

- Treatment Services will email the local DOJ attorney to provide notification when either a youth has been placed in a QRTP or, prior to a child's placement, a QRTP assessment has been completed recommending QRTP placement. The caseworker, supervisor and RRC will be copied on the e-mail and the assessment attached if completed.
- DOJ will submit a motion to the court which includes the QRTP assessment requesting a court hearing. If the QRTP assessment has not been completed by the date of placement in a QRTP, Treatment Services will forward the QRTP Assessment immediately upon completion to the local DOJ attorney which will be submitted to the court as a supplemental motion.
- Prior the court hearing, the caseworker submits an exhibit to the court of the Family Report and the family and permanency team meeting notes.

The court will determine if a QRTP placement is the most appropriate setting and either approve or disapprove of a QRTP placement. If the court disapproves of a QRTP placement and the youth has not been placed yet, the youth cannot be placed in a QRTP at that time. The caseworker will need to re-staff with the RRC and determine what other levels of care can be accessed and meet the child's supervision and behavioral needs. If the youth is already placed in a QRTP, the caseworker will need to immediately staff with their supervisor and RRC to identify placement options. The youth must transition out of the QRTP no later than 30 days following the date the court enters the order.

Each time a youth is placed in a QRTP setting, a QRTP assessment and court approval are required. If the previous assessment is less than 6 months old, the QI can conduct a re-determination based on the updated BRS referral packet and will contact the caseworker to discuss any changes since the last QRTP assessment including if the family and permanency team is still in agreement with a QRTP placement.

Handling Referral Problems

When the provider finds the child is appropriate for placement, but the child is placed on the waitlist:

- Staff the case with the supervisor.
- Staff the case with the local RRC.
- Develop an alternate plan for the child based on recommendations from supervisor, RRC and child's family and permanency team.

- When appropriate, develop a Behavior Intervention Plan to support the care of the child with the relative caregiver or foster parent until a placement resource becomes available; and
- Use educational, mental health or other service personnel to obtain needed services as appropriate.

When the child is not accepted by the program:

- Staff the case with supervisor:
  - If the supervisor believes the child is appropriate for placement:
    - Contact the RRC for clarification as to the reasons for rejection and request that further information in writing.
    - Offer to provide further information to the RRC and provider needed to address any provider's concerns or questions about the referral.
    - The RRC will contact the provider, if necessary, to resolve the dispute over the referral's rejection. If contractual issues are identified, the RRC will contact the assigned Treatment Services Program Analyst for intervention with the program to resolve the matter.
    - If the denial stands, consult with the RRC to determine placement options and next steps.
  - If the supervisor agrees the child is not appropriate for placement:
    - Develop an alternate plan for the child based on recommendations from the program;
    - Consult the RRC for assistance, if needed;
    - If appropriate, develop a Behavior Intervention Plan to support the care of the child while with the relative caregiver or foster parent until a placement resource becomes available; and
    - Use the RD, educational, mental health or other service personnel to obtain needed services.

Preparing for Placement

I. Notification to the CCO- if a child moves out of a CCO's service area and the decision has been made to maintain that CCO's service (requiring a notification to the RRC), it is critical to contact the CCO. This is typically done by speaking to the Intensive Care Manager if the child does not have a Care Coordinator through Wrap. The CCO needs to be aware the child has moved out of their service area and into a BRS placement so that services can be coordinated. In situations like this, the CCO will need to approve medical/dental/mental health services local to the child. If the child will need to travel to maintain service providers, it is important to work with the BRS program in identifying how transportation will occur as it is not the responsibility of BRS programs to transport youth outside of the local area to obtain medical/dental/mental health services.

II. Ensure the child goes to the placement with an adequate quantity and type of clothing. The provider will be responsible to maintain the child's clothing and adequately supply the child with clothing. However, if the child goes through a significant developmental change (height/weight/gender identity) then it is important to work collaboratively with the program in meeting the child's increased clothing needs.

III. If the child is on medication, ensure a minimum 14-day supply is provided upon placement along with a prescription and provider information. At times, programs may not be able to successfully complete intake if

the proper supply of medication is not available.

IV. Ensure there is a plan in place to meet ongoing educational needs. Obtain a court order immediately (prior to placement) for a Best Interest finding, if required, to enroll the child in a new school district. Provide the IEP upon placement if it was not included in the 1055 referral packet, as it is critical to help ensure a smooth transition to a new school.

V. If there are mental health or A&D service needs, connect with the provider to notify them of the referral request. Please note, BRS placements do not necessarily provide a comprehensive array of services. BRS programs treat the behavioral challenges of youth and outside service providers should immediately be identified as a service need in coordinating placement of the child.

VI. If the child needs increased supervision or individualized care connect with the program prior to placement to ensure these needs can be met and done so upon placement.

VII. If the youth is placed in a limited duration program such as BRS shelter, BRS Short Term Stabilization or a Runaway and Homeless program, consult frequently with the supervisor and RRC during the child's stay to develop a plan in identifying another substitute care placement in a timely manner. Extensions past 60 days cannot be provided and therefore it is critical that the child's team work to identify a subsequent placement immediately.

Best Practice Tip: Consider a family meeting to discuss substitute care placement options to meet the child's needs. If the decision is to refer the child for ongoing BRS placement, psychiatric residential care, substance use disorder or DD services, follow the appropriate procedure as described in this chapter.

VIII. Based on feedback from the child and child's family team, as well as written documentation, identify goals to be achieved by the child while in the program. Within 48 hours, BRS programs develop an Individual Service Plan and it's important to provide the program feedback regarding the initial goals and what immediate services needs to be put in place.

IX. Notify service providers, as appropriate, working with the child and family that the child will be placed in a contracted program.

Intake

I. Be present with the child at the time of the physical move to the program to provide support and fulfill responsibility to complete intake paperwork. If you are unable to accompany the child on day of placement, ensure covering staff has all required information needed to successfully complete an intake. This includes ensuring covering staff can answer any needed questions and bring all required items with youth such as personal belongings and medication in its original container with sufficient supply (14 day minimum is recommended) along with a prescription. Schedule a visit with the child as soon as possible to see how child is adjusting and to meet program staff.

II. You will be provided a list of program policies and it's critical these are reviewed to ensure you understand program expectations for your youth and how the program operates.

III. Help develop a safety plan. It's critical to review with the program upon placement what the safety plan will

entail including supervision requirements. Communicate any concerns or proposed changes to this plan as it's important for providers and caseworkers to collaboratively identify supervision that is most appropriate for the youth. Reminder this is a new living environment for the youth and strict supervision requirements can be reduced as the youth is able to demonstrate responsible and safe behavior.

IV. Assist the youth with settling in. Going to a new placement, especially if it's a child's first experience in a residential program, can be difficult and uncomfortable. This is especially true if the youth does not identify with other youth due to Sexual Orientation/Gender Identity/Gender Expression (SOGIE), culture or language. It is recommended to schedule either a call or in person check shortly after transition to follow up with youth and program staff. Youth are the most successful in programs with caseworker involvement immediately upon intake. Active participation by caseworkers conveys a message that you are concerned and are supporting the decision for placement to provide the services and skill building.

V. Complete Section A of the 0091 form and send to the RRC's regional email box.

VI. The Oregon Health Plan/CCO covers the child's medical care. When placements are entered into OR-Kids, a medical card is automatically sent to the program.

Ongoing Case Management for a Child in a BRS Program

I. What to expect in a BRS program.

The following are the BRS types of care that are within the service and placement array that Treatment Services contracts for: Shelter; Assessment & Evaluation; Short Term Stabilization; Basic Residential; Intensive Rehabilitation; Intensive Behavioral Support; Independent Living; Enhanced Structure ILP and proctor. Each of these BRS types of care have supervision ratios, service plan requirements and weekly required behavioral rehabilitation service hours (6 or 11 hours depending on the type of BRS program). The weekly BRS hours are primarily targeted at skill training, 1:1 with proctor parents and staff (denoted as individual counseling-not to be confused with mental health counseling), group skill building and parent training as appropriate.

BRS programs create an Initial Service Plan within 48 hours of placement to immediately identify targeted behavioral goals followed up by regular service plan updates which should include the child's family and permanency team. As much as possible, attending these meetings in person signals commitment and ongoing collaboration with the program to help the youth achieve their treatment goals.

II. Caseworker's Role:

- Supporting the child and family's participation in the treatment process is critical to the success of the placement and the return of the child home or to a less restrictive level of care once treatment services are completed. While the caseworker is a partner with the provider and the family, it also is important for the caseworker to be an advocate for the child by ensuring the provider is accountable for serving the child and family in the best possible manner. The caseworker also has a responsibility to ensure the child is safe in the placement by making regular face-to-face contact with the child and the provider and following required face-to-face contact procedures in Chapter 4, section 9: Monitor the Child Welfare Case Plan through Required Contacts.
- Crises may occur during a placement when the child, family or provider will request a change of

placement or change in the treatment plan for the child. The caseworker must respond in such cases and, when appropriate, work to motivate the child, family and/or the provider to continue in the services or revise the placement and treatment plan with the child, parents and provider.

- Act as an advocate for the child with the program.
- Coordinate or participate in community planning committees in the child's home community. Use a family meeting as appropriate. (Refer to Chapter 4, Section 6, Conduct Family Meetings.)
- Give input to the child, family and program by identifying goals for the placement and setting expectations for the child, family and program.
- Have contact with the provider every 30 days and face-to-face contact with the provider every 60 days or more often, if needed, and follow procedures for monitoring child safety (refer to Chapter 4). Some BRS programs use proctor foster homes to provide placement and behavioral services. When a child is placed in such a setting the foster parents are considered, along with provider program staff, to be the child's substitute caregivers with whom there must be contact every 30 days and face-to-face contact every 60 days.
- Attend and participate in service/treatment plan reviews and other planning meetings when scheduled.
- If you are unable to attend a scheduled review, call ahead of time and give input.
- Ensure that any service/treatment plan revisions reflect the current status of the child in the program and are consistent with the expectations of the placement.
- Give approval to all services provided or service treatment plans. If the existing service plan or proposed changes in plans and services are not appropriate, do not give approval of the plan.
- Request planning meetings with the child, parents and provider to revise the plan to make it more appropriate and aligned with the goals for the child.
- If you are not satisfied with the services delivered or with the appropriateness of the services or treatment plan and attempts to resolve the matter through planning meetings are unsuccessful, a grievance may be filed with the provider using the program's established grievance procedure. BRS programs are assigned a Program Analyst through Treatment Services in Central Office. These staff can discuss potential grievances and help resolve service concerns prior to filing a formal grievance as well.
- Maintain contact and involvement with parents, family members and service providers involved in the case plan. Make face- to-face contact with parents every 30 days.
- Collaborate with and support the provider by assisting in setting limits and expectations.
- Inform the child and family that the department and the provider are working together with them as a team and decisions will be made as a team, not individually.
- Respond in person or by phone when a crisis occurs and the provider requests assistance. Provide support to the child, family and provider to continue the placement whenever possible.
- Receive and review incident reports from the residential provider, and follow up with the provider, child and family to address issues brought about by incidents.
- Make a CPS report if you have concerns the child has been abused or neglected in the program. Consult with a supervisor to determine any immediate protective action. Refer to Section 9 in Chapter 4

for procedures regarding face-to-face contact.

- Consult with the supervisor regarding the need to contact the licensed child caring agency's management if there are concerns about the child's safety and well-being in the program, or the residential program's treatment of, or services to, the child.
- Contact the program's assigned Program Analyst through Treatment Services in Central Office if there are concerns about the well-being or other programmatic issues that need to be addressed but do not rise to the level of abuse or neglect.
- Fill out a 1303 form and submit to CCA Notifications to formally file a concern regarding safety or well-being issues that don't rise to the level of completing a CPS call to due abuse or neglect. The 1303 will then be sent to Licensing and Treatment Services for notification and screening to determine if a response and follow up is warranted.

- Actively participate in discharge planning and after-care resource development. Aftercare planning should begin immediately and be incorporated into every team meeting and service plan to ensure the youth has an aftercare resource identified when ready to transition out of the program.
- Make referrals to local service providers as identified in the program's discharge and after-care recommendations.

III. Ongoing Requirements when a youth is placed in a QRTP

As long as the child or young adult is placed in a QRTP, the caseworker is required to submit a Family Report at each permanency and review hearing to include an attachment of the family permanency team notes and the following documentation:

- Evidence demonstrating that ongoing assessment of the strengths and needs of the child or young adult continues to support a determination that:
  - The needs of the child or young adult cannot be met through placement in a foster family home;
  - A QRTP provides the most effective and appropriate level of care for the child or young adult in the least restrictive environment; and
  - The placement is consistent with the short-term and long-term goals for the child or young adult, as specified in the case plan for the child or young adult.
- Documentation of the specific treatment or service needs that will be met for the child or young adult in the placement and the length of time the child or young adult is expected to need the treatment or services.
- Documentation of the efforts made by the Department to prepare the child or young adult to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent or in a less restrictive foster home setting.

Reauthorizing Ongoing Services in BRS Programs

I. BRS Authorization

Services for children in BRS programs must be authorized by the Licensed Practitioner of the Healing Arts (LPHA) every 12 months. If the agreed-upon plan is for the child to continue in the BRS placement, services

must be reauthorized.

- At least 30 days prior to the end of the current 12-month period for which BRS has been authorized, Treatment Services will submit a BRS Reauthorization Form (CF 85B) to the LPHA so BRS placement and services can continue.
- The provider is responsible for forwarding supporting documentation to Treatment Services to supplement the BRS Re-Authorization before the end of the child's first 12 months of placement.

II. QRTP Extended length of stay requirements.

The caseworker is required to obtain the written approval of the Child Welfare Director when extending a QRTP placement for more than:

- 12 consecutive or 18 nonconsecutive months if the child or young adult is 13 years or older; and
- 6 consecutive or nonconsecutive months if the child is 12 years or younger.

Procedure

- Treatment Services monitors the length of stay of each child in a QRTP.
- Treatment Services will notify caseworker and RRC one month prior to length of stay limit.
- Within 21 days of this notification, caseworker submits to Treatment Services the child's current QRTP service plan, Family Report (created within the past 30 days) and Extended Stay Approval Form (2628).
- Treatment Services will provide all the documentation to the Child Welfare Director for review and signature.
- Treatment Services will notify the caseworker and RRC if extended stay approval has been granted and documentation will be saved in the file cabinet in OR-Kids under 'Services' and 'QRTP Extended Stay Approval.' If the Director does not approve, caseworker can consult with the RRC to identify next steps to transition out of the QRTP and identify a more appropriate placement setting.
- At each subsequent 12 month or 6 month continued placement interval, a re-authorization process will need to occur if the child remains in a QRTP. Steps #1-#5 will be followed for re-authorizations for extended length of stay in a QRTP.

Termination of Ongoing Services in BRS Programs

I. If the BRS provider determines the child cannot continue in the program, the provider sends the caseworker a 30-day written termination notice that includes the reasons for the termination and recommendations for alternate services. The caseworker then:

- Discusses the case with the supervisor;
- Discusses the case with the RRC if necessary;
- Schedules a meeting with the BRS program to negotiate continuation of the placement (If necessary, the supervisor and/or RRC will assist the worker in negotiating with the program.);
- If is determined the child is to be discharged, agrees upon a termination date during this meeting; and
- If a new date cannot be agreed upon, the child will be discharged on the date in the 30-day termination

notice previously sent to the caseworker.

If a child is struggling in a BRS program, it is critical for the child's family, perm team and BRS treatment team to work together to identify additional services or supports to manage the challenging behavior. Increasing frequency of contact with both the child and program during this time is often a helpful strategy to stay up to date on the child's functioning and help provide support to both the child and staff whom are struggling with the daily behaviors. If the child is placed on a 30-day behavior contract or there is conversation about potential need to discharge the child, contact the RRC immediately to staff circumstances and begin a new BRS referral process as directed by RRC if appropriate.

II. If the caseworker believes the child should not continue in the BRS program:

- Discuss the case with the supervisor;
- Discuss the case with the RRC if necessary;
- Contact the BRS program to discuss concerns and needed changes for the child to continue in the program;
- If it is decided that termination of BRS services is the best plan, send a 30-day written termination notice to the residential program; and
- Unless a different termination date is agreed to, services will terminate 30 days from the date of the written notice. It is critical that transitions out of program is as planful as possible even when it is believed a child will be best served elsewhere. Preparing the child for the transition as well as the program ensures that documentation, belongings and transferring of services as needed can happen.

III. The caseworker terminates residential placement:

- When there is a safety threat to the child in the placement;
- To comply with a court order affecting the child's placement or services; or
- Upon termination of an Interstate Compact agreement for substitute care placement of the child in the program.

IV. When the BRS provider determines the child cannot continue in the program because the child presents a clear and immediate danger to self and/or others, and the provider contacts the caseworker to request immediate removal from the BRS program:

- Discuss the case with the supervisor;
- Discuss the case with the RRC if necessary;
- Contact the provider within one working day of notification of the danger the child presents;
- Communicate the transition plan to the provider as soon as it is developed; and
- Remove the child as soon as possible from the program.

Transition and Discharge Planning

Primary goal for a transition plan should be to plan for the child's successful completion of BRS care. Transition and discharge planning is driven by the child and family team in collaboration with the caseworker and provider. Discharge

planning should always be a collaborative process and conversations regarding the transition plan should begin upon placement. Caseworkers should be involved and actively engaged in planning at every stage of service delivery.

- Consult with your supervisor regarding the discharge plan for the child.
- Attend service plan meetings to provide information on transition resources or steps Child Welfare may have taken. A comprehensive discharge and after care plan will be developed 30 days prior to the child's anticipate discharge date. However, information about discharge and transition plans will be documented at each service plan meeting.
- Consult with the supervisor if there is disagreement with the discharge and aftercare plan for the child.

The Supervisor's Role

- Provide direction to the caseworker in meeting timelines for face-to-face contacts and case reviews with the programs.
- Approve and ensure appropriate documentation in the case file of any exception made to Child Welfare policy regarding contacts with children and the residential provider.
- Provide direction for the caseworker during the child's out-of-home placement.
- Review, approve and sign the BRS Reauthorization Form (CF 85B) requesting reauthorization of BRS services.
- Assist the caseworker in negotiating with the provider, the CCO and others regarding services and discharge.
- Assist the caseworker in communicating with the provider if services must be terminated unexpectedly.
- Assist the caseworker in bringing issues and concerns about residential programs to the attention of the Child Welfare program manager, RRC, or Program Analyst in Treatment Services as needed.

Psychiatric Residential Treatment

Psychiatric Residential Treatment Services (PRTS) are part of the continuum of mental health treatment services. Medicaid funds mental health services. PRTS are included in managed care under the Oregon Health Plan (OHP) and may be used as long as it is determined that services are medically appropriate. Mental health services under OHP are the responsibility of the coordinated care organizations (CCOs), each of which is responsible for meeting the mental health needs of all children enrolled in OHP in a specific geographic area of the state. The CCOs contract with a variety of local mental health service providers who are responsible for the delivery of services. Admission to PRTS is facilitated through these local mental health providers. The designated local mental health provider screens a child who may benefit from more intensive mental health services through a Level of Need Determination process. If criteria are met, the child receives mental health care coordination through the CCO or local mental health authority and team-driven service coordination with access to an array of more intensive mental health services (Intensive Treatment Services or ITS). These services and supports are identified by teams made up of the children, families, service providers and agencies such as child welfare. Service coordination includes developing a mental health plan of care that includes services delivered at flexible locations, in-home support, psychiatric day treatment and psychiatric residential treatment. A child need not be in the legal custody of child welfare in order to receive mental health services. There may be circumstances in which legal custody is required to ensure safety or a Voluntary Placement Agreement is appropriate to

ensure the child receives the needed treatment.

Procedure

Placing a Child in a PRTS Placement

I. If a child in the legal custody of DHS has mental health needs so severe that less restrictive placement and services are inappropriate or have been unsuccessful:
   - Contact the local mental health provider to schedule a Level of Need Determination screening.
     - If an existing mental health assessment is more than 60 days old, the Level of Need Determination process must include an updated mental health assessment of the child.
     - If the child is in need of emergency or urgent care, it is important to identify the urgency of the need for an assessment and services (Mental Health Services, Section 24, of this chapter).
   - During the screening, clearly describe the current behaviors of the child that are of concern.
   - Obtain information from the current substitute caregiver and others to get a clear picture of the intensity and severity of the child's behaviors.
   - When the Determination of Need process determines that mental health treatment is necessary, the mental health provider has the responsibility to provide that treatment in the most appropriate, least restrictive environment.
   - Begin to work closely with the local mental health care coordinator assigned responsibility to coordinate services.
   - If referrals to other providers of mental health services are needed, assist the mental health care coordinator with needed referrals including referrals to PRTS programs recommended by the Child and Family Team and/or Determination of Need screening.
   - Assist the mental health care coordinator and the Child and Family Team with screening and intake appointments at the designated PRTS program(s).
   - As appropriate, follow up with the PRTS program's intake coordinator to determine timeline for placement and length of time on current waiting list.
   - If admission to the PRTS is not currently possible, assist the local mental health care coordinator with developing an alternate plan to address the child's mental health needs until placement is available.
   - Ensure the child goes to the residential placement with an adequate quantity and type of clothing. The residential provider will be responsible to maintain the child's clothing supply.

II. After the child is placed in the PRTS program:
   - If the child is in the legal custody of DHS, the caseworker acts as the legal custodian and as the OHP Member Representative. In this role the caseworker will:
     - Sign consents, authorizations and releases of information within the guidelines of child welfare policy and the authority of a legal custodian.
     - Act on behalf of the child including approving planning documents, services, any changes to services and plans for discharge.

- For more information, order the OHP Member Handbook.
- If the parents have signed a Voluntary Placement Agreement the parents are the legal custodians and OHP Member Representative unless the child has private insurance.
- Act as an advocate for the child, which may include assisting in filing grievances with the PRTS provider or filing an appeal of termination, reduction, suspension or denial of services.

Appealing a Denial or Termination of Services

If services are being terminated, reduced, suspended or denied by the local mental health provider or PRTS program and there is reason to believe the child should receive or continue to receive the service, the decision to deny or terminate service can be appealed. Services identified as medically necessary are the responsibility of either the CCO or the local mental health authority, depending on the status of the child's OHP coverage. Appeals are based on the continued medical necessity for the service. In order for services to continue, the medical necessity for the service must be demonstrated. Appropriate alternate levels of care and types of services being available to the child also must be demonstrated if the identified service is terminated, reduced, suspended, or denied.

I. Consult with the supervisor to determine whether to file a formal appeal.

II. Consult with the designated mental health point person in the local office for assistance.

III. Request the local mental health provider or PRTS program send a copy of the Notification of Adverse Benefit Decision, including member Appeal rights.

IV. File the appeal as described in the Notice of Adverse Benefit Decision. Be specific as to why it is believed the child's mental health needs require the level of service being denied or terminated.

V. If the child is being discharged, call the local mental health provider or PRTS program and request an expedited appeals process to avoid having the services terminated prior to resolution of the appeal.

VI. If the Appeal is denied, request information from the CCO on the Administrative Hearing process. Follow steps to file Administrative Appeal.

VII. An Administrative Review hearing will be held and the Administrative Law Judge will make the final ruling on if services will be authorized. https://www.oregon.gov/oha/HSD/OHP/Pages/Complaints-Appeals.aspx

Transition and Discharge Planning

Transition and discharge planning is driven by the Child and Family Team in collaboration with the caseworker, local mental health care coordinator and PRTS provider. Discharge planning should always be a collaborative process. Caseworkers should be involved in planning at every stage of service delivery.

I. Consult with your supervisor regarding the discharge plan for the child.

II. Assist the mental health care coordinator and the Child and Family Team with developing a comprehensive medical discharge and after-care plan.

III. Consult with the supervisor if there is disagreement with the discharge and after-care plan for the child.

IV. Consult with the supervisor if services are identified as needed but are not available.

V. Contact the local office mental health point person and the RRC if problems arise during the development of the discharge plan.

VI. If the child is presenting imminent danger to self or others, the team may decide hospitalization is necessary. The mental health care coordinator will be responsible for getting approval from the CCO for payment for the hospitalization.

VII. Assist by coordinating arrangements for transportation and actual physical admission of the child to the hospital.

VIII. Assess whether the child meets the criteria for detention (if the child has violated terms of probation), and contact the child's probation officer to request emergency assistance in lodging the youth in detention.

The Supervisor's Role

- Assist the caseworker in determining the urgency of the need for an assessment and coordinated planning and services from the local community mental health or PRTS provider.
- Assist the caseworker in resolving any disagreement with the local mental health provider, PRTS program or CCO.
- Assist the caseworker in working with the PRTS provider and the CCO if services are terminated, reduced, suspended, or denied.
- Notify the Child Welfare Program Manager of problems with service access or availability.

Adolescent Residential Alcohol and Drug Treatment Placement

The formal name for what we once called "drug addiction" is, substance use disorders (SUD). When a child or youth has experienced negative consequences or been observed in negative behaviors which are suspected to be the result of drug or alcohol abuse, the caseworker can refer the child to a SUD treatment provider for a full diagnostic assessment for possible substance use disorder. The SUD service provider will make the diagnosis of the level of SUD, if one exists, then apply placement criteria from the American Society of Addiction Medicine (ASAM) to determine the appropriate level of care for SUD services. Assessment and outpatient SUD treatment are OHP- covered services. Residential SUD services are paid by direct contracts between the Oregon Health Authority (OHA) and SUD residential treatment providers. Services vary depending on the need of the individual and the type of program. SUD services may start with detoxification, depending on the drug of abuse, and SUD treatment typically includes the goal of remaining free of all substance use, education, counseling, skill building on decision-making, refusal skills, relapse prevention and other basic life skills development. As is the case with PRTS, placement in adolescent residential SUD treatment services does not require that the child be in the legal custody of DHS or that the parents sign a Voluntary Placement Agreement with Child Welfare in order to receive services.

Procedure

- Consult with the supervisor regarding the need for a SUD assessment of the child with suspected drug and/or alcohol problems.
- If a child has suspected drug or alcohol problems, or identified SUD, make a referral to the local SUD service

provider for a SUD assessment.

- If the completed assessment and the SUD provider recommend residential SUD treatment, the SUD counselor will assist the caseworker in making the referral for these services. Go to http://www.dhs.state.or.us/addiction/publications/ad_directory.pdf for a directory of services. Referral to these programs requires that a SUD assessment has been completed and the lvel of care and type of SUD services the child needs has been identified.
- Notify the child's parents and the substitute caregiver of the plan for admission to residential SUD treatment.
- Ensure the child goes to the SUD residential placement with an adequate quantity and type of clothing. The residential provider will be responsible to maintain the child's clothing.
- Notify safety service providers working with the child and the family of placement in SUD residential treatment.
- Notify service providers identified in the case plan of the child's placement in a SUD residential treatment program.
- Coordinate admission to the SUD residential program with the child, his or her family, and the substitute caregiver.
- Continue to work with the substitute caregiver and, when appropriate, ensure there is a Behavior Intervention Plan for the relative caregiver or foster parent until the residential treatment services begin.
- Ensure the residential treatment selection adheres to the ongoing safety plan.
- Continue active participation in the case plan during the child's residential stay by:
    - Arranging face-to-face contact as it aligns with the treatment plan;
    - Attending and participating in service and treatment planning;
    - Advocating for the child;
    - Maintaining contact with the child's parents and others involved in the case plan and encouraging them to learn about SUD to be supportive of the child's recovery as appropriate;
    - Actively participating in treatment discharge and after-care planning; and
    - Making referrals to additional community resources for after-care services when recommended.
- If the child is in the legal custody of DHS, the caseworker acts as the legal custodian and as the OHP Member Representative. In this role, you will:
    - Sign consents, authorizations and releases of information within the guidelines of child welfare policy and the authority of a legal custodian; and
    - Act on behalf of the child including approving planning documents, services, any changes to services and plans for discharge.
    - Act as an advocate for the child.

The Supervisor's Role

- Assist the caseworker in determining the urgency of the need for a SUD assessment.
- Assist the caseworker in problem solving the types and duration of SUD services when there is disagreement with the provider.
- Assist the caseworker in dealing with the provider if services must be terminated unexpectedly.
- Notify the Child Welfare Program Manager of problems with service access or availability.

Developmental Disabilities Residential Program Placement

When a child in the legal custody of DHS may be eligible for services as a person with a developmental disability, the caseworker should refer the child to the local Community Developmental Disabilities Program (CDDP) office to determine eligibility. The CDDP Eligibility Specialist will order appropriate records, identify if a psychological evaluation (including adaptive assessment) is required to determine eligibility for children under age 22 All eligibility for children is provisional. This means the eligibility status is tentative and may change if there is a change in diagnoses or functioning. As is the case with PRTS and adolescent A&D treatment, DD residential services do not require that the child be in the legal custody of DHS or that the parents sign a Voluntary Placement Agreement with Child Welfare to receive services. If the child is in the legal custody of DHS, the caseworker will act as the legal custodian.

Procedure

I. Refer to the local CDDP to determine I/DD eligibility.
   - Consult with the supervisor regarding the need to refer a child with suspected developmental delays.
   - If a child has suspected or identified developmental disabilities, make a referral to the local CDDP for an assessment.

II. If the child is found to be eligible for IDD services, a DD Service Coordinator will be assigned.

III. If the child needs residential services, the DD Service Coordinator will make the referrals to DD services and community resources.
   - Notify the child's parents and the substitute caregiver of the plan for admission to residential services.
   - Work closely with the DD Service Coordinator in co-managing the case. Refer to Appendix 5.7 for responsibilities of the casework and case management for each agency.
   - Ensure the child goes to the residential placement with an adequate quantity and type of clothing. The residential provider will be responsible to maintain the child's clothing.
   - Notify safety service providers working with the child and the family of placement in DD residential services.
   - Notify service providers identified in the case plan of the child's placement in an DD residential program.
   - Coordinate admission to the residential program with the child, his or her family, and the substitute caregiver.
   - Ensure the residential program adheres to the ongoing safety plan.
   - Continue to work with the substitute caregiver and, when appropriate, ensure there is a Placement

Support Plan for the relative caregiver or foster parent until the residential services begin.

IV. Continue active participation in the case plan during the child's residential stay by:

- Arranging face-to-face contact as it aligns with the service plan;
- Attending and participating in service planning;
- Advocating for the child;
- Maintaining contact with the child's parents and others involved in the case plan as appropriate;
- Actively participate in discharge and after-care planning;
- Sign consents, authorizations and releases of information within the guidelines of child welfare policy and OAR;
- Act on behalf of the child including approving planning documents, services, any changes to services and plans for discharge; and
- Act as an advocate for the child.

The Supervisor's Role

- Assist the caseworker in determining the need to appeal a denial of DD eligibility.
  - **Note:** DHS may not participate in hearing processes against DHS; the CDDP DD program is contracted under DHS ODDS.
- Assist the caseworker in problem solving the types and duration of services when there is disagreement with the provider.
- Assist the caseworker in dealing with the provider if services must be terminated unexpectedly.
- Notify the Child Welfare program manager of problems with service access or availability.

Chapter 5

Section 8: Target planning and consultation committee referrals

Target planning and consultation committee referrals

There are rare instances when a child has such unique or severe care and treatment needs that the existing array of services cannot serve the child.

After an extensive exploration of existing resources, it may be necessary to create a unique plan for the child that supplies the missing components to more appropriately serve the child. These plans are approved and funded through the Target Planning and Consultation Committee (TPCC), a standing committee established by Child Welfare. The TPCC also reviews cases and authorizes funding where it appears no resource within Oregon will be able to serve the child, and approves plans to send a child to a treatment resource in another state. Refer to Policy I-B 3.2.3 for more information about the committee including composition, functions and other aspects of operations.

Referrals to the TPCC must include clear and thorough documentation showing that all existing resources have been explored and found inappropriate. There also must be current evaluation information about the child to clearly identify unmet needs.

Procedure

I. Explore all alternatives to TPCC referral:

   A. Consider scheduling a family meeting. (Refer to Chapter 4, Section 6, Conduct Family Meetings.)

   B. Explore and rule out all other placement and funding sources for needed services. These resources include but are not limited to:

      1. Service providers contracted through Child Welfare;
      2. A Placement Support Plan (see placement resouces in Chapter 7);
      3. A Behavior Intervention Plan if the child is placed with a relative caregiver or foster parent (Behavior Intervention, Section 30 of this chapter);
      4. Local community resources;
      5. Resources using flex and system of care funds;
      6. Special education services, if the child has a diagnosed condition that requires such services;
      7. Child Development and Rehabilitation Center (CDRC), Shriners, and other organizations that may provide funds for designated disorders;
      8. Other funding sources such as SSI, private insurance, Title XIX, IV-E, TANF, OHP, GA Medical or Child Welfare administrative medical budgets;
      9. Services through county Developmental Disabilities programs and/or SPD programs at the state or regional level, when the child has a diagnosed disability;
      10. Services provided through contracted Child Welfare residential providers, including programs that serve children with borderline intelligence;
      11. Mental health treatment services administered through community mental health programs

(CMHPs), and mental health organizations (MHOs) including psychiatric residential and day treatment programs;

12. Alcohol and drug treatment programs administered by AMH;
13. Services through the Oregon Youth Authority, if the child is a delinquent; or
14. The Oregon State Hospital alternative programs, the Secure Children's Inpatient Program in Portland (SCIP) and the Secure Adolescent Inpatient Program (SAIP) in Corvallis.

II. Convene a family meeting to explore all possible alternatives and resources. Include:

A. Parents, whenever appropriate;
B. The substitute caregiver;
C. The child's attorney;
D. The CASA;
E. Your supervisor; and
F. Representatives from the following disciplines:
    1. Current service providers,
    2. Medical provider (if possible),
    3. Mental health, and
    4. Education.

III. When all local options have been explored and determined to be exhausted, consult with the appropriate RRC. The RRC may work with treatment programs that have previously denied access to request a change in the decision. The RRC also may consult and seek intervention from a central office program analyst if there is a question as to whether the denial of service is not in compliance with Child Welfare's contract with the provider.

IV. Where it appears the plan is for placement in an out-of-state residential facility, the referral procedure is the same as for all other referrals to the TPCC. (See the section on Out-of-State Residential Placements Funded by TPCC below for more information.)

V. If the plan for the child is substitute care placement in an out-of-state residential facility near the child's parents' home, an adoptive home or other relative resource, do not refer the case to the TPCC. Contact the RRC for information on obtaining alternate funding for such a placement. Do not place the child until authorized to do so by the RRC.

VI. Children will not be approved for TPCC designation or funding if the sole care and treatment need is sexually aggressive behavior or a diagnosis of Conduct Disorder. The committee is willing to provide consultation in these cases. Contact the RRC for information on how to obtain such consultation from the committee.

Referral to the TPCC

Procedure

I. If no alternative placement resources are found, the RRC will notify the caseworker to begin preparing a TPCC referral. The steps are as follows:

A. Consult with the TPCC coordinator in the Treatment Services and Licensing Unit in Central Office.

B. Complete the referral packet that includes:

1. A current comprehensive assessment of the child;
2. A copy of the most recent Child Welfare Case Plan;
3. Any expert evaluation that has evaluated the functioning of the family;
4. A report of the most recent medical examination by a medical professional and any follow-up referrals to specialized medical care providers;
5. The child's current psychological evaluation (completed within the past two years);
6. A current psychiatric evaluation when psychotropic medication has been recommended, a thought disorder or psychosis is suspected, or neurological impairment is suspected. (The psychiatric evaluation must have been completed within the past six months unless the child has a chronic condition not subject to change and the existing evaluation is accompanied by a current treatment report from a mental health, residential or other treatment provider.);
7. Current educational test results or reports, and a current IEP or 504 plan. (Children with a need for specialized services but who do not qualify for an IEP may receive services under a 504 plan.);
8. The child's current treatment plan. (This may be a mental health, Child Welfare residential or other treatment provider plan as applicable.);
9. A completed CF 97 Evaluation of Need form;
10. A completed CF 0085B, Behavior Rehabilitation Services Authorization Request;
11. A cover letter outlining the:
    - Summary of recommended services with identified components not available through child welfare or other resources;
    - Summary of resources explored and reason(s) for denial of those services including copies of letters of denial from providers; and
    - A completed TPCC Referral Face Sheet (CF 0111), signed by the supervisor of the Substitute Care Review Committee and the Child Welfare program manager.

C. Send the referral packet to the RRC for review and approval. The RRC signs the TPCC Referral Face Sheet (CF 0111) and sends the referral to the TPCC coordinator. Referrals received and approved by the TPCC coordinator on or before the 25th of the month will be scheduled for the TPCC meeting the following month.

II. Caseworker responsibilities during in the presentation to the TPCC are:

A. PCC coordinator notifies the caseworker of the date/time/location of the committee meeting.

B. As appropriate, request the child's parents, CASA, attorney, substitute caregiver and current service providers to attend the meeting and notify them of the date/time/location of the TPCC meeting.

C. Prepare the case for verbal presentation to the TPCC using the following outline:
   1. Summary of the child's issues including current status and placement, court status, primary and secondary problems;
   2. Brief history of the child and family;
   3. Treatment needs;
   4. If the child is already TPCC-designated, briefly discuss the current case plan including an evaluation of its appropriateness and how it is meeting the child's needs; and
   5. A summary of caseworker recommendations, the proposed plan and the specific request of the TPCC.

D. Prepare other persons invited to the presentation who will speak on behalf of the child's needs (e.g., parents, service providers, CASA, child's attorney or others). Inform them they will be asked the following questions by the TPCC:
   1. What is your role in this case?
   2. Is there information that was not presented by the caseworker you would like to share?
   3. What services/plans do you recommend?
   4. What services will you provide?

E. After presenting the child's case to the TPCC, answer questions from the committee.

F. Await the TPCC decision.
   1. The TPCC will discuss the case and make a decision by majority vote to:
      - Designate the child as a Target child; or
      - Request more information before making a decision; or
      - Deny the request for a designation.

G. If the referral is denied, the committee will make recommendations regarding alternate resources or plans for the child.

H. If the child is designated as a Target child, TPCC will:
   1. Provide the caseworker with a written statement of the committee's decisions and recommendations;
   2. Approve funding for the plan; or
   3. Assign responsibility for developing a specific plan and cost detail; or
   4. Request a return to the committee with a plan at a later date.

III. The TPCC coordinator has the following responsibilities in the process of securing placement for the child:

A. Provide case consultation;

B. Assist with resource development to meet the child's needs;

C. Fund services not budgeted from other sources that have been approved by the committee;

D. With the help of the RRC, negotiate with providers for any needed contracts to provide services to the child; and

E. If the provider is out of state, the TPCC coordinator verifies that the provider is properly licensed in the state in which it operates the residential facility.

IV. Once contracts have been negotiated by the TPCC coordinator and RRC, and the provider(s) and Child Welfare have signed the contracts, the child may be placed and/or services may begin.

V. Do not place the child in a Target-funded placement or have a provider begin Target-funded services until the TPCC coordinator provides notification that a signed contract is in place.

VI. There are situations where the services provided to the child under the TPCC-funded contract are in addition to services provided to the child through an ongoing regular contract. Therefore, it is important to ensure there is an up-to-date service authorization in IIS completed by the local Child Welfare office for the ongoing services provided under an existing contract.

VII. When the child is placed and/or services have begun in the existing placement, the TPCC support staff in the Treatment Services and Licensing Unit will open the TPCC-funded services in IIS.

VIII. If the child is to be placed out of state, obtain approval of the placement by the receiving state through Interstate Compact on the Placement of Children procedures. Refer to ICPC placement procedures in this chapter.

Ongoing case management responsibilities for a Target child

The caseworker is responsible for ongoing case management including managing the case plan, monitoring child safety as described in Chapter 4, Required Contact, attending treatment reviews, providing crisis intervention, and arranging for other services such as transportation. See the section, Ongoing Case Management in Residential Placements, for more information on procedures in ongoing residential placements.

I. Provide a written update and attend the committee meeting set to review the case as advised by the TPCC coordinator. The TPCC reviews the case of each child designated as a Target child a minimum of once each year.

II. Immediately notify the TPCC coordinator of any change in services or the plan for the child.

III. Review and approval by the committee is required for any new or additional services paid from Target funds or a change of provider. Contact the TPCC coordinator immediately when such changes are needed. The TPCC coordinator will advise as to the next steps.

IV. Notify the TPCC coordinator when the child leaves the service. The TPCC support staff person is responsible for closing the Target service.

V. If the child no longer needs the TPCC designation, contact the TPCC coordinator to request termination of the child's TPCC designation. The committee also may discontinue the child's TPCC designation if the designation is thought to be no longer necessary.

When a child requires re-referral to the TPCC

I. If fewer than six months have elapsed since a child's TPCC designation was terminated, the child may be re-referred to the TPCC for re-designation and development of a TPCC-funded plan. In this situation, complete the following actions:

   A. Consult with your supervisor, RRC and TPCC coordinator.

   B. Explore all alternate resources as indicated in the section, Explore All Alternatives to TPCC Referral, above.

   C. Obtain approval for the re-referral to TPCC from your supervisor, RRC and the district manager.

   D. Submit the following as part of the re-referral:

      1. Written current update on the child and family; and

      2. Written current psychological or psychiatric evaluation conducted within the past six months. If the evaluation was current at the time the child originally was designated and there is a current treatment report from the provider of services, this requirement may be waived at the discretion of the TPCC coordinator.

   E. Present the child's case to the committee during a scheduled committee meeting.

   F. When a designated Target child is committed to Oregon Youth Authority.

II. Obtain from the TPCC coordinator recommendations for additional treatment as an alternative to Oregon Youth Authority (OYA) commitment.

III. If the OYA commitment is for six or fewer months, the TPCC designation will remain unless the committee terminates the designation.

IV. If the commitment is longer than six months, the TPCC designation will be terminated at the time of the OYA commitment.

The Supervisor's Role

I. Provide direction and guidance to the caseworker in exploring alternatives to the TPCC referral.

II. Review and approve the referral packet and recommend approval of the referral to the district manager.

III. Attend the initial presentation to the TPCC.

IV. Obtain designated authority to authorize commitment of available district funds.

V. Ensure appropriate follow through for all local Child Welfare office responsibilities.

Out of State Residential Placement

Provides guidance to caseworkers and supervisors regarding Child Welfare's out-of-state residential placement process.

When treatment and placement providers in Oregon are unable to serve a child/young adult in DHS Child Welfare's care due to the child's unique or severe treatment needs, it may be necessary to refer a child/young adult to residential treatment placements in other states.

Criteria for Out of State Residential Placement

Before completing the referral process for out of state placement, the Caseworker and Supervisor must:

I. Ensure that all alternative in-state placement resources are exhausted AND Make efforts to explore applicable services according to the FOCUS Planning and Consultant Committee Referrals Procedure in the DHS Child Welfare Procedure Manual, Chapter 5, Section 8, Sections I to VI to continue with this protocol.

II. Determine the child requires residential level treatment to meet their mental health, behavioral and/or cognitive needs WITH Consultation with their regional Residential Resource Consultant (RRC) to determine:

   A. There are no appropriate in-state residential placements or services available in Oregon to meet the child's treatment and safety needs; or.

   B. The child requires a certain residential level of care or specialized treatment to meet their mental health and/or

   C. The child has relatives or a permanent placement resource is in another state and it would be in the child's best interest for the child to participate in needed treatment near the relatives or potential permanent caregiver(s)' home.

   D. If psychiatric Residential Treatment Services (PRTS) is needed the child must have a recent (within 60 days) written recommendation by a qualified professional (Child Psychiatrist, other Physician or Child Psychologist) specifying the need for:

      1. PRTS level of care as the least restrictive setting expected to be safe and effective for the child's treatment needs; and

      2. Specific type of subspecialty treatment if any

III. During this consultation, the caseworker must be able to articulate how the child has met the identified criteria, discuss next steps that are needed and discuss expected or needed timelines. Based on this consultation, the RRC will recommend either:

   A. That the caseworker completes the Out-of-State Referral Packet obtaining all the needed signatures; OR

   B. That additional information or efforts are needed to find placement in Oregon.

Completing The Out-of-State Referral Packet

I. The Out-of-State Referral Packet must include the following:

   A. Treatment Services Referral (CF1055), signed by the caseworker, supervisor, and regional RRC.

B. The child's most recent treatment plan/discharge plan from the child's recent or current placement.

C. The child's most recent wraparound meeting notes, if applicable.

D. The child's most recent psychological or neuropsychological evaluation, if applicable.

E. All psychiatric assessments completed within the last year, if applicable.

F. The child's most recent Individual Education Plan (IEP) or 504 plans, if applicable.

G. The child's most recent mental health assessment (which documents the child's current diagnosis, level of functioning, and treatment recommendations) within the last 60 days.

II. If the recommendation is for Psychiatric Residential Treatment Services (PRTS) the Out-of-State Referral Packet must ALSO include:

A. Documentation of the correspondence and efforts to work with mental health professionals and the Coordinated Care Organization (CCO) representative or designee to show that appropriate referrals were made.

B. Documentation to show that the CCO denied the PRTS level of care for the child. If the CCO denied the PRTS level of care for the child, the caseworker may consult with their regional RRC about the process to appeal the CCO's decision.

C. Documentation to demonstrate that all in-state placement resources have been ruled out or unavailable. This may include denial letters and/or discharge summaries.

D. Other supporting documentation, as appropriate.

III. After the caseworker completes the Out-of-State Referral Packet, they must submit it to the local office Program Manager or designee for review and approval.

IV. The Caseworker's local Program Manager or designee as well as the District Manager or designee must:

A. Review the Out-of-State referral packet, and

B. Complete and sign the Out-of-State Authorization Sheet (CF2670).

C. Send the completed referral packet with the Out-of-State Authorization Sheet to the regional RRC for further processing.

Screening and Review Process

I. The regional RRC must:

A. Review the out-of-state referral packet for completeness and ensure all appropriate documentation is included.

B. If the packet is incomplete or additional information is needed, the regional RRC will send the packet back to the caseworker for corrections or to request required documentation.

II. Notify the caseworker's supervisor or designee, as well as the Program Manager or designee, if the packet is incomplete.

III. Once the regional RRC determines that the referral packet is complete, they will submit the Out-of-State Referral Packet to the FOCUS Program Coordinator or designee and the Treatment Services – Placement

Service Manager or designee for screening.

IV. The FOCUS Coordinator and the Placement Services Manager will screen the Out-of-State Referral Packet and submit it to the FOCUS Committee for review of the material ahead of the meeting date.

V. The FOCUS Committee will review the child/young adult's needs to identify other statewide resources that may be able to meet the child/young adult's needs, and, affirm there are no appropriate or available resources to serve the child/young adult within Oregon. The FOCUS Coordinator or designee will submit the FOCUS Committee's written recommendation to the Child Welfare Treatment Services Program Manager or designee for review and approval. For information on the FOCUS Committee process or the makeup of the committee, please see DHS Child Welfare Procedure Manual, Chapter 5, Section 8, Sections I to VI

VI. The Child Welfare Treatment Services Program Manager or designee will submit the FOCUS Committee's written recommendation with their signature to the DHS Child Welfare (CW) Director or designee (any designee must have the ability to make a determination for the Director) for approval.

VII. If the child/young adult is eligible for Developmental Disability services or if Developmental Disability eligibility is being determined, the Child Welfare Treatment Services Program Manager or designee must submit the FOCUS Committee's written recommendation to the DHS Office of Developmental Disability Services. The written recommendation will serve as notification as well as an additional opportunity for further exploration of alternative in-state options through the Developmental Disability system and case specific consultation.

VIII. If it has been determined that psychiatric residential treatment is required for the child/young adult and a denial has been received by the CCO, the Child Welfare Treatment Services Program Manager or designee must submit the FOCUS Committee's written recommendation to the Oregon Health Authority Behavioral Health Program. The written recommendation will serve as notification as well as an additional opportunity for further exploration of alternative in-state options through the Behavioral Health system.

IX. If the child's tribe is involved in the case, they must submit to the caseworker, in writing, their approval for the youth to be referred for Out of State Residential. The DHS caseworker shall submit this documentation to the FOCUS Program Coordinator prior to referrals being made for Out of State Residential Treatment.

DHS Child Welfare Director Approval

All referrals for out-of-state residential treatment placement must be approved by the Director of Child Welfare or designee (any designee must have the ability to make a determination for the Director). For child/young adult determined eligible for I/DD services, approval shall be made after consultation with the Director of the Office of Developmental Disability Services or designee, for youth determined eligible for I/DD services. For youth determined to require Psychiatric Residential Treatment, approval shall be made after consultation with the Behavioral Health Director of the Oregon Health Authority.

Please Note: the following factors require additional information and justification provided to the Child Welfare Director to inform the their' approval.

I. Voluntary Cases in which Protective Custody or Temporary Custody has not been established.

II. Children who have approved for a Secure Children's Inpatient Program (SCIP) or Secure Adolescent Inpatient

Program (SAIP) level of care (in which documentation of a physician review must be included).

III. Children between the ages of 9-11 years old.

IV. Children eligible or pending I/DD services.

Notifications

The FOCUS Coordinator must promptly notify the child's caseworker, supervisor, Program Manager, and District Manager in writing of the out-of-state residential placement referral outcome, whether:

I. The FOCUS Committee did not recommend out-of-state residential placement and the reason. If FOCUS denies the request, the committee may provide alternative recommendations to the caseworker;

II. Out-of-state residential placement Referral was pended, and further efforts or documentation are required prior to approval; or

III. Out-of-state residential placement was approved.

Placement Matching and Arrangements

After DHS Program Director approval, the FOCUS Program Coordinator must determine which out-of-state programs or networks of programs are appropriate to meet the child's treatment and placement needs.

I. Placement Matching Efforts

   A. The FOCUS Program Coordinator must consider the following placement matching factors: age, race, gender, gender identity, location, safety, program treatment modality, cultural needs, language, tribal affiliations and child treatment needs.

   B. Once a potential out-of-state residential placement has been identified, the FOCUS Program Coordinator must work with the caseworker, and supervisor if needed, to discuss the potential placement, exchange additional information, and set up a screening date for the caseworker and child with the potential out-of-state residential program.

II. Placement Preparations

   A. FOCUS Coordinator Responsibilities

      1. If a program accepts the referral, the FOCUS Program Coordinator must email the out-of-state program's placement acceptance letter to the caseworker, supervisor, and the regional RRC with the instructions on submitting the Interstate Compact on the Placement of Children (ICPC) request and contact information for the out-of-state residential program to set up an intake.

   B. Caseworker Responsibilities:

      1. The caseworker must submit their completed ICPC packet request to the following email Oregon. ICPC@dhsoha.state.or.us;

      2. After the child/young adult's ICPC request has been approved, the caseworker must contact their assigned ICPC Administrator at Child Welfare Central Office and the accepting out-of-state program representative about the child's intake and travel planning.

3. The caseworker must notify the FOCUS Program Coordinator of the intake date and confirm the child's placement date.
4. Caseworker must notify the legal parties involved in the case including the County Developmental Disability Program or Services Coordinator involved for youth determined eligible for I/DD services and the CCO in which the youth is enrolled.
5. Caseworker must fill out the appropriate funding forms for travel arrangements.

DHS Expectations Upon Initial Out-of-State Placement

DHS Child Welfare must have a caseworker, supervisor, or Child Welfare staff with equal to/or higher job classification physically present with the child upon their out-of-state residential placement entry to ensure the child's well-being, safety, and confirm safe environments. This includes a site visit with the contracted program.

I. Who can transport:
   A. It is best practice for the primary caseworker or supervisor to physically accompany the child/young adult to their out-of-state residential placement or be physically present at the placement upon the child's arrival at the placement.
   B. If the primary caseworker or supervisor is unavailable to physically accompany the child/young adult upon initial out-of-state residential placement, then they must identify another caseworker or supervisor to assist that is knowledgeable about the child/young adult and preferably has met the child/young adult.

II. Who can do an Intake
   A. The Program Manager or designee must contact the FOCUS Program Coordinator, Placement Service Manager, and Child Welfare Treatment Services Program Manager in advance if they are struggling to secure a case worker staff or a supervisor or designee to accompany the child/young adult to their out-of-state residential placement or be present at the placement upon placement entry.
   B. At the out-of-state residential placement, the Child Welfare caseworker or supervisor must assess the child/young adult's overall behavior, ability to communicate needs, how the staff responds to the child/young adult and information about the child/young adult, and observe the physical environment of the placement, including the child/young adult's bedroom space. If an issue arises, the worker would have to contact their supervisor.

Ongoing Expectations for Face-to-Face Contact

The child/young adult's caseworker and supervisor must ensure the child's safety, permanency, and well-being is monitored through appropriate monthly face-to-face contact with the child at the out-of-state residential placement.

I. If possible, the primary caseworker, the supervisor, another DHS Child Welfare caseworker or supervisor must have ongoing monthly face-to-face contact with the child in their out-of-state residential placement. This is best practice.

II. If necessary, the Primary Caseworker or supervisor must ensure timely contracting for this requirement with an appropriate third-party contractor within a week of placement. Please contact the Out of State Program

Analyst through Residential Treatment Services for assistance.

III. By the child/young adult's second week of being placed out-of-state, the primary caseworker or supervisor must send their plan of how to meet the child's monthly face-to-face contact by email to the local office Program Manager and FOCUS Program Coordinator.

IV. Given that DHS Child Welfare is responsible for the child/young adult's safety, permanency, and well-being of the child, the caseworker, supervisor, and Program Manager must ensure that an Oregon DHS Child Welfare caseworker, supervisor, or another qualified Child Welfare staff has face-to-face contact with the child every 90 days at the out-of-state residential placement in addition to any other arranged monthly face to face contact.

References

Policy

I. Policy I-B 3.2.3 Target Planning and Consultation Committee

Forms

I. CF 0118

II. CF 97: Evaluation of Need (available in English and Spanish)

III. CF 0085B: Behavior Rehabilitation Services Authorization Request

IV. CF 0111A: Target Planning and Consultation Committee Referral Checklist

V. CF 0111: Target Planning and Consultation Committee Referral Sheet

Chapter 5

Section 9: Placement in another county

Placement in another county

Finding a substitute caregiver as close as possible to a child's parents, so the child can stay in the same school and community, usually is in the child's best interest. Occasionally, placement in a county other than the county that has jurisdiction of the case is in the best interest of the child.

There can be a number of reasons for the decision to place in another county – the most appropriate relative lives in another county, a child's special needs can be met by a specific caregiver, the special circumstances of the case plan make an out-of-county placement the best viable option for substitute care, or other reasons specific to the child or the family.

Procedure

I. Notify the receiving county that a child will be placed in that county whether or not that office will be asked to provide courtesy supervision.

II. Send advance notification to the receiving branch office unless an immediate placement precludes the caseworker's ability to do so. In those instances, the receiving branch office is notified the next working day.

III. Send notification to the Child Welfare program manager. (Some Child Welfare offices have a designated caseworker who is the liaison for out-of-county placements. In those offices, the Child Welfare program manager will forward the information.)

IV. 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.

V. Consult with the supervisor before making a request for courtesy supervision.

VI. Prior to making the request for courtesy supervision from the receiving branch office, consider the needs of, and services provided to, the child, as well as the importance of consistent contact, needs of the substitute caregiver, and Child Welfare responsibilities identified in the case plan.

VII. Prepare a packet for the receiving county's Child Welfare program manager that includes the following information when requesting courtesy supervision:

   A. The child's name and case number;

   B. The substitute caregiver's name, address and phone number;

   C. The name and contact information for the sending branch caseworker and supervisor;

   D. The ongoing safety plan;

   E. CANS screening results and any supervision plan;

   F. The Child Welfare case plan (the most recent 0333a);

   G. Current action agreement;

   H. Current petition and court order;

I. Relevant child-specific information such as psychological evaluation, IEP or medical condition, including whether the child needs personal care services; and

J. The proposed plan for the child, including any after-care plan when the child is in a residential treatment placement.

VIII. The child's caseworker (from the sending county) retains the case planning and responsibility for ensuring reimbursement for specialized services, SOC-funded services and transportation.

IX. The receiving county will notify the sending branch office of the receipt of the packet and will document receipt of information in case notes. The receiving county will contact the caseworker within 14 days to:

A. Identify the assigned caseworker;

B. Clarify roles and responsibilities;

C. Discuss the frequency of communication between caseworkers; and

D. Develop a plan to provide court-ordered services in counties where those services may not be available.

X. The receiving county's caseworker assumes responsibility for required face-to-face contact. All other responsibilities will be negotiated.

XI. Notification is not required when placing child in a residential treatment program, except when a child has developmental disabilities. In those instances, 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.

XII. 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. The receiving county approves out-of-county placements and child-specific certifications unless there is a county-to-county agreement that has been approved by the district managers of the respective counties. If, after conducting an assessment or home study, the receiving county determines the family cannot be certified, the caseworkers in both the sending and receiving counties will collaborate around how they will notify the family of the findings. If there is disagreement between the caseworkers or certifiers in the counties, the caseworkers contact their respective supervisors to resolve the issue. If the issue cannot be resolved at the supervisory level, supervisors take the matter to the Child Welfare program managers, then to the Foster Care manager for resolution.

XIII. For more information, see Appendix 4.13, "Inter-County Case Responsibilities, Requirements, and Oversight Procedure."

Chapter 5

Section 10: Placement of a child with HIV/AIDS

Placement of a child with HIV/AIDS

Although rare, there are occasions when a child with HIV/AIDS comes into the care and custody of DHS. Due to the sensitive nature of information in the case and the special confidentiality requirements of the medical information, caseworkers overseeing the care of a child with HIV/AIDS should consult frequently with the supervisor. In addition, HIV/AIDS can be a highly emotionally charged medical condition. Pay particular attention to thoughtfully and sensitively working with the child, the family, the child's substitute caregivers and other community partners who may be providing services. For procedures regarding HIV testing, see Chapter 5, Section 21, Medical Care Services.

As with every child in Child Welfare's custody, it is the responsibility of the caseworker to engage in appropriate placement matching, seeking a substitute care resource that is the least restrictive, is in a child's best interest and can meet the child's identified needs. For detailed information on placement matching, refer to Section 2 in this chapter.

Procedure

I. When a child in the department's care or custody is diagnosed with HIV or has AIDS, schedule and facilitate a meeting prior to placement comprised of the following team members:
   - A. Caseworker;
   - B. Caseworker's supervisor;
   - C. District manager or designee;
   - D. Prospective substitute caregiver;
   - E. Casework certifier (if certified by Child Welfare);
   - F. Certification supervisor (if certified by Child Welfare); and
   - G. The child's physician.

II. In addition, whenever appropriate, invite the child, the child's parents, therapist, counselor, CASA, attorney or other supportive individuals to the staffing.

III. At the meeting, determine the roles and responsibilities of each member of the team, review the services and supports to be provided to maintain the child safely with the substitute caregiver, and determine the activities in which the child participates. These services and activities may include:
   - A. Counseling;
   - B. Special medical care and treatment;
   - C. Special personal care services;
   - D. Day care;
   - E. School, outings, social activities and play activities;
   - F. Visitation;
   - G. Training;
   - H. Relief care resources; and
   - I. Special equipment or necessary durable goods (e.g., gloves and hazardous waste red bags).

IV. Consider counseling for the HIV-positive child as well as the family and substitute caregiver as part of the service needs of the case plan. Depending on the age of the child and the needs of the family members and the substitute caregiver, different counseling options may be available. The child's primary health care provider should have input on the need for counseling. Counseling options may include individual or group counseling, support groups or HIV/AIDS education services. If the child is sexually active, counseling regarding sexual practice and safeguards is appropriate. If the child is a hemophiliac or IV drug user, additional specialized counseling may be required.

V. Ensure that no more than one child diagnosed with HIV or AIDS is in the same substitute care placement without approval of the district manager or designee. The approval may be granted after a case staffing with the supervisor, the district manager or designee, substitute caregiver, certifier and certification supervisor, and the child's physician. When approval is granted, document the approval in OR-Kids case notes, the OR-Kids provider notes tab (noting special approval of the placement of a specific child), and notify the substitute caregiver's certifier.

VI. Consult with the HIV program in the DHS Public Health Division prior to enrolling a child in a day care setting.

VII. Ensure that the substitute caregiver is familiar with the confidentiality safeguards prohibiting the sharing of information regarding the child's HIV infection with others.

VIII. Provide the child's substitute caregiver with the information contained in DHS publication 9014 regarding hygiene procedures.

IX. If necessary, obtain additional information regarding HIV/AIDS from the local health department or the HIV program in the Public Health Division. Encourage the substitute caregiver to contact the local health department for information and support in the care of the child. The local health department also may be able to provide information about local support or counseling services available in the community.

X. Secure all medical and social information regarding the child or the child's family, including the personal care assessment that pertains to the HIV status of the child, in a separate, locked file.

XI. Keep all written case notes addressing the HIV status of the child or family member maintained in the separate, locked file.

XII. Sensitize and secure the case record.

The Supervisor's Role

I. Consult with the caseworker regarding appropriate steps in the child's placement.

II. Participate in meetings and staffings with the caseworker.

III. Ensure appropriate documentation and security precautions are taken for all confidential information.

References

Legal references

I. I-B.5. Placement Procedure for AIDS and HIV Infected Clients
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b5.htm

II. OAR 413-040-0400 to 0450, HIV Testing of Children in Department Custody and HIV Confidentiality

Chapter 5

Section 12: Placement of a refugee child

Placement of a refugee child

The placement of a refugee child is very rare in Oregon. The caseworker follows specific rules when the child is a refugee child or is the child of a refugee parent.

OAR 413-070-310 (9) "Refugee child" (defined by ORS 418.925) means a person under 18 years of age who has entered the United States and is unwilling or unable to return to the person's country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, or membership in a particular group or political opinion.

I. As used in this section, "persecution" means that harm or suffering will be inflicted upon the person in order to punish the person for possessing a particular belief or characteristic. "Persecution" does not include harm and suffering that is inflicted on persons generally by reason of civil or military strife in a country.

II. As used in this section, "fear of persecution" means an apprehension or awareness, based on external objective facts, that the person will suffer persecution upon return to the person's country.

The CPS worker must ask the child or the child's parents about national origin, and ethnic and cultural information relative to the child's refugee status if it appears the child will be taken into custody.

A child cannot be removed from the home unless removal is necessary due to the imminent serious emotional or physical harm to the child and reasonable efforts to remediate the situation by providing preventive services have failed or are not practical in an emergency situation.

Once the child is in the legal custody of Child Welfare, it is the caseworker's responsibility to locate affected family members (natural and legal parents, extended family members and any person within the fifth degree of consanguinity to the child. Consanguinity refers to the relative relationship, so, as an example, a fifth cousin would be within five degrees of relationship.). It is important for the CPS worker, caseworker and certifier to have open and clear communication regarding the child's relationships to the family, extended family and affected family, as federal law gives these persons placement preference.

Procedure

I. Adhere to the following order of preference when assessing placement considerations:

   A. Biological parents, then

   B. Extended family members, then

   C. Persons with knowledge and appreciation of the cultural heritage of the child.

   Inform the biological parents of the intended placement plan in order to provide them with adequate information to request an alternative placement. The only reason not to follow this order of preference would be that the placement is inappropriate or inconsistent with the best interests of the child for one or more of the following reasons:

   A. The informed request of either of the biological parents is inconsistent with the stability, security and

individual needs of the refugee child; or

B. The child has extreme medical, physical or psychological needs.

II. In addition to the above placement preferences, the caseworker is responsible for specific actions related to court in the case of a refugee child:

A. Provide the court notice of a hearing to all affected family members (natural and legal parents, extended family members and any person within the fifth degree of consanguinity to the child) and the Refugee Child Welfare Advisory Committee (RCWAC).

B. Ensure the notice is in writing, is in language understandable to the recipient and includes:

1. The child's name;
2. Complaint or reason a petition was filed; and
3. Date, time, location and purpose of the hearing.

III. Ensure that the persons selected for substitute care placement are certified by Child Welfare prior to placing the child in the substitute care placement. Follow procedures for child-specific certification.

IV. Within one working day of the removal of a refugee child, file a petition with the juvenile court. In addition to the usual requirements of a court petition under ORS 419B.242, the petition must include:

A. Specific and detailed accounts of the circumstances that led to the decision that the child was in imminent danger of serious emotional or physical harm;

B. Specific actions Child Welfare is taking or has taken to alleviate the need for removal;

C. Assurance that Child Welfare has complied with placement preferences; and

D. Assurance that Child Welfare is making or has made diligent efforts to locate and give notice to all affected family members and to RCWAC.

V. The caseworker cannot keep a refugee child out of the child's home for more than five days unless there is a judicial determination supported by clear and convincing evidence that:

A. Preventive or remedial services have failed to alleviate the need for removal; and

B. Return to the home likely will result in psychological or physical damage to the child.

Make arrangements to staff the child's case at RCWAC by contacting the central office cultural competency/ privacy coordinator.

Role of the Refugee Child Welfare Advisory Committee

I. The goal of RCWAC is to promote the implementation of cross-cultural sensitivity and ethnically competent services to best meet the needs of refugee communities in Oregon and to ensure the protection and appropriate casework services for refugee children by Child Welfare staff.

II. The stated purpose of RCWAC in ORS 418.941 is to advise Child Welfare on the development and administration of Child Welfare policies, programs and practices that affect refugee children and their families. Committee members represent and advocate for the interests of refugee children. They provide consultation and advice regarding the culturally appropriate placement of refugee children and the availability of resources

for refugee children and families. Committee members are able to provide caseworkers with information about the child's culture and traditions, and to assist the worker in developing culturally appropriate services for family members.

Case records for a refugee child

I. There are specific case records that need to be maintained in the case of a refugee child. The caseworker must ensure the case record includes:

   A. The child's name, age, former residence, legal status, health records, sex, race and accumulated length of time in substitute care;

   B. The name, former residence and health history of each parent and other information relating to the parent's ability to care for the child in the parent's home;

   C. The date of the child's entry into substitute care or adoption and the name, race, occupation and residence of the person with whom the refugee child is placed; and

   D. The date of the removal of the refugee child from any home and the reason for removal.

The Supervisor's Role

Ensure the caseworker follows all the special legal and notification requirements of working with a refugee child/family.

References

Federal Law

I. Refugee Act of 1980

II. Multiethnic Placement Act of 1994

Oregon Revised Statutes

I. ORS 428.005

II. ORS 418.945

Oregon Administrative Rule

I. OAR 413-070-0300 to 0380, Placement of Refugee Children

Chapter 5

Section 13: Placement in another state

Placement in another state

The Interstate Compact on the Placement of Children (ICPC)

The ICPC is a legally binding agreement adopted by all 50 states, the District of Columbia, and the U.S. Virgin Islands to govern placement of children from one state to another. The compact ensures that the placement is safe for the child and that the person, court or agency that places a child into the other state remains legally and financially responsible for the child. The ICPC allows states to provide reciprocal services such as home studies and ongoing supervision of the placement.

The ICPC was adopted into law by the Oregon Legislature in 1975, and the text can be found in ORS 417.200. Placement in violation of the ICPC is a Class A misdemeanor. The ICPC is covered in OAR 413-040-0200 to 0292. ICPC articles and regulations can be viewed here.

Types of out-of-state placements covered by the ICPC

With very rare exceptions, ICPC compliance is required any time that a child in DHS custody is placed into another state. Placements covered by the ICPC include:

I. Reunification with parent or guardian.

II. Placement with relatives.

III. Placement with foster parent.

IV. Placement with adoptive family.

V. Placement into residential treatment.

The ICPC also applies when children in the legal custody of DHS move with their caregiver to another state. This is true whether the children are currently in Oregon or if they already have been placed out of state with ICPC approval and then move with their caregiver to another state. See below, “When a caregiver moves out of state with a child in DHS legal custody.”

Out-of-state placements that do not require ICPC compliance

ICPC is not required if a child is hospitalized in another state, if a child is attending boarding school, or if a youth is living independently or in a program such as Job Corps. In those instances, however, other arrangements must be made to ensure that the child is seen according to DHS rules.

Regulation 3 of the ICPC allows a court to place a child with a non-offending parent without going through ICPC provided that:

I. The court has no evidence before it, ***and seeks no evidence***, that the parent is unfit; **and**

II. The court dismisses its jurisdiction immediately.

If the court wants a home study prior to placement, or monitoring after placement, then the ICPC applies.

The ICPC explicitly refers to children under 18, and states vary as to whether they will accept an ICPC request for a young adult aged 18 or older. Contact the Oregon ICPC office for guidance on these cases.

The ICPC does not cover international placements, including placements to U.S. territories other than the U.S. Virgin Islands.

Referral for out-of-state placement

Procedure

Upon identification of a prospective out-of-state caregiver, prepare an ICPC referral packet and submit it to the Oregon ICPC office via email. Required materials for a complete ICPC referral packet include:

For all requests:

I. See the ICPC tools page for ICPC forms and procedures: http://www.dhs.state.or.us/policy/childwelfare/icpc_tools.html.

II. ICPC Request form (CW 0100A, one per child).

III. Cover letter form (CW 0100E).

IV. ICPC Financial/Medical Plan form (CW 1044, one per child, completed by the assigned Title IV-E specialist).

V. Caseworker statement form (CW 0161).

VI. Copy of most recent court order showing Oregon DHS has custody of the child.

VII. Copy of most recent case plan or other social history such as screening report, CPS assessment, or protective custody report.

VIII. Copy of recent evaluations or other documentation regarding any special needs the child may have.

IX. Copy of current safety plan.

X. For CANS level 1, 2 or 3, include enhanced supervision plan and CANS assessment.

XI. If available, copy of child's birth certificate.

XII. If available, copy of child's Social Security card.

For adoption requests:

All of the above, plus:

I. Copy of TPR orders or relinquishments, if the child is legally free.

II. Copy of adoption child summary, if completed.

III. If applicable, copy of family's home study (usually only when placement is with a general applicant family selected at committee).

Send only the pertinent information that will help the other state to assess whether the proposed placement is a good fit for the child. This includes current information about the child's functioning and needs, as well as available information about the proposed caregiver. For a proposed placement with a parent, include a copy of the jurisdiction order showing what allegations were admitted or proven, as well as a copy of the most current action agreement and any recent evaluations conducted on the parent. Also include documentation regarding the parent's engagement and progress in court-ordered services.

When sending a sibling group to the same placement, it is not necessary to complete a separate referral packet for each child. Forms CW 0100A and CW 1044 are required one per child, and some additional documents (such as a birth certificate, IEP, or evaluations) will be individualized; however, items such as the cover letter (Form CW 0100E), caseworker statement (Form CW 0161), and court orders (if they include all siblings) may address the sibling group as a whole.

The Oregon ICPC office divides its case assignments based on the last name of the oldest child in a sibling group, regardless of whether the children are going to the same or to different placements.

The ICPC office will create the ICPC record on the child's case in OR-Kids, and the caseworker can view the record to confirm when the request is sent out to the other state. For requests other than a parent placement, the ICPC office also will create a provider record in OR-Kids.

Tip

Email requests to oregon.icpc@state.or.us.

Please do not save referral packet into OR-Kids as much of it duplicates information already there. Also, the ICPC office can access documents in OR-Kids, so you do not need to send items already saved into OR-Kids (such as documents in the file cabinet or completed case plans).

Type of Care

ICPC differentiates among four types of home study: parent, relative, adoption, and foster care. Generally, the 0100A will be approved only for one type of study/placement at a time. For example, if a child is placed with a relative under ICPC approval for foster care, and the case plan later changes to adoption by that relative, a new ICPC request will be required to get an adoption home study and ICPC approval for adoptive placement with that relative.

Not all states require relatives to be foster certified or licensed, and "relative home study" on the 0100A refers to an unlicensed placement. In most instances, Oregon ICPC will request foster certification/licensing for substitute care placements to meet Title IV-E and training requirements. It is helpful if the caseworker informs the proposed caregiver in advance that foster certification/licensing will be required so that they know what will be expected of them as part of the home study process.

Multiple Requests

There is no prohibition against submitting more than one ICPC referral at a time, but it is advisable to limit the number of referrals by screening potential caregivers prior to preparing the packet. Doing so will prevent wasted time and effort both in Oregon and in the receiving state. The caseworker statement form (CW 0161) can assist with the screening. By interviewing the proposed caregiver, the caseworker ensures that the resource is willing to cooperate with the process, and the caseworker also obtains some basic information that may give an indication about whether this will be a viable resource.

Adoption

Some states will not approve adoptive placement until the child is legally free (see Appendix 5.9). If seeking to make a legal risk placement in one of those states, the caseworker will need to start with a request for foster or relative care and then follow up with a new ICPC request for adoption after the child has been freed.

Some states prohibit adoption by unmarried couples. In those instances, only one of the prospective adoptive parents can be listed on the 0100A. The home study will address both partners but will identify one as the adopting parent and the other as a member of the household.

When Oregon has recruited for an adoptive home and is seeking to place with a general applicant, some additional factors apply:

I. The home study or an update, including FBI background and CPS history checks, must be completed within the past year.

II. The family must be foster-certified or licensed unless Adoption Assistance (AA) will be open immediately upon placement.

III. In order to avoid unnecessary work, the ICPC request should be sent through the ICPC process only after the family has been selected for placement.

IV. The receiving state ICPC office usually will request the family's adoption agency to complete a "child-specific" addendum to the family's home study, documenting that the family and the agency have reviewed information about the child and that the agency recommends this specific family for placement of this specific child.

V. Dates for transition and placement should not be set until after ICPC placement approval is received from the other state.

If a private agency will provide the post-placement supervision:

I. The agency must be licensed to provide the appropriate services and must be willing to contract with Oregon DHS for the post-placement supervision.

II. The contract must be executed before the Oregon ICPC office will send the ICPC request to the other state. The receiving state will require a copy of the contract prior to approving the placement.

   A. Work with the Adoptions Program in Central Office to confirm whether there already is a contract with the agency and, if not, to get the contract set up.

III. On the 0100A, section III, mark "Another Agency Agreed to Supervise," and provide the agency name and address.

Residential Treatment in another state (Regulation 4)

ICPC approval is required when a child in DHS custody is placed into a residential treatment facility, group home, or therapeutic foster home in another state. Such placement can occur only with prior consultation with the Residential Resource Consultant (RRC) and when payment arrangements have been made with the facility. This includes situations when a child already is placed with a family out of state and then requires a higher level of care.

Most states do not provide supervision for placement in residential treatment, so other arrangements will need to be made to ensure that the child is seen per DHS rules. Often the Treatment Services unit will contract with a licensed private agency in the receiving state to provide monthly supervision. Please work with your RRC to confirm that arrangements are made.

Procedure

Prepare an ICPC referral packet, and send it to the Oregon ICPC office. The packet should include at minimum:

I. The 0100A form;

II. A copy of the most recent court order showing that DHS has custody of the child;

III. Current information about the child and the child's needs;

IV. Form 1044 completed by your Title IV-E specialist; and

V. An acceptance letter from the facility.

A new 0100A is required any time the child moves to a different facility or if the child is returning to live with the previous family with whom the child was placed.

Delinquency cases

Interstate movement of delinquent youth is governed by the Interstate Compact on Juveniles (ICJ), which is written into the laws of all 50 states as well as the District of Columbia, Guam, and the U.S. Virgin Islands. The ICJ has a different focus in that the ICJ is geared toward accountability of the offender and safety of the community, while the ICPC is directed more at the safety and well-being of the individual child.

When youth are adjudicated delinquent and placed in another state, they will need to be supervised in the receiving state to monitor their compliance with parole/probation requirements, and the ICJ is the mechanism to provide that supervision. The Oregon probation/parole officer or juvenile court counselor is responsible to send the referral through ICJ channels. An exception is when the youth is being placed in residential treatment; then only the ICPC applies.

When placing an adjudicated delinquent youth who also is in DHS custody, approval for placement is needed through both compacts.

Courtesy casework services

The ICPC pertains to placement of a child and is not an avenue to obtain courtesy casework services to assist a parent in another state to work a reunification plan. There is no formal mechanism among states to provide such services.

Instead, the Oregon DHS caseworker is advised to contact the local Child Welfare office where the parent resides. The other state is under no obligation to provide assistance, and whether it does will depend upon the other state's policy and the local office's ability or willingness to help (usually based on workload, staff resources, etc). Rarely, the other state may assign a caseworker; most commonly, the other state will give contact information for recommended service providers in the area, and it will be the Oregon caseworker's responsibility to arrange for payment for services and monitoring of progress for the parent.

When the parent has made sufficient progress on the case plan, submit an ICPC referral packet to request a parent

home study.

Timelines

Once placement is approved, the child must be placed within six months from the date of approval as indicated on the 0100A form. Otherwise, a new referral will need to be submitted to renew the approval, or the ICPC case is closed because approval has expired. If the child is to be placed within a short time after the expiration — for example, if approval expires in May and the plan is to allow the child to finish the school year — then the caseworker should contact the Oregon ICPC office. It may be possible for the Oregon ICPC office to work with the counterpart in the receiving state to extend the approval long enough to allow the child to be placed.

How Long Does ICPC Take?

The Safe and Timely Interstate Placement of Foster Children Act (P.L. 109-239) requires the receiving state to send a report back to the sending state within 60 days from the date the request was received. This law applies to foster care and adoption requests only. The law does not require the receiving state to approve or deny placement within 60 days if the receiving state is unable to do so; for example, if the resource still must complete foster parent training classes. The law requires only that a report be sent back to the sending state, so in practice, most states will provide a preliminary or status report to meet the 60-day deadline, but this is not a final approval or denial.

Priority Placement (Regulation 7)

Regulation 7 of the ICPC provides an option to get an expedited placement decision if the case qualifies. If the request is accepted under Regulation 7, then the receiving state is expected to provide approval or denial within 20 business days. Many states are not able to meet Regulation 7 priority placement deadlines, so it is recommended you contact the Oregon ICPC office for guidance in advance of making the request.

To qualify for Regulation 7 priority handling, the placement must be with:

I. Parent,

II. Step-parent,

III. Grandparent,

IV. Aunt/uncle,

V. Adult sibling, or

VI. Legal guardian.

And the case must meet at least one of the following criteria:

I. Unexpected dependency due to recent incarceration, incapacitation, or death of a parent or guardian;

II. The child (at least one child, if a sibling group) is under 4 years of age;

III. The court finds that any child in the sibling group to be placed has a substantial relationship with the proposed

placement; or

IV. The child is currently in an emergency placement.

A court must make the findings that Regulation 7 applies and must sign a specific order, form CW 0101. The signed form must be included with the regular ICPC referral packet.

There are specific deadlines to be met in order for the case to qualify for Regulation 7 Priority handling:

I. The court must provide the order to the Oregon caseworker within two business days of when it was signed.

II. The caseworker must have the ICPC referral packet sent to the Oregon ICPC office within three business days of receipt of the order.

III. The Oregon ICPC office must send the request to the receiving state ICPC office within two business days after receipt of a complete Regulation 7 request.

Tip

ICPC communication protocol is that ICPC offices communicate with each other, and caseworkers communicate with their counterparts. Caseworkers should not contact another state's ICPC office directly but should route communication through their own state's ICPC office. Written materials such as ICPC requests, completed home studies, and supervision reports must be sent through the central ICPC offices. Status checks and other informal communication may go directly between caseworkers.

Border Agreements

To expedite placements, Oregon has a border agreement with Washington under which a provisional approval or denial will be given within seven business days. A provisional approval allows the child to be placed in the home while the full home study process is completed.

The case must fit certain eligibility criteria:

I. The case must originate in a county that borders Washington, and the placement must be in a county that borders Oregon.

II. Placement must be with a relative or with someone who has a significant relationship with the child.

III. No one in the household of the proposed placement may have criminal or child abuse/neglect history.

IV. Members of the household must have lived only in Oregon or in Washington the past three years.

If provisional placement approval is given, the child must be placed within 20 days from the date of the approval. Then the care provider will need to follow through with the full home study process, otherwise the placement could end up being denied and the child will have to return to Oregon.

Oregon also has a pilot border agreement with Idaho that covers Malheur County in Oregon and Payette County in Idaho.

Procedure

For a border agreement request to Washington, prepare an ICPC referral packet as described in "Referral for out-of-state placement" except that the Washington-Oregon border agreement provisional request form (available at http://www.dhs.state.or.us/policy/childwelfare/icpc_tools.html) replaces the caseworker statement form (CW 0161).

For a border agreement request to Idaho, prepare an ICPC referral packet as described above, and indicate when emailing it to the Oregon ICPC office that it is a border agreement request.

Placement

The child may be placed in the other state after the ICPC office in the receiving state has given written approval for the placement. The approval is documented by the 0100A and signed **by the appropriate authority** in the receiving state. This means that even if the home study worker in the other state says that placement is being approved, placement cannot proceed without the 0100A signed by the other state's ICPC office.

Notice of the receiving state's decision should come to the caseworker from the Oregon ICPC office. If a copy of the home study or any other documentation is received directly from the receiving state, the caseworker should immediately forward the information to the Oregon ICPC office.

The Oregon ICPC office will save the completed 0100A into the OR-Kids file cabinet on the child's case. Except for parent home studies, which are saved into the OR-Kids file cabinet on the parent's case, documentation pertaining to the provider will be saved into the OR-Kids file cabinet on the provider record, not on the child's case, because it contains confidential information about the provider.

The caseworker should not make plans for a specific placement date until ICPC approval is received through official channels. Court approval also is required to move the child to another state for a designated legal risk adoption placement.

Prior to placement, it is important to review the financial and medical plan with the caregiver. As the sending state, Oregon is responsible to provide for the needs of the child, and the caseworker will need to have a plan for how that will be accomplished. For instance, several states now charge for public education services provided to children placed there from other states, so it is crucial to know that in advance. Additional information can be found in the Foster Care Payments and Medical Coverage sections, and the caseworker is advised to consult with the Oregon ICPC office on case-specific issues.

Travel

The Oregon ICPC office has funds available to cover travel expenses related to placements made through ICPC. Travel authorization by the Oregon ICPC office takes the place of the out-of-state travel authorization process used for other travel.

The Oregon ICPC office is billed directly for the airfare and reimburses for other authorized expenses such as lodging, meals, rental car, gas, airport parking, and baggage/shipping costs. To be reimbursed, the traveler must be set up as a provider in OR-Kids, so please allow sufficient lead time for this to occur.

Procedure

Develop the travel plan, including determination about who will be traveling, and then contact the Oregon ICPC coordinator. The ICPC coordinator issues a travel authorization that details the specific amounts that are authorized. When the finalized authorization is received, contact the state-contracted travel agency to make the travel arrangements.

The Oregon ICPC office can cover some or all of the following:

I. Up to one night for placement;

II. Up to five nights for a pre-placement visit if the placement is approved for adoption;

III. Associated expenses such as lodging, meals, rental car, baggage check fees, and parking;

   A. Meals for DHS staff are paid at the published federal per diem rate.

   B. Meals for non-employees, including the child, are reimbursed per receipt for the actual cost of the meal, not to exceed the per diem rate.

IV. One escort for placement or for disruption;

V. Most reasonable means of transport for the child and escort(s);

VI. Shipping of the child's belongings; and

VII. Costs for the pre-placement visit can be covered for both parents if it is a couple adopting. Costs for additional family members are not covered (for example, if the adoptive parents have other children and want to bring them along).

If justified, based on the child's needs, it may be possible to make some limited exceptions to the above parameters. Any exceptions require approval from the manager of the ICPC office. Travel must be pre-authorized to be covered by the Oregon ICPC office. Exceptions cannot be approved to authorize travel retroactively unless it is an emergency (for example, an extra night of lodging if flights were canceled due to weather delays).

When an ICPC placement ends, the Oregon ICPC office can cover costs to return a child to Oregon. Again, the travel must be pre-authorized.

ICPC travel claims must be submitted to the ICPC office on a specific ICPC Travel Claim form, not processed through TRIPS. The Oregon ICPC office will provide the claim form to the caseworker when travel is authorized.

The Oregon ICPC office does not cover travel expenses to return runaways or to return a child with whom a parent has absconded.

Tip

If the receiving state has denied placement, the ICPC allows a new placement request for the same resource to be submitted after 90 days have passed. Depending on the circumstances and the reason for denial, it may be possible to resubmit the request earlier. Consult with the Oregon ICPC office regarding specific cases to determine whether a new request may be submitted and what materials will need to be included in the new request.

Placement Supervision (Regulation 11)

When the child is placed, notify the Oregon ICPC office immediately by submitting a completed and signed ICPC Report on Child's Placement Status form CW 0100B. The Oregon ICPC office sends the form to the receiving state to notify the receiving state that the child has been placed and to request supervision of the placement.

Regulation 11 of the ICPC defines supervision requirements when a child is placed in another state in compliance with the ICPC. States provide reciprocal supervision when the child is in the custody of a public agency and when the public agency (or its subcontractor) in the receiving state has completed the home study. In those cases where a family has worked with a private agency to obtain a home study, the sending state must contract with the private agency to provide the post-placement services. States generally do not supervise children who are placed in a residential treatment facility, in a group home, or in a therapeutic foster care program.

Upon notification of placement (via the 0100B form), the receiving state is expected to see the child a minimum of once every 30 days, with a majority of those visits occurring in the child's home. If any problems arise with the placement, the receiving state is required to notify the sending state immediately. The receiving state may make recommendations concerning services that the child and/or family need, but it is up to the sending state to make financial arrangements for the provision of those services.

The receiving state is expected to send progress reports through ICPC channels on at least a quarterly basis. Those supervision reports should address the child's ongoing safety and well-being, and the reports should include dates and locations of face-to-face contact as well as updates concerning the child's education, medical/mental health services, and assessment of the child's living environment. The report also includes, when appropriate, a recommendation to close the case by finalizing the adoption or transferring custody to the parent or proposed guardian.

Caseworkers may have direct contact with each other via telephone and/or email regarding day-to-day case management issues; however, that contact does not take the place of the required supervision reports. If a report has not been received, contact the Oregon ICPC office, and the ICPC coordinator will follow up with the other state's ICPC office to request a report.

Foster Care Payments

Oregon DHS remains responsible to make foster care payments when children in DHS custody are placed in substitute care in another state. Foster care payments are made at Oregon rates, including any Enhanced Supervision level assessed by the CANS screening. The Oregon ICPC office will direct what placement type to use, and the local branch will open the placement in OR-Kids.

Personal care payments are not made for children placed out of state because personal care is a Medicaid service and thus is provided only to children residing within Oregon. If the child has personal care needs, the foster parent will need to explore whether that service can be covered under Medicaid in the receiving state. Unlike Oregon, most other states do not delegate personal care services to the foster parent and pay the foster parent for performance of those duties; rather, if the child qualifies for personal care, other states are more likely to contract with providers to come into the home.

Medical Coverage

If a child is placed with a parent, the parent is responsible to provide medical coverage for the child, but the sending state remains responsible to ensure that the child's needs are met.

In all placements other than with parents, the sending state is responsible to ensure that the child has medical coverage. In most states, the substitute caregiver will need to apply for medical coverage through their state's Medicaid office. It is essential to determine *prior to placement* whether the child will qualify for Medicaid in the other state and to make plans accordingly.

If the child is Title IV-E eligible and receiving Title IV-E foster payments, then per federal rules, the child will be eligible for Medicaid in the receiving state. At the time of placement, ask your office Title IV-E specialist to provide a COBRA letter to the substitute caregiver; this is the documentation the caregiver may need to show as proof of the child's eligibility for Medicaid.

A child who is receiving SSI also is categorically eligible for Medicaid in the receiving state. The substitute caregiver may need to apply for coverage through the Social Security office in the receiving state.

If the child is not Title IV-E eligible, then the medical coverage is state-funded, and states vary as to whether they will provide state-funded medical coverage (see Appendix 5.10). The substitute caregiver still must apply for medical coverage, but if denied, then the Oregon caseworker will need to work with the medical assistance specialist in the local DHS office to keep the child on the Oregon Health Plan. This can be very problematic because medical service providers in the other state will need to register as Oregon medical providers to bill for services, and it can be difficult to locate providers who are able or willing to do this.

If medical coverage is denied in the receiving state, follow these suggested tips for keeping costs down:

I. Have the foster parent find service providers who accept Medicaid and/or Medicare.

II. Either the foster parent or the caseworker should communicate with the service providers to see if they will agree to enroll as Oregon providers so they can bill OHP directly. The provider can call Oregon Health Authority Provider Services at 800-336-6016.

III. If the provider does not enroll with OHP, then the service provider will bill the local Oregon DHS office directly. It is recommended that the caseworker (or resource developer, if available) negotiate with the service provider's office to see whether they would be willing to accept Medicaid payment rates, Medicare payment rates, or reimbursement at financial assistance rates. Request itemized bills.

When placing children who are not Title IV-E eligible but who are legally free for adoption, it is best to work with the Adoptions Unit to have adoption assistance (AA) open immediately upon placement. Children receiving AA are covered by an additional interstate compact, the Interstate Compact on Adoption and Medical Assistance (ICAMA). Under ICAMA, most states agree to provide Medicaid coverage if the child is receiving AA, regardless of whether the child is Title IV-E eligible.

When a caregiver moves out of state with a child in DHS legal custody (Regulation 1 Relocation)

Regulation 1 of the ICPC allows for a child living with an already-approved placement to relocate to another state with that caregiver. The intention of this regulation is to maintain stability for the child. The receiving state cannot complete a home study until the family is living there; however, it would be very disruptive to place a child elsewhere while waiting

for a home study to be completed on the current caregiver. **This is the only time when a child in DHS custody can be placed in another state prior to ICPC approval.**

Regulation 1 applies when a child in DHS custody moves to another state with

I. The current relative/foster family,

II. The current pre-adoptive family (prior to finalization), or

III. A parent or legal guardian when DHS maintains custody.

Regulation 1 also applies when a child in DHS custody already is placed out of state with ICPC approval, and the family subsequently moves to a different state.

Prior to authorizing a relocation, consult with your supervisor and with the family's certifier (if applicable). Also obtain court approval for the child to move to another state if it is a designated legal risk placement.

Factors to consider:

I. A home study (including background checks) will be completed on the family in the other state.

II. Unless it is a parent placement, the family will be expected to complete foster certification/licensing in the other state. The family needs to be aware that it is likely they will have to repeat things they previously completed to be approved for placement.

III. It is possible that placement may be denied and the child may have to return to Oregon.

IV. Before Oregon can dismiss custody, the receiving state will need to concur, which likely will not happen until the receiving state has had the opportunity to monitor the placement (usually for up to six months) to ensure that the placement is safe and stable. This means that finalization/case closure likely will be delayed past when it could have occurred if the family had not moved.

V. Developmental Disabilities (DD) foster payments and/or personal care payments will not be made in another state.

Procedure

Immediately prior to the family's move, prepare a standard ICPC referral (see Section A), and include:

For relocation of relative/foster/pre-adoptive family:

I. Copy of foster or adoption home study and updates;

II. Copy of family's current foster certificate; and

III. CW 0100B form (one per child) showing the date when the family moved.

For relocation of parent/legal guardian:

I. Copy of parent/guardian's action agreement;

II. Copy of current safety plan;

III. Copy of relevant information about caregiver (such as petition, psychological evaluations, substance abuse assessments, etc.); and

IV. CW 0100B form (one per child) showing the date when the family moved.

The receiving state is expected to visit the child and the caregiver within 30 days of being notified that the caregiver and child have arrived in the receiving state.

Oregon can continue to make foster payments based on the Oregon certificate for up to 180 days or until the family becomes certified in the receiving state, whichever comes first. The OR-Kids provider should be designated to Central Office when the family moves.

Closing the ICPC

The ICPC requires that the sending state **maintains jurisdiction** until the appropriate authority (usually the ICPC office) in the receiving state concurs with dismissal. This means that when a child is placed via ICPC, Oregon DHS should not finalize an adoption or a guardianship, or return legal custody to a parent with whom the child is placed, until and unless the written recommendation has been received through the Oregon ICPC office.

Prior to asking the Oregon court to dismiss custody, ask the supervising worker in the other state to send through ICPC channels a written recommendation to close the case. Ask for dismissal only *after* the Oregon ICPC office has forwarded the written recommendation to close the case.

If Oregon DHS dismisses the case without concurrence from the other state, then Oregon is in violation of the ICPC, and the other state can ask Oregon DHS to file with the court to reinstate the dependency.

Termination of ICPC services may occur without concurrence from the other state for one of the following reasons:

I. Child ages out of the system;

II. Treatment is completed;

III. Child returns to sending state;

IV. Child moves to a different state (in which case, a new ICPC request would need to be sent);

V. Proposed placement request is withdrawn; or

VI. Approved resource will not be used for placement.

If the receiving state notifies Oregon that the child must be removed from the placement, then Oregon DHS has five business days to arrange for the child's return to Oregon. Contact the Oregon ICPC office for authorization for travel expenses.

Regardless of the reason for closure, be sure to let the Oregon ICPC office know when an ICPC case can be closed. If applicable, email a copy of the court order or ensure that a copy is saved into OR-Kids. The ICPC Report on Child's Placement Status form (CW 0100B) is completed and sent to the receiving state in order to close the ICPC case. This form can be completed by the caseworker or by the Oregon ICPC coordinator.

The Child Welfare case in OR-Kids cannot be closed while an ICPC record remains open.

The Supervisor's Role

I. Ensure that the caseworker is aware of and adheres to the requirements of the ICPC when seeking to place children out of state.

II. Direct the caseworker to begin the process as soon as possible after a prospective out-of-state caregiver has been identified.

III. Ensure that out-of-state placements do not occur before ICPC approval has been obtained unless it is a Regulation One Relocation.

IV. Review the home study received from the other state before a child is placed.

V. If the receiving state has imposed any conditions for placement, ensure that they are met before the child is placed.

VI. Ensure that arrangements are made within five business days to return the child(ren) if the receiving state has determined that the placement cannot continue.

VII. If applicable, verify that the receiving state has provided written concurrence before Oregon DHS custody is dismissed.

VIII. Request on-site training for caseworkers on ICPC procedures when needed.

Placements Into Oregon

Home Study

In most cases, home studies for placements into Oregon will be completed by ICPC workers who are stationed around the state. The home studies are reviewed and approved by the supervisor in the branch local to where the family lives.

Foster/relative/adoption home studies in response to ICPC requests from other states are completed in the same manner as any other certification or adoption home studies conducted by Oregon DHS, and prospective caregivers must meet Oregon DHS certification standards. See OARs 413-200-0270 to 0396 and chapter 8 of the Child Welfare Procedure Manual. The ICPC request is child-specific and is parallel to the certification process. It is not possible to approve ICPC placement if the home cannot be certified, but it is possible to deny the ICPC placement for a specific child if the family is approved for certification but not able to meet the needs of the child. While an applicant has contested case hearing rights for denial of certification, there is no mechanism to appeal the ICPC placement decision.

The Safe and Timely Interstate Placement of Foster Children Act (P.L. 109-239) requires the receiving state to provide a report on the home study within 60 days of receipt of the request. The goal is to have the full study and certification process completed by then, but if that is not possible, then at minimum, a preliminary report must be completed, documenting the progress thus far, preliminary indications about whether this placement is likely to be contrary to the welfare of the child, and the estimated date of completion. The preliminary report must be approved by the local branch reviewing supervisor.

Email the preliminary report, if applicable, to the Oregon ICPC office, which will review the report and forward it to the sending state's ICPC office. When the full home study is completed and signed by the local branch supervisor, email it to the Oregon ICPC office, which will review the study and forward it to the sending state's ICPC office along with the 0100A approving or denying placement. The report should not be sent directly to the sending state caseworker.

If the proposed caregiver has failed to respond in a timely manner or has withdrawn from consideration, a memo should be sent to the Oregon ICPC office documenting this information so that the ICPC placement request can be denied and closed. This memo does not require supervisor approval.

The ICPC Parent Home Study form (CW 0099) is used when assessing whether it would be appropriate for another state to place a child with a parent living in Oregon.

When another state requests a home study, Oregon DHS is authorized only to provide an assessment of whether this placement is a safe and appropriate resource for the child(ren) at the present time. If yes, then approval of placement should be recommended. Additional services may be recommended and may even be conditions for placement. If, however, the resource needs to complete extensive services or resolve significant safety issues prior to placement, then denial should be recommended, and the sending state can resubmit the request when services have been completed.

The other state may ask Oregon DHS to provide extra services such as case management toward reunification, but it is beyond the agency's scope and authority to do so. Oregon DHS may provide recommendations about service providers, but the other state will need to make the financial arrangements and to monitor progress and compliance.

ICPC approval for placement expires after six months if the child has not been placed. If the prospective caregiver has been approved for foster certification but the child was not placed, the Oregon ICPC office gives the prospective caregiver the option to withdraw the application for foster certification or to apply for general, non-child-specific certification.

Financial Responsibility

The sending state maintains responsibility for the child, so the sending state is responsible to make foster payments and to provide funding for recommended services. The sending state also is responsible to make arrangements for supervised visitation with parents (if applicable). Funding goes according to the sending state's policy, so the sending state decides what amount of foster payments to make and what services to fund, if any.

Some federal- or state-funded services are available to children placed here from other states. Children are eligible to attend public schools in Oregon at no charge. Youth also are eligible for some Independent Living Program services if they meet eligibility requirements (OAR 413-030-0400 to 0460).

Placement Supervision

When the Oregon ICPC office receives notification from the sending state (via the 0100B form) that the child has been placed, the Oregon ICPC office will ask the local DHS office to assign a courtesy caseworker to monitor the placement and, if applicable, a certifier to carry the provider.

When supervising an ICPC placement from another state, the assigned Oregon caseworker is expected to see the child

at least once every full calendar month. Face-to-face contact with a child or young adult in substitute care must occur in the substitute care placement every other month (OAR 413-080-0054 and chapter 7, section 6 in the Child Welfare Procedure Manual).

The assigned Oregon caseworker also is expected to send progress reports through ICPC channels on at least a quarterly basis. Those supervision reports should address the child's ongoing safety and well-being, and the reports should include dates and locations of face-to-face contact as well as updates concerning the child's education, medical/mental health services, and assessment of the child's living environment. The report also includes, when appropriate, a recommendation to close the case by finalizing the adoption or transferring custody to the parent or proposed guardian.

The completed ICPC supervision report (CW 0102) should be emailed to the Oregon ICPC office along with copies of any attachments (such as report cards, medical or education reports, if applicable). Upon review, the Oregon ICPC office will upload the report into the child's case in OR-Kids and then forward it to the sending state's ICPC office. The Oregon caseworker may make recommendations for services the child and/or family need, but it is up to the sending state to make financial arrangements for the provision of those services.

Caseworkers may have direct contact with one another via telephone and/or email regarding day-to-day case management issues; however, that contact does not take the place of the required supervision reports.

When the Oregon ICPC office receives notice that a child has been placed from another state, an initial nursing assessment will be completed. If the sending state ICPC office requests a CANS screening or personal care assessment for the child, the Oregon caseworker may make the referral after approval is received from the Oregon ICPC office. When the completed report is received, the Oregon ICPC office will send a copy to the sending state's ICPC office, and the Oregon caseworker should review it with the child's caregiver.

Allegations of abuse in the ICPC placement home are handled just like any other case, with a report to the Hotline and assessment if needed. If the child is in imminent danger, Oregon DHS can remove the child from the placement without prior approval from the sending state and without filing for custody; however, the sending state should be notified immediately. The sending state is responsible to make foster payments for shelter placement.

If problems arise with the placement, the Oregon caseworker should notify the sending state as soon as possible. Also, the Oregon caseworker should keep the Oregon ICPC office informed because the ICPC office may be able to assist with troubleshooting or with pushing the other state's ICPC office for a plan if the child needs to be returned to the other state. Other than an emergent removal, a change in placement for the child should not be made without prior consultation with the Oregon ICPC office.

The Supervisor's Role

I. Provide prompt review of home studies submitted by ICPC workers.

II. Assign certifier and/or courtesy caseworker promptly when requested by the Oregon ICPC office.

III. Ensure that placements are being monitored according to DHS rules regarding face-to-face contacts.

IV. Ensure that quarterly supervision reports are being submitted in a timely manner.

V. Ensure that the courtesy caseworker is aware of the sending state's financial responsibility for the child and placement.

VI. Staff with the courtesy caseworker regarding when to give concurrence for dismissal.

VII. Contact the Oregon ICPC office if problems arise with the placement.

VIII. Request on-site training for caseworkers on ICPC procedures when needed.

Visits

ICPC approval is not required for a child in DHS custody to visit another state, but it must be clear that the child is visiting and not being placed. Visits and placement are distinguished by purpose, duration, and intent. Regulation 9 of the ICPC provides specific parameters regarding what may be considered a visit:

I. The purpose of a visit is to provide the child with a social or cultural experience of short duration, such as a stay at a camp, or with a friend or relative who has not assumed legal responsibility for providing care for the child.

II. A visit must have an end date.

III. A visit cannot last longer than 30 days, unless it begins and ends within the period of a child's school vacation.

IV. If the sending state has requested a home study or supervision, then the presumption is that the intent of the stay is a placement, not a visit.

Please consult with the Oregon ICPC office if there is a plan to send the child on a genuine visit while a home study is in process. The Oregon ICPC office will communicate with the receiving state ICPC office to explore whether there are any objections to the visit and to ensure that the receiving state knows that Oregon has not placed the child in violation of ICPC.

When a child in DHS custody is visiting another state, the child remains on Oregon Health Plan and could receive routine care only if the service provider enrolls as an OHP provider. The person with whom the child is visiting cannot receive foster payment while the child is on visit status.

Runaways

In addition to governing interstate movement of delinquent youth, the Interstate Compact on Juveniles (ICJ) also includes provisions regarding runaways. Contact the Oregon ICJ office at 503-373-7569 to facilitate return of a runaway.

If a youth in DHS custody has run away and is located in another state, the local DHS office should request the Juvenile Court to issue a national pick-up order. The youth then can be detained in the other state pending travel back to Oregon.

Youth are entitled to due process when they are picked up in another state while on runaway status. The youth will appear in court in the other state and will be asked to sign the agreement to return to his/her home state on a voluntary basis. If the youth agrees, then the holding state's ICJ office will have contact with the Oregon ICJ office, and the return will be implemented within five business days. Arrangements are made in direct consultation with the Oregon

caseworker and with the holding state.

If the youth refuses to sign the voluntary agreement, or if the location of the youth is known but pick up has not been accomplished, contact the Oregon ICJ office for direction on how to complete the requisition process.

References

Oregon Revised Statutes

ORS 417.200

Public Law

Safe and Timely Interstate Placement of Foster Children Act, Pub. L. No. 109-239 (2006).

Forms

See the ICPC tools page for ICPC forms and procedures: http://www.dhs.state.or.us/policy/childwelfare/icpc_tools.html

CW 0099

CW 0100A

CW 0100B

CW 0100E

CW 1044

CW 0161

CW 0101

CW 0102

Tip

If a child is placed with a parent, the parent is responsible to obtain medical coverage for the child. If the child is placed in substitute care with a relative, foster or adoptive family, the Oregon ICPC office will arrange for Oregon Health Plan coverage to be opened for the child when notified of the placement.

Chapter 5

Section 14: Services for, and placement of, a child with an Intellectual or Developmental Disability (I/DD), whose needs can be met in a foster family setting

Services for, and placement of, a child with an Intellectual or Developmental Disability (I/DD), whose needs can be met in a foster family setting

A child who is placed in foster care and has been diagnosed with an I/DD, or becomes I/DD eligible while in substitute care, may be eligible for services through the Office of Developmental Disability Services (ODDS). For these children in foster care, it is essential to collaborate with the Community Developmental Disability Program (CDDP) and/or ODDS, to determine how to best meet the child's safety, well-being and permanency needs. Children with an I/DD should not automatically be transferred to an ODDS-paid placement.

Children who are I/DD eligible and meet the Level of Care, which is determined by the I/DD system, are eligible to receive supports from the I/DD system while in a Child Welfare-paid foster placement. This option supports continuing efforts to achieve legal permanency. The considerations for how to best meet the child's need for safety, well-being, and legal permanency should take into account what is the least restrictive placement in which a child's needs can be met. Whenever possible, the first placement consideration should be to maintain the child in a Child Welfare-paid placement. Because it becomes more difficult to achieve legal permanency after children are placed in an ODDS-paid foster home, it will generally be the expectation that caseworkers utilize Child Welfare-paid placements, instead of ODDS-paid placements. Prior to placement in an ODDS-paid foster home, caseworkers need to consider and fully explore the least restrictive placement that promotes safety, well-being, and legal permanency for that child with an I/DD.

Services to children who have an I/DD can be offered in a variety of ways. Typically for a child in the legal custody of Child Welfare, services will be offered in one of two ways:

I. K Plan "in-home" supports while in CW funded foster care.

II. ODDS subsidized foster care.

TIP

For children currently in the legal custody of Child Welfare and placed in foster care, K Plan services may be a resource to help caseworkers explore ways to help achieve reunification (for children who will maintain Medicaid), contact and placement with relatives, and achieve a higher level of permanency for children with APPLA case plans.

TIP

Regarding sibling placement, it may be in the best interest of a child who does not meet I/DD eligibility to be placed in an ODDS certified home, in an effort to place siblings together. Speak with your CDDP and supervisor for further consultation in these situations. Refer to chapter 5 section 2 of the procedure manual for more information regarding sibling placement.

What is the K Plan?

The K Plan became an option in July 2013 to offer more comprehensive services and increase "in-home" supports. The K Plan, also known as Community First Choice, allows the state to provide supports to an I/DD individual through the Oregon Medicaid State Plan in-home and community settings. Living in the following settings would be considered "in-

home" for the purposes of Oregon K Plan:

I. Biological parent,

II. Child Welfare-paid foster care,

III. Guardian, or

IV. Adoptive family.

In order to receive K Plan services, a child must be determined I/DD eligible, meet Level of Care criteria (most of the children served by the developmental disability service system meet this level of care), be Title-19 Medicaid eligible, receive an assessment for activities of daily living (ADLs) and other support needs, and have an Individual Support Plan (ISP) based on those identified needs. The ISP that is developed will allow access to support services in the child's home and community and will set forth an amount of hours allotted for these services.

Procedure

In all cases where the child is in the legal custody of Child Welfare and receiving I/DD services, the Child Welfare worker and the CDDP worker must work together to determine the least restrictive placement that is in the best interest of the child. First determine if the child's needs can be met using a Child Welfare-paid foster care placement with K Plan supports. After consultation between the Child Welfare worker, supervisor, and CDDP occurs, if it is agreed that the child needs a higher level of care, only then will consideration be made to move the child into an ODDS-paid placement.

In order to determine the least restrictive placement required to best meet the child's needs, DHS must consider which agency certifies the foster home and which agency pays for the placement.

Consider placements for a child with an I/DD who is in the legal custody of Child Welfare in the following order (progress to the next option only after ruling out the proceeding option):

A. Child Welfare certified foster home; Child Welfare-paid placement, child receiving K Plan "in-home" services.

B. ODDS certified foster home; Child Welfare-paid placement, child receiving K Plan "in-home" services.

C. ODDS certified foster home; ODDS-paid foster care placement, no K Plan "in home" services.

D. ODDS residential placement

I. To complete placement of a child with an I/DD who is in the legal custody of Child Welfare placed in a Child Welfare certified home, Child Welfare-paid placement:

A. Follow steps in Chapter 5, Section 2.

II. To complete placement of a child with an I/DD who is in the legal custody of Child Welfare placed in an ODDS certified, Child Welfare-paid placement:

A. Consult with your supervisor regarding placement in ODDS-certified home.

B. Contact the local CDDP to coordinate the identification of a foster parent able to meet the child's particular special needs, and willing to accept the Child Welfare payment. Both Child Welfare and ODDS honor each other's certification of a home.

C. When a foster parent has been identified, initiate the request for approval from CDDP to place the child. This request is approved in writing on the Inter-Program Foster Home Placement Approval form (MSC 5031).

1. When immediate placement is required, and the written document cannot be obtained prior to placement, verbal approval must be obtained from CDDP and documented in OR-Kids case notes, with the name, position and contact number of the person authorizing use of the home.

D. When the child is placed in the home:

1. Follow the procedures for placement in Chapter 5, Section 2.
2. Ensure that the substitute caregiver receives a Placement Information Form, CE 0261, and is given information about the child's special needs.
3. Coordinate a visit with the foster parent and child as early as possible to ensure the needs of the child are being met in the home.
   - The foster parent may not be familiar with Child Welfare system and policies. Work with the substitute caregiver and the local office certification staff to ensure information is shared.

E. Work with the certification staff in the local office to coordinate the following actions:

1. Within two working days of the substitute care placement of the child, obtain from the CDDP the following documentation:
   - A signed copy of the Inter-Program Foster Home Placement Approval (MSC 5031).
   - A copy of the foster parent's Certificate of Approval or screen-print showing the dates of approval.
   - A written and signed release of information from the foster parent authorizing release of any information related to certification of the home, including any prior health and safety concerns in the certification files.

F. While the child remains in the legal custody of Child Welfare, the responsibility for the child's case plan and the services and activities described in the case plan is retained by Child Welfare caseworker. ODDS will have the lead on managing developmental disability services and planning, which includes the service plan, daily care, supports and funding directly related to the child's disability needs. Connect with the I/DD service coordinator to ensure there is no duplication of supports. For example, if Child Welfare has personal care services in place, ensure there is no overlap with activities of daily living supports through I/DD. Refer to Appendixes 5.6 and 5.7 for additional reference tools regarding the specific case management responsibilities between CW and ODDS.

III. To complete placement of a child with an I/DD in the legal custody of Child Welfare in an ODDS certified and ODDS-paid home, complete the following actions:

A. Consult with your supervisor regarding placement of the child in an ODDS-certified home.

B. Contact the local CDDP to coordinate the identification of a foster parent able to meet the child's particular special needs. Both Child Welfare and ODDS honor each other's certification of a home.

C. When a foster parent has been identified, coordinate with the CDDP and foster parent to place the child.

1. Child Welfare worker provides the CDDP with a copy of the court order placing the child in the legal custody of Child Welfare, a copy of the child's birth certificate and Social Security card. The Social Security card is not needed if the child is already receiving Supplemental Security Income (SSI).

D. When the child is placed in the home:

1. Follow the procedures for placement in Chapter 5 Section 2.
2. Ensure that the foster parent receives a Placement Information Form, CE 0261, and is given information on the child's special needs.
3. Coordinate a visit with the foster parent and child as early as possible to ensure the needs of the child are being met in the home.
   - The foster parent may not be familiar with Child Welfare system and policies. Work with the substitute caregiver and the local office certification staff to ensure information is shared.

E. Child Welfare case workers placing children with DD licensed providers must send an email to CW DD Placements (CWDD.Placements@dhsoha.state.or.us) to request a DD provider be created (or updated) in OR-Kids. Include in the email:

1. Child/youth name; OR-KIDS case number and person number;
2. Date of placement;
3. Provider's full name (include both provider's names if more than one);
4. Provider's full address; and
5. Provider's date of birth; Social Security number or any other identifying information you have (for both providers if more than one).

The assigned Central Office worker will send an email to the Child Welfare case worker to confirm the provider is ready for placement entry, so the child's placement may be input into OR-Kids. If additional information is needed, that request will come from the CW DD Placements email box. Please make every effort to respond timely. See CW-AR-17-003 also.

F. While the child remains in the legal custody of Child Welfare, the responsibility for the child's case plan and the services and activities described in the case plan is retained by Child Welfare caseworker. ODDS will have the lead on managing developmental disability services and planning, which includes the service plan, daily care, supports and funding directly related to the child's disability needs. Coordination between Child Welfare and the I/DD caseworker is needed to ensure there are not duplicate supports in place. For example, if Child Welfare has personal care' services in place, ensure there is no overlap with activities of daily living supports through I/DD. Refer to Appendixes 5.6 and 5.7 for additional reference tools regarding the specific case management responsibilities between CW and ODDS.

IV. To complete placement of an child with an I/DD in the legal custody of Child Welfare in an ODDS residential placement, consult with your Residential Resource Consultant.

Tip

Refer to the OR-Kids online Business Process Guide: Selecting Placement Services, for information on entering the

placement in OR-Kids. (link: https://inside.dhsoha.state.or.us/dhs/or-kids.html)

The Supervisor's Role

I. Consult with the caseworker regarding children with an I/DD to determine the least restrictive placement that is able to meet the child's safety, well-being, and legal permanency needs. This consultation must occur prior to considering the use of an ODDS-paid foster home.

II. Consult with Child Welfare staff regarding the potential use of a Child Welfare certified foster home for a placement being sought by ODDS, to be paid by ODDS. Also consult with Child Welfare staff regarding the potential use of an ODDS certified home for a placement being sought by Child Welfare, to be paid by Child Welfare, as governed through the Inter-Program Placement Agreement. Help determine if the certified family has the skills, knowledge and supports to allow for child safety and well-being. Also consult regarding appropriate placement matching, given the needs of the individuals who would be residing in that same home. If appropriate, sign the Inter-Program Foster Home Placement Approval (MSC 5031) as Representative of Certifying Division or Representative of Placing Division, depending on the circumstance.

III. Consult with the caseworker on the ongoing case management of the child with an I/DD.

Chapter 5

Section 15: Placement of a Youth in an Approved Supervised Independent Living Arrangement

Updated due to Covid-19 5/7/2020

Placement of a Youth in an Approved Supervised Independent Living Arrangement

An approved supervised independent living (SIL) arrangement is designed to help a young adult in DHS custody become a self-sufficient adult. There are various levels of SIL placements or arrangements. Because there are a variety of SIL placement options for children and young adults, it is imperative DHS caseworkers understand each option. Acceptance into these programs is a privilege, not an entitlement.

Each type of SIL placement is designed to work with the Independent Living Skill Building program to assist young adults in gaining and practicing self-sufficiency skills. There are several programs and unique eligibility requirements to help young adults with supervised independent living and monthly housing expenses:

I. Transitional Living Program

II. Transitional Living Program – Plus

III. Independent Living Housing Subsidy

IV. Chafee Housing Program

Each SIL placement or program option has specific eligibility requirements. The SIL placements and programs provide time-limited monetary support for a young adult to live independently. The SIL placements and programs supplement the youth's housing costs while they continue education or employment. SIL placements may pay funds directly to a Transitional Living Program Provider on behalf of the youth, until the young adult is prepared to manage their own finances. The Independent Living Housing Subsidy and Chafee Housing Program will issue funds directly to the young adult.

The following chart identifies many of the differences between the various SIL placements and programs:

Each program has unique differences.

Category	Transitional Living Programs	Transitional Living Pro. Plus	Independent Living Housing Subsidy	Chafee Housing*
Minimum age	18	18	18, or age 16+ with court approval*	18
State or tribal child welfare care and custody	Must be in DHS Care and Custody.	Must be in DHS Care and Custody.	Must be in DHS Care and Custody.	Prohibited – State or tribal foster care and custody must be terminated on or after a young adult's 18th birthday**
Productive Hours	Tailored to meet young adult's needs. ***	Tailored to meet young adult's needs. ***	36 hours of education, paid employment, or volunteerism, or combination of the 3.	36 hours of education, employment, or a combination of the two.
Employment	Optional	Optional	Optional	Required, at least part time (4+ hours a week)
Duration	12 to 18 Months	Average of 12 or 14 Months, based on level of service.	30-months, quarterly decrease is temporarily suspended	Age 23.
Monthly expenses	Payment issued to TLP Provider (covers program admin. costs and a portion of the rent). If additional funding needed, young adult should use wages or apply for ILH Subsidy funds	Payment issued to TLP Plus Provider covers program costs and rent. TLP-Plus provides young adults a payee who will disburse funds for utilities, groceries, weekly allowance, and incidentals to the young adult.	Payment issued directly to the youth/ young adult. May assist with any monthly living expense (i.e.: transportation, clothing, school supplies, internet, entertainment, etc.)	Payment issued to young adult. May only be used for room and board (rent, food, utilities and deposits, phone), start-up items, limited furnishings and normal transportation costs.
Medical card	Provided by Child Welfare	Provided by Child Welfare	Provided by Child Welfare	Young adults must apply for the Former Foster Care Youth Medical Program through the Oregon Health Plan.
Funding source	IV-E funds or State General Funds	IV-E funds or State General Funds	IV-E funds or State General Funds	Federal Chafee grant funds

See the Independent Living Housing (ILHS) Subsidy Program instructions below for more information on hen it may be appropriate for a child (age 16 or 17) to access the ILH Subsidy Program.

Young adult must leave their final foster care placement at age 18 or older. Trial reunification does not ount as "foster care" for ILP skills training or Chafee Housing eligibility.

IV-E Eligibility

The transitional living programs in this section do not require a young adult to be IV-E eligible. However, if a young adult is currently Title IV-E eligible, they must meet at least one of the following productive activities in order to retain their Title IV-E status while accessing the transitional living programs:

I. Completing secondary education or a program leading to an equivalent credential; e.g., a young adult age 18 or older is finishing high school or taking classes in preparation for a general equivalency diploma exam;

II. Enrolled in an institution that provides post-secondary or vocational education; e.g., a young adult could be enrolled full-time or part-time in a university or college or enrolled in a vocational or trade school;

III. Participating in a program or activity designed to promote or remove barriers to employment; e.g., a young adult could be in Job Corps or attending classes on resume writing and interview skills, including Independent Living Program career preparation services;

IV. Employed for at least 80 hours per month; e.g., a young adult could be employed part time or full time, at one or more places of employment; or

V. Is incapable of doing any of the previously described educational or employment activities due to a medical condition. In this circumstance, the caseworker must provide regularly updated written or recorded information that addresses the medical condition and the young adult's incapability in the young adult's case plan.

Transitional Living Program (TLP)

Purpose: Transitional Living Program placements are for young adults age 18 or until their 23rd birthday. Ideally, a young adult will have experienced a Transitional Foster Home placement prior to moving on to a TLP or has been enrolled with an ILP Provider for at least three (3) months. The TLP placement option requires a young adult to possess basic skills related to time management, household maintenance, health care, transportation, and money management. Young adults at this level of SIL placements are expected to manage their own funds, pay for the majority of their monthly living expenses and be able to maintain appropriately in the community, as the level of supervision decreases. The TLP will have a staff person on site daily and have a means for young adults to contact a TLP staff 24/7. A young adult must be able to maintain safe and appropriate activities with limited supervision.

I. Eligibility: The following young adults are eligible and appropriate for a Transitional Living Program:

   A. Age 18 – 22;

   B. In DHS care and custody;

   C. Actively engaged in ILP services; or similar skills training program;

   D. Have completed a Comprehensive Transition Plan that indicates a need for transitional housing services;

   E. Willingness to work with TLP resident assistant to develop a plan for appropriate productive hours (school, employment, volunteerism, or a combination) and work to achieve the goals outlined in such a plan; and

F. Will actively participate in TLP activities, housing meetings, ILP services.

Note: If the young adult is also planning to access the Independent Living Housing (ILH) Subsidy Program, the productive time must equal 36 hours per week. More details can be found in the ILH Subsidy section.

II. Youth/young adult preparation: Begin discussing housing options with a youth during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP – detailed procedures are located in Chapter 5, Section 29) or at least 3 months prior to accessing a TLP placement. Inform the young adult of the supports provided in a TLP placement and the expectations of the young adult. This service is not intended to be an emergency move or placement. To properly plan and facilitate a smooth transition, the case worker must reassess the young adult's abilities, with the young adult, in the following areas:

A. The young adult's CTP and their goals for the future,

B. School and employment arrangements,

C. Capacity for self-care and demonstrated life skills,

D. Budgeting skills and demonstrated money management abilities,

E. Evidence of good decision-making skills,

F. Evidence of supportive adults in the young adult's life, and

G. Ability to use and access transportation resources.

H. Young adult's readiness to explain supports needed and future goals to the TLP referral screener.

III. Referral: Contact the State Chafee IL/ETV Program Coordinator to determine availability in the area in which the youth resides. Each TLP requires a referral packet be completed and submitted. The packet will be provided once the appropriate TLP is identified, along with the TLP's contact information.

Note: This is a new program. Therefore, program locations and units are extremely limited.

IV. Screening process: Most TLPs will have their own screening process. Consult with the state Chafee IL/ETV program coordinator for instructions on how to contact a TLP in the area in which the young adult resides or will be residing.

V. Service codes: Once the young adult has been accepted to the TLP, notify the ILP Desk at Central Office (at ILP.Central@dhdsoha.state.or.us). Include in your subject line: SIL-TLP Placement. The Central Office ILP staff will open the appropriate services and work with the DHS caseworker each month to validate services. The ILP Desk will validate invoices and approve payments to the TLP.

Terminating TLP Placements

Advise the ILP desk of all TLP terminations (planned or unplanned).

I. The TLP placement will be terminated under the following circumstances:

A. The young adult completed the TLP as planned.

B. The young adult achieved independence and self-sufficiency to the extent there is no longer a need for TLP placement services.

C. The young adult made a voluntary decision to no longer participate in the TLP placement.

D. The young adult was involuntarily terminated from the program for failing to comply with program requirements (each TLP will have a process in place for such terminations – ensure the young adult understands the TLP's rules and requirements).

E. The young adult exceeded maximum benefits for the Transitional Living Program (completed the 18th month in the program).

F. The young adult reached their 21st birthday.

G. DHS has terminated wardship.

The caseworker must inform the following people if terminating a young adult from the TLP Placement:

A. The young adult (verbally and in writing),

B. The TLP provider,

C. The ILP provider, and

D. The ILP desk at ILP.Central@dhsoha.state.or.us.

E. Failure to notify these parties may result in an overpayment.

Transitional Living Program – PLUS

Purpose: Transitional Living Program – Plus placements are for young adults age 18 or older. TLP – PLUS is a program designed to assist young adults who are not prepared for the regular TLP programming and need extra supports to manage elevated needs. Some programing is available for young adults who have acute mental health needs and/or other particular needs for which additional supports are necessary. Finances will be paid directly to the contracted provider, and budgetary guidance will be available for the young adult to participate in the budget process.

I. Eligibility: Young adult will need extra supports to obtain basic TLP programing. Young adult must be BRS eligible and/or accessed a non-BRS or BRS program in the last 13 months.

II. Youth/young adult preparation: Begin discussing housing options with a youth during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP). Inform young adult of the supports provided in a TLP Plus placement and the expectations of the young adult.

III. Referrals: Send referrals directly to the Residential Resource Consultant assigned to the caseworker's district to ensure the young adult meets criteria for programing.

IV. Screening process: Young adult will need to be screened by the Residential Resources consultants for eligibility based on typical BRS and non-BRS criteria associated with Treatment Service programming. To start the screening process, the BRS packet (1055) is sent to the Residential Resource consultant for the district.

V. Service codes: Caseworker will coordinate with Treatment Services and the Residential Resource consultants to determine the appropriate placement service.

Terminating/transitioning to next level SIL

Once it is determined a young adult will be terminated from the TLP Plus program, a transition period may be allowed

on a case-by-case basis, as coordinated through the Residential Resource consultant.

I. The following are reasons the TLP Plus may be terminated or why a young adult may transition out of the program:

   A. The young adult completed the TLP Plus program as planned.

   B. The young adult achieved independence and self-sufficiency to the extent there is no longer a need for TLP Plus supports and services.

   C. The young adult made a voluntary decision to no longer participate in the TLP Plus placement.

   D. The young adult was involuntarily terminated from the program for failing to comply with program requirements (each TLP Plus will have a process in place for such terminations – ensure the young adult understands the TLP Plus' rules and requirements).

   E. The young adult reached their 21st birthday.

   F. DHS has terminated wardship.

II. Next Level: Is the young adult ready to move to a TLP placement, if available in his/her area? Things to consider and reassess when determining the next placement level for the young adult:

   A. The young adult's Comprehensive Transition Plan (CTP) and their goals for the future,

   B. School and employment arrangements,

   C. Capacity for self-care and demonstrated life skills,

   D. Budgeting skills and demonstrated money management abilities,

   E. Evidence of good decision-making skills,

   F. Evidence of supportive adults in the young adult's life,

   G. Ability to use and access transportation resources, and

   H. Young adult's readiness to explain supports needed and future goals to the TLP referral screener.

Independent Living Housing Subsidy Program

I. Purpose: The Independent Living Housing Subsidy Program is a level of SIL placements with the least supervision and the highest expectations for productive hours. The Subsidy Program supplements the young adult's living expenses while the young continues his/her education, employment, or volunteerism. For full details regarding the ILH Subsidy process and preparation necessary, see Chapter 5, Section 29, Youth Transitions.

II. Eligibility: The following young adults are eligible and appropriate for the Independent Living Housing Subsidy Program:

   A. Age 18 – 22,

   B. In DHS care and custody,

   C. Actively engaged in ILP services for at least four (4) to six (6) months,

   D. Has completed a Comprehensive Transition Plan that indicates a need for transitional housing services,

E. Willing to work with an ILP Provider to develop a plan for appropriate productive hours and work to achieve the goals outlined in such plan, or

F. Will actively participate in TLP activities, housing meetings, ILP services, and craft an individualized pan to gain 36 hours of productive activities.

Note: Participation in the ILH Subsidy Program for a 16- or 17-year-old foster youth is a rare occurrence, happens in case-specific situations, and requires that the following must be completed:

A. Youth has received approval from the court to participate,

B. Youth has been enrolled with an ILP provider for at least six months,

C. Youth has completed the ILP Financial Literacy training,

D. Youth has a CTP indicating the need for ILH Subsidy placement,

E. The Child Welfare caseworker must submit form CE88, Policy Exception Request Form, to the state Chafee IL/ETV Program Coordinator for approval prior to arranging a screening. The exception must be approved by the Child Welfare program manager or designee.

1. The Exception to Policy Request must outline why the child is appropriate for the ILH Subsidy program.

2. The Exception to Policy Request must include the child's planned productive activities.

III. Youth/young adult preparation: Begin discussing housing options with a youth during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP), or earlier if plans are to access ILH Subsidy at a younger age. Inform the youth of the decreased level of supervision provided during the ILH Subsidy placement and the expectations of the youth. This service is not intended to be an emergency move or placement. To properly plan and facilitate a smooth transition, this is typically a four- to six-month process and involves reassessment of the young adult's abilities in these areas:

A. The young adult's CTP and their goals for the future,

B. School and employment arrangements,

C. Capacity for self-care and demonstrated life skills,

D. Budgeting skills and demonstrated money management abilities,

E. Evidence of good decision-making skills,

F. Evidence of supportive adults in the young adult's life, and

G. Ability to use and access transportation resources.

IV. Screening process: The branch must establish a housing screening committee to determine the young adult's appropriateness and preparedness to access the ILHS or Chafee Housing programs. At a minimum, the committee must consist of:

A. The caseworker,

B. An ILP service provider, and

C. May include other significant adults in the young adult's life as requested by the young adult.

Each office has a process for establishing a screening committee. Check with your supervisor if you need to

schedule a meeting.

A. Set a date and time for the young adult's screening:

1. It should be set far enough in the future to allow the young adult time to prepare for the screening process.

B. Inform the young adult of the date and time of the meeting:

1. Ensure the young adult will be able to attend the screening.

V. Service codes: Once the young adult has been approved by the local Subsidy Screening Committee, submit all appropriate paperwork to the ILP Desk at Central Office (at ILP.Central@dhsoha.state.or.us). List your subject line as the following with your youth's initials: Subsidy Placement_initials. The Central Office ILP staff will advise the branch of the appropriate services to open and work with the DHS caseworker each month to validate budgets and issue subsidy payments.

Terminating ILH Subsidy Placements

Advise the ILP desk of all subsidy terminations (planned or unplanned).

I. The subsidy placement will be terminated under the following circumstances:

A. The young adult completed the subsidy as planned.

B. The young adult achieved independence and self-sufficiency to the extent there is no longer a need for subsidy placement services.

C. The young adult made a voluntary decision to no longer participate in the subsidy placement.

D. The young adult was involuntarily terminated from the program for failing to comply with program requirements (as outlined on form CE 0076, Housing Services Responsibility Agreement).

E. The young adult reached their 21st birthday.

F. DHS has terminated wardship.

G. The young adult exceeded maximum benefits for the subsidy program (completed the 30th month in the program).

II. The caseworker must inform the following people if terminating a young adult from the ILH Subsidy placement:

A. The young adult (verbally and in writing),

B. The ILP provider, and

C. The ILP desk at ILP.Central@dhsoha.state.or.us.

D. Failure to notify these parties may result in an overpayment.

Chafee Housing Program

The Chafee Housing Program (Chafee) is not a placement service. A young adult must be terminated from DHS custody at age 18 or older in order be eligible for Chafee housing. Chafee is designed to work in conjunction with the Independent Living Program to help a young person become a self-sufficient adult. The Chafee housing program supplements the young adult's living expenses while he or she continues education or employment. Acceptance into

this program is a privilege, not an entitlement. For full procedures regarding the Chafee housing program and to make arrangements for securing approval for Chafee, see Chapter 5, Section 29, Youth Transitions.

References

Federal law

I. Public Law 106-169, Foster Care Independence Act of 1999, Title 1

II. ORS 418.475, 419B.343, 419B.476

Oregon Administrative Rule

I. OAR 413-030-0400 to 0460, Youth Transitions

II. OAR 413-030-0003 to 0030, Family Support Services

Chapter 5

Section 17: Considerations regarding a multi-ethnic placement

Considerations regarding a multi-ethnic placement

Federal law prohibits using race, color, national origin or ethnicity to:

I. Delay or deny a child's placement, or

II. Deny applicants the opportunity to become foster parents or to adopt a child.

The below prohibit presumption that placement in a foster or adoptive family of the same race or cultural heritage as the child is in the child's best interest:

I. Multi-ethnic Placement Act (MEPA) of 1994, 42 U.S.C. §1996b, as amended by the Inter-ethnic Adoption Provisions (IEAP) of the Small Business Job Protection Act of 1996, Section 1808, and

II. Oregon Administrative Rules.

Consider the questions and answers below as they relate to your responsibility in making placement decisions.

I. Can I consider the race and cultural heritage of a child in making placement decisions?

   A. Race and cultural heritage can be considered conditionally:

      1. If an Indian child is involved, parameters of the Indian Child Welfare Act (ICWA) apply.

   B. Except for the above, MEPA-IEAP prohibits delay or denial based on race or ethnicity of:

      1. A child's placement, or
      2. A foster or adoptive parent's application.

II. Can I consider the birth family's desire to have their child placed with a family of a specific race or ethnicity?

   A. No. A placement cannot be delayed, denied or prohibited to locate a family of a specific race or ethnicity.

III. Are there circumstances in which I can consider race or ethnicity in making placement decisions?

   A. Any consideration of race or ethnicity must be in the context of an individualized placement decision when a specific child has a special need. This follows federal law.

IV. What special needs of a child might require a placement decision based on race or ethnicity?

   A. If race or ethnicity appears to be an issue for the child, first determine whether a child's special need can be met without a race or ethnicity-based placement decision. For example, a child who has been taunted about their race needs a caretaker sensitive and able to help him or her cope with the effects of the taunting. However, they do not necessarily need a placement with a family of any certain race or ethnicity. Similarly, a child who speaks only Spanish may need a Spanish-speaking caretaker. However, that does not require a race- or ethnicity-based placement. Even where there is a compelling need to consider race or ethnicity, a placement decision must consider all a child's needs. A decision should not be made solely on any one factor.

B. Younger children will be less likely to have a special need for a race- or ethnicity-based placement decision. One situation that might warrant considering race or ethnicity as a factor in the placement process is when an older child voices a strong opinion about the race or ethnicity of the family with whom they will be placed. Even in that circumstance, discuss any appropriate families who don't meet the child's stated racial or ethnic preference with them, in an effort to find the best possible placement. If a child has been severely abused or neglected and associates the race or ethnicity of the caretaker with the abuse, that might warrant a placement decision based on the special needs of the child.

References

Federal law

I. Small Business Job Protection Act of 1996 (IEPA)
II. Multi-ethnic Placement Act of 1994 PL 104-188 (MEPA)
III. Indian Child Welfare Act
IV. Social Security Act Amendments of 1994 PL 103-432
V. Adoption and Safe Families Act of 1997 PL 105-89
VI. Title IV of Civil Rights Act of 1964
VII. ACF-IM-CB-97-04 June 6, 1997
VIII. ACF-IM-CB-98-03 May 11, 1998
IX. 45 CFR Parts 1355,1356,1357, 1/25/2000

Oregon Revised Statutes

ORS 428.005

Oregon Administrative Rules

I. OAR 413-070, Search for and Engagement of Relatives
II. OAR 413-070, Placement of Refugee Children
III. OAR 413-070, Placement Matching
IV. OAR 413-115, Application of the Indian Child Welfare Act
V. OAR 413-120, Adoption Applications
VI. OAR 413-200, Foster Home Certification

Chapter 5

Section 18: Voluntary custody agreements

Voluntary custody agreements

In rare circumstances a family can voluntarily give legal custody of their child to DHS when the parent is immediately and temporarily unable to fulfill his or her parental responsibilities.

Do not enter into a Voluntary Custody Agreement when the parent was the perpetrator of a founded disposition of child abuse or neglect within the past 12 months, or when the parent is unwilling to be a permanent resource for the child.

The following criteria must exist to enter into a voluntary custody agreement:

I. The child cannot remain at home due to a temporary crisis in the family and cannot safely stay with a member of the extended family or another responsible adult who is well known to the child.

II. The parent temporarily is or will be unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition.

III. The child needs to be placed outside the home due to problems in the family that could compromise the safety of a family member, and a placement of limited duration in conjunction with intensive services is likely to reunite the family and reduce safety concerns.

Refer to Chapter 7, Family Support Services, for procedures on determining a family's needs, developing a Family Support Services Case Plan, and entering into a Voluntary Custody Agreement.

Chapter 5

Section 19: Voluntary placement agreements

Voluntary placement agreements

Occasionally, a family requests voluntary placement of a child. This occurs only when a child's physical or mental health care needs are so extensive a family is unable to adequately meet those needs. In these instances, a family maintains the legal custody of the child, while the Department takes responsibility for the child's placement and care. The family enters into a Voluntary Placement Agreement with the department. The department takes responsibility for the child's placement, care and safety while in a substitute care placement.

Refer to Chapter 7, Family Support Services, for procedures on determining a family's needs, developing a Family Support Services Case Plan, and entering into a voluntary placement agreement.

Chapter 5

Section 20: Change of placement

Change of placement

I. Federal law and Oregon policy emphasize selecting the least restrictive placement that can meet a child's needs. While making every effort to find an appropriate placement at the time of the child's initial removal from the home, there will be occasions when the substitute care placement selection is not appropriate, or immediate placement during an emergency did not allow for adequate time to assess a child's relatives or other persons known to the child who can be certified and can provide substitute care. Even when this occurs, continue the assessment process to certify the family as soon as possible.

II. Sometimes relatives, as they become known to the caseworker, become available as a placement resource.

III. Sometimes the initial placement is done in an emergency, and the caregiver does not provide ongoing substitute care.

IV. Sometimes the initial placement, though intended as a long-term resource, is not appropriate for the child.

V. Sometimes a child's needs and services are identified that cannot be met in the current placement, or other circumstances arise that require a change of placement.

VI. Sometimes the results of the CANS screening identify a child's needs that cannot be met in the current placement.

Procedure

I. The caseworker is responsible for supporting a child's substitute care placement and making every effort to maintain the child in his or her current substitute care placement when that placement is in the child's best interests and can meet the child's identified needs.

II. Caseworker activities that support a placement include:

   A. Sharing information with and obtaining information from the substitute caregiver regarding the care of the child. Share information with the substitute caregiver throughout the child's substitute placement at each 30-day contact. Good, ongoing communication supports the substitute caregiver's expertise and role as a safety service provider, as well as providing the caseworker with information on what the child needs to maintain the child in the current placement.

   B. Upon receiving the results of the CANS screening, during the first contact with the substitute caregiver, discuss the needs and strengths of the child, and develop a supervision plan when the child needs enhanced supervision. Refer to Chapter 5, Section 6, regarding developing supervision plans based on the results of a CANS screening.

   C. When a substitute caregiver is having difficulty with caregiving responsibilities, consider a Placement Support Plan. Refer to Chapter 5, Section 2 for procedures on implementing a Placement Support Plan.

   D. Caseworker participation in treatment planning is required when a child enters a residential treatment service.

   E. Caseworker participation with the child is required through regular contact, active listening, problem-solving and being responsive to a child's needs.

III. Sometimes a caseworker can maintain a placement through small actions. For example, helping a child

transition into substitute care with frequent phone calls from the caseworker, providing extra visits or other contact with parents or other family members, making an extra effort to secure a child's favorite toy, a visit with the child's teacher, or other activity may help build trust and/or help a child during a period of adjustment.

IV. There will be those times, however, when the combined attempts by the caseworker and the substitute caregiver do not result in a successful substitute care placement. In those circumstances, seek and secure another placement for the child. Unless a child's safety is compromised, the caseworker should provide the current substitute caregiver with a 10-day notice of the intent to move the child. Certified foster homes also should provide the caseworker with 10-day notice when requesting removal of a child from their home, whenever this is possible.

V. Except in emergency placement into another substitute care placement, the caseworker first conducts an assessment of the strengths and needs of the child through a review of the CANS results and other assessments or evaluations and matches those strengths and needs with the skills and abilities of the prospective substitute caregiver. A thorough assessment will guide the caseworker in determining appropriate substitute care placement options. In an emergency, use the information available at the time to make as thorough an assessment as possible.

VI. Staff the case with the supervisor for consultation on appropriate placement resources.

VII. Pursue a subsequent placement after determining the appropriate placement options, and follow the placement procedure options of this manual.

The Supervisor's Role

I. Consult with the caseworker on seeking and securing an appropriate substitute care placement.

II. Review with the caseworker what is known regarding the child's strengths and needs.

III. Work with the substitute caregiver as appropriate.

IV. Consult with Salem Foster Care Program or Residential Treatment Program staff on placement options when needed.

Chapter 5

Section 21: Medical Care Services

Medical Care Services

Once a child is in the legal custody of DHS, the caseworker has the responsibility to ensure that appropriate medical, dental and mental health services are provided for the child.

Each child's medical care must include:

I. Regular preventive care appropriate to the child's age and condition, including:
   A. Immunizations and tuberculin (TB) tests (refer to Appendixes 5.11a and 5.11b for guidance on childhood immunizations);
   B. Timely examinations;
   C. Timely treatment of non-emergency injuries and illnesses;
   D. Ongoing care for serious or chronic conditions; and
   E. Emergency treatment whenever necessary.

Obtain Medical Insurance Coverage

Procedure

I. Ensure that each child in substitute care has health care coverage.

II. Contact the branch medical assistance specialist for assistance in having a medical card issued at the time the child is placed in substitute care.

For a child in paid substitute care, the Federal Revenue Specialist completes the CF 190 (Individual Eligibility Determination for Title XIX Medical Coverage). Within the Child Welfare SACWIS system, the Federal Revenue Specialist completes this work and signs the form to assign benefits.

When a child enters substitute care with private health insurance coverage, the caseworker must complete and submit the AFS 415-H (Medical Resource Report Form). A child placed by the department with a Voluntary Placement Agreement may continue to receive medical insurance coverage through the parents' medical insurance. Refer to Chapter 7, Family Support Services, for details on managing a Family Support Services case plan involving a Voluntary Placement Agreement.

When a child requires medical care prior to receiving the wallet sized standard DHS Medical Care Identification (Medical ID), the Temporary Medical Care Identification (OAR 410-120-1104) may be printed by the Medical Assistance Specialist or the Federal Revenue Specialist. Circumstances where it is appropriate to issue a Temporary ID:

I. The Child's medical eligibility and placement information has not been entered into the system (this circumstance may occur when the child is initially placed);

II. The child has moved to a new substitute care placement, and the Medical ID was not provided by the previous caregiver; or

III. The Medical ID has been lost.

IV. The Temporary ID is available on the Federal Compliance WIKI, Medical Assistance Specialist's page.

When a child is in the department's legal custody but in the parents' home, monitor the child's health care needs. However, unless the child's health care was part of the identified safety threat or unattended health care needs impact child safety, other procedural requirements for monitoring a child's health care services do not apply.

Obtain an Initial Medical Exam

Procedure

The caseworker must ensure that every child in the department's legal custody must be referred for a medical exam within the first 30 days of placement in substitute care. Request that the substitute caregiver schedule a medical exam as soon as feasible. The Child Welfare case plan also should address the level of involvement of the child's parents in a child's medical care.

When the court identifies a child in need of medical care or other special treatment by reason of physical or mental condition, the caseworker must develop a written plan for the child's care and treatment and submit the plan to the court within 14 days from the date of custody (ORS 419b.346). The written plan must include:

I. Identifying information including the child's name, date of birth and the identity of the child's parents;

II. A brief summary of Child Welfare's involvement with the child and a statement of the child's physical or mental health condition;

III. The plan, including treatment goal(s) for the child and timelines to meet those goals; and

IV. The planned services for meeting the child's placement and treatment needs.

The court may request regular progress reports once the plan is implemented, and the caseworker must report annually to the court about the child's progress. If a plan is revised, the caseworker must prepare a report to the court of the revision of the plan and the reasons for the revision.

Immunizations and Vaccinations

Obtaining Immunization and Vaccination Records

Procedure

The caseworker is required to ensure that all immunization and vaccination information for children and young adults is documented in OR-Kids. This information should automatically update through an interface with Immunization Alert, a statewide immunization registry.

In the event the records are not accessible through Immunization Alert ,the caseworker can contact the DHS Public Health Division by phone, secure email or fax to obtain immunization and vaccination records.

- Call the Public Health Division at 1-800-980-9431 to request records by phone. Have the child's full name and DOB available. Phone requests can be made only for four or fewer children.
- Requests for four or more children, by secure e-mail, are made by listing the full name and DOB of each child

to Oregon Health Department at OHD.Alert@state.or.us. Be sure to include your fax number in the e-mail request, as OHD will only respond via fax.

- Requests also can be faxed to the Public Health Division. Requests are made by listing the full name and DOB of each child The caseworker must use DHS letterhead and fax the request to 1-971-673-0276.

Alternatively, the caseworker can request the immunization and vaccination records from the child's parents, health care provider, Head Start program, day care program or school.

Obtain Immunizations and Vaccinations

All children in the care and custody of Child Welfare will receive their immunizations and vaccinations and be up to date within 90 days of coming into care. If parents object to immunizations and vaccinations being given their child(ren) while in temporary custoday Child Welfare will ask for a court rulling to provide immunizations and vaccinations. Once custody of the child has been granted to Child Welfare the caseworker is to proceed with scheduling an appointment to provide immunizations and vaccinations to the child.

All vaccinations including the flu vaccine should be done in accordance to the CDC immunization schedule and healthcare provider's recommendations. For more information, please visit https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html. Health and Wellness Services Program Manager, or nurse consultant is available for consultation as needed.

A child, age 15 and older, can consent to their own medical treatments, including immunizations and vaccinations.

Immunizing Children when Parents/Caregivers Do Not Agree

If there are concerns or parent objections regarding the immunization and vaccination process, the caseworker should address the matter at the next court hearing. The Health and Wellness Services Program Manager is also available for consultation.

A substitute caregiver cannot make the decision not to immunize a child in Child Welfare's legal custody. ORS 418.325(4).

Obtain Health Records

The caseworker collects and maintains a child or young adult's medical history in the file cabinet in OR-Kids and in the person management page when applicable.. The medical history includes:

- Birth certificate;
- Location or copies of all known medical records;
- Date and records of the most recent physical exam;
- Date(s) and records of the most recent dental, vision and hearing screenings;
- Name, address and phone number of current medical, dental and/or mental health providers;
- Immunization and vaccination records;

- Any serious illnesses or accidents since birth, including any caused by abuse;
- Any congenital conditions or hereditary factors, including those that may need treatment or correction;
- Current medical needs;
- Allergies or other chronic illnesses;
- Current dietary or nutritional needs;
- Current medications and copies of the child or young adult's medication logs;
- Problems or conditions that may arise later due to the child or young adult's genetic or health history; and
- Current medical and mental health diagnoses (if any), prognosis and treatment recommendations.

The caseworker will review the child or young adult's current health conditions, medications, health care providers, and any other special medical or dietary needs (e.g., allergies, diabetes, special formula) during the monthly contact with the substitute caregiver.

Ensure the substitute caregiver records all medications on the Foster Home Individual Child Medication Log (CF 1083) or other medication records kept by a licensed child caring agency.

Each month review and file a copy of the Foster Home Individual Child Medication Log in the child or young adult's file cabinet in OR-Kids. Questions regarding medications are directed to the Health and Wellness Services Program Manager, or designee. For more information on psychotropic medications and notifications refer to the Psychotropic Medications section of the Procedure Manual.

Compare the child or young adult's current health information with standard height and weight growth charts in Appendix 5.12. Bring significant variations to the standardized norms on the growth charts to the attention of the supervisor. Consult with Health and Wellness Services if there are any questions or concerns in regards to the child or young adult's current growth or weight.

Review the child or young adult's medical information and services when the child specific case plan (permanency plan in OR-Kids) is being developed whenever a child or young adult is in substitute care. Medical services are incorporated into either of these case plans.

Document the child or young adult's medical care and services in the child specific case plan. Review and update this information as needed, but at least every six months.

Copies of medical reports are filed in the child or young adult's file cabinet in OR-Kids.

Consent for Routine Health Care

Procedure

A substitute caregiver can consent to routine medical care including vaccinations, immunization, routine examinations and lab tests, for a child or young adult in their care. Caseworker will discuss routine medical care at each monthly face to face visit and document updated information in a case note in OR-Kids and on the person management page, as applicable.

A child or young adult age 15 years or older can consent to hospital care, medical and surgical diagnosis, or treatment without the consent of the parent or guardian. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Documentation of this conversation should be included in a case note.

A child or young adult age 14 years or older can consent to outpatient diagnosis or treatment of a mental or emotional disorder or chemical dependency, excluding methadone maintenance, by a physician. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Documentation of this conversation should be included in a case note.

When a child is placed in substitute care through a Voluntary Placement Agreement, their parents must be consulted prior to obtaining ordinary medical care unless the agreement delegates specific authority to the department or the child is of the age of consent, or a young adult.

Resource:

ORS 418.325(4)

ORS 109.675

ORS 109.640

Serious or Chronic Medical Needs

Procedure

The caseworker is responsible for ensuring the chronic or serious medical care needs of the child are addressed.

Care that involves invasive procedures, such as us of intravenous catheters, central lines, intramuscular injections, IV infusions or mechanical ventilation, are tasks that may not be delegated to an unlicensed person and require placement in the home of a registered nurse, or a home that has licensed nursing care assigned to the home on a 24-hour basis while such care is needed by the child.

Consult with the supervisor, health care provider or the personal care RN manager when a child's medical needs indicate the need for personal care services. These services may include:

I. Mobility, transfers, repositioning — assisting a child or young adult with ambulating or transfers with or without an assistive device, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises.

II. Basic personal hygiene — providing or assisting a child or young adult with needs such as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail cared, foot care, dressing, skin care, mouth care, and oral hygiene.

III. Toileting, bowel and bladder care — assisting a child or young adult to and from bathroom, on and off a toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care or bowel care.

IV. Nutrition — preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes and utensils within reach for eating;

V. Medication management — assisting with ordering, organizing and administering prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring for choking while taking medications and

VI. A delegated nursing task.

Some children may require professional nursing care and should be evaluated for eligibility by Children's Intensive In-Home Services (CIIS). After consultation with the supervisor, make a referral by calling 503-731-3088, ext. 33, to request an evaluation for the child. CIIS may provide payment for in-home professional nursing services.

Record medical information in the medical section of the child's case file and on the CF 310H. Consultation notes are recorded in case notes.

Refer to Chapter 5, Section 5 for more information on personal care service.

Consent for Serious or Chronic Medical Needs

Procedure

The substitute caregiver can consent to all routine medical care including vaccinations, immunizations, routine examinations and lab tests. Child Welfare is required to obtain immunizations for a child in DHS's legal custody, and the substitute caregiver cannot refuse to have the child immunized.

The district manager or designee can provide consent and authorize major medical and surgical procedures that are not extraordinary or controversial, including anesthesia. Written consent is obtained on the CF 242 Consent for Medical/ Surgical Care and Treatment.

Whenever possible and appropriate, the child's parents should be involved in the decision. Consent for any procedure to address a serious medical need is a critical decision.

When a child is placed with a Voluntary Placement Agreement, the child's parents must be consulted and authorize surgery prior to surgery.

Emergency Medical Care

Procedure

When there is a life-threatening emergency, instruct the substitute caregiver to:

I. Call 911;

II. Accompany the child whenever possible in the ambulance; or

III. Immediately follow the ambulance, and meet the child in the emergency room; and

IV. Call the caseworker or caseworker's supervisor as soon as possible to provide them with the nature of the medical emergency. When a caseworker or caseworker's supervisor is not available, the substitute caregiver must call an emergency contact number to inform the Department of the situation.

Confirm with the substitute caregiver how communication will be maintained (e.g., cellphone, calls from hospital staff, caseworker visits to the hospital) during the emergency.

Instruct the substitute caregiver to provide information on the nature of the emergency as immediately as reasonably possible in order to obtain consent for treatment that would require surgery and/or anesthesia.

Subsequent to the emergency, document the circumstances of the medical emergency. Request and file copies of all medical reports in the medical section of the child's file, and record related information in case notes.

Notify the child's parents, the child's attorney, the CASA and other parties to the case of the circumstances of the medical emergency as soon as reasonably possible after the medical emergency if parties to the case have not already been notified.

Consent for Emergency Medical Care (Also Refer to "Extraordinary or Controversial Medical Procedures")

If the emergency medical care requires surgery and/or anesthesia, the district manager or designee may exercise Child Welfare authority to consent to those services. Consent also can be authorized by the court. Written consent is obtained on the CF 242 Consent for Medical/Surgical Care and Treatment.

I. Unless the child is in the permanent custody of Child Welfare, the caseworker or other Child Welfare staff should make reasonable efforts to consult with the child's parents about the proposed actions and consider the parents' preference concerning the action prior to consent and authorization of the proposed action.

II. Children who are 15 years of age or older have the right to consent to hospital care, medical and surgical diagnosis, and treatment without the consent of the parent or legal guardian (ORS 109.640).

Referrals to Family Planning Services

Explore the need for or interest in family planning information and appropriate referrals with a child 15 years old or older.

I. Provide any child in Child Welfare custody, who is 15 years of age or older, or any young adult a referral to an appropriate family planning resource when requested.

II. Refer the child to the nearest family planning clinic or the primary care provider. The decisions regarding a pregnancy and related medical care are the statutory right of the child 15 years of age or older.

Managing Hepatitis

Hepatitis is a viral infection of the liver. The three types of Hepatitis infection are:

I. Hepatitis A, spread through fecal-oral transmission and diagnosed through a blood test.

II. Hepatitis B, transmitted through blood and bodily fluids containing blood and diagnosed through a blood test.

III. Hepatitis C, transmitted by contact with the blood of an infected person and diagnosed through a number of blood tests.

For detailed information regarding hepatitis, contact the Centers for Disease Control Hepatitis Branch by calling 1-888-443-7232 or visit their website.

Procedure

Once information that a child's biological parent has hepatitis is confirmed and prior to any further action, secure a Release of Medical Information form signed by the child's biological parent (MSC 2099). Authorization for use and disclosure of information authorizes the caseworker to discuss this medical information with the child's physician and caregivers.

Once authorization for use and disclosure of information has been obtained, ensure the following actions occur:

I. Provide information to the child's primary care physician for appropriate medical testing and follow-up care.

II. Follow the immunization schedule recommended by the child's physician.

III. Provide information to the substitute caregiver, along with information on universal precautions (PAM 9014).

The parent's diagnosis of hepatitis should not hamper visitation because transmission of the virus is rare in casual contact. Ensure that biological parents with open or oozing sores, cuts, abrasions and wounds have them covered with a waterproof bandage prior to the child's visit.

Dealing with Human Immunodeficiency Virus (HIV)

HIV means Human Immunodeficiency Virus. Some viruses, such as the ones that cause the common cold or the flu, stay in the body only for a few days. Some viruses, such as HIV, never go away. When a person becomes infected with HIV, that person becomes "HIV positive" and will always be HIV positive. Over time, HIV infects and kills white blood cells and can leave the body unable to fight off certain kinds of infections and cancers.

AIDS means Acquired Immune Deficiency Syndrome and is caused by HIV. Think of AIDS as advanced HIV. A person with AIDS has an immune system so weakened by HIV that the person usually becomes sick from one of several opportunistic infections or cancers such as PCP (a type of pneumonia) or Kaposi sarcoma, wasting syndrome (involuntary weight loss), memory impairment or tuberculosis. If someone with HIV is diagnosed with one of these opportunistic infections, he or she is said to have AIDS.

Restrictions on HIV Testing

HIV testing is an intrusive medical procedure and is authorized only under the following conditions:

I. HIV testing is clinically indicated by a physician knowledgeable in HIV infection and after a medical evaluation.

II. Under the direction of a physician, HIV testing can be done on infants born to mothers known to have engaged in high-risk behaviors. (Because maternal antibodies cross the placenta, the presence of HIV can be determined only after a series of tests.)

III. Children who are victims of sexual abuse and who have been exposed to blood or semen may be tested. If the child has the developmental ability to understand informed consent, the child can provide consent.

Procedure

Obtain authorization for HIV testing

I. **Consent:** The district manager may authorize an HIV test only under the above conditions.

A. The medical statement from the physician must state that the HIV test is necessary for care and treatment. The caseworker also must follow the informed consent procedures specific to HIV testing as outlined below:

1. For any child 13 or older, attempt to get the signed written consent of the child. This is a very sensitive issue, and the caseworker must prepare to have this difficult conversation with the child. For most caseworkers, this is a unique and special circumstance, and seeking assistance and guidance from the local health department, the physician, and the supervisor is advised. The CF 990 is used for informed consent for HIV testing [413-040-0430(2)].

2. The district manager or designee may provide consent to the test after consultation with the child's physician, even if the child objects to testing.

3. The caseworker may request the court to order the testing of the child.

B. If a child is in substitute care under a Voluntary Custody Agreement or Voluntary Placement Agreement, the child and the child's parents retain the authority to consent to HIV testing unless the authority to consent has been delegated to DHS in the terms of the agreement.

C. Refer any child referred for HIV testing to pre- and post-test counseling. Contact the local health department for resources on this specialized counseling.

II. Identify and notify those who need to know.

A. Prior to the staffing, seek the input of the child's physician, the local health department or the HIV program coordinator at the Public Health Division for resource information.

B. Schedule a staffing when a child is HIV-positive and/or has AIDS to identify who must have knowledge of this information.

1. The staffing must include the child's caseworker, the supervisor, the substitute caregiver, the child, when appropriate, the child's parents, when appropriate, and the Central Office RN personal care coordinator.

C. For a child in substitute care under a Voluntary Custody Agreement or Voluntary Placement Agreement, the caseworker must involve the child's parents in making medical decisions and must provide access to the child's medical information.

D. Inform the substitute caregiver of the importance of using universal precautions (PAM 9014).

E. Inform the substitute caregiver of the strict confidentiality of the child's HIV status information.

III. HIV documentation and court reporting:

A. A child or parent's HIV testing and test results are highly confidential information. Sensitize and secure

the case record. Ensure that physician reports, medical records, testing authorization, test results and decisions resulting from the staffing are recorded and stored in sealed envelopes in a separate locked file. Informed consent documentation is kept for a minimum of seven years.

B. If any disclosure of HIV information is necessary for planning in the context of court hearings, the caseworker cannot disclose the status in open court without either the written consent of the person or a court order. In addition, all written HIV test information released with authorization of the tested individual must be labeled with a statement which substantially says, "This information may not be disclosed to anyone without the specific written authorization of the individual."

Managing Use of Psychotropic Medications

Psychotropic medication is "medication, the prescribed intent of which is to affect or alter thought processes, mood or behavior, but is not limited to antipsychotic, antidepressant and anxiolytic medication and behavior medication. The classification of a medication depends upon its stated intended effect when prescribed because it may have many different effects." OAR 413-070-0410 (3).

Psychotropic medications are used to make symptoms of mental and/or mood disorders more manageable and often make it possible for therapy to be more effective. Psychotropic medications do not cure mental disorders and should be used in conjunction with counseling or other forms of therapy and under the supervision of a medical professional.

A mental health assessment is required prior to the prescription for more than one new psychotropic medication or any antipsychotic medication. This assessment must be within three months prior to the prescription for more than one new psychotropic medication or any antipsychotic medication, or may be an updated assessment that addresses the new issues of concern.

Consent must be obtained from the Child Welfare program manager or designee prior to any new prescription for psychotropic medication(s).

An annual review of psychotropic medications is required if the child is taking more than two psychotropic medications or the child is younger than 6 years old.

Procedure

The Department must inform the substitute caregiver that consent is required prior to filling a prescription for a new psychotropic medication and provide medical/mental health information to the caregiver.

I. At the time of initial placement, the caseworker must request medical and mental health information from parents, therapists, licensed medical professionals and school personnel, including medical/mental health services and support and a list of current medications.

   A. This should be incorporated into the development of case plans and included in the health information provided to the caregivers.

   B. This information must be updated every six months, or as information becomes known.

II. The caseworker must provide the following information to the substitute caregiver (at the initial placement and as additional medical or mental health information becomes known):

   A. Medical and mental health history;

B. Immunization records;

C. Medication information;

D. Supports and services;

E. Records of any known allergies;

F. Medication administration packet. The packet must include:

1. Psychotropic Medication Consent Form(s) CF173C;
2. FAX cover sheet (should be prefilled with branch contact name and FAX number); and
3. CF 1083 Individual Child Medication Log(s).

III. The caseworker must work with substitute caregivers to ensure that there is an understanding and agreement that they will:

A. Take the medication administration packet to all mental health appointments;

B. Inform a prescribing licensed medical professional that consent must be obtained from either Department personnel, or legal parents for any new prescription for a psychotropic medication;

C. Fill prescription for psychotropic medication only after being notified that consent was obtained;

D. Follow the orders of the prescribing licensed medical professional when administering psychotropic medication;

E. Complete the CF 1083 Individual Child Medication Log and return the log to the caseworker monthly;

F. Maintain all psychotropic medication in a locked container, drawer, or cabinet (if medication needs to be refrigerated, must be kept in locked box in refrigerator);

G. Notify the Department within one business day after receiving a new psychotropic medication prescription, having knowledge of a new prescription for a psychotropic medication, or if there is a change in dosage or the discontinuation of a psychotropic medication.

H. Monitor child for expected changes in the child's behavior, mood, etc. and for signs of side effects and report side effects to the licensed health care professional.

Consent to Administer Psychotropic Medication

When a child or young adult is prescribed a new psychotropic medication(s), consent must be obtained before the prescription is filled. The consent is provided by the Child Welfare program manager or designee and completed in a timely manner, which should not exceed three days from receipt of the consent form.

I. Psychotropic Medication Consent form CF173C is completed by prescribing licensed medical professional during the office visit.

II. Prescribing licensed medical professional faxes the consent form to the branch personnel designated on the FAX cover sheet (FAX cover sheet should be prefilled with branch contact name and FAX number).

III. If the branch personnel receiving the consent are not the caseworker, notification must be made to the caseworker and supervisor that a psychotropic consent form has been received and deliver hard copy of consent form to the caseworker. Date stamp the consent form.

IV. Caseworker must review consent form and complete sections B and C.

A. Completion of Section B:

1. Notify the legal parents or guardians of the new prescription(s) for psychotropic medications.
2. Document any comments or information in designated comment area.
3. Document notification in the child or young adult's case notes (formal written notification is still required).

B. Completion of Section C:

1. Document date of required mental health assessment (completed before more than one new psychotropic medication or any antipsychotic medication is prescribed; must be completed within three months prior to medication prescription or may be an update of assessment), or date of assessment update, or circumstances of urgent medical need. For more information on "urgent medical need," refer to OAR 413-070-0000.

Document placement of child or young adult (e.g. foster care, residential treatment, hospital, other).

V. Caseworker delivers form to Child Welfare program manager or designee.

VI. Child Welfare program manager or designee reviews consent form and completes section D.

A. Completion of Section D:

If more information is required prior to completing Section D and signing the Consent for Psychotropic Medications form:

1. Child Welfare program manager or designee may call prescribing licensed medical professional with questions, or use other resources.
2. If questions/concerns are not resolved, the Child Welfare program manager or designee may call the Child Welfare nurse manager at 503-945-6620.
3. When sufficient information has been obtained, the Child Welfare program manager or designee completes section D.
4. If consent is granted:
   - The signed, completed consent form should be faxed to prescribing licensed medical professional.
   - Caseworker (or designee) must contact caregivers to inform them that they may fill prescription.
   - Caseworker or designee will file signed consent form in medical section of child or young adult's case file and make entry into case notes regarding medication consent.
5. If consent is not granted:
   - Inform prescribing licensed medical professional of decision. FAX consent form to licensed medical professional documenting "consent not granted" as well as the reason(s) the consent was denied.
   - Caseworker (or designees) must inform caregivers of decision and instruct the caregivers to destroy the prescription.

- The completed consent form should be filed in medical section of child or young adult's case file and an entry made in case notes regarding medication consent denial.
- Caseworker must work with the prescribing health care professional, the mental health care provider and the caregiver to establish an alternative treatment plan and/or support(s) to address the signs and symptoms exhibited by the child or young adult which precipitated the initial recommendation for psychotropic medication(s). The written plan should be filed in the medical section of the child or young adult's case file and an entry should be made in the case notes.

A child or young adult 14 years or older may consent to outpatient diagnosis or treatment of a mental or emotional disorder, or chemical dependency issue (excludes methadone treatment).

I. If the caseworker learns from the child or young adult or the substitute caregiver that the child or young adult has been prescribed and is taking a psychotropic medication, the caseworker must follow the Notification Requirements (OAR 413-070-0470(2), 413-070-0480, and 413-070-0490).

Urgent Medical Need: An urgent medical need means the onset of psychiatric symptoms requiring attention within 48 hours to prevent a serious deterioration in a child or young adult's mental or physical condition. In case of an urgent medical need, prior consent is not required. When an urgent medical need occurs and the urgent medical need requires the use of psychotropic medication to manage a child or young adult's behavior or condition, the caseworker must:

I. Request copies of all medical treatment records including hospitalization within seven business days of the urgent medical care.

II. FAX consent form to prescribing licensed medical professional.
   A. Include a written request for the completion of page 1 of the consent form and request that consent form be returned to you via FAX.
   B. Include FAX cover sheet with name and branch FAX number.
   C. Following receipt of consent form, procedure for obtaining consent should be followed.
   D. File the medical treatment records in the medical section of the child or young adult's case record, and follow the notification requirement, including the fact that the psychotropic medication was prescribed for an urgent medical need.

Mental Health Assessments

I. The caseworker must also ensure a child or young adult has received the required mental health assessment from a qualified mental health professional or licensed medical professional prior to the administration of a new prescription for more than one psychotropic medication or any antipsychotic medication.

II. A mental health assessment is required unless the new prescription is:
   A. Prescribed for the treatment of an urgent medical need;
   B. A change in the way the same medication is administered (e.g., by patch instead of by mouth);
   C. A change in the medication within the same classification (e.g., Concerta instead of Adderall);
   D. A one-time medication prior to a medical procedure (e.g., Valium before surgery);

E. A dosage change of established medication.

III. Mental health assessments must have been completed within three months of the time a new psychotropic medication is prescribed, or may be an update of a prior assessment which focuses on a new or acute problem.

IV. Whenever possible, the mental health assessment should be shared with prescribing licensed health care professional prior to the appointment for medication evaluation.

V. For more information on how to request a mental health assessment, refer to Chapter 5, Section 24, Mental Health Services.

Annual Review of Psychotropic Medications

I. When a child or young adult has more than two prescriptions for psychotropic medications, or if the child or young adult is under six years old, an annual review of these medications must be completed by a practitioner other than the prescriber.

II. The annual review will be completed by staff or a contractor with the Drug Use Review (DUR) Program in the Division of Medical Assistance Program.

III. The DUR staff person may contact the caseworker or request more information regarding mental health services, diagnostic information and perhaps other questions as needed to assist with the annual review. The caseworker should respond to these questions in a timely manner to prevent delay in the completion of the review.

IV. The completed written review will be sent to the caseworker via mail or email. The caseworker should:

A. Receive the annual review and review the comments.

B. File the completed Annual Review of Psychotropic Medication in the medical section of the child or young adult's case file and make an entry in the case notes regarding the review results.

Monitor Effects of Psychotropic Medication

I. During the monthly face-to-face contact with the child or young adult and the caregiver, the caseworker should discuss information regarding the prescribed psychotropic medications. This discussion should include information about the intended effects and any side effects of the medication.

II. The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult will be monitored by a licensed health care professional on a routine basis.

III. Contact the prescribing licensed health care professional with information regarding the child or young adult's condition if it is not improving, is deteriorating or if side effects are observed or reported.

IV. Receive and review medication logs (CF 1083) and file in the medical section of the case file.

V. Record the information gathered form the caregiver and the child in the case notes.

Providing Psychotropic Medication Notification

I. The caseworker must provide written notification to all legal parties within a timely manner not to exceed 10 business days following receipt of notification of:
   A. Prescription for a new psychotropic medication (and consent has been granted; or
   B. The dosage of a psychotropic medication has been changed; or
   C. Discontinuation of a psychotropic medication.

II. For details of the notification, refer to OAR 413-070-0400 to 0490.

III. CAF standardized notification letter may be used to notify legal parties: CF 173A.

Monitor Effects of Psychotropic Medication

I. During the monthly face-to-face contact with the child or young adult and the caregiver, the caseworker should discuss information regarding the prescribed psychotropic medications. This discussion should include information about the intended effects and any side effects of the medication.

II. The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult will be monitored by a licensed health care professional on a routine basis.

III. Contact the prescribing licensed health care professional with information regarding the child or young adult's condition if it is not improving, is deteriorating or if side effects are observed or reported.

IV. Receive and review medication logs (CF 1083) and file in the medical section of the case file.

V. Record the information gathered from the caregiver and the child in the case notes.

Nutritional Resources for a Child Under 5 years

Refer the child's substitute caregiver to the local Oregon Women, Infants and Children (WIC) clinic. The WIC program provides quality nutrition education for substitute caregivers and services for children up to 5 years.

Managing Extraordinary or Controversial Medical Procedures, Including Termination of Pregnancy

Specific Authorizations REQUIRED

Oregon Administrative Rule requires specific authorizations for these circumstances. The age of consent varies depending on the medical service and procedure as defined in Oregon statute, and is noted below.

The caseworker must fully inform the supervisor who works in conjunction with the Child Welfare program manager, or designee, and district manager to provide clear, accurate, concise and timely information to the appropriate management level to make the decision whether to authorize needed treatment. The Health and Wellness Services Program Manager is available for consultation and to provide written consent when necessary, including after business hours.

A Medical or Surgical Procedure to Which The Child or Young Adult's Parents are

Opposed

Procedure

The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Inform appropriate level of Child Welfare Administration in regards to a medical or surgical procedure to which the child or young adult's parents are opposed.

- Provide a written description of the nature of the extraordinary or controversial medical or surgical procedure, including physician recommendations for treatment, hospital medical consent forms, and contact information for medical and hospital staff. Also include parent or guardian concerns for opposing the procedure and the validity of the opposition. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child or young adult.
- Send the information via e-mail to the Health and Wellness Services Program Manager who will consult with a DHS Deputy Director for Child Welfare, as needed.

Consent for Treatment of Extraordinary or Controversial Medical Procedures to Which The Child or Young Adult's Parents are Opposed

Obtain appropriate level of Child Welfare Administration consent for medical procedures to which the child or young adult's parents are opposed:

- Only the Health and Wellness Services Program Manager in consult with the DHS Child Welfare Director, or a DHS Child Welfare Deputy Director, or the court can consent to a medical or surgical procedure to which the child or young adult's parents are opposed. Written consent is obtained on the CF 242 Consent for Medical/ Surgical Care and Treatment, or the facility's consent form, and filed in legal section of the child or young adult's file cabinet in OR-Kids.
- A child or young adult age 15 years or older can consent to hospital care, medical and surgical diagnosis, or treatment without the consent of the parent or guardian. ORS 109.640
- Exception to the required Child Welfare administration consent: When a child or young adult is placed with a Voluntary Placement Agreement, the contract agreement specifically states that the child or young adult's parents must be consulted prior to an extraordinary or controversial medical procedure. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult.

Termination of a Pregnancy

Procedure

Work in close collaboration with the child or young adult's medical and mental health providers and the substitute caregiver to ensure appropriate care and counseling before and after termination of a pregnancy. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult.

When the child is under 15 years of age and prior to the termination of pregnancy, prepare documentation of the child's current situation including the child's choice, physician recommendations, hospital medical consent forms, and contact

information for medical and hospital staff. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child or young adult.

Inform Child Welfare administration of the information via e-mail to the Health and Wellness Services Program Manager who will consult with the DHS Deputy Director for Child Welfare, if needed.

Consent for Termination of Pregnancy

Only the Health and Wellness Services Program Manager in consult with the DHS Child Welfare Director or Child Welfare Deputy Director can consent to termination of a pregnancy except when a young adult is 15 years of age or older and exercises her statutory right to consent to her own termination of a pregnancy (ORS 109.640). Written consent is obtained on the CF 242, Consent for Medical/Surgical Care and Treatment, or the facility's consent form, and filed in the medical section of the child or young adult's file cabinet in OR-Kids.

Sterilization

Procedure

Sterilization can only be authorized through administration or the court when such a procedure is necessary to protect the child's life. Provide CAF administration with the following:

I. A written description of the child's current situation, including physician recommendations for sterilization, hospital medical consent forms, and contact information for medical and hospital staff; and

II. A copy of the most recent court order or court report regarding the legal status of the child.

III. Send the information via email or fax to the DHS assistant director for CAF followed with a phone call to the assistant director's administrative assistant to alert the central office of the incoming information and request for consent.

Obtain consent:

I. Only the DHS assistant director for CAF, the deputy assistant director for CAF Policy and Program, or the deputy assistant director for CAF Field Services can consent to sterilization and only under ORS Chapter 436 and when the procedure is necessary to protect the child's life. Written consent is obtained on the CF 0242, Consent for Medical/Surgical Care and Treatment, and filed in the legal section of he child's case file.

The Supervisor's Role

Psychotropic Medication Management Responsibilities

I. Complete Section D of the Psychotropic Consent form;

II. Consult with prescribing licensed health care professional if there are questions or concerns prior to signing the consent form; and

III. Consult with Nurse manager at 503-945-6620 if questions or concerns cannot be resolved with the prescriber.

Routinely consult with the caseworker regarding the identified needs of the child. Support the caseworker in ensuring the child has appropriate medical coverage. Support the caseworker in making decisions regarding

medical care and treatment. Review the case and assist in securing consent when management, administration or court consent is required.

Participate in staffings regarding HIV testing results. Ensure appropriate documentation and secure filing of all sensitive and confidential medical information.

References

Forms

CF 1005, "Voluntary Custody Agreement"
CF 499 Voluntary Placement Agreement
CF 173C Psychotropic Medication Consent Form
MSC 2099
CF 1083
CF 242
CF 990
CF 1085
CF 173A Psychotropic Medication: Required Notification letter

Federal law

Title XIX of the Social Security Act

Oregon Revised Statutes

ORS 109.675, 418.005, 418.517, 109.610, 109.640, 413.005, 414.025 through 414.815, 418.325, 419b.346, 428.517, 433.045

Oregon Administrative Rules

413-010-0010 to 0075, Confidentiality of Client Information

413-020-0005 to 0050, Voluntary Custody Agreement

413-090-0085 to 0210, Personal Care Services

413-020-0060 to 0090, Voluntary Placement Agreement

410-141-0000 to 0860, Medical Services Provided Through the Oregon Health Plan

413-060-0000 to 0030, Family Planning Services

413-070-0400 to 0490, Psychotropic Medication Management

413-200-0301 to 0396, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

Tip

A cooperative relationship with the child's substitute caregiver is critical as most often it

is the substitute caregiver who transports the child to the appointment, consults with the medical professional, and provides the medication or other care ordered by the medical provider. The caseworker gives clear instructions on how and when medical information is shared.

When coordinating a child's medical services, ensure that the substitute caregiver:

- *Is fully aware of the care and treatment needs of the child;*
- *Can perform the medical care functions;*
- *Has the ability and capacity to adequately care for the child; and*
- *Follows the child's scheduled appointments and treatment.*

Tip

Voluntary Placement Agreements and Voluntary Custody Agreements

1. *When a child is in substitute care through a Voluntary Placement Agreement or authorization, the caseworker must review the specific agreement for the authorization to consent to the specific medical and/or mental health decisions.*
2. *If the legal parents retain the responsibility to make medical and/or mental health decisions, the caseworker must notify the legal parents regarding the psychotropic medication prescription consent request and ensure consent is obtained from the legal parents.*
3. *If the legal parents have delegated consent authority to the Department, the consent to administer psychotropic medication from the Department must be followed.*

Chapter 5

Section 22: Dental Care Services

Dental Care Services

Procedure

- Ensure each child is enrolled in a dental plan. Most children/young adults will be enrolled in a Coordinated Care Organization (CCO) that includes a dental plan. If a child is enrolled in a CCOA or CCOG, the dental will be through the CCO. If a child is enrolled in dental through a CCO, and the dental plan needs to be changed, the CCO needs to be contacted directly to make that change. If a child is not enrolled in dental through the CCO they will either be enrolled in a Dental Care Organization (DCO) or will be on an open card for dental. Most areas in the state require enrollment in a dental plan either through the CCO or a DCO. Finding an open card dental provider in Oregon is often difficult.
- Each child/young adult placed in substitute care must receive a dental assessment (children age 1 and older) within 30 calendar days of entering care.
- Ensure routine tooth cleaning is scheduled with a complete dental exam at a minimum of once every 12 months.
- Document the name and contact information for the medical professionals providing dental care in the child or young adult's person management in OR-Kids (Information saved in person management will pull into the Child Specific Case Plan generated by OR-Kids).
- When a child or young adult is placed in substitute care through a Voluntary Placement Agreement, the child or young adult's parents must be consulted prior to obtaining ordinary dental, hygiene or other remedial dental care.

Chapter 5

Section 23: Orthodontia Services

Orthodontia Services

Procedure

Orthodontia treatment is only covered by OHP/Medicaid if a child or young adult has cleft lip or cleft palate. If a dentist feels strongly a child or young adult without cleft lip/palate has a need for orthodontia, please follow the process below:

Medicaid funds will cover only orthodontia services for Medicaid-eligible children with a cleft lip or cleft palate. When the child has that diagnosis, the provider must request prior authorization for payment to either DMAP in the case of an "open" card or through the Coordinated Care Organization (CCO) or Dental Care Organization (DCO) if the child is enrolled.

To Request Orthodontia Treatment

- Gather information and complete an initial review of the identified need.
- Review potential funding resources within the following parameters:
  - All available funding resources must be identified and secured prior to initiating orthodontia treatment
  - If child does not have cleft lip or cleft palate, orthodontia must be paid with other medical branch funds. Documentation of a complete evaluation of orthodontia needs must be provided by the dental care provider.
  - A letter outlining the treatment plan from the proposed orthodontic provider that includes the presenting medical condition or medical condition developed as a result of dental conditions, treatment plan correcting the presenting issues, timeline for treatment and the expected treatment outcome. This information must be kept in the medical section of the child or young adult's file cabinet in OR-Kids and a copy submitted with the expenditure request.
- Identify and confirm other financial resources who have agreed to assist in the treatment plan (e.g., a relative or philanthropic or community service agency willing to provide financial assistance) and documentation that such resources will be expended prior to payment of other medical branch funds.
- Present the funding request and supporting documentation to the supervisor for approval.
- All requests for orthodontic treatment are reviewed with the criteria listed below.

Requests for other medical branch funds will be considered for orthodontic services needed as part of treatment for a medical condition or because a medical condition developed as a result of dental conditions. If the child or young adult is enrolled in dental care through a CCO, the Medical Assistance Specialist (MAS) should contact the Intensive Care Manager (ICM) at the CCO to ask if additional funds are available to assist in covering the cost of orthodontic services. The following conditions, with the proper documentation, are a first priority for orthodontic treatment:

- Cleft lip and/or cleft palateImpacted canines
- Impinging overbite
- Overjet greater than 9 mm

- Syndromes affecting the bone
- Syndromes of abnormal craniofacial contour
- Malocclusion resulting from traumatic injury

Other medical branch funds expenditures are authorized by management staff and must meet both the criteria detailed below and identified in spending parameters for all other medical branch funds (OAR 413-050-0410, 413-050-0430).

- A child or young adult must be receiving Child Welfare services and must be in the physical or legal custody of the department, open for services through a CPS assessment, or receiving voluntary services through a notarized Voluntary Placement Agreement (CF 499) or Voluntary Placement Agreement signed by the parent or legal guardian.
- The request must be consistent with the case plan to meet the child or young adult's needs for safety, permanency, attachment and well-being.
- There must be documentation that other appropriate resources have been exhausted and there are no other internal, philanthropic or community resources available to meet the need.
- No funds may be intentionally allocated nor considered in order to shift costs to pay indirectly for disallowed expenditures of funds.
- No funds may be allocated to circumvent other policy or administrative rule, such as making payments to non-IV-E relative caregivers to pay the difference between the nonneedy relative payment and foster care payment.
- Payments may not supplant or replace other appropriate funding streams such as medical services eligible for payment under the Oregon Health Plan (OHP).
- All expenditures must comply with all DAS and department expenditure, contracting and purchasing rules, policies and procedures.
- Expenditures must address the needs of the child or young adult as identified in their case plan.

Obtain Approval and Payment For Orthodontia Treatment

All orthodontic treatment must be authorized as outlined prior to the start of treatment.

Approval Process		
Responsibility	**Step**	**Action**
Caseworker	(1)	Review client need against other medical branch funds policy criteria.
	(2)	Explore other resources to meet the need and document those explored.
	(3)	Prepare an expenditure request form and forward per locally established review process.

Supervisor	(4)	Approve or deny request. Ensure that sufficient funds are available to meet the request.
District Manager or Designee	(5)	Approve or deny exceptions. Monitor spending to ensure budget parameters are met.
Local Payment Worker	(6)	Follow appropriate agency expenditure/payment procedures Policy III-D.5.1, Acquisition of Goods and Services, and any applicable DAS rules.

Understand Limitations on Orthodontia Expenditures

The following limitations to orthodontia expenditures apply:

- The department will consider incurring partial costs of orthodontic treatment only when such treatment is consistent with a child or young adult's permanency plan and agreed upon by their substitute caregivers.
- A one-time payment will be made in full for all treatment including the appliances, retainers, follow-up visits, removal of the appliances and all follow-up care.
- Continued orthodontic treatment for children who were receiving orthodontic treatment prior to being in the legal or physical custody of the department will not be considered for other medical branch funds and no other resources are available. The parents or legal guardians will be expected to continue to cover the costs of treatment.
- Children or young adults who leave the department's custody prior to completion of orthodontic treatment will still be obligated to complete treatment for paid services.
- Cosmetic orthodontics and orthodontics for self-esteem purposes only will not be covered through other medical branch funds.

References

Forms

- CF 449

Federal Law

- Title XIX of the Social Security Act

Chapter 5

Section 24: Mental Health Services

Mental health services

Procedure

I. Refer a child entering substitute care to the local mental health provider for a mental health assessment within 60 days of placement.

II. Ensure a child's enrollment in a Mental Health Organization (MHO). MHO enrollment normally occurs on the first of the month following Oregon Health Plan (OHP) eligibility.

III. Ensure a child has access to mental health services.

   A. To access mental health services prior to MHO enrollment, and if a child has urgent mental health needs, contact the local Community Mental Health Program (CMHP) Children's Mental Health contact in the child's county of residence.

   B. A child with private health insurance in addition to his or her OHP coverage is not enrolled in an MHO. The child stays on an open card (fee-for-service). To access mental health services, contact the CMHP Children's Mental Health contact in the child's county of residence.

IV. Call the local CMHP Children's Mental Health contact in the child's county of residence to schedule an appointment. After a child is enrolled in an MHO, the telephone number will be listed on the medical ID card under the mental health plan. The local office medical assistance specialist can identify the plan. If the child is not enrolled in an MHO, none will be listed on the medical ID card.

V. Ask for a mental health assessment for the child and request a written copy of the results of the assessment by submitting the Authorization for Use and Disclosure of Information form MSC 2099 to the mental health provider.

VI. Document the results of the mental health assessment and any follow up or treatment services in case notes. Written reports and assessments are filed in the case file's medical section. Share information with the child's substitute caregiver and, when appropriate, with the child's parents.

VII. Include the services recommended by the mental health provider as part of the case plan in the Child Safety and Well-Being, Child Description, Their Needs and Well-Being section of the case plan. If all recommended services are not available in the community, consult with the mental health provider to prioritize services. Recommendations and services are documented in case notes.

VIII. Request a level of need determination and an assessment that includes a Child and Adolescent Services Intensity Instrument (CASII) if a child has particularly complex mental health issues or the child's needs are not addressed in routine mental health care. The child's score on this instrument, combined with other assessment information and relevant risk factors, will determine the level of mental health services a child needs. The CASII is considered a part of the process of level of need determination. The level of need determination process will include recommendations for treatment and/or further evaluation.

IX. Actively participate in the child and family team meetings coordinated through the mental health provider, and advocate for the services the child needs.

A. A child with significant mental health issues (determined by the assessment, the CASII score, and the presence of relevant risk factors) may be eligible for mental health care coordination. Mental health care coordinators organize and facilitate the child and family teams who organize the delivery of mental health services that may include outpatient treatment, intensive home-based services, respite, day treatment, residential treatment or hospitalization.

X. When appropriate, arrange for additional services to or for the child through other community mental health resources.

A. There may be occasions where services may be ordered by the court.

B. Request additional services or an expert evaluation to assist in case planning, and request case consultation or an evaluation of parent/child interaction and sibling interaction when appropriate.

C. Request additional services for treatment of a child's identified needs such as sex abuse treatment services, or further evaluation to assist in best meeting placement, treatment or service needs such as a psycho-sexual evaluation, psychological evaluation or neuro-psychological testing.

1. To obtain these evaluations or administrative exams, complete a Request for Medical Funds form and submit it to the supervisor in the local office.

XI. Consult with the medical assistance resource coordinator in Salem when assistance is needed to understand mental health coverage or enrollment changes, or to secure additional services not covered through mental health coverage.

Tip

Mental health services provided through the local mental health provider are based on the child's mental health diagnosis and the determination of the medical necessity for treatment. There may be times when a child's behaviors indicate a need for services, but the behaviors are not directly linked to a diagnosis or are not viewed as medical necessity (such as sexual aggressive or reactive behaviors). These behaviors, when not directly linked to a mental health diagnosis, may not necessarily be treated by the mental health provider.

Who provides consent for a child 14 or older

A child 14 years of age or older may consent to outpatient assessment and/or treatment of a mental or emotional disorder without the knowledge or consent of the caregiver or the Department. If the caseworker obtains this information from the child or the child's caregiver, the caseworker must, within seven working days of receiving the information, ask the child whether he or she consents to disclosure of information and to whom information may be disclosed. If consent is granted, the caseworker documents authorization on the Consent for Disclosure of Confidential Information form (CW 1085). This does not apply to notification if the caseworker learns the child is taking psychotropic medications.

I. If the caseworker has questions regarding the child's competence to make an informed decision on disclosure of information, document in the case file the following information:

A. The attempt to explain the meaning and intent of consenting to disclosure of treatment;

B. The determination that the child was unable to understand the meaning and consequences of the decision to consent to disclosure; and

C. The determination of the youth's competence was not linked to the diagnosis precipitating the prescription for psychotropic medication.

Emergency/urgent mental health needs

I. If a child presents a threat of harm to self or others, either call or instruct the substitute caregiver to call the local mental health provider immediately.

   A. The local CMHP has statutory responsibility to provide crisis services (24 hours/7 days a week) to members of the community they serve. After normal business hours, the response may be a telephone crisis triage service with links to local on-call staff.

II. At any time a child requires immediate mental health services, provide specific and detailed descriptions of the child's current behaviors and conditions to the CMHP (or instruct the caregiver to do so). Accurate and detailed information gives the provider the information needed to make a determination for an appropriate response. At any time a child requires immediate mental health services, the caseworker or other branch personnel involved in the case remain available to the child, substitute caregiver and the mental health provider, preferably in person, but if necessary by phone or pager until the crisis is resolved and the child's safety is ensured.

Children's Mental Health System Change Initiative

As of October 1, 2005, the system of funding and arranging for Psychiatric Residential Treatment Services and Psychiatric Day Treatment Services changed. Local mental health systems must be involved in screening and identifying children with intensive needs for mental health services. OHP managed care organizations will have more flexibility when designing services for children needing intensive mental health services, and transitions between facility- and community-based services will be better coordinated. Click here for more information on the Children's Mental Health System Change Initiative. For more information on psychiatric residential placement, refer to Placement Options in this procedure manual.

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.

The Supervisor's Role

I. Ensure timely referral and assessment is completed.

II. Review and approve requests for additional evaluation or testing.

III. Consult with the caseworker and review the child's mental health services.

References

Forms

I. SCF 501A Available through Distribution

II. MSC 2099

III. CF 1085

Oregon Administrative Rules

OAR 410-141-0000 to 0860, Medical Services Provided Through the Oregon Health Plan

Chapter 5

Section 26: Family Visitation and Contact

Family Visitation and Contact

Maintaining family contact and regular visitation is the single most important factor in supporting 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. Frequent high-quality visits support parental engagement and motivation for change. A visit and contact plan that meets the child's developmental and attachment needs and allows for frequent contact between the child, siblings and members of his or her family must be created for every child in substitute care. This plan must be in the best interest of the child and must develop or enhance attachment with the child's family, including siblings. The visitation plan is created to reduce the trauma to the child associated with being removed from the home. The visit and contact plan is part of the case plan, receives priority when reunification is the permanency plan, and is developed through an assessment of the needs of and risks to the child.

One of the best predictors of successful reunification is the frequency and quality of visits between a child and his or her parents. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child. When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal, visits strengthen and maintain family relationships, enhance a child's well-being, and affirm the importance of parents in the child's life.

Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. It is separate from counseling, therapy, assessments, case reviews, family meetings or court hearings. Visitation can be supplemented with other types and means of contact such as phone calls, letters, email, pictures, and gifts. This contact should be allowed and encouraged unless the child's or others' safety or well-being may be compromised.

Visit and Contact Plans

Procedure

Involve the parents in planning for visits. It is also important to invite the child's substitute caregivers, the child and other relevant people (e.g., the child's attorney, CASA, therapist or relatives) to participate in planning for parent-child contact. This planning process begins when a child is first removed from the parent's home.

I. Prepare a visit and contact plan when a child first enters substitute care or by the time of the first court hearing, whichever is first. When working with parents on developing a visit and contact plan, explain their rights regarding visits and what they can expect prior to, during and after visitation, and explain the importance of visitation to the child. The visit and contact plan must explain the reason for supervision if supervision is required. The plan includes the names of the person(s) with whom a child may have contact and the description of the contact with each person that includes:

   A. Type, time, frequency, length, location, supervision and safety considerations.

   B. Do not list addresses or telephone numbers on the visitation plan when doing so may put others at risk of harm (e.g., domestic violence or restraining orders) or when doing so would violate confidentiality.

II. Schedule the first visit within a week of the child's placement in substitute care, preferably within the first 48 hours of the child entering care. If this does not occur, document the reasons why in a case note in the

electronic information system.

A. The visit and contact plan is a part of the case plan. The Visit and Contact form CF 0831 may be filled out by Department staff or the caseworker. It must be approved by the caseworker if completed by Department staff. The caseworker must consider several factors in the development of the visit and contact plan:

   1. The ongoing safety plan. (What are the safety issues, both physically and emotionally for the child in interacting with the parent?)
   2. The child's permanency plan. (Has the department moved to a permanency plan other than reunification?)
   3. The unique developmental and attachment needs of the child (e.g., frequent contact is critical to maintaining attachment to the parents).
   4. The family's culture, traditions, language and norms and how to support and incorporate those considerations into visits.
   5. A child's school schedule (which should not be disrupted for visitation, if possible).
   6. The best interests of the child.
   7. Any orders of the court regarding visitation with a child's parents or siblings.

B. If supervision is required, the visit and contact plan must clearly explain the reason for supervision. Some reasons to require supervision during visits include: to protect the child from harm, manage child safety, or to provide therapeutic visitation. The reasons must be specific to the family's and child's needs.

C. A visit and contact plan that prohibits visits with family members must clearly state the reasons for the prohibition and the circumstances, if any, under which the department would begin or resume contact.

D. Reasons to prohibit visits include:

   1. When there is reason to believe the acts or omissions of a parent or guardian would result in child abuse or neglect during a visit;
   2. The safety of a child or young adult cannot be managed by supervision;
   3. The visit does not meet the best interests of the child or young adult; or
   4. A court order prohibits visits.

E. Visits cannot be canceled solely due to the act or omission of a parent that is unrelated to the safety or well-being of a child during a visit.

F. If visits between a child and a parent do not occur for any reason, visits between siblings not placed together should continue to regularly take place unless the child's safety or well-being would be compromised during a visit.

G. The Department will support foster parents in prioritizing visits between siblings placed separately when doing so is safe and in the best interest of a child.

H. Discuss with the foster parent the different reactions a child may have to visitation with his or her parent (including feeling happy, confused, sad and angry) and that the child may not be able to express feelings with words, but with behaviors (such as regression, depression, bad dreams, aggression,

or irritability as well as other acting out behaviors). Explain that this is normal and not a reason to terminate or limit visits.

I. Explain to the foster parent the benefits of frequent visitation: promotes healthy attachment, establishes and strengthens parent-child relationship, eases pain of separation and loss for the child, helps motivate parents to make changes, allows parents to learn and practice new skills.

J. Ensure the visit and contact plan is written in a language the family can understand.

K. Address any specific needs of the family during visitation, such as cultural or language-specific needs.

L. Explain to the parents what might happen if they do not attend visits and explain the known or anticipated reasons for ending a visit, such as for safety reasons.

M. Plan for contact other than visitation such as phone or email contact, letters, pictures and contact during other family activities such as school or church events, family gatherings, or doctor or dental appointments.

N. Address the barriers to visitation such as transportation, health conditions, or arranging child care for a child's siblings.

O. Consider the parents' work or treatment schedules in the development of the visit and contact plan.

P. Consider safety concerns for the child and others. When necessary, take special measures for a child and non-offending parent when domestic violence has occurred and there is an active restraining order, there are limited contact requirements through a divorce decree, or there is no order or court action, but there have been domestic violence or other safety issues between the parents. These measures may include separate visitation schedules, safe drop-off and pick-up locations, or special safety plans for unplanned contact.

Q. Address in the visitation plan reasons for canceling or rescheduling a visit (e.g., safety issues) and what may happen if a parent does not attend a scheduled visit.

R. Include a timeframe for regular review and revision of the visit and contact plan. This review must be a part of the 90-day case plan review.

Supervision Levels and Documentation

Procedure

Visit and Contact Plan

I. The visit and contact plan should utilize the least restrictive level of visitation that can meet the safety needs of the child.

Levels of supervision include:

A. Unsupervised Visitation: The parent is demonstrating increased protective capacities and decreased diminished protective capacities. Safety threats are managed, and the child feels comfortable visiting with the parent. Unsupervised visitation should be considered as a natural transition to the return home process as conditions for return are close to being met. Document with whom, when and where unsupervised visits are occurring on the ongoing safety plan and the visit and contact form (CF 0831).

B. Monitored Visitation: Parent is demonstrating mostly enhanced protective capacities, and diminished protective capacities are decreasing. The child is comfortable visiting the parent. Safety threats can be managed. These visits may be supervised by DHS staff or other approved safety service provider. There may be specific rules regarding location and supervision of the visit. Group visitation may fit in this category.

C. Supervised Visitation: Safety threats exist or are currently being assessed, and there is a vulnerable child. The parent may need assistance in establishing a parent/child relationship. The child may need reassurance of a third party. This may occur at the beginning of a case or when a termination of parental rights petition has been filed. Supervision requires that the visit be:

1. Supervised in a DHS office or in the community.
2. Supervised by DHS staff or approved safety service provider.
3. Supervised within sight/sound.

D. Intensive Supervision: This highest level of supervision is only appropriate on high-risk cases or when there are significant child well-being issues. Examples might be: threat of abduction, threat of coercion of testimony, or a fearful child. Intensive supervision requires that the visit be:

1. Supervised by DHS staff or another approved professional.
2. Supervised in secure environment.

E. Therapeutic Visitation: This level of supervision is clinical and requires a higher skill level of intervention by a professional. Therapeutic visitation may be necessary to facilitate attachment, child well-being, transition, or other relationship dynamics. The professional must confirm they are comfortable managing child safety during the visit.

F. Supplemental Contact: Supplemental contact should occur in addition to a regular visitation plan. The type of supplemental contact should match safety threats and vulnerability of the child. Types of supplemental contact include:

1. Hands-on visitation during a structured or facilitated class.
2. Email and phone.
3. Parent participating in medical appointments, school activities, holiday celebrations, etc.

Documentation of Visits

I. Each visitation contact between a parent and a child and between the child and his or her siblings must be documented in the Child Welfare electronic information system. The documentation must include who participated in the visit, the date and the location of the visit, and what occurred during the visit. This information may be submitted to the court.

II. When someone other than department staff is supervising the visit, ensure the person supervising the visit provides feedback of the impact of the visit on the child no more than seven days after the visit has occurred. This feedback must be documented in the Child Welfare electronic information system.

During the CPS Assessment:

I. Visitation will likely begin at a supervised level during the initial CPS assessment to assist in determining

the needs of the child, protective capacity of the parents, and understanding parent-child dynamics. The caseworker can move to a less restrictive level of supervision at any point during this assessment period once safety and well-being are assured.

Questions to Determine Supervision Levels and How to Move Between Supervision Levels

Procedure

I. Visit and contact plans are meant to be case specific and are an important part of the case plan that need to reviewed regularly. Visits should occur in both the least restrictive environment and level of supervision that can be implemented while still meeting the child's physical and emotional safety needs. Visitation plans are meant to be fluid and should become less or more restrictive as the case plan moves along. As the parent demonstrates increased protective capacities and decreased diminished protective capacities, the level of supervision should decrease as a natural transition to the return home process. If no progress is being made, the supervision plan may not change. Progress does not determine whether a parent has the opportunity for visitation services. Questions to consider when determining the appropriate level of supervision:

   A. Do safety threats still exist to warrant the current level of visitation?

   B. Can safety threats be managed in a less restrictive way that would be safe and appropriate?

   C. Is the child comfortable during visits?

   D. Does the level of visitation match the permanency plan?

   E. Have the parents been consistent in following the current visitation plan?

   F. Do the parents understand visitation expectations?

   G. Have relatives/kith/other natural supports been explored as visitation supervisors?

   H. Have more normalized environments, other than the DHS office, been explored?

   I. Can visitation time be extended or more visits added?

   J. Can the current visitation schedule be supplemented in any way?

Safety Service Providers (SSP) and Visitation

Procedure

I. Arrange supervised visitation with a DHS-approved Safety Service Provider (SSP) when required to address safety concerns for the child.

   A. In these circumstances, a DHS-approved third party (SSP) is included in the visit to protect the emotional and physical safety of the child.

   B. Make the arrangements for the SSP, provide the parameters of the visit, and provide the instructions to the SSP for visit parameters, special considerations, and any observation and documentation requirements. Ensure that the person supervising the visit receives a copy of the visit and contact plan, understands the dynamics of the individual family, the purpose of the supervision, and will comply with

the safety plan.

C. Continue supervised visits only if they are required to manage child safety.

Assessment of non-DHS employees as Safety Service Providers for visitation supervision

Procedure

I. There are times when it may be appropriate to have a non-DHS employee supervise a visit. This may be the foster parent/relative caregiver, other relatives, other individuals known to the family or a DHS volunteer who have been approved by DHS to be a Safety Service Provider (SSP). In assessing the appropriateness of the person as a Safety Service Provider to supervise visitation, consider:

A. Whether the SSP's viewpoint toward the child is appropriate and realistic.

B. If the SSP understands what the threats are and accepts them as existing, serious and concerning.

C. If the SSP possesses the knowledge, skills and motivation necessary to perform the action or service being asked of him or her in the safety plan and the visit and contact plan.

D. If visits occur at the SSP's home, the safety and appropriateness of the home.

E. Whether the SSP has the ability to and will intervene in the visit, if necessary, and understands when intervention would be necessary.

F. Whether the SSP has the ability to provide objective and accurate information about the visit.

G. Whether the SSP has the ability to and will complete the documentation required within the required timeframe.

Special Visitation Considerations

I. Federal regulations apply to Interstate Compact on the Placement of Children (ICPC) cases and the length of visits. Consult with the central office ICPC coordinator regarding parameters of interstate visits for a placement governed by ICPC.

II. Arrange for a child to visit with extended family members or other important people in his or her life (e.g., a sibling, teacher, coach, pastor, rabbi or neighbor) to maintain a child's connection to family, culture and community. Maintaining a child's connections with significant people in their life is important to the child's well-being.

III. Ensure the family and other visitation contacts are documented in the case notes, and include the following information:

A. The date, time, length and location of the visit;

B. Who attended;

C. Activities that occurred during supervised or structured visits;

D. Missed visits and reason(s) the visits were missed; and

E. Interrupted or visits that were ended early and reason(s) why they were interrupted or ended.

IV. There are special considerations for visitation when a parent is incarcerated. Appendix 5.31 provides guidance to the caseworker when arranging visitation with a parent who is incarcerated or in custody.

V. The caseworker is responsible for planning and evaluating the visitation between parents and their children. Appendix 5.32 provides questions to guide planning and evaluating of family visits.

Support of the visitation process

Family visitation can be stressful and awkward for both the child and his or her parents. Visits at the DHS office may trigger a trauma response in both parents and children. Family members may struggle with what to say and do during visits.

There are many things a caseworker can do to support and enhance the visitation process:

I. Take time to talk with parents, children and young adults about places where they would feel comfortable having a visit. Consider planning visits in a park, library, church or other public setting outside the office. Consider occasions when visits can occur in the family home.

II. Suggest the parents bring books, toys and/or games to the visit. Parents who do not have books can check them out from the library. Ask parents if they mind recording themselves or having someone help record them as they read to or interact with their child. This can be played again by the child throughout the week.

III. Encourage the family members to share family traditions, cultural rituals and special celebrations together. Eating often is a fond family ritual, and sharing food is enjoyable for everyone.

IV. Use visitation times to celebrate child and family accomplishments.

V. Take and share pictures.

VI. Ask if the parent would like to sleep with a favorite blanket or piece of clothing and give it to the child at a visit. The smells of home and familiar items can provide a sense of connection and comfort when the parent is not with the child.

The Supervisor's Role

I. Review the case plan, including visitation and contact plans.

II. Consult with the caseworker when issues or concerns arise.

III. Support creative thinking regarding increasing the number of people who can supervise visits, where visits take place, and supporting family traditions and culture.

IV. Ensure the level of supervision is appropriate.

V. Explore possible caseworker bias around appropriate behavior and expectations in visits.

VI. Support the caseworker's efforts for frequent contact between the child and his or her parents and between siblings.

References

Case plan in OR-Kids

CF 0831 Visit and Contact Form

Legal references

Interstate Compact on the Placement of Children

ICPC Regulation No. 9, Definition of a Visit

OARs

OAR 413-040-0250, Travel Arrangements and Reimbursement for Transportation Expenses

OAR 413-010-0170, Rights of Children and Young Adults

OAR 413-010-0170, Rights of Relatives

OAR 413-200-0301, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

OAR 413-040-0005, Developing and Managing the Case plan

OAR 413-070-0860, Types of Visit and Contact Plans

Chapter 5

Section 27: Clothing and personal belongings

Clothing and personal belongings

Procedures

Bringing clothing and personal belongings into substitute care

I. Ask the family to provide items and clothing they know their child would want.
   A. Help them understand the importance to their child.
   B. Talk with them about their child – learn more about what the child likes and encourage them to bring their child's personal items to visits.
   C. Reassure parents that these items will be well cared for and that items will remain with the child.
   D. Also, acknowledge to the parents that things can get lost or stolen while the child is in substitute care. Parents may ask about toys or other electronic devices. Let the parents know there may be a risk of damage or loss of these items if they are sent with the child into care.

II. If the parents refuse to provide the child's clothing, the caseworker can ask the court to order the parents to release the items.

Tracking clothing and personal belongings

I. Inventory a child's clothes when the child enters care with the substitute caregiver.
   A. The inventory provides the initial list of personal items, and the substitute caregiver can add to the list as new items are purchased.
   B. This inventory also helps ensure that, when a child leaves substitute care, all of the personal belongings can go with him/her.
   C. Standard rates for substitute caregivers include money for monthly clothing replacement.
      1. It is the substitute caregiver's responsibility to maintain a child's clothes with this payment. It is reasonable and appropriate to inquire of the substitute caregiver about the purchase of new clothing for the child.

Additional clothing needs

I. Sometimes the local office will have a clothing closet or the local foster parent organization, school or other community programs have clothing closets available for children in substitute care. Use these resources prior to a purchase of clothing.

II. If resources have been exhausted, request a one-time-only Emergency Voucher when a child enters substitute care in the initial placement. The supervisor approves this request.

III. Coordinate with the substitute caregiver on the best way to issue and deliver the voucher to the substitute caregiver. Often substitute caregivers have preferences regarding the stores in which they shop. If this is the case, the office manager or designee will complete a CF 0598 Authorization and Vendor Voucher for the selected store.

IV. Make the arrangements with the substitute caregiver regarding receipt of the voucher. At the store, the

substitute caregiver presents the voucher when purchasing the items; the store will complete the CF 0598 and send it to DHS accounting for reimbursement.

V. When the substitute caregiver intends to shop at more than one store, the substitute caregiver is given the CF 0598. The substitute caregiver submits the completed form, along with original receipts, to the address on the form.

Special circumstances

I. Under special circumstances, ask the supervisor to approve a one-time Standard Voucher.

   A. Examples of when this request may be appropriate are if items of clothing were stolen or destroyed, or a child has an unusually fast growth spurt.

   B. The process of working with the substitute care provider to arrange for the issuing and receipt of the clothing voucher are the same as above.

Children re-entering care

I. If a child is returned home and then re-enters substitute care and is in need of clothing, request approval from the Child Welfare branch manager for a Supplemental Voucher. This is issued only once, unless the child welfare branch manager makes an exception to issue a Supplemental Voucher a second time.

Concerns regarding unmet clothing or other needs

I. It is ultimately the caseworker's responsibility to ensure the child has basic clothing and needs met – from shoes to underwear and tooth brushes to basic school supplies.

   A. During the face-to-face contact with the child, assess whether these needs are being met. As appropriate, respectfully talk with the substitute caregiver regarding the child's needs and your concerns if the needs are not being met.

      1. Develop strategies to address these needs.
      2. Document concerns and the strategies developed with the substitute caregiver.
      3. Report this information to the substitute caregiver's certifier.
      4. If the concern persists, re-contact the certifier for assistance in resolving the issue.
      5. At any time the caseworker believes the substitute caregiver is neglecting the child's basic needs, the caseworker must report the concern to a screener in the local office.

The Supervisor's Role

I. Review and approve the emergency and standard clothing vouchers when requested.

II. Assist in obtaining the approval of the Child Welfare branch manager when a supplemental voucher is requested.

Tip

For children coming into substitute care for the first time or children moving from one placement to another, personal

belongings are extremely important. Personal items are a reminder of and connection with home and family.

Tip

Make an effort to ensure the child's personal items are maintained and stored appropriately. When the child moves to a permanent home, it is very important for the child to have his or her personal belongings accompany him or her when returning home or moving to a new placement.

Chapter 5

Section 28: Travel

Travel

Any child in DHS custody and their caregivers will have many opportunities to travel during the stay in substitute care. Rules governing the certification standards for foster parents and relative caregivers require all drivers who transport children in the department's custody to:

I. Have a valid driver license;

II. Have proof of insurance for all family-owned motorized vehicles used to transport the child; and

III. Ensure seat belts and age- and size-appropriate safety seats are always used.

In-state travel

Procedure

I. The substitute caregiver can transport the child anywhere within Oregon for short-term travel. The child also can travel with school personnel for in-state cultural, sport or other academic activities. If the child will be traveling during a period where visits or other appointments are usually scheduled, the child's caseworker needs to be informed of the travel plans and give approval to miss any scheduled or expected visits.

II. The child can travel with the caseworker or with other persons authorized to provide supervision for the child in the routines of day-to-day life.

Out-of-state travel

Procedure

Out-of-state travel when no reimbursement costs are involved

I. If the child and substitute caregiver or the child and the caseworker plan to travel out of state, the caseworker or substitute caregiver completes the Consent to Travel form (CF 0002) and submits the form to a supervisor for preliminary approval. After the supervisor approves, the Consent to Travel form is sent to the district manager or designee for final approval.

II. The Consent to Travel form is time-limited, indicating the purpose of the travel and dates of departure and return. The Consent to Travel form must remain with whoever is authorized to transport the child while in another state.

III. A Consent to Travel form can specify a date range of approval for specific activities but cannot give approval for a period beyond the end date of the current certification period. For example, this may be appropriate when substitute caregivers live in areas bordering other states where shopping, medical providers, or recreational activities are in a different state only minutes away.

IV. The Consent to Travel form identifies the person authorized to consent to emergency medical care, if needed, and payment procedures for emergency care, if provided.

Out-of-state travel when reimbursement costs are involved

I. Out-of-state travel is often associated with a child's placement under the Interstate Compact on the Placement of Children (ICPC). For travel cost authorization related to ICPC cases, see detailed instructions provided in the ICPC placement procedures.

II. There may be other occasions where a child is selected for a particular event or activity that requires out-of-state travel. Out-of-state travel should always align with the child's case plan.

   A. In some instances, a child may travel without an escort.

   B. Complete the Out of State Travel Authorization form (CF 1293). This form is first approved by the supervisor, then the Child Welfare branch manager and the assistant director of CAF.

   C. Complete the Out of State Travel Authorization for a child, (CF 0002 and CF 0002a).

   D. Fax the travel authorizations to Field Operations in Salem.

   E. Once the approved travel authorization is received, contact the approved travel agency and arrange flights and, if necessary, car rental. Lodging also can be arranged through the approved travel agency or separately. Travel arrangements must stay within the agency's expenditure limits.

   F. After travel is completed, document all employee incurred travel expenses using the automated Travel Reimbursement Information Processing System (TRIPS).

      1. Meals for Child Welfare staff are reimbursed at the published per-diem amount for the area of the country where travel occurred.

      2. Meals for any non-employee, including the child, are reimbursed according to the actual cost of the meal, not to exceed the published per-diem rate.

      3. If there is more than one Department employee traveling, a separate TRIPS claim must be completed for each employee. The child's meal expenses may be documented on one employee's TRIPS claim. The expense claim will be processed and a reimbursement check issued to the claimant.

   G. Travel expenses incurred by a foster parent are documented and submitted for reimbursement on a Travel Expense Claim form (MSC 1297).

   H. All travel expenses must comply with the DHS out-of-state travel policy, which can be found by clicking here for the DHS policy website.

   I. Take into consideration the additional time to obtain authorization to travel and approval for travel costs when planning out-of-state travel.

   J. Special considerations apply when a child is in the Department's care through a Voluntary Placement Agreement or a child or a young adult is in the Department's care through a Voluntary Custody Agreement. In those situations, the caseworker must inform the parent or legal guardian of out-of-state travel and obtain the parent's approval prior to the scheduled travel event.

International travel

International travel requires several levels of authorization. Additional information is required, including any travel alerts regarding the desired destination country. It is important to remember that travel alerts can change frequently. Final international travel authorization is communicated through the Diversity and International Affairs

unit in Central Office.

Procedure

I. A child may travel outside the United States for reasons other than reunification with a parent living in another country or for the purpose of adoption of the child. Examples may include educational opportunities, vacations, or religious activities.

   A. For additional procedures about traveling for international education, refer to Section 28 in this chapter.

   B. For additional procedures regarding a child traveling to a foreign country to return to a parent, refer to Chapter 6, Section 5B.

   C. For additional procedures concerning a child traveling to a foreign country for an adoptive placement, refer to in Chapter 4, Appendix 4.14, International Travel Procedures for Children in Substitute Care for the purpose of Adoption.

II. In other circumstances when a child in the department's custody plans to travel outside the United States, submit a request for approval (this can be in a memo or email format), to the Child Welfare program manager, the district manager, and the Diversity and International Affairs unit in Central Office. The request must contain the following information:

   A. A description of the reason for international travel;

   B. Type of travel and destination;

   C. Funding resources and plan for payment of travel and living expenses;

   D. The plan for the child's supervision while in the foreign country;

   E. Verification from the United States Department of State that the country is safe for international travel (http://travel.state.gov/travel/cis_pa_tw/cis_pa_tw_1168.html);

   F. A description of how the travel relates to the child's permanency plan in the case plan;

   G. A completed copy of the CW 0002 and 0002a (child's Consent to Travel form); and

   H. A completed copy of the CF 1293 (if staff are traveling with the child or there is a cost to the agency for the child's travel).

III. Verify with the travel agency or on http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html if any immunization or medical interventions are required or recommended.

IV. After receiving approval from DHS-CAF administration, obtain a court order that approves the plan for the child or young adult to travel internationally. The caseworker seeks assistance from an assistant attorney general with the Oregon Department of Justice in obtaining this court order. The court order must be translated into the language of the country where the child is traveling. Both copies of the order (English and foreign language) must be presented to the court along with an official certificate of translation (in both English and the foreign language). See ORS 1.150(2) (pleading may be submitted in English and accompanied by a translation into a foreign language that is certified by the translator to be a true and accurate translation). The caseworker must always use DHS-approved translators to translate the court orders. Complete a CF 0010A to request translation and refer to the Child Welfare transmittal, CW-AR-06-002, dated 6/30/2006.

V. After obtaining all required approvals, document all approvals in the child's case file.

VI. Coordinate the international travel arrangements with the child's substitute caregiver, including securing the child's passport.

VII. Make flight and land travel arrangements only after obtaining all department approvals.

VIII. Develop a plan for regular contact with the child while in the foreign country. The plan requires approval from the supervisor for exception to 30-day face-to-face contact.

Secured Transportation

Secured Transportation is a necessary and helpful service but must be utilized with stewardship and a trauma informed lens. Appropriate times for Secure Transportation for youth in DHS custody are outlined in our contract with providers and the child or young adult's circumstances must meet one or more of the following conditions:

I. Have immediate safety and/or behavioral problems

II. Have been missing or in runaway status

III. Need transportation in an emergency (may include after hours) situation from one secure facility to another secure facility

This service is intended for non-medical, non-Medicaid transportation only and should not be utilized for routine medical appointments, visits, or other transportation needs or situations that do not meet criteria outlined above. Secured transportation can only be used for medical appointments if there is an immediate safety need for the child or young adult.

Procedure

I. Caseworker identifies need for Secure Transport Services

   A. Immediate Safety Issues or Behavioral Problems.

   B. Is in 'runaway' status.

   C. Needs transportation in an emergency situation from one secure facility to another.

II. Caseworker staffs with Supervisor for approval to utilize this service.

III. Complete request form 2749

   A. If Secured transportation services are needed to transport a youth out of the state of Oregon, prior authorization is needed from the contract administrator and approval from ICPC (Interstate Compact for the Placement of Children). Requests for out of state transportation will need to include a copy of this form and reason for secured transportation need emailed to CW-Secured Transportation CWSecure.Transport@dhsoha.state.or.us requesting approval from the contract administrator and coordination with ICPC at Oregon.ICPC@dhsoha.state.or.us

IV. Caseworker calls provider to make arrangements and provide details for the transport.

   A. Case Aid may assist if they have necessary information about the child and transportation need.

V. Completed form is FAXED to secured transportation provider and an email copy is sent to CW-Secured Transportation email box (CWSecure.Transport@dhsoha.state.or.us)

   A. If transportation arrangements are being made outside of regular business hours or on the weekends and there is not access to the request form, the request form MUST be submitted to the contractor and the Secured Transportation email box by the end of the following business day

VI. Secure Transportation provider (Contractor) completes requested transportation services and completes the contractor section of the request form documenting the transport. The contractor will them submit the documents through the already established process, adding a copy of the completed request form to their invoice and including the CW-Secured transportation email box to their invoice submission. The Invoice will be processed utilizing already established process and completed through Office of Financial Services.

VII. Contract Administrator or designee will monitor Secured Transportation email box, will track request forms and provide other oversight of the process, utilization of services, other data collection, and answering questions.

References

Forms

I. CW 0002

II. CW 0002A

III. CF 1293

IV. DHS 1297

V. CW 0010A

OARs/Policies

I. 413-020-0100 thru 0170, Guardian and Legal Custody Consents

II. 413-020-0000 thru 0050, Voluntary Custody Agreement

III. 413-020-0060 thru 0090, Voluntary Placement Agreement

IV. 413-040-0200 thru 0330, Interstate Compact on the Placement of Children

V. AS-040-009, Administrative Services Travel Policy

Chapter 5

Section 29: Youth Transitions

Updated due to Covid-19 5/7/2020

Youth Transitions

There are a variety of programs, services and contracted Independent Living Program (ILP) providers available to help transition youth from foster care to independent adulthood. The goals of these programs and services are to assist youth to:

I. Transition to independent living and adulthood without reliance on public assistance programs,

II. Receive the education, training and services necessary to obtain employment,

III. Prepare for and enter post-secondary training and education institutions,

IV. Gain resilience,

V. Gain experience exercising self-determination,

VI. Build social capital during the process, and

VII. Develop the personal life management skills necessary to function independently and successfully transition to adulthood.

Tip

Foster Care and Youth Transitions staff can only run reports for youth in the legal custody of DHS because of the contractual relationship with the credit bureaus. However, staff is still able to assist caseworkers and Independent Living Program (ILP) providers with information on how to best resolve credit issues for youth in voluntary custody.

Identifying and correcting consumer credit issues

Procedure

Under federal law, DHS is required to provide credit reports to youth in legal custody of DHS. The process begins at age 14 and continues annually until the youth's case is dismissed. The law requires DHS to help youth identify and resolve any discrepancies. DHS centralized Foster Care and Youth Transitions staff partner with the youth or young adult's caseworkers and ILP workers to comply with this law.

Foster Care and Youth Transitions have contracts with each of the three credit bureaus. This allows DHS to process credit reports and receive the results instantly. If problems arise, Foster Care and Youth Transitions also have contacts associated with the credit bureau that allows for quick resolution. to help youth resolve any credit report issues identified in most cases, Foster Care and Youth Transitions rely on the caseworkers and local district offices for information, documentation, and support.

Below is the procedure expected of both Foster Care and Youth Transitions staff and the caseworker. The procedure is to comply with federal law.

Youth Transitions programs staff responsibilities

Before running the report

Each month, the Child Welfare electronic information system generates a report that lists youth who turned 14-20 in the previous month.

I. Foster Care and Youth Transitions staff separate the report into lists and automatically run reports for 14- to 17-year-old youth in legal custody. (Custody is verified through Child Welfare electronic information system documents). Youth fall into one of the categories below:
   A. Recently turned 14 to 17 years old.
   B. Recently turned 18 years old.
   C. Recently turned 19 years old.
   D. Recently turned 20 years old.

II. For the list of youth who recently turned 14 to 17 years old, Foster Care and Youth Transitions staff verify those youth are in the legal custody of DHS.
   A. The documentation that confirms legal custody must be readily available in case of a credit bureau audit.
   B. The names of those youth confirmed to be in the legal custody of DHS are uploaded to the websites for Equifax, Experian, and TransUnion.

I. For those 18 and older, Foster Care and Youth Transitions staff lets caseworkers know of the birthday and the option to run the report. A Credit Authorization form (CF 0036) must be completed and signed by the youth before the report is run.
   A. Alternatively, the caseworker can help the youth run the report on their own.
   B. Young adults who run reports on their own and encounter problems can contact DHS for help to resolve those issues.

II. For those under the age of 14 and in the legal custody of DHS, Foster Care and Youth Transitions staff can run reports upon request of a caseworker who has a substantial concern (i.e., more than just a hunch) that the youth's credit has been compromised.

After running the report

I. Foster Care and Youth Transitions staff review reports before they are sent to the caseworkers with instructions.
   A. There are three categories of instructions:
      1. No indication of a poor credit rating (no record found).
      2. Indication that there was an attempt to open a line of credit.
      3. Serious concerns such as: collections, fraud, or an open line of credit that may not have been opened by the youth.
   B. Independent Living Program (ILP) providers may:
      1. Inquire whether reports are run,
      2. Submit authorization forms on the youth's behalf, and

3. Ask general questions of Foster Care and Youth Transitions staff.

However, credit reports and any information in those reports can only be released to the caseworker.

Caseworker responsibility

Before running the report

I. Foster Care and Youth Transitions staff may contact the caseworker to verify the youth is still in DHS legal custody. In some instances, they can ask for documentation.

II. Whenever possible, caseworkers should verify they have a copy of the youth's Social Security card and birth certificate. (These are the documents required by the credit bureaus to resolve credit issues.)

After the report is run

I. The caseworker:

   A. Receives a list of instructions and a link to a guide with information for youth about credit

   B. Reviews the guide before they share the credit report results with the youth, and

   C. Talk with the youth about the importance of maintaining good credit.

II. If the report shows there are open accounts not sent to collections, the caseworker verifies with the youth that the youth opened the account.

III. The caseworkers print two copies of the reports:

   A. One report is given to the youth, and

   B. The youth signs the other report. The signed report is uploaded into the Child Welfare electronic information system, within 30 to 45 days. In the system, it goes into the File Cabinet, Fiscal-Other using the following format to describe the document:

      1. #_Credit Bureau Name-Youth's initials_Date.pdf.
      (Example: Dist 3_Experian-AMK_08-27-18.pdf)

IV. The caseworkers talk with the youth about what it means to have good credit and the importance of maintaining good credit. If you need guidance, please use this link for guidance and information. The youth's signature validates DHS has spoken with the youth about credit, regardless of whether there is a record found.

V. If the youth is unable to sign or understand the report because of physical, intellectual or developmental disabilities, the caseworker signs, dates and notes the youth's inability to sign. After that is done, the caseworker uploads the report the same as if the youth had signed the report.

VI. If the youth is on the run, the caseworker keeps the report for the next time they meet with the youth. If the case is dismissed before the youth can sign the report, the caseworker notes this.

VII. Please contact Foster Care and Youth Transitions staff at 503-945-6912 if you have questions about talking to youth about credit reports or other credit issues.

Comprehensive Transition Plan

Procedure

A Comprehensive Transition Plan (CTP) is a written plan that addresses several domains:

I. Education,
II. Housing,
III. Supportive relationships and community connections,
IV. Employment,
V. Emotional and social development,
VI. Mental and physical health,
VII. Money management,
VIII. Transportation, and
IX. Life skills.

Tip

OAR 413-010-0180(1)(L) states each child in the legal custody of DHS has the following rights: "To be involved, in accordance with his or her age and ability and with the law, in making major decisions that affect his or her case plan, permanency plan, and comprehensive transition plan and to discuss his or her views about the plans with the judge."

The CTP outlines what a youth needs to successfully transition to adulthood and live independently:

A. Transition goals,
B. Action steps,
C. Services, and
D. Supports.

I. Begin thinking about and preparing youth for transition planning at age 13 or older.

II. Begin formal transition planning with a youth at age 14.

III. Use the Transition Readiness Discussion Guide (form CE 0069D, Step 1) and the Youth Assessment Summary (form CE 0069, Step 2) as tools for evaluating a youth's knowledge, skills and abilities:

A. The Discussion Guide may be found on the Forms Directory. Review in hard-copy format with the:

1. Youth,
2. Caseworker, or
3. ILP Provider (if enrolled for ILP services).

B. Use the Discussion Guide to determine a youth's strengths and needs to develop and use life skills. An extended discussion format is an opportunity for caseworkers or providers to:

1. Strategically engage youth in motivational interviewing,
2. Obtain a glimpse into the youth's mental health status, and

3. Understand trauma factors that may affect the youth's engagement. This includes follow-through on activities or learning objectives.

C. Use the Youth Assessment Summary (YAS) to identify the stage of a youth's skill development. To assist with appropriate identification of a youth's stage, a matrix with definitions for each stage is listed below and on page 2 of the CE 0069 form.

D. If the youth has been referred to ILP, Steps 1-3 (Transition Readiness Discussion Guide, Youth Assessment Summary and draft Youth/Comprehensive Transition Plan) are completed in the first 90 days.

IV. Review the purpose of the Discussion Guide with the youth. Encourage active participation in planning for their transition to adulthood. Explain to the youth that the intent of the Discussion Guide is to build rapport while you get a global sense of their readiness and priorities. The guide determines:

A. The youth's strengths, and

B. Knowledge and areas the youth may need more support to gain the life skills necessary to successfully transition to adult living.

1. Go through the Transition Readiness Discussion Guide (CE 0069D, Step 1) with the youth over multiple meetings. Some questions in some domains may not apply or may be sensitive topics for some youth. So long as you get a sense of the relevance of each domain in transition planning efforts with the youth you may:
   - Re-phrase,
   - Skip, or
   - Add questions as needed.
2. Consider:
   - What is the substitute caregiver's opinion of the youth's skills?
   - What are the youth's strengths?
   - What areas need improvement?

Tip

Before completing the YAS (CE 0069, Step 1), you may find it helpful to review the IL Services Planning Checklist (CF 0069b, Step 4). The Planning Checklist can serve as a reminder of the types of skills and knowledge a youth should possess in each domain. You will have a list from which to gauge the depth of a youth's knowledge.

V. Complete the **Youth Assessment Summary (**CE 0069**, Step 2).** This will identify which stage the youth seems to be in:

	Stage I Awareness	Stage II Learning	Stage III Doing
First circle	Has minimal information about this topic area.	Has started gaining knowledge and developing new skills in this area.	Has started applying some skills in real-life settings or activities, with support.

	Stage I Awareness	Stage II Learning	Stage III Doing
Second circle	Has basic information about this topic area. Has some understanding of why it is important.	Has basic knowledge and skills in this area. Needs further opportunities to practice and strengthen most skills.	Is regularly applying some skills in real-life settings and activities, with limited support.
Third circle	Has solid information about this topic. Understands why it is important but has not started developing knowledge or skills.	Has solid knowledge and skills in this area but has not started applying these in real-life settings or activities.	Is consistently applying many skills in real-life settings and activities, with limited support. (May stay in this stage for as long as provider monitors application of skills.)

VI. The CE 0069 includes space to indicate **current priorities** you may have heard the youth indicate they would like to work on in the next six months. Their work may be solo, with ILP help, with help from caregiver, caseworker, school, or clubs, etc. Not every domain must be worked on within a six-month period. This is also where you might note relevant **additional information** that would serve as a reminder when you move to the youth's Transition Plan. Some domains may be less relevant for the youth at this time (for example, there may be developmental or circumstantial factors).

VII. Completing the **Youth Assessment Summary** may or may not involve input from the youth. Ideally, the youth's involvement will inform the transition planning process. In addition, it will empower the youth to recognize areas:

A. Where they are doing well, and

B. Where they need support, knowledge or practice to gain skills.

If a youth does not agree with your assessment of their abilities, use the IL Services Planning Checklist to remind them of skills and knowledge necessary in each domain.

VIII. Update the **Youth Assessment Summary** every six months to inform the Comprehensive Transition Plan. To complete, consider progress the youth has made overall in increasing readiness, as indicated by:

A. Goals accomplished,

B. The Comprehensive Transition Plan (CE 0069a, Step 3),

C. IL Services Planning Checklist (CE 0069b, Step 4),

D. Monthly reports, and

E. Other indicators.

You may move the youth to a higher circle within a stage or move them to the next stage due to progress. Once the youth has moved to the next stage in a domain, do not move them back to a previous stage, even if there was no progress *within* the stage. The stage represents whether a youth has demonstrated the capacity to learn new skills (Stage II) or apply skills (Stage III), even if they are not currently doing so. However, it may be appropriate to record the status at a lower **circle** within the stage due to normal setbacks that may be

limiting progress since the last update.

Tip

With the passage of the federal legislation "Preventing Sex Trafficking and Strengthening Families Act" (HR 4980), the child has the option to choose up to two additional members participate in the case planning team. See OAR 413-040-0010(3)(c).

Tip

Refer to the Transition Plan as the Youth Transition Plan until a formal YDM or planning meeting has occurred. Once the team of supportive adults has met and assisted the youth to finalize the youth's plan, the plan is then referred to as a Comprehensive Transition Plan.

Develop the Comprehensive Transition Plan (CE 0069a, Step 3)

I. Once the Discussion Guide and Youth Assessment Summary are complete, begin the process of helping the youth draft a Youth Transition Plan (YTP) before the Youth Decision Meeting (YDM).

II. Set meaningful goals with youth for the priority areas, with more flexibility for lower-priority domains. If you are not going to focus on a particular domain over the next six months, document enough to explain:

   A. If or when work would start on that domain in the future, and

   B. How this decision was made.

III. Implement the YDM:

   A. To meet policy requirements to involve youth in the planning process, and

   B. Incorporate Positive Youth Development (PYD) principals into practice.

   The YDM is a facilitated meeting. It is held with the intent to empower the youth to plan for their independence.

IV. The Youth Transition Plan is typically drafted with the youth **before** the youth decision meeting (YDM). The caseworker should work with the youth on goals and objectives ahead of time. Finalize the plan at the YDM with the remaining team members. This step will help prepare the youth to share their goals and voice their opinions or suggestions during the YDM or planning meeting.

V. Refer to Chapter 4, Section 6, Conduct Family Decision Meetings (FDM), for detailed procedures on arranging a meeting.

VI. Participants in the YDM include:

   A. Youth,

   B. ILP provider (if youth is enrolled for services),

   C. Caseworker,

   D. Youth's parents, whenever appropriate,

   E. Youth's substitute caregiver,

F. Service providers identified as important in helping the youth achieve their goals,

G. Other participants, which may include the youth's attorney or CASA, and

H. At the option of the youth, up to two additional members chosen by them as described in OAR 413-040-0010(3)(c).

VII. To ensure the critical tasks of the YDM are accomplished, coordinate details of the YDM with the:

A. ILP provider (if the youth is participating in contracted ILP services), and

B. Meeting facilitator (if available).

Contact the youth either in person or by phone to advise the youth a YDM is scheduled. Notification by mail is not acceptable.

VIII. As you prepare for the YDM, ensure that:

A. The youth plays a central role in planning for and participating in the meeting.

B. You had the youth prepare for the meeting in terms of speaking for themselves. You also helped the youth start planning for the future concerning:

1. Education,
2. Housing,
3. Employment,
4. Mental and physical health,
5. Community connections,
6. Supportive relationships,
7. Money management,
8. Transportation, and
9. Personal growth and social development.

C. You are sensitive to a youth's special needs. Examples are:

1. A developmental or learning disability,
2. Mental health needs, and
3. Sexual orientation, gender identity and expression.

D. You had the youth help to identify and invite other supportive adults or peers who can and will support or help achieve the youth's goals.

E. You gave the youth clear expectations and explained the process of a YDM.

F. You have invited everyone the youth has identified to help in this process.

G. The meeting is scheduled at a convenient time for all to participate.

H. There is a lead person to facilitate the meeting.

I. Someone is identified to take responsibility to complete or add details to the transition plan (CF 0069a).

J. You conduct the meeting using a positive youth development approach. (It is the caseworker's

responsibility to support the youth in articulating their goals in a safe manner and supportive atmosphere.)

K. You helped the youth craft a transition plan and know of the youth's plans and goals in advance of the YDM.

L. The youth can provide input on which person or what agency they believe can best provide aid toward achieving their goals.

M. The youth understands the meeting is an opportunity to advise:

1. The caseworker,
2. Other service providers, and
3. Substitute caregivers and other significant adults.

The youth will be advising these adults about their goals and plans for the future regarding:

1. Housing,
2. Education,
3. Employment,
4. Mental and physical health,
5. Community connections,
6. Supportive relationships,
7. Transportation, and
8. Other life skills attainment.

N. The youth can provide input on what and who they feel can be most helpful or can help achieve their goals.

O. Decisions are made on services from:

1. The ILP provider,
2. DHS, and
3. Other community partners or youth-serving agencies.

Also determine and document what life skills are being taught in the youth's foster home.

P. Each team member receives a copy of the completed Comprehensive Transition Plan (CTP):

1. The caseworker's copy is scanned and filed in the youth's case file Narratives/Assessment section and documented in the CW data system. **As a reminder, all identified youth services should be included in the youth's case plan.**
2. The youth's copy should be placed in their FYI Binder, Court/Legal tab.
3. The ILP provider (if the youth is participating in contracted ILP services) must keep a copy for the program's files.

IX. If a youth is placed in another state through the ICPC, and the caseworker is unable to complete the transition planning process as described:

A. The worker remains responsible to work with the receiving state and with the youth to develop a CTP.

X. Regularly monitor the CTP and make reasonable efforts to ensure timely and appropriate services are made available. The CTP is a living document. It will likely change several times as the youth moves toward adulthood. The caseworker is responsible for regular review and update of the goals and services of the plan during the following contacts:

A. Regular monthly, face-to-face contacts. Remind the youth of their transition goals. Ask the youth:

1. What progress has been made toward achieving those goals, and
2. If they feel changes or updates to the plan are needed. Also determine if additional supports are necessary for the youth to achieve their goals.

B. During the 90-day case plan review, you must review and document, in the Child Welfare elecronic information system, the following:

1. Any progress in achieving the goals of the transition plan,
2. Any barriers, and plans to address the barriers,
3. Any changes in the transition plan, and
4. Notification to service providers of changes to the CTP.

Tip

Use the **IL Services Planning Checklist (***CF 0069b***, Step 4)** *to identify skills the youth may need help with to achieve their goals. If you are unsure where to find resources for teaching the skill(s) a curriculum Resource List (Step 4a) is available from the ILP.Central@dhsoha.state.or.us.*

Completion of a Benchmark Review

I. A Benchmark Review is a meeting the caseworker must convene six months before a youth's 18th birthday. The Benchmark Review documents that the youth and DHS have a plan for the adult decisions that need to be made after the legal age of 18.

A. The meeting must include the youth. (The youth plays a central role in the meeting appropriate to their developmental ability.) The meeting should consist of others who attended the prior YDM(s). This includes the two additional members of the case planning team selected by the youth as described in OAR 413-040-0010 (3)(c).

B. At the meeting, the following determinations are to be made for the youth after the age of 18:

1. Education needs and goals:

- Agreement on the people with decision-making authority for education. Discuss with the youth the role and responsibilities required of a person with decision-making authority. Help the youth determine who should oversee the youth's records, Individualized Education Program (IEP), etc.
- Determine whether there are any special education needs to consider. Does the youth have a current disabilities assessment that can transfer to college with the youth?
- Ensure the youth is informed of their:

(1) Post-secondary options, and

(2) Financial aid available to assist with the costs of attending college or training.

2. Has the youth been given the option to attend the annual DREAM Conference? Or, has the youth had opportunities to visit colleges and vocational schools while they are still in high school? Additional details on the DREAM Conference and other summer teen events can be found at the DHS ILP website, Events for Teens page here.

3. An arrangement for suitable housing:

   - Ensure the youth understands the various housing options available in the local community (see Appendix 5.13).
   - If the youth plans on living in a college dorm, help them craft a plan to cover times when the youth may be on a break from college or a vocational program.
   - Determine if the youth will need to or plans to access financial support for housing.
   - Determine if the youth wishes to remain in substitute care. Go over the Household Guidelines and Expectations document and discuss it with the youth (Appendix 5.14). If the youth wishes to remain in substitute care, explain the expectations for young adults who remain in care after age 18. The youth must:

     (1) Be completing secondary education or in a program leading to an equivalent credential;

     (2) Be enrolled in an institution that provides post-secondary or vocational education;

     (3) Be participating in a program or activity designed to promote or remove barriers to employment;

     (4) Be employed for at least 80 hours per month;

     (5) Have updated information on their condition maintained in the youth's case plan, if their medical condition makes them incapable of engaging in the above activities; or

     (6) Have an Exception to Policy (CE88) requested and approved by both the district manager (or designee) and the Foster Care and Youth Transitions and the Treatment Services manager at Central Office.

   - If the plan is to terminate custody, the caseworker must assist the youth to craft a plan for housing once they leave foster care. The plan must ensure that terminating wardship is not likely to result in homelessness.

4. Supportive relationships and social capital:

   - Discuss with the youth who they:

     (1) Call for support,

     (2) Spend holidays with, or

     (3) Depend on.

     Determine if the youth believes those people will be there for them in the future.

- Help the youth determine who may be available for them in the future. Help the youth craft a plan to build social capital or strengthen existing relationships.
- The FosterClub Permanency Pact is a good example of efforts to sustain an ongoing connection between a youth and supportive adult. These supportive relationships can include:
  - *(4)* Relationships with adults that the youth has a current connection with, or
  - *(5)* A prior relationship with a supportive adult that the youth would like to re-establish.

  Download a free PDF of this publication.

5. The identification of community resources. Examples are:
   - Where to get local food boxes,
   - Money orders, and
   - Apply for food stamps, etc.
6. The plan for employment, continued academic or vocational education or specialized training:

   Consider the following questions to help the youth craft a plan:
   - Does the youth know what career they are interested in pursuing?
   - Does the youth require training?
   - Does the youth have essential documents to obtain legal employment? Examples are: Social Security card, birth certificate, driver license or Oregon ID card.
   - Have there been any career development opportunities to help with these decisions? Examples are:
     - *(1)* Job shadowing,
     - *(2)* Internships,
     - *(3)* Volunteer opportunities, or
     - *(4)* Apprenticeships.
   - Has the youth attended the annual DREAM Conference? Or, have they had other opportunities to visit colleges and vocational schools, so they can thoroughly explore career choices?
7. Health (both physical and mental health):
   - An agreement on people with decision-making authority for health and mental health services. This conversation must also include a discussion about the purpose of a health care representative. The youth must have an option to:
     - *(1)* List a health care representative. Also, be given the help necessary to complete an Oregon Advanced Directive, if they want it.

     To get materials or information to assist with the conversation, call 800-422-4805 or go to oregonhealthdecisions.org.

- Ensure the youth has identified a health, mental health and dental provider. Discuss the youth's most recent medical and dental visits, and a plan to maintain regular check-ups.
- Discuss the Former Foster Care Youth (FFCY) Medical Program. Discuss with the youth the eligibility criteria for receiving Medicaid coverage to age 26.

8. The plan for transportation:
   - Determine how the youth will get to appointments, school or work. If the youth does not yet have a driver's license, discuss their plan to obtain it. This includes the importance and benefits of completing a driver education course.
   - Determine if the youth plans to own a car. If so, ensure the youth has a plan about how to pay for auto insurance and vehicle maintenance.
   - The youth may save on insurance costs if they take a driver's safety course. DHS is working with the following to help youth with the cost of driver's education courses as they gain independence and transition to adulthood:
     - *(1)* Oregon Department of Transportation (ODOT), and
     - *(2)* Driver & Motor Vehicle Services (DMV). See section 33 for additional details.
9. The plan to meet life skills development needs:
   - Some areas have already been addressed in the previous CTPs. However, the Benchmark Review helps youth seriously contemplate existing goals and plan for their future after the age of 18, 90 days before case closure. The questions the Benchmark Review is intended to answer are whether the youth is:
     - *(1)* On track to achieve those goals, and
     - *(2)* Prepared for the transition out of foster care to adult living:
       - *(i)* How is the youth going to learn the skills necessary to become resilient and self-sufficient?
       - *(ii)* What types of normative experiences has the youth been provided? Specifically:
         - *(a)* After-school activities,
         - *(b)* Sleepovers,
         - *(c)* Employment,
         - *(d)* Volunteerism, or
         - *(e)* Advocating for self or others in foster care, etc.
       - *(iii)* What types of skills and abilities does the youth need in the transition to adulthood?
       - *(iv)* If the youth is not in a program with an ILP contracted provider, who will be working with them to gain necessary skills? Examples are:
         - *(a)* The foster parent,
         - *(b)* Residential treatment program,

(c) Schools,

(d) Mentor, or

(e) Coach, etc.

C. The caseworker must document determinations made at this meeting on the Comprehensive Transition Plan (form CF 0069a). The plan must be signed by:

1. The youth (when developmentally appropriate),
2. The caseworker, and
3. Other persons attending the meeting.

D. The caseworker's supervisor must review and acknowledge the completion of the Benchmark Review of the CTP in the Child Welfare electronic information system's case notes.

E. Another review of the determinations and plans made during the Benchmark Review is conducted within the 90 days before the youth is dismissed from DHS care. The caseworker reviews progress made to date and makes necessary adjustments to the plan with:

1. The youth, and
2. If identified, the two additional members of the case planning team chosen by the youth.

II. In addition to the Discussion Guide, Youth Assessment Summary and other supporting documentation, to allow the youth to successfully transition to adulthood, the caseworker must:

A. Provide timely notice to the youth of court dates, assist with transportation, and encourage court attendance;

B. Include the youth in case planning and case review meetings and ensure they play a key role in the process;

C. Promote participation in extracurricular activities, including:

1. Assisting in identifying appropriate activities, and
2. Identifying financial assistance options; and

D. Ensure the youth receives appropriate:

1. Medical,
2. Mental health,
3. Dental, and
4. Educational services.

Tip

If the youth leaves Oregon, or resides in another state (the Interstate Compact on the Placement of Children, or ICPC), use this link. This website contains a list of state ILP coordinators and a link to many of the state's websites for service details. The local ILP coordinator will be able to provide information on that state's ILP referral process and services. Services differ from state to state.

Court review of the Comprehensive Transition Plan and Benchmark Review

I. The caseworker must provide a copy of the CTP to the court at the next scheduled permanency hearing. This

includes documentation of determinations made during the Benchmark Review.

II. The court will review:
    1. The youth's plan,
    2. Needs and goals for supportive relationships and community connections,
    3. Housing,
    4. Education,
    5. Employment, and
    6. Physical and mental health.

A. The plans will be reviewed at:
    1. Yearly permanency review by the court,
    2. Six-month Citizen Review Board (CRB) reviews, and
    3. Other court hearings (perhaps).

B. The court (at the yearly permanency review) and CRB must determine and make findings regarding:
    1. Whether the plan is adequate to ensure the youth's successful transition to adulthood,
    2. Whether DHS has offered appropriate services pursuant to the plans, and
    3. Whether DHS has involved the youth in the development of the plan.

The supervisor's role

I. Review the caseworker's reports to the court and Citizen Review Board to ensure the CTP or Benchmark Review is complete and included.

II. As part of the 90-day case plan review, include a review of the CTP or Benchmark Review.
    A. Acknowledge the completion in the Child Welfare electronic information system's case notes.

III. Ensure caseworkers working with youth are familiar with:
    A. Positive youth development principles, and
    B. Motivational interviewing techniques.

IV. Ensure caseworkers are aware of OAR 413-020-0100 to 0170, Guardian and Legal Custodian Consents, as it relates to application for driver training, permits and licenses.

V. Ensure caseworkers are trained to use the:
    A. Discussion Guide, and
    B. Youth Assessment Summary.

VI. Ensure all caseworkers complete or have completed the Transition Planning computer-based training (CBT) available on iLearn.

Independent Living life skills programs

In Oregon, the federal Chafee Foster Care Program for Successful Transition to Adulthood is referred to as the Independent Living Program (ILP). Services provided under Oregon's ILP include:

I. Independent living skill building (life skills),
II. Two housing funding programs (the Independent Living Housing Subsidy and Chafee Housing),
III. Education and training vouchers or grants (ETV or ETG),
IV. Discretionary funds, and
V. Driver education course fees.

Procedures for contracted life skills training

I. The following youth are eligible for contracted life skills training:
   A. A youth age 16 or older in any state or federally recognized tribe's child welfare-provided substitute care; or
   B. A youth residing in Oregon who was in any state or federally recognized tribe's child welfare-provided:
      1. Substitute care for at least 180 days after the age of 14, and
      2. The youth exited substitute care at age 16 or older.

II. A youth must be referred to a contracted ILP provider at age 16 but has the right to refuse services.
   A. Discuss the benefits of the program with the youth before making a referral.
      1. ILP providers assist youth to prepare for a successful transition to adulthood, goal setting, life skills training, college tours, and can access supportive funding when appropriate.
      2. ILP providers will transport and supervise youth during the ILP summer teen events.
      3. By participating in ILP, youth will meet other youth from similar backgrounds, and experiences.
      4. ILP providers will be able to inform youth of additional services for which they may qualify. This includes:
         - Credit reports,
         - Chafee ETG,
         - Oregon Health Plan (OHP) coverage to age 26, and
         - ILP housing programs, etc.
   B. Explain the referral process to the youth.
   C. Inform the youth they will receive a call or a letter from the ILP provider for an intake meeting. Some counties require orientation before enrollment. Advise the youth who the ILP provider will be. This helps the ILP provider when making the initial contact with the youth.
   D. If the youth refuses ILP services, review the Services Availability letter (Appendix 5.15) with the youth. Obtain the youth's signature. Provide the youth a copy, and file the letter in the Child Welfare electronic information system. At this point, you will need to assist the youth with gaining life skills detailed in the Procedures for Life Skills Training Provided by DHS section below.

III. Complete the ILP Referral form (CF 0080). Make sure the form is complete before you submit it to the provider. Attach the most current copy of the youth's:

   A. Transition Readiness Discussion Guide,

   B. Youth Assessment Summary, and

   C. CTP, if available.

   Place a copy in the Child Welfare electronic information system and file under the Case Administrative Activity section.

IV. Submit the completed ILP Referral form to the ILP provider serving the area where the youth **resides.** Refer to ILP referral instructions (form CF 0080 instructions) for the list of providers or vendor numbers and service areas.

   A. You will receive a referral confirmation from the provider within five working days. File with the CF 0080 in the case file under the Case Administrative Activity section and the Child Welfare electronic information system. If you do not receive the confirmation within five working days, contact the ILP provider to determine if the youth has been accepted to the program.

   B. The youth may be placed on a waiting list.

      1. Some ILP Providers allow a youth on the waiting list to participate in ILP group activities. The youth will not officially enroll in services but may benefit from group sessions. DHS will remain responsible for the CTP and managing other appropriate life skills services.

      2. When the CTP has been developed, the caseworker or other assigned Child Welfare staff opens the ILP life skills training service as a nonpaid service. This is because the service is provided directly through DHS.

         - Select the most appropriate service type from the dropdown list in the Child Welfare electronic information system, under Maintain/Service Types/View.

         - To see options, list the Service Category as ILP Life Skills – Unpaid. Click on the dropdown arrow for Srvc Type med Desc. This action will show you all service type options to select from. You may need to open more than one service if more than one service type is needed.

      3. Remember to review the CTP during face-to-face contacts with the youth and during 90-day case reviews. Also, update the CTP with the youth at least once every six months.

V. Once the provider accepts and enrolls the youth in ILP services, open the appropriate service as a paid service. Refer to OR-Kids Business Process Guide, Opening ILP Life Skills Services (CE 0080a) for the appropriate service category and type to use.

VI. Expect to receive the following documentation for each youth served by an ILP provider:

   A. Referral confirmation within five working days;

   B. Written Youth Assessment Summary (YAS), within 90 days of acceptance;

   C. The Youth Transition Plan within 90 days of acceptance;

   D. Updated Youth Assessment Summary and YTP at least once every six months;

E. Monthly services and progress reports; and

F. Final Monthly Services and Progress Report (including the appropriate service ending reason).

VII. Services available to a youth under ILP are voluntary. If a youth refuses a service, give the youth an ILP Services Availability letter (Appendix 5.15):

A. The letter must explain that the youth remains eligible for services if they wish to participate later. It also must explain:

1. The list of services for which the youth remains eligible, and
2. The services the youth may access as a former foster youth.

B. A copy of the letter is filed in the youth's case file under the Case Administrative Activity section and the Child Welfare electronic information system.

C. Use this information for the report to the court.

VIII. The caseworker may re-refer a youth to the local ILP provider if the youth decides to use the services later.

Procedures for the life skills training that DHS provides

I. Life skills may be taught by:

A. A contracted ILP provider, or

B. Directly through the local office.

II. In some cases:

A. The youth is too young for contracted ILP services, or

B. The caseworker is unable to access contracted ILP services for an eligible youth. For example:

1. There is a waiting list,
2. The youth declines services, or
3. The youth is not appropriate for contracted services.

However, DHS is still responsible to prepare the youth for a successful transition to adulthood and an independent life. In this case, the caseworker must:

I. Work with the caregiver to determine whether skills will be taught in the home. Determine what community partners are available to help the youth access services and to accomplish their goals. For example:

A. Employment Department and One-Stop,

B. 4-H Club,

C. Job Corp,

D. ASPIRE Program,

E. School District or IEP,

F. Teen parent program,

G. Community college,

H. School or community sports or clubs, or

I. Vocational Rehabilitation services:

1. Youth Transition Program, or
2. Workforce Innovation and Opportunity Act (WIOA) Program.

II. Assist youth to develop the CTP.

III. Document how the following will provide life skills training:

A. Substitute caregiver,

B. DHS, or

C. Other community partners.

IV. Open the ILP life skills service as a **nonpaid** service when the caseworker and other community partners are providing the training. Review the service types below to determine the appropriate service(s) to open when someone other than the ILP contractor is providing:

A. Independent living type services, or

B. Life skills training.

Use Service Category ILP Life Skills - Unpaid and one or more of the following:

Apprentice/Intern	Career Exploration/Prep	Community/Cultural Events
Education Prep/Planning	Employment Program, Other	Family Planning/Parenting
Family Reconnection	Financial Planning/ Management	Health Education
Home Management	Interviews (mock, appropriate attire, etc.)	ILP Tutoring/Study
Leadership Opportunity	Organization/Filing system	Postsecondary Application
Preparation for Tenancy	Risk Management	Self-Advocacy
Transport Options/Maint.	Vocational/Trade Program	

Document all independent living-type services provided by DHS (paid or unpaid) using the Monthly Services and Progress Report (CE 69C). Send the 69C to ILP.Central@dhsoha.state.or.us for entry into the CW data system.

When a former foster youth receives ILP skill building services

While there is a need based on Covid-19 related events or reasons, the following may return to Child Welfare at any time before their 23rd birthday to request ILP services:

I. A former foster youth terminated from the child welfare system at age 16 or older, with at least 180 days (six months) of foster care placement services after age 14.

Services provided to the youth are family support services. Refer to Chapter 5 for detailed procedures on opening a case. If a youth contacts the former caseworker, direct the youth to call the screener in the local office.

II. During the screening and needs assessment process:

A. A youth 18 years of age or older must sign the Service Application (CF 304A).

B. For a youth under 18, the youth's legal parent or guardian must sign the Service Application.

The family will not be responsible for payment of ILP services.

III. If the youth is 18 or older, the local office will need to assign a new case number that lists the youth as the adult in the case. If the youth has an existing adult case open, the ILP services may be opened on that case.

Caseworkers must complete a case plan for former foster youth who access ILP services on a voluntary basis.

Terminating ILP skill building services

I. Planned ILP termination:

A. Terminate ILP skill building services when a youth:

1. Achieves self-sufficiency to the extent that there is no need for services.
2. Made the voluntary and informed decision to no longer participate in services, or
3. Made themselves unavailable for services for 60 days or more. An exception is if:
   - The reason for the absence is known to the skills provider or caseworker, and
   - The absence is to support the youth's plan for the transition to adulthood.

II. Termination due to move:

A. Terminate the ILP services if the youth moves out of the provider's contracted service area. If this occurs, notify the provider to discontinue services. Also, provide the effective date of service termination.

B. Wait to receive the final Monthly Services and Progress Report from the ILP provider to determine the appropriate service ending reason.

III. Termination due to case closure:

A. If the ILP skill building service is being closed due to case closure, inform the ILP provider:

1. Services will no longer continue, and
2. The effective date of service termination.

Ask the provider for the service ending reason when notified of the termination. This allows for a timely closure of the service and case.

B. Determine if the youth is interested in continuing ILP if the youth is not yet age 21. If they are, refer to instructions for when a former foster youth receives ILP skill building services. Every effort should be made to arrange for a seamless transition to the new FSS-ILP case and services.

IV. When DHS is ensuring the substitute caregiver or other community partners provides ILP skill building services, the caseworker must determine the correct service ending reason.

The supervisor's role

I. Ensure the caseworker receives information on local office procedures for referring a youth for ILP skill

building services (if unique circumstances apply).

II. Know the various services and funding streams available to help foster youth with transition to adulthood and living independently.

III. Ensure new caseworkers complete the Independent Living Services computer-based training (CBT) available in iLearn.

Tip

It is important for youth and young adults who enter the workforce to be technologically literate. Youth and young adults in the Child Welfare system often have limited computer and cellphone access due to:

- *Residential instability,*
- *Breaks in education, and*
- *Other challenges.*

Responsible youth development includes equipping teens to interact with technology in a safe way. The "New Technology: Recommendations & Guidelines" helps caseworkers, foster parents and other supportive adults understand their roles regarding technology. Please see Exhibit 4 for additional details. When appropriate, the ILP Discretionary Funds may be accessed to provide youth with a laptop. Contact ILP.Central@dhsoha.state.or.us for additional details.

Housing programs

Apply for housing programs

There are two funding streams and unique eligibility requirements to help youth with housing expenses:

I. Independent Living Housing Subsidy, and

II. Chafee Housing program.

Each is designed to work with the Independent Living Skill Building program and assist youth in becoming self-sufficient adults. The housing programs have specific eligibility requirements and provide time-limited monetary support for a youth to live independently by supplementing the youth's housing costs while they continue education or employment. Acceptance into these programs is a privilege, not an entitlement.

Both housing programs may aid up to a maximum of $795 per month for Subsidy and $1,000 for Chafee Houseing, or an amount determined by DHS for a one-time housing voucher. The youth must complete a budget worksheet to determine how much assistance DHS will provide. The IL Housing Subsidy rate will decrease quarterly beginning month 13, unless COVID-19 has caused a need to remain or return up to the maximum allowed. The housing programs require a youth to be involved in full-time productive activity (as defined in OAR 413-030-0000) each week or have a DHS-approved plan. If a youth's productive hours have been cut due to COVID-19 related issued, the productive time may be waived. A description of how or why the compliance issues are related to COVID-19 are to be provided on page 2 of the CF77, Housing Budget Worksheet. The youth is also required to work on secondary education if they do not already have a high school diploma or GED.

The purpose of the Independent Living Housing Subsidy and Chafee Housing programs are to help youth gain and practice the following skills:

I. Manage finances and live on a budget;
II. Manage a household (home and yard maintenance, laundry, cooking, self-care);
III. Manage time (make and keep appointments, punctuality);
IV. Manage life demands (balance job, school, friends, family, personal time, food, sleep); and
V. Accept responsibility for choices and decisions made.

The purpose of the one-time housing voucher is to provide financial support for the initial costs of establishing one's own residence. The youth who can benefit from the one-time housing voucher already demonstrate the above skills. One-time housing voucher funds may be issued to a youth in the process of preparing to transition out of DHS care and custody, or to an eligible former foster youth.

A youth is no longer eligible for the Independent Living Housing Subsidy (ILHS) program:

I. Once a youth has been returned home (this includes trial reunification), or

II. Has achieved permanency and exited care.

It is the intent of the Independent Living Housing Subsidy Program that a youth transition out of the foster care system (have wardship terminated):

I. After successfully completing the program, or

II. Accessing a maximum of 30 months of assistance.

If custody is dismissed at age 18 or older, the youth may qualify for Chafee Housing services.

Caseworkers must become familiar with the various types of housing options available for youth:

I. Boarding homes,
II. Dormitory housing,
III. Host homes,
IV. Live-in adult or peer roommate,
V. Scattered site apartment,
VI. Shared homes,
VII. Specialized foster homes,
VIII. Supervised apartment, and
IX. Transitional group home.

Additional details regarding housing options and appropriate youth for a specific type of housing can be found in Appendix 5.13.

Each program's funding stream has specific eligibility requirements.

Tip

The ILP desk provides local offices with resources to help caseworkers and caregivers work with a youth on life skills. Each local office has the following resources:

- *"Making It on Your Own" (workbook for the youth),*
- *"FYI Binder" (organizational planner for the youth), and*
- *"Ready Set Fly!" (teachable moments booklet for the caregiver).*

Ask the supervisor where the resources can be found in the office. If additional supplies are needed, contact the ILP support staff at Central Office, or email ILP.Central@dhsoha.state.or.us.

Independent Living Housing Subsidy	Yes	No	Chafee Housing	Yes	No
Is the youth 16 or older?			Is the youth 18 or older?		
Is the youth in the legal care and custody of Child Welfare for foster care placement services?			Was the youth's final foster care placement and legal custody to Child Welfare or the federally recognized tribe terminated on or after the youth's 18th birthday?		
Is the youth currently enrolled in ILP skills training?			Is the youth currently enrolled in the ILP or will be enrolled shortly?		
Is the youth engaged in full-time productive activities? For example: • Education, • Employment, or • Volunteerism			Is the youth engaged in full-time productive activities? For example: • Education, • Employment, or • Volunteerism This MUST include at least four hours of paid employment, may include school.		
If in college, are housing costs included in the cost of attendance, if applicable?			If in college, will housing costs be omitted from the cost of attendance?		
Are all answers marked yes?			Are all answers marked yes?		

All answers must be marked yes for a youth to be eligible for either the Independent Living Housing Subsidy or Chafee Housing Program. However, if an emergency has been declared, the full-time requirement may be waived. Contact the Youth Transitions team at ILP.Central@state.or.us for clarification during a declared emergency.

Each program has unique differences.

Category	Independent Living Housing Subsidy	Chafee Housing*
Minimum age	16	18
State or tribal child welfare care and custody	Must be in care and custody of DHS. Tribal custody does not count for this program.	Prohibited – State or tribal foster care or custody must be terminated on or after a youth's 18th birthday*

Category	Independent Living Housing Subsidy	Chafee Housing*
Employment	Optional	Required, at least part time
Duration	30-month maximum, mandatory quarterly step-down in amount provided starting month 13	$7,000 or age 23, whichever comes first
Monthly expenses	Can pay for any monthly expense (transportation, clothing, entertainment, school supplies, cable, pets, etc.)	Can only pay for room and board (rent, food, utilities and deposits), start-up items or furnishings and normal transportation costs.
Medical card	Provided by Child Welfare	Youth must apply for the Former Foster Care Youth Medical Program through the Oregon Health Plan (OHP).
Funding source	State general funds	Federal grant funds

*Youth must leave their final foster care placement at age 18 or older. Trial reunification does not count as "foster care" for ILP or Chafee Housing eligibility.

To access Chafee Housing funds, youth must come back on a voluntary services basis. A new case is opened with the youth now listed as the adult in the case. Refer to Chapter 7, Family Support Services (FSS) for detailed procedures for opening an FSS case for ILP services.

I. Engage the youth in a thorough planning process before:

   A. Beginning an ILP housing program, or

   B. Requesting a one-time housing voucher.

   The planning process reassesses:

   A. Safety,

   B. The youth's readiness for living independently, and

   C. Planned transition from daily adult supervision.

   This service is not intended to be an emergency move or placement. To plan properly and facilitate a smooth transition, this is typically a three- to six-month process and involves reassessment of the youth's abilities in these areas:

   A. The youth's CTP and their goals for the future,

   B. School and employment arrangements,

   C. Capacity for self-care and demonstrated life skills,

   D. Budgeting skills and demonstrated money management abilities,

   E. Evidence of good decision-making skills,

   F. Evidence of supportive adults in the youth's life, and

   G. Ability to use and access transportation resources.

II. Ensure the youth is enrolled and participating in ILP skill-building services. This is required before being accepted and enrolled in an ongoing ILP housing program. A youth should also be receiving ILP skill-building services before being considered for a one-time housing voucher (though not a requirement).

III. The branch must establish a housing screening committee to determine the youth's appropriateness and preparedness to access the ILHS or Chafee Housing programs. At a minimum, the committee must consist of:

A. The caseworker,

B. An ILP service provider, and

C. May include other significant adults in the youth's life.

Each office has a process for establishing a screening committee. Check with your supervisor if you need to schedule a meeting.

A. Set a date and time for the youth's screening:

1. It should be set far enough in the future to allow the youth time to prepare for the screening process.

B. Inform the youth of the date and time of the meeting:

1. Ensure the youth will be able to attend the screening.

IV. Before presenting a youth to the screening committee for ILHS, Chafee Housing or requesting a one-time housing voucher, the caseworker should ensure that:

A. The youth has been prepared for the questions the screening committee may ask. (The ILP desk has a study guide available, see Appendix 5.17).

B. The youth has the capacity to live safely in the community without the supervision of a foster family or group care setting. If the youth will be residing in a transitional living program, ensure the level of supervision is appropriate to meet the youth's supervision needs.

C. If the youth is a ward of the court, the youth must have the approval of the juvenile court to participate in the ILHS program. (The ILP desk has sample letters to assist caseworkers in writing to the courts.)

D. In most cases, the caseworker gets approval for the housing program from the screening committee before they submit a request for approval to the juvenile court. Each branch or district may have its own rules. Check with your supervisor for your branch's practice.

E. Court approval is required before a housing payment will be issued. If a judge does not approve the independent living situation, the youth needs to remain or be placed back into substitute care.

F. The youth has a proposed living situation that meets the following minimum standards:

1. The living situation provides reasonably convenient access to:

- Schools,
- Places of employment, and
- Services required by the youth.

G. The living situation complies with applicable state and local:

- Zoning,

- Fire,
- Sanitary, and
- Safety regulations.

H. The living situation is reasonably priced and fits within the youth's budget.

I. If able, the youth has established a savings account that can be used to help with moving expenses or emergencies.

J. The youth is NOT residing with a parent.

K. If youth will have a roommate(s), the roommate(s) must be able to pay their own share of the monthly living expenses.

V. If the youth is not interested in ongoing housing services and has been deemed appropriate for the one-time housing voucher, see additional instructions under the Initiate the Housing Payment section.

VI. Complete the following documents with input from the youth and ILP provider:

A. CF 0075 Determinations Check List (completed by caseworker);

B. CF 0076 Responsibility Agreement (completed by the youth with assistance from either the caseworker or ILP worker);

C. CF 0077 Budget Worksheet (completed by the youth with assistance from either the caseworker or ILP worker); and

D. CF 0078 Youth Transition Funds Request (optional):

1. The caseworker completes the request. It may be submitted when requesting assistance with move-in costs. For example, security or cleaning deposit, utility deposit, etc.
2. Indicate which housing funds the youth will access (Independent Living Housing Subsidy or Chafee Housing).
3. A start-up kit is optional. It contains items necessary to set up and maintain a household. For example:
   - Cleaning supplies,
   - Food staples,
   - Pots and pans,
   - Dishes,
   - Minimal basic furniture, and
   - Vacuum, etc.

   The maximum amount allowed for a start-up kit is $500 or $800 if the request includes furniture. This may be in addition to the move-in fees.

VII. Prepare the youth to inform the committee why they are a good candidate for the housing program.

A. The youth makes the request for acceptance into the housing program through the screening committee.

B. In addition to the youth's presentation, the committee will review the housing documents listed above.

VIII. The committee must consider the youth's abilities or skills in the following areas when determining the youth's appropriateness for housing services:

A. Budgeting,

B. Decision-making,

C. Education and employment,

D. Self-advocacy,

E. Household maintenance,

F. Youth's vision for the future, and

G. Youth's plan once housing assistance ends.

The committee will then make one of the following decisions:

A. The youth is deemed appropriate and prepared to begin the program immediately:

1. Send the original set of the above forms (signed and dated) and any supporting documents to the ILP desk at the following address:

   DHS, Independent Living – E7
   500 Summer St. NE
   Salem, OR 97310
   Or, fax to 503-945-6969
   Or, scan and email to ILP.Central@dhsoha.state.or.us.

2. Copies of the forms (CF 0075, CF 0076 and CF 0077) go to the:

   - Youth,
   - DHS case file (Case Administrative Activity section),
   - ILP provider, and
   - Screening committee chairperson.

B. The youth is deemed appropriate for the program, but is **not yet prepared** to begin the program:

1. The committee will openly and respectfully discuss concerns with the youth during the screening.
2. The committee will offer the youth suggestions for resolving the concerns.
3. The committee may stipulate a timeline for the youth to address the concerns.
4. A follow-up meeting will be set once the youth has addressed the concerns of the screening committee. Practice varies, but some branches may set the follow-up meeting before the youth leaves the screening. This may also vary based on the type of concerns raised by the screening committee.

C. The youth is denied because the screening committee determines the youth is not suitable for the housing program:

1. The youth is advised of this decision at the time of the meeting. The caseworker or committee provides the youth with a written notice. The notice indicates the reasons for denial and recommendations for additional skill building or other activities.
2. Advise the ILP desk of the denial. Any youth denied may not reapply for the housing program

for 30 days. If a youth reapplies, they must address the original reasons for denial before being approved for ILP housing.

Initiate the housing payment

I. **One-time housing payment** requests may be split for issuing to a variety of vendors. Payment must be issued payable to these as appropriate:

   A. Landlord,

   B. Utility,

   C. Telephone company, or

   D. Other vendor(s).

   The funds for groceries or a start-up kit may be issued payable to the youth. If a youth requests a reimbursement for expenses paid, a receipt must be submitted at the time of request.

II. Caseworker must complete and submit the following:

   A. CF 0075 ILP Housing Determinations Check List (to verify funding stream),

   B. CF 0076 ILP Housing Responsibility Agreement (page 3 only),

   C. CF 0077 ILP Housing Budget Worksheet (indicating need and resources available to maintain living arrangement ongoing), and

   D. CF 0078 Youth Transition Funds Request (check "One-time housing voucher" as type of request).

III. Mail or fax the completed forms to the ILP desk at:

   DHS, Independent Living Program – E76

   500 Summer Street NE

   Salem, OR 97310

   Email: ILP.Central@dhaoha.state.or.us, or

   Fax to 503-945-6969.

IV. The ILP desk will issue the payment and provide additional instructions, as needed.

V. If a youth decides to participate in an ILP ongoing housing program after receiving a one-time housing voucher, they must wait at least 30 days before applying to the program. ILP life skills training should be provided during the waiting period.

VI. **Ongoing housing payment** requests are made payable to the youth.

   A. The caseworker sends the CF 0075, CF 0076 and CF 0077 forms to the ILP desk.

      1. The ILP desk initiates the payment request for the youth's first-month housing payment.

      2. If the initial payment is not for the entire month, the payment may be prorated by the ILP desk, based on need.

      3. The ILP desk confirms with the caseworker and the ILP provider through an email notice:

         - A youth's acceptance for the housing program, and

- The amount of housing assistance.

B. The ILP desk is responsible for issuing all subsequent housing payments. Subsequent housing payments issued should be made in advance. For example, an April payment should be issued in late March. However, payment depends on the caseworker to provide timely budget updates when necessary (by the 15th of the month).

C. The ILP fiscal and housing assistant will issue a confirmation email with instructions for next steps. For example, subsidy youth require a worker to change or close the previous placement and open the new IL subsidy placement tracking service. If needed, open service retroactively to the actual date service began. The housing service or payment reimbursement request cannot be older than one month.

Example:

A. A housing packet submitted in July cannot be older than June:

1. To have the subsidy be retroactively opened, or
2. To have a housing related payment or reimbursement paid for.

ILP life skills training services must be open while the youth is accessing the housing program.

B. The ILP desk will ensure the mailing address for the youth is listed as the local office.

C. Arrange for courtesy supervision if the youth is residing out of the county.

D. Hand deliver the payment to the youth. The local office receives all payments. Payments are not mailed directly to the youth. The caseworker should view this task as an opportunity to:

1. Check receipts,
2. Savings statements, or
3. Paystubs.

Doing so helps ensure the youth is maintaining payments and reporting accurate wages or other monthly financial support (see the “Monitoring housing services” section below).

Tip

A youth should participate in contracted ILP services for at least six months before:

- *Entering the Independent Living Housing Subsidy program, or*
- *Receiving a one-time housing voucher.*

This will allow the youth time to:

- *Gain needed money management skills,*
- *Learn about landlord and tenant rights and responsibilities,*
- *Set up a support network, and*
- *Establish a savings account for start-up costs and emergency expenses.*

This may not be an option for a youth accessing the Chafee Housing Program. This is because the youth or young adult may need immediate assistance to avoid or end homelessness.

Note:

If the youth's anticipated residence is known, the caseworker should inspect the residence with the youth to ensure the above standards are met. Inform the youth that if they decide to move or pay start-up fees before screening committee or DHS approval, the program may not reimburse or accept the youth. It is the caseworker's responsibility to ensure the youth has a safe and appropriate living arrangement given the youth's:

- *Skills,*
- *Abilities, and*
- *Maturity level.*

While not required, DHS has the right to ask roommates to agree to a background check. Roommates must be willing to show proof of income. For example, paystubs, checking or savings statements, etc. Also, roommates must be willing to show an ability to meet their financial responsibilities each month.

- *The youth demonstrates their ability to follow the provisions of the case plan, participating in activities and services to achieve independence.*

VII. **Housing Emergency Funds** requests are usually made payable to the youth.

A. Housing emergency funds are only for unforeseen, unplanned items or services the youth needs to meet monthly responsibilities but cannot afford to pay the additional unexpected costs. For example, the youth's car has a flat tire, computer needs repair, etc. The caseworker sends the CF 0078 form to the ILP desk. The form must explain the following:

1. Reason for the emergency request,
2. Amount of funds needed, and
3. To whom the check is to be made payable (if other than the youth).

B. The ILP desk initiates the payment request for the emergency funds payment.

Tip

You should alert your mailroom staff when you place a youth on the housing program. (Make mailroom staff aware of the name of the youth and that checks will be coming to their name.) Ensure the mailroom staff is aware of the importance of timely delivery of the youth's housing payments.

Late payments could cause a youth to incur late fees or be evicted.

Tip

Emergency funds may also be used to cover move-in fees and start-up costs. There are some differences between what subsidy and Chafee funds can cover. You should check with the ILP fiscal and housing assistant to determine if your request is appropriate (email questions to ILP.Central@dhsoha.state.or.us).

- *Emergency funds are not intended to assist a youth with ongoing monthly expenses.*

Monitor housing services

I. **First 12 months**

A. Encourage the youth to open a savings account if possible. The youth needs to begin to save funds for exiting the housing programs or emergencies that may arise.

1. Help the youth research the minimum amount required to open and maintain an account.
2. Ensure the funds placed into savings remain in savings as you review the youth's budget.
3. If the youth is withdrawing funds from savings, determine why. Adjust the youth's budget accordingly to reflect the actual amount of monthly expenses.

B. During each of the first three months, **review the youth's receipts** for income and payments. For example:

1. Pay stub,
2. Rent,
3. Utilities,
4. Groceries, and

5. Other major monthly expenses.

Do this before you deliver the housing payment to the youth.

For a filing system, you may wish to:

1. Include the cost of one in the youth's housing budget, or
2. Use ILP discretionary funds to purchase one.

C. During each of the first three months, ensure the youth's full-time productive hours per week are appropriate and according to the approved plan. Examples of productive time may include:

1. Paid employment,
2. Education,
3. Volunteer activities,
4. Counseling appointments,
5. School activities (sports, clubs, etc.), or
6. Additional study hours for youth with special needs.

D. If changes occur (e.g., in the areas of employment, education or housing):

1. Assist the youth in completing a revised Budget Worksheet (CF 0077), and
2. Housing Responsibility Agreement (CF 0076, page 3), and
3. Notify the ILP desk as soon as changes are known.

E. Subsequently, if a youth has shown the ability to follow their budget, you may extend the period between reviews. You must review the youth's budget and hours of activity at least once every three months (quarterly).

II. **Arrange the 30-day face-to-face contact at the youth's residence at least once each quarter.**

Year 2 – implement stepdown process

I. Starting with month 13, youth accessing the IL Housing Subsidy Program must begin to decrease their reliance on the housing funds. Each quarter, the maximum amount a youth can receive will decrease by $115 a month. Ensure the youth budget adjusts spending and income for the smaller amount of housing funds.

II. Following is a chart of the maximum amount a youth may receive per month:

Months	Maximum IL Housing Subsidy Payment
1–12	$795
13–15	$680
16–18	$565
19–21	$450
22–24	$335
25–27	$220
28–30	$105

III. During each of the stepdown months, help the youth to:

A. Review their budget and determine where expenses may be cut, or

B. Brainstorm ways for the youth to generate additional income.

IV. Starting month 13, a youth has only one lifetime exception to increase the monthly maximum above the required step-down amount (not to exceed the maximum amount of $795).

V. **Continue to review the youth's receipts** for income and payments. For example:

A. Pay stub,
B. Rent,
C. Utilities,
D. Groceries,
E. Savings, and
F. Other major expenses.

Do this at least quarterly. Ensure the youth spends funds appropriately and as budgeted.

VI. **Chafee Housing** is based on need (not to exceed $1,000 per month). No step-down model exists for Chafee housing. Services end when a youth:

A. Turned age 23.

Tip

The ILP provider is a partner in monitoring the youth's:

- *Housing situation, and*
- *Activities related to the Housing Responsibility Agreement and budget.*

Caseworkers should coordinate housing check-in activities with the ILP provider. ILP providers will be working with the youth to improve life skills. Working as a team will improve service coordination. Also, it will help the youth make a safe, successful transition to adulthood and independent living.

Final 6 months – prepare to exit program

I. The youth is on their final six (6) months of the housing program. The youth should be providing the bulk of their income or monthly support. Continue assisting the youth with the following:

A. Increasing employment hours or wages or increasing job search activities.

B. Help youth determine ways to reduce expenses (i.e., obtain a roommate, lower car insurance by decreasing deductible, find cost-free entertainment options, etc.).

C. If in college, ensure youth is beginning to search for employment or increase employment hours to cover expenses.

D. Search for a new residence if the current residence is not within the youth's budget once the ILP housing supports end.

E. Prepare for termination of wardship and provide the youth with documents as outlined in the Requirements at Independence, Transitions Tool Kit (Appendix 5.18).

F. Ensure termination of wardship is not likely to result in homelessness.

If a youth does not follow the Housing Responsibility Agreement

I. If, at any time, a youth:

   A. Is out of compliance with the Housing Responsibility Agreement (CF 0076), or

   B. Decides they are not ready to continue in the program,

Then you must notify the ILP desk immediately and do one of the following:

I. If lack of compliance is due to the youth's pregnancy or child birth, submit an Exception to Policy (form CF 0088). Indicate the following:

   A. Expected date baby is due (or date of birth);

   B. Youth's plan to maintain medical appointments, preparations for parenthood and supports once baby is born; and

   C. Youth's plan to regain compliance with the full-time productivity requirements. This includes how day care needs will be met.

   D. Exceptions may be requested for up to 12 weeks. If an exception needs to extend past this time, you must submit a doctor's note with the date the youth is anticipated to return to normal activities.

   E. If still in high school, indicate youth's plan to return to school and remain in compliance with the high school's attendance policies.

II. Terminate: Provide the youth with at least 15-day notice of intent to terminate (a sample is available, see Appendix 5.19). Written notice is preferred. However, notice may be verbal with a written follow-up to confirm the conversation.

   A. The notice must include:

      1. The reasons for termination,

      2. The specific date the youth will be terminated, and

      3. A statement that the youth may reapply in 30 days if they have been able to resolve the issues stated as reasons for the termination.

   Include a statement that if the youth is terminated from the ILP housing program, the youth remains eligible for ILP skill building services.

   B. Extension of a termination notice is not allowed.

III. Issue a warning of potential termination if issues are not resolved:

   A. Provide the youth with a 15-day notice of intent to terminate. However, this notice must include:

      1. Clear and specific reasons for possible termination;

      2. The timeframe the youth is being allowed to remedy the situation (no more than 15 days);

      3. A statement that if the issues have not been remedied by a specific date, the youth will be terminated; and

      4. The name of who to contact if the youth wishes to remain in the program.

   Include a statement that if the youth is terminated from the ILP housing program, the youth remains eligible for ILP skill building services, and can reapply for the housing program in 30 days (if they have

been able to resolve the issues stated as reasons for the termination).

B. Request a time-limited Exception to Policy (form CF 0088). Provide:

1. A beginning and end date;
2. The reason for the exception request; and
3. The youth's detailed plan for regaining compliance.

- If an exception is approved, but a youth does not regain compliance within the time specified, the youth will be terminated from the housing program. The Exception to Policy (CF 0088) must be approved by the:

  (1) DHS caseworker,

  (2) ILP provider, and

  (3) DHS program manager or designee.

  It needs to be submitted to ILP.Central@dhsoha.state.or.us for final approval.

- An exception to the maximum amount of funds received will only be allowed for one month, if needed, between months 13 through 30. In addition to completing the Exception to Policy form (CF 0088), the youth must also complete the Resources Researched form (see Appendix 5.20). No more than one exception will be approved for additional funding between months 13 through 30.

C. Request a time-limited Exception due to a State of Emergency:

- During times of a declared State of Emergency, contact the Chafee IL/ETV Program Coordinator to determine the process for allowing exceptions to the housing requirements. For guidance, email ILP.Central@dhsoha.state.or.us and included as the subject line: Housing Exception due to State of Emergency.

IV. The ILP desk may hold a youth's housing payment if a problem is identified and not resolved within 30 days. The caseworker and ILP worker will receive an official notification by email alerting the worker(s) that a problem exists. The caseworker(s) will be given 30 days to resolve the problem with the youth. If the problem remains unresolved after 30 days, a hold will be placed on all future housing payments.

Terminating housing payments

I. Advise the ILP desk of all housing terminations (planned or unplanned).

II. Close housing services under the following circumstances:

A. The youth completed the housing program as planned;

B. The youth achieved independence and self-sufficiency to the extent there is no longer a need for housing payments;

C. The youth made a voluntary decision to no longer participate in the housing program;

D. The youth was involuntarily terminated from the program for failing to comply with program requirements (a 15-day notice of termination must be provided to the youth);

E. The youth reached their 21st birthday for Subsidy or 23rd birthday for Chafee Housing; or

F. DHS has terminated wardship (Subsidy).

III. The youth exceeded maximum benefits for the program:

A. For the Independent Living Housing Subsidy, the youth completed the 30th month in the program, unless extedned due to a State of Emergency.

B. For Chafee Housing, the youth accessed a cumulative total of $7,000, or the youth is transitioning to Chafee Education and Training Voucher funds (ETV) for room and board while at college. If a school includes room and board in the projected costs of attendance, a youth cannot access Chafee ETV and Chafee Housing funds at the same time. During a declared State of Emergency, the cumulative total shall be waived for up to six months.

IV. The caseworker must inform the following people if terminating a youth from the housing program:

A. The youth (verbally and in writing),

B. Data input staff,

C. The ILP provider, and

D. The ILP desk.

E. Failure to notify these parties may result in an overpayment to the youth.

Continued medical coverage

I. A youth participating in the Independent Living Housing Subsidy remains eligible for a medical card through DHS. Request the youth's medical card as you would any other youth in substitute care.

II. An Oregon youth who leaves foster care at age 18 or older and resides in Oregon is categorically eligible to receive Former Foster Care Youth Medical (FFCYM) Program coverage up to their 26th birthday (see Appendix 5.21).

A. To access the program, the caseworker and youth will complete as much of the OHP application as possible, just before terminating the youth's case.

B. If there are questions or additional assistance is required, contact OHP Customer Service at one.oregon.gov, healthcare.gov or call OHP Customer Service at 800-699-9075.

C. FosterClub also has an OHP outreach coordinator who can assist youth at 503-717-1552 or by email at health@fosterclub.com.

D. The youth should receive the new medical card in the mail. Advise the youth to be sure to respond to OHP mailings that request an updated mailing address or contact information.

The supervisor's role

I. Train and support the caseworker on local office practice for youth accessing the Independent Living Housing Subsidy (ILHS) and Chafee Housing services.

II. Review, approve or deny all ILHS placement requests. If approved, forward the level 3 approval to the statewide ILP coordinator at Central Office for processing.

III. Review, approve or deny all ILP exception to Policy Requests before submitting them to ILP desk.

IV. Ensure your workers are assisting young adults who are aging out of care with completing the OHP application to access the Former Foster Care Youth Medical Program.

Post-secondary education and training resources

There are several post-secondary financial resources available to foster youth, both within Oregon and nationally. The most frequently accessed is the Chafee Education and Training Grant (ETG).

Procedure

Education and Training Grant (ETG)

The ETG provides financial assistance to a youth continuing post-secondary education or training.

Maximum amounts may vary based on availability of funds. Check with the ILP post-secondary and fiscal analyst for current maximum amount available per student. The ETG funds may be applied toward the cost of attendance for all two- and four-year colleges or universities, some trade or vocational schools (e.g., beauty, business, massage, welding schools, etc.), as well as eligible certificate programs.

I. The following youth are eligible for ETG funds:
   - A. Adopted or entered a guardianship at 13 years of age or older through DHS, or
   - B. A youth 16 or older in any state or federally recognized tribe's child welfare-provided substitute care.
   - C. A youth who was in any state or federally recognized tribe's child welfare-provided substitute care:
     1. For at least 180 days after the age 14, and
     2. Who exited substitute care at age 16 or older.

II. Youth may continue to access funds until the term in which they turn age 26, or for a total of five years, whichever occurs first.
   - A. Each term is equal to three months. A youth must access three terms (or four terms if summer is accessed or calculated into the award amount) to equal one year's worth of funding (not to exceed $5,000).
   - B. One semester is equal to four months. A youth must access two semesters (or three semesters if you count summer) to equal one year's worth of funding (not to exceed $5,000).

III. It is not necessary for a youth to have an open Child Welfare case to apply for and receive the grant funds (through the Office of Student Access and Completion).

IV. The youth does not need to be involved in the ILP program to access ETG funds.

V. A youth must be accepted to or enrolled in a post-secondary education or training institution and making satisfactory progress to receive ETG funds.
   - A. Youth should be encouraged to connect with an advisor as soon as they are experiencing academic difficulties.

B. If the youth is placed on academic probation and the school withholds financial aid funds, the Chafee ETG will also be withheld.

C. Once the youth's ETG funds are withheld, the student must show proof of the school reinstating other financial aid before the Chafee ETG can be reinstated.

VI. Youth accessing the ETG program may not be eligible for Chafee Housing. If the post- secondary institution the youth is attending includes room and board in the cost of attendance, the youth cannot access Chafee Housing while receiving Chafee ETG. There are two ways for a young adult to access Chafee Education and Training funds:

A. Grants.

1. A youth can access the Education and Training Grant (ETG) funds by completing an electronic application. A youth does not need to have an open Child Welfare case or be enrolled in ILP services to apply for the Education and Training Grant. The eligible youth can access the application online.
2. The youth must apply by March 1 each year. Late applications will not be processed.
3. If necessary, applicants will receive priority based on financial need.

B. Vouchers.

1. Education and training voucher funds are for emergency purposes only. Voucher funds are not intended to provide a full award to a youth. The amount of voucher funds provided will be deducted from the amount awarded through the grant process. There are several parameters for the vouchers. Voucher funds can be used only for the cost of attendance and include:
   - Tuition,
   - Fees,
   - Books,
   - Supplies,
   - Room and board,
   - Personal expenses, and
   - Travel.

   Each school will provide an estimated cost of attendance for the school. This estimate is what the ILP desk will use to determine if the requested amount is reasonable. Therefore, the youth needs to be accepted or enrolled in a school and have submitted an electronic grant application at the time of the request.
2. The amount of funds a youth can access is proportionate to the amount of time spent taking classes (part-time versus full-time).
3. Whenever possible, funds are sent directly to the school.
4. Complete the Youth Transition Funds Request form (CF 0078, check the ETV box) and send the completed form to the ILP desk. The CF 0078 form requires the caseworker provide information about:

- The requested amounts in the appropriate category(s).
- How the funds will assist the youth in meeting the youth's post-secondary education or training goals.
- To whom the payment is made payable.
- Where the payment is to be mailed. While a payment may be made payable to a youth, no payments are mailed directly to the youth. Payments may be mailed to the caseworker or ILP worker for distribution to the youth.

Scholarships

I. The Office of Student Access and Completion (OSAC) handles more than 500 scholarship programs for Oregon students.
   A. Included in these scholarship programs is the DREAM Scholarship for Oregon Foster Youth. Youth must complete a separate application to apply for the OSAC scholarship programs. However, a youth can apply for multiple scholarships with this one application. The OSAC scholarship application is due by March 1 of each year. The application is available at app.oregonstudentaid.gov.
   B. The Oregon Promise has a separate application and may require additional documents. Additional information is available at: oregonstudentaid.gov/oregon-promise.aspx.

II. There are national scholarship funds for eligible foster youth. Caseworkers can direct the youth to review the following websites:
   A. Casey Family Scholars
   B. National Foster Parent Association Scholarship, and
   C. Free Application for Federal Student Aid.

The ILP desk maintains an up-to-date list of scholarship resources specifically for foster youth. Contact the ILP desk to determine if additional scholarships are available.

Oregon foster youth tuition and fee waiver

I. The following youth are eligible for the Oregon tuition and fee waiver:
   A. Youth 16 or older and in substitute care through DHS or one of the federally recognized tribes in Oregon.
   B. A youth:
      1. Who was in substitute care for at least 180 days after age 14, and
      2. Who exited the care and custody of DHS, or one of the federally recognized tribes, at age 16 or older
   C. The youth must submit a Free Application for Federal Student Aid (FAFSA) to apply for Oregon's tuition and fee waiver, and
   D. The student must be receiving funds before age 25. If the student is receiving funds at age 25, those funds can continue until the student accesses the equivalent of four years of undergraduate education.

DHS is responsible for notifying participating schools of potentially eligible tuition and fee waiver students.

DHS notifies the schools if the student has identified that school on their FAFSA.

Each school will notify the student of any tuition and fee waiver eligibility and amount, if any. Before determining a need for the waiver, schools can use:

A. A student's Pell Grant,

B. Oregon Opportunity Grant, and

C. Other school aid.

Other funding resources to help a youth achieve a successful transition to independent living

I. ILP discretionary funds were created to allow local offices a small funding source to purchase items or services that will help a youth meet the goals of their CTP. The ILP Discretionary Funds are to be used for items, services or extra-curricular activities a youth needs to gain life skills and achieve goals for a successful transition to adulthood.

II. Use the Youth Transition Funds Request form (CF 0078) to access the funds (check the Discretionary box). When completing the form, provide the following information:

A. The requested amount(s) in the appropriate category(s),

B. An explanation of how the funds will help the youth in meeting the youth's transition plan goals,

C. To whom the payment is made payable, and

D. Where the payment is to be mailed. No payments are mailed directly to the youth. Payments may be mailed to the caseworker for distribution to the youth.

III. The caseworker must sign the form, and the youth and ILP provider must initial the form.

A. Submit the completed form to the ILP.Central@state.or.us.

B. Some districts have additional review requirements before sending the request to the ILP desk. The supervisor will advise if additional steps are required.

IV. The ILP funds request is reviewed and approved by the DHS statewide ILP coordinator.

A. The ILP desk will process the payment and notify the branch when the check is requested.

B. Payment normally takes up to 10 business days to process.

Requirements at independence

I. At least 60 days before the anticipated dismissal of wardship of a youth reaching independence, the caseworker must inform the youth of the upcoming court hearing either by face-to-face contact, phone or written correspondence. This information to the youth must include:

A. The date, time, and location of the hearing;

B. Their right to attend the hearing, and the importance of attending; and

C. Possible options for transportation to and from the hearing.

II. When the court dismisses custody of the youth reaching independence, the caseworker must provide the youth with a Transitions Tool Kit (Appendix 5.18). These are the essential documents, written records and official forms a youth transitioning out of care needs to have for their medical history, employment purposes and to continue their post-secondary education (the majority of these should already be in the case file). The Transition Tool Kit must include:

A. Family history;

B. Placement history;

C. Location and status of siblings, and contact information the youth can use should they want to obtain additional information about their case or family history in the future;

D. Health and immunization records, including whether they have been informed of or identify a health care representative and completed an Oregon Advanced Directive;

E. The OHP Application for the Former Foster Care Youth Medical Program should have previously been completed with the youth, but if there are questions or additional assistance is required, contact the OHP Customer Service at:

1. 1-800-699-9075 (TTY 711), or
2. www.ohp.oregon.gov for more details.

F. Educational summary and records;

G. The youth's birth certificate **(the original should be given to the youth and a copy put in the case file as most situations requiring a birth certificate or Social Security card require the original).**

Official proof of the youth's citizenship or Permanent Resident or Special Immigrant Juvenile Status (SIJS) card in a form acceptable to an employer who is required to verify immigration status. Obtaining an SIJS card can take several months, if not years, so it is important the caseworker plan ahead to ensure the youth receives the documentation before age 18. If applicable, contact the International Case Consultant about the criteria for Special Juvenile Immigrant Status (SJIS);

H. The youth's Social Security card;

I. A driver's license or other form of state identification (a copy of the license or other form of state identification should remain in the case file). Additional forms of identification could include an Oregon identification card or passport;

J. If applicable, a copy of a death certificate of the youth's parent(s);

K. Written verification (DHS 2922) of placement in substitute care between the ages of 14 to 18 through DHS or one of the federally recognized tribes; and

L. A copy of the youth's credit report (see page 1 for information about obtaining a youth's credit report).

III. If the caseworker is unable to provide the documentation and information described above before the court order relieving legal custody of the youth, the caseworker must:

A. Prepare the Transition Tool Kit materials and either deliver them to the youth, or

B. If the youth's whereabouts are unknown, the caseworker must retain the records in the case file and the Child Welfare electronic information system for any future request for these records that may be made by the youth.

IV. Options to provide or maintain these documents for the youth:

A. Put documents in an FYI Binder. There are file pockets for critical documents such as the birth certificate, Social Security card, etc.

B. Purchase a lock box with branch discretionary or youth transition funds for the youth to store the documents.

C. Scan the information into the Child Welfare electronic information system.

The supervisor's role

I. Train and support the caseworker regarding local office practice for distributing a youth's Transition Tool Kit and other confidential information.

II. If necessary, provide the caseworker a copy of the "Requirements at Independence Checklist" Youth Transition Tool Kit Check List (see Appendix 5.18) to ensure all documents are given to the youth.

Outcomes tracking

I. The federal Chafee Foster Care Independence Program legislation (Public Law 106-169) requires each state to track and report services and outcomes for foster youth and young adults for the National Youth in Transition Database (NYTD). DHS started to track and report NYTD services in October 2010. Following is a brief overview of the methods used to track services and outcomes:

A. Detailed services are entered in the Child Welfare electronic information system and reported every six months for each youth who receives an independent living service (regardless of age or foster care status). Methods to obtain the service detail should include the following:

1. Monthly Services and Progress Report submitted by the ILP Provider;
2. Caseworker and branch service entry in the Child Welfare electronic information system; and
3. Monthly Services and Progress Report submitted by a foster parent or other supportive adult (mentor, CASA, etc.).

B. Caseworkers will conduct a survey with every 17-year-old in substitute care.

1. The caseworker will assist the youth to sign up for a FosterClub, Inc. membership at FosterClub. A FosterClub membership provides foster youth with information and resources. The caseworkers can discuss the option to provide permission for DHS to access the FosterClub online profile information and survey activities. This will help DHS contact the youth for the initial and follow-up surveys.
2. Youth must complete a survey within 45 days after the youth's 17th birthday (referred to as the baseline population). Click here for outreach materials.
3. Caseworkers will help the youth complete an electronic survey. Paper surveys can be provided. However, the caseworker is responsible to enter the youth's survey responses on FosterClub's electronic survey instrument or to send the completed survey to OregonRep@fosterclub.com.
4. If a youth declines to participate in the survey process, the caseworker must document that information on the youth's survey where indicated. The caseworker must leave all other details

blank and notify the statewide ILP coordinator.

C. The statewide ILP coordinator will work with the research unit and the FosterClub DOR to identify youth for the baseline. Also, to follow-up with the sample population (youth who will be surveyed at age 19 and 21).

D. If a youth in the follow-up sample still accesses Child Welfare services at age 19, the caseworker will assist the youth to complete a follow-up survey.

1. If the youth has not signed up for a FosterClub membership the caseworker will:
   - Encourage the youth to do so, and
   - Discuss the option to provide permission for DHS to access the youth's online profile information and survey activities.
2. Caseworkers will help the youth complete an electronic survey within the six-month report period. Based on which period the youth's birthday falls, the period is either:
   - October through March, or
   - April through September.

   Paper surveys can be provided. However, the caseworker will be responsible for entering the youth's survey responses on FosterClub's electronic survey instrument or sending the completed survey to: OregonRep@fosterclub.com.
3. The FosterClub DOR and ILP desk will work with youth in the follow-up sample who no longer receive services. Surveys are required for every youth in the follow-up sample.

E. FosterClub DOR and DHS (the ILP desk) will manage the survey of young adults in the follow-up sample at age 21 using the same steps as mentioned above.

II. Assistance staying in contact with the follow-up population is encouraged. The FosterClub DOR will attempt to contact a youth who has a current FosterClub membership at least once a month (through informational electronic notices posted at FosterClub).

III. Youth should be made aware of the potential incentives to complete the NYTD baseline and follow-up surveys. Contact the FosterClub DOR at 503-717-1552 for details.

IV. Caseworkers should, as part of the Transition Tool Kit, give the youth their case number and additional survey information needed to identify the youth.

The supervisor's role

I. As a part of the 90-day case plan review, ensure caseworkers are aware of:

A. The youth's 17th and 19th birthdays, and

B. The requirement to survey youth timely, as noted above.

II. Ensure caseworkers have been properly trained in documenting independent living-related service opening and closures.

III. Ensure caseworkers receive the Teen Policy Requirements List (Appendix 5.23) to help them complete required tasks within the mandated timelines.

IV. Provide caseworkers with the Youth Transitions Best Practices Guide (Appendix 5.24).

Exceptions to policy

Procedure

Several of the Youth Transitions services and supports allow for exceptions to policy. Exceptions should be time-limited and include a plan for how the youth will regain compliance. Use the Policy Exception Request Form – Chapter 413, Division 30 (CF 0088) when a situation requires an exception to policy. Following are the types of exceptions allowed through the CF 0088):

I. Housing programs:

A. Youth may require an exception due to:

1. A recent lack of productive activity (if less than 36 hours);
2. A need to increase savings above 20 percent of wages;
3. Education difficulties; or
4. Lack of paid employment (required for Chafee Housing).
   - If a youth requires an exception for these reasons, complete sections A, B, E, F and G of the CF 0088).
   - If the youth requests an increase in the monthly subsidy amount after month 12, also submit the Resources Researched form (Appendix 5.20).

B. Section G of the CF 0088) must be signed by the following people:

1. Youth,
2. DHS or tribal caseworker,
3. ILP provider, and
4. DHS program manager or tribal manager or designee

II. Foster Care after age 18 (extended foster care):

A. Youth who have turned 18 and remain in foster care may need an exception to policy if they are **not** meeting the productive requirements outlined in OAR 413-030-0220. This exception process only applies to youth in DHS custody. If a youth requires an exception for this reason, complete sections A, B, E, and F of the CF 0088).

B. Section G of the CF 0088) must be signed by the following people:

1. Youth,
2. DHS caseworker,
3. ILP provider, and
4. DHS program manager or designee

III. Education and Training Voucher (ETV):

A. A youth may require an exception due to a missed application deadline. If a youth requires an exception

for this reason, complete sections A, C, E, and F of the CF 0088.

B. Chafee ETV exceptions are only allowed once. A youth must learn and understand the importance of remaining in compliance with the rules for applying (annually).

C. Section G of the CF 0088 must be signed by the following people:

1. Youth,
2. DHS or tribal caseworker,
3. ILP provider, and
4. DHS program manager or tribal manager or designee.

IV. ILP Provider Service Area Exception:

A. This type of exception is to be requested when a youth:

1. Built a strong bond or relationship with an existing ILP provider, and
2. Is moved to a neighboring county, but
3. Wishes to continue receiving ILP services from their existing ILP provider.

If a youth requires an exception for this reason, complete sections A, D, E, and F of the CF 0088.

B. The following people must sign section G of the CF 0088:

1. Youth,
2. DHS or tribal caseworker, and
3. ILP provider.

V. Processing the Policy Exception Request Form – Chapter 413, Division 30 (CF 0088)

A. Once all required field signatures are obtained, submit the form to the Youth Transitions team at Central Office using the following email: ILP.Central@dhsoha.state.or.us

B. The Foster Care and Youth Transitions manager or designee must review and approve the CE88. Once approved, the signed copy will be scanned and emailed to the caseworker and program manager or designee who signed the CE88.

C. The caseworker will scan the CE88 and file the document in the Child Welfare electronic information system.

D. If the Policy Exception Request is for a youth to remain in foster care after age 18, and the youth is not meeting the requirements:

1. The Child Well-Being manager or designee is to submit all approved exceptions to the Title IV-E specialist in the Federal Policy and Resource Unit.

E. The Title IV-E specialist will ensure proper fiscal accounting of the youth's foster care payments.

The supervisor's role

I. Train the caseworker on local office practice to request an exception to policy.

II. Review, approve or deny all ILP Exception to Policy Requests before submitting them to ILP desk. Ensure the request is appropriate and the end date sufficient to allow the youth to regain compliance.

III. Ensure your workers assisting youth who are approaching age 18 by discussing options for remaining in foster care per OAR 413-030-0220.

IV. Ensure your workers are informing youth and young adults in foster care of requirements to access:

   A. The IL Subsidy Program,

   B. Chafee Housing Program,

   C. ETG funding, and

   D. Other transition services and supports.

References

Federal

I. Title IV-E of the Social Security Act, Section 475

II. Title IV-E of the Social Security Act, Section 477

III. Public Law 106-169, Foster Care Independence Act of 1999, Title1

IV. Adoption and Safe Families Act

V. Family First Prevention Services Act

Oregon Revised Statutes

I. ORS 419B.343, 419B.476

II. ORS 109.697

III. ORS 418.475

Oregon Administrative Rule

I. OAR Chapter 413, Division 70: Substitute Care

II. OAR Chapter 413, Division 30: Case Management – Program Eligibility (Youth Transitions and Family Support Services)

Forms

I. CF 0069

II. CF 0069A

III. CF 0069B

IV. CF 0069D

V. CF 0080

VI. CF 0304A

VII. CF 0075

VIII. CF 0076

IX. CF 0077

X. CF 0078

XI. CF 0088

XII. CF 0036

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Tip

Maintaining a positive relationship with the teen will be the most helpful tool for engaging youth in the NYTD survey process. DHS has contracted with FosterClub for a Dedicated Outreach Representative (DOR). The DOR will also attempt to build a rapport with the youth. The DOR will coordinate the efforts to obtain the required NYTD surveys. You can contact the FosterClub DOR at OregonRep@fosterclub.com, or call FosterClub at 503-717-1552.

Tip

To speed up the approval process, make sure the CE88, section E. **Reason for exception** *provides a detailed explanation of why the exception is necessary. Include what the youth tried to do to avoid falling out of compliance. Also ensure section F.* **Plan for compliance** *details all activities or steps the youth will take in effort to regain compliance with the requirements. This allows those who review and approve the request to make an informed decision quickly. If sections E and F do not have enough details, this may delay the approval process.*

Tip

Section F of the CE88 must explain the youth's plan to participate in the ILP provider's regularly scheduled classes and activities. This includes the youth's plan for transportation to:

- *The provider's facility,*
- *Other meeting areas, and*
- *ILP activities.*

ILP providers are not required to travel outside of their service area.

Chapter 5

Section 30: Behavior Intervention in a Home Certified by Child Welfare

Behavior intervention in a home certified by Child Welfare

At times, children in substitute care present challenging behaviors that require specific monitoring and may require specific training and support services for a child's substitute caregiver. When a substitute caregiver is willing and able to work with the child and the Department to manage a child's challenging behaviors and use strategies and interventions to improve behavior, the caseworker can develop a behavior intervention plan with the certified family.

Monitoring a child's behavior during routine contact

Procedure

I. During monthly contacts, review a child's challenging behavior and the interventions used by each relative caregiver or foster parent in the ongoing care of the child.

II. Assess the relative caregiver or foster parent's implementation of any recommended, documented behavior interventions in the child's mental health assessment, physical diagnosis and the case plan.

III. Instruct the relative caregiver or foster parent to document the actions and interventions used to manage a child's challenging behaviors on the behavior log.

IV. Monitor the interventions used in managing the challenging behaviors of the child while in substitute care during the required 30-day contact with the child.

V. Always review the appropriateness of the placement and determine that the placement maintains conditions for the safety and well-being of the child.

VI. Review behavior logs as they are received, but no less than every 30 days.

VII. Assess the relative caregiver or foster parent's willingness and ability to:

   A. Implement the behavior interventions,

   B. Manage the child's challenging behavior, and

   C. Maintain conditions in the home that provide safety and well-being for the child.

VIII. Assess whether additional support is needed to maintain conditions in the home that provide safety and well-being and manage a child's challenging behavior.

IX. When it is determined additional support is needed, consult with the certified family's certifier or certification supervisor to identify available support resources or training that may be helpful to the family.

X. When it appears the family is using available training or support resources, convene a meeting to develop a Behavior Intervention Plan.

XI. Document the contacts with the relative caregiver or foster parent in the Child Welfare electronic information system case notes.

Developing a Behavior Intervention Plan

I. A Behavior Intervention Plan is required to support the relative caregiver or foster parent's ability to continue to manage the child's challenging behaviors. It is the caseworker's responsibility to initiate the development of a Behavior Intervention Plan when the caseworker determines a documented, structured plan for behavior intervention is needed, or when the relative caregiver or foster parent requests assistance in managing a child's challenging behaviors.

II. Within 60 days of determining a need for or receiving a relative caregiver or foster parent request for a structured plan for behavior intervention, the caseworker must:

   A. Advise the relative caregiver or foster parent to continue to implement the recommended actions and interventions to manage the child's challenging behaviors.

   B. Gather information from the relative caregiver or foster parent, the child, the certifier, and, if appropriate, the parents or legal guardians of the child, the child's attorney, CASA, mental health providers, school personnel, and other service providers working with the child regarding the child's challenging behaviors that:

      1. Are difficult for the relative caregiver or foster parent to manage, or
      2. Present a threat to self or others.

   C. Schedule a meeting with the relative caregiver or foster parent, the child, the certifier, and, if appropriate, the parents or legal guardians of the child, the child's attorney, CASA, mental health providers, school personnel, and other service providers working with the child to develop a Behavior Intervention Plan. The foster care coordinator also can be used via phone conference to assist in the development of a Behavior Intervention Plan.

   D. Develop a Behavior Intervention Plan at the meeting. The plan is documented on CF 0994. The Behavior Intervention Plan documents:

      1. The challenging behaviors of the child that require additional support.
      2. The specific strategies and actions the relative caregiver or foster parent will use to prevent, intervene and follow-up when the child's challenging behaviors present difficulties or are a threat to self or others. These strategies or actions may include:
         - Proactive use of space, routine and structure of the environment;
         - Positive reinforcement, de-escalation techniques and therapeutic activities; and
         - When necessary, physical restraint. Planned use of physical restraint may be used only as an emergency measure in response to imminent danger to self or others, and when no alternate actions are sufficient to intervene in a child's challenging behavior.
      3. The actions and assistance the Department will provide to support the relative caregiver or foster parent.
      4. The relative caregiver or foster parent's documentation responsibilities including ongoing documentation of the child's behaviors on a behavior log.
      5. A plan for regular communication between those monitoring the child's challenging behavior (e.g., the relative caregiver or foster parent, the caseworker and others) regarding the effect of

implementing the behavior intervention strategies to manage the child's challenging behavior.

6. A timeline for review of the Behavior Intervention Pan, which is at least every 90 days.

E. Ensure your supervisor approves the Behavior Intervention Plan.

F. Give the Behavior Intervention Plan to the certified family, and file a copy in the child's case file. Contact the family's certifier and give the certifier a copy of the Behavior Intervention Plan, and document a summary of the Behavior Intervention Plan in the Child Welfare electronic information system provider's page notes tab.

When a Behavior Intervention Plan includes planned used of physical restraint

Note: Child welfare has approved a Behavior and Crisis Management Training curriculum for substitute caregivers certified by child welfare. Refer to Chapter 8 for more information on working with a certifier to arrange Behavior and Crisis Management Training.

I. Physical restraint as defined in Oregon Administrative Rule means the act of restricting a child or young adult's voluntary movement as an emergency measure in order to manage and protect the child or young adult or others from injury when no alternate actions are sufficient to manage the child or young adult's behavior. "Physical restraint" as defined in these rules does not include temporarily holding a child or young adult to assist him or her or ensure his or her safety, such as preventing a child from running onto a busy street.

II. Always assess whether the child's placement in a relative or foster parent's home is the most appropriate, least restrictive home able to meet the child's needs before developing and implementing a Behavior Intervention Plan that includes physical restraint.

   A. It may be that the child's identified needs requires another, more structured substitute care setting than this relative or foster parent can provide.

   B. It may be that the relative or foster parent needs additional information regarding child development or parenting strategies.

   C. It may be that the child is responding poorly to removal from the parent, or other circumstances may be causing a particular behavior to occur.

III. When it is determined that a Behavior Intervention Plan that includes a planned use of physical restraint is appropriate for the child and for the relative caregiver or foster parent, ensure that the plan:

   A. Focuses on the intervention strategies designed to modify a child's behavior in order to minimize the need to use planned physical restraint; and

   B. Uses planned physical restraint only as an emergency measure in response to a child's imminent danger to self or others, and when no alternate actions are sufficient to intervene in a child's challenging behavior.

IV. Before a Behavior Intervention Plan that includes use of planned physical restraint is implemented, the caseworker must confirm the following:

   A. The relative caregiver or foster parent must have completed training requirements described in OAR

413-020-0255;

B. The relative caregiver or foster parent is willing to orally report the circumstances of the physical restraint to the caseworker or the caseworker's supervisor within one working day; and

C. The relative caregiver or foster parent is willing and able to document the circumstances of any physical restraint in writing in a Physical Restraint Intervention Incident Report (CF 0984) as soon as is reasonably possible after a physical restraint is used to manage a child's behavior, and submit the written documentation to the caseworker or caseworker's supervisor within 48 hours.

V. A Behavior Intervention Plan that includes the planned use of physical restraint must have the approval of the child welfare program manager.

Monitoring a Behavior Intervention Plan

Once a Behavior Intervention Plan is implemented, whether or not the plan includes the use of physical restraint, it is important for the caseworker to monitor the plan and review with the relative caregiver or foster parent whether the strategies identified in the plan are effective in managing a child's behavior, and whether or not changes in the child' behavior are occurring (when behavior change is the goal of the plan).

Procedure

I. When a Behavior Intervention Plan is in place, review the plan with the child and with the certified family at each 30-day contact.

II. A more formal review of the Behavior Intervention Plan must occur within 90 days, and must include those individuals who participated in the development of the plan. This review must:

A. Assess the effectiveness of the interventions used by the relative caregiver and foster parent and determine whether:

1. To end the Behavior Intervention Plan if strategies have successfully reduced or eliminated the challenging behavior; or

2. To revise the Behavior Intervention Plan when additional strategies are needed to manage challenging behavior. Any revised Behavior Intervention Plan that includes the use of planned physical restraint must be approved by the child welfare program manager.

III. Whenever a Behavior Intervention Plan ends, document the conclusion of the plan, notify all the participants in the development of the Behavior Intervention Plan, notify the certified family's certifier that the plan has ended, and document the conclusion of the Behavior Intervention Plan in the Child Welfare electronic information system provider's page notes tab and in the case notes of the case file.

The Supervisor's Role

I. Consult with the caseworker to develop behavior intervention strategies for a child with challenging behaviors.

II. Attend the meeting to develop the Behavior Intervention Plan.

III. Review any Behavior Intervention Plan that includes planned use of physical restraint. Approve the plan only after all other alternative strategies have been determined to be unsuccessful.

IV. Submit an approved Behavior Intervention Plan to the Child Welfare program manager for review and approval, when the plan includes the use of physical restraint.

V. Monitor the effect of the Behavior Intervention Plan actions.

VI. Ensure that appropriate documentation and communication regarding the Behavior Intervention Plan is completed.

References

Forms

I. CF 0994

II. CF 0984, Physical Restraint Intervention

Oregon Administrative Rule

III. Chapter 413, division 80, Monthly Contact and Monitoring Child and Young Adult Safety

Chapter 5

Section 31: Services to injured, critically ill or terminally ill children

Services to injured, critically ill or terminally ill children

There may by occasions when a child in the care or custody of Child Welfare is critically injured or has a critical or terminal illness. In any of these circumstances, thoughtful, sensitive and thorough casework practice is critical. The caseworker should be in frequent contact and consult with his or her supervisor for case review and support.

Procedure

I. When the child has a terminal illness:

   A. As with any serious illness, thoughtful, thorough and sensitive caregiving and placement decisions must be made when a child is terminally ill.

   B. Consider having parents, attorneys or the CASA participate in medical appointments.

   C. Modify the visit and contact plan to expand child and parent contact whenever possible.

   D. The child's biological parents and physician must make the decision for a Do Not Resuscitate (DNR) order. The decision must be made in consultation with the Department's staff, the child's CASA, attorneys involved in the case, and substitute caregivers whenever appropriate.

   E. Provide notification to the juvenile court when such a decision has been made.

   F. Convene a family meeting to develop an ongoing support system for family members and individuals involved in caring for the child.

   G. Be aware that all those involved with the child will experience the grieving process.

   H. Work with medical social work staff, a family therapist, grief counselor or hospice services to plan for the activities at the time of death, including notification, funeral and burial or cremation arrangements, personal belongings, removal of medical equipment if the child was in a substitute caregiver's home, and medical records.

II. Placement considerations:

   A. Convene a family meeting including the child (whenever appropriate), the child's legal parents, medical providers, substitute caregivers (if other than the parents), CASA, attorneys involved in the case, and the supervisor.

      1. Consider placement options during this critical period of care. The placement decision may require legal assistance through the juvenile court. Placement options for consideration include the legal parents/guardians, relative caregiver, other certified caregiver, a child caring agency or facility, or hospitalization.

   B. Assess the needs of the child:

      1. Assess the capacity of the prospective substitute caregiver's ability to meet the required level of care and any medical interventions necessary to ensure the safety of the child.

      2. Follow the procedures for requesting a nursing assessment. After the assessment is completed, the registered nurse and the caseworker can recommend a personal care and/

or special rate payment as part of the process of assisting the substitute caregiver in meeting the child's special needs.

3. If a child's medical care needs require nursing care, the delegated nursing procedures must be taught to the substitute caregiver, and the substitute caregiver must be able to administer delegated nursing procedures prior to placement.
4. If the child is placed in a nursing home, the Department is not responsible for ensuring nursing procedures have been delegated to nursing home staff.

C. Develop agreements and procedures for sharing medical reports and other critical information, care plans, discharge planning and procedures with all persons involved in the case.

D. Consider having parents, attorneys or the CASA participate in medical appointments.

E. Consider modifications of the visit and contact plan to expand child and parent contact.

III. Advance planning for the death of a terminally ill child:

A. Inform the substitute caregiver, in advance, what to expect and do when the child dies.

B. Instruct the substitute caregiver to:

1. Contact local emergency personnel by calling 911;
2. Contact the local office, which will contact the child's caseworker, supervisor, Child Welfare program manager and district manager; and
3. Not move the child's body, not bathe the child's body or otherwise change the environment (the child's clothes or the location of the body) where the child died.

C. Inform the substitute caregiver that emergency personnel arriving at the substitute caregiver's home may include the local fire department, EMTs, law enforcement and medical examiner.

1. The substitute caregiver notifies the emergency personnel of their certification as a relative caregiver or foster parent and requests:
   - The police report be marked Confidential, and
   - The medical examiner's report be marked Confidential and/or that the substitute caregiver's name and address not be included in the report. (The request for confidential reports is made to ensure the safety, privacy and confidentiality of the substitute caregiver and other children for whom they may be providing care. Emergency response records can be open to the public or posted in local newspapers.)

D. Inform the substitute caregiver that emergency personnel will:

1. View and examine the body of the child at the location where the child died;
2. Ask questions of the substitute caregivers that may include requesting information on the child's medical condition and history, recent events that may have occurred, the child's eating and sleeping habits, routines and past behaviors, and names of all persons living in the home; and
3. Direct the removal of the child's body to the local morgue where an autopsy may be performed.

E. Have face-to-face contact with the substitute caregiver as soon as is reasonably possible to provide support, answer questions and link the family to grief counseling.

IV. Unexpected death of a child:

A. Follow the above procedures.

V. Actions taken at the time of a child's death:

A. The Child Welfare program manager will consult and coordinate with the caseworker and the supervisor regarding the notification of the legal parents or guardians, the child's siblings, relatives and other significant individuals including the CASA, attorneys, and Juvenile Court.

B. Prepare a sensitive issue report (DHS 150) and send it to the CAF central office.

C. Implement the pre-arranged plans for grief counseling and support.

VI. Funeral and burial arrangements:

A. Authority over a child in the care or custody of the Department is subordinate to the legal parents' or guardians' authority at the time of a child's death. The parents have the right to determine the funeral and burial arrangements. The caseworker should be especially sensitive to the cultural beliefs, traditions and practices of the family at this time, and ensure the wishes of the family are honored and supported.

B. The child's legal family should assume responsibility for the funeral and burial expenses. When the family is unable to assume these costs, or if the child is in the permanent custody of the Department, the agency will cover costs of the funeral and burial. When the Department covers these costs, both the child's family and the substitute caregiver will be included in the decision-making process to the extent this is possible.

C. The Department covers funeral and burial costs not to exceed $4,000. The district manager or his or her designee may approve an exception up to a total of $4,500. Make the payment through an Administrative Expense Voucher (CF 0294). See OAR 413-090-0400.

VII. Caring for yourself and others

A. Encourage the parents and substitute caregivers to find and participate in a support system of family members, relatives, friends, their faith community or crisis counselors. The local hospital or mental health provider may be able to provide the caseworker with information regarding locally available grief counselors. The Dougy Center (www.dougy.org) also may be a resource for grief support groups for families and children.

B. The caseworker also may choose to use the Employee Assistance Program.

The Supervisor's Role

I. Provide guidance and support to the caseworker for case management, approvals and notifications.

II. Support the caseworker and encourage EAP when appropriate.

References

OARs

OAR 413-090-0400 Funeral and Burial Expenses Placement Expectations

Forms

DHS 150

Chapter 5

Section 32: Legal relationships to a child

Legal relationships to a child

Whenever a child is in the legal custody of DHS, the family also is involved with the court system.

Procedure

I. **Parents**

A. When legal custody of a child is granted to the DHS by the court, the parents have legal rights as parties to the case. These legal rights include, but are not limited to:

1. The right to notice of the proceeding and copies of:
   - Petitions,
   - Answers,
   - Motions, and
   - Other documents.
2. The right to appear with counsel. Also, to have counsel appointed as provided by law;
3. The right to call witnesses, cross-examine witnesses and participate in hearings;
4. The right of appeal; and
5. The right to request a hearing.

B. When DHS is granted legal custody of a child, the parent's rights to parent the child are limited.

1. It is good practice to encourage parents to continue to be involved with the child. Do this within what is reasonable. Consider the best interest, safety and well-being of the child. If you have questions about the appropriate level of parental involvement with the child, consult with your supervisor.

C. Most children return to a parent. Therefore, it is logical to continue to have the parent play a role in the child's life. If the parent continues their involvement, it maintains the parent and child relationship. It also maintains the family attachment.

Involvement could include involvement in decisions about:

1. Religious preferences,
2. Church attendance or involvement, and
3. Activities such as:
   - Including the parents in medical and mental health care appointments and treatment decisions,
   - Educational decisions and school-related functions, or
   - Routine decisions such as consultation with the parent before the caregiver takes the child for a haircut.

D. When safety is a concern or when return home no longer is the permanency plan, parental involvement in such decisions may lessen or no longer exist.

II. **Relatives**

A. Non-intervener relatives have limited rights when a child is in the legal custody of DHS.

B. When a legal grandparent of a child requests information about a court hearing in writing and provides a mailing address:

1. You must give the legal grandparent notice of a hearing concerning the child, and the court must give the legal grandparent an opportunity to be heard. (A legal grandparent is not a party to the juvenile court proceeding solely because of notice and an opportunity to be heard.) This is governed by ORS 419B.875(6).

C. Do not consider the substitute care placement of a child with a relative as a right of a relative. Only do this if the relative established legal rights to the child in a court of competent jurisdiction.

1. However, you are responsible, under law, to protect a child's right to live with his or her immediate or extended family. The exception is when there is indication that family members will not adequately provide for the child's welfare.

2. When determining either the temporary or permanent placement of a child, consider placement with relatives in preference to persons the child does not know. Do this if there is reason to believe the child's relatives will be able to provide:
   - Appropriate care,
   - Stability, and
   - Security for the child.

D. Arrange for visits or contact by phone, letter, email or other ways to communicate. Relatives have a right to communicate and visit with a child in the legal custody of DHS. Visits and contacts are within reasonable guidelines set by the child's case plan and the direction of the court.

III. **Attorneys**

A. Have ongoing contact with attorneys that represent different parties to a dependency case. Children and youth, parents and interveners all may have attorney representation. Others, such as grandparents or other relatives who do not have intervener status, also may have legal representation. However, they are not legal parties to the case, nor do they have the rights of legal parties.

B. Attorneys may:

1. Attend family meetings,
2. Review the case plan,
3. Review the case file of the client they are representing, and
4. Meet individually with the client.

Inform the attorney of any significant changes in the case. For example:

1. Placement moves, or
2. Non-routine medical care to the child.

C. Inform the attorneys of the child and the parents when a child is prescribed or administered a psychotropic medication. Requirements for notification are in 413-070-0400 to 0490, Psychotropic Medication Management.

IV. **Intervener**

A. An intervener petitions the juvenile court requesting legal party status to the case. The intervention status is governed by ORS 419B.116.

B. The court may assign legal party status to the individual based on several judicial findings such as:

1. The person's relationship to the child and the person's involvement in the child's life;
2. The reason intervention is sought;
3. How the person's intervention is in the best interests of the child or ward;
4. Why existing parties cannot adequately present the case and what specific relief is being sought; and
5. How long the relationship to the child has been in place (six months for foster parents).

C. If you receive a notice for a motion to become intervener, consult with your supervisor about the implications of this motion for the child and the case plan.

1. Get assistance from the local Assistant Attorney General after you receive approval from your supervisor.

D. An order granting intervention is solely for juvenile dependency proceedings. The order does not confer standing or rights of intervention in any other action. There is no intervention allowed in Termination of Parental Rights proceedings (ORS 419B.500).

E. Persons who request intervener status for a child are most often:

1. A relative to the child,
2. A person who has had a parent-child relationship, or
3. A foster parent.

The legal status of intervener remains until the court determines otherwise. This status may continue for a foster parent even after:

1. The child no longer lives with the foster parent, or
2. The foster parent ceases to be a foster parent.

F. Treat an intervener as a full legal party who must receive:

1. Notices of court hearings, and
2. Copies of court reports.

The person may request visitation and be involved in family meetings and case planning decisions.

Tip

Identification of the roles and responsibilities for CASA volunteers and caseworkers is found in the Memorandum of Understanding between:

- *DHS, and*
- *Oregon Commission on Children and Families (OCCF), which operates the CASA programs in local communities.*

V. Court Appointed Special Advocates (CASAs)

A Court Appointed Special Advocate (CASA) is a volunteer who has full legal party status in the case in which the court appoints the volunteer (ORS 419A.170). Not all juvenile court cases will have a CASA appointed by the juvenile court.

A. The responsibilities of the CASA volunteer include:

1. Investigate all relevant information about the case;
2. Advocate for the best interests of the child. Also, to ensure all relevant facts are brought before the court;
3. Facilitate and negotiate to ensure the court, DHS and the child's attorney, if any, fulfill their obligations to the child in a timely fashion; and
4. Monitor all court orders to ensure compliance. Also, to bring to the court's attention any change in circumstances that may require a modification of the court's order.

B. You have specific responsibilities outlined in the Memorandum of Understanding with the state CASA organization. These responsibilities include:

1. Assess the safety of the child;
2. Access and use court services;
3. Develop and implement plan for:
   - Safety,
   - Well-being, and
   - Permanency;
4. Provide and obtain services; and
5. Recommend court appointment of a CASA, when appropriate.

C. CASA volunteers can expect that you will provide casework services throughout the life of the case that include:

1. Contact with the child regularly, according to policy;
2. Receive and assess allegations of child abuse;
3. Develop ongoing safety plans including:
   - Maintaining children safely with their families,
   - Placement of children in substitute care, and
   - Accessing court services;
4. Engage families in Oregon Family Decision-Making Meetings to identify:
   - Children's needs,
   - Family strengths, and
   - Appropriate services when a child is in substitute care;
5. Develop, record and implement the Child Welfare case plan and concurrent permanency plan;

6. Obtain and provide appropriate services for the child or family to meet the child's needs for:
    - Safety,
    - Permanency, and
    - Well-being;
7. Develop a visit and contact plan appropriate to the safety and attachment needs of the child;
8. Assess and monitor educational, health, mental health and dental needs;
9. Monitor substitute care placements;
10. Attend and participate in other agency meetings involving the child as appropriate; and
11. Make written reports and recommendations to the court.

D. Make every attempt to meet with the CASA volunteer as soon as possible when one is appointed. At that meeting, the CASA volunteer and you should:

1. Agree on a communication plan. This includes:
    - Email, phone or fax preferences,
    - Long or short messages,
    - Expectations (this includes length of turnaround time for communications), and
    - Exchange of usual and emergency contact information.
2. Review the:
    - Case,
    - History,
    - Child Welfare case plan,
    - Permanency plan, and
    - Concurrent permanency plan.
3. Discuss the role of the CASA volunteer. Clarify expectations about ways they might facilitate achieving safety and permanency for the child.
4. Help ensure that notification is made regarding:
    - All DHS staff and family meetings relevant to the child including case plan reviews,
    - Sibling planning conferences:
        - *(1)* Current caretaker committee meetings, and
        - *(2)* Adoption committee meetings.

E. Document the appointment of a CASA volunteer in the case file.

F. Ensure frequent updates and return email, phone and fax within 48 hours.

G. Share court reports at an in-person meeting, if possible, before court presentations so there are no surprises.

H. Effective work of a CASA volunteer often depends on speedy access to complete information. According to ORS 419A.170, the appointed CASA volunteer must have access to information from the

child's file. The full record, except for the reporter's identity, may be accessed by:

1. Parental release of information,
2. Court order, or
3. Through the process of discovery.
   - The advice of the Attorney General's Office guides DHS policy. It states that Oregon statutes do not permit you to give CASA volunteers record information that identifies persons who have reported child abuse and neglect (Department of Justice File No. 412-100-GH0151-01).
   - Both DHS employees and CASA employees or volunteers carry statutory responsibility to maintain the confidentiality of records.

I. The local office and CASA programs negotiate agreements to:

1. Provide initial access to the child's file to the CASA volunteer at the Child Welfare office within 24 hours if possible. However, not more than three working days from the request.
2. While keeping the burden to Child Welfare staff minimal, copy the portions of the file the CASA volunteer deems necessary. Exclude information that relates to the identity of the reporter and other parts of the file that may not be opened.
3. Ensure the CASA volunteer, after they read or copy case files, returns the Child Welfare file material in the same order as received.
4. Provide copies at no charge to CASA volunteers or programs.
5. Negotiate a definition of timely notification that meets the local office and CASA program needs.

J. Communicate cancellations and rescheduling immediately to the CASA volunteer or CASA program.

K. Understand the parameters of the local agreement. Consult with your supervisor if the parameters of the local agreement are unclear.

L. The CASA volunteer needs reasonable access to the child in the home or placement. This includes adoptive placement.

M. The CASA volunteer needs to have private conversations with the child.

N. Actively facilitate and support positive working relationships between:

1. Biological parents,
2. Foster parents,
3. Adoptive parents, and
4. The CASA volunteer.

Tip

Whenever you are in doubt about the role, relationship or responsibilities of the caseworker in a legal relationship: Consult your supervisor, or Request authority to consult the local Assistant Attorney General.

The supervisor's role

I. Ensure the caseworker has a thorough understanding of the legal relationships to the child on an open

case plan.

II. Ensure the caseworker promotes and supports the services and working relationships with a CASA volunteer.

III. Review and grant approval for consultation with the Assistant Attorney General when appropriate.

References

Oregon Revised Statutes

ORS 419A.170

ORS 419B.035

ORS 419B.500

Oregon Administrative Rule

OAR Chapter 413, Division 10, Rights of Relatives

Chapter 5

Section 33: Obtaining a driver's permit and a driver's license for youth in care under age 18

Obtaining a driver's permit and a driver's license for youth in care under age 18

Obtaining a driver's permit and license is a privilege. For teens in substitute care, it is part of their personal growth, accepting and taking responsibility for actions leading to independence. Completing an approved driver's education course is necessary to develop the safe driving skills needed to obtain a driver's license. Access to education, employment, health care, and other community-based activities for older youth in care working toward independence is dependent on access to transportation. *There may also be times a youth wants to obtain a driver's license prior to exiting foster care with no intent to actually drive a vehicle.*

The Oregon Legislature has supported youth in care obtaining a driver's license through legislation in 2009 in which ODOT will provide reimbursement for the costs of driver's education courses (traffic safety education) to a number of youth in care (ORS 336.807). The ILP Desk can assist with reimbursement of those costs.

Planning for and obtaining a driver's permit and a driver's license, by the nature of the activity, requires common understanding on a number of details related to the process of obtaining a driver's license. The steps for accomplishing this process are outlined in these procedures.

Tip

These readiness criteria were developed in consultation with the Oregon Foster Youth Connection (OFYC).

Procedure

Assessment

There are several issues on which the youth and other adults involved in the youth's life must come to agreement in order to successfully achieve the goal of a driver's license and a safe driver.

I. **Readiness**

The caseworker, in conjunction with other adults involved with the youth, must agree that the youth is ready to pursue obtaining a driver's license. Part of assessing a youth's readiness includes answering these questions:

A. Is the youth at least 15 years of age (minimum age to obtain an instruction permit)?

B. Is the youth enrolled and attending school, maintaining at least a "C" average, or is he or she actively working with a tutor or receiving academic assistance to improve his or her school performance? Has the youth's school attendance been regular without incidents of suspension, non-attendance or expulsion during the last six months?

C. Is the youth healthy and able to answer "yes" to the medical questions on the application? Are there any documented medical or mental health recommendations that the youth not drive due to physical, mental or emotional conditions that would significantly impair the youth's functioning and judgment when operating a motor vehicle?

D. Is the youth free from any evidence of drug or alcohol use by the youth during the last year?

E. Does the youth display age-appropriate behavior generally, questioning and testing within normal limits,

most often using good judgment, and avoiding unsafe, violent, or criminal behavior (within the past year)?

F. Does the youth have placement stability; has he or she been in the current placement at least six months or more and has no history of running away or other placement disruptions?

II. **Required documentation**

A. The DMV will need several documents prior to obtaining a learner's permit. See the ODOT web page for further information here.

B. Ensure the youth has each of these documents available prior to applying in person at the DMV office:

1. Verification of school enrollment, completion, or exemption (which will also verify residency).
2. Completed application signed by the parent or legal guardian (for all youth in Department custody, this is the district manager or designee. In most instances, this will be the program manager.).
3. Proof of legal presence in the U.S.
4. Proof of full legal name. See the ODOT list of acceptable documents for proof. In most instances, this will be the youth's birth certificate.
5. Proof of Social Security number.
6. A completed application.

Tip

Remember, the Department is not responsible for the insurance premiums of the caregiver and, likewise, is not responsible for payment of the youth's insurance premium.

Tip

Some insurance companies are willing to write a "Named Operator" or "Named Non-Owner" insurance policy for the youth. Though this option is not offered through every insurance company, such policies may be written when a youth does not own a car but wants insurance coverage while driving another person's vehicle as a secondary insurance coverage. A named non-owner policy meets Oregon's minimum liability-only insurance requirement. This means the person would be covered if he/she injured someone or damaged someone else's property. It is important to check with the insurance carrier or agent prior to making insurance decisions.

III. **Insurance Coverage**

A. Ensure there is required insurance coverage prior to the youth driving a vehicle. The caregiver should check with the company that insures the vehicle the youth will be driving. Some insurers increase premiums when a young driver gets a permit. Others do not charge higher rates until a license is issued. In either case, the increased premium will apply – once the permit or license is obtained – as long as the young driver is a member of the household. It doesn't matter whether he or she regularly operates a vehicle. Private passenger auto policies generally include foster children in the definition of "Who is an Insured" under the policy.

B. Understand that once a foster child obtains a license (or in some cases a permit), most insurance

companies will increase the premium because foster children are considered members of the household. In other words, caregivers/parent(s) do not have a choice about whether to "add" the youth to their policy; he or she will be added by the insurance company, and the caregiver/parent will be charged accordingly. Even if coverage exists for the foster child under a separate policy, the policy for the caregiver/parent's household would also apply. If the youth's parent, legal guardian, or other responsible adult is willing and able to provide adequate insurance coverage, or the youth is able to provide payment for his or her own policy, the insurance carrier for the foster family can still charge for the youth. There are only certain circumstances that allow for exclusion. Most insurers will not be willing to write a policy with exclusion and will elect not to write the auto insurance if the circumstances would allow an exclusion.

IV. **Driver's Education and Practice Hours**

A. Once the youth has obtained an instruction permit, the youth will need to enroll in a driver education course approved by ODOT. Check the DMV webpage for DMV-approved driver education programs.

B. The youth must drive with supervision and log the practice hours. When the youth chooses not to attend a driver education class, the additional required hours of supervised driving must be logged.

C. The youth will need to have access to a vehicle for his or her practice hours.

D. There are certain restrictions on driving with a permit. All youth are expected to comply with DMV requirements. Check the DMV website frequently for the most current information. Also share with the youth the DMV information in Appendix 5.28, Road to Getting Your License or here.

E. The caseworker, youth, and others involved with the youth must come to agreement on who will supervise (and document) these practice hours.

F. The caseworker must confirm that the individual supervising the practice hours is over 21 years of age and has a valid class C or higher driver license.

V. **Planning for the Unexpected**

A. The caseworker, youth, substitute caregiver and others need to plan for the unexpected, such as changes in placement, insurance coverage, school status, legal status of the child, and so forth.

B. It is a caseworker's responsibility to ensure everyone understands the steps to obtaining a driver's license and is aware of the steps that need to be taken and the people responsible to achieve each step of the process.

Agreements

However the caseworker proceeds with the process of assisting the youth in obtaining a driver's license, there will be several people involved in the process. It's likely that several people will need to come to an agreement for the youth to obtain a driver's license.

I. Provide the youth with the guidance he or she needs to prepare for and make his or her case for obtaining a driver's license. Help the youth actively participate in the transition planning in preparation for obtaining the driver's permit. If the Transition Plan needs to be updated, make sure the youth is involved, and the written update has been completed prior to further planning.

II. It makes good sense, but it's not required, to have a meeting with everyone who will be or could be a participant in the process so that all people who are contributing support, time, money, or other investment into the process understands their specific role and responsibility. A meeting also provides the opportunity to put agreements in writing and ensure there is a common understanding of each step of the process.

III. Consider who should be invited to the meeting or must have an understanding of the steps to be taken in this process. Consider who, in addition to the youth, will be involved or should be informed in the process, such as:

   A. The substitute caregiver,
   B. The parents or legal guardians,
   C. The CASA,
   D. The child's attorney,
   E. Other significant adults in the youth's life, or
   F. Other persons who might assist with time, resources, or financing.

IV. Prepare for the meeting by understanding the process, having information available, and ensuring the youth is informed of the process. Review the DMV/ODOT web pages for understanding of any requirements that might apply for the specific youth.

V. Invite persons to the meeting after having prepared them for the discussion. Have some indications of who is able and willing to offer time, resources, or financing for this process.

VI. During the meeting (a template for the meeting is provided in Appendxi 5.29):

   A. Review the youth's readiness for this process. If there are additional steps the youth must take to demonstrate readiness, clearly outline those steps and ensure the youth fully understands what is being asked/required of him or her.
   B. Review options and come to an agreement on who is taking on the responsibility for insurance coverage.
   C. Review and come to an agreement on who will provide the youth with transportation to the local DMV office and who will supervise practice hours once the youth receives the driver's permit.
   D. Review and come to an agreement on who can and who cannot be in the car during practice hours and ensure these people meet with DMV requirements. Ensure that any person supervising practice hours has a current, valid driver license. Obtain a copy of the driver's license.
   E. Review and come to an agreement how driver's education classes will be paid for and how the youth will be transported to and from the classes.

      Note: DHS has funding to assist a youth with the cost of a driver's education class. The youth must be eligible for ILP services and must have or obtain his or her driver's permit prior to enrolling for driver's education. To access the funds, the DHS caseworker will need to complete form CF78 (Youth Transition Funds request). Whenever possible, youth are to use an ODOT-approved school for their driver's education class. For additional assistance, contact the ILP/Youth Transition Support Staff at 503-945-5722. Also see Appendix 5.30, Driver's Education Course Payment Form.

   F. Review and come to agreement on what vehicle(s) will be used by the youth and that there is adequate insurance coverage.

G. Review all the required documentation needed to obtain a valid driver's permit and come to an agreement on who will obtain any needed documents.

H. Review and come to an agreement on circumstances under which driving privileges will be suspended or limited due to the youth's behavior or actions.

I. What vehicle(s) will be used for practice hours and for the required road test?

J. Review and come to an agreement on any contingency plans. What if, for example:

1. Insurance coverage needs to change?
2. The youth's behavior changes?
3. School achievement drops or behaviors change?
4. A change in placement is forthcoming?
5. The agreed upon plan for obtaining and logging practice hours needs to change?
6. Other unexpected circumstances arise?

K. Come to an agreement on when and how the caseworker and others will be notified of any changes.

VII. After the meeting, ensure all the agreements have been put in writing. This documentation provides the caseworker with the information needed to support approval from the district manager or Child Welfare program manager.

Note: The district manager or designee (Child Welfare program manager) must provide consent for the youth to obtain a driver's permit and driver's license under OAR 413-020-0140(4)(e).

VIII. Review the agreement with the supervisor, and obtain the management approval required.

IX. When the youth has successfully completed the driver education course, submit driver education course payment receipts to the ILP Desk. The receipt is needed for documentation of the course payment (previously requested) or to issue reimbursement to the youth or their foster parent. You must also submit the Driver's Education Course Payments sheet providing the necessary details regarding the youth's completion of the course.

X. When agreement has not been reached on any of the necessary steps or resources, or the youth is not ready to pursue getting a driver's license at this time, outline the steps that will be necessary to move forward. Come to an agreement on when decisions will be reviewed and reconsidered. Let participants know of the complaint procedure if agreement has not been reached. See OAR 413-010-0420.

The Supervisor's Role

I. Ensure the caseworker has a working knowledge of current DMV/ODOT regulations.

II. Review with the caseworker the youth's readiness for driver education and a driver permit. Explore any known obstacles, and develop strategies to overcome them.

III. Support the ongoing independence of the youth, and develop strategies to gain support from others involved with the youth.

IV. Review and approve the comprehensive transition plan.

V. Support the caseworker in getting the approval of the district manager or child welfare program manager.

References

Oregon Revised Statutes

ORS 336.807

Oregon Administrative Rule

OAR 413-010-0400 to 413-010-0480

OAR 413-020-0100 to 413-020-0170

Chapter 5

Section 34: Reasonable and prudent parent standard

Reasonable and prudent parent standard

Substitute caregivers and child care institutions must provide children in the care and custody of the Department opportunities for participation in extracurricular, enrichment, cultural and social activities, and apply the reasonable and prudent parent standard (RPP standard) when making decisions regarding a child or young adult's participation in such activities.

Participation in extracurricular, enrichment, cultural and social activities is a normal part of childhood and adolescent experience. It improves well-being and outcomes by helping children and youth develop emotional and social skills and build a positive sense of identity.

The RPP standard and related requirements applies to all children and young adults in substitute care including placements in family foster care, with relative caregivers and with selected adoptive families; placements in therapeutic foster care, residential treatment programs and shelter care programs; and placements made based on DHS custody, temporary custody, or through a voluntary custody agreement or a voluntary placement.

DHS Child Welfare must:

I. Ensure substitute caregivers and child care institutions meet related standards and comply with related requirements, as described in OAR certification standards.

II. Ensure children and young adults, including children who are likely to remain in foster care until 18 years of age, have regular, ongoing opportunities to engage in age-appropriate or developmentally appropriate activities.

III. Report to the court on steps the department is taking to ensure (a) substitute caregivers apply the RPP standard, and (b) children in foster care have ongoing opportunities to engage in age-appropriate and developmentally appropriate responsibilities.

Definitions

Reasonable and prudent parent standard:

I. The standard a substitute caregiver shall use when determining whether to allow a child or young adult in substitute care to participate in extracurricular, enrichment, cultural and social activities.

II. The RPP standard is characterized by careful and sensible parental decisions that maintain the health, safety and best interests of a child or young adult while encouraging emotional and developmental growth.

III. When applying the RPP standard, the substitute caregiver must consider: the age, maturity and developmental level of the child or young adult; the nature and inherent risks of harm; and the best interests of the child or young adult, based on information known by the caregiver.

Age-appropriate or developmentally appropriate activities:

I. Activities or items generally accepted as suitable for children or young adults of the same chronological age or level of maturity or are developmentally appropriate for a child or young adult, based on the cognitive,

emotional, physical and behavioral capacities typical for an age or age group; and

II. In the case of a specific child or young adult, activities or items suitable for the child or young adult based on the developmental stages attained by the child or young adult based on the cognitive, emotional, physical and behavioral capacities of the child or young adult.

III. Age-appropriate or developmentally appropriate activities include extracurricular, enrichment, cultural and social activities.

Procedures

Department responsibilities related to the RPP standard cut across several areas:

I. Engaging in monthly contacts;

II. Developing, monitoring and reviewing the case plan;

III. Preparing for and attending court hearings;

IV. Assessing applicants for foster care, relative care and adoption; and

V. Monitoring compliance with certification standards. Specific tasks for each of these areas are covered below.

Monthly contacts

Caseworker

For children and young adults in substitute care, when conducting monthly contacts, the caseworker should:

I. **Talk with children and young adults in substitute care about their interests** in extracurricular, enrichment, cultural and social activities that may be available, discussing the potential benefits that may come from participation.

II. **Talk with parents or guardians of children and young adults** in substitute care about potential activities available to gain their perspectives.

III. **Discuss available opportunities.** Discuss with the substitute caregiver available opportunities the child or young adult may have to participate in age- and developmentally appropriate activities, including any extracurricular, enrichment, cultural and social activities.

IV. **Communicate the parent or guardian's perspective.** Share parent or guardian input/perspective with the caregiver and discuss child or young adult's interests.

V. **Ensure caregiver understands RPP standard.** Ensure the substitute caregiver is familiar with the concept of RPP standard. Discuss decisions substitute caregivers are able to make without additional permission from the Department and those that require Department permission before approving an activity. Answer any questions they may have.

Substitute caregiver authority to make related decisions

The Department delegates a variety of responsibilities to the physical custodian of children in the care or custody of the Department. Making decisions about the child or young adult's participation in age-appropriate and developmentally appropriate activities, including extracurricular, enrichment, cultural and social activities, is among the responsibilities delegated to the substitute caregiver.

The substitute caregiver must apply the RPP standard when making such decisions, and must consider the age, maturity and developmental level of the child or young adult; the nature and inherent risks of harm; and the best interest of the child or young adult based on information known by the caregiver. When making such decisions using the RPP standard, the substitute caregiver's liability is addressed in the Tort and Foster Parent Liability Policy.

Some items that may be helpful when sharing information with the substitute caregiver are: Guidance on RPP Standard, Guardian and Legal Consents and Exercise and Delegation of Legal Authority (OAR 413-020-0100 to 0170), and the Tort and Foster Parent Liability Policy.

VI. **Gather information and document caregiver use of the standard.** Gather information on how the substitute caregiver is applying the RPP standard to decisions about involving the child and young adult in activities. This information is needed to ensure the substitute caregiver is applying the RPP standard when making decisions about involvement of children in age- and developmentally appropriate activities.

VII. **Discuss cost of activities.** Discuss who will be responsible for payment of any fee or charge to participate in an extracurricular activity.

VIII. **Discuss barriers to participation.** Discuss any other barriers that may exist (e.g., transportation challenges or potential limitations based on the supervision and support needs of the child or young adult).

IX. **Explore resolutions to barriers.** Discuss and explore potential resolution of barriers to participation in age- and developmentally appropriate activities.

Potential barriers and ideas for resolution:

Financial constraints:

A. Are there local organizations such as rotaries, business partners or spiritual communities that may offer financial support or equipment needed for the activity?

B. Are there relatives or other support people who may be able to assist?

C. Are there scholarships available?

D. Are there reduced or waived fees for youth who are in substitute care?

E. Are there opportunities to participate in similar activities that are not as costly?

F. Could the foster care payment assist with some of the costs? Foster care base rate payment is designed for foster parents or relative caregivers to provide for the cost of such things as clothing, transportation and personal incidentals, which could be part of the costs to participate in activities.

G. Could System of Care funds be requested to assist with costs to participate in the activity?

H. Might Independent Living Program discretionary funds be an appropriate funding resource? These funds are available for youth aged 14 and older, when a transition plan is in place, and when the activity

is tied to preparing a youth for transition to adulthood. (Submit form CF 0078 Youth Transition Funds Request.)

Supervision and support needs:

I. Are there people who can be present to provide additional oversight and support, if needed, so the youth may participate in the opportunities that increase skills?

J. Does the youth have a disability for which accommodations can be made to allow for successful participation?

K. Are there services available through any other entities who may also be working with the youth, including mental health (e.g., skill builder), disability programs (e.g., personal support worker), and juvenile department? When a supervision plan is in place for a child with enhanced supervision needs, consider if additional strategies and supports may now be available to increase opportunities for age- or developmentally appropriate activities. Update the supervision plan accordingly.

Transportation challenges:

A. Are there ways to partner with others (relatives, friends, support people, community connections, outreach to caregivers of other youth involved in the activity), to assist in transportation, if the hours, frequency or distance make participation in an activity difficult?

B. Are there similar activities available, closer to the location of the substitute care setting?

C. Are there ways to combine trips to make transportation less cumbersome (e.g., schedule a parent, sibling or relative visit on the same day as the activity, allowing for fewer trips or more transportation assistance options)

* Remember that you're not alone. There are numerous people on the child's team who may be able to assist and come up with creative solutions (e.g., CASA, therapist, mentor, teacher, relatives, etc.)!

X. **Communicate with the certifier any concerns** about substitute caregiver's ability to apply the RPP standard or to involve the child or young adult in age- or developmentally appropriate activities.

XI. **Problem solve.** Plan, along with the certifier, how these concerns may best be addressed.

XII. **Document in OR-KIDS** case notes the information from above conversations with children and young adults, parents and guardians, and substitute caregivers.

Developing, reviewing, and monitoring the case plan

Caseworker

For children and young adults in substitute care, when developing, monitoring and reviewing the case plan, the caseworker should:

I. **Assist with identification of interest and opportunities.** Work with the child or young adult to identify interests and opportunities to participate in age- or developmentally appropriate activities, which include extracurricular, enrichment, cultural and social activities.

II. **Understand parents or guardians' perspective.** Talk with parents or guardians of children and young adults in substitute care to gain their perspectives about age- or developmentally appropriate activities available to their child or young adult.

III. **Communicate parents or guardians' perspective.** Share the parents' input about age- and developmentally appropriate activities with the substitute caregiver.

IV. **Discuss with the substitute caregiver opportunities** available to the child or young adult and any potential barriers, inquiring about how they are applying the RPP standard.

V. **Resolve barriers to participation by youth.** Assist the child or young adult and the substitute caregiver when they encounter barriers that prevent participation to increase opportunities for the child or young adult to participate in extracurricular activities.

VI. **Ensure caregiver understands RPP standard.** Talk with the substitute caregiver about the RPP standard. Ensure the substitute caregiver is familiar with the concept and understands the decisions they're authorized to make, as part of the RPP standard, without further approvals being required from the department.

VII. **Provide assistance and support** (substitute caregiver, child or young adult, and parent/guardian) when the desires of those giving input do not match with decisions the substitute caregiver is inclined to make when applying the RPP standard.

At times, an extracurricular activity the child or young adult or the substitute caregiver may wish for the child or young adult to participate in is not feasible. That could be for a variety of reasons (e.g., cost of the activity, safety and supervision, time commitment, child or young adult's availability that may be affected by parental visits, activities that the child is not developmentally, physically or cognitively prepared to participate in, etc.). It is OK to say no to some activities based on RPP standards. It is OK for children to learn to handle disappointment in a healthy manner. It is not OK, however, to say no without a reasonable response and the child and substitute caregiver having an understanding of the reasoning.

VIII. **Document opportunities youth has to participate** in appropriate activities. When monitoring the case plan, note opportunities the child or young adult has had to participate in age- and developmentally appropriate activities, and the substitute caregiver's use of the RPP standard, when making decisions about participation in these activities.

Summer camp and religious services may be activities in which the child or young adult wishes to participate — and that is great! But, for the purposes of House Bill 2890, summer camp and religious services alone do not satisfy the requirement that the Department ensures the substitute caregiver provides an opportunity for the child or young adult to participate in at least one ongoing extracurricular activity based on availability and the interests of the child or young adult.

IX. **Identify opportunities for youth to grow through participation.** During the (minimum) 90-day case plan reviews, work with the child or young adult and others involved in the case plan review to identify opportunities for growth and development through participation in age- and developmentally appropriate activities.

X. **Modify the case plan as needed.** Modify the case plan when changes occur (new interests, opportunities or activities) and as needed to address any identified barriers to participation in enrichment activities.

XI. **Ensure opportunity to participate in at least one activity.** Ensure substitute caregiver provides the opportunity for the child or young adult to participate in at least one ongoing extracurricular activity.

XII. **Document** a summary of above information in the OR-Kids case plan:

   A. Open Permanency Plan, Placement Tab, narrate in the "Reasonable and Prudent Parenting Standard" box. *Note: use of "copy" function when updating the case plan will keep the historical narration in this section present and allow for updates over time to be visible within the document.*

   B. Example of narration: Discussed possible activities with child, parents and foster parents. Child was most interested in soccer and has joined a local team. Practices and games will take place from September to November.

Updates to the court

Caseworker

I. **Document.** For permanency hearings, the caseworker should document (Section 17 of the court report) the following information:

   A. The age- and developmentally appropriate activities in which the child or young adult is engaged; and

   B. Information regarding DHS efforts to ensure the substitute care provider is following the RPP standard.

Certification and adoption compliance

Certifier/Adoption worker

I. **Provide information about the rules.** When working with an applicant for foster care, relative care or adoption, the certifier/adoption worker should share information regarding the RPP standard.

II. **Determine applicant has ability to apply RPP standard.** When assessing an application, the certifier/adoption worker should determine if applicants possess the ability to apply the RPP standard when deciding

whether to allow the child or young adult in substitute care to participate in extracurricular, enrichment, cultural and social activities.

III. **Inquire about RPP and youth participation in activities.** When monitoring substitute caregivers' and adoptive families' continued compliance with certification standards, the certifier/adoption worker should Inquire about the regular, ongoing opportunities the child or young adult placed in the home has to engage in age-appropriate or developmentally appropriate activities, including extracurricular, enrichment, cultural and social activities.

IV. **Communicate concerns to caseworker.** Communicate with the caseworker about any concerns regarding the substitute caregivers' or adoptive applicant's use of the RPP standard or to involve the child or young adult in age- or developmentally appropriate activities.

V. **Problem solve.** Plan, along with the caseworker, how any concerns may best be addressed.

Forms and references

Child Welfare policy references

VI. Guardian and Legal Custodian Consent, OAR 413-020-0100 to 0170

VII. Developing and Managing the Case plan, OAR 413-040-0000 to 0032

VIII. Another Planned Permanent Living Arrangement, OAR 413-070-0520 to 0565

IX. Foster Home Certification, OAR 413-200-0301 to 0396

X. Licensing Foster Care Agencies, OAR 413-215-0301 to 396

XI. Licensing Residential Care Agencies, OAR 413-215-0501 to 0586

XII. Tort and Foster Parent Liability Policy

Chapter 5

Section 35: Rights of Children and Youth in Foster Care

Rights of Children and Youth in Foster Care

Oregon Foster Children's Bill of Rights

The Oregon Foster Children's Bill of Rights was established in Oregon Laws 2013, Chapter 515 and recognized each foster child has certain essential rights. This section outlines the Department's responsibilities to inform youth of those rights.

The Department has an Oregon Foster Children's Bill of Rights "suite of materials" that are age and developmentally appropriate. To see the full list of materials and to read an overview of the items, refer to the Oregon Foster Children's Bill of Rights Suite of Materials document. The materials are intended to assist caseworkers, foster parents and youth to increase communication and clarify expectations and comply with state and federal law. For more information, refer to rights of children in OAR 413-010-0170 to 413-010-0185.

Procedure

I. **Provide and review documentation of foster children and youth rights.** The caseworker will provide children and youth with documentation of their rights within 60 days of the date of any placement or placement change. Children and youth are to receive a poster, either DHS 9014 or DHS 9020, and a verbal explanation of their rights that is age and developmentally appropriate. The caseworker should allow time to help the child or youth understand their rights.

   A. The caseworker will also ensure the child or youth retains a copy of their rights. If the document has been lost, the caseworker will provide the child or youth with another copy of the document.

   B. The caseworker will review the Oregon Foster Children's Bill of Rights with the child or youth annually.

   C. The caseworker must provide youth age 14 years and older with the Oregon Foster Children's Bill of Rights signature page, DHS 9016 and obtain a signature from the youth acknowledging the caseworker reviewed their rights with them per federal law. The youth gets a signed copy, and the caseworker must add a copy to the youth's hard and electronic case file.

II. **Provide current contact information.** The caseworker will provide the child or youth with the Important Contact Information Sheet, DHS 9015, within 60 days of the date of any placement or placement change. The Important Information Sheet includes contact information for the:

   A. Caseworker
   B. Caseworker's supervisor
   C. Foster home certifier
   D. Foster home certifier's supervisor
   E. Branch manager
   F. Tribal affiliation (if applicable)
   G. Attorney(s)
   H. CASA (if applicable)
   I. Independent Living provider (if applicable)
   J. Local Citizen Review Board coordinator

K. Foster Care Ombudsman
L. Foster youth advocates and supporters (e.g., Oregon Foster Youth Connection, FosterClub)
M. Any other supportive adults and advocates in the child or youth's life

III. **Provide contact for complaints, concerns or violations of rights.** The caseworker will also provide the child or youth with a document containing the contact information of the specific individuals whom the foster child or youth may contact regarding complaints, concerns or violations of rights. The caseworker is to keep this list updated and current. This information is printed on the existing Oregon Foster Children's Bill of Rights documents.

IV. **Provide transition to adulthood materials to youth 14 or older.** When a foster youth is age 14 or older, and within 60 days of any placement or placement change, the caseworker is to provide the youth with a packet of information and materials that help youth understand how to obtain certain items necessary to assist with their preparation for adulthood. The "How Do I…" brochure, DHS 9018, contains information to help the youth understand how to:

A. Establish a bank account in the foster child or youth's name.
B. Acquire a driver's license as allowed under state law.
C. Remain in foster care after reaching 18 years of age.
D. Access the Tuition and Fee Waiver for foster youth.
E. Obtain a copy of his or her credit report.
F. Obtain medical, dental, vision, mental health services or other treatment, including services and treatments available without parental consent under state law.
G. Participate in crafting his or her comprehensive transition plan.

Oregon Foster Children's Sibling Bill of Rights

The Oregon Foster Children's Sibling Bill of Rights (OR Laws 2017, ch 36, §§ 1-5) was signed into law in May 2017, and the related rules, OARs 413-010-0180 to 413-010-0185, became effective January 1, 2018. This legislation gives children and youth in foster care specific rights designed to protect and strengthen their bond with siblings. This section outlines the Department's responsibilities regarding informing youth of those rights.

The Department has developed a two-sided poster, the Oregon Foster Children's Sibling Bill of Rights poster (CF 0262), designed to inform youth of these rights. To ensure that children and youth are receiving age and developmentally appropriate materials, one side is more comprehensive, while the other side is more basic. Children and youth are to receive the poster and a verbal explanation of these rights within 60 days of entering substitute care. A Tips and Ideas sheet was also created for caseworkers, caregivers, attorneys, advocates, and community members, CF 0263. Training for caseworkers and foster parents became available in spring 2018 and includes a computer-based training.

Procedure

I. Informing children and youth of their rights.

A. The caseworker will provide the child or youth with documentation of their rights in the form of the Oregon Foster Children's Sibling Bill of Rights poster, CF 0262 and a verbal explanation of their rights, in an age and developmentally appropriate manner, within 60 days of the date of entering substitute

care and any placement change.

B. The Oregon Foster Children's Sibling Bill of Rights poster, CF 0262, must be accessible to children and youth in substitute care at all foster homes and child caring agencies.

C. The caseworker will review the child's or youth's rights under the Oregon Foster Children's Sibling Bill of Rights on each occasion the child or youth's case plan is considered.

D. The caseworker will inform the child or youth of their rights under the Oregon Foster Children's Sibling Bill of Rights at least annually.

E. Children and youth can contact the Foster Care Ombudsman regarding complaints, concerns or violations of their rights. The Foster Care Ombudsman's contact information is included on the Oregon Foster Children's Sibling Bill of Rights poster, CF 0262. For more information about the Foster Care Ombudsman, see section C.

II. Siblings have the right to be placed together while in substitute care whenever safe and appropriate.

A. If siblings are not able to be placed together when they first enter substitute care, the caseworker must continue to work toward joint placement, as opportunities and circumstances change frequently.

1. Under ORS 419B.192 (2), the Department will make diligent efforts to place siblings together and will report to the court the efforts made by the Department to carry out the placement, unless the court finds that the placement of the siblings together is not in the best interests of the child or the ward or the child's or ward's sibling.

"The sibling relationship is likely life's longest lasting relationship. It must be nurtured, supported and well cared for." — Unknown

B. While siblings are not placed together, additional efforts will be made to help maintain the sibling bond, including frequent opportunities to visit in natural settings. Those efforts could include keeping them in homes within proximity of each other, enrolling them in the same schools or extracurricular activities and asking caregivers to take turns hosting sleep overs, park visits, etc.

1. The Tips and Ideas sheet, CF 0263, captures other ideas and suggestions caseworkers can use while working to strengthen and preserve sibling connections.

III. Siblings have the right to have a Sibling Visit and Contact Plan that has been developed with their active engagement and participation and is complied with as part of any substitute care placement.

A. The caseworker is to complete the Sibling Visit and Contact Plan, on pages 3 and 4 of CF 0831, within 30 days of the date the siblings enter substitute care.

B. The caseworker must review the Sibling Visit and Contact Plan every 90 days and update it at least annually. The Sibling Visit and Contact Plan must be current and complied with at all times and will need to be updated if changes occur.

C. The Sibling Visit and Contact Plan must align with any existing court orders as ORS 419B.337 (3) states, "The court may make an order regarding visitation by the ward's parents or siblings. The Department of Human Services is responsible for developing and implementing a visitation plan consistent with the court's order."

D. If visits or contact are not allowed between siblings, it is the caseworker's responsibility to talk with the

child or youth and explain the reason(s) for the restrictions and what barriers must be overcome so that visits or contact can begin or resume. This information must also be captured in the Sibling Visit and Contact Plan.

E. Caseworkers must be mindful of the following additional rights when developing the Sibling Visit and Contact Plan. Children and youth in foster care who are siblings have rights including, but not limited to, the right to:

1. Visit and maintain contact with siblings who are placed in substitute care and those who are not;
2. Have more private or less restrictive contact with siblings as compared to communication with others who are not siblings; and
3. Be provided with transportation to visits and maintain contact with siblings.

F. The Sibling Visit and Contact Plan rules are captured in OAR 413-070-0860.

G. The Sibling Visit and Contact Plan Procedure Manual is here (http://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html).

Tip

Do you know about this opportunity for sibling connection? Camp to Belong Oregon (Kindred Matters) is a program that reunites brothers and sisters living in separate homes for events of fun and sibling connection. Camp to Belong Oregon (Kindred Matters) provides week-long summer camp programs and day events around the state.

IV. Children and youth have the right to be immediately notified of certain changes and life events of their siblings in the Department's legal custody.

A. Caseworkers will notify the child or youth of the placement and placement changes of their siblings.

B. Caseworkers will notify the child or youth of any catastrophic events or emergencies that effect their siblings.

C. Caseworkers are to make these notifications in an age, developmentally and emotionally sensitive manner based on what is safe and appropriate for each child or youth.

V. Children and youth have the right to have continued contact encouraged in any adoptive or guardianship placement, whenever safe and appropriate.

A. Caseworkers are to inform children and youth of the impact the guardianship or adoption will have on their sibling connections, including what visit and contact options will remain available once the guardianship or adoption is finalized.

B. Children and youth have the right to advocate for sibling visits and contact even as it relates to guardianships and adoptions through their attorneys.

VI. Children and youth in the legal custody of the Department may have other rights not specified here and as appropriate to the child's or youth's age and developmental stage.

Department funding is available for adoption and guardianship mediation regarding visits and contact with siblings, parents and other relatives. Caseworkers can access these funds by submitting a Cooperative Adoption Mediation Referral form (CW 0437) to the Child Permanency Unit within Central Office.

Foster Care Ombudsman

The Oregon Foster Children's Bill of Rights identifies specific individuals a foster child may contact regarding concerns, complaints or potential violations of his or her rights. To this end, the Governor's Advocacy Office has established the Foster Care Ombudsman.

The Foster Care Ombudsman responds to complaints, concerns or violation of rights initiated by children in foster care or by a second party on behalf of children in foster care.

The Ombudsman and staff are authorized to:

I. Communicate with any foster child in his or her placement or elsewhere.

II. Investigate and research issues or grievances to determine whether Child Welfare program staff is in compliance with DHS policies and procedures.

III. Track and identify systemic trends or training needs; recommend modifications to policy and procedures when findings determine an existing policy has an unintended or adverse impact on clients.

IV. Communicate on behalf of foster children who perceive inequities or inconsistencies within the DHS systems.

V. Provide appropriate, timely and quality services to customers; assist with information and access to DHS programs and services.

VI. Provide guidance on navigating within the Child Welfare programs, including client rights and due processes.

VII. To objectively review and investigate complaints and concerns as appropriate, including informing the subject office or unit of the intent to review a case, which may include the subject unit's operations, policies and practices.

VIII. To make appropriate referrals to the applicable source for remedy or due process including notification to the subject office or unit of the referral, unless advance notice will unduly hinder the review.

IX. To inform complainants and concerned parties of actions the Ombudsman will take in response to their complaint or concern, including whether the complaint will be reviewed by the Ombudsman or notify them if the matter is being referred to another entity for response.

X. The Ombudsman must adhere to Oregon statutes, administrative rules and DHS policies without exception.

While DHS does not have the right to compel parents and guardians of those not in substitute care to allow sibling visits and contact, every effort should be made to preserve the child or youth's right to maintain visit and contact with siblings. Caseworkers should emphasize the importance of sibling attachments and encourage a continued relationship between siblings to enhance or maintain their bond.

It is not a permissible disciplinary measure to withhold opportunities for children and youth in care to have visits or contact with their siblings. DHS caseworkers should have a conversation with the foster parent(s) or caregiver(s) when the child or youth enters substitute care regarding appropriate discipline. Certifiers may be able to assist.

Chapter 5

Section 36: Sex trafficking services

Sex trafficking services

If a determination is made that a child or young adult is a victim of sex trafficking or at risk of being a victim, the caseworker must identify and refer to appropriate services.

Information needed

Procedure

To determine what services to refer either a child/young adult victim of sex trafficking or one at risk of being a victim, it is helpful to gather the following information:

I. Age — Depending on whether he or she is a child or young adult, different services may be indicated. If applicable, it may be helpful to know the age of entry into "the life" (family members having ties to sex trafficking);

II. Gender — It is important to know how the child/young adult identifies on the gender spectrum;

III. Identified sex trafficking victim or at risk;

IV. Form of trafficking/victimization-sex, stripping, pornography;

V. Family ties to "the life" (family members having ties to sex trafficking);

VI. Criminal history of child/young adult and his or her family;

VII. Gang affiliation (including association, membership and family ties to gangs);

VIII. Immediacy/urgency of risk;

IX. Previous services received and which were effective;

X. Substance abuse;

XI. Mental health;

XII. Cognitive functioning;

XIII. Education, including what school he or she is enrolled in;

XIV. Medical history (including sexually transmitted diseases and pregnancies);

XV. Language; and

XVI. Cultural identity.

Identification and determination of services

The services to refer a child/young adult will differ community to community.

I. **Screenings, evaluations and other support to determine services**

A. **Sex trafficking/commercially sexually exploited children multidisciplinary team (CSEC MDT)**

Consider assembling a sex trafficking multidisciplinary team. While sex trafficking/CSEC MDTs are being developed in every county in Oregon, one does not yet exist in every county. When a sex trafficking/CSEC MDT would be beneficial and there is not one already existing, include individuals who have experience working with sex trafficking dynamics. If the expertise is not readily available in the county, reach out to another local office or district child safety consultant for assistance in locating expertise outside of the county.

These individuals/entities may include:

1. Law enforcement,
2. Juvenile probation,
3. Advocacy center,
4. Nonprofit for case management beyond DHS provided services,
5. Shelter/treatment,
6. District attorney office if court involved, or
7. Behavioral health.

Tip

Some CANS screeners have access to and are certified in the sex trafficking CANS screening tool.

Tip

Ideally the CANS screening and the mental health assessment are completed at the same time and by the same mental health provider.

B. **CANS screening**

A CANS screening is a process of gathering information on a child/young adult's needs and strengths and is used for multiple purposes including identifying service needs. CANS screenings are completed by mental health providers on children/young adults in substitute care. A referral for an initial CANS screening must be made within 20 days of placement, and the screening must be completed within 60 days of placement. Annual CANS screenings are required for children/young adults in placement with a level of care of 1, 2 or 3.

When a child/young adult is identified as a sex trafficking victim or at risk to be a victim, and a CANS screening was completed on him or her, the caseworker should review or re-review the CANS screening. Look to see if there are current behaviors not addressed (rated as a 2 or a 3). If behaviors are not addressed, consider making a referral for a CANS rescreening. If a behavior you are concerned about is addressed, what is the service or intervention in place to address this behavior, and is it adequate?

If a CANS screening has not yet been referred or has been referred and not yet been completed, and the child/young adult is identified as a sex trafficking victim or at risk of being a victim, the caseworker should share this information with the mental health provider who will be completing the CANS screening.

C. **Mental health assessment**

All children/young adults in substitute care must be referred for a mental health assessment within 60 days of placement.

When a child/young adult is identified as a sex trafficking victim or at risk to be a victim, and a mental health assessment was completed on him or her, the caseworker should review or re-review the mental health assessment. During the review, see if there are current symptoms or problems that are not addressed. If behaviors are not addressed, consider requesting an updated assessment. If the current concerns are addressed, what are the recommended services, are they being accessed and, if so, are the services adequate?

If a mental health assessment has not yet been referred or has been referred and not yet been completed, and the child/young adult is identified as a sex trafficking victim or at risk of being a victim, the caseworker should share this information with the mental health provider.

D. **Child abuse assessment centers**

If a child/young adult who is identified as a victim of sex trafficking or at risk of being a victim has been evaluated at a child abuse assessment center, review or re-review the completed evaluation. Look at recommendations, and if relevant to current circumstances, were they implemented and, if so, adequate? If he or she is a sex trafficking victim and this information was not known at the time of assessment center evaluation, consider contacting the assessment center to determine whether another assessment is indicated.

II. **Needs**

Also consider the needs of the child/young adult to assist in determining the service that will meet the need. Children/young adults who have been victims of sex trafficking have many needs similar to those of children/young adults who come to the Department's attention because of other types of abuse or neglect. Victims of sex trafficking need health care, mental health services, a safe place to live and help with education. These are discussed below, along with some of the aspects that distinguish sex trafficking victims' needs from those of other children/young adults receiving Department services.

Some needs, as outlined by the Child Welfare Information Gateway, may include:

A. **Physical health.** Children/young adults who are victims of sex trafficking often have experienced physical, emotional or sexual abuse, and neglect (including medical neglect). Associated with this abuse, they may suffer from broken bones and other untreated internal and external injuries; sexually transmitted diseases, including HIV; and malnutrition. They may be addicted to drugs or alcohol, either as the result of being forced to use substances by their trafficker or as a coping mechanism. Their overall health may show the consequences of long periods of poor or no medical or dental care. Caseworkers can help by ensuring victims have access to medical evaluations and treatment to address both immediate and long-term concerns. Connecting with a sympathetic health care provider experienced with sex trafficking dynamics may provide reassurance to victims who may be reluctant to seek care.

B. **Mental health and trauma.** It is hard to overstate the complex mental health needs of a child/young adult victim of sex trafficking. The traumatic experiences may have included regular beatings, rapes and other acts of violence. Severe abuse experiences like these may cause alterations in brain

development, as the child/young adult learns to operate from a "survival" mode. In addition, he or she may not have experienced a secure and trusting relationship with a parent or other caretaker, which makes it difficult to build other relationships. In extreme abuse or neglect cases, such as being sexually trafficked, a child/young adult may experience post-traumatic stress syndrome.

Clawson and Grace (2007) studied young girls who had been trafficked, and they identified a number of mental health symptoms associated with trafficking, including extreme anxiety, an inability to trust, self-destructive behaviors, profound shame or guilt, and despair and hopelessness. This may result in a need for long-term, intensive mental/behavioral health services that can help with moving forward into a new healthier life. Evaluation/screening by qualified mental health providers who have experience with children/young adults who have been sexually trafficked can be the first step to getting help. Research has also suggested the benefits of cognitive behavioral therapy for children who have been trafficked. Screening can help determine the type of therapy that might be most useful, and caseworkers can facilitate access to treatment providers.

C. **Housing.** Sex trafficking victims who come into the care of the Department almost always have an immediate need for a safe place to live. Their background may make them a poor fit for traditional foster care, and many foster families may feel unprepared to parent a child/young adult who has been sexually trafficked.

The caseworker should discuss with the child/young adult where they want to live or what type of placement they're is willing to accept.

D. **Education.** While some children/young adults may feel comfortable in a traditional school, others may prefer more nontraditional education options. Caseworkers can help by collecting records, exploring education options and facilitating enrollment.

E. **Legal services.** There are circumstances that might require the child/young adult who has been sexually trafficked to hire or otherwise secure legal help. They may need a lawyer if charged with prostitution or other crimes. They may also need legal counsel to seek protection from their pimps or traffickers or to establish their legal identity. Some children/young adults involved with the justice system may require an attorney for victim advocacy, while others who are not citizens may require an immigration attorney.

F. **Other needs.** Victims of sex trafficking will often need help with basic life skills (e.g., opening a bank account, keeping medical records), as well as training for a job and basic job skills. For many, having a mentor or someone who is willing and available to provide guidance over the long term is essential for a life away from sex trafficking.

III. Service types

The specific services for a child/young adult who is a sex trafficking victim or at risk of being a victim will vary depending on the specific child/young adult. When determining what services to refer a young adult to, it is important to remember services are limited to those that are voluntary and should be independence-focused. A locked facility is not an option for a young adult.

Some of the services may include the following:

A. Mental health services:

1. Sex trafficking victims require trauma-informed care that recognizes the impact of traumatic experiences (specifically violence and abuse) on an individual's life, behavior and self-perception.
2. Mental health assessment should be completed by the child/young adult's existing provider whenever possible.
3. Mental health treatment that includes individual counseling.

B. Medical care is important that children/young adults who are identified victims of sex trafficking or are suspected victims are referred for medical exams and assessments. If they refuse, make continued efforts to engage them to schedule for a later date. Care includes:
   1. Routine physical;
   2. Assessment for signs of physical abuse;
   3. Assessment for signs of neglect;
   4. Checking for tattoos or branding;
   5. Assessment for signs of any abuse;
   6. STD testing; and
   7. Pregnancy test.

C. Substance use screening:
   1. Gather information about substance use history;
   2. Assess for signs of substance abuse;
   3. Test for recent substance use; and
   4. Assess for withdrawal symptoms.

D. Substance abuse treatment.

E. Life skills training.

F. Job placement.

G. Education.

H. Legal services.

I. Housing placement to find safe and suitable housing or a plan for safe and suitable housing is important for every child/young adult. Housing options for a child/young adult in substitute care may include:
   1. Foster home, group home, shelter (confidential shelter or not);
   2. SAGE Youth Residential Program is a program designed specifically for children who have been commercially sexually exploited. For girls ages 11 to 15, the program provides a safe, nurturing living environment, behavioral health treatment, school, health care and other support services. SAGE stands for support, achieve, grow and empower. The SAGE program can serve up to 12 female or female-identified transgender youth from Oregon. They stay for 11 to 14 months in a newly renovated residence in the Portland area. Referrals can be made by a parent or guardian, the Portland Police Bureau, or the Oregon Department of Human Services.
   3. A particular relative with whom the child/young adult is comfortable. The requirements for relative placement must be met to place them with that relative.
   4. A former caregiver or another adult with whom the child/young adult has formed a relationship

and expresses a desire to be placed. Again, all certification requirements must be met to place them with that adult.

5. Independent living program (ILP) services, while not a placement, have housing programs associated with those services. If the child/young adult is considering ILP services as a possibility, determine if they are eligible and appropriate for these services.
6. Reunification with the child/young adult's parent or parents. If they express a desire to live with their parent, the caseworker should determine if the factors that prevented a reunification in the past are still a factor and, if not, follow the Department requirements for pursuing the possibility of reunification.

J. Vocational training.

K. Independent Living Program (ILP) services help children/young adults who are, or were, in foster care to become self-sufficient adults. It gives an opportunity to learn valuable skills to make a successful transition from state and tribal custody to living on their own in the community. A child/young adult may be eligible for services through ILP to help build skills to live independently or get funds for continuing education and assistance with housing.

L. Advocate or mentor.

Tip

Many services/service providers for domestic violence and sexual assault will also have services appropriate for sex trafficking victims. Do not hesitate to contact a service provider and inquire.

IV. **Care planning/coordination/management**

When a child/young adult has complex service needs, consider coordination of services or the overall management of care. Two potential options include:

A. Intensive care managers — Through the local coordinated care organization (CCO), there is assistance available with care management by an intensive care manager (ICM). The role of the ICM is system navigation and coordination across behavioral, physical and dental health to ensure integrated care and access to services. This person can remove barriers to services, identify providers, facilitate collaboration of multiple providers and offer other assistance depending on the situation. Especially when the Department will not remain involved, it is important to inform parents of this resource. A caseworker or parent using an ICM should inform the ICM of the role the Department has in the life of the child/young adult and also if the child/young adult is a victim of sex trafficking, a suspected victim or at risk of being a victim.

B. Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, young adults and their families) so these individuals can live in their homes and communities. Wraparound is an intensive, individualized care planning and management process. Wraparound is not a treatment per se. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, is more effective and more relevant to the child and family.

Tip

A child/young adult in the SAGE Program is automatically eligible for wraparound.

Chapter 5

Section 37: Child Care Reimbursement Procedure for DHS Child Welfare Foster Parents/Relative Caregivers

Child Care Reimbursement Procedure for DHS Child Welfare Foster Parents/Relative Caregivers

The child care reimbursement is intended to provide additional financial support to foster parents and relative caregivers who require child care for a child placed in their home by Child Welfare due to employment or education program.

Caseworkers and certifiers should discuss child care needs and options with the foster parent/relative caregiver. The child care reimbursement option should be discussed, including the requirements, limitations, and amount of the reimbursement. The reimbursement will likely not cover the total cost of most child care.

Oregon Administrative Rule

Pursuant to 413-090-0010(5), a child care reimbursement may be authorized to a certified foster parent or relative caregiver on behalf of children:

I. Placed in a certified foster or relative caregiver home;

II. Up to the age of 12, unless developmentally or behaviorally required for children or young adults over 12 and approved by a supervisor; and

III. For the cost of child care up to a maximum of $375 per month, per child.

The child care is needed due to the foster parent or relative caregiver's employment or education program. In limited circumstances, a supervisor may authorize child care for reasons other than employment or education program. This may occur for reasons such as requirements of being a caregiver for an elderly or disabled relative or one certified parent working with the other certified parent ill or disabled and unable to parent.

I. The child care service must be approved by Child Welfare. Types of approved child care providers include:
   A. Licensed child care facilities, including in-home providers;
   B. Before and after school programs;
   C. City parks and recreation programs;
   D. Government programs; and
   E. Programs and in-home providers that are exempt from a license requirement.

II. Explanation of child care license requirement is described in Chapter 2, Section 1.

The requirement for approval of an in-home child care provider, exempt from licensure by the Office of Child Care, is governed by OAR 413-200-0281 and covered in Chapter 8 of the Child Welfare Procedural Manual.

Procedure

The caseworker or certifier works with the foster parent/relative caregiver to complete the Child Welfare Foster Parent or Relative Caregiver Child Care Authorization form (CW 0162).

Authorizations are child specific and must be completed for each child in the foster parent/relative caregiver's home.

If a foster parent/relative caregiver receives an ERDC benefit from Self-Sufficiency programs, the Child Welfare reimbursement will not exceed child care costs paid directly by the foster parent/relative caregiver (i.e., copay).

After the approval of the child care service, the foster parent/relative caregiver submits the Child Welfare Child Care Invoice for Foster Parents and Relative Caregivers (CW 501F) to Child Welfare.

Local office responsibilities:

DHS must review requests for child care services to ensure:

I. Confirmation that the level of supervision is appropriate to meet the child's needs.

II. Confirmation that the child care provider is appropriate for the child. For licensed child care programs, check current status on the Office of Child Care's website.

Local office payment processes.

I. Authorizations should be processed and approved through local office protocols.
   A. Service Category: Child Care for Foster Parents
   B. Service Type: Child Care for Foster Parent Reimbursement 0-5
   C. Child Care for Foster Parent Reimbursement 6-12
   D. Child Care for Foster Parent Reimbursement 13-20

The foster parent or relative caregiver must indicate on the Child Welfare Child Care Invoice (CW 501F) the amount of child care expenses that exceed any ERDC payment (if applicable).

Child Welfare will reimburse the foster parent or relative caregiver the amount submitted on the CW 501F Child Welfare Child Care Invoice up to a maximum of $375/month per child.

Reimbursement to a foster parent or relative caregiver may not exceed $375 per month, per child in care.

Chapter 5

Section 38: Overview: Services to families

Overview: Services to families

Oregon's child welfare system focuses on improving family capacity to be self-sustaining. At the same time, creating a safe and permanent living environment each child. A case plan includes work with the family to identify specific services to meet their needs. Consider all the information gathered during both the child safety and protective capacity assessments to develop a plan that is:

I. Focused,
II. Systematic, and
III. Time-limited.

A plan should meet the needs of the child for:

I. Safety,
II. Permanency, and
III. Well-being.

A plan should be developed in partnership with:

I. Family,
II. Other key persons,
III. Service providers,
IV. Agencies, and
V. Systems involved with the family.

Case management services to each family is a complex task but has many benefits:

I. Thoughtful case management is critical to address the safety and well-being of a child.

II. Case management helps Child Welfare and families work collaboratively to develop activities and services to a child and their parents that:
    A. Strengthen,
    B. Preserve, and
    C. Reunify.

III. Case management improves communication among:
    A. Caseworker,
    B. Substitute caregiver,
    C. Families,
    D. Supervisor,
    E. Service providers, and
    F. Courts.

Delivery of services to children and families is critical in achieving positive outcomes for Oregon's children and families. Successful intervention in the lives of abused and neglected children requires concurrent involvement of many different

systems:

I. The child and family,

II. Child welfare,

III. Service providers,

IV. Courts,

V. Education,

VI. Medical and mental health professionals,

VII. Attorneys,

VIII. Court Appointed Special Advocates (CASAs), and

IX. Other local agencies that serve children and families.

X. Service providers support children and families through:

   A. Medical and mental health services,

   B. Safety and reunification services,

   C. Housing services,

   D. Drug and alcohol treatment services, and

   E. Other services.

XI. Federal law, state statute and administrative rule provide the framework for providing and monitoring specific services for a family.

XII. Services are provided with sensitivity to a family's culture and ethnicity. You are responsible for coordinating referrals to services responsive to the unique cultural composition and needs of each child and family. Well-planned and coordinated service delivery increases the likelihood of achieving positive outcomes.

These procedures are written for each child and family served by Child Welfare staff. Each procedure describes the unique service options available and special actions required for specific services regarding:

I. Strengthening, Preserving, Reunifying Families (SPRF),

II. In-Home Safety and Reunification Services (ISRS), and

III. Flexible Funds.

Chapter 5

Section 38a: Strengthening, Preserving and Reunifying Families (SPRF)

Strengthening, Preserving and Reunifying Families (SPRF)

Overview

The Strengthening, Preserving and Reunifying Families (SPRF) program was created by the Oregon legislature. The goal is to reduce trauma to children removed from their families because of abuse or neglect and to resolve those issues by:

I. Offering family-focused services starting at the assessment phase, and

II. Extending into aftercare services when children return home.

Services provided will be:

I. Culturally-competent

II. Evidence-based or evidence-informed

III. Client-centered, and

IV. Family-focused.

Services will be both:

I. Intervention programs in the home and community

   A. To support and maintain in-home placement, and

II. Services in the home, community and with the foster parent, child and biological parents.

   A. To support early reunification programs.

The goals of SPRF are to safely and equitably reduce the number of children in the foster care system by:

I. Reducing the length of stay in foster care

II. Maintaining child safely at home with their parents or caregivers

III. Reducing the re-referral and re-entry rates of families into the child welfare system, and

IV. Increasing timeliness to permanency.

Procedure

I. The SPRF outcomes appendix in OAR 413-053 provides information about all of the SPRF service types. The SPRF service types vary by county and district. Therefore, not all SPRF services types are available statewide.

II. For information about eligibility criteria, see OAR 413-053.

Service referral process

I. Refer to your local branch protocol to identify:

   A. SPRF services available

   B. Appropriateness of referral, and

   C. Referral process to include:

      1. A supervisor approval, and

      2. A DHS form 2099 (Release of Information) signed by a parent prior to service authorization.

Service closure

I. If:

   A. There has been an SPRF referral

   B. A family is receiving services, and

   C. The CPS assessment closes, and

   D. A DHS case is not opened, or

   E. A DHS case closes

   Then, refer to your local branch protocol for service closure. The following **must** take place:

      1. Notify the SPRF service provider within the same business day.

      2. Close the SPRF service immediately or upon receipt of the closing report.

      3. Select an outcome of achieved, partially achieved or not achieved. (This outcome is given to the you from the SPRF service provider through a written report.) The designated person in your local office must obtain verification of the outcome from you. This person must select the service closure reason in OR-Kids.

         Note: When there is a dispute about whether an outcome has been achieved by the SPRF service provider:

         - There needs to be a discussion between you or your supervisor and the SPRF service provider.
         - If there is still a disagreement, DHS makes the final determination.

II. Refer to your local branch protocol for opening an admin only case. When a CPS assessment has been completed, if:

   A. A family has been identified as having a safe child, and

B. The family has moderate to high needs, a family is eligible to receive the following:

1. Family Strengths and Needs Assessment (FSNA), or
2. Any SPRF services that were recommended by the FSNA.

Flexible funds

I. See OAR 413-053

II. See Flexible Funds procedure

III. Refer to your local branch protocol for processing flexible funds invoices from the contractor.

Supervisor role

I. Provide consultation for aptness of referral for SPRF.

II. Review service referral for accuracy and approve.

Forms and references

I. OR-Kids Referral form CF 6710

II. Release of Information (ROI) form MSC 2099

III. SPRF/ISRS/SOC Guidelines

IV. OAR 413-053

Chapter 5

Section 39: Flexible funds

Flexible funds

Guidelines have been established for spending what is generally referred to as flexible funds or "flex" funds. These funds are intended to provide goods and services that support:

I. Child safety

II. Attachment

III. Permanency, and

IV. Well-being.

Flex funds include:

I. System of Care (SOC) flex funds

II. Foster Care Prevention (FCP) Funds

III. Strengthening, Preserving and Reunifying Families (SPRF) flex funds

IV. In-Home Safety and Reunification Services (ISRS) flex funds, and

V. Foster and Relative Caregiver Support Funds.

Procedure for SOC and FCP

I. A person with budget authority must authorize SOC and FCP flexible funds disbursements. Disbursements must meet all minimum criteria:

   A. The child is:

      1. Receiving child welfare services through temporary or legal custody of DHS, or
      2. Open for services through a CPS assessment, or
      3. Receiving voluntary services through a notarized Voluntary Placement Agreement (CF 0499) or a Voluntary Services Application (CF 304A) signed by the legal parent

   B. Consistent with the case plan to meet the child's needs for:

      1. Safety
      2. Permanency
      3. Attachment, and
      4. Well-being

   C. Consistent with inclusivity and equitable service delivery

   D. Other appropriate resources have been exhausted. There are no other internal or community resources available to meet the need.

   E. No funds will be paid, nor will there be an exception in funds criteria that involves a payment for:

      1. A sanction

2. An assessment, or
3. Costs imposed by a court that result from the conviction of a:
    - Crime
    - Infraction, or
    - Violation.

F. Funds cannot be purposely paid or sought after in order to shift costs to pay for what is not allowed. For example, paying a rent payment to free client funds to pay traffic fines. Further, no funds may be paid in order to avoid other policies or administrative rules.

G. Payments may not supplant or replace other appropriate funding streams. For example, medical services eligible for payment under the Oregon Health Plan, and

H. All DHS staff or service providers shall not use any personal rewards cards or similar cards to purchase goods or services at any time.

II. Additional criteria for use of **SOC flexible funds:**

A. Expenditures must address the needs of the child as identified in the Case plan. Case plans are to be developed collaboratively with the:

1. The older child or youth
2. Parents
3. Child's provider, and
4. Community partners who work with the family.

III. Additional criteria for use of **FCP flexible funds:**

A. The payment will:

1. Prevent imminent placement in care, or
2. Allow the child to return home within 60 days, or
3. Will allow the child to be placed in the home of a legal guardian or relative.

B. Within a 12-month period, total payment(s) may not exceed the equivalent of two months' basic foster care rate per child. Exceptions to this amount may be approved by the:

1. District manager
2. Program manager, or
3. Designee with budget authority.

C. Funds are limited to purchase of non-recurring goods or services.

IV. Exceptions:

A. Exceptions for SOC and FCP flex funds may be authorized, within budget limits, by the:

1. District manager
2. Program manager, or

3. Designee with budget authority.

Exceptions may not be granted if they are not related to **legislative intended use** or are prohibited expenditures.

Payment procedure

Responsibility	Step	Action
Caseworker	1	Review client need against flexible fund procedure criteria.
	2	Explore other resources to meet the need and document those explored.
	3	Prepare expenditure request form and forward per local branch protocol.
Supervisor	4	Ensure request meets the parameters in the flexible fund criteria.
	5	Ensure sufficient funds are available to meet the request and approve or deny the request.
District manager or designee	6	Approve or deny exceptions. Monitor spending to ensure budget parameters met.
Local payment worker	7	Follow appropriate agency expenditures procedures such as Oregon Accounting Manual (OAM) 10.40.00 Section 119 and 120 and any other applicable DAS rules.
	8	Maintain a system to track total and individual case payments, to assist managers with policy compliance and budget monitoring.

Procedure for SPRF and ISRS

I. Expenditures of SPRF and ISRS flexible funds:

A. Shall be authorized by the contractor based on the budget authority in the terms of the contract, and

B. Must meet all the following minimum criteria:

1. The young adult or child is:
   - Receiving SPRF or ISRS services through temporary or legal custody of DHS, or
   - Open for services through a CPS assessment, or
   - Receiving voluntary services through a notarized Voluntary Placement Agreement (CF 499) or a Voluntary Services Application (CF 304A) signed by the legal parent.
2. Consistent with the case plan to meet the child's needs for:
   - Safety
   - Permanency
   - Attachment, and
   - Well-being
3. Consistent with inclusivity and equitable service delivery
4. No funds will be paid, nor will there be an exception in funds criteria that involves a payment for:
   - A sanction
   - An assessment, or
   - Costs imposed by a court that result from the conviction of a:
     - *(1)* Crime
     - *(2)* Infraction, or
     - *(3)* Violation.
5. Funds cannot be purposely paid or sought after in order to shift costs to pay for what is not allowed. For example, paying a rent payment to free client funds to pay traffic fines. Further, no funds may be paid in order to avoid other policies or administrative rules. For example, making payments to non-IV-E relative care providers to pay the difference between the relative caretaker grant and foster care payment.
6. Payments may not supplant or replace other appropriate funding streams. For example, medical services eligible for payment under the Oregon Health Plan, and
7. All DHS staff or service providers shall not use any personal rewards cards or similar cards to purchase goods or services at any time.

Additional criteria for use of SPRF flexible funds

I. See OAR 413-053 (SPRF).

II. DHS will reimburse the SPRF service provider for flexible funds to support engagement and achievement of the

service goals for the SPRF service type they provide.

III. The following types of expenditures are acceptable:
    A. Housing expenses, including:
        1. Rent or utility deposits
        2. House cleaning, or
        3. Home repairs needed for safety.
    B. Utility payments needed to maintain or establish:
        1. Heat
        2. Water
        3. Power
        4. Sewer
    C. Transportation:
        1. Minor car repairs, and
        2. Other transportation expenses
    D. Essential furnishings and bedding needed for the minimum safety and well-being of family members
    E. Necessary clothing or diapers for family members
    F. Safety items:
        1. Baby gates
        2. Child safety seats
    G. Emergency food
    H. Emergency child care or respite care, or
    I. Other (see exceptions).

Exceptions

I. Items in the "other" category for SPRF expenditures may be authorized, within budget limits, by the:
    A. District manager
    B. Program manager, or
    C. Designee with budget authority.

All exceptions made must be for expenditures that support engagement and achievement of the service goals for the SPRF service that is being provided (ORS 418.575 to 418.598).

Additional criteria for use of ISRS flexible funds

I. DHS will reimburse the ISRS service provider for flexible funds to support:
    A. The prevention of imminent placement of a child in foster care, or

B. A child to reunify with a parent within 30-45 days.

II. The following types of expenditures are acceptable:

A. Housing expenses, including:

1. Rent or utility deposits
2. House cleaning, or
3. Home repairs needed for safety

B. Utility payments needed to maintain or establish:

1. Heat
2. Water
3. Power
4. Sewer

C. Transportation:

1. Minor car repairs, and
2. Other transportation expenses

D. Essential furnishings and bedding needed for the minimum safety and well-being of family members

E. Necessary clothing or diapers for family members

F. Safety items:

1. Baby gates
2. Child safety seats

G. Emergency food

H. Emergency child care or respite care, or

I. Other (see exceptions).

Exceptions

I. Items in the "other" category for ISRS expenditures may be authorized, within budget limits, by the:

A. District manager

B. Program manager, or

C. Designee with budget authority.

Exceptions may not be granted for ISRS flex funds if the funds are not used to support:

A. The prevention of imminent placement of a child in foster care, or

B. A child to reunify with a parent within 30-45 days.

Payment procedure

I. Refer to your local branch protocol to process flexible funding expenditure invoices for SPRF and ISRS

contracted services.

Procedure for foster and relative caregiver support funds

The intention of foster and relative caregiver funds is to support the caregiver with funds for immediate tangible item(s) for the care of the child in their care. This is determined by the certifier or caseworker and the family in need.

It is important to note that this is a one-time legislative funding that ends on June 30, 2019.

A certification supervisor must authorize expenditures of support funds. Use of the funds must meet all the following minimum criteria:

I. Consistent with meeting the needs of a child in a substitute care placement

II. Consistent with inclusivity and equitable service delivery

III. No funds will be paid, nor will there be an exception in funds criteria that involves a payment for:

   A. A sanction

   B. An assessment, or

   C. Costs imposed by a court that result from the conviction of a:

      1. Crime

      2. Infraction, or

      3. Violation

IV. Funds cannot be purposely paid or sought after in order to shift costs to pay for what is not allowed. For example, paying a rent payment to free client funds to pay traffic fines. Further, no funds may be paid in order to avoid other policies or administrative rules.

V. Payments may not supplant or replace other appropriate funding streams. For example, medical services eligible for payment under the Oregon Health Plan, and

VI. All DHS staff or service providers shall not use any personal rewards cards or similar cards to purchase goods or services at any time.

The following types of expenditures are acceptable:

I. Housing expenses, including:

   A. Rent or utility deposits

   B. House cleaning, or

   C. Home repairs needed for safety

II. Transportation:

   A. Minor car repairs, and

   B. Other transportation expenses

III. Essential furnishings and bedding needed for the minimum safety and well-being of child

IV. Necessary clothing or diapers for child

V. Safety items:

   A. Baby gates

   B. Child safety seats

   C. Fire extinguisher

   D. Carbon monoxide detector

VI. Food to include emergent dietary foods until a more sustainable plan can be determined due to food allergies

VII. Household supplies, an allergy sensitive vacuum, air filtration

VIII. Other (to be determined as an immediate need to provide care of the child)

Payment procedure

Note: Funds must be used by Jun. 30, 2019.

Certifier or caseworker

I. Review the request against Foster and Relative Caregiver Supports fund procedure criteria.

II. Prepare the expenditure request DHS form 2896 and submit to local branch certification supervisor.

Supervisor

I. Ensure the request meets the parameters of the funding criteria.

II. Approve or deny the request form.

Local payment worker

I. Narrate on the payment description field in OR-Kids the rationale for the approved request. Upload the DHS form 2896 into the certification file cabinet. For example: food, clothing, bedding, rent.

II. There is only a one-time payment of these funds.

OR-kids entry

Service Type Description: Foster Parent Flex Funds

Service Category: Caregiver Services

Budget Source: Regular Foster Care

Procedure for foster and relative caregiver respite care funds

The intention of foster and relative caregiver respite care funds is to support the caregiver with funds for respite care through an approved DHS respite provider under OAR 413-200-0281. The process to approve the respite provider remains the same. These funds are intended to reimburse the foster parent or relative caregiver for the cost of the respite care.

Payment for respite care:

I. $55 per day for up to three days per month, or

II. $55 per day for more than three days per month with program manager approval

This respite care is child specific. It is intended for the child or youth with needs that require a break:

I. For the foster parent or relative caregiver to maintain placement, or

II. To retain the foster parent or relative caregiver.

Approval of the use of these funds is through branch offices. The payment is made as a reimbursement to the foster parent or relative caregiver.

Procedure

Certifier or caseworker

I. Discuss the need for respite care with the foster parent or relative caregiver.

II. Prepare the expenditure request DHS form 2897. Submit the request to the branch certification supervisor.

Supervisor

I. Discuss need for respite care with certifier.

II. Review and approve or deny the request.

Payment specifics

I. Service Type Description: Foster Parent Respite

II. Service Category: Caregiver Services

III. Budget Source: Contracted Foster Care Service

Chapter 5

Section 40: In-home Safety and Reunification Services (ISRS)

In-home Safety and Reunification Services (ISRS)

Overview

In-home Safety and Reunification Services (ISRS) provide:

I. Immediate safety of a child at risk of maltreatment by managing safety threats within the family, or

II. Help to a child to return home by providing safety and change services in the home when the child has been placed in protective custody or substitute care.

Safety services

These services control a safety threat through:

I. In-home observation

II. Supervision, and

III. Specific intervention.

These services can be used initially to:

I. Resolve the immediate child safety crisis, and

II. To maintain family stability.

These services are intended to:

I. Provide immediate child protection

II. Reduce time children spend in substitute care, and

III. Reduce the re-abuse or neglect of children.

Change services

These services are intended to use interventions with demonstrated effectiveness to:

I. Improve child safety, and

II. Help parents to improve diminished protective capacities that lead to their child being unsafe.

These services help parents:

I. Build additional problem-solving skills to eventually become self-sufficient. This includes problem solving to access community resources and supports, and

II. Identify strategies for predictable problems relating to:

   A. Child's behavior

B. Child safety

C. Depression

D. Mood stabilization, and

E. Other adult relationships.

The following chart outlines the purpose and differences for both safety and change services.

Safety services:	Change services:
The purpose is to control and manage.	The purpose is to change behaviors.
Safety services are limited to managing and controlling identified safety threats.	ISRS are put in place following provider assessment and when the family is ready.
Activity and services are dense, which means there are a lot of things going on frequently.	Activities and services focus on lasting behavioral change.
Safety services must have an immediate effect. This means the moment they are set in place.	Change services build on existing protective capacity of the parents.
The safety service provider's role and responsibility in the ongoing safety plan is precise and focused on managing safety threats.	The change service provider's role and responsibility vary according to client need.

Procedure

Determine when a family is eligible to receive ISRS.

An ISRS referral can be initiated during:

I. A CPS assessment, or

II. An ongoing case when the child is placed in:

A. The home with a parent, or

B. Substitute care, if there is a plan to reunify with a parent within the next 30-45 days.

III. A family is eligible to receive ISRS when:

A. At least one safety threat has been identified and is being managed with:

1. A protective action

2. Initial safety plan, or

3. Ongoing safety plan, and

B. At least one parent is actively participating in:

1. A protective action, or
2. An in-home safety plan:
   - The service may prevent a child from:
     - *(1)* Being placed in substitute care, and
     - *(2)* Maintain a child in the home with a parent, or
   - The plan is to return a child home to a parent within the next 30-45 days.

IV. A family is not eligible to receive ISRS when:

A. A child has died or experienced life-threatening harm because of child abuse or neglect

B. A child has been found to have been sexually abused. In addition, the perpetrator of the sexual abuse remains in the home without successfully completing appropriate treatment

C. A family member in the home is actively influencing or threatening a child to recant a report of abuse, or

D. A family member has:

1. Past behaviors, conditions or circumstances that may compromise the safety of an in-home service provider, or
2. A history of committing violent acts toward persons outside the family, or
3. Demonstrates a current propensity to commit violent acts toward persons outside the family.

E. The safety analysis concludes the child is safe.

F. The case is open for Family Support Services (FSS).

Determine when to refer a family to ISRS.

These services are expected to be:

I. Delivered in the family's home, and

II. Provided when family members are at home and most likely to impact child safety.

This may include:

I. Early morning

II. Meal times, and

III. Bed times.

The range of services will be flexible to meet the needs of the family.

Refer to ISRS for stabilization when the purpose is to:

I. Prevent the child from entering substitute care

II. Address the immediate safety of a child at risk of maltreatment, and

III. Maintain the child safely in the home with a parent by helping the parent to remove barriers so they can

manage safety threats in the home.

The following are examples of safety services:

I. Supervision and monitoring child safety by direct observation

II. Stress reduction

III. Basic parenting assistance

IV. Respite care

V. Social or emotional support

VI. Safe housing assistance

VII. Food, clothing or basic needs

VIII. Assistance to access emergency medical, mental health and addiction services

IX. Stabilization of home environment. Meet the child's needs for stability and safety from potential abusers and dangerous home conditions

X. Monitoring and supporting family managed safety, and

XI. Other.

Refer to ISRS for reunification when the purpose is to:

I. Return the child home to a parent within the next 30-45 days, and

II. To motivate and engage parents to improve and maintain parental protective capacities related to the identified safety threats in the home.

Tip

The examples of safety services and change services may be used for both stabilization and reunification service referrals.

The following are examples of change services:

I. Crisis intervention to address disclosure, CPS or DHS involvement, and concerns when a significant family member leaves the home

II. Motivational interviewing

III. Collaborative problem solving

IV. Parent-child attachment coaching

V. Reduction of core child welfare issues. Examples are:

   A. Substance abuse

   B. Domestic violence, and

C. Mental health needs)

VI. Basic home management skills

VII. Improve and maintain parental protective capacity, and

VIII. Other.

Note: The examples of safety services and change services may be used for both stabilization and reunification service referrals.

Service referral process

I. Refer to your local branch protocol to identify ISRS available, appropriateness of referral and referral process to include:

A. Supervisor approval, and

B. DHS form MSC 2099 (Release of Information) signed by a parent prior to service authorization.

Service closure

I. If:

A. There has been an ISRS referral

B. A family is receiving services, and

C. The CPS assessment closes, and

D. A DHS case is not opened, or

E. DHS case closes

Then, refer to your local branch protocol for service closure.
The following must take place:

I. Notify the ISRS service provider within the same business day.

II. Close the ISRS service immediately or upon receipt of the closing report.

III. Select an outcome of achieved, partially achieved or not achieved. (This outcome is given to the you from the ISRS service provider through a written report.) The designated person in your local office must obtain verification of the outcome from you. This person must select the service closure reason in OR-Kids.

Note: When there is a dispute about whether an outcome has been achieved by the ISRS contracted service provider:

I. There needs to be a discussion between you or your supervisor and the ISRS contracted service provider.

II. If there is still a disagreement, DHS makes the final determination.

Flexible funds

I. See Flexible Funds Procedure.

II. Refer to your local branch protocol for processing flexible funds invoices from the contractor.

Supervisor role

I. Provide consultation for appropriateness of referral for ISRS.

II. Review service referral for accuracy and approve.

Forms and references

I. OR-Kids Referral form CF 6710

II. Release of Information (ROI) form MSC 2099

III. SPRF/ISRS/SOC Guidelines

IV. ISRS outcomes

Chapter 5

Section 41: Sexual Orientation, Gender Identity and Expression (SOGIE)

Supporting and providing services for children and young adults with diverse sexual orientation, gender identity and expression.

Every person has a sexual orientation, gender identity and expression (SOGIE) and they may be congruent or completely different. It is important to support all children and young adults in the healthy development of these dimensions of themselves. Some children and young adults with diverse SOGIE may identify as lesbian, gay, bisexual or transgender, and some may be questioning their sexual orientation or gender identity (LGBTQ). Other youth may not identify with these terms and may use other words to describe themselves including but not limited to non-binary, genderqueer, gender fluid, gender expansive, agender, gender diverse, two-spirit, queer, asexual, pansexual, etc. For this reason, there are various permutations of acronyms utilized in conversation and written materials to reflect diversity of SOGIE. The acronyms SOGIE or LGBTQ+ will be used throughout this section of procedure. The language a person uses to describe oneself and their unique identity may change over time or might be terms that are shared with some people and not shared with others. As people come to understand more about diversity within the realm of SOGIE, the language and terminology to reflect people's identities is also evolving. To create a sense of safety and to signal that you honor and celebrate diversity, it is important to become familiar with respectful language, keep current with rapid changes in terminology in the arena of SOGIE, and listen to and use the words people use to describe themselves (name, pronouns, and language regarding how they identify).

Child Welfare employees must treat all children and young adults with respect and dignity. They should work to create and foster an affirming, supportive, and understanding environment in which all youth realize their maximum potential, regardless of their SOGIE, while upholding and promoting the Oregon Foster Child's Bill of Rights including but not limited to:

- Clean and appropriate clothes that fit me and correspond to a gender identity of my choice
- Free access to soap, shampoo, toothpaste and other hygiene needs that are necessary for my gender, age, individual health and ethnic needs
- To be treated with respect
- To be included in discussions and make decisions about my own body and my physical or mental health
- To receive respect, be nurtured, and attend activities in accordance with my background, religious heritage, race, and culture within reasonable guidelines. To be allowed to dress and groom myself according to my culture, identity and within good hygiene standards for my health
- To determine and express my gender and sexual identity for myself

Certified families must learn and use caregiving practices which help children and young adults build positive personal relationships and self-esteem and must respect the SOGIE of children, youth and young adults in foster care [OAR 413-200-0308 (3) (a) and (f)]. They may not make derogatory remarks about a child or young adult's SOGIE [OAR 413-200-0358 (e)(B)].

Meeting the needs of the child, youth or young adult

When working with LGBTQ+ children, youth and young adults, offer developmentally appropriate approaches which:

- Affirm the sexual orientation, gender identity, and gender expression (SOGIE.)
- Consider identity development and exploration
- Identify and work to reduce sources of distress for LGBTQ+ children, youth and young adult
- Engage parents, guardians, and caregivers, while also working with the child, youth or young adult to respect their privacy and confidentiality, getting their permission for sharing information about their SOGIE
- Consider school and community partnerships
- Use LGBTQ+ inclusive language
- Consider the needs of the child, youth or young adult and involve the young person to the extent possible, to assist in determining the service(s) and support(s) that will meet the need(s).
- Let a child talk without interrupting them or punishing them, and let them explain what their experiences are like
- Let the child, youth or young adult lead the way
- Allow them to dress in the style of clothing they feel comfortable wearing, and which is congruent with their gender identity or preferred manner of gender expression

Family support, acceptance and advocacy are critical to LGBTQ+ health and wellbeing. Many LGBTQ+ youth encounter negative experiences including bias, discrimination, harassment, bullying behaviors, rejection, and physical, emotional, and sexual violence. Without this family support and acceptance, LGBTQ+ youth are at higher risk than their non-LGBTQ+ peers for experiencing residential instability (running away, homelessness, having to leave their family home or experience more moves in foster care), substance use and abuse, and mental health issues including depression, anxiety, suicidal thoughts and attempts, and self-harm (Wilson, Cooper, Kastansi, & Nezhad, 2015).

Care and wellness of the youth with diverse SOGIE may include allowing youth to express their gender identity through their apparel and personal care items, counseling, psychotherapy, and medical visits. For some youth, medical care may include medication to suppress puberty or to assist with masculinizing or feminizing the body, such as use of androgen blockers and cross-sex hormones. For young adults, medical care may also include gender reassignment surgeries. It is helpful for the caseworker to gather the following information.

Procedure

A. Information needed when seeking LGBTQ+ specific medical and mental health services:

- Age- Depending upon the age of the youth and whether the youth is pre-pubertal, pubertal, or post-pubertal stage of development, different care and services are indicated;
- Gender – It is important to realize how the youth identifies on the gender spectrum;
- Name- Identify any preferred name and any pronouns the youth would like to use;
- Goal- Identify the youth's goal, if able to verbalize. For example, questioning, social transition, body modifications, surgery;
- Trauma History- Include physical, sexual, and emotional abuse, neglect, harassment or bullying, community violence, and supportive factors or resiliency factors;
- Mental Health- Identify mental health issues such as anxiety, depression, PTSD, isolation;

- Behavioral Health- Identify risky behaviors such as self-injury, self-mutilation, risky sexual encounters, risk for suicide;
- Cognitive functioning;
- Education- Include the name of the school the child or young adult is enrolled in and the grade level;
- Medical history- Including sexually transmitted infections and pregnancies;
- Language;
- Substance abuse or misuse;
- Previous services received which were effective;
- Legal Issues- Identify any legal issues the youth is currently facing include any discrimination, name changes or needed legal services;

Note: Using the name the youth requests us to use can be done without a formal process. However, if the youth requests a legal change of name outside of an adoption process, or a legal change of sex designation, please follow the required process found in Chapter 9, Section 7: Other legal matters, E. "Approval process for legal change of a minor's name outside of the adoption process or change of a minor's sex designation."

- Family- Identify whether family is supportive, rejecting, confused, or ambivalent. Family as defined by youth and include foster parents or relative caregivers, biological parents, and other family members (as appropriate) and significant others with whom the youth identifies;
- Support- Identify if the youth has supports, role models or others who play a supportive role in their life.
- Therapy – If the youth has a current therapist, it is important to continue as change in providers once rapport is established enhances dysphoria.
- Other dimensions of identity (intersectionality): spirituality, religion, racial, ethnic, national origin, class, physical disability, cultural, etc.

B. Identification and determination of services

Services will depend upon age of the youth, identified goal, and youth preferences.

I. Mental Health Support

   A. All children/youth in substitute care must be seen for a mental health assessment within 60 days of placement.

   B. Any children/youth who are questioning their sexual orientation or identify themselves as transgender, gender nonconforming or otherwise are gender expansive should be referred for mental health services for support and counseling. For transgender children or youth, a licensed QMHP may consider a potential diagnosis of gender dysphoria. The therapist or QMHP should have prior experience with trans issues and follow World Professional Association for Transgender Care (WPATH) Standards of Care.

   C. Continued mental health treatment for mental health issues, traumatic events, substance abuse.

   D. Identify community resources available to share with the youth and their families (see attachment A for resources throughout Oregon.)

C. Personal supplies necessary for well-being

Personal care items and supplies necessary for the health and well-being of an LGBTQ+ youth are not considered

medical supplies. For children and young adults in the care and custody of the Department, the substitute caregiver or relative caregiver and caseworker should work together to determine the best way to obtain these items. If the purchase of these items causes a financial strain for the foster parent, branch funds should be used if they are not available through community resources. This includes and is not limited to:

- Stand to pee devices
- Breast shapers
- Breast binders
- Straps and harnesses
- Prosthetic devices i.e. Packie

D. Transgender Affirming Medical Interventions

The Oregon Health Plan (OHP) provides healthcare coverage for treatment of gender dysphoria. The OHP guidelines include safeguards before medical interventions are recommended. The principle challenge in determining best practice for children, youth and young adults lies in the fact that development is different for everyone. Medical interventions are determined by the goals of the youth or young adult, the age, and medical necessity.

I. Guidelines overview and consent

The OHP provides guidelines to prepare access to transition related care in accordance with the World Professional Association of Transgender Health (WPATH) Standards of Care.

Youth or young adults who are in foster care and have coverage through the OHP will work closely with their primary care provider to identify what gender transition health care is medically appropriate.

II. Approval for Transgender Medical Services

OHP prior approval will only be provided if the primary care provider and patient can demonstrate medical necessity. Only a medical professional and/or therapist are able to “recommend” any services to meet standards.

See OHP Prioritized List

Youth 15 and older, when developmentally appropriate, can consent for their own healthcare

A. Fully Reversible Interventions

These medical interventions (including use of gonadotropin-releasing hormone agonists, called nRH analogues) are often referred to as puberty or hormone blockers. The purpose is to pause puberty so that the development of secondary sex characteristics is delayed. Later, if a decision is made to stop using these medicines, the pause on puberty ends and secondary sex characteristic development of the child or young adult’s biological sex would resume.

Approvals for fully reversible interventions will be at the Program Manager level, in consultation with Health and Wellness Services Program Manager, or designee, and will adhere to OHA guidelines.

B. Partially Reversible Interventions

The use of masculinizing or feminizing hormone therapy starts development of secondary sex characteristics of the affirmed gender (the gender with which the person identifies rather than their sex assigned at birth). These medical interventions are for people who wish to match their physical

secondary sex characteristics to their gender identity. These medical interventions are only partially reversible in that some of the secondary sex characteristics which develop through use of cross-sex hormones would either require surgery to be reversed (e.g. development of breast tissue) or cannot be reversed (e.g. voice which deepened after use of testosterone). Cross-sex hormone therapy is included for treatment of adolescents with gender dysphoria who meet appropriate eligibility requirements.

- To qualify for reversible cross-sex hormone therapy under OHP, the adolescent must have the required:
  - Persistent, well documented gender dysphoria
  - The capacity to make a fully informed decision and to give consent for treatment
  - Significant medical or mental health concerns reasonably well controlled
  - A thorough psychosocial assessment by a qualified mental health professional with experience working with patient who have a diagnosis of gender dysphoria

Approvals for partially reversible interventions will be at the Program Manager level, in consultation with Health and Wellness Services Program Manager, or designee, and will adhere to OHA guidelines.

C. Non-reversible gender affirmation surgery

These are surgeries used to modify one's body to be more congruent with one's gender identity. Also referred to as gender confirming surgery (GCS) ("Glossary of LGBT Terms for Health Care Teams", 2016). Child Welfare staff will be supportive of a youth whose goal is gender confirming surgery once they have reached adulthood.

For any non-reversible gender confirming surgery procedure, the young adult must be reasonably physically fit and reach the legal age of majority (18 years of age). The age threshold should be a minimum criterion and not an indication in and of itself for active intervention. Certain criteria must also be met including:

- Have persistent, well documented gender dysphoria
- For genital surgeries, have completed 12 months of continuous hormone therapy as appropriate to the youth's gender goals unless hormones are not medically necessary, or hormones cause negative reactions due to illnesses that are sensitive to those hormones.
- Have completed 12 months of living in a gender role that aligns with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
- Have the capacity to make a fully informed decision and to give consent for treatment under Oregon law
- Have any significant medical or mental health concerns reasonably well controlled
- For breast/chest surgeries, have one referral/evaluation from a mental health professional provided in accordance of the WPATH Standard of Care.
- For genital surgeries, have two referrals/evaluation from mental health professionals provided in accordance with version 7 of the WPATH Standard of Care. Evaluations are required from two independent licensed mental health care providers.

- The referral/evaluations will contain:
  - The young person's general identifying characteristics;
  - Results of the client's psychosocial assessment;
  - The duration of the mental health professional's relationship with the young person, including the type of evaluation and therapy or counseling to date;
  - An explanation that the criteria for surgery have been met, the clinical rationale for supporting the young person's request for surgery in question.
  - A statement about the fact that signed informed consent has been obtained;
  - A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

Approvals for surgical interventions will be by the Health and Wellness Services Program Manager, or designee, in consultation with the Child Welfare Director, or designee and will adhere to OHA guidelines.

III. Finding a Surgeon

Each Coordinated Care Organization (CCO) is to arrange appropriate coverage for surgeries for transgender patients who meet the above criteria.

Generally, non-reversible surgery of vaginoplasty or phalloplasty are not considered until age 18; of which youth would or could be out of foster care.

E. How the caseworker can assist the youth, family, and caregivers

Remind the foster family, relative caregiver, and family members that:

I. Self-disclosure and Support, acceptance and affirmation of the youth in their SOGIE has been linked to the child, youth and young adults' improved well-being. Specifically, youth who are supported and accepted for who they are have increased resilience, less anxiety, less depression, less suicidal and self-harm tendencies, and decreased victimization. Supportive families and school environments are protective factors that can make the difference between thriving and tragedy.

II. To be supportive and to promote well-being of children, youth and young adults caregivers should: "Talk with your child or young adult or foster child or young adult about their LGBT identity; Express affection when your child or young adult tells you or when you learn that your child or young adult is gay or transgender; Support your child or young adult's LGBT identity even though you may feel uncomfortable; Advocate for your child or young adult when he or she is mistreated because of their LGBT identity; Require that other family members respect your LGBT child or young adult; Bring your child or young adult to LGBT organizations or events; Talk with clergy and help your faith community to support LGBT people; Connect your child or young adult with an LGBT adult role model to show them options for the future; Welcome your child or young adult's LGBT friends & partners to your home; Support your child or young adult's gender expression; Believe your child or young adult can have a happy future as an LGBT adult. (Caitlin Ryan, PhD, Family Acceptance Project)

III. In addition, caregivers should be watchful of behaviors that might indicate their child or young adult is a victim of bullying or violence; Provide helpful resources; Seek supportive healthcare; Advocate services which are nondiscriminatory, and which promote wellness and safety.

IV. Adhere to Foster Children Bill of Rights.

V. Respect the youth's privacy. Allow them to decide with whom and when they'd like to share their sexual orientation or gender identity.

VI. Advocate for your youth when they feel they are being mistreated.

F. Supporting LGBTQ+ youth with biological family rejection

If the biological family is not supportive of the child, youth, or young adult's diverse SOGIE:

I. Consider finding affirming resources outside of the family as appropriate while at the same time helping parents and the child, youth or young adult negotiate difficulties within the family.

II. Look for opportunities to interact with positive role models, guest speakers, or adults within the school system, for example. Remind the child, youth or young adult of positive, successful LGBTQ+ persons who have made significant contributions to society.

III. Offer resources to the child or young adult and family members for watching, reading, and studying. Materials from Family Acceptance Project, for example, can be very helpful for parents, caregivers, and other family members (see resource section).

IV. Give the child, youth or young adult unconditional love and support. Giving mixed messages- for example, that they are loved but their SOGIE or expression of their SOGIE is not supported can be rejecting and cause harm. Rejecting behaviors from parents or other caregivers can be devastating to the child, youth or young adult.

V. The family may need time to adjust to the new family roles and expectations. Conflict may arise in the family as a sibling, one parent or extended family member may take longer to process causing conflict in the family.

VI. Family counseling is often sought to assist the family with the new information. Seeking the assistance from service providers who have knowledge and experience serving people with diverse SOGIE and who are LGBTQ+ friendly is important. For assistance determining some of the providers in the area, consider utilizing: 211 info (http://211info.org), Q-Center LGBTQ+ Resources (https://www.pdxqcenter.org/findresources), and the DHS PRIDE Employee Resource Group (PrideERG.PointsAndLeadership@dhsoha.state.or.us)

Glossary of Terms

Please see Human Rights Campaign for updated glossary: https://www.hrc.org/resources/glossary-of-terms

Androgyny: A term used to describe gender expressions that have both masculine and feminine characteristics, but are not strictly either.

Cisgender: This term is pronounced /sis-gender/. An adjective to describe a person whose gender identity is aligned with the gender identity they were assigned at birth on the basis of their perceived biological sex.

Femininity: Qualities that are thought of as being womanly, that are typically ascribed to women, and that are considered to be socially appropriate for a woman's behavior. Not all people who exhibit feminine qualities are women, not all women exhibit exclusively feminine qualities.

Gender (Gender Identity): This is the label someone may choose to describe themselves, such as: man, woman, non-binary. It represents a person's deep-seated, internal sense of who they are as a gendered being. This describes how

someone identifies, regardless of their sex assigned at birth.

Gender Binary: The idea that there are only two genders: man and woman, rather than a continuum or spectrum of gender identities and expressions. The gender binary is often considered to be limiting and an inaccurate way to describe gender diversity.

Gender Expression: A person's outward gender presentation in relationship to their culture, usually comprised of personal style, clothing, hairstyle, makeup, jewelry, vocal inflection and body language, etc. Gender expression is typically categorized as masculine, feminine or androgynous.

Gender Roles: The set of expectations that are ascribed to a certain gender in any given culture, relating to how to people of that gender "should" (among other things) behave, talk, dress, etc.

Genderfluid: A person whose gender identity or expression shifts between masculine and feminine.

Gender Marker: The marker (male or female) that appears on a person's identity documents (e.g., birth certificate, driver's license, passport, travel or work visas, green cards, etc.). The gender marker on a transgender person's identity documents will be their sex assigned at birth until they undergo a legal and logistical process to change it, where possible.

Gender Non-Conforming: A person whose gender expression is perceived as being outside of cultural norms expected for that gender.

Genderqueer: A person whose gender identity is neither male nor female, is between or beyond genders.

Intersex: An umbrella term that describes a person born with sex characteristics (e.g. genetic, genital, sexual/reproductive or hormonal configurations) that do not fit typical binary notions of female or male biological sex. The term describes a wide range of natural variations in human bodies. Intersex is frequently confused with transgender, but the two are completely distinct and generally unconnected. A more familiar term, h*rm*phrodite, is considered outdated and offensive.

LGBTQ: An acronym commonly used to refer to Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning individuals and communities.

Masculinity: Qualities that are thought of as being manly, that are typically ascribed to men, and that are considered to be socially appropriate for a man's behavior. Not all people who exhibit masculine qualities are men, not all men exhibit exclusively masculine qualities.

Non-binary: Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms.

Sex Assigned at Birth: The determination of a person's sex based on the visual appearance of the genitals at birth. The sex someone is labeled at birth.

Sexual Orientation: A person's feelings of attraction (emotional, psychological, physical, and/or sexual) towards other people. People who do not experience sexual attraction may identify as asexual.

Straight: A heterosexual person. A person attracted to someone of a gender different from their own.

Transgender: An adjective that describes a person whose gender identity is not the same as the gender identity they

were assigned at birth on the basis of their perceived biological sex.

Transgender men and transgender boys: A man or a boy who was assigned female at birth. Also sometimes referred to as trans men.

Transgender women and transgender girls: A woman or a girl who was assigned male at birth. Also sometimes referred to as trans women.

Two-spirit: A term used by some Native and Indigenous people to North America to indicate that they embody both a masculine and a feminine spirit, or to describe people in their communities who fulfill a traditional third-gender.

Sources: Basic Rights Oregon, The Teaching Transgender Toolkit, by Eli R. Green and Luca Maurer and GLAAD Media Reference Guide

References

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Chapter 5

Section 42: Breast Milk for Infants in Foster Care

Breast Milk For Infants in Foster Care

Health organizations worldwide recommend breast milk for babies. The benefits of breast milk include healthy digestion, optimal brain growth, normal weight gain, and protection against some diseases. The benefits to the mother are important also and include protection against breast, ovarian, and endometrial cancers, reduces the risk of heart diseases, protects against osteoporosis and bone fractures, and the psychological benefit of being able to provide quality milk to their infant. When a mother is requesting to provide breast milk for her infant, caseworkers are encouraged to authorize this whenever possible.

Coffee Creek Correctional Facility (CCCF)and other institutions are working with local milk banks to assist with incarcerated mothers being able to provide breast milk for their infants which should be supported and encouraged, whenever possible. The caseworker should do what is necessary to facilitate and support the use of the incarcerated mother's breastmilk. Health and Wellness Services Program Manager, or Nurse Consultant is available for consultation.

Foster Parents are not to supply personal breast milk to any foster child. Breast milk not supplied by the biological mother must come from the Northwest Mothers Milk Bank. For more information regarding Northwest Mothers Milk Bank and to request services, please visit https://www.donatemilk.org/. The caseworker should work with the branch Medical Assistance Specialist (MAS) and the Milk Bank to ensure supplies, bags and pumps are available. The MAS can confirm information with the local CCO to confirm what is available related to insurance.

Supplementing With Biological Mother's Breast Milk Procedure:

- Request that an initial drug screen be completed. If the drug screening is negative and the caseworker does not have any concerns with the quality of the breast milk, it may be provided to the infant.
- Periodic drug screening should be completed at the discretion of the caseworker.
- The caseworker should work with the local milk bank to ensure safe storage, labeling and delivery of expressed breast milk.
- The caseworker should work with the branch MAS to ensure supplies, bags and pumps are available. The MAS can confirm information with the local CCO to confirm what is available related to insurance.
- Follow the CDC guidelines for proper storage and preparation of breast milk. For more information, please visit https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.

For more information regarding breast milk, the CDC has helpful and up-to-date information. Biological parents or the foster parents can be referred to https://www.cdc.gov/breastfeeding/index.htm.

The Health and Wellness Services Program Manager, or Nurse Consultant is available to consult.

Chapter 5

Section 43: Initial Required Health Assessments and Screenings

Initial Required Health Assessments and Screenings

Once a child or young adult is in the legal custody of DHS, the caseworker has the responsibility to ensure that appropriate medical, dental and mental health services are provided for the child.

Each child placed in substitute care must receive the following:

- An intake nursing assessment by a DHS contracted nurse, shortly after entering care;
- A comprehensive health assessment by the child's primary healthcare provider, within 30 calendar days of entering care;
- A dental assessment for children age 1 and older, within 30 calendar days of entering care;
- A Child and Adolescent Needs and Strengths (CANS) screening, within 60 calendar days of entering care;
- A mental-health assessment for children age 3 and older, within 60 calendar days of entering care; and
- An Early Intervention Screening for children ages 0-2, within 60 calendar days of entering care. (See CPS Early Intervention Referral form CF323.)

The caseworker of a child who is placed in substitute care must ensure that the child receives:

- All required assessments and screenings as described in section (1) of this rule; and
- All treatment and services that are recommended in the required assessments and screenings that are covered by either Oregon Health Plan (OHP) or the child's private health insurance.

Ongoing and Preventative Healthcare

Each child or young adult's healthcare must include:

- Regular preventive care appropriate to the child or young adult's age and condition, including:
  - Immunizations (Refer to Appendix 5.11, Child and Adolescent Immunization Schedule, for guidance on childhood immunizations.);
  - Well-child visits according to the recommendation schedule of the American Academy of Pediatrics;
  - Preventative dental care;
  - Yearly CANS rescreening;
  - Yearly Mental Health reassessments for children and young adults receiving mental health services;
  - Timely treatment of non-emergency injuries and illnesses;
  - Ongoing care for serious or chronic conditions; and
  - Emergency treatment whenever necessary.

ORS and OARS

ORS 418.325

OAR 413-015-0465

Chapter 5

Section 44: Managing The Use of Medications

The caseworker is responsible for receiving and reviewing the medication log of the child or young adult in substitute care monthly (OAR 413-070-0430 (4)(c)).

Any prescribed medication or over the counter medication routinely provided to the child or young adult that is administered by the foster parent must be documented using the CF 1083 Individual Medication Log(s). Multiple medications may be logged on one CF 1083 Individual Medication Log; however, a new log must be provided for each month the child is receiving the medication.

The caseworker must review, sign and ensure Individual Medication Logs are uploaded into OR-Kids File Cabinet in the child or young adult's file as they are received.

Caseworkers should encourage substitute caregivers to help educate young adults on their medication regimen, medication log documentation and prescription refill process if they are developmentally able and willing to learn.

For any young adult 15 or older, the caseworker can authorize them to self-administer medications if they are determined capable and developmentally appropriate. Medication education is important for these young adults and the Health and Wellness Services Program Manager, or Nurse Consultant, is available to consult as needed. The medication administration will need to be documented on the CF 1038 Individual Medication Log and reviewed monthly by the caseworker.

For young adults, 18 or older, that are living independently in or out of a foster home and self-administer, medication logs are not needed. However, the caseworker should review medication usage during face to face contact.

If needed, consult with theHealth and Wellness Services Program Manager, or Nurse Consultant.

Chapter 5

Section 45: Obtain Mediciad Coverage

Obtain Medicaid Coverage

Procedure:

Ensure that each child or young adult in substitute care has health care coverage.

When the placement is entered and approved in OR-Kids, a medical eligibility hyperlink is created. The Federal Revenue Specialist (FRS) completes the medical eligibility determination using that hyperlink. Once medical eligibility has been opened, MMIS will auto assign the child/young adult into the CCOA (physical, dental and mental health) in the child/young adult's county, unless the child/young adult is exempted from enrollment.

Contact the branch Medical Assistance Specialist (MAS) for assistance in having a medical card issued at the time the child or young adult is placed in substitute care.

When a child or young adult enters substitute care with private health insurance coverage, the caseworker must complete and submit the online form found at www.reporttpl.org. A child placed by the department with a Voluntary Placement Agreement may continue to receive medical insurance coverage through the parents' medical insurance. Refer to Chapter 7 Family Support Services for details on managing a Family Support Services Case plan involving a Voluntary Placement Agreement.

When a child or young adult requires medical care prior to receiving the wallet sized standard DHS Medical Care Identification (Medical ID), the Temporary medical Care Identification, DMAP 1086 (OAR 410-120-1140) may be printed by the MAS. Circumstances where it is appropriate to issue a Temporary ID:

- The child or young adult's medical eligibility and placement information has not been entered into the system (this circumstance may occur when they are initially placed);
- The child or young adult has moved to a new substitute care placement and the Medical ID was not provided by the previous caregiver; or
- The Medical ID has been lost.

When a child or young adult is in the department's legal custody but in the parents' home, monitor the child or young adult's health care needs. However, unless the child or young adult's health care was part of the identified safety threat or unattended health care needs impact child or young adult's safety, other procedural requirements for monitoring a child or young adult's health care services do not apply.

Chapter 5

Section 46: Pregnant and Parenting Children and Young Adults in Substitute Care

Pregnant Children and Young Adults

If a child or young adult is pregnant, the caseworker must request a Personal Care Assessment to be completed by emailing a referral to Personal.Care@dhsoha.state.or.us. The caseworker will also document the pregnancy on the characteristics tab of the person management page in OR-Kids.

A DHS Field Nurse will be referred to complete a personal care assessment and identify any needs of the child or young adult.

Pregnant children or young adults should be referred to a local community nurse home visiting program or local Health Department to be connected with resources and services.

Health and Wellness Services is available for consultation and additional education, as needed.

Children and Young Adults Who are Parenting

Once a child or young adult has given birth, the caseworker will request a Personal Care Assessment to be completed by emailing a referral to Personal.Care@dhsoha.state.or.us. A referral to a local community health nurse home visiting program should also be completed by the the caseworker so the child or young adult will be connected with services within their community.

The caseworker, who has been trained in safe sleep practices, should evaluate for safe sleep environment during every face to face encounter. This includes ensuring the infant has their own separate bed, placing the infant on their back to sleep and not using soft bedding. See Safe Sleep procedure for additional information.

Health and Wellness Services are available for consultation and additional education, as needed.

Resource:

What is a safe sleep environment: https://safetosleep.nichd.nih.gov/resources/caregivers

Chapter 5

Appendix 5.1: Ice breakers

Ice Breakers

There are many visitation practices that have positive outcomes, one of which is the use of ice breakers. This is the practice of the foster parent and the birth parent meeting shortly after the child is placed. The meeting is facilitated – by caseworker or meeting facilitator – for the purpose of sharing information. The birth parents have an opportunity to tell the foster parent what they feel the foster parent needs to know about their child, which will make the placement smoother for their child. The foster parent tells the birthparents some information about the home and answers questions that the parents may have. This meeting can be the beginning of building rapport. This is not always the case, and in some instances, for safety reasons, an ice breaker meeting is not held, but families can share written information regarding the child.

When there is contact between birth parents and foster parents, the caseworker should expect:

I. Information sharing regarding the child;

II. Fewer complaints regarding substitute care; and

III. Increased communication and collaboration between the birth parents and the foster parent.

IV. Be proactive about establishing healthy boundaries to birth parents and foster parent contact.

In studies of planned contact between birth parents and foster parents, results have shown that:

I. Children

   A. Return home sooner.

   B. Have more stable placements.

   C. Experience better emotional development.

   D. Are more successful in school.

I. Birth parents

   A. Feel more at ease about their child's safety, well-being and placement.

   B. Share more information about their child.

I. Foster parents

   A. Ask for specific information about the child from the birth parents.

   B. Ask questions that will help them understand the child's needs including cultural traditions.

   C. Talk about why they became foster parents and some basic rules of their home.

Chapter 5

Appendix 5.2: Foster Care base rates and level of care rates

Foster Care Base Rates and Level of Care Rates

Effective May 1, 2018, the following rates apply:

I. Shelter Care Payments:

   A. Daily rate:

      1. $30.66 for a child 5 years or younger
      2. 31.97 for a child 6 through 12 years of age
      3. $34.03 for a child or young adult 13 through 20 years of age

   B. The base rate payment is:

      1. $693 per month for a child 5 years or younger
      2. $733per month for a child 6 through 12 years of age
      3. $795 per month for a child or young adult 13 through 20 years of age

II. Enhanced shelter care payment:

   A. Daily Rate:

      1. $54.33 for a child 5 years or younger
      2. $55.64 for a child 6 through 12 years of age
      3. $57.70 for a child or young adult 13 through 20 years of age

III. Level of Care payments are:

   A. The payment for Level 1 (moderate needs) is $240 per month. The payment for Level 2 (intermediate needs) is $468 per month. The payment for Level 3 (advanced needs) is $960 per month.

Chapter 5

Appendix 5.3: Special rate Foster Care authorization

Special Rate Foster Care Authorization

I. Identifying Information

Child's Name (Last, First, MI)		P/L	Sex	Date of Birth (Mo/Day/Yr)
Smith, Suzie		J	F	12/5/05

Case Name	Case Number	SDA Office	WKID
Smith, Donna	zzzzzzz	zzz	zzzz

Provider Number	Provider Name	Caseworker Name	Phone Number
xxxxxxxxxx	Jones, Jennifer	Adams, Amy	xxx-xxx-xxxx

II. Foster Home Information

Other Special Needs Children in Home		First name only	Placement date	Special rate hours
Number of years as a provider?	1			
Number of providers in home?	1			
Number of children (include biological) in home?	1			
Number of DHS children in home?	1			
Number of special needs children (see right)?	1	Suzie	12/10/05	

III. Summary - For IIS Input (fill out pages 3 and 4 before completing this section).

1. Effective date of special rate: 1/2/06 (Mo / Day / Yr) — Review date: 7/2/07 (Mo / Day / Yr) — Post review initials (Worker) — Post review initials (Supervisor)
   End date of special rate: 1/2/07 (Mo / Day / Yr)
2. Direct costs:
   Part A $ 444.90
   Part B $ 313.48
   Total amount above standard Part A & B $ 768.38

Recommended Action:
☐ Terminate ☐ Change ☐ Continue

NOTE: The review date shall be no longer than six (6) months from the special rate begin date.

IV. Agreements for Authorization of Service

The special rate agreement is valid only and so long as there is a current Family Foster Home/Shelter Care Contract (CF0996), and all conditions and provisions of that contract apply. The foster parents agree to provide the increased care, supervision, and services authorized by this agreement, in addition to the regular nurturing and supportive foster family care provided named child(ren) at the current approved rate under the Family Foster Home/Shelter Care Contract. The Service Delivery Area (SDA) Child Welfare Office will notify the foster parent(s) at the time of rate agreement that documentation may be required for special Maintenance Direct Cost noted in Section II, Part A and B.

The parties agree that this Agreement is the complete and exclusive statement of the Agreement between the parties, and supersedes all prior written or oral communications, representations, and agreements relating to the subject mater of this Agreement.

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 1 of 8

V. Termination

This contract may be terminated at any time by mutual consent to both parties. Either party may terminate the contract immediately if circumstances make continuation of the contract impracticable, or by either party at any time upon 30 days' notice in writing. If the foster parents fail to provide care and services in accordance with this contract, Department of Human Services reserves the right to terminate the contract and stop payment immediately. Termination of the Contractor certificate or termination of the Family Foster Home/Shelter Care Contract (CF0996) for any reason shall terminate this agreement.

This agreement will be in effect when duly signed by the Caseworker, Casework Supervisor, Certified Foster Parent, Special Rate Committee Chair, and the Service Delivery Area Manager or Designee as required by policy.

Caseworker	Date	Supervisor	Date
Foster Parent	Date	Special Rate Committee-Chairperson	Date
Service Delivery Area Manager or Designee		Date	

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

COMPUTATIONS FOR PART A AND PART B

Part A: Special Maintenance Costs
(Direct costs and supervision for special maintenance services)

1.	Diet costs not prescribed by physician:				$	0
2.	Laundry reason: diarrhea and reflux					
	No. of loads per month	30	X * Rate	1.00 =	$	30.00
3.	Transportation costs, child/parent visits:					
	No. of miles per month		X * Rate	=	$	0
4.	Supervision costs (from page 3):					
	Total number of hours:	90	X * Rate	4.61 =	$	414.90
5.	Other: Payment to cover the cost of (and cost of providing) clothing, school supplies, or a child's personal incidentals, that occur on an ongoing basis. The state shall also provide Title IV-E foster care maintenance payments to cover the necessary costs incurred on behalf of a child who resides with his or her minor parent in foster care. That payment for the child of the minor parent will be based on the current basic foster care maintenance rate for a child of that age.				$	0
	Description of costs:					
				Part A Total	**$**	444.90

Part B: Non IV-E Eligible Expenses

1.	Program educational expenses (attach list):				$	0
2.	Transportation costs:					
	No. of miles per month:		X * Rate	=	$	0
3.	Foster parent relief care (documentation must support request):					
	Total number of hours:	68	X * Rate	4.61 =	$	313.48
				Part B Total	**$**	768.38

*** Rate: Current rates refer to Policy I-E.5.1, "Rate Structure."**

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 3 of 8

Documentation to Support Supervision Costs (Part A and B)

Behavioral Management and Supervision Assessment Instructions

For each category below, enter 1 to 25 hours based on the additional time required per month to provide care for a child with behavioral or supervision problems as compared to the time required to provide the care for a dependent child of the same age. Note the reason for the recommended hours in the space given. Use the following guidelines:

	Time Table
Monthly Hours:	Daily Minutes
1-5 hours = Child's functional impairment is minimal - 25% or less.	Monthly Hours
6-15 hours = Child's functional impairment is substantial - 25% - 60%.	5

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

=
3

10

5

15
=
8

20

10

25
=
13

30

15

16-25 hours = Child's functional impairment is extensive - over 60%.

35
=
18

40

20

45
=
23

50

25

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 5 of 8

Part A Behavioral Management and Supervision

In the following areas, the child has problems that require patience, training, and active intervention by the foster parent on a one-to-one basis to correct.

Problem	Hours	Reason child requires management or supervision. Foster parent intervention.
A. Adaptation: Frequently requires reassurance and attention to adjust. May exhibit hostility/negativity; attachment difficulties; sexual acting out. (1-25 hours max.)	25	This foster parent is the grandmother of infant. Difficulty with adapting to home d/t intrauterine drug affects–withdrawal from opiates. FP is providing warm baths, swaddling, and low stimuli environment to assist the infant through withdrawal. FP is also administering Methadone as prescribed by MD.
B. Judgment: Frequently needs guidance in correct decision making process. Is physically aggressive or may make decision which threatens health and safety of self and/or others. (1-25 hours max.)	0	n/a
C. Behavioral demands on others: Frequently requires guidance, patience, and direction to correct attitudes and habits that create difficult environment. (1-25 hours max.)	25	Drug affected infant–infant has a shrill cry d/t drug withdrawal–FP is using front pack to carry child 4-6 hours daily to help the child calm. Reflux and diarrhea associated with drug withdrawal requires frequent bathing, diaper and clothing changes (greater than normal required).
D. Incomplete socialization: Frequently requires special time for recreational/ educational. (1-25 hours max.)	25	Drug affected infant at risk for developmental delays. FP is providing age appropriate stimuli (careful not to over stimulate drug withdrawing infant) Infant massage to assist with relaxation associated with drug withdrawal. FP has made referral to early intervention for assessment.
E. Requires intensive behavioral supervision during waking hours by foster parent. (1-15 hours max.)	15	FP must carefully monitor infant during withdrawal period for s/s of seizures, dehydration, diarrhea, breathing difficulties.
TOTAL HOURS: (Enter on page 2, Part A, #4)	90	

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 6 of 8

Part B **Foster Parent Relief/Care Assistance**

Problem	Hours	Reason child requires management or supervision. Foster parent intervention.
Child requires intensive behavioral supervision beyond the hours of documented above. *Documentation must support request for additional hours. Hours may be added by Service Delivery Area Special Rate Review Committee." (1-90 hours maximum.)	68	Suzie was born drug affected and is experiencing moderately severe withdrawal symptoms which require 24 hour monitoring and intervention. 48 hours of relief care is required to maintain this placement. Relief care provider should be well trained in caring for an infant who is drug affected. 20 hours of in-home assistance is required to assist this grandmother with the daily care of this high needs infant. Suzie continues to experience multiple epsiodes of diarrhea and reflux requiring baths and clothing changes. She also requires swadling and walking to aid in calming her. *******The need for in-home assistance should be re-evaluated in six months to assess the need for continuation.

TOTAL HOURS:
(Enter on page 2, Part B, #3.) 68

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 7 of 8

Instructions for Completing Special Rate Foster Care Authorization (CF 0172A (NPC))

Section I: Identifying Information

Child information is available on the IIS Screen ICDB.

Foster parent information is available on the IIS screen IPDC.

Section II: Foster Home Information

Number of Years as a Provider:
Enter the number of years the foster Parent has been a provider. This is to assist in determining the amount of skills the Foster Parent may have as a result of experience.

Number of Providers in Home:
Enter the number of Foster Parents now living in the home.

Number of DHS Children (include biological) in the Home:
Enter the number of children in the home. This is used to assist in determining the number of children for whom the Foster Parent has time to care.

Number of DHS Children in the Home:
Enter the number of children in the home for whom DHS has custody. This is used to determine if the Foster Parent is providing care for the number of children within their certification guidelines and to assure that the Foster Parent is not over burdened.

Number of Special Needs Children:
Enter the number of special needs children in the foster home. This is used to assure that the Foster Parent is not over burdened and to assist in the proper usage of time allowed to the Foster Parent for group activities such as relief care, babysitting, etc.

Other Special Needs Children in the Home, Placement Date, Special Rate Amount:
Enter the first names of the other special needs children in the foster home. This is used to assist in determining the length of time a child has been in the foster home, the gender makeup of the home and to gain an awareness of the rate amounts if children already in the home who may have similar needs.

Section III: Summary

IIS Input: Shaded area to be entered in ICMR:

1. Effective date of special rate: The date the special rate is to begin.

   End date of special rate: The date the special rate is to end.

2. Direct costs from Page 2, Part A, 1 through 5.

   Direct costs from Page 2, part B, 1 through 4.

Review Date:

- Recommended caseworker review date: Enter date next review scheduled.
- Post review initials: After review is completed, caseworker initials and indicate status.

  Supervisor initials approval.

Section IV: Agreements

Section V: Termination

No Exception:

Caseworker, supervisor, foster parent signatures when no exception requested.

Exception:

Special Rate Committee Chairperson signature and Service Delivery Area Manager: Required if there are costs for Part A or Part B which are not in policy (I-E.5.1.2) or when total special rate exceeds $500.00 per month.

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

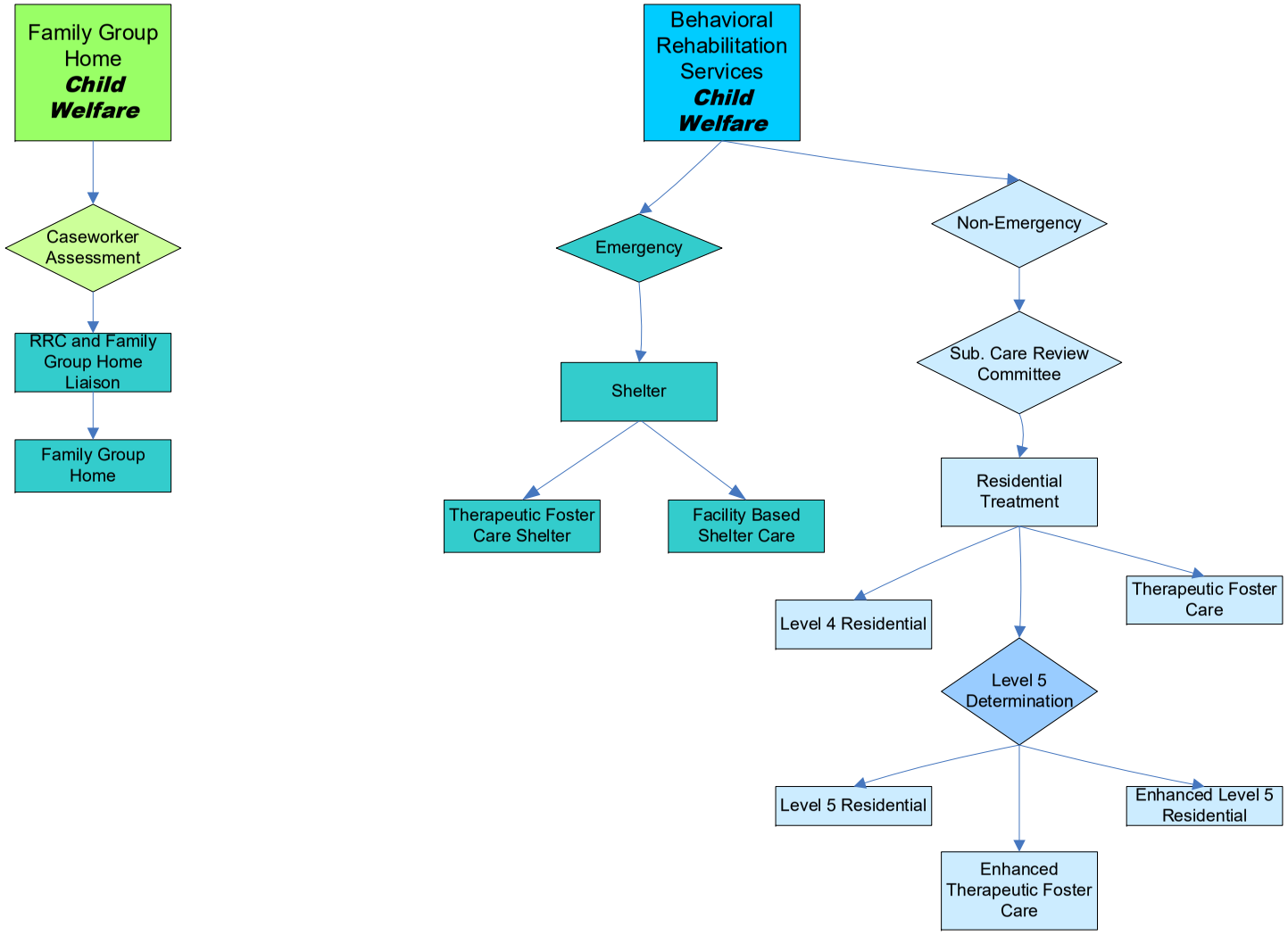
Policy Refs: I-E.5.1.2,I-E.5.1.3
File: Client Case File - Eligibility/Payments Section

CF0172A (NPC) 12/02
Page 8 of 8

Chapter 5

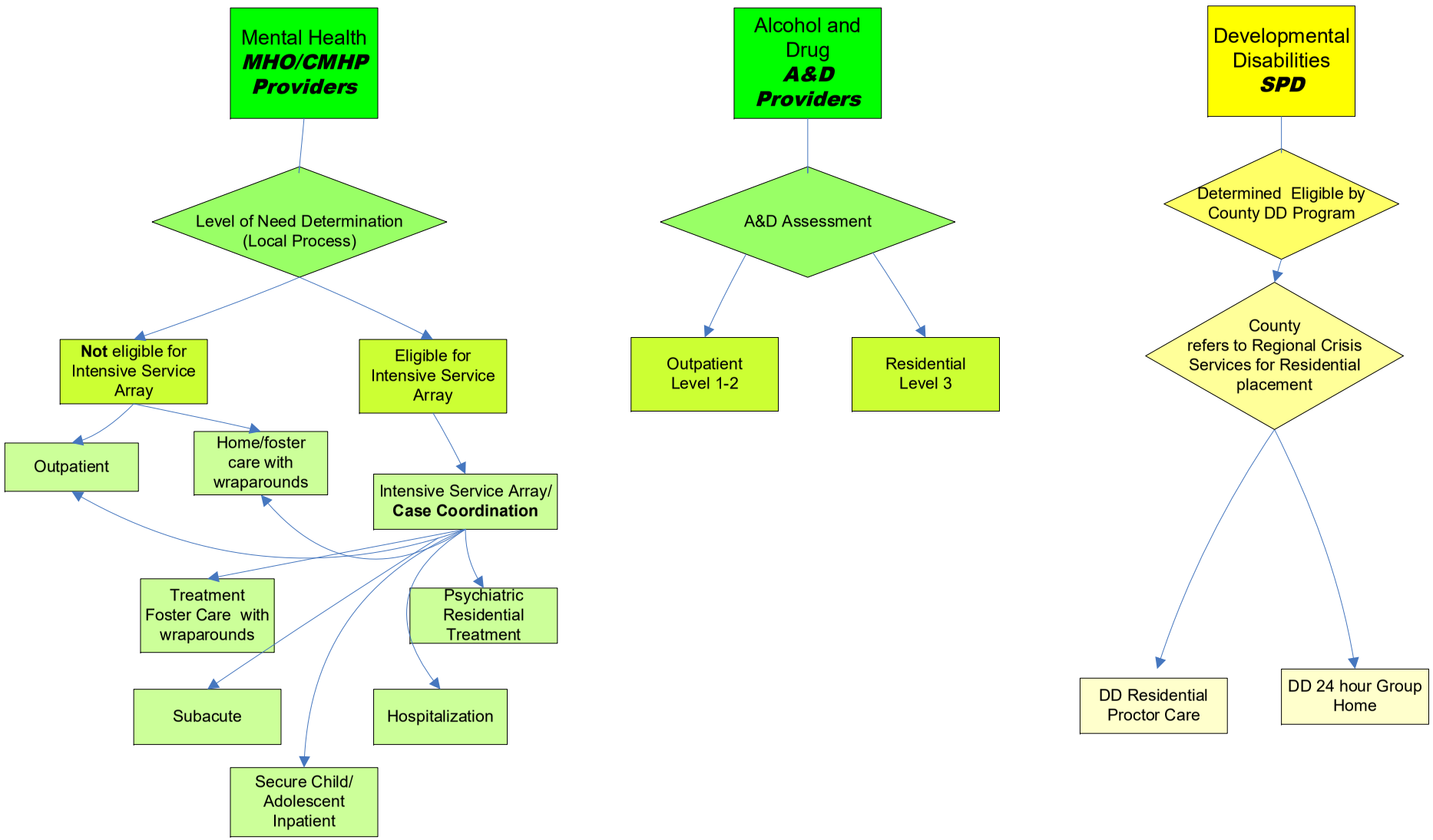
Appendix 5.4: DHS Child/Adolescent Residential Treatment Service Continuum

DHS Child/Adolescent Residential Treatment Service Continuum 1 of 2



DRAFT 7/29/05

DHS Child/Adolescent Residential Treatment Service Continuum 2 of 2



Chapter 5

Appendix 5.7: Who is responsible for what (when placing a child in SPD-funded foster care and residential resources)

Who is Responsible for What

(Co-Managed cases between Child Welfare and ODDS)

Who's Responsible for Obtaining/Providing/Assuring/Authorizing:	CW Paid With K Plan Services				CW Custody DD Paid Placement			
	CW	ODDS	FAM	CDDP	CW	ODDS	FAM	CDDP
Financial								
SSI Filing (if required)	X					X		
Maintain SSA Trust Account	X					X		
Payee for Child	X					X		
Social Security Card (if not currently receiving SSI)					X			
Birth Certificate	X		+		X		+	
Payment for Short Term Crisis/Respite Services	X							X
Payment for Placement as a result of CPS Assessment	X				X			
DCS Child Support Orders (if applicable)	X				X			
IV-E Eligibility Determination	X				X			
IV-E adjustment for room and board						X		
Clothing (beyond usual needs)	X				X			
Adoption Payment/Subsidy negotiation	X				X			
Notification of AA/GA Opening	X				X			
Medical/Eligibility								
Application for DD Eligibility Determination	X				X			
Processing of DD Eligibility Determination				X				X
Filing for Medical Card	X					X		
Obtain/Provide Medical Record	X		+		X		+	
Maintain Medical/Dental Treatment Record	X				X			+
Supply Med./Dental Update to CW/Guardian	X							X
Immunization Record	X		+		X		+	
Tracking of Medical/Dental Visits	X		+		X		+	X
Tracking of Medications	X				X			X
Mental Health treatment referrals & monitoring	X			+	X			+
Psychological Testing	X			+	X			+
Medical/Surgical Authorization	X				X			
Arranging for transportation to Medical/Dental	X		+		+		+	X
Placement and Services								
Identify Placement Resource	X	♦		+	+	♦		X
Arrange Transport to Placement	X				X			+
Cert./Lic. Of Placement	X	X		X	X	X		X

❑ Page 1 of 2

CW= Child Welfare FAM =Family * CPS = Child Protective Services
ODDS= Office of Developmental Disability Services
CDDP=Community Developmental Disability Program
X= Primary Responsibility + = Attend/Participate/Give input
♦ = Region will assume/participate if CDDP declines or requires support
Revised 9/09/14

Who is Responsible for What

(Co-Managed cases between Child Welfare and ODDS)

Who's Responsible for Obtaining/Providing/Assuring/Authorizing:	CW Paid w/ K Plan Services				CW Custody DD Paid Placement			
	CW	ODDS	FAM	CDDP	CW	ODDS	FAM	CDDP
Placement and Services Continued								
ODDS Level of Care				X				X
Individual Support Plan	+		+	X	+		+	X
Identify Visit Guidelines/Plan	X		+	+	X		+	+
Maintain Incident Reports	+		+	X	+		+	X
Out-of-State Travel Authorization	X				X			
Interstate Compact Placement	X				X			
I.E.P. Participation	X		+	X	X		+	X
Skill Training (related to the disability) for increased independence	+			X	+			X
Independent Living Program (ILP) – for eligible child if ILP services are appropriate	X			+	X			+
Child D & A Treatment	X				X			+
Transportation for parent/child visits	X		+	+	X		+	+
Legal								
Case Plan	X		+	+	X		+	+
Court Hearings and CRB's	X		+	+	X		+	+
Abuse Investigations	X		+	+	X		+	+
Adoption/Guardianship Planning	X			+	X			+
Referral for Adult Guardianships	X			+	X			+
Identify Adult Transition Plan –Age 16	X		+	X	X		+	X

❑ Page 2 of 2

CW= Child Welfare FAM =Family * CPS = Child Protective Services
ODDS= Office of Developmental Disability Services
CDDP=Community Developmental Disability Program
X= Primary Responsibility + = Attend/Participate/Give input
♦ = Region will assume/participate if CDDP declines or requires support
Revised 9/09/14

Chapter 5

Appendix 5.9: Adoption Home Study Prior to TPR

5.9 ICPC-- Adoption Home Study Prior to TPR

State	Yes	No	Comments
Alabama		X	
Alaska	X		
Arizona		X	
Arkansas	X		
California		X	Varies by county
Colorado	X		
Connecticut		X	
Delaware	X		Child must be placed in the home as a foster placement before the adoption home study is completed.
District of Columbia	X		
Florida		X	
Georgia		X	
Hawaii		X	
Idaho	X		If case plan is adoption
Illinois	X		
Indiana	X		
Iowa		X	
Kansas	X		If at least half-free
Kentucky		X	
Louisiana		X	
Maine	X		
Maryland		X	
Massachusetts		X	
Michigan		X	
Minnesota	X		
Mississippi	X		
Missouri	X		If TPR has been filed
Montana		X	
Nebraska		X	
Nevada		X	
New Hampshire		X	
New Jersey		X	
New Mexico	X		
New York		X	
North Carolina	X		
North Dakota		X	

Ohio	X		
Oklahoma	X		
Oregon	X		
Pennsylvania		X	
Rhode Island		X	
South Carolina		X	
South Dakota	X		
Tennessee		X	
Texas		X	Some regions will complete an adoption home study, but the TX ICPC office won't approve adoptive placement until the child is legally free.
Utah		X	Utah completes a dual Foster/Adopt study, but the UT ICPC office won't approve adoptive placement until the child is legally free.
Vermont		X	
Virginia		X	
Washington	X		
West Virginia		X	
Wisconsin	X		
Wyoming	X		

Chapter 5

Appendix 5.10: Medicaid Coverage for non-Title IV-E Children

5.10 Medicaid Coverage for Non-IV-E Children

State	Yes	No	Unknown
Alabama			X
Alaska	X		
Arizona	X		
Arkansas			X
California	X		
Colorado			X
Connecticut			X
Delaware	X		
District of Columbia			X
Florida	X		
Georgia		X	
Hawaii	X		
Idaho	X		
Illinois			X
Indiana		X	
Iowa	X		
Kansas			X
Kentucky		X	
Louisiana			X
Maine	X		
Maryland		X	
Massachusetts		X	
Michigan		X	
Minnesota		X	
Mississippi	X		
Missouri			X
Montana		X	
Nebraska	X		
Nevada	X		
New Hampshire			X
New Jersey		X	
New Mexico		X	
New York		X	
North Carolina	X		
North Dakota		X	
Ohio	X		
Oklahoma	X		
Oregon	X		
Pennsylvania		X	

Rhode Island		X	
South Carolina		X	
South Dakota	X		
Tennessee			X
Texas	X		
Utah		X	
Vermont	X		
Virginia		X	
Washington	X		
West Virginia	X		
Wisconsin	X		
Wyoming			X

Chapter 5

Appendix 5.11: Immunization schedule

Vaccine ▼ / Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–18 years
Hepatitis B[1]	HepB #1		HepB #2		HepB #3				HepB Series			
Diphtheria, Tetanus, Pertussis[2]			DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
Haemophilus influenzae type b[3]			Hib	Hib	Hib	Hib						
Inactivated Poliovirus			IPV	IPV	IPV					IPV		
Measles, Mumps, Rubella[4]						MMR #1				MMR #2	MMR #2	
Varicella[5]						Varicella			Varicella			
Pneumococcal[6]			PCV	PCV	PCV	PCV			PCV	PPV		
Influenza[7]					Influenza (Yearly)				Influenza (Yearly)			
Vaccines below red line are for selected populations												
Hepatitis A[8]									Hepatitis A Series			

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.

Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

Range of recommended ages

Only if mother HBsAg(–)

Preadolescent assessment

Catch-up immunization

Department of Health and Human Services
Centers for Disease Control and Prevention

The Childhood and Adolescent Immunization Schedule is approved by:
Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
American Academy of Pediatrics www.aap.org
American Academy of Family Physicians www.aafp.org

Chapter 5

Appendix 5.11a: Recommended immunization schedule for persons aged 0 through 6 years

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB		see footnote 1	HepB						
Rotavirus[2]			RV	RV	RV[2]						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	Hib[4]	Hib					
Pneumococcal[5]			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza[6]					Influenza (Yearly)						
Measles, Mumps, Rubella[7]						MMR		see footnote 7			MMR
Varicella[8]						Varicella		see footnote 8			Varicella
Hepatitis A[9]						HepA (2 doses)				HepA Series	
Meningococcal[10]										MCV	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: http://www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). ***(Minimum age: birth)***

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). ***(Minimum age: 6 weeks)***

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix® is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). ***(Minimum age: 6 weeks)***

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). ***(Minimum age: 6 weeks)***

- If PRP-OMP (PedvaxHIB® or Comvax® [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit® (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. ***(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])***

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

6. Influenza vaccine. ***(Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])***

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). ***(Minimum age: 12 months)***

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. Varicella vaccine. ***(Minimum age: 12 months)***

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA). ***(Minimum age: 12 months)***

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

10. Meningococcal vaccine. ***(Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])***

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7).
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

Department of Health and Human Services • Centers for Disease Control and Prevention

Chapter 5

Appendix 5.11b: Recommended immunization schedule for persons aged 7 through 18 years

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼ Age ▶	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis[1]	see footnote 1	Tdap	Tdap
Human Papillomavirus[2]	see footnote 2	HPV (3 doses)	HPV Series
Meningococcal[3]	MCV	MCV	MCV
Influenza[4]	Influenza (Yearly)		
Pneumococcal[5]	PPSV		
Hepatitis A[6]	HepA Series		
Hepatitis B[7]	HepB Series		
Inactivated Poliovirus[8]	IPV Series		
Measles, Mumps, Rubella[9]	MMR Series		
Varicella[10]	Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: http://www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). ***(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)***
- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

2. Human papillomavirus vaccine (HPV). ***(Minimum age: 9 years)***
- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.

3. Meningococcal conjugate vaccine (MCV).
- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
- Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

4. Influenza vaccine.
- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

5. Pneumococcal polysaccharide vaccine (PPSV).
- Administer to children with certain underlying medical conditions (see *MMWR* 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.

6. Hepatitis A vaccine (HepA).
- Administer 2 doses at least 6 months apart.
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

7. Hepatitis B vaccine (HepB).
- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).
- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).
- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

10. Varicella vaccine.
- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

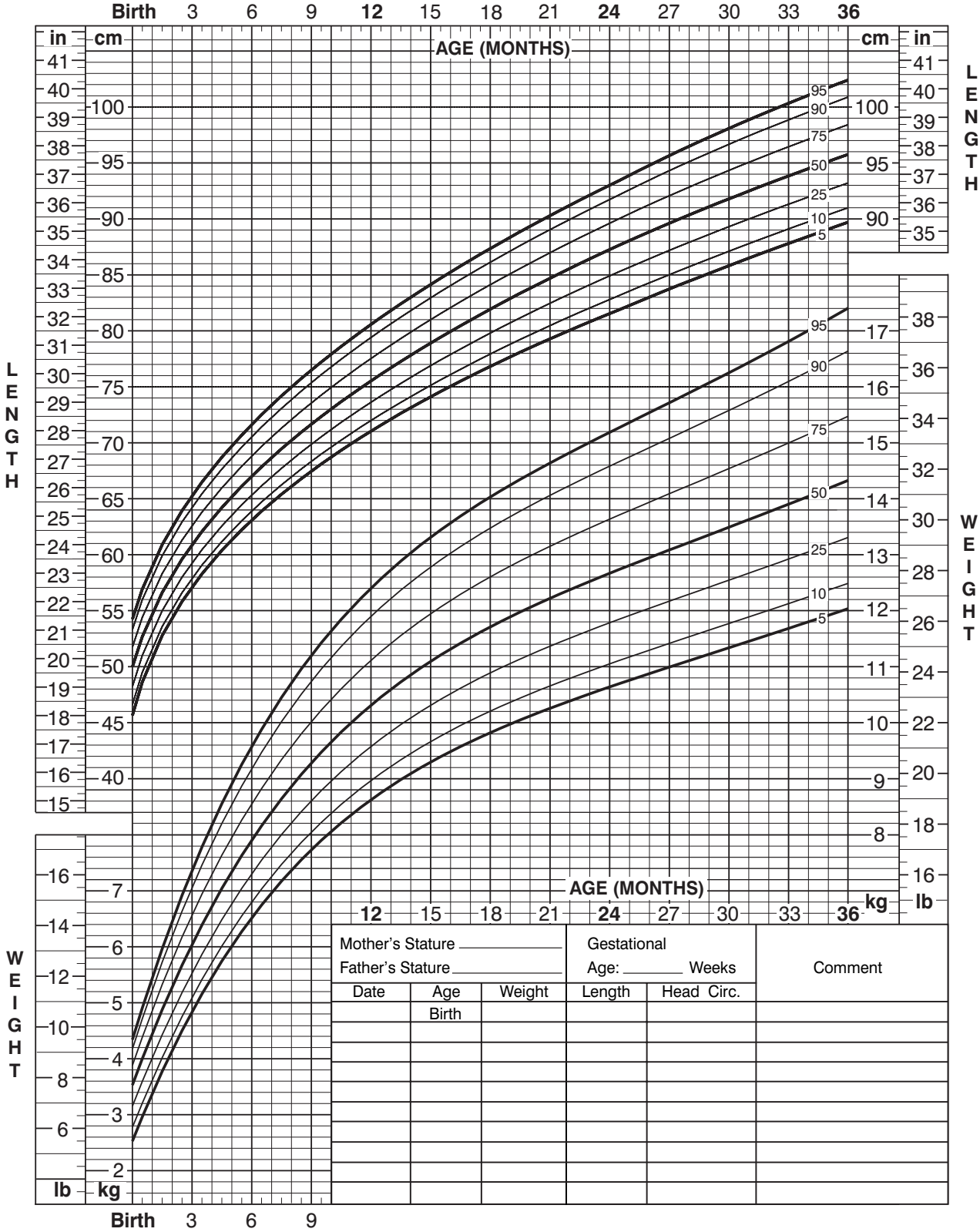
Chapter 5

Appendix 5.12: Percentile graphs

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Mother's Stature _____			Gestational Age: _____ Weeks		Comment
Father's Stature _____					
Date	Age	Weight	Length	Head Circ.	
	Birth				

Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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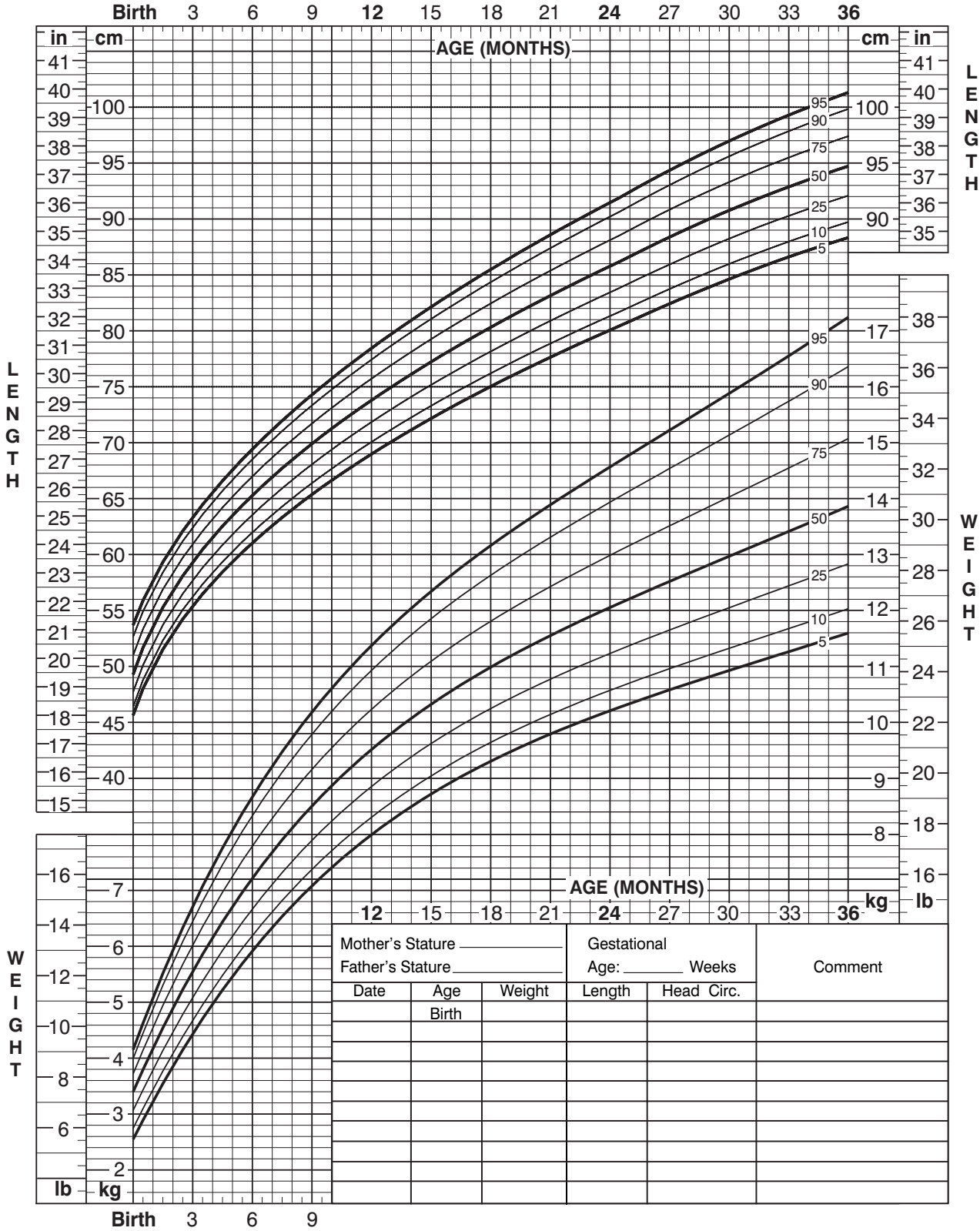
Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Mother's Stature _____			Gestational Age: _____ Weeks		Comment
Father's Stature _____					
Date	Age	Weight	Length	Head Circ.	
	Birth				

Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

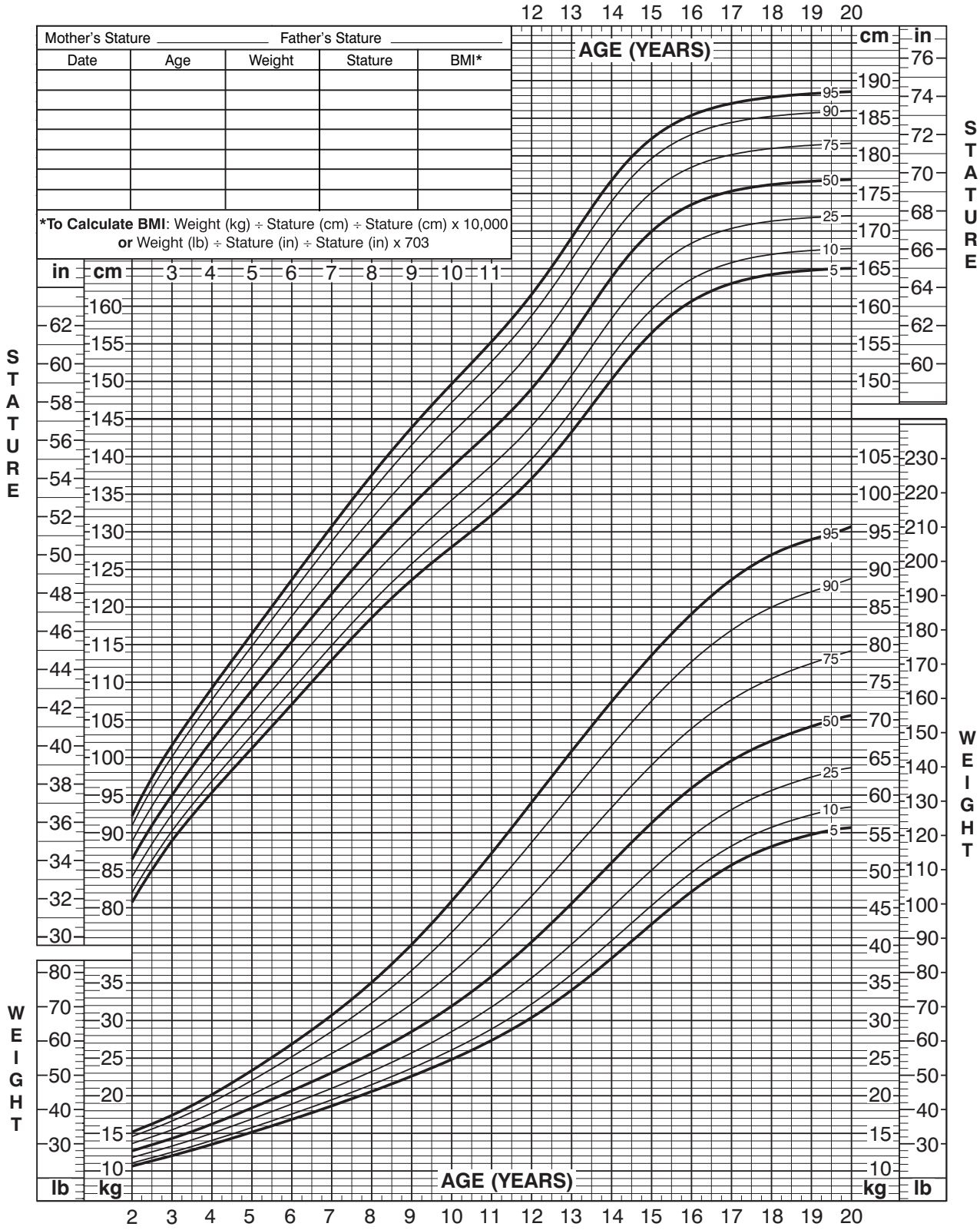
NAME _____

RECORD # _____

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

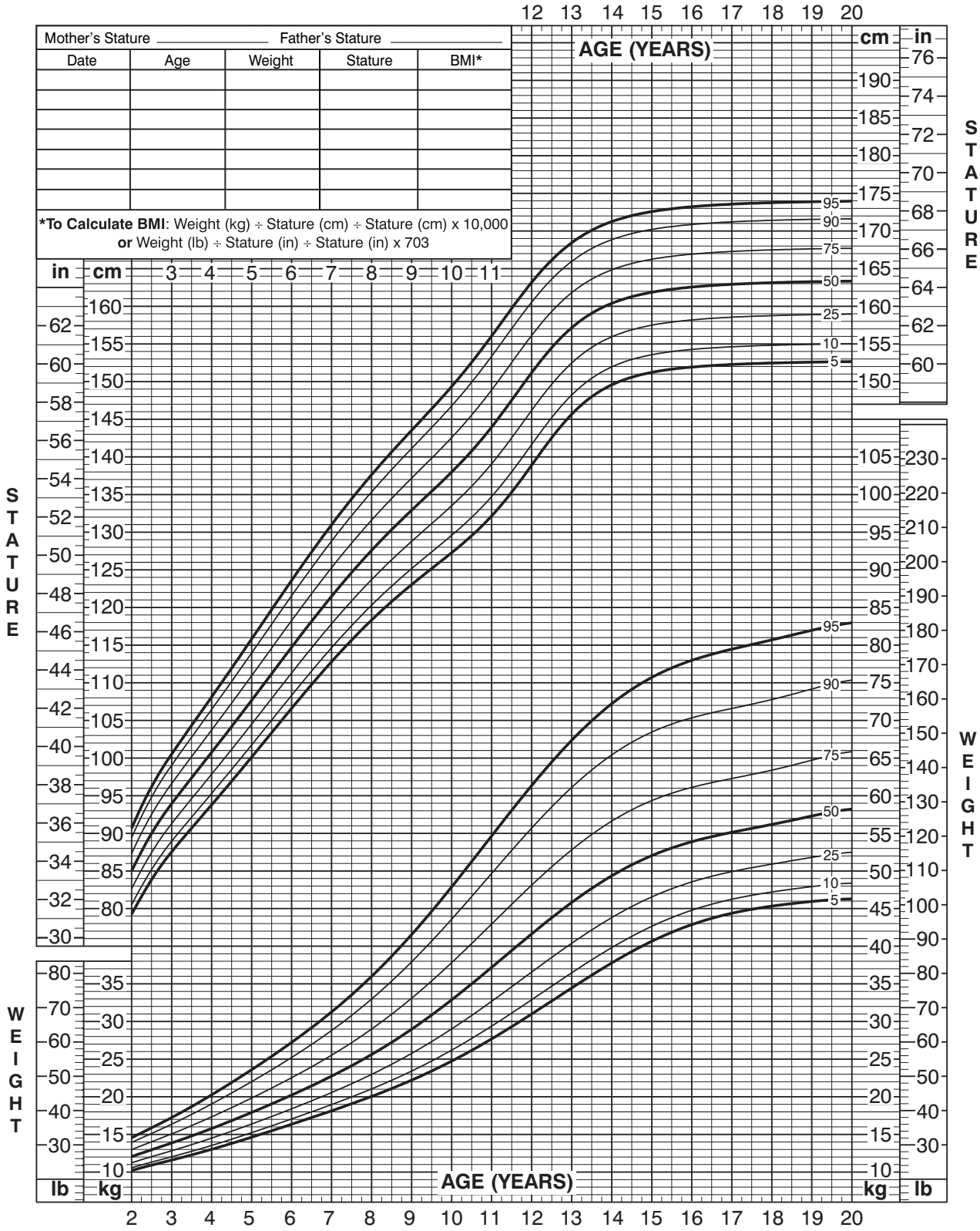
NAME _____

RECORD # _____

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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Chapter 5

Appendix 5.13: Housing Options Guide

Housing Options Guide

Introduction

This document has been created by the Independent Living Program State Advisory Committee (SAC). The SAC has dedicated this guide to the many youth who have transitioned out of care and those that have yet to transition out of the system. The SAC saw a need to have better informed youth, caseworkers, and supportive adults regarding the housing options available (or those needed) for youth once they left the foster care system. This Housing Options Guide attempts to inform youth, adults and the community of the types of housing needed to support a successful transition to adulthood. While every community may not have every housing option available, every community should strive to offer multiple housing options for youth leaving care. Housing options must take into consideration the needs of the young person – skill level, past opportunities to practice daily living skills, knowledge of adult life and decisions, and the youth's ability to function as an adult.

Some youth will need to have the opportunities to adjust to adulthood in supported increments. Other youth are ready and prepared to handle adult living with minimal supports.

This guide is intended to help youth and adults understand the demands placed on a young person based on the type of housing option selected. It is the ILP State Advisory Committee's hope that you as caseworkers or supportive adults will help youth determine the housing option best suited for them. Help youth understand that for many, adulthood and independence is successfully embarked upon in increments – slowly and intentionally.

Role of the DHS or Indian Child Welfare Caseworker

The DHS or Indian Child Welfare (ICW) Caseworker has ultimate planning authority for a child or young person in state or tribal care and custody. It is the role of the DHS or ICW worker to ensure a youth is informed of their options, involved in decisions that affect their lives and aware of how to obtain the skills necessary to accomplish their transition goals. Where a youth transitions after leaving the foster care system can have a lasting effect on the young person. A supported, prepared and well planned transition will position a young person for success in their transition to adult life. Statistics have proven that a hasty, unplanned, unprepared transition will result in a path of unproductive, ineffective moves and attempts at adult living.

Whether a young person is planning to participate in the on-going ILP housing services, access a one-time housing payment, or transition out of care without financial support from the Department, the DHS or ICW worker should take the following steps to ensure a youth has been prepared for the transition to adulthood:

Housing	Education	Employment	Health	Community Connections & Supportive Relationships
Development of Comprehensive Transitional Plan (CTP) at least 6-months prior to Housing setting, and as early as age 14. Include preparation of *Permanency Pact Agreement(s)*. Facilitate a FDM or YDM as necessary. Attend planning meetings and screenings (must be face to face). Planning must include decisions about legal relationship and work with attorney and Court to determine most appropriate plan. Review Housing Options Guide with youth.	Caseworker will participate in educational planning with the youth. Encourage & Support youth in application processes for higher education. Assist in accessing scholarship, ETV, prior testing, reference, etc.	Encourage & support youth in application processes for employment, assist in identifying personal reference. Provide youth access to personal documents necessary for employment (birth certificate, social security card, Oregon ID or driver's license).	Assist young person to update medical care: recent physical, dental, vision, medication schedule. Assist youth to learn to make medical appointments and be able to get a prescription filled as necessary. Assist young person in application for SSI. Assist youth to access the Former Foster Care Youth Medical program for OHP coverage to age 26 (must leave Foster Care at age 18 or older).	Help map out young person's community, identify support persons, emergency contacts, etc. Assist youth to complete or update the Youth Assessment Summary (CE69) form. Utilize the *Permanency Pact Agreement* to outline ongoing connections and support. Help youth think about what assistance he/she may need and who may be able to assist them. Determine if youth will need to have mail forwarded or if caregiver will allow youth to use their address for on-going mail needs.

Role of Courts

Courts/CRB

When a youth is preparing to leave their current substitute care setting to establish their own residence, the court will need to review the youth's abilities to determine if the youth is safely and successfully able and willing to maintain his or herself in the type of housing selected. The court must determine whether leaving a traditional substitute care setting will result in homelessness. To assist the court in making these decisions, the caseworker must provide a clear explanation of the youth's chosen housing setting, and a copy of the youth's comprehensive transition plan (CF 0069A). The court should assist the young person in transition by determining the most appropriate legal custody or lack of legal relationship that will support, not enable or restrict, a young person's ability to grow and make a successful transition to adulthood.

Attorney

The attorney should be invited to participate in, review and support a youth's comprehensive transition plan (CTP). The attorney should assist their client by determining the most appropriate legal custody or lack of legal relationship that will support, not enable or restrict a young person's ability to grow and make a successful transition to adulthood.

Court Appointed Special Advocates (CASA)

A CASA is in a unique position to inform both youth and adults. If the CASA has been able to forge a trusting relationship with a young person, the CASA should talk to the youth to determine what the youth's intentions are once they leave the foster care system. The CASA should be invited to participate in, review and support a youth's comprehensive transition plan (CTP). A CASA can check in with the youth periodically to determine if the youth is receiving the training and skill building necessary to successfully transition to the housing option of choice.

Role of Caregiver and Supportive Adults

Caregiver/staff
The youth's foster home is the ideal place to learn life skills and prepare for adult responsibilities. The teaching of life skills should begin the day a child or teen enters care. It is never too early to begin teaching skills necessary to succeed as an adult (decision making, goal setting, valuing education/life-long learning, money management, self-care, etc.). When a youth is planning to leave their substitute care provider to participate in one of the ILP housing programs and establish their own housing, the caregiver(s) and other supportive adults (mentors, family members, coaches, service providers) should assist youth with the following:

Housing	Education	Employment	Health	Community Connections & Supportive Relationships
Teach young person daily living skills such as the components of a safe living environment, cooking, cleaning, personal hygiene, minor home repairs, yard maintenance, etc. Discuss the pros/cons of roommates. Help youth plan and provide assistance in physically moving to new setting.	Assist youth with schoolwork and high school completion. Discuss options for post-secondary education or training - college tours. Help youth set goals for continued education or training.	Assist youth with career search and aptitude tests. Provide youth with opportunities to gain skills to improve employability. Allow youth to work if appropriate. Assist youth to obtain a driver's permit and license while still in your care.	Assist youth to update medical needs, physical health, medication schedule and teach how to get a prescription filled. Help obtain medical and mental health records or services prior to leaving your care.	Utilize the *Permanency Pact Agreement* to outline ongoing connections and support. Help youth think about what assistance he/she may need and who may be able to assist them. Determine if youth will need to have mail forwarded or if you will allow youth to use your address for on-going mail needs.

Former Caregiver/staff
Once a youth leaves, the caregiver may wish to maintain connections with the youth. This is encouraged and can be the beginning of a wonderful transition in the relationship. However, often youth are uncertain of the relationship boundaries. You should consider completing the *Permanency Pact* with a young person as they prepare to leave your care. This will help a youth to understand the opportunities for them to return or call when they need assistance or guidance from an experienced adult. You can find more information about a *Permanency Pact* at: http://www.fosterclub.com/files/PermPact_0.pdf. The *Permanency Pact* provides

you with 45 options for supporting a young person. Some of the suggestions are included below, as well as other opportunities for support once a youth has moved into their own residence:

Housing	Education	Employment	Health	Community Connections & Supportive Relationships
May provide young person a place to do laundry, occasional meal, place to celebrate holidays, etc. (see *Permanency Pact Agreement*) May continue to teach daily living skills such as cooking, cleaning, resolving issues with roommates, decision making, etc.	May continue to provide youth with homework assistance or tutoring.	May provide connections to employers, reference, or emergency contact for employment (see the *Permanency Pact Agreement*)	Check-in with youth regarding his/her medical needs, physical health, and medication schedule. If needed, help youth to obtain medical and mental health services.	Continue communication/support. Assist youth to utilize the *Permanency Pact Agreement* to outline ongoing connections and support. Forward young person's mail if necessary.

If you are not able to continue to support the youth after they leave your care, it is important that you assist them (while still in your care) to determine who else may be a supportive adult as they make their transition to adulthood. This is not always an easy task. However, it is a task that can be the difference between a successful transition to adulthood or a life long struggle to succeed.

Role of the ILP Provider

When a youth is receiving contracted ILP life skills training, the ILP Provider should be well aware of the transition plan goals. The ILP Provider should assist the youth to obtain the skills and documents necessary to transition to adulthood successfully. As soon as you are aware that a youth is planning to leave their substitute care provider to access one of the ILP housing programs, the ILP Provider should assist youth with gaining and practicing the following skills:

Housing	Education	Employment	Health	Community Connections & Supportive Relationships
Teach young person daily living skills (cooking, personal care, household management, money management, etc). Discuss the pros/cons of roommates. Ensure youth understands landlord/tenant rights and responsibilities. Help youth calculate costs of, and set a plan for, moving to new setting. Help youth understand and complete the ILP Housing forms to access monthly financial support.	Discuss options for post-secondary education or training and financial aid. Take youth on college tours. Assist youth with FAFSA/financial aid applications, college registration, and other post-secondary requirements.	Assist youth with career preparation and search. Provide youth with opportunities to gain skills to improve employability. Help youth to access job shadows or internships to begin a work history. Assist youth to understand the various methods to search for employment.	Teach youth how to schedule appointments and locate medical assistance (doctors, dentist, hospital). Assist youth to update medical needs, physical health, medication schedule and teach how to get a prescription filled. Ensure CTP has been completed listing youth's doctor. Explain the purpose and importance of having emergency contacts. Help youth identify low cost ways to stay healthy and exercise (nature walks, biking, yoga, YMCA, etc.)	Utilize the *Permanency Pact Agreement* (PPA) to outline ongoing connections and support. Help youth think about what assistance he/she may need and who may be able to assist them. Determine if the supportive adults listed on the CTP are willing to complete a PPA with the youth. Assist youth with community resources (post office, library, bank, emergency food boxes, DHS Self Sufficiency Program, Social Security Office, Employment Department, etc.). Assist youth to consider community clubs or events to meet new people and expand their support networks.

To find out more about the funding available to assist a youth with their transition to living independently, contact the DHS ILP Desk at 503-945-6619.

Boarding Homes Services provided	**Landlord/Caregiver/Staff**	**Youth/Young Adult**
Housing: Homes that provide individual rooms and may provide meals for boarders. May include shared facilities (dining, bathing, living room, etc.). May offer laundry facilities on site, not required. **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervision**- Minimal supervision is provided.	Provide safe, adequate home Have a rental agreement that will include rules of the program/house rules.	Young person should have basic skills needed for this level of independence such as personal safety, safe living environment, basic budgeting, personal hygiene, etc. Agree to household rules/rental agreement, able to cooperate with other boarders and housing staff. Youth must commit to continuing to enhance daily living skills needed to reside in and be responsible for own household –household maintenance/repairs, utilities, time management, etc.
Education: No component required by the Home.	No component required.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required by the Home.	No component required.	Youth will be gainfully employed if needed to sustain housing placement.
Health Care: No component required by the Home.	No component required.	Young person must commit to maintain own medical care: medication, counseling, appointments. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Housing will be accessible to community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	No component required.	Youth will learn and begin accessing community resources and connections.

Dormitory Housing 1. College/University Setting 2. Non College/University Setting	**Landlord/Residence Life Staff**	**Youth**
Housing: Multiple units in one setting as self-sustaining apartments or shared common areas; kitchen, bathroom, leisure/recreational. **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervised**- Residence Life staff on site	Established regular hours of on-site support. Develop and maintain positive relationships with all residents, confront inappropriate behavior when it occurs and take necessary follow-up measures.	Young person will need to prepare for some level of independence: meal preparation, personal safety, safe living environment, basic budgeting, etc. Agree to housing or program rules/ rental agreement, relate to resident assistant, cooperate with other residents.
Education: College/University Setting – Requirements set by College/University Non College/University Setting – No education program requirements.	Assist residents with knowing on campus or local resources.	Dependent of type of dormitory setting; educational based or non-educational based. Youth is expected to be working on some level of education, or skills training.
Employment: College/University Setting – No employment requirements Non College/University Setting _No college requirements	Assist residents with knowing on campus or local resources.	Young person in a non-educational setting will need to be gainfully employed to sustain housing placement. *Consider a prerequisite of employment if not educational based.
Health Care: Housing program does not directly provide this service although would promote and assist the young person with seeking services and a healthy lifestyle.	Promote and assist the young person with seeking services and a healthy lifestyle. Assist residents with knowing campus or local resources.	Young person must commit to maintain own medical care; medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Program will be connected to Community services such as transportation, education, health care, employment opportunities and/or College/University structure.	Assist residents with knowing on campus or local resources.	Young person must have abilities to shop for food, access transportation, post office, banking, identify support persons and networks.

Dormitory Housing: An important objective is to provide not just a place to sleep, but also opportunities for personal safety, personal growth and transitional support toward a less structured living environment. Dormitory Housing provides a trained Residence Life staff to support this objective by creating engaging activities and programs for the residence of the housing program.

Editorial note: A non-educational setting will require a public or private entity to provide the housing facility, and accompany program structure which includes a Resident Life staff for day-to-day support and oversight.

Host Homes Services provided	**Caregiver/staff**	**Youth**
Housing: A home that rents youth a room in a family or single adult's home. Basic facilities are shared and basic rules are implemented. Host home adults do not need to be licensed or trained. **Funding Options** – 1. Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. 2. Youth may pay using own funds or other assistance. 3. Privately funded. **Supervised** – Incidental supervision. *Note:* Great option for rural areas where housing is limited.	Host home provider is the primary individual responsible for the maintenance of the home, guidelines and facility. Host home provider may support, encourage and mentor the youth in their independence and hold the youth accountable to rules. Household rules should be explained and provided in writing whenever possible.	Agree to household rules; rental agreement, able to cooperate with host home provider and other members of the household. Youth must commit to continuing to enhance daily living skills needed to reside in and be responsible for own household – utilities, household maintenance/ repairs, etc.
Education: No component required.	N/A	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	N/A	Youth will maintain or obtain employment, or participate in employment activities.
Health Care: No component required.	N/A	Young person must commit to maintain own medical care; medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Housing will be accessible to community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	May model accessing community resources and making positive connections.	Youth will learn and begin accessing community resources and connections.

Live-in Adult/Peer Roommate Services provided	**Landlord/Roommate**	**Youth**
Housing: Live-in adult/peer roommate (or mentor) provides a situation in which a youth shares housing with an adult or student who serves as a mentor or role model. **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervision** – Minimal (dependent on agreement)	Provide safe, adequate housing. Will model positive daily living skills; safe living environment, cooking, cleaning, etc. Have a rental agreement that will include rules of the program/house rules. *May receive stipend for mentor activities. Roommate will have contact information for DHS caseworker.	Young person should have basic skills need for this level of independence; personal safety and safe living environment, advanced budgeting skills. Agree to rental agreement or house rules, able to cooperate with roommate, and neighbors. A roommate agreement is required. Youth must commit to continuing to enhance daily living skills needed to reside in and be responsible for own household – utilities, household maintenance/ repairs, etc.
Education: N/A	No component required.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	No component required.	Youth must be gainfully employed to sustain housing placement.
Health Care: No component required.	No component required.	Young person must commit to maintain necessary medical care; medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Housing will be accessible to Community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	Model accessing community resources and making positive connections.	Young person must demonstrate an ability to shop for food, access transportation, post office, banking, etc.

Scattered Site Apartments Services provided	**Landlords/Roommates**	**Youth**
Housing: Individual apartment, usually rented from a private landlord (may have roommates). **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervision** is not a primary component of this program.	Provide safe, adequate housing. Have a rental agreement/lease that outlines fees, payment due dates, and other requirements or expectations of renters.	Young person should have basic skills needed for this level of independence; personal safety and safe living environment, advanced budgeting skills. Agree to rental agreement, able to cooperate with landlord, and neighbors. Youth must possess daily living skills needed for residing in and maintaining own household – money management, time management, household maintenance/repairs, transportation, etc. If roommates, they will complete a Roommate Agreement detailing who is responsible for paying what bills or portion of each bill, which chores each roommate is expected to complete, and basic conduct expectations.
Education: N/A	No component required.	Youth is expected to be working on some level of education, or skills training.
Employment: N/A	No component required.	Youth must be gainfully employed to sustain housing placement.
Health Care: N/A	No component required.	Young person must commit to maintain necessary medical care; medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Apartments will be accessible to Community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	No component required.	Young person must demonstrate an ability to shop for food, access transportation, post office, banking, etc.

Shared Homes Services provided	**Caregiver/staff/ Landlord**	**Youth**
Housing: Home shared by several young adults who take full responsibility for the house and personal affairs. Shared homes may or may not have live-in adults. **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervision** is not a primary component of this program.	Provide safe, adequate housing. Have a rental agreement/lease that outlines fees, payment due dates, and other requirements or expectations of renters.	Youth must possess daily living skills needed for residing in and maintaining own household – money management, time management, household maintenance/repairs, transportation, personal safety and safe living environment etc. Agree to rental agreement, able to cooperate with landlord, and neighbors. All roommates will complete a Roommate Agreement detailing who is responsible for paying what bills or portion of each bill, which chores each roommate is expected to complete, and basic conduct expectations.
Education: No component required.	No component required.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	No component required.	Youth must be gainfully employed to sustain housing placement.
Health Care: No component required.	No component required.	Young person must commit to maintain necessary medical care: medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Housing will be accessible to community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	No component required.	Young person must demonstrate an ability to shop for food, access transportation, post office, banking, etc.

Mentor Foster Home **Services provided**	**Caregiver/staff**	**Youth**
Housing: Home where youth is placed with a community foster family specially prepared to provide training in independent living skills. Adults reside in the home. **Subsidized** – No, this is a paid sub-care placement. **Supervised** – transition appropriate supervision is expected, particularly during hands-on life skills practice sessions.	The foster parent provides supervised housing. Foster parents will complete a training course to be able to provide the necessary skills training and transitional support for the youth.	Youth should be able and willing to follow the rules and expectations of the home and learn the transition skills taught in the home.
Education: Provides support & assistance for youth's educational needs/goals.	Foster Parent will participate in educational planning with the youth. Provides support & assistance for youth's educational needs/goals.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	Assist youth with employment readiness skills. Support employment.	Optional -Youth could be working either full or part-time, depending on their situation.
Health Care: No component required.	Assist youth to update medical needs, physical health, medication schedule and teach how to get a prescription filled.	Youth would be in DHS care & custody and would have OHP health care. Young person must commit to maintain necessary medical care: medication, counseling. Demonstrate a willingness to live a lifestyle free of alcohol and drug abuse.
Community Connections: Home will be accessible to community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	Assist youth to become familiar with and learn to access community resources and connections while in the foster home.	Youth will become familiar with and learn to access community resources and connections while in the foster home.

Supervised Apartments **Services Provided**	Caregiver/Staff	Youth
Housing: A supervised apartment building is usually owned by an agency that houses youth in separate apartments and is supervised by live-in or overnight staff. **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • Privately funded. **Supervised**: moderate, live-in or overnight staff in a separate unit.	Provide safe, adequate housing. Will support youth with positive daily living skills: safe living environment, cooking, cleaning, etc. Have a rental agreement that will include rules of the program/house rules. Agency/staff will complete a training course to be able to provide the necessary skills training and transitional support for the youth.	Young person should have basic skills needed for this level of independence; personal safety and safe living environment, basic budgeting. Agree to rental agreement, able to cooperate with agency staff/landlord and neighbors. Youth must possess daily living skills needed for residing in and maintaining own household – money management, time management, household maintenance/repairs, transportation, etc.
Education: No component required.	No component required.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	No component required.	Youth must be gainfully employed to sustain housing placement.
Health Care: No component required.	No component required.	Young person must commit to maintain necessary medical care; medication, counseling. Demonstrate an ability to live a lifestyle free of alcohol and drug abuse.
Community Connections: Housing will be accessible to community services such as transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	Help model accessing community resources and making positive connections.	Young person must demonstrate an ability to shop for food, access transportation, post office, banking, etc

Transitional Homes/Programs Services will be time limited – based on youth's trans. plan.	Caregiver/Staff	Youth
Housing: Serves approx. 5-6 youth. Family style living that provides individual or shared rooms, meals, and mentoring. Includes shared facilities (dining, bathing, living room, laundry facilities on site, etc.) **Funding Options** – • Subsidy or Chafee funds may be paid directly to a vendor or the youth. If paid directly to the youth, youth is responsible for paying own room and board expenses. • Youth may pay using own funds or other assistance. • May be a paid sub-care placement. • Privately funded. **Supervised** - transition appropriate supervision is expected, particularly during hands-on life skills practice sessions.	Provides supervised housing. Caregiver/staff will complete a training course to be able to provide the necessary skills training and transitional support for the youth. Participate in the development of and support the Comprehensive Transition Plan (CTP).	Youth should be able and willing to follow the rules and expectations of the home or program and learn the transition skills taught in the home.
Education: No component required.	Will participate in educational planning with the youth. Provides support & assistance for youth's educational needs/goals.	Youth is expected to be working on some level of education, or skills training.
Employment: No component required.	Assist youth with employment readiness skills. Support employment.	Optional –Youth could be working either full or part-time, depending on their situation.
Health Care: No component required.	Assist youth to update medical needs, physical health, medication schedule and teach how to get a prescription filled.	Young person must commit to learning to maintain necessary medical care; medication, counseling. Demonstrate a willingness to live a lifestyle free of alcohol and drug abuse. If youth is a ward of the court, DHS-CW will provide OHP coverage.
Community Connections: Housing will be accessible to Community services such as public transportation, education, health care, employment opportunities and/or postsecondary education or training opportunities.	Assist youth to become familiar with and learn to access community resources and connections while in the foster home.	Youth will become familiar with and learn to access community resources and connections while in the transitional home or program.

Chapter 5

Appendix 5.14: Household Expectations and Guidelines

Household Expectations and Guidelines

These expectations function to foster mutual respect, encourage communication and harmony, and enhance personal growth. This worksheet is a tool for communicating the expectations and guidelines. The best use of this tool is to clarify measurable and observable outcomes. This is meant to facilitate a discussion and is subject to periodic review. This agreement is voluntary and made in good faith for the purpose of maintaining safety and well-being in the home.

Likes/Dislikes (food, music, extracurricular activities, etc.):

_____
_____

Phone/Texting Usage (making and receiving calls, whether with house phone or cellphone, appropriate/inappropriate times for texting; i.e., not at the dinner table, etc.):

_____
_____

Computer/Electronics/Media (time, website browsing, etc.):

_____
_____

Language (prohibited language (e.g., profanity, threats) and recommended language (e.g., courteous and respectful language):

_____
_____

Time Management (lights out/quiet time, meal times, curfew times, etc.):

_____
_____

Social Contacts/Friends/Dating (visiting in the home, staying at friends, dances, outings, etc.):

_____
_____

Identity Considerations (may focus on a number of different areas including cultural, religious, spiritual, gender and sexual identities):

_____
_____

Respecting Privacy/Personal Space/Boundaries in the home (restricting areas, knocking before entering, etc.):

_____

_____

Respecting Personal Possessions (using something that belongs to someone else or lending your belongings to someone else, getting permission, etc.):

_____
_____

Encouraged Behaviors (sharing responsibility in specific household chores, responsible medication management, voicing personal or relational struggles, talking through disagreements respectfully, etc.):

_____
_____

Unacceptable Conduct (e.g., whereabouts unknown, drug & alcohol use/abuse, not home when expected, any type of aggression, etc.):

_____
_____

School/Employment/Volunteer Opportunities (priority, goals, study/work/volunteer hours, etc.):

_____
_____

Money/Income/Budgeting (saving a certain percent, budgeting for bills, car, gas, phone, etc.):

_____
_____

Other (hygiene, cigarette smoking, pets, special considerations, miscellaneous):

_____
_____

Rewards/Incentives/Corrective Actions (conditions/violations, expectations, outcomes, etc.):

_____
_____

Signature of Young Adult Date

_____

Signature of Caregiver/Provider Date

_____

Chapter 5

Appendix 5.15: ILP & Transition Services Availability

ILP & TRANSITION SERVICES AVAILABILITY

I,_____ (youth's name), have been offered independent living services through the Independent Living Program (ILP) by my Department of Human Services (DHS) Caseworker or Tribal Caseworker, _____ (DHS/tribal caseworker).

I have reviewed the following ILP and other Transition services available with my 0 ILP worker or 0 DHS/Tribal worker. I also understand that I can decline services now and still have the option to request Independent Living Services or Transition Services in the future, if I meet the following eligibility requirements:

Independent Living Program Services:

I. I am eligible for ILP services while in foster care (including life skills training, Discretionary Funds and Educational & Training Voucher),

II. I may request Voluntary ILP services after I am discharged from care if I have been in the care of DHS, or one of Oregon's nine federally recognized Tribes, for at least six months at time of discharge and was dismissed from care at age 16 or older. I must access services prior to the age of 21.

III. I can only be eligible for ILP Chafee Housing if I am discharged from care and custody on or after my 18th birthday. I understand that there are additional requirements involved should I choose to participate in the Housing program.

IV. I have also been made aware of the availability of the Chafee Education and Training Grant – financial assistance for postsecondary education and training, up to $5,000 per academic year (based on need) until I access ETG for 5 years or turn age 23, whichever comes first. Eligibility is the same as items 1) or 2) above (I must be enrolled/attending an eligible post-secondary school or training program and making satisfactory academic progress by age 21). I can apply and receive funds without an active DHS case. I must apply annually, at: http://www.oregonstudentaid.gov/chafeeetv.aspx

V. I may request that my DHS caseworker allow me to attend a driver's education course at the expense of DHS while in care, or as a former foster youth if I am enrolled with an Oregon ILP Provider and actively engaged in services.

Other Transition Services:

I. I am eligible for the Independent Living Housing Subsidy Program at age 16, or older, if I am in the care and custody of DHS. I understand I must be enrolled for ILP skill building services, and there are additional requirements that must be met to be deemed appropriate for the Subsidy Program. I also understand that I will no longer be eligible for the Subsidy Program if I am terminated from DHS care and custody.

II. I can only be eligible for the Former Foster Care Youth Medical (FFCYM) Program if I am discharged from care and custody on or after my 18th birthday. I understand I must work with my DHS caseworker to complete the appropriate application before I leave care. The FFCYM Program will provide OHP coverage until my 26th

birthday. The application can be completed any time before my 26th birthday.

III. I may qualify for the Oregon Tuition and Fee Waiver if I have been in the custody of DHS, or one of Oregon's nine federally recognized Tribes, for at least six months (180 days) at the time of discharge, and left my final foster care placement at age 16 or older. I must enroll for college and file my FAFSA prior to the age of 25.

IV. I understand DHS is required to obtain a copy of my credit report for me if age 14 or older (at age 18 I must sign a release to have DHS obtain a copy of my credit report for me, or obtain my own copy). I also understand that by declining ILP services at this time, there are additional skills training and information related to money management, protecting my identity and maintaining good credit that I may not receive.

In addition to the above, I have been informed that if I meet the eligibility requirement for number 2 (page 1), I will remain eligible for ILP skill building services until my 21st birthday and Chafee Education and Training Voucher/Grant until age 26. To access services after my case has been closed, I will need to return to a local DHS office and request voluntary ILP services.

By signing below, I am confirming that I understand the services and benefits available and I have chosen not to participate in Independent Living Program services at this time. I may be re-referred for ILP services at a future date.

Youth's Signature: _____ Date:_____

ILP Worker's Signature: _____ Date:_____

ILP Agency Name:_____

DHS/Tribal Caseworker: _____ Date:_____

Chapter 5

Appendix 5.16: New Technology: Recommendations & Guidelines

New Technology: Recommendations & Guidelines

Overview

In today's world, it is important that children & young adults entering the workforce be technologically literate. Unfortunately, children in the child welfare system often have less computer access and use due to residential instability, educational discontinuity, and other environmental obstacles*. It is critical that young people in foster care are not left even farther behind their peers due to a digital divide.

Foster parents of adolescents must often weigh risks versus rewards when making decisions about the activities of youth in their care. In the same way, caregivers must ultimately use their best judgment when deciding whether to provide access to new technologies and in supervising the online activities of young people in their care. Recognizing these challenges, we have opted to issue a series of guidelines rather than make policy recommendations. For the purposes of these guidelines, we've addressed the use of technology by adolescent-aged young people (the Center for Disease Control defines adolescence from age 10 to 24).

Restricting access to the internet and other technology on the basis of age is extremely hard to get right and, where the internet is concerned, has tended towards a 'blanket 18 and under' and '18 and above' approach. However, there are clear differences in maturity and development between a 12-year-old and a 17-year-old. Two sixteen year olds, in fact, may have very different levels of maturity. Issuing recommendations on age alone would be unreasonable. Therefore, age recommendations have not been addressed in these guidelines and judgment of the maturity level and dependability is left to those who know the young person, their caregiver and caseworker.

Roles

A balance between benefits and safety are best kept in check by a team of people concerned with the youth's best interest.

Foster Parent and Caregiver role

Foster parents and caregivers should develop, at minimum, an understanding of the benefits and challenges of the technology most used by young people, including social networks, email, and texting. As the primary caregiver of the child/youth, foster parents are responsible for educating the youth on internet safety. Caseworkers, certifiers, and other involved adults also hold these responsibilities and ought to ensure that foster parents have the skill necessary to accomplish this task. Rules for a particular youth should not be based on the actions of another youth or group or media story; it's important to view youth as individuals and not bar them from technology based on the inappropriate actions of others.

Child Welfare Worker role

It is necessary that case workers learn to use technology and social networking sites to connect with young people they work with, so they can better understand issues of appropriateness and safety. Caseworkers need to discuss internet safety with youth on a regular basis and assess the youth's ability to use technology in a responsible manner. Caseworkers should also check in with foster parents and refer them to training on internet safety if needed.

**Source: Kerman, Ben. (2000) Foster Care Program Needs Assessment: Results Of The Foster Parent And Foster Youth Interview, Casey Family Services, New Haven, CT*

Certifier's role

The certifier's role includes discussing each child's use of the internet and Social Networking Sites (SNS) with the Foster Parent. Certifiers will assess training needs regarding internet safety and refer to appropriate training resources.

Young peoples' role

Young people must be responsible for their own actions, online and otherwise if youth are provided access to technology.

Guidelines

Internet Access

Control over allowed websites and filters can be utilized to protect youth. Young people in foster care should be allowed (with appropriate supervision) access to the internet and taught to use it responsibly.

Supervision

The level of supervision for using the internet is determined based on a youth's age, maturity, and trustworthiness. Supervision of a youth's internet use may fall to many, including teachers, but primary responsibility rests with foster parents.

Rules

Foster parents and caregivers should discuss the internet rules for their home with each young person. Below are links to well-known and authoritative guides with advice for safety on the internet:

http://safetynet.aap.org

http://www.wiredsafety.org

DHS has developed an Internet Usage Agreement for Foster Parents and Youth which is available through the ILP Desk.

Self protection

Responsible youth development includes equipping youth to interact with technology in a safe way. Young people should be taught to protect their personal information, passwords, and privacy.

Joining online social networks

The minimum age to sign up for a Facebook account (and many other Social Networking Sites "SNS") is 13. Youth are strongly advised to set privacy settings to private or semi-private, to protect against interaction with strangers. Caregivers and youth workers may wish to make a condition of use of a "SNS" to have the youth "friend" them, allowing access to view photos, messages, videos, and other activities. Be aware that some social networking sites have more stringent default privacy settings, such as Facebook and FosterClub.

Email

Young people age 13 and older should be allowed to have an email address. If there is ever a concern about safety, appropriate supervision needs to be implemented. Email should be treated under the same rules as postal mail.

Only in instances where there is reasonable cause to suspect misuse or inappropriate activity should a youth's email be checked by a responsible adult. Email sent to and received from a caseworker, ILP provider, attorney, CASA, or therapist is private and should only be read by the foster child/youth.

Sibling communication

The loss experienced by children who must be separated from family members is compounded by the loss of contact with siblings. Separated siblings need to maintain connections with each other.

Communication using the various tools the internet has to offer can help siblings stay connected. Sibling communication via the internet is immediate and beneficial, but should not be considered a substitute for actual time spent together. Sibling connections are important, and should not be limited unless there is a court order or other extenuating circumstance.

Birth family contact

In addition to regularly planned visitation, communication with the biological and extended family could be facilitated through "Virtual visitation," or visits by video chat, IM, or other technology–assisted contact. This would be a supplement to in-person visitation, not a replacement and virtual visitations must follow the same guidelines in the youth's visitation plan.

Family finding

When the case plan allows and a youth is interested in using the internet for "family-finding" they should be partnered with a supportive adult to guide them in their efforts, receive training, and be held accountable to follow rules around safety and confidentiality.

Posting of photos and video

Young people ought to be allowed to post photos and video including images of themselves, except in situations where doing so would expose the young person to harm from a previous abuser (i.e., the child is in hiding) or the young person has demonstrated poor judgment. Caregivers should be allowed to post photos of their family, including foster youth, so long as there is no indication that the youth pictured are in foster care (no last names-initials used) and the youth's consent is given.

Cellphones

Cellphones are a primary "instrument of communication," and it is in the best interest of young people to learn and practice managing the finances of phone ownership prior to aging out of foster care. If a foster youth comes in to a home with a cellphone, contact the caseworker for any instructions. Caregivers should not be required or made to feel compelled to co-sign or financially support the cost of a cellphone.

If there is some court restriction on whom a child/youth can have contact with, then this needs to be monitored. If the cellphone use is interfering with the child's ability to function in school or in the home, some plan related to the specific behavior, designed to improve functioning, needs to be developed and implemented. A collaborative problem solving approach is suggested.

If the child is struggling with current behavioral or mental health issues that are exacerbated by the quantity or quality of cellphone use, we would recommend incorporating possible solutions into any plan developed regarding cellphone use.

In developing any cellphone use plan, consider including the child, child's parent, foster parent, and the caseworker as part of the development team. In addition, consider utilizing input from a mental health worker or other significant person (to the child).

Beyond safety or issues related to functioning, we do not feel the child/youth's use of the cellphone should be restricted.

Tip

A "Suggested Use Agreement" template was developed along with these guidelines. The template is designed to assist foster parents and youth to mutually determine a safe plan for allowing the teen access to technology. The Suggested Use Agreement is available through the DHS ILP Desk (503-945-5684).

Chapter 5

Appendix 5.17: Preparation for ILP Housing Programs Screening Study Guide

Preparation for ILP Housing Programs Screening Study Guide

The following questions were created to help young people be more prepared when addressing the Housing Screening Committee. If you are considering applying for one of the ILP Housing Programs, you should take time to review this document prior to your housing screening (Subsidy or Chafee). The Screening Committee will ask you questions that pertain to the information below – you must be prepared to answer and show documentation if requested.

Yes, No, or N/A: How would you answer the following questions?

I. Do you have a copy of your birth certificate in your possession?

II. Do you have a state approved photo ID?

III. Do you have your social security card or know your social security card number?

IV. Do you have a library card?

V. Do you own a car?

VI. Do you have a checking account?

VII. Do you have a savings account?

VIII. Do you have your FYI Binder with important names and numbers? (If yes, please bring it.)

IX. Have you completed a class with your ILP regarding roommates (how to maintain your apartment; how you can lose your apartment)?

X. Do you have full-time employment?

XI. Do you have your high school diploma or GED?

XII. If planning to attend college, have you submitted your financial aid application? Do you have your ETV application done?

XIII. If appropriate, have you signed a voluntary for ILP services?

XIV. Have you contacted or visited your college financial aid office and admissions office?

XV. Have you filled out and turned in an OHP application, if terminating foster care?

Please consider the following questions. How would you explain the ways or people who will help you be successful with your education goals? You can list notes to help you be better prepared to respond to the following questions:

Education

I. If you are going to attend college who do you contact and what is the phone number to the financial aid office?

II. What are your educational costs? Tuition, books and fees. If you do not know please call your college administration office.

III. If available, attach your award letter from financial aid.

IV. How do you lose your financial aid? If this happens, what would you do about it?

V. What will you do when your classes get tough?

VI. Who would you contact if you needed a tutor for school?

VII. What is the phone number to the administration office and counseling center at your college?

VIII. How will you set up your study time? College classes are not usually 8:00 to 3:00; how will you balance school, study time, and other activities?

Money Management

I. What is your budget? Attach a budget form (provided by ILP).

II. Following a budget is difficult. How do you plan to follow one?

III. Name two people (including phone numbers) who can help you balance your budget and stay on track.

IV. Do you know how to balance your checking account?

V. Who could you borrow money from in an emergency?

VI. Where do you purchase a money order? Where do you buy stamps? Please name three places for each.

VII. What will you use for transportation? How much will it cost?

VIII. When you own your own car what expenses will you incur (don't forget the hidden expenses)?

IX. How much money do you usually spend on clothes? How will this change when you live on your own?

X. What are the rules for Chafee Housing regarding your income, savings, expenses, employment and education?

XI. You will occasionally be asked for receipts. What kind of filing system do you have? If you don't have one, what would be helpful for staying organized and storing documents?

Housing

I. If you need a co-signer for your apartment who will you ask?

II. How do you find housing available within your budget?

III. If you already found affordable housing, what is the address?

IV. What is your phone number?

V. What deposits are due before you can move in? How much?

VI. What utilities are included in the rental? Is there a deposit for your utilities? How much is it? (You will

probably need to call the companies to get this info.)

VII. How will you meet these needs?

VIII. Attach a completed rental application.

IX. How will you pay for start-up groceries?

X. Provide three examples how to save money at the grocery store.

XI. Your new landlord wants two letters of recommendation, who would you ask? Have you asked them?

XII. Where will you get the furniture you need for your new apartment?

XIII. What other items will you need for your new place? Please list them.

XIV. How do you start receiving mail? What do you do if you don't want your mail to come to your house?

XV. What is the cost of your cellphone? Can you find a cheaper plan?

XVI. Where will you do your laundry? How much will it cost?

XVII. Where could you stay in case of an emergency? Name and address please.

XVIII. If you were evicted from your apartment where could you store your things? Name and address please.

Employment

I. Are you employed? What are your plans to occupy 36 hours of your week? Please give proof of employment, education or volunteer hours.

II. If you are employed are you in good standing? Do you arrive on time and work when needed? Do you have any warnings from your employer?

III. How long have you been employed at this location?

IV. Do you have benefits like health insurance at your work?

V. What is your wage? How many hours do you work in an average week?

VI. Do you like your job?

Health/Support

I. What plans do you have in place to take care of your physical and mental health needs? How will you handle the stress of living on your own? Please give good examples.

II. Where do you go for mental health needs? Name and phone number please.

III. What do you do for entertainment? How much does it cost? What are 10 things you can do for free?

IV. Tell me how non-prescribed drugs and alcohol can affect your life. Be specific.

V. If you take prescribed medication, what is your plan to stay on track with your dosage(s)?

VI. You are running out of grocery money, where do you go for help. Be specific, i.e. name and address.

VII. If you need birth control, but have no medical insurance, where would you go? Be specific, what is the phone number?

VIII. Write the names and addresses of two supportive adults in your life who you can call after you leave care.

IX. Where will you spend your holidays? Have you asked them?

X. Do you have a mentor? What is your mentor's name?

XI. Where could you make a local or long-distance phone call if you had no money and no phone?

XII. Where do you go for free or inexpensive legal advice? Specific name please.

XIII. Who would you ask for help if you needed to fill out difficult forms?

XIV. Do you know anyone that could help you fix a car, a bike, or repair simple household items? Who?

If you can answer the above questions and have plans in place to stay on track with your goals for transitioning to adulthood, you may be a good candidate for the ILP Housing Program.

Tip

Don't be afraid to ask your ILP or DHS worker for help. They can assist you with knowing where to find the resources you need to be successful. Planning ahead, being prepared, and being willing to ask for help when needed are the keys to being a successful adult and managing adult responsibilities.

Chapter 5

Appendix 5.18: Requirements at Independence: "Transition Tool Kit" Checklist

Requirements at Independence: "Transition Tool Kit" Checklist

When the Court relieves the Department of custody of the youth /young adult, the caseworker must provide the youth or young adult with a "Transition Tool Kit." These are the essential documents, written records, and official forms that youth transitioning out of care need to have regarding their medical history, for employment purposes, or to continue their post-secondary education. It is important to sit down with the youth to go through the information and to be open to answering questions of significance to them. Most of these important documents should already be in the case file. If they are not, then the caseworker should start to gather these at least 60 days prior to the court hearing (some will take longer to obtain, so the caseworker should plan accordingly). This includes:

I. Information about family/placement history/tribal affiliation unless the information would endanger themselves or another child.

II. Location & status of siblings & contact information the child/young adult can use should he/she want to obtain this information in the future unless the information would endanger themselves or another child.

III. Health and immunization records, including whether they have been informed of their right to identify a Health Care Representative and complete an Oregon Advanced Directive. The OHP application for the Former Foster Care Youth Medical Referral Form should have previously been completed with the youth, but if there are questions or additional assistance is required, contact the OHP Customer Service at: 1-800-699-9075 or www.ohp.oregon.gov for more details.

IV. Birth Certificate (original, with copy in file as the majority of situations requiring a birth certificate as documentation require the original).

V. Official proof of citizenship or residency (JIJS card).

VI. Social Security Card (original, as the majority of situations requiring a social security card as documentation require the original).

VII. Driver's License or other form of state photo ID.

VIII. If applicable, copy of parent's death certificate.

IX. Written verification of placement in substitute care through the Department or one of the recognized tribes between the ages of 14 to 18. This information will assist a youth should s/he decide to move out-of-state and attempt to access Chafee ILP or ETG services.

X. Copy of the youth's credit report.

XI. Provide youth with a copy of the Services Availability Letter.

Chapter 5

Appendix 5.19: Notification of Pending Termination sample letter

[Date]

Youth's Name, Case #
Mailing Address
City, State, Zip

RE: Notification of Pending Termination

Dear [youth's name],

This office has been advised that you are out of compliance with your Housing Services Performance Agreement [and Exception – if applicable], dated / / . You have failed to [list why she is not in compliance here]. Therefore you are out of compliance with the Independent Living Housing Program requirements.

If you wish to remain on the ILP Housing Program, you must complete the following: [List what she will need to do to remain on the program here, may be specific one-time tasks or on-going expectations...]

You have 15 days from the date of this letter to provide the necessary documentation of your compliance. Failure to do so will result in termination from the [Subsidy or Chafee] Housing Program. If you are terminated, you must wait at least 30 days before re-applying to the ILP Housing Program. Please contact me at [phone number], for further assistance. No further notification will follow.

I appreciate your timely attention to this matter,

[DHS worker's name]
Social Service Specialist I

cc: ILP Worker,
DHS ILP Desk Fiscal Assistant, Salem

Chapter 5

Appendix 5.20: Exception to OAR 413-030-0410 - Resources Researched sample

DHS | Oregon Department of Human Services
CHILD WELFARE

Exception to Policy 413-030-0410 – Resources Researched

Note: Youths in the Independent Living Housing Subsidy Program use this form to ask for a one-time exception to Policy 413-030-0410 in order to receive the full housing subsidy. Youths must be in the "step-down" phase of the program to request the exception.

Indicate the names and locations of the resources you have contacted for help before asking for the exception. Examples of potential resources for rental assistance and other needed supports: 211, Self Sufficiency Programs (TANF/SNAP), community warehouses, charitable organizations, local churches, HUD

1. Resource contacted and step taken to contact:
Was assistance received? ☐ Yes ☐ No
If yes, what?

2. Resource contacted and step taken to contact:
Was assistance received? ☐ Yes ☐ No
If yes, what?

3. Resource contacted and step taken to contact:
Was assistance received? ☐ Yes ☐ No
If yes, what?

Please attach a separate form if you have contacted more than three organizations

Note: List on the Exception Form (DHS0088) any additional organizations you plan to contact during the month you are requesting an Exception to Policy 413-030-0410. (Complete sections A, B, E and F in DHS0088.)

Chapter 5

Appendix 5.21: Chafee Medical Program Flyer

DHS
Oregon Department of Human Services

DID YOU LEAVE OREGON'S FOSTER CARE SYSTEM AT AGE 18 OR OLDER?

ARE YOU UNDER AGE 26 AND IN NEED OF HEALTH INSURANCE?

IF SO, APPLY FOR FORMER FOSTER CARE YOUTH MEDICAL (FFCYM) PROGRAM COVERAGE. HERE IS HOW YOU GET IT.

As a young adult who aged out of Oregon's foster care system or Oregon Tribal foster care and residing in Oregon, you are eligible to enroll in the Former Foster Care Youth Medical Program! Just follow these steps:

1. Get an application and apply:
   - Request an application from your DHS caseworker, Independent Living Program provider or FosterClub Representative.
   - Apply Online: oregonhealthcare.gov
   - **Make sure to indicate you are a former foster youth.**

2. You will be asked about what services, providers, and the medical plan you prefer. Your FFCYM coverage will be effective the day your application is received by the Oregon Health Plan (OHP).

3. Keep OHP informed of your current mailing address.

Once these 3 steps are completed, OHP will mail you a medical card and information regarding your medical plan. *It is that simple!*

****

For assistance

- **Call OHP Customer Service**: 1-800-699-9075 or 711 (TTY)
- **Contact a community partner or insurance agent for free help, find them at:** http://www.oregonhealthcare.gov/get-help-2.html
- **Call FosterClub:** (503) 717-1552

Additional details and resources are available at the **ILP website**: http://www.oregon.gov/DHS/children/fostercare/Pages/ind_living/resources.aspx

Like our Facebook page at **Oregon ILP**

Chapter 5

Appendix 5.22: ILP Services and Funds Matrix

Eligibility – Independent Living Program (ILP) Services and Funds Matrix – DHS Child Welfare (CW) & Indian Child Welfare (ICW) Teens

This Matrix is for the purpose of summarizing ELIGIBILITY for services. A youth must have an open case to receive ILP services (exception is ETG).

Youth's Age Range	Days in CW or ICW Substitute	Type of Out-of-Home Care or placement	CW or ICW Custody	Case Status	ILP skills Training	ILP Discretionary Funds	IL Housing Subsidy*	Chafee Housing**	ETV funds ***	OHP/Medicaid to Age 26
14 – not yet 18	1 or more days	Voluntary Placement Agreement (CF499)	Not in custody	Active/ Open	Yes, if age 16 or older	Yes	NO	NO	Yes, if age 16, + 180 days FC	NO
14 – not yet 18	Less than 180 days	Voluntary Placement Agreement (CF499)	Not in custody	**Closed**	NO	NO	NO	NO	NO	NO
16 – 20	More than 180 days	Voluntary Placement Agreement (CF499)	Not in custody	**Closed** age **16+**	Yes	Yes	NO	NO	Yes	Must exit care at age 18+
14 – not yet 18	Less than 180 days	All other CW or ICW sub-care & Vol. Custody - CF1005	In custody	Active/ Open	Yes, if age 16 or older	Yes	Yes, if age 16 or older	NO	Yes, if age 16, + 180 days FC	NO
14 – 20	**Less than 180 days**	All other CW or ICW sub-care & Vol. Custody- CF1005	Was in custody	Closed	NO	NO	NO	NO	NO	NO
16 – 20	More than 180 days	All other CW or ICW sub-care & Vol. Custody (CF1005)	Was in custody & sub-care ended at **age 16** or older	Closed	Yes	Yes	NO	Yes, if dismissed at age 18+	Yes	Must exit care at age 18+
Younger than 16	More than 180 days	Guardianship or Adoption	Dismissed	Open or closed	NO	NO	NO	NO	NO	NO
16 – 18	180 days or more	Guardianship or Adoption	Dismissed after the age of 16	Open or Closed	Yes	Yes	NO	NO	Yes	Must exit care at age 18+

- While in out-of-home care, there is no minimum time requirement for life skills services.
- The only service that can be accessed with no current involvement with DHS or the Tribes, is the Chafee ETG. Youth may apply directly at: www.osac.state.or.us/chafeeETV.html
- For a former foster youth to be eligible for ILP services the youth must be **dismissed at age 16 or older** and have at least 180 days of substitute care placement after age 14.
- All ILP Services end at age 21. ETG may continue to age 23 under certain circumstances, can only apply through OSAC at www.osac.state.or.us/chafeeETV.html
- Both ILP Housing Programs require that a teen is or was in the care and CUSTODY of DHS child welfare (Subsidy/Chafee) or one of the federally recognized Tribes (Chafee).
- For a teen to access services as a former foster teen, the teen must go to his/her local DHS CW office and open Voluntary services (CF304A form), available until age 21.
- The life skills training can be opened as a non-paid service if CW/ICW is providing the teen with transition planning and other independent living preparation services directly.

* Only DHS Child Welfare (CW) teens are eligible for the IL Subsidy Program. Therefore, a teen in Tribal care and custody would not be eligible for Subsidy. However, eligibility for all other ILP services is the same for DHS CW teens and ICW teens.
** A teen may not be able to access both Chafee Housing and ETG at the same time. Will depend on whether Room & Board is included in school's cost of attendance.
*** A youth must have an open case in order to access the Chafee ETV **Voucher** funds via DHS. If the case has been closed, the only option is to submit an ETG application through OSAC.

Note: A teen in CW/ICW care and custody that is or was on runaway status can have those days count towards the 180 days of out-of-home care. Days in care cease to count **once the teen is returned home** – regardless of wardship status (time on a **trial reunification does NOT count**).

The Youth Transitions Rules [OAR 413-030-0400 – 0460] can be located at: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_30.pdf

Service Name & Funding Stream	OR-KIDS Category	Form Required	Eligibility Criteria	Service Description	Program Management
ILP Life Skills Training (contracted service) Federal Chafee Foster Care Independence Program (CFCIP)	ILP Skills Trng Bundled Paid	CF80, ILP Referral Form CF69A, Transition Plan	1) Age 16 or older and in substitute care (CW or ICW), or 2) As a former foster youth, was in substitute care for at least 180 days after age 14 **AND** was dismissed from care at 16 or older	Daily Living Skills such as: money management, household maintenance, transportation, legal issues, health, housing options, personal hygiene, employment readiness, community resources, informed consumer, etc. Educational Assistance such as: college tours, homework/study groups, financial aid/scholarship applications.	CW/ICW workers initiate referral, Contractor provides services Oversight by ILP Desk in partnership with the field
Life Skills training/services (Provided by caseworker, foster parent, etc.)	ILP Skills Trng Unpaid	CF69A, Transition Plan			CW/ICW worker partners with local resources to provide services
ILP Discretionary Funds Federal Chafee Foster Care Independence Program (CFCIP)	ILP Skills Trng Bundled Paid	CF78, ILP Discretionary / Emergency Funds Request	1) Age 14 or older and in substitute care (CW or ICW), OR 2) Was in substitute care for at least 180 days after age 14 **AND** was dismissed from care at 16 or older.	Small amount of discretionary funds to assist a teen obtain items or services needed to meet their goals for transition.	CW/ICW initiates request, ILP Desk has final approval and overall management
Independent Living Subsidy Program (ILSP) State General Funds Note: Teen cannot live with biological or legal parent(s).	Service Category: ILP Subsidy Placement Service Type: Youth on Housing Subsidy Placement Tracking Paid to Client	CF75, Determinations Check List CF76, Housing Performance Agreement CF 77, Budget Worksheet	• Age 16 or older • In CW care and custody • 36 hours of activity per week (work, education, volunteer, or combination) • Has at least one prior substitute care placement • Has approval of the court to participate • If not completed high school, must be actively working to complete high school or obtain a GED • Teen must be enrolled for ILP life skills training services	Financial assistance **for monthly living expenses**. To live independently for a maximum of 30 months. Funds can pay for any monthly expense and are paid directly to the teen. Amount will decrease quarterly beginning month 13. Contact DHS ILP Desk for current rates. May be renting a room, live in own apartment, shared apartment, college dorm, etc, See policy for additional requirements. Teen is responsible for paying all bills, maintaining a liveable household, and maintaining documentation of income and expenses.	CW worker determines if teen is appropriate, initiates request in coordination with ILP Contractor. CW/ICW worker supervises teen's participation and progress ILP Desk reviews, confirms, & processes request. Responsible for overall program management ILP Provider teaches life skills
Chafee Housing Program Federal Chafee Foster Care Independence Program (CFCIP) Note: Teen cannot live with biological or legal parent(s).	Paid to the client by the ILP Desk, DHS Central Office	CF75, Determinations Check List CF76, Housing Performance Agreement CF 77, Budget Worksheet	• Age 18 or older, but not yet 21 • Discharged from care and **custody** (CW or ICW) on or after 18th birthday • 36 hours of activity per week (work, education, volunteer or combination of the three – **must include at least 4 hours of paid employment**) • If not completed high school, must be actively working to complete High School or obtain a GED • Teen must be enrolled for ILP skills training	Financial assistance for **Room & Board expenses only** To live independently for a maximum of $7,000 or to age 21, whichever comes first. See policy for additional requirements. Teen is responsible for paying all bills, maintaining a liveable household, and maintaining documentation of income and expenses. Note: Chafee Housing services vary from state to state – teen should check with other state prior to moving. A teen may not be able to receive both Chafee Housing and ETV funds – depends if room/board is calculated in cost of attendance.	CW/ICW worker determines teen appropriateness, initiates request in coordination with ILP Prvdr. CW/ICW worker supervises teen's participation/progress ILP Desk reviews, confirms, & processes request. Responsible for overall program management ILP Provider teaches life skills
Chafee Education and Training Vouchers (ETV) or Grant (ETG) Federal CFCIP www.oregonstudentaid.gov/chafeeETV.aspx	Paid to school or Client by the ILP Desk, DHS Central Office	on-line application or CF78, Chafee ETV Request	Age 14 or older and in substitute care (CW or ICW), OR Was in substitute care for at least 180 days and was terminated after the age of 16 **Must access by age 21.**	May receive **up to** $5,000 for up to 5 years or age 23, whichever comes first. Based on need. Must be accepted/enrolled in a postsecondary education or training program. Must maintain satisfactory academic progress to receive funds.	CW/ICW worker initiates request, ILP Desk has final approval and overall management

* ETV funds through CW are for emergencies only. A youth MUST submit the ETV Grant application at www.oregonstudentaid.gov/chafeeETV.aspx

Chapter 5

Appendix 5.23: Teen Policy Requirements

Teen Policy Requirements List

Requirement	Form	Age Required	Annual Reviews	Six Month Updates	Additional Information
Life Skills Discussion Guide and Assessment Summary	CE69	14 and older		X	If referred to ILP at age 16+, Provider will assist with this requirement within 90 days of referral acceptance and every 6 months thereafter.
Youth Transition Plan (YTP)	CE69A	14 and older		X	If referred to ILP at age 16+, Provider will assist with this requirement within 90 days of referral acceptance and every 6 months thereafter.
Credit Report – obtain a copy, help youth understand report and resolve any inaccuracies.	CE88*	14 and older	X		*At age 18 or older the CE88 authorization form is required. The Department has a centralized electronic process for obtaining credit reports for youth ages 14 and older (in DHS custody).
Foster Children Bill of Rights - discuss and ensure children understand and obtain a copy of their rights.	DHS 9016*	All children upon entering care	X		* Beginning at age 14 and older, use DHS 9016 form to obtain the youth's signature. Scan and file in the OR-Kids file cabinet.
Foster Children Bill of Rights – ensure children receive the "Important Contact Information" sheet	DHS 9015	All children upon entering care	X		Provide children and youth form DHS 9015 as soon as the important members of their team and their contact information are known. The annual review is to ensure youth still have a copy of the form and the contact information is current.
Foster Children Bill of Rights - discuss and review the "How Do I Brochure"	DHS 9018	14 and older	X		Provide youth with DHS 9018 by age 14. The annual review is to ensure youth still have a copy of the form and understand how to obtain important documents or items for their transition to adulthood.
Promote 'normalcy,' healthy development and well-being through increased opportunities to engage in developmentally appropriate extracurricular, enrichment, social, and cultural activities		All children			See Chapter 4, Section 34 of the PM http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section34.pdf The ILP Discretionary Funds may be used beginning at age 14 to assist youth with activities that promote normalcy and assist a youth with goals set in their Youth Transition Plan.
Refer to contracted Independent Living Program Provider	CE80	16 and older			Youth may decline services, as services are voluntary on the youth's behalf. Youth may be placed on a wait list if the ILP Provider is already fully utilized. However, DHS must still assist the youth to gain life skills and plan for their transition to adulthood.
National Youth in Transition Database (NYTD) Survey: Baseline	Survey	17	*		*Survey due within 45 days following the youth's 17th Birthday. FosterClub is contracted to assist you reach out to youth in an effort to obtain the survey. Survey is available at: https://www.fosterclub.com/article/nytd

Teen Policy Requirements List

Requirement	Form	Age Required	Annual Reviews	Six Month Updates	Additional Information
National Youth in Transition Database (NYTD) Survey: Follow-Up	Survey	19 and 21	*		*DHS is required to obtain a follow-up survey for any youth who completed a survey at age 17. If the youth is still in foster care, DHS is required to assist with outreach. FosterClub will take the lead to contact former foster youth.
Social Security Income (SSI) Review		17 and older		*	* If you think the youth could qualify for SSI, please contact CBU. Send an email to: CW-Children'sBenefitUnit@state.or.us and ask for assistance. This is an important step prior to the youth's 18th birthday, if possibly eligible for SSI.
Developmental Disabilities (ODDS) Review		17 and older			If you think the youth could qualify for services through Developmental Disabilities (ODDS) please email: ODDS.D&E@dhsoha.state.or.us for coordination.
Health Care Representative/Proxy		17.5			Inform youth of their right to identify a **health care representative/proxy** and the option to complete an Oregon Advance Directive (OAD) https://oregonhealthdecisions.org/
Individual Education Plan (IEP)		School age **and at 17.5**			If there are concerns about a youth on an IEP (post age 18), a surrogate parent needs to be assigned by the court or school district ***prior to*** the young person's 18th birthday.
Benchmark Review (6 months prior to age 18)	CE69A	17.5			A meeting must be held to assist youth to determine if the youth is prepared for adult requirements/expectations as they approach adulthood, and who the person is with the decision-making authority regarding decisions about education, medical treatment, etc. once they become the legal age of 18.
Benchmark Review (90 days prior to dismissal)	CE69A	17.5* and older			*Once the dismissal date is known, DHS must arrange a meeting to assist youth to determine if the youth is prepared for adult requirements and expectations prior to dismissal. Ensure the youth has an appropriate plan for housing upon case dismissal.
Personal/Important Documents		Upon dismissal			Ensure the youth has state ID and all other essential documents: Birth Certificate, medical card, Social Security card, and Legal Permanent Resident (LPR) card if applicable. See Transition Tool Kit Check List for details.
Former Foster Care Youth Medical Program application	OHA 7210	18+ Upon dismissal			Youth who leave DHS care/custody at age 18 or older are eligible for OHP coverage until their 26th birthday. Complete the application online (youth must renew annually) at: oregonhealthcare.gov or contact the following for free assistance: http://www.oregonhealthcare.gov/gethelp-2.html

Please see the ILP website and the Procedure Manual Chapter 5, Sections 29, 33, & 34 for more information:

http://www.oregon.gov/dhs/children/fostercare/pages/ind_living/ilp.aspx
http://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html

Chapter 5

Appendix 5.24: Youth Transitions Best Practices Guide

Youth Transitions "Best Practice" Considerations

If not before, from age 16 years - emancipation, need to discuss with youth:

I. Emphasize and assist with school continuity and completion (Stress attaining a high school diploma over GED, help youth continue to attend original school, advocate for appropriate IEP/504 plan). Advise about Diploma options

II. Ensure diploma type, meets post-secondary goals

III. Identify and start preparing teen for college requisite tests (PSAT, SAT, ACT)

IV. Assist youth with financial aid (ETV, FAFSA, Tuition and Fee Waiver), scholarships, and post-secondary applications

V. If teen not on college track, have them talk with school guidance counselor regarding technical and job focused courses and/or certification programs

VI. Develop education and training skills necessary to achieve employment goals (HS/GED, Job Corps, college, apprenticeship, job shadows, internships, etc.)

VII. Develop job search skills. (Consider referral to your local Employment Department, Workforce Innovations and Opportunities Act Agency or Vocational Rehabilitation Office for youth with significant impediments to employment. Discuss where to look for employment, skills needed, etc

VIII. Assist youth to create a resume, application completion skills. Conduct practice interviews

IX. Develop skills for maintaining and advancing in job (Employer/employee relationships, continued education, assertiveness training, etc.)

X. Identify basic life skills the youth is interested in learning (cooking, money management, nutrition, etc.) and determine who can assist the youth in gaining these skills (foster parent, school, relative, mentor)

XI. Begin discussions regarding general health, healthy relationships and healthy sexual development. Some helpful links include: Take Charge of Your Health: A Guide for Teens https://www.niddk.nih.gov/health-information/health-topics/weight-control/take-charge-your-health/Pages/take-charge-your-health.aspx; Got Transition-resource for transitioning from pediatric to adult healthcare http://www.gottransition.org/; http://sexetc.org/ and https://www.plannedparenthood.org/

XII. Provide information on domestic violence http://www.loveisrespect.org/

XIII. Assist youth to gain interpersonal/social skills and determine how the youth will gain skills in these areas (school sports/events, church activities, youth leadership group/clubs)

XIV. Driver's license – discuss the considerations and responsibilities that go along with having a driver's license. Refer to Chapter 4, section 33 in the PM http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section33.pdf

XV. Driver's Education Courses- funding available through ILP-DHS Central Office

XVI. Insurance options – ensure youth understands the purpose, option and cost of auto insurance

XVII. Costs of maintenance – ensure youth knows about costs incurred and how to provide minor maintenance to bicycle or vehicle

XVIII. Facilitate knowledge of and access to community resources including transportation options. (Provide contacts to and information about resources in area where youth plans to live)

XIX. Prepare youth for re-engaging with biological family

XX. Help teen identify people who can help support them after they transition out of care. The Permanency Pact can be a resource to assist https://www.fosterclub.com/_transition/article/permanency-pact

XXI. Ensure youth is aware of the 211 information app and resource Website: 211info.org/ Phone: DIAL 211 toll free | TEXT your zip code to 898211| EMAIL help@211info.org

Please see the ILP website and the Procedure Manual Ch. 5, Sections 29, 33, & 34 for more information:

I. http://www.oregon.gov/dhs/children/fostercare/pages/ind_living/ilp.aspx

II. http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section29.pdf

III. http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section33.pdf

IV. http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section34.pdf

V. https://www.fosterclub.com/

Chapter 5

Appendix 5.28: Road to Getting Your License

The Road To Getting Your License

If you're under 18 and getting your license for the first time, here's what you need to do.

Starting Off in the Right Direction

Learning to drive? Cool. Oregon's teen driving law is designed to keep you safe in the process. The fact is, as a young driver, you're more likely to be involved in a fatal crash within the first six months of getting your license than at any other time.

And nobody wants to see that happen. The new law lets you ease into driving, with plenty of time for practice so you can learn how to do it right — without wrapping yourself around a tree.

To get started down the road to your license, just follow these directions. And learn how to drive safely — for life.

1 The First Leg of the Trip

GET YOUR OREGON INSTRUCTION PERMIT. You have to have your permit for at least six months before you can get a license. (To get your permit — if you haven't already — you need to be at least 15 years old and pass a written test.)

2 Practice, Practice, Practice

Seriously. You have to be able to show that you've had at least 50 HOURS of supervised driving practice*.

3 And Practice Some More

DO ONE OF THE FOLLOWING:

Complete a driver education course that's approved by the Oregon Department of Transportation.

OR

Complete an additional 50 HOURS of driving practice with a supervising driver*.

Both you and a parent or guardian will need to certify your hours of supervised driving and/or your driver education course completion.

* Your supervising driver needs to be someone who's at least 21 years old and who's had a valid license for at least three years. (Hint: Like Mom or Dad. Believe it or not, it's pretty likely that they actually know more about driving than you think. Besides, it's a chance to do that whole bonding thing. Humor them — you may need to borrow money someday.)

4 The Big Test

PASS THE DRIVING TEST AND GET YOUR PROVISIONAL LICENSE. (This is where all that practice starts to pay off.)

5 Entering the Restricted Zone

YOU'RE OFF AND ROLLING. But there are still some restrictions after you get your provisional license. These are designed to keep you safe (and alive) during that crucial first year of licensed driving.

6 Covering New Territory — the First Six Months After You Get Your License

For the first six months, you can't drive with a passenger under the age of 20 who isn't a member of your immediate family.

Why? You still need time to get used to driving solo, without a lot of distractions. It's hard to focus on the road if your friends are bugging you to change the radio station or stop and get nachos. For right now, concentrate on getting into safe driving habits.

7 Getting Comfortable — The Second Six Months After You Get Your License

For the second six months, you can't drive with more than three passengers who are under the age of 20 who are not members of your immediate family.

Makes sense. At this point, you're still getting comfortable handling the car safely and following traffic rules. Besides — how big is your car anyway?

8 The Home Stretch

For the first year, you can't drive between midnight and 5:00 a.m. unless you are:

a) driving between home and work.

b) driving between home and a school event for which there is no other transportation available.

c) driving for employment purposes.

d) accompanied by a licensed driver who is at least 25 years old.

The reason for this is simple. As a young driver, your greatest risk of being involved in a fatal or injury crash is at night.

All of the restrictions listed are only for the first year or until you turn 18, whichever comes first. Then you're off driving in the real world. But remember to play it smart. There are a lot of cars out there. So drive safely — for life.

Passenger restrictions do not apply while driving with an instructor as part of a certified driver education course or with a parent or stepparent who has valid driving privileges (per ORS 807.122(3) a & b).

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OREGON DEPARTMENT OF TRANSPORTATION

Transportation Safety Division

235 Union Street NE
Salem, OR 97301-1054
www.oregon.gov/ODOT/TS

Driver & Motor Vehicle Services

1905 Lana Ave., NE
Salem, OR 97314
www.oregon.gov/ODOT/DMV

For more information about graduated driver licensing requirements and getting your license, you can call the DMV at 503-945-5000. Or, visit the Oregon DMV Web site at www.oregon.gov/ODOT/DMV

Drive Safely.
The Way to Go.

Transportation Safety — ODOT

737-3419 (6-06) #330060

More Tips On Steering Clear of Trouble

- DRIVE SOBER. It saves lives. And if you get caught in possession of alcohol or drugs, don't expect to see your license again until you're 21.
- RIDE WITH SOBER DRIVERS. 48 percent of people who die in car crashes are passengers. Don't be one of them. If the driver has been drinking or doing drugs, find another way to get where you're going.
- ALWAYS WEAR YOUR SAFETY BELT — IT'S THE LAW IN OREGON. And failing to wear your safety belt while you have a provisional license could cause your license to be suspended. Not pretty.
- GET TO KNOW YOUR CAR. There's a reason it has a sun visor, door locks and parking brakes — to make driving easier and safer for you. Also, make sure your car is in good working order.
- FOCUS ON DRIVING, not on eating, putting on make-up, messing with the stereo or talking on the phone.
- BE A DEFENSIVE DRIVER AND STAY ALERT. Tailgating is a lame reason to get in a crash. Keep at least four seconds of following distance between your car and the vehicle in front of you.
- SLOW DOWN. Speeding isn't impressive, just stupid. Stay within the speed limit. It's there for a reason.
- DON'T LOAD UP YOUR CAR WITH TOO MANY FRIENDS. It's distracting, especially while you're still getting the hang of driving. Remember, you're responsible for the lives of your passengers as well as your own.
- DON'T GET MAD AT THE OTHER DRIVERS. Nobody wins with road rage.
- CHECK YOUR REAR VIEW MIRROR before and after you brake, every time.
- FOLLOW TRAFFIC RULES and pay attention to what's going on around you.
- NEVER LET FRIENDS DRIVE YOUR CAR. If they crash, you could lose money, car privileges and a friendship.
- REMAIN AWAKE, even as a passenger to help keep the driver alert.

Did You Know?

- When you are driving, you have approximately 1,000 skills constantly demanded of you.
- The safest place for your hands on the steering wheel is in the clock positions of 9:00 and 3:00 – or – 8:00 and 4:00.
- With air bags in newer cars, you shouldn't drive with your arms across the steering wheel.
- 17 habits go into making a right turn.
- ABS brakes should not be pumped. Instead, use constant pressure.

- The top three contributing causes of crashes involving young drivers are driving under the influence of intoxicants, speeding and failure to maintain lane position.
- Windows rolled down halfway may become guillotines in a crash.
- An emergency safety kit should have, at a minimum, jumper cables, flares, reflectors, a first aid kit and a flashlight. You never know when you might need them.
- Practice is the best way to turn safe driving skills into habits.

Frequently Asked Questions

Q. How do I know if a driver education course is approved by the Oregon Department of Transportation?

A. The department has a list of approved courses offered through public schools and private companies. You can also check with the course provider to see if their program is ODOT-approved, or check www.oregon.gov/ODOT/DMV.

Q. I had a permit from another state for three months. Do I only need one for three months in Oregon?

A. No, you need a permit from Oregon for six months or you need a permit from another state for six months.

Q. How do I certify my hours of supervised driving practice?

A. You will need to keep a driving log to track your hours.

Q. Can my parent take my license away?

A. Yes. If you are under age 18, the parent who signed your original driver license application can send a written request for cancellation to the DMV. The DMV then verifies the information and if it meets the criteria, cancels your driver license and sends letters out to the parties involved.

Q. I am 15 years old. My dad had his driver license revoked and there are no other relatives who can supervise my driving. What can I do?

A. Try asking a school counselor, a church pastor or a friend's mom or dad to help. The supervising driver must be licensed.

Q. I am 16 and an emancipated minor. Do all these requirements apply to me?

A. Yes, with one exception. You must certify your 50 or 100 hours of supervised driving experience, but this doesn't need to also be certified by a parent or guardian.

Q. I am 16 years old and have a driver license from another state. Do I still have to meet all the preliminary requirements (e.g., Oregon instruction permit, hours of practice, driver's education) to get an Oregon driver license?

A. No. A valid driver license from another state can be turned in to receive an Oregon provisional driver license. You will still need to follow all the rules of an Oregon provisional license for the first year or until you turn 18.

Q. What happens if I'm caught driving outside the curfew restrictions and/or the passenger restrictions?

A. Law enforcement can cite you. If this happens, you could have your license suspended and be required to complete a driver improvement program before you get it back. Further violations can mean losing your license altogether until you're 18.

Q. Does the law mean that I can't drive after midnight, or can I be on my way home?

A. For the first year after receiving your license or until you turn 18, you can't be driving after midnight unless you're driving between home and work, driving home after a school event for which no other transportation is available, driving for employment purposes or driving accompanied by a licensed driver who's at least 25 years old.

What You Need To Know About Oregon's Teen Driving Law

Chapter 5

Appendix 5.29: Obtaining a Driver's Permit and a Driver's License for Youth in Care (Under Age 18) Meeting Template

Obtaining a Driver's Permit and a Driver's License for Youth In Care (Under age 18)

Youth/Young Adult's Name: Date of Meeting:

Substitute Caregiver's Name: Case Name:

Persons Attending: Case Number:

The purpose of this meeting is to discuss and develop a plan for youth in substitute care to obtain their driver's permit and a driver's license. For teens in care, it is part of their personal growth, accepting and taking responsibility for actions leading to independence. Access to education, employment, health care, and other community-based activities for older youth in care working toward independence is dependent upon access to transportation. *Note: there may also be times that a youth wants to obtain a driver's license prior to exiting foster care with no intent to actually drive a vehicle.*

- **Readiness**

The caseworker in conjunction with the other adults involved in the youth's life must agree that the youth is ready to pursue obtaining a driver's permit and then a driver's license.

Yes	No*	
		Is the youth at least 15 years of age (minimum age to obtain an instruction permit)?
		Is the youth enrolled & attending school, maintaining at least a "C" average, or is he/she actively working or receiving academic assistance to improve school performance?
		Has the youth's school attendance been regular without incidents of suspension, non-attendance, or expulsion during the last six months?
		Is the youth healthy and able to answer 'yes' to the medical questions on the application?
		Are there any documented medical or mental health recommendations that the youth not drive due to physical, mental, or emotional conditions that would significantly impair the youth's functioning and judgment when operating a motor vehicle?
		Is the youth free from any evidence of drug or alcohol use by the youth during the last year?
		Does the youth display age-appropriate behavior generally, questioning and testing with normal limits, most often using good judgment, and avoiding unsafe, violent, or criminal behavior (within the past year)?
		Does the youth have placement stability, has he or she been in the current placement at least six months or more, and no history of running away or other placement disruptions?

*If answered 'no' to any of the above questions, document the plan for addressing these issues:

Action	Responsible person(s)	Timeline

- **Required Documentation**

The DMV will need several documents prior to obtaining a learner's permit. Check the ODOT webpage for further information. The team needs to agree on how these will be obtained.

Yes	No*	
		Verification of school enrollment, completion, or exemption (also verifies residency)
		Completed application signed by the parent or legal guardian (for all youth in Department custody, this is the District Manager or designee which is typically the Program Manager)
		Proof of legal presence in the U.S. Proof of full legal name. See the ODOT list of acceptable documents for proof. In most instances, this will be the youth's birth certificate.
		Proof of Social Security Number
		A completed application

*If answered 'no' to any of the above questions, document the plan for addressing these issues:

Action	Responsible person(s)	Timeline

- **Driver's Education & Practice Hours**

Yes	No	
		Does the youth have plans to take a Driver's Education Course?
		If yes, who is responsible for keeping and submitting the appropriate documentation (the completed Driver's Education Course Payments) to the ILP Desk for reimbursement?
		Does the youth have access to a vehicle for his or her practice hours?
		Who will supervise the youth's practice driving hours? _____
		How will driving hours be logged? Who will keep these records?

Document the plan for addressing any issues:

Action	Responsible person(s)	Timeline

- **Contingency Plan (Planning for the Unexpected)**

The caseworker, youth, substitute caregiver and others need to plan for the unexpected, such as changes in placement, insurance coverage, school status, legal status of the child, obtaining and logging practice hours, and so forth.

Action	Responsible person(s)	Timeline

□ The team recommends that the youth be allowed to pursue a driver's permit/driver's education.
□ The team does not recommend the youth pursue a driver's permit/driver's education at this time.

If agreement cannot be reached on any of the necessary steps or resources, or the youth is not ready to pursue getting a driver's permit/driver's education at this time, outline the steps that will be necessary to move forward:

Action	Responsible person(s)	Timeline

Date Signed:	Caseworker:
Youth:	Supervisor:
Caregiver:	District Manager/Designee:
Parent/Guardian:	ILP Provider:
CASA/Attorney:	
Other Involved Adults/Community Partners:	

For a driver's license in addition to the above:

- **Insurance Coverage**

Yes	No	
		Do all affected parties understand the various insurance options available?
		Is there required insurance coverage prior to the youth driving a vehicle?
		Is the substitute caregiver electing to add the youth to their personal auto insurance?
		Is the youth's parent, legal guardian, or other responsible adult willing and able to provide adequate insurance coverage?
		Is the youth able to provide payment for his or her insurance premiums?

Document the plan for addressing any issues related to insurance:

Action	Responsible person(s)	Timeline

- **Contingency Plan (Planning for the Unexpected)**

The caseworker, youth, substitute caregiver and others need to plan for the unexpected, such as changes in placement, insurance coverage, school status, legal status of the child, obtaining and logging practice hours, and so forth.

Action	Responsible person(s)	Timeline

□ The team recommends that the youth be allowed to pursue a driver's license
□ The team does not recommend the youth pursue a driver's license at this time

If agreement cannot be reached on any of the necessary steps or resources, or the youth is not ready to pursue getting a driver's license at this time, outline the steps that will be necessary to move forward:

Action	Responsible person(s)	Timeline

Date Signed:	Caseworker:
Youth:	Supervisor:
Caregiver:	District Manager/Designee:
Parent/Guardian:	ILP Provider:
CASA/Attorney:	
Other Involved Adults/Community Partners:	

Chapter 5

Appendix 5.30: Driver's Education Course Payment form

Driver's Education Course Payments

Accessing Funds

Please follow your District's protocol to obtain permission for a teen in foster care to obtain a driver's permit, take the driver's education course and become a licensed driver (see OAR 413-020-0100 to 0170), Guardian and Legal Custodian Consents. Once a youth is approved to obtain their driver's permit and license, the youth should be informed of the importance of driver's education.

DHS worker completes the CF78, Youth Transition Funds Request form. Check the box for Driver's Education Fees. The DHS worker is to ensure the youth has read and understands the Agreement Statement. The CF78 must be signed by the DHS worker, initialed by the youth and ILP Provider, if enrolled for contracted ILP services. Send completed CF78 to the ILP Desk in Salem.

Youth eligibility criteria:

I. In DHS substitute care, or a former foster youth enrolled in ILP services.

II. Between the ages of 15 to 20 (preference is to complete course prior to turning age 18, but not mandatory)

III. Must have driver's permit prior to beginning course

IV. Prefer youth completes course successfully with an approved school (see link for approved provider list http://www.oregon.gov/ODOT/TS/de.shtml)

V. Cannot obtain driver's license prior to completing course

VI. Youth must have plan for obtaining auto insurance coverage. Note that a youth with a Permit is automatically covered under the car and adult they are with driving (even if not actually added to a policy at the time).

These are separate funds, set aside specifically for this purpose. These costs will NOT affect a District's ILP Discretionary Fund allocation. Contact ILP Support Staff with any questions at 503-945-5722 or email: ILP.Central@dhsoha.state.or.us.

Return this section to the DHS ILP Desk after youth completes driver's education course

(fax: 503-945-6969, mail: 500 Summer St, NE E76, Salem, OR 97301)

DHS Caseworker Name: _____

Date form completed: _____

Youth's Name: _____

Case #, P/L: _____

Youth's DOB: _____

Driver's Permit Number: _____

Name of School/vendor: _____

Date course began: _____

Date course ended: _____

Did youth pass the course? (check one):___No___Yes (attach copy of certificate)

Date youth obtained or plans to obtain Oregon driver's license: _____

Plan for auto insurance: _____

Once youth completes the course, please have the youth complete this survey: https://www.surveymonkey.com/r/DHS_ODOTsurvey

Chapter 5

Appendix 5.31: Children Visiting Incarcerated Parents

Children Visiting Incarcerated Parents
(adapted from materials in Colorado Procedure Manual)

Just like other parents in the child welfare system, parents who are incarcerated continue to have the right to be involved in their children's lives, whatever the crime the parent has committed and 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. These families have special challenges and issues that can be addressed so both parents and children can continue relationships that will be of value to both of them.

When working with a parent who is incarcerated it is important to remember that improving relationships with children and feeling more competent in the parenting role can support a parent's desire to create a safe and stable home and thus to work on problems that necessitated the incarceration.

Maintaining Communication between Parents Who Are Incarcerated and Children

Communication between parents who are incarcerated and their children is both challenging and important to the well-being of the child and the parent. Maintaining communication will likely require extra work, patience, and creativity in cases involving parents who are incarcerated, but the benefits are worth the efforts.

In-Person Visitation

One way of maintaining communication is through visitation. It is perhaps the most important mechanism for maintaining a positive parent/child relationship. Visits can dispel fears, support attachment, support dealing with reality, and can even provide the opportunity for improving relationships. Face-to-face visits are especially important for children under the age of eight due to their developmental level.

Visitation issues should be addressed in the case plan and service agreement, including information about why the decision to visit or not was made and why the parent would have a non-contact visit. Make an extra effort regarding detailed information about the visitation, especially how barriers to visitation will be addressed. A parent's ability to maintain contact with the child through letters, phone calls, or visits, could be seen as a measure of compliance with the service agreement. The visitation arrangements should be shared with the incarcerated parent's prison.

When deciding whether to encourage visitation between a parent who is incarcerated and a child, consider the following:
· **Safety concerns.** Be cognizant and aware of safety issues both for the person who is escorting the child and for the child.
· **Parent's commitment to the service agreement before the incarceration occurred.** If the parent was not complying with the service agreement, visitation may not be indicated despite the

importance of visitation to the child's well-being. That said, a parent's motivation may change when he or she is incarcerated and visitation may be the motivator.

· **Child's desire or lack of to see the parent.** Recognize that the child may express an unwillingness to see the parent, but this may just be part of his or her way of dealing with the situation and the child may really want to see the parent.

· **Prior relationship between the child and the incarcerated parent.**

· **Physical contact versus no physical contact with parent**. Depending on the situation physical contact may be preferred, while at other times no physical contact may be more appropriate

· **The nature and history of the alleged abuse and neglect by the parent.** For example, if a child has been physically or sexually abused by the parent, perhaps visitation is not indicated. Note, in cases of severe physical or sexual abuse, visitation may not be indicated whether the parent is incarcerated or not.

· **Do an individualized assessment of the visitation needs of this child in this family.**

Clearly there are obstacles that work against visitation, despite its importance. These include the following:

· **Distance** –Incarceration of a parent usually means considerable distance from the child, since prisons are located throughout Oregon. Visits may require one or more days for travel, reducing the frequency of visits.

· **Hours and scheduling** – The hours during which visits are allowed may pose problems. In addition, scheduling procedures may be cumbersome. Even when visits are carefully arranged, there may have been some disruption or security concern at the prison that results in the cancellation of all visits that day. When siblings are living with different caregivers, coordinating transportation can also be difficult. And on occasion, the court may allow visits with one child but not another.

· **Accommodations** – Even approaching a prison may be intimidating if security mechanisms, such as wire fencing and guard towers, are visible. The atmosphere inside is often inhospitable to children. Visits might be confined to areas that lack privacy, or contact may be allowed only through glass or wire mesh barriers. In any case, a prison setting is rarely conducive to the expression of real emotions, either positive or negative, or the discussion of important personal issues .

· **Procedures and requirements** – Prisons will have procedures and requirements, often connected with security that may be uncomfortable or even humiliating. A prolonged process of clearing may precede visits that last less than one-half hour. Some security precautions may be in place to prevent contraband from coming into the prison through visitation. If the caseworker has concerns about the impact certain security procedures might have on children, contact the person in charge of visiting at the prison to discuss those concerns. Be aware that prisons have strict dress codes, even for children, and also have rules around what people can take into the prison with them.

· **Appearance and behavior of parent** – Sometimes the appearance and behavior of the parent may seem strange and frightening to the child, particularly during the first visit. The parent may be in prison garb or other clothing the child does not recognize. At higher security prisons, the parent may also be handcuffed or shackled. The caseworker should find out ahead of time if the parent must remain in handcuffs or shackles during the visit and prepare the child accordingly. The parent may look different due to hairstyle, makeup

or may exhibit different behavior. The different appearance and behavior introduce a strangeness into the situation that may create distance in the parent/child relationship.
· **Jails** – Jails pose their own pros and cons related to visitation. While they are generally closer to home than prisons, they may be less child-friendly. Visits will vary from county to county so call the jail in the county to learn about the visiting conditions. Even if a jail has no-contact visitation, alternative visitation may be arranged, especially when children are visiting, by contacting the jail personnel.

Practical Tips for Visits

Visitation can be successful, especially when all the issues surrounding it are addressed. A caseworker can help make visitation between children and their parents who are incarcerated more productive with the following actions:
· **Prepare the caregivers for working with a child effectively before and after a visit**. While the visit is important for supporting the parent-child relationship, it also may be frightening to the child. Similar to other children, they may have ongoing reactions to the visit, not just immediately following the visit. The child welfare caseworker needs to help the caregiver know how to prepare the child for the visit, giving the child some idea of what to expect about the security procedures and a description of the facility and assuring the child that it is all right to talk about his or her reactions. Then the caregiver needs to know how to understand the child's post-visit behavior, help the child express the thoughts and emotions behind the behavior, and help the child talk about all the positive aspects of the visit.

· **Educate the caregivers regarding the importance and dynamics of visitation.** Though they may want to protect the child from the parent and from the prison environment—citing the child's behavior and mood before, during, and after visits as reason for discontinuing visits—caregivers need to understand as with other placements that the importance to the child of supporting the parent/child relationship overrides those concerns.

· **Facilitate visits.** Figure out how to arrange visits. Know the visiting procedures and restrictions of the institution and prepare the child and caregiver for what it will be like to visit the prison. If possible, the caseworker should conduct a pre-visit tour to understand what will happen and better respond to the child's questions. Supervised visitation resources may be available from the county or community. The distance many families will have to travel to visit the parent who is incarcerated may be great and the availability or cost of transportation an issue. Provide and/or help them find in their communities assistance with transportation to the prison. Possibilities may include programs within the faith community or other community supports such as, relatives, family friends, or neighbors. Options may be identified at a Family Decision Meeting.

· **Make visits comfortable**. Trips for visitations are often long and there may be long waits to see the parent, so bring food and activities to help keep the child busy. Food, however, may not be allowed past the waiting area and there may not be storage lockers to store items that are not allowed in the visiting area, so be sure to be familiar with allowable items. Ask teachers for homework in advance, bring along games so children can be occupied while waiting. Many visiting areas have vending machines so bring change to purchase this food.

· **Obtain the security procedures in advance.** Go over them with the child so they know what to expect. Obtain lists of contraband and ensure that no one visiting is carrying any. Many facilities have specific and enforced dress codes, even for children. Know what it is in advance and follow it.

· **Obtain the visiting schedule and learn how to set up a visit**. Caseworkers should be familiar with the visiting schedule for the specific prison they will be visiting because they can vary from facility to facility. Caseworkers also will need to understand how to go about setting up a visit. Caseworkers will also need to know the process by which people get approved to visit.

· **Help the parent use visits productively.** Talk with the parent before the visit to help him or her focus on the purpose of the visit and how they can best meet the needs of the child while also meeting his or her own needs.

· **Prepare the child for the visit.** If you are taking the child to the institution, coach and counsel the child before and after the visit about what to expect, what he or she would like to see happen during the visit and possible scenarios for what may happen. As important as visitation is, it's not easy.

· **Reconvene to assess visitation.** The caseworker and the child should reconvene at a later date to assess how visitation is going and determine whether different decisions or adjustments need to be made.

Practical Tips for Caregivers

· **Prepare caregivers for problems the child may experience.** While the caseworker does not want to create negative expectations about the child, the reality is that the child will have thoughts, feelings, and reactions to the parent's crime and incarceration, and these will be expressed behaviorally. The caregiver needs to know how children may react at certain ages, how to help the child themselves, and when to seek additional help.
· **Help caregivers understand the possible need for further treatment for the child.** Explain as necessary any special needs the child may have for treatment. In addition, it may be helpful at some point for them to be involved with the child in treatment so they can better provide the positive family environment the child needs. This is especially relevant if the child is staying with a relative caregiver.
· **Help caregivers locate and access treatment for the child.** Help them learn about any community programs and services geared specifically toward helping children with parents who are incarcerated. If no specialized services are available, help service providers understand the child's special needs and circumstances so they may treat the child more effectively.
· **Provide information to caregivers.** They need to know about the special needs of children with parents who are incarcerated, the importance of maintaining parent/child contact despite the obstacles, and how to negotiate the prison/parole and child welfare systems.

Other Forms of Communication

While face-to-face visitation is the primary and preferred means for maintaining contact and positive relationships between parents who are incarcerated and their children, the difficulties associated with visitation may make it important to supplement visits with other forms of communication, such as telephone calls and letters. There may be obstacles associated with these methods as well. Potential communication methods, obstacles, and strategies for addressing them follow.

· **Telephone** – Prisoners do not have free and unfettered access to telephones. In order to use a telephone at the facility, prisoners must have money in their prison account to pay for the phone call or they have to call collect.

· **Letters** – Mail can be a good option, depending upon both the parent's and child's literacy levels. Outgoing letters, however, may have been stamped that they are from a correctional facility, and the child or caregiver may find this offensive. All incoming and outgoing letters can be opened by the Department of Corrections and read. If caseworkers are sending in materials that the prisoner is entitled to confidentially, the outside of the letter must be clearly marked "confidential." Even letters marked confidential can be opened but not read (in the presence of the prisoner) to check for contraband.

Ideas for facilitating letter-writing include:

· Give the parent a self-addressed stamped envelope addressed to the child welfare caseworker assigned to the case to write to the child

· If caseworkers would like to supervise written communication, letters should be sent to the children in care of the caseworker.

· Younger children usually do not write letters without a supportive adult so it may be a good idea for the caregiver or child welfare caseworker to help the child write a letter to his or her parent who is incarcerated during a home visit.

· **Tape recordings** – A parent may tape record messages or readings from a child's favorite books. Check with the facility regarding permission to create tape messages.

· **Pictures** – The caregivers might send pictures of the child enjoying everyday activities.

· **School Report Cards** – The caregivers might also send school report cards and updates on the child's activities so the parent can stay tuned to the child's current activities.

Chapter 5

Appendix 5.32: Questions to Guide Planning and Evaluating Visits

Questions to Guide Planning and Evaluating Visits

The questions below can help caseworkers as they plan and evaluate visits. Answers to these questions will help determine how frequently visits should occur, when and where they should be held, who should be involved in them, whether supervision is necessary, and whether changes in the visiting plan are needed.

The questions below are organized around children, parents, and caregivers. They should be adapted as needed to reflect the particular case situation, for example, placement with a relative or the need for visits with persons other than parents.

Children

- Child's significant relationships:
  Who does the child define as family?
  What relationships are important to maintain or build through visiting, including both those that existed before placement and those that might be created as a result of diligent search?

- Child's chronological and developmental age:
  How frequently does the child need to have contact with parents and siblings in order to sustain relationships?
  How able is the child to care for self?
  How vulnerable is the child to potentially harmful situations?
  How able is the child to structure his or her own activities?

- Child's requests:
  For a older child, what is the child asking for in terms of visits, and what does this mean?

- Child's reaction to visits:
  What reactions—positive and negative—does the child have to visits, and what is the meaning of these reactions?
  If the reaction appears to be negative, is it a normal response to separation or does it suggest problems in the visiting situation or the parent-child relationship?

- Child's developmental tasks:
  How can visit activities enhance the child's developmental progress?

- Child's therapeutic needs:
  If applicable, how can visits help achieve therapeutic goals?

- Child's schedule:

How can visits encourage parents to be involved in the child's daily routines and in special events?
How can visits ease separation reactions by beginning and ending at natural transition points such as before or after school?

Parents

- Parents' behaviors and abilities related to reason for placement:
  How can visits promote and support the changes necessary for the child to be safe in the parents' home?
  How can visits enable assessment of the child's safety in the home?

- Parents' compliance with visiting plans:
  To what extent have parents complied with visiting plans to date?
  If parents have failed to comply with the plan, what is the meaning of this failure?
  Are there barriers to visiting that must be eliminated?

- Parents' requests:
  What do the parents want in terms of visits, and what does this mean?

- Parents' past endangering behaviors:
  Is there a history of attempted abduction; threatened or attempted harm to the child or other family members; leaving the child unsupervised or in harmful situations; or other endangering behaviors, such as use of illegal drugs in the child's presence?

- Parents' reactions to visits:
  What reactions—positive and negative—do the parents have to visits, and what is the meaning of these reactions?
  Are the parents able to refrain from expressing their reactions inappropriately or in a manner hurtful to their child?

- Parents' schedules:
  How can parents' schedules be reasonably accommodated?
  How important is visiting in relation to other expectations imposed by the agency and how can multiple expectations be addressed?

- Family Relationships and Interactions
  How do family members interact during visits? Are the interactions healthy for the child?
  What arrangements can minimize stress or conflict among family members during visits?
  What arrangements will encourage parents to interact with their children rather than with other people during visits?
  How can visit arrangements tap into and build upon the family's social support network?

Substitute Caregivers

- Supporting substitute caregiver involvement in visiting:
  Have substitute caregivers received training and information on IceBreakers during the recruitment and screening process, and what do substitute caregivers expect regarding their role in visiting? Appendix 4.1 describes Ice Breakers.
  What help has been provided to substitute caregivers involved in visiting such as reimbursement for transportation costs?
- Substitute caregivers' willingness and ability to assist with visiting:
  Are the substitute caregivers willing and able to allow visits in their home; to supervise visits in their home or elsewhere and, as requested, to document what occurs; and to teach a parent how to care for the child?
  Are the substitute caregivers willing and able to provide transportation?
  If unwilling or unable to assist with visiting, will the substitute caregivers support other agency efforts? If so, in what ways?

- Substitute caregivers capacity to support visiting:
  What are the substitute caregivers' attitudes toward the child's parents?
  Do the substitute caregivers value the child/parent relationship?
  Can the substitute caregivers appropriately limit their relationships with the child's parents?
  Can the substitute caregivers objectively record visit interactions?
  Will the substitute caregivers intervene in a visit as necessary?
  Will the substitute caregivers maintain confidentiality?
  What are the substitute caregivers' resources in terms of physical and emotional energy and time?
  Can the substitute caregivers be flexible and tolerate stress?
  Can the substitute caregivers recognize their need for assistance, and are they comfortable in asking for help?

- Substitute caregivers' schedule:
  How can visit arrangements minimize disruption of the substitute caregivers' schedule?

- Impact of visiting on other children in the substitute caregiver's home:
  How distressing are one child's visits to other children in the home?
  Does the substitute caregivers' support of one child's visits result in neglect of other children in the home?

Chapter 5

Appendix 5.33: Office of Deaf and Hard of Hearing Services Consultation

Office of Deaf and Hard of Hearing Services consultation

The Office of Deaf and Hard of Hearing Services (ODHHS), from the Aging and People with Disabilities Program, is available to offer case consultation for Child Welfare staff. The need for individual consultation may arise for cases involving deaf/hard of hearing children and young adults, parents, and foster parents/relative caregivers.

I. Reasons for consultation may include:
   A. Identification of area resources
   B. Professional referral resources and contractual solutions
   C. Better understanding of deaf culture and language in families served
   D. Understanding and addressing the communication needs of hard of hearing children
   E. Unique ideas to support the families served
   F. Individual branch training requests

II. To request case consultation:
   A. Send an email to ODHHS Info at ODHHS.INFO@dhsoha.state.or.us. The email should follow this format:
      1. Subject Line: CW Request for Consultation
      2. Body of Message:
         - Name of caseworker or certifier
         - Name of supervisor
         - Local branch name (IE: Midtown)
         - Brief synopsis of the consultation need.
         - Information about the individuals involved in the case (i.e., foster child who is deaf, age 5 in non-relative foster care in which the home does not speak ASL)
         - If other professionals are involved, explain their role.
         - Best dates and times to connect to discuss further.

III. What to expect after sending an email to ODHHS:
   A. A response from the ODHHS policy analysts should be received between 24-48 business hours. The response will include:
      1. Dates and times ODHHS policy analysts are available to consult based on the original consultation request email. Consultation must include the caseworker or certifier and their supervisor.
         ODHHS may have additional inquiry questions to assist with consultation after review of the initial request email and before the consultation is scheduled.
   B. Once a consultation date and time is selected, the caseworker or certifier should be prepared to present their current assigned case for consultation:

1. Provide an overview of situation and details about the individuals involved with the case.
2. Discuss case-specific barriers, questions, and/or struggles.
3. Discuss next steps in the case process.
4. Consultation may be done over the phone and/or via email.

C. Discussion from ODHHS on area resources that may be pertinent to the case consultation.

Commonly Asked Questions

I. How to request language access services:

A. Each DHS desktop application has a "Language Services" app. Click on the app to enter language access services information. For a direct link, click here to access the language services page and the accompanying guide. This guide can also be saved in your favorites.

1. Requesting an in-person interpreter: page 3
2. Requesting telephone/video interpreting: page 6
3. VOIANCE (Video Remote Interpretation Service) quick guide: page 9
4. Specific Services for Deaf and Hard of Hearing: page 12
5. Translation and Alternate Format Services: page 13

Chapter 5

Appendix 5.34: Worker-specific tasks for CCO coverage in BRS

Worker-specific tasks for CCO coverage in BRS

In limited and specific circumstances, Child Welfare will decide it's in the youth's best interest to LOCK the CCO healthcare insurance when a youth is placed out of region to best ensure timely and available access to services. If a determination is made to LOCK a CCO coverage, the steps are as follows.

When a BRS provider has more than one CCO in coverage		
RRC	Request current BRS providers to assess their existing medical, dental, and mental health community providers; BRS provider to request a CCO that best facilitates well-being and safety needs for their client	
BRS Provider	Communicate best match of a CCO provider, for their clients, to RRC team • Send back to RRC who initiated request	
RRC team	RRC team compiles list and sends to Tx Services Logistic team designee and MARC team • Notes which BRS providers have two or more CCO within region on form	
BRS Provider	Report changes in best match for client's needs to RRC if request is changes at a future time. • RRC gives request to MARC Team and Tx Services Logistic team	MARC@dhsoha.state.or.us
MARC Team	Ensures youth are enrolled into noted selection area and BRS placement	

When a Youth moves to a BRS placement out of region and the CCO is switched to the CCO serving the geographic area of BRS placement.		
Caseworker	Will complete a BRS packet and send the packet to the centralized BRS referral email	
RRC	Will communicate when placement has been located to the caseworker	
RRC	Will consult with caseworker to inform about CCO coverage recommendations at the time a placement is located. The consultation will include pros and cons and help the caseworker decide about the CCO coverage.	

Caseworker	Caseworker decides to **automatically** enroll the youth with the CCO serving the geographic area of BRS placement
	• Caseworker will notify any existing CCO service providers and/or care coordination teams of intent to switch CCOs
	  ○ CCO will coordinate with receiving CCO
	  ▪ **410-141-3800 (2)(b).** When a youth is transferred from one CCO to another CCO or from FFS to a CCO, the CCO shall facilitate coordination of care consistent with OAR 410-141-3860.
		410-141-3800 (2)(b)
		
		410-141-3860 (8)
		Coordination of Services and Medication critical items for Child Welfare youth.

	▪ **410-141-3860** (8)(b) When a member's care is being transferred from one MCE to another or for OHP clients transferring from fee-for-service to an MCE, the MCE shall make every reasonable effort within the laws governing confidentiality to coordinate (including but not limited to ORS 414.679) transfer of the OHP client into the care of an MCE participating provider.	
Caseworker	Starts the CF 0091 form and sends to RRC	
RRC	Completes and submits the Placement Entry Request form 0091 via email to BRS Placement Support email box	
Placement entry coordinator	Verifies the service and branch match the 0091 • Contacts BRS Provider Support to update service branch, if applicable • Logs on placement spreadsheet	
MARC TEAM	Replies, in email. document the previous CCO and receiving CCO on the 0091	

Placement entry coordinator	Will communicate to MARC Team when a youth is placed in BRS.
	Enter placement:
	• Enter placement into OR-Kids
	• Submit placement to the other placement entry coordinator for approval
	• Update 0091 with authorization number
	• Verify contact number and rate on 0091
	  ○ Contact Wellbeing Contracts if there is a discrepancy
	• Convert 0091 to PDF
	• Email PDF 0091 (if BRS, also include the 0085b) to:
	  ○ FRS
	  ○ OFS
	  ○ Specified accountant for the provider
	  ○ Provider
	  ○ CCO only if BRS/MH
	• Save email into youth's folder
	• Delete line on log
		MARC@dhsoha.state.or.us
		
		If a mistake is made in CCO coverage, communicate with MARC team immediately.

Typical procedure from this point on.	*Typical procedure from this point on.*	*Typical procedure from this point on.*

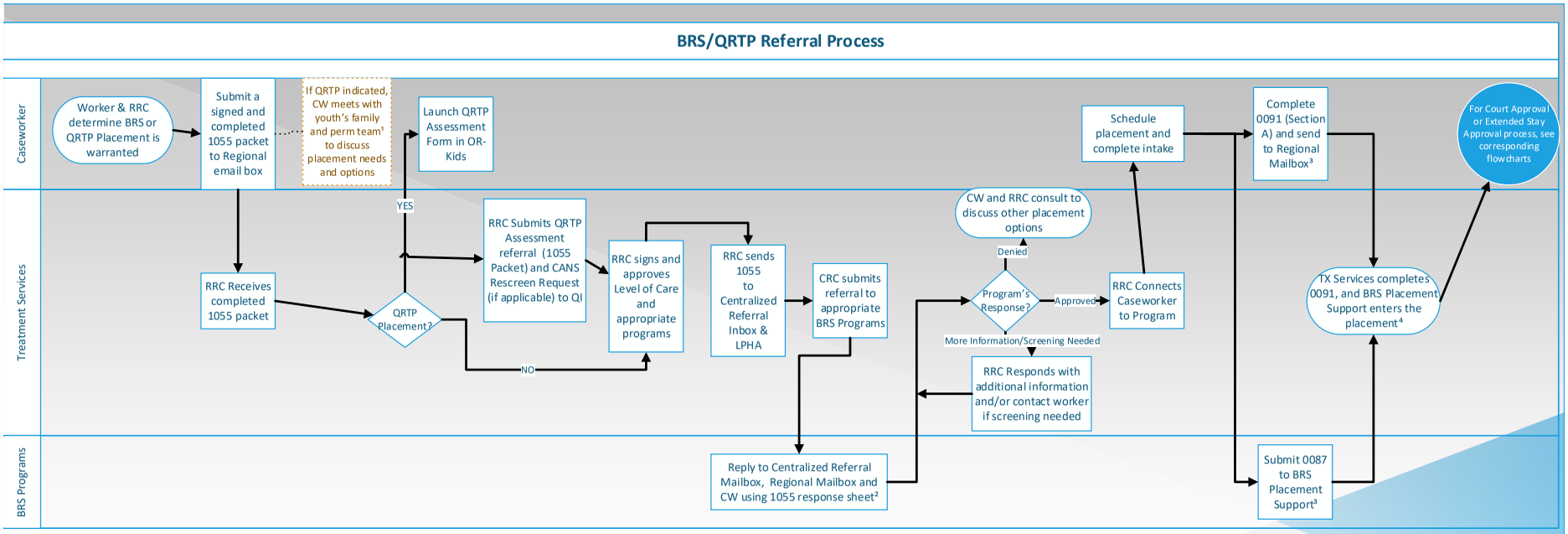
When CW Request to LOCK a CCO for a youth placed in the Treatment Service Continuum of Placements		
Caseworker	Will complete a BRS packet and send packet into the centralized BRS referral email	
RRC	Will communicate when placement been located	
RRC	Will consult with caseworker to inform about CCO coverage recommendations at the time a placement is located. The consultation will include pros and cons and help the caseworker decide about the CCO coverage.	
Caseworker	Makes determination to LOCK a CCO after consult with RRC • Notifies RRC of decision • Starts the CF 0091 form and submits to RRC	One business day after placement is acceptable practices when a crisis placement is made
RRC	• Completes and submits the Placement Entry Request form 0091 via email to BRS Placement Support email box ○ Notify the placement entry coordinator if a request to **LOCK** the CCO has been made by the case worker	

Placement entry coordinator	Will communicate via email to MARC Team when a request has been made to **LOCK**, clearly noting the word LOCK in subject line, a CCO for a youth placed in the Treatment Services Continuum of placements.
	• Verify the service and branch match the 0091
	  ○ Contact BRS Provider Support to update service branch, if applicable
	Enter Placement:
	• Enter placement into OR-Kids
	• Submit placement to the other placement entry coordinator for approval
	• Update 0091 with authorization number
	• Verify contact number and rate on 0091
	  ○ Contact Wellbeing Contracts if there is a discrepancy
	• Convert 0091 to PDF
	• Email PDF 0091 (if BRS also include the 0085b) to:
	  ○ FRS
	  ○ OFS
	  ○ Specified accountant for the provider
	  ○ Provider
	  ○ CCO only if BRS/MH
	• Save email into youth's folder
	• Delete line on log
		MARC@dhsoha.state.or.us
		
		If a mistake is made in request to LOCK a CCO, communicate with MARC team immediately.

Typical procedure from this point on.	*Typical procedure from this point on.*	*Typical procedure from this point on.*

Chapter 5

Appendix 5.35: BRS and QRTP Referral Process



Footnotes

1) This meeting should take place as soon as a QRTP is being considered. The discussion can occur at its own meeting, or within another timely meeting (e.g. WRAP meeting, Priority 1 Meeting etc.). In any case, the Family Meeting form must be used, and must be submitted to the QI.

2) Reply must be made with five business days

3) The 0087 & 0091 Forms are completed simultaneously by the Caseworker and the Program, and provided to TX Services

4) If QRTP, the QRTP Assessment must be completed within 30 days of placement. If Independent Assessment does not recommend QRTP Placement, youth must transition out of QRTP Placement within 30 days

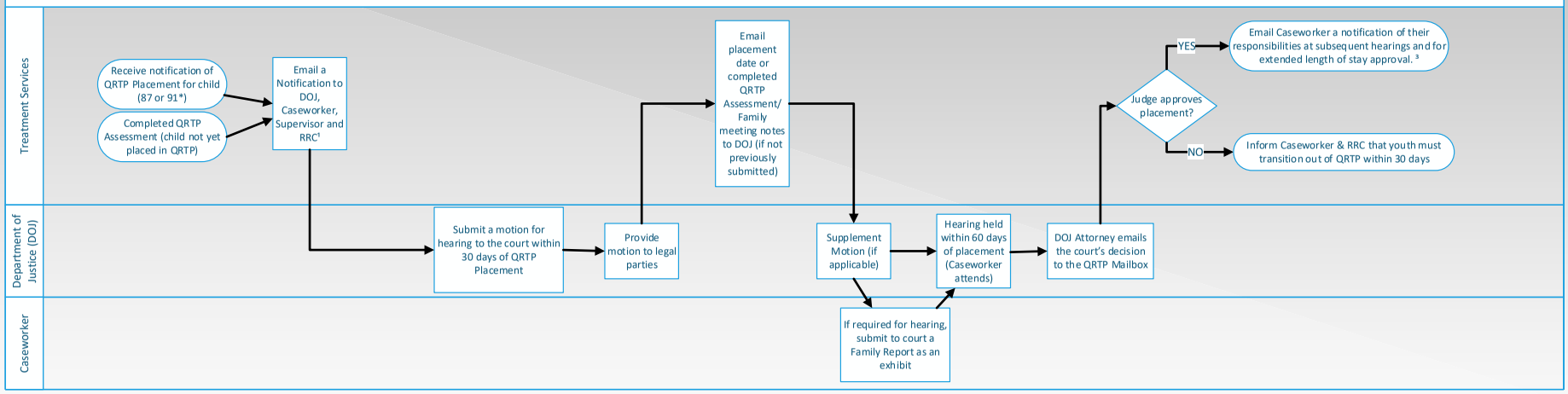
Chapter 5

Appendix 5.36: Court Approval Process for QRTP Placements

Court Approval Process for QRTP Placement

Judicial Determination to approve or disapprove of a QRTP setting

- Each new QRTP placement requires a court hearing within 60 days of placement
- The Judge will make a determination to either approve or disapprove of the QRTP setting
- The Judge will use the QRTP Assessment, family meeting notes and Family Report (if required for hearing) in consideration if a QRTP setting is the least restrictive to meet child's needs.



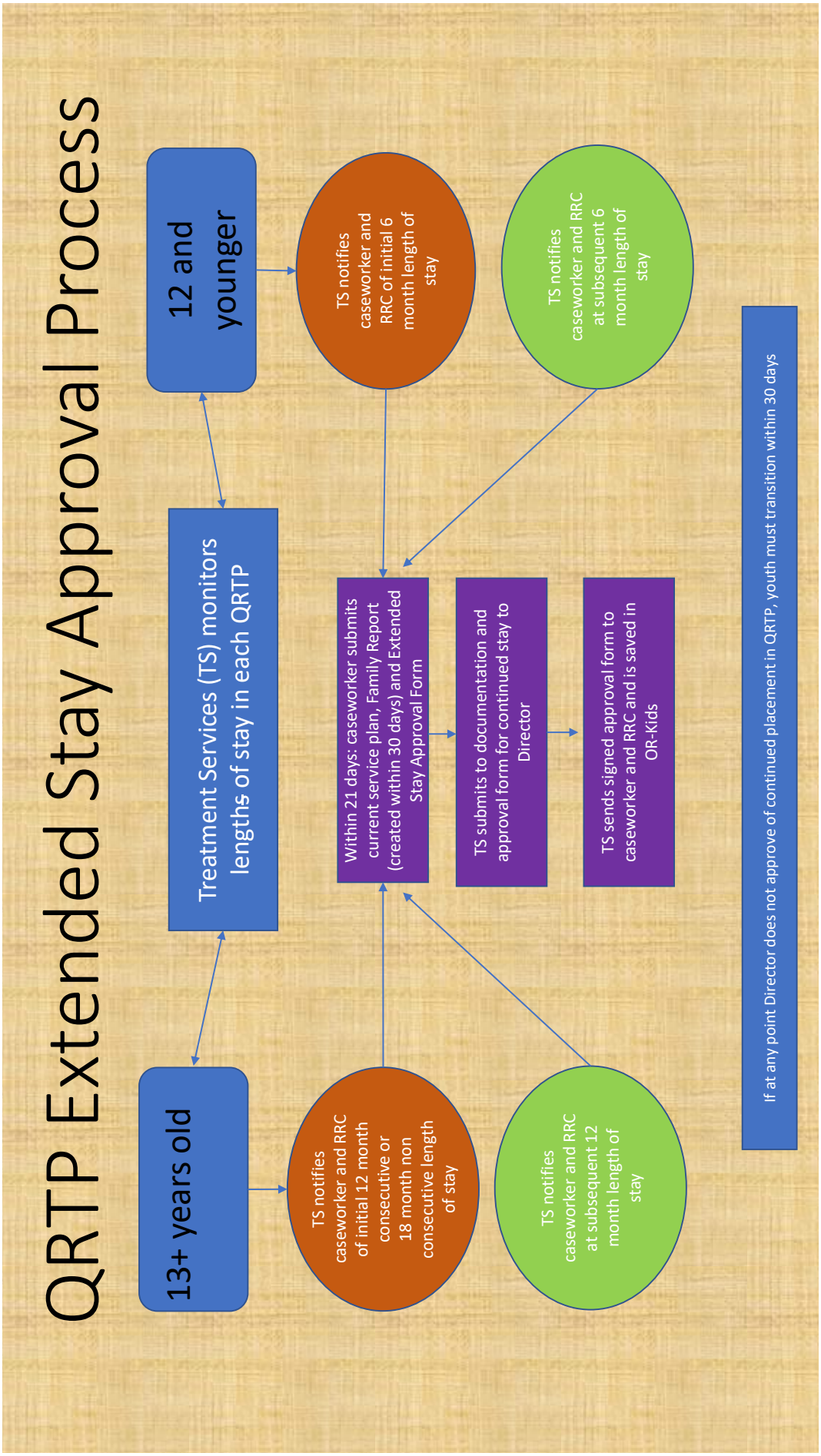
- **Footnotes**
- 1) Email Notification includes:
  - Youth's name, Case Name, county of jurisdiction
  - QRTP Placement & Date placed (or that youth is not currently in QRTP placement)
    - 60-day deadline date if placed
  - Completed QRTP Assessment (or status if incomplete) & Family Meeting Notes

* 87- Provider Placement Notification form/91-BRS Placement Entry Request form

3) At each subsequent hearing for the duration of a QRTP placement, the caseworker must submit supporting documentation providing evidence of continued need for treatment.

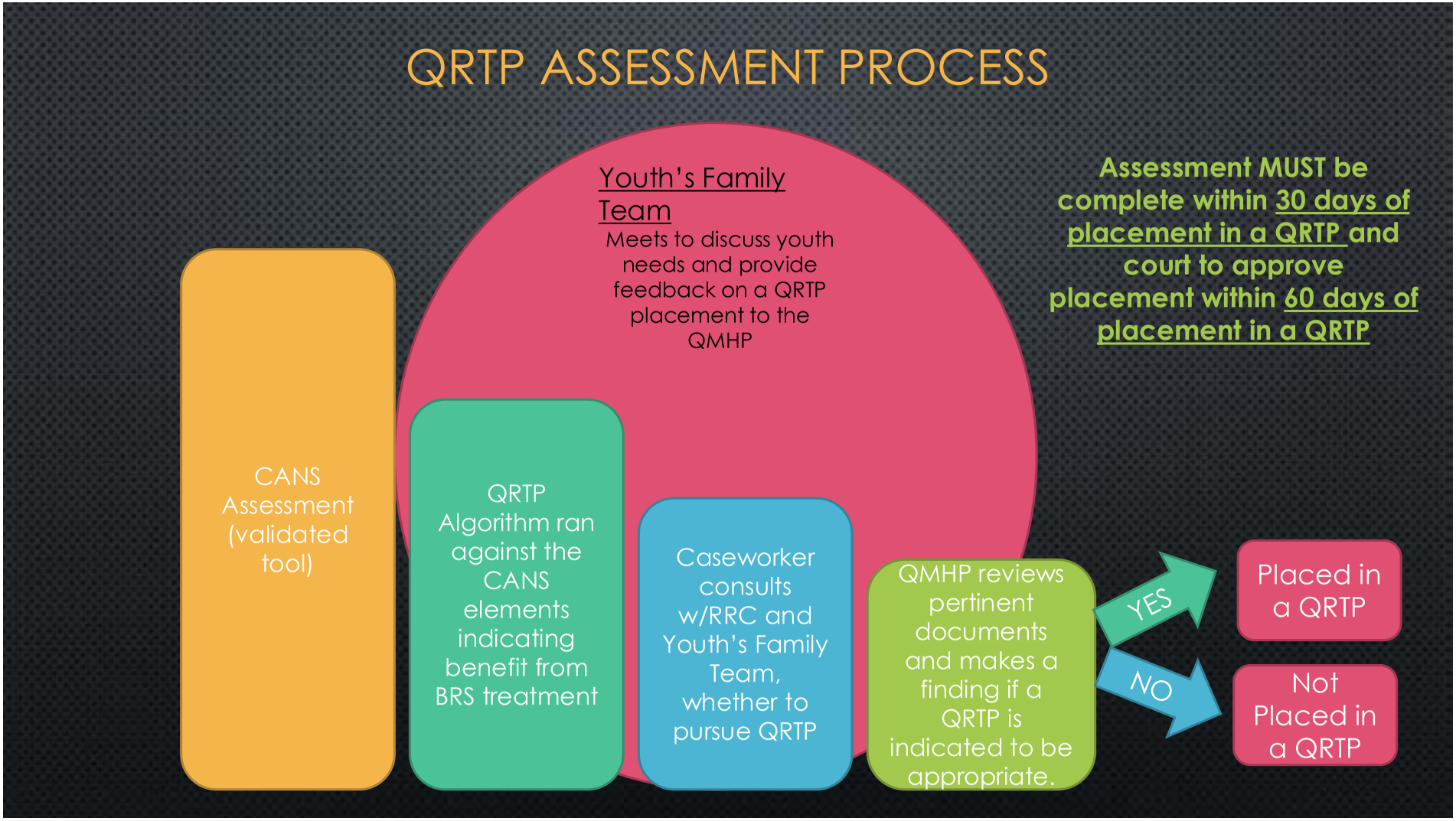
Chapter 5

Appendix 5.37: QRTP Extended Stay Approval Process


QRTP Extended Stay Approval Process
13+ years old
12 and younger
Treatment Services (TS) monitors lengths of stay in each QRTP
TS notifies caseworker and RRC of initial 12 month consecutive or 18 month non consecutive length of stay
TS notifies caseworker and RRC of initial 6 month length of stay
TS notifies caseworker and RRC at subsequent 12 month length of stay
TS notifies caseworker and RRC at subsequent 6 month length of stay
Within 21 days: caseworker submits current service plan, Family Report (created within 30 days) and Extended Stay Approval Form
TS submits to documentation and approval form for continued stay to Director
TS sends signed approval form to caseworker and RRC and is saved in OR-Kids
If at any point Director does not approve of continued placement in QRTP, youth must transition within 30 days

Chapter 5

Appendix 5.38: QRTP Assessment Process


QRTP ASSESSMENT PROCESS
Youth's Family Team
Meets to discuss youth needs and provide feedback on a QRTP placement to the QMHP
Assessment MUST be complete within 30 days of placement in a QRTP and court to approve placement within 60 days of placement in a QRTP
CANS Assessment (validated tool)
QRTP Algorithm ran against the CANS elements indicating benefit from BRS treatment
Caseworker consults w/RRC and Youth's Family Team, whether to pursue QRTP
QMHP reviews pertinent documents and makes a finding if a QRTP is indicated to be appropriate.
YES
NO
Placed in a QRTP
Not Placed in a QRTP

Chapter 5

Appendix 5.39 STAT CANS

STAT CANS

What

An expedited CANS conducted by a direct contracted CANS Screener through Central Office. The STAT CANS is administered virtually.

Who

Children and young adults referred to a Qualified Residential Treatment Program may require a STAT CANS.

How

The CANS referral form, 0802, is completed by caseworker (or designee) and sent to the RRC to facilitate the request. Current and accurate information is critical.

When

When children or young adults do not have a CANS approved within the previous six months at the time of QRTP referral, a STAT CANS is required for the referral to proceed.

Why

A current CANS is now a critical component of assessments (QRTP Assessment) to help determine the most appropriate level of care for a child or young adult.

*The child or young adult's current foster parent/provider should be notified of the STAT CANS referral immediately so the screening can be prioritized.

Chapter 6

Adoption, Guardianship and Other Permanency Plans

Section 1: Adoption Planning

Adoption Planning

Overview

The Department of Human Services is authorized to accept permanent custody of a child for the purpose of planning for adoption. Permanent custody can be conveyed to the department by:

I. A permanent commitment order from a juvenile court following termination of parental rights;

II. A voluntary release and surrender agreement signed by the child's parent; or

III. An order of guardianship from a probate court when both parents are deceased and no relative or significant person in the child's life has stepped forward to establish guardianship.

If the decision is made to pursue adoption for a child in the department's custody, caseworkers must make reasonable efforts to legally free and place the child for adoption in a timely fashion. At the same time, caseworkers continue to have all the same responsibilities they did when the plan was reunification, such as assuring safety during visitation, monitoring safety in substitute care, providing updates to the court and Citizen Review Board, having contact with parents, offering them services and monitoring progress.

Chapter 6 begins at the point the department decides to move to the concurrent permanent plan of adoption or guardianship via an assisted guardianship and concludes when an adoption is finalized or legal guardianship is established.

Critical decision points in chapter 6

I. **Decision to pursue adoption:** When reunification efforts are unsuccessful, but no later than six months from the date the child enters care, the caseworker and supervisor review the concurrent permanency plan to determine if adoption remains the appropriate alternative plan for the child. Refer to section 2 of this chapter for more information about deciding whether adoption is the most appropriate plan.

   When adoption is the appropriate plan for a child, and the parent will not consider voluntary relinquishment, a referral is made to the Legal Assistance Program for consideration of a petition to terminate parental rights.

II. **Legal assistance program staffing:** Prior to requesting the court change the plan to adoption when termination of parental rights is needed to free a child for adoption, the case must be staffed and approved by the legal assistance attorney and legal assistance specialist in Central Office. Consult with a supervisor regarding the branch process to refer for such a staffing and refer to section 2 of this chapter for more information about preparing for a legal assistance program staffing. If, after reviewing the case with the legal assistance attorney and legal assistance specialist, the decision is to file a petition to terminate the parents' rights, the parents and their legal counsel are notified that the department will be asking the court for a permanency hearing to consider a change of plan to adoption, and seeking permission to pursue the termination of the parents' rights. The parents' attorneys will subsequently notify the department what type of communication they authorize us to have directly with their clients from that time forward.

III. **Adoption planning:** When the primary plan for a child shifts to adoption, the department immediately begins adoption planning. This occurs concurrently with the legal efforts to free the child for adoption. Reasonable

efforts must be made to place the child in a timely manner in accordance with the permanency plan. The case plan must reflect that the department has taken steps to find an adoptive family for the child, to place the child with an adoptive family, and to finalize the adoption.

IV. **Termination of parental rights hearing:** The termination hearing is the pivotal point in the department's long-term permanency planning for the child. The department, through legal counsel, presents the department's case for termination of parental rights. If the trial court grants the termination of parental rights petition, the department can move forward with the adoption plan.

V. **Voluntary relinquishment:** When DHS has determined that adoption is an appropriate permanent plan for the child, and after approval has been given by the Central Office's legal assistance specialist and by the parent's attorney, parents may relinquish their rights for the purpose of achieving an adoption.

VI. **Probate guardianship:** When the court has wardship of a child and the department has custody of a child for whom no parent with legal standing is living, the department can pursue probate guardianship as a means of placing the child for adoption. In some instances, when adoption is determined to not be in the best interests of a child, the department may support a guardianship petition filed by relatives or another significant person in the child's life. Legal guardianship, in this instance, transfers legal responsibility for the child from the department to the child's guardian.

VII. **Selection of an adoptive home:** When a child is determined to be appropriate for a legal risk adoptive placement or a child is legally free for adoption, the caseworker refers the child and potential adoptive homes to the appropriate adoption committee for review. The adoption committee selects the family that can best meet the needs of the child. If the committee does not select an adoptive family, the committee makes a recommendation on how to proceed.

VIII. **Adoptive home supervision:** Once an adoptive family is selected and the child is placed, the department provides supervision of the placement until finalization of the adoption and dismissal of the department's custody. Supervision includes support for the adoptive family in providing optimal care for the child during the transition and adjustment process, assistance in achieving timely legalization of the adoption, as well as monitoring and reconfirming the safety of the placement until the time that the department is relieved of responsibility through dismissal of the dependency case in court.

IX. **Post adoption services:** After an adoption is finalized, adoptive families remain eligible for post legal adoption services until such time as the child reaches age 18 or emancipation, whichever comes first. Refer to OAR Chapter 413 division 30, Family Support Services, for more information about how to proceed when a family whose adoption is finalized requests assistance from the department.

B. Receiving a Case

The transfer of a case from one caseworker to another is a stressful time for everyone involved. This is particularly true when the case being transferred is moving toward termination of parental rights and adoption. If a case is transferred during this period of time, special attention needs to be paid to communicating the case history, the safety threats, the case plan, and the needs of the child and their substitute caregiver.

When an adoptive family has been identified, an adoption worker sometimes assumes complete responsibility for the case, and sometimes shares responsibility with the child's caseworker. The transfer of case responsibility to the adoption worker can have significant ramifications for the success of the adoptive placement and the child's future long-term stability. The child's caseworker and the adoption worker need to coordinate their efforts to create a planful transition from one caseworker to the other.

Case management and case supervision responsibilities

Case management and case supervision are terms used in this procedure to distinguish casework responsibilities for children in substitute care or adoptive placements. Often, during adoptive placements, casework activities are shared by more than one caseworker.

Procedure

When case responsibilities are shared it is important that each caseworker understands which of the department's responsibilities are assigned to each worker. The casework responsibilities include:

I. Case management responsibilities:

   A. Review and update the IIS system when needed.

   B. Maintain required contacts with the child, substitute caregiver, safety service providers, and parents (if required). Refer to chapter 4, section 9.

   C. Review of the ongoing safety plan every 30 days and closure of the ongoing safety plan when appropriate. Refer to chapter 4, section 4, Confirm the Ongoing Safety Plan, and chapter 4, section 13 for Revising an Ongoing Safety Plan.

   D. Review of the case plan a minimum of every 90 days. Refer to chapter 4, section 10, Case Plan Review.

   E. Review of any current action agreement (chapter 4, section 8) or letter of expectation (chapter 4,

section 7).

F. Complete and disseminate the six month narrative recording.

G. Represent the department at the Citizen Review Board.

H. Represent the department in judicial proceedings.

I. Communicate any changes in the overall management of the case to the caseworker providing supervision of the child's out-of-home placement.

II. Case supervision responsibilities:

A. Have contact with the substitute caregiver (this includes caregivers who plan to adopt, but before the adoption finalizes) every 30 days and face-to-face contact with the substitute caregiver in their home every 60 days.

B. Have face-to-face contact with the child every 30 days. Refer to specific procedures in chapter 4, section 9, F, Contact with the Child Placed in Substitute Care.

C. Document in the CW electronic data system the date and content of each contact with the substitute caregiver.

D. Assure the child's safety in the substitute caregiver's home. Document in the CW electronic data system observations about the child's safety in the substitute caregiver's home.

E. Make referrals for services to assist the child or the substitute caregiver.

F. Update the health and education information on the CF 310E and CF 310H.

G. Make visitation arrangements if necessary. Update the Visit and Contact Plan if necessary.

H. Complete the adoption assistance process, when appropriate.

I. Communicate progress with the placement to the caseworker providing case management services.

J. Finalize the adoption.

III. Make a clear determination of which case responsibility each worker will assume responsibility for and document the decision.

Case responsibilities when a case is transferred prior to the child becoming legally freed for adoption

If a case is transferred after a legal assistance staffing and before a termination of parental rights hearing or the parent signs a release and surrender document, both the child's caseworker and the receiving caseworker share responsibility for a smooth transition of case information and relationships. The procedures below indicate the ideal process.

Procedure

Responsibilities of the child's caseworker

I. Arrange a time, prior to a meeting with the child and their substitute caregiver, to staff the case with the receiving caseworker. The child's caseworker discusses the following case information with the receiving caseworker:

A. The details of the current case plan.

B. The safety threats that required out-of-home care for the child, the ongoing safety plan, the lack of progress on the expected outcomes of the case plan, and the parent's inability to enhance protective capacity.

C. The participants in the case plan. Discuss each participant's role in the case plan, the work that has been done with them, and the work that is currently in progress.

D. The information that was shared at the legal assistance staffing.

E. The case file. If information in the case file is incomplete, decide which caseworker will be responsible for completing the required work.

F. The information about the child's substitute caregiver and their ability to provide a safe environment for the child and the child's adjustment to the placement.

G. The content of the visitation and contact plan. The receiving caseworker assures that the plan continues uninterrupted. Discuss how the visitation plan aligns with the ongoing safety plan and how the child's safety is managed during visitation. Determine when responsibility for the visitation plan will transfer to the receiving caseworker.

H. The status of the adoptive placement, including:

1. Whether there are interested relatives.
2. The status of the diligent relative search.
3. Whether the current caretaker is interested in adoption.
4. Designation of the adoptive placement.

I. The child's safety in the current placement.

1. If the child is currently in a safe environment, the child's caseworker reviews how the conditions of a safe environment have been confirmed.
2. If the child is currently safe in their placement, but the conditions of a safe environment are not fully met, the child's caseworker and the foster home certifier review any current placement support plan with the receiving caseworker. If the child's caseworker has a role in the support plan, both caseworkers, in consultation with the foster home certifier, decide when responsibility will shift to the receiving caseworker.

II. Schedule a visit to introduce the receiving caseworker to the child and the substitute caregiver. The child's caseworker:

A. Explains to the caregiver and the child why the case is being transferred to the receiving caseworker.

B. Reviews the case plan with the caregiver and the receiving caseworker to be sure everyone has the same information.

C. Reviews the child's safety in the placement with the substitute caregiver and the receiving caseworker. If the caregiver has a current placement support plan, and the child's caseworker has a responsibility in this plan, identify when these responsibilities will transfer to the receiving caseworker.

D. Spends time with the child to introduce the child to the receiving caseworker.

E. Determines whether more than one visit with the child and their substitute caregiver and the receiving caseworker is necessary for a smooth transition.

III. Schedule a meeting with the child's parents and the receiving caseworker. If the case plan is adoption and approval for filing a termination of parental rights petition has been given, discuss this visit with the legal assistance attorney and obtain the parent's attorney's permission prior to scheduling a visit. At the visit, complete the following activities:

A. Introduce the receiving caseworker and explain the reason for the case transfer.

B. Review the existing case plan with the parents and the receiving caseworker.

1. Answer any questions either party may have about the plan.
2. Refer the parents to their attorneys for questions involving legal advice or legal implications of decisions the parent is making.

C. Review the safety threats that required out-of-home care for the child, the ongoing safety plan, the lack of progress on the expected outcomes of the case plan, and the parent's level of protective capacity.

D. Review the visitation and contact plan with the parents and the receiving caseworker. When approval has been given to file a petition to terminate a parent's rights, staff with the legal assistance attorney any proposed changes in visitation that are being considered.

Responsibilities of the adoption (receiving) caseworker

I. Complete the following activities within five days of receipt of the case from the child's caseworker:

A. Review the child welfare case history, case documentation and the actions and decisions made at the legal assistance staffing. Refer to chapter 4, section 3, parts B and C, and section 9 which address issues including: meeting the child, reviewing the visit and contact plan, answering the child's questions, making observations regarding the child's and caregiver's adjustment, child well-being and safety in the substitute placement, providing contact information to the child and caregiver, meeting with the substitute caregiver, and confirming the child's safety.

B. Contact all the participants in the safety plan to verify their continued commitment to the plan and to determine whether the ongoing safety plan is sufficient to manage the child's safety. Modify the safety plan if circumstances have changed.

C. Contact the foster home certifier if the substitute caregiver has a placement support plan, to confirm the transfer of the case and reaffirm any responsibilities they might have in the placement support plan.

D. Have face-to-face contact with the child within five working days of receiving the case.

E. Document in CW electronic data system your efforts to familiarize yourself with the case plan and document the review of the child's ongoing safety plan.

II. Notify Central Office Adoption Services Unit of the case transfer and to consult on case planning if needed, whenever Central Office Adoption Services Unit has an open adoption file.

General considerations when a case is transferred during the adoption process

Procedure

Responsibilities of the child's caseworker

I. Complete a CF 333f, Transfer Narrative unless a case plan has been written or updated within the last 30 days.

II. Upon receiving notice from the Adoption Services Unit that a child is legally freed for adoption, and prior to the adoptive family receiving a CW electronic data system case number, open a plan for the child under the birth family's case number.

III. As soon as the adoptive family is assigned a case number, move the child's plan to the adoptive family's case number. A memo with instructions is provided from Central Office Adoption Services Unit when this occurs.

IV. When the child is transitioned to a home for the purpose of adoption, take primary responsibility for planning and implementing a transition from one home to the other. Refer to section 9 in this chapter of the procedure manual for more information about transitioning the child to an adoptive placement.

V. Determine the important people in the child's life who need to know the child is moving to an adoptive placement and notify them of the move. The child's attorney, CASA and tribe, if involved, must be notified.

VI. To avoid a gap in service, the child's caseworker assumes responsibility for every aspect of case management and supervision of the placement until such time as the case is transferred to another caseworker or the adoption plan is finalized.

Responsibilities of the adoption (receiving) caseworker

The child's court wardship does not transfer when a child moves to a home in another county for the purpose of adoption. When an adoption worker assumes case management responsibilities, responsibility for the administrative reviews can transfer to the receiving worker when the following procedure is followed. However, communication with the court of original jurisdiction is not transferred to the receiving worker, but instead stays with the caseworker in the county of the child's jurisdiction.

Procedure

VII. If the child is moving to another county because of placement into a home for the purpose of adoption, the caseworker in the county of the child's jurisdiction notifies the CRB in the new county of the child's new location and requests a CRB date. Once given, the caseworker in the county of jurisdiction can cancel the CRB in the original county. When this occurs, the adoption caseworker will be notified of the CRB date and will update the 333 narrative and be present for the review.

Case responsibility when a child is legally free for adoption and placed in an officially designated adoptive home

Procedure

Responsibilities of the child's caseworker

I. Upon written notification from the Adoption Services Unit that a child is legally free for adoption, open an XADP plan for the child.

II. When the child's caseworker supervises the adoptive placement, open an XSUP plan under the child's plan.

Responsibilities of the adoption (receiving) caseworker

III. When an adoption worker supervises the placement, open an XSUP service under the child's plan.

IV. When the case is completely transferred to an adoption worker, they assume responsibility for all aspects of case management and case supervision. In some instances, when a child is legally freed and placed in an officially designated adoptive home, it may be in the best interests of the child for the child's caseworker to supervise the adoptive placement. The supervisor for the child's caseworker must review and approve this decision.

Case responsibility when a child is legally free and the plan is to be placed through or by a licensed private adoption agency

Procedure

Responsibilities of the child's caseworker

I. Prior to scheduling an adoption committee, determine if a personal services contract is in place for the private adoption agency by contacting the Technical Assistance Unit contract coordinator in Central Office. Refer to chapter 6, section 9 for additional information about personal services contract requests and ICPC, if the child is placed out of state.

II. Continue case management and case supervision responsibilities when a child is legally freed and placed in an adoptive home developed by a licensed private adoption agency. The case record and wardship stay with the branch until the adoption is finalized.

III. Upon written notification from the Adoption Services Unit that a child is legally free for adoption, open a XADP plan for the child.

   A. If the child is placed with a private agency adoptive home enter a XSUP service.

   B. If the private agency adoptive home is out-of-state, enter a TRCK service.

IV. Work with the private agency adoption worker, the adoptive family and the substitute caregiver to facilitate the child's move to the private agency's adoptive home. Work with others who may be involved with the child to facilitate a smooth transition for the child, such as the child's therapist, treatment provider or school staff.

V. Retain responsibility for the safety of a child in the department's custody.

   A. When a child is placed with an adoptive home licensed by the State of Oregon or certified for foster care by the private adoption agency, continue to have face-to-face contact with the child and contact with the adoptive family every 30 days, and face-to-face contact with the adoptive family and child in their home a minimum of once every 60 days. Ideally these supervisory contacts are made in concert with the private agency adoption worker.

B. If the child is placed in a private agency adoptive home in another county in Oregon, request courtesy supervision by the department in the county where the child is residing. The assigned caseworker in the county of jurisdiction remains responsible for the child's safety until a caseworker in the receiving county is assigned.

C. These visits, and the caseworker's observations about the child's safety in the adoptive home, are documented in the CW electronic data system. Also refer to chapter 4, 9 F regarding contact with the child in out-of-home care.

VI. Once the child is placed in the private agency adoptive home, the private agency adoption worker sends the child's caseworker quarterly progress reports and a final progress report recommending that the adoption be finalized.

Case responsibility when a child is legally freed and placed with another state child welfare agency

Procedure

Responsibilities of the child's caseworker

I. Prior to placement, complete an Oregon Interstate Compact for the Placement of Children (ICPC) referral packet requesting approval of a placement in another state. Refer to the ICPC section of chapter IV and section 9 C in chapter V for procedures on interstate placements.

II. Prior to moving a child to an out-of-state adoptive placement:

A. Notify the court of the plan to place the child in an out-of-state placement.

B. Take steps to ensure the appropriate contracts are in place and the medical coverage is in place. See chapter 6, section 9.

C. Develop a transition plan involving the significant people in the child's life. Refer to section 9 A of this chapter for more information on transitioning a child.

D. Make travel arrangements for the child once you have received an authorization number from Oregon's ICPC coordinator. Refer to the ICPC section of chapter 5 and section 8 C of chapter 6 for more information on out-of-state placements and travel arrangements.

III. When the child is placed in an out-of-state adoptive home, complete three copies of the CF100B and mail these to the Oregon ICPC office. Upon receipt of the CF100B, the receiving state's adoption worker begins supervision of the adoptive placement.

A. The adoption worker in the receiving state sends, through their ICPC coordinator, quarterly progress reports and a final progress report when the adoption is ready to be finalized.

B. The caseworker in Oregon will need to communicate with the out-of-state worker to indicate when the case is ready for finalization. Refer to section 13 for more information on finalizing the adoption and final reports.

IV. Continue case management responsibilities when a child is placed with an adoptive family in another state. The case record and wardship stay with the branch until the adoption is finalized.

V. Upon written notification from the Adoption Services Unit that a child placed for adoption in another state is legally free for adoption, open an XADP plan for the child and a TRCK service under the child's plan. The child remains under their birth family's case number until the adoptive family is issued a case number. When the adoptive family receives a case number, the adoption plan is moved to the adoptive family's case number.

Case responsibility when a child is legally freed and adopted by their current caretaker

Procedure

Responsibilities of the child's caseworker

I. When the current substitute caregiver adopts a child in their care, continue the case management and case supervision until the adoption is finalized.

II. Upon written notification from the Adoption Services Unit that a child is legally free for adoption, open an XADP plan in the child's name, with an XSUP service.

Case responsibility when the plan is to place a child in a legal risk adoptive placement

Procedure

Responsibilities of the child's caseworker

I. If a child may potentially move to another home and the child is not yet fully free for adoption, obtain approval from the legal assistance specialist and legal assistance attorney for a legal risk placement before scheduling an adoption committee.

II. If the potential adoptive placement is out of state, contact ICPC to check whether that state will accept a legal risk adoptive placement. If the state does not, additional steps will need to be taken. ICPC and the Technical Assistance Unit contract coordinator in Central Office can assist with these situations.

III. Prior to placing a child in a legal risk adoptive placement, discuss the risks of a legal risk placement with the prospective adoptive family.

IV. Notify the Adoption Services Unit of the legal risk placement and request an ARMS 3010, "Legal Risk Placement Agreement."

   A. Have the prospective adoptive parents sign the ARMS 3010, acknowledging they understand the uncertainty of a legal risk placement.

   B. Send the signed ARMS 3010 to the Adoption Services Unit for the adoption program manager's signature.

V. When a child is placed in a legal risk adoptive home, continue case management and case supervision responsibilities and continue to work with the legal assistance program staff to free the child for adoption.

VI. Supervision of a legal risk adoptive placement, including responsibility for confirming a safe environment, depends on where the child is placed.

A. The child's caseworker is responsible for placement supervision when:

1. A child is moved to an officially selected adoptive home, the child's caseworker and their supervisor decide it is in the best interests of the child for the child's caseworker to continue to supervise the placement.
2. The child remains with their current caregiver.
3. The child is placed in a private agency adoptive home in Oregon, in conjunction with the private agency adoption.

B. If the child moves to an officially selected adoptive home, the adoption worker for the adoptive family provides placement supervision.

C. If the child is placed in an adoptive home in another state, the adoption worker for the receiving state provides placement supervision.

VII. Upon placement in a legal risk adoptive home open an XADP plan in the child's name. The child remains under their birth family's case number until the adoptive family receives case number. The XSUP service is opened by the caseworker supervising the placement.

The supervisor's role

I. When case responsibilities transfer, ensure that the involved caseworkers make a concerted effort to facilitate a smooth transition for the child, parents, substitute caregiver, and the family who intends to adopt the child. Monitor that the activities and timelines required for case transfers are adhered to.

II. Provide direction when there are concerns about whether the ongoing safety plan is adequate and when certification standards are not being met.

III. If a safety threat exists, determine what needs to be done to protect the child at this time, including implementing a protective action when needed. Ensure an intake screener is immediately notified if the safety issue constitutes a safety threat that had not previously been identified. Ensure documentation is adequate.

IV. Upon case transfer, ensure that information from the legal assistance staffings has accurately been shared with the receiving caseworker.

V. If at the time of case transfer the case file is incomplete, provide direction as to which worker is responsible for completing the required work and monitor that needed items are completed.

VI. If there are concerns about the substitute caregiver's ability to provide a safe environment or concerns about their ability to assist the child to transition or adjust to a placement, provide assistance and direction to the caseworker.

VII. If a placement support plan is in place in the child's substitute caregiver's home, ensure that the involved caseworkers and certifiers have met to discuss the issues and that there is clarity for the caseworker as to his/her role in monitoring the child's safety and the issues of concern.

VIII. Make decisions about which responsibilities will fall to each of the involved caseworkers when there are options as to who is assigned which tasks.

Forms and references

ORS

I. ORS 418.285

II. ORS 419B.498

OARs

I. OAR Chapter 413, division 080, Monthly Contact and Monitoring Child and Young Adult Safety

II. OAR 413-040-0005 to 0032, Developing and Managing the Case plan

III. OAR 413-040-0100 to 0170, Substitute Care Placement Reviews

IV. OAR 413-070-0880 to 0974, Guardianship Assistance

V. OAR Chapter 413, division 120, Adoption

Forms

I. CF 0310E, Education Information for Children

II. CF 0310H, Health Information for Children

III. CF 0439, Legal Assistance Checklist

IV. CF 0333f, Transfer Narrative

V. CF 1044, Interstate Compact Financial/Medical Plan

VI. CF 0100A, Interstate Compact on the Placement of Children Request

VII. CF 0100B, Interstate Compact Report on Child's Placement Status

VIII. ARMS 3010, Legal Risk Placement Agreement

C. Determination of Legal Parties

The initial steps to identify all persons with a legally recognized right to a child in out-of-home care should be completed within 30 days of the child's initial removal. Directions for establishing legal paternity can be found in chapter 9 and in chapter 3, section 16, Identifying Legal Parents.

By the time a case is under consideration for referral to the Legal Assistance Program, this work should have been completed and documented in the case file. Prior to making a referral for a legal assistance staffing, the caseworker reviews the case record to confirm that this work was completed and all of the parties with a legally recognized right to the child have been identified. If there is any question about the legal status of a party to the case, this issue

must be resolved before a case can proceed to a termination of parental rights hearing or before accepting voluntary relinquishment of parental rights.

Procedure

I. Review the case record.

   A. When preparing a referral for a legal assistance staffing, confirm all persons who have a legally recognized parental or guardianship relationship to a child have been identified.

   B. Verify that the following information has been obtained and is in the case file:

      1. A copy of the child's birth certificate.

      2. A statement from the child's mother and father (if whereabouts are known) as to the child's paternity and a history of the mother's marriages and divorces.

      3. A CF 418, Father(s) Questionnaire, completed by the mother.

      4. If the child's parents are unavailable, documentation provided by the child's relatives and interview notes from contacts with the child's relatives documenting information related to the child's paternity and history of the mother's marriages and divorces.

      5. Attempts to locate absent parents with legal standing and results of those searches. Appendix 5.01, Fathers at a Glance and Search and Notice Requirements, provides more detail regarding those who have legal standing and require searches if absent.

      6. Letters have been sent to any known or possible addresses for putative fathers when necessary. Appendix 5.01 provides more detail about who needs to receive a notification letter. Refer to Appendix 5.02, Letter to Putative Father (referred to as Randolph Jones letter).

      7. If a parent is deceased, there is a copy of the death certificate in the "Essential Information Packet" of the case file.

   C. The local office has checked the Division of Child Support (DCS) of the department of Justice screens to determine if they have information about the child's paternity or the State Recovery Central Unit in DCS has been contacted for up-to-date information.

   D. If legal guardianship has been established on the child, a copy of the order establishing guardianship is in the "Other Legal" section of the case file.

II. If, after reviewing the available information in the case record, you cannot determine who has a legally recognized right to the child, seek consultation.

   A. Options for consultation include:

      1. The Central Office specialists, consultants and coordinators such as legal assistance specialists, protective services consultants/coordinators, family based services consultants, and foster care coordinators.

      2. Attorney General's Office, General Counsel of the Human Services Section, or Family Law attorneys may be utilized.

   B. Consultation is especially critical when:

      1. There is uncertainty as to the putative father's rights.

2. Paternity is disputed.
3. There appears to be some combination of presumed legal and putative fathers.

   – OR –

4. The child was born in a state other than Oregon.

III. Discuss the issue of legal party status at the legal assistance staffing.

The supervisor's role

I. Confirm the caseworker has identified and has supporting documentation in the case record for all persons with a legally recognized relationship with the child prior to the legal assistance staffing.

II. If the caseworker cannot confirm, or is unable to identify all persons with a legally recognized relationship to the child, assist the caseworker to identify what additional steps they will need to take prior to a legal assistance staffing.

Forms and References

Oregon Revised Statutes

I. ORS 109.119

II. ORS 109.125

III. ORS 419b.875(1)(c)

IV. ORS 419b.839

V. ORS 419b.395

OAR

OAR 413-010-0010 to 0075, Confidentiality of Client Information

Forms

CF 0418 Father's Questionnaire

D. Consulting with Parents Considering Adoption

When birth parents are considering releasing a child for adoption, or when the department has determined that adoption is an appropriate permanent plan for the child, the parents need services as an essential part of permanency planning.

Services for birth parents considering adoption

Procedure

I. Assist birth parents to fully explore the range of options available to them in developing a permanent plan for their child by doing the following:

   A. Assist birth parents to evaluate the supports they would need if they were to raise their child.

   B. Make referrals for appropriate services.

   C. Discuss the options within adoption and the consequences of each option including:

      1. Voluntary relinquishment as compared to contested termination of parental rights and stipulating to termination of parental rights.

      2. Impact of involuntary termination of parental rights, including grounds for future aggravated circumstances findings.

      3. Refer parents to their attorneys for further exploration of these issues and legal advice.

   D. Assist birth parents to explore the various levels of openness that are possible in adoption, and the extent to which they may desire openness, with the understanding that the degree of openness in adoption will be that which is in the best interest of the child and to which the adoptive parents can agree.

      1. Do not make promises about any level of openness that may be available.

      2. Relinquishments cannot be conditional, including conditions upon the type of openness that may be offered.

      3. Refer to section 8 of this chapter for more information about mediation in adoption.

   E. Talk to birth parents about grief and loss inherent in adoption.

   F. Advise the parents of the legal impact and permanence of releasing their child.

   G. Assist birth parents who are in disagreement regarding the appropriate plan to come to agreement. Consider whether a referral to counseling and/or utilizing the parents' attorneys could be appropriate.

II. Provide the above services to all fathers who have legally recognized parental relationships.

III. In the case of an Indian child:

   A. Determine the tribe's position about adoption and the tribe's support of voluntary relinquishment and placement preferences before the discussion with the parents so that viable options can adequately be discussed.

   B. Involve the tribe in the discussion with parents of an Indian child, whenever possible.

C. Provide the above services to a biological father who acknowledges paternity, even if he has not otherwise established paternity.

IV. Provide birth parents with referral to services that support them as individuals, in addition to providing assistance in planning for their child. These provisions of services are not contingent upon their decision to select adoption as the plan for their child.

V. Inform parents about the Voluntary Adoption Registry program. Refer to section 1 E of this chapter for more information.

To ensure informed decision making

Procedure

I. Inform the birth parent that the department cannot honor any request of the birth parent to place the child with a family of a preferred race, color or national origin unless this child is an Indian child, in which case the department follows the requirements of the Indian Child Welfare Act. Such placement requests are in conflict with the Multiethnic Placement Act.

II. When the birth parent of an Indian child wishes to relinquish their child for adoption, inform the parent that if no different order of preference has been established by the child's tribe for adoptive placement, the department gives preference to placing the child with a member of the child's extended family, other members of the Indian child's tribe or other Indian families.

Disclosure of information

Procedure

I. Before the child's placement, DHS may provide birth parents with non-identifying background information about their child's adoptive family, if such disclosure is in the best interest of the child.

A. Consult with the supervisor to determine when this is appropriate and what type of information may be shared. Examples of situations that may be appropriate for such disclosure are when a birth parent is considering voluntary relinquishment or when referring for mediation regarding post adoption communication.

B. Obtain the prospective adoptive family's permission before sharing background information about the family, even if it is non-identifying.

II. Inform the birth parents that information related to their identity may be disclosed to the child at some point in the future.

III. Inform the birth parents of the Health Division Form 45-29, Contact Preference Form, and of the Voluntary Adoption Registry. A copy of the Public Health Division Form 45-29 can be accessed through the following web site address:
http://www.oregon.gov/DHS/ph/chs/docs/contact.pdf

IV. If a parent wishes to relinquish, refer to chapter V, section 2 for more information on the procedure regarding relinquishment.

Adoption options when child has not been placed in the temporary or permanent care of the department and there are no safety threats to the child

Procedure

I. As long as there are no safety threats to the child, inform the birth parent they may want to consider a private adoption agency as an alternative to the department for the adoption of their child.

II. Take into consideration any special needs of their child and discuss with the parent which private adoption agencies may best be able to meet the needs of their child if the birth parent is interested in a private adoption agency. Consult with an adoption placement specialist and/or legal assistance specialist for more information.

III. Give the birth parent opportunity to consider all available resources before they decide which agency to use.

IV. If the birth parent decides to contact a licensed private adoption agency to arrange for an adoption of their child:

   A. Provide the birth parent with referral information to proceed with a private agency adoption.

   B. Make a follow-up contact with the birth parent to determine if they contacted a private adoption agency and provide any further support they might need.

V. If the birth parent would like to use the department for the adoption of their child, refer to "Freeing a Child for Adoption Through Voluntary Relinquishment" for more details.

Tip

DCS screens are not to be printed or kept in the case file. However, notations about individuals being pursued regarding paternity can be documented in the case file.

The supervisor's role

I. Provide support and guidance to the caseworker working with a family that is considering adoption as a plan for their child.

II. Provide direction to a worker before any non-identifying information about a prospective adoptive resource is shared with a birth parent. Ensure that the prospective adoptive family has given permission for such disclosure of non-identifying information.

III. Ensure workers are clear about the role of the parent's attorney in discussions about relinquishment of parental rights.

IV. Provide direction to the caseworker when one parent wishes to relinquish his/her rights but the other parent does not. Counseling and/or involvement of the attorneys may be helpful.

V. When birth parents of an Indian child want to consider adoption, review with the caseworker the requirements of the Indian Child Welfare Act to make certain the legal rights of the child and tribe are addressed.

VI. Make certain that the caseworker has discussed the provisions of the Multiethnic Placement Act of 1994 and

the Small Business Job Protection Act of 1996 with the birth parents who wish to relinquish their parental rights.

Forms and Legal References

Federal Law

I. Indian Child Welfare Act

II. Multiethnic Placement Act of 1994

III. Small Business Job Protection Act of 1996

ORS

I. ORS 418.270, Surrender of child to private child-caring agency; consent to adoption; time for adoption proceedings; effect of release and surrender

II. ORS 109.353, Notice of voluntary adoption registry required before judgment entered; waiver

OARs

I. OAR 413-120-0600 to 0635, Openness and Post Adoption Communication Through Legal Assistance Mediation Services

II. OAR Chapter 413, division 110, Pre-Adoption Services

III. OAR Chapter 413, division 115, Application of the Indian Child Welfare Act

IV. OAR 413-070-0010 to 0030, Multiethnic Placements

Forms

V. Public Health Division form 45-29
http://www.oregon.gov/DHS/ph/chs/docs/contact.pdf

E. Notifying Parents of Voluntary Adoption Registry

The Voluntary Adoption Registry is a program through which the Department of Human Services maintains a registry to assist adult adoptees, birth parents and other eligible persons to place their names on a mutual consent registry. This registry provides for the exchange of identifying name and address information and to request non-identifying genetic, social and health history information from an adoption record. The Voluntary Registry also performs certain functions with the state assisted search. When counseling parents about the process of adoption, taking a relinquishment, or at the time of termination of parental rights, the caseworker is required to advise parents of the Voluntary Adoption Registry and the Public Health Division 45-29, Contact Preference Form.

When DHS plans adoption for a child

Procedure

I. Inform the birth parent about the Voluntary Adoption Registry and that adult adoptees may use the registry to attempt to locate their birth parents or seek information about their birth parents. Refer to Appendices 5.12, 5.13, and 5.14.

II. Inform the birth parent of the Public Health Division 45-29, Contact Preference Form. This form can be accessed through the following web site address: http://www.oregon.gov/DHS/ph/chs/docs/contact.pdf. The Contact Preference Form, if one has been filed, will be given to an Oregon born adoptee if the adoptee requests a copy of their original birth certificate from Vital Records at age 21 or older.

III. Provide the parent with a copy of the Voluntary Adoption Registry/Assisted Search Program information letter (Appendix 5.13) and request the parent sign the Adoption Registry Notification Form (Appendix 5.14).

IV. If the parent refuses to sign the Adoption Registry Notification Form, record the date the parent was given a copy of the Voluntary Adoption Registry/Assisted Search Program information and your name as the person who provided that information. Place a copy of that documentation in the branch case file.

V. Once a Central Office Adoption Services Unit file has been opened, send the signed Adoption Registry Notification Form, or a Statement of Verification (Appendix 5.15) noting the date the parent was advised of the adoption registry, to the Adoption Services Unit. This will be required before the finalization of an adoption.

The supervisor's role

I. Ensure the caseworker is aware of the statutory requirement that the parent is informed of the Voluntary Adoption Registry.

II. During the case review, determine if the required information regarding the Voluntary Adoption Registry has been given to parents.

Forms and References

ORS

I. ORS 109.353, Notice of Voluntary Adoption Registry Required Before Judgment Entered; waiver

II. ORS 109.450, Child Placement Agency to Maintain Registry, Department of Human Services Duties

III. ORS 109.502 through 507, State Assisted Search Program

IV. ORS 109.425 through 500, Voluntary Adoption Registry

OARs

I. OAR Chapter 413, division 110, Pre-Adoption Services

II. OAR Chapter 413, division 130, Post-Adoption Services

III. OAR Chapter 413, division 120, Adoption

Forms

I. Public Health Division 45-29, Contact Preference form
http://oregon.gov/DHS/ph/chs/docs/contact.pdf

F. Role of the Participants in the Legal Assistance Process

Each individual in the legal assistance process has a distinct role to play in the movement of a case from the branch decision to the alternative permanent plan, to the successful termination of parental legal rights or voluntary relinquishment of parental rights. How well each individual understands their role and performs the responsibilities assigned to their role significantly contributes to a timely and successful outcome for the child.

Role of the branch staff

Branch staff are responsible for the designation of a case plan. They determine which cases to refer, and at what point to refer a case for a legal assistance staffing. Once a case is accepted into the Legal Assistance Program, branch staff are the primary link between the day-to-day activities of the case and the legal assistance team.

Role of the legal assistance specialist

The primary responsibility of the legal assistance specialist is to ensure statewide consistency in adoption practice. They consult on all cases referred to the Legal Assistance Program. The legal assistance specialist is responsible for authorizing payment for legal assistance attorneys' services and expenses related to the termination of parental rights process. They are the primary link between branch staff and the legal assistance attorneys. When voluntary relinquishment is the sole means by which the child will be freed for adoption, the legal assistance specialist will staff the case with the branch and will have relinquishment paperwork issued upon receipt of required materials.

Role of the legal assistance attorney

The legal assistance attorney, whether an assistant attorney general (or deputy district attorney in Multnomah County) is responsible for determining legal sufficiency in order to pursue termination of parental rights. For those cases accepted into the Legal Assistance Program, the legal assistance attorney files a petition and represents DHS in termination of parental rights court proceedings.

Chapter 6

Section 2: Freeing a Child for Adoption

Freeing a Child for Adoption

A. Freeing a Child for Adoption through Termination of Parental Rights

When a caseworker and their supervisor determine that a child is appropriate for adoption, and the parent will not voluntarily relinquish their parental rights, the caseworker shall refer the child's case to the Legal Assistance Program for consideration of petitioning the court to terminate parental rights. If the child's case is approved to pursue freeing the child for adoption and the court concurs, the legal assistance specialist and the legal assistance attorney will work with the caseworker to prepare and litigate the case.

Decision on appropriateness of adoption as a permanency plan

Procedure

I. Before referring a child to the Legal Assistance Program:

A. Staff the case with the supervisor to determine if adoption continues to be the most appropriate alternate permanent plan for the child.

1. Consider the following to make this determination:

- Is adoption in this child's best interests?
- Can the child can be placed and maintained in an adoptive placement?
- Does the child have one or more appropriate and available possible adoptive resources who are informed of the child's needs and supports available through adoption assistance and wish to adopt the child? – or –
- If no particular resource is identified, are there available adoptive resources within the general applicant pool of resources?
- Is the child believed to be able to attach to another family or accept new parents through adoption? Is there a therapist or professional evaluator who has made this statement?
- Does the child have relatives who are interested in adoption? If so, does the relative prefer another permanent plan such as guardianship? If so, would that plan be a more appropriate plan for this child?
- If the child is 12 or older, has the child been involved in discussions about adoption and would the child consent to his or her own adoption? The child is legally required to consent to the adoption if 14 or older.
- If a child is not in agreement with adoption: What is the child's understanding of adoption and what has been done to work with the child about the hesitancy to be adopted? Would counseling or other services to further explore the idea of adoption be helpful?
- If an ICWA case, have issues in #2 (below) been adequately addressed?

B. In the case of an Indian child, verify that the department has communicated with the tribe, included the tribe in permanency planning on an ongoing basis, and that the documentation of such is in the child's

case record as is required through the Indian Child Welfare Act (ICWA). Be able to answer the following or verify the following have occurred:

1. Does the tribe agree with adoption as the plan for the child?
2. Does the tribe support termination of the parent's rights if the parent is not voluntarily planning adoption?
3. Has the department discussed with the tribe available placement resources and has the department asked the tribe about any resources they may know of or have available to them?
4. What is the tribal placement preference?
5. Has the department asked the tribe to provide their position about the above in writing? And is this documentation in the file?

C. Document the determination about the appropriate permanency plan.

1. If adoption remains the most appropriate alternative permanent plan for the child, document that decision in the case file.
2. When the caseworker and supervisor believe adoption is no longer an appropriate permanent plan for the child, submit a recommendation in writing to the district manager or designee. The recommendation must include the compelling reasons why adoption is not an appropriate permanency plan.
3. Refer the case to a Permanency/Adoption Council Committee for a determination of the appropriateness of adoption when the district manager or designee disagrees with the caseworker/supervisor recommendation or wishes to seek consultation regarding the recommendation.
4. When unclear whether adoption is the appropriate permanent plan for a child, or when uncertain as to whether there would be adequate adoptive resources, contact the chairperson of the Local Office Permanency Adoption Committee to schedule a staffing. This staffing must occur within sixty days of meeting with the supervisor.
5. The committee representative records this decision, using the appropriate committee form, and gives a copy to the caseworker.
   - Keep a copy for the branch file and send a copy of the committee's decision to the Adoption Services Unit to be included in the child's Central Office file.

Extreme conduct and early referral to the legal assistance program

Certain substitute care cases present indicators at intake, or early in case planning, that return of the child to the birth parent(s) is highly unlikely, and an early referral to the Legal Assistance Program is warranted.

Procedure

I. Staff the case with the supervisor to decide whether to make a referral for an expedited legal assistance staffing. Cases appropriate for early consultation are those that come under the "extreme conduct" section of the Oregon termination of parental rights statute (ORS 419B.502), which includes but is not limited to:

A. Rape, sodomy or sex abuse of any child by the parent.

B. Intentional starvation or torture of any child by the parent.

C. Abuse or neglect by the parent of any child resulting in death or serious physical injury.

D. Conduct by the parent to aid or abet another person who, by abuse or neglect, caused the death of any child.

E. Conduct by the parent to attempt, solicit, or conspire to cause the death of any child.

F. Previous involuntary terminations of the parent's rights to another child, if the conditions giving rise to the previous action have not been ameliorated. – OR –

G. Conduct by the parent that knowingly exposes any child of the parent to the storage or production of methamphetamine or its precursors.

II. Request a legal assistance staffing when the supervisor agrees that a case qualifies as "extreme conduct," and that adoption is the appropriate permanent plan.

Initial referral to the legal assistance program for termination of parental rights

Procedure

I. In consultation with the supervisor, confirm that the case meets the following criteria before referring for a legal assistance staffing:

A. Remedial services to all parents with legal standing have not resolved the safety and permanency issues for the child.

B. Adoption is the most appropriate alternative permanent plan for the child.

C. Assistance is needed in formulating a legal means to free the child for adoption.

D. The child is in out-of-home placement (shelter, foster or relative care).

E. The child is in DHS temporary custody through a shelter/detention order or temporarily committed to DHS as disposition to a jurisdictional order.

F. The case should be staffed as soon as appropriate for consideration of filing a petition to terminate parental rights, but no later than the Adoption and Safe Families Act (ASFA) criteria of the child in foster care 15 of the last 22 months without a compelling reason not to file a petition to terminate parental rights.

II. Determine with the supervisor that adoption is the appropriate plan for the child and that termination of parental rights will be required to free the child for adoption.

III. Follow supervisor's direction regarding branch process to schedule a legal assistance staffing.

The initial legal assistance staffing

Procedure

I. Bring the following to the initial legal assistance staffing:

A. A completed CF 31, "Legal Assistance Staffing Form" (this form is not required in Multnomah County).

B. The entire case file with filing up to date.

C. A copy of the DHS case file to the staffing if the permanency hearing is already scheduled 30 days or less from the date of the staffing, so that the legal assistance attorney handling the subsequent permanency hearing is adequately prepared.

II. Prepare to discuss:

A. Why adoption is the most appropriate plan for this child.

B. Reason the child came into care.

C. Status of legal parties to the child including:

1. How we determined a person has legal standing and documents that support that determination.
2. Whether the court has established jurisdiction as to specific individuals.

D. Status of the child in relationship to the Indian Child Welfare Act.

E. Services offered to parents and outcomes.

F. Location of parents and availability to legal process. If whereabouts are unknown, whether an absent parent search has been initiated.

G. Status of identified adoptive resources for the child.

H. Status of the diligent relative search.

III. Document in the case record the date of the staffing, but not the content of the staffing. Information from the staffing with the legal assistance attorney is protected client-attorney work product and may not be shared. Notes from the staffing are to be kept in a file separate from the case file and are not discoverable.

Outcomes from the legal assistance staffing

At the conclusion of the staffing, a decision will be made whether or not the department approves of filing a petition to terminate parental rights (TPR).

Procedure

I. If filing a termination of parental rights petition is approved:

A. Follow the recommendations made by the legal assistance attorney and legal assistance specialist, and adhere to specified timelines.

1. The legal assistance specialist completes a CF 0355, “Approval for Legal Assistance Referral.” This form indicates, among other things, the date the legal assistance referral is due and tasks that the caseworker needs to accomplish.
2. Multnomah County is represented by the district attorney’s office to represent the department in termination of parental rights cases. At these staffings, the caseworker receives verbal approval to seek termination of parental rights and is informed when the legal assistance referral is due. Notes from the staffing are provided to the supervisor.

B. Follow the direction given by the legal assistance attorney about how the parents and their attorneys will be notified of the change in case plan.

C. Change the case plan from reunification to adoption only after the court has approved the change of plan. Schedule a permanency hearing to determine the plan. The permanency hearing should occur within 30 days from the staffing.

1. Follow the direction of the legal assistance attorney regarding who requests this hearing and how the request is made, based on local court practices.
2. If the court declines to schedule a permanency hearing upon request by the branch, the local branch staff should contact the legal assistance attorney to file a motion requesting a permanency hearing.

II. Request legal representation for the permanency hearing if it is anticipated the agency plan will be contested by any of the parties.

III. At the permanency hearing, recommend the plan be changed from reunification to adoption and request the court approve the change of plan.

A. Except in the below circumstances (aggravated circumstances), DHS does not request to be relieved of making efforts to reunify the family. Continue to work with the parents until the day of the TPR trial, even if the court has changed the plan to adoption.

B. Consult with the legal assistance attorney if there are barriers to continuing to work with the parent.

C. See tip box below for information on specific permission that is needed from the parent's attorney to have continued conversations with the parent after approval has been given to pursue termination of parental rights.

IV. Work with the assistant attorney general assigned in cases involving aggravated circumstances for advice about continued services for that parent and whether or not DHS will request to be relieved of making continued efforts to reunify with that parent.

V. If the court approves the change of plan to adoption, the petition to terminate parental rights will be filed within 30 days after the court has determined that the permanency plan should be adoption, provided that the Adoption Services Unit and the legal assistance attorney have received all necessary materials. Refer to below heading entitled "After Submitting the 439 packets to the legal assistance specialist and Assigned Attorney," for a list of necessary materials.

VI. Do not request the court change the plan to adoption prior to staffing the case and receiving approval to move to the alternate plan of termination of parental rights or relinquishment of parental rights.

VII. Notify the supervisor immediately and schedule a staffing with the legal assistance attorney and legal assistance specialist if the court changes the plan to adoption when the case has not been staffed and approved for TPR by the legal assistance attorney and legal assistance specialist.

VIII. If the court does not approve the change of plan to adoption as recommended by DHS, immediately notify the supervisor, the legal assistance attorney and the legal assistance specialist so that further planning can be done. If DHS believes the court's decision is not in the best interest of the child, an appeal or other legal action may be considered. Immediately contact the legal assistance specialist in the Central Office Adoption Services Unit for direction.

IX. If pursuit of termination of parental rights is not approved by the legal assistance attorney and legal assistance specialist, specific direction will be provided at the staffing, outlining what steps to take to continue planning in the case.

The supervisor's role

I. Staff the case with the caseworker to re-determine that adoption is the appropriate concurrent plan. Detail about issues to consider is in above procedure.

II. Staff the case with the caseworker to determine if the case warrants "extreme conduct" designation and early referral for a legal assistance staffing.

III. Staff the case with the caseworker and, if the case is ready for a legal assistance staffing, give approval for scheduling the staffing.

IV. Review the caseworker's preparation to make certain that everything is in order for a legal assistance staffing.

V. Attend the initial and all subsequent legal assistance staffings.

VI. Keep notes about recommendations made from the legal assistance attorney and legal assistance specialist and monitor follow-up.

VII. During consultation on cases that are approved for termination of parental rights, ensure that the caseworker is keeping the legal assistance attorney updated about changes in the case, is providing updated discovery on an ongoing basis, and is notifying the attorney right away when legal issues arise and court hearings are set.

VIII. When cases are not approved for TPR, prior to authorizing a case be restaffed, ensure critical recommendations from the last staffing were followed.

Forms and References

Federal Law

I. Adoption and Safe Families Act of 1997, P.L. 105-89

II. Indian Child Welfare Act

ORS

I. ORS 419B.502

OAR

I. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanency Plan

Forms

I. CF 31, Legal Assistance Staffing Form
http://dhsforms.hr.state.or.us/forms/databases/FMPRO

II. CF 355, Approval for Legal Assistance Referral
http://dhsforms.hr.state.or.us/forms/databases/FMPRO

Activities leading to a termination of parental rights trial

The caseworker is responsible for ongoing activities, specific time-limited activities, and for adoption placement activities once a case is approved for termination of parental rights. While sections four through ten of this chapter cover placing activities in detail, this section addresses the other activities that must occur. The caseworker is responsible for keeping the case on track and moving forward toward a termination of parental rights trial and the timely achievement of adoption. The case stands a better chance of progressing in a timely manner when the caseworkers have a good grasp of their role and responsibilities. Pending a termination of parental rights trial, the caseworker is the primary communication link between the events occurring with a case and the Legal Assistance Program.

Communication with the legal assistance team

The legal assistance team consists of the caseworker, the supervisor, the legal assistance specialist and the assistant attorney general assigned to the case.

Procedure

I. Attend all legal assistance staffings scheduled for the case, with the supervisor.

II. Complete recommendations or assignments resulting from a legal assistance staffing as quickly and efficiently as possible.

III. Keep the legal assistance specialist and the legal assistance attorney up-to-date on any significant case developments that take place between staffings.

IV. Send the legal assistance attorney a copy of any new case material (with the exception of IIS or payment forms) to ensure complete and up-to-date records in the file.

V. Only send the legal assistance specialist copies of new case material that are specifically requested by the legal assistance specialist.

Case management and monitoring child safety prior to a termination of parental rights trial

The caseworker continues with all case management activities that occurred when the plan was reunification. In addition, the caseworker makes reasonable efforts to identify an adoptive resource and place the child for adoption, while coordinating these efforts with the legal assistance attorney and legal assistance specialist.

Procedure

I. Continue to have face-to-face contact with the parent every 30 days, unless the parent's attorney does not allow such contact.

   A. During these contacts, continue to assess the parent's progress, changes in parental protective capacity, and monitor conditions for return.

   B. Document these contacts in the CW electronic data system.

II. If the parent's attorney does not allow such contact, notify the supervisor and legal assistance attorney.

A. Narrate in the CW electronic data system, at 30-day increments, that the face-to-face contact with the parent has not been done because the parent's attorney has not authorized such contact.

B. If the parent's attorney later authorizes contact, resume face-to-face contact with the parent and document contacts in the CW electronic data system.

III. Continue to evaluate the parent's progress during the period between authorization to pursue termination of parental rights and a termination of parental rights court hearing. Though DHS needs to continue to offer services, do not refer the parent for new services, or discontinue existing services, without first consulting with the legal assistance team and discussing the matter with the parent's attorney.

IV. Continue the existing visitation plan. There should be no changes in the duration or frequency of visitation without first consulting with the legal assistance team.

V. Continue to monitor the ongoing safety plan and the child's safety through regular contact with the child and caregiver as described in chapter 4 and as required by policy.

Absent parents and publishing notice of termination of parental rights proceedings

When pursuing a termination of parental rights petition, and the whereabouts of a parent are unknown, the branch must complete an absent parent search. This search may be completed by the caseworker or a designated staff person in the office.

Procedure

I. Initiate an absent parent search.

II. If the parent is located, notify the legal assistance attorney who will serve the parent with a notice of the termination of parental rights proceeding.

III. If the parent cannot be located, the person who completed the search prepares, signs and has notarized an affidavit detailing their efforts to locate the parent.

IV. Send this affidavit to the legal assistance attorney. The legal assistance attorney uses the absent parent search affidavit as an exhibit to a motion they submit to the court to allow a notice of termination of parental rights proceedings to be published.

Create a new file for privileged/confidential information

Procedure

I. Prepare a separate file for privileged/confidential information. Privileged and confidential information includes:

A. Caseworker notes from all staffings with the legal assistance specialist and legal assistance attorney.

B. The legal assistance referral.

C. All subsequent notes, letters, etc., exchanged between the caseworker and the legal assistance attorney.

D. All written communication between the caseworker and the legal assistance attorney, including

hand written notes, faxes, letters and e-mails.

II. Privileged/confidential items are considered a "work product" between the legal assistance attorney and the department and are not subject to discovery.

III. Store this file in a location separate from where the case record is stored.

Within the first 30 days of receiving approval to pursue termination of parental rights

Procedure

I. Complete part B and Part C of the CF 0439, Legal Assistance Checklist, and submit this packet of material to the supervisor:

   A. Part B of the CF 0439 consists of:

      1. CF 0439, Legal Assistance Checklist.
      2. CF 0422, Adoption Planning Referral (In Multnomah County the yellow copy of the NCR form goes to the DDA. The rest of the state does not separate the NCR form).
      3. CF 0418, Father(s) Questionnaire.
      4. CF 0423, Adoptive Placement Needs.
      5. The child's original birth certificate.
      6. Original CF 1270, Verification of ICWA Eligibility or memo explaining efforts to obtain this form from each biological parent with legal standing.
      7. Original ICWA correspondence or registered "Return Receipt Request" card signed by a tribal representative with a copy of the letter sent to the tribe.

   B. Part C of the CF 0439 consists of:

      1. CF 0423, Adoptive Placement Needs.
      2. CF 0424, Legal Assistance Referral.
      3. A copy of the child's birth certificate.
      4. A copy of the case record.

II. Submit the material in the CF 0439 packet for supervisory review. The supervisor signs part B of the CF 0439 and sends the packet to the Adoption Services Unit. The supervisor also signs the CF 0424 and Part C of the CF 0439 and sends this packet of information is sent to the legal assistance attorney.

III. If unable to complete either part B or C of the CF 0439 referral packets by the dates due, notify the assigned attorney and assigned legal assistance specialist in writing of the reason for the delay and date the referral can be expected. If the 439 referral packet and legal assistance referral are provided more than 60 days after approval for TPR, a restaffing is required.

IV. Provide discovery to the legal assistance attorney at the same time the above materials are submitted, if the permanency hearing was scheduled more than 30 days from the date of the legal assistance staffing.

V. If significant changes in the case occur between approval for TPR and the submission of the legal assistance referral packet, notify the legal assistance specialist and the assigned attorney. Examples of such significant issues include: the potential adoptive resource may no longer adopt; the department acquires new information that suggests a parent has made significant positive changes that were not known at the time of approval; there are indications that adoption may no longer be the most appropriate plan for the child; there is a new child born to the parents; a father without legal standing acquires legal standing in the case.

After submitting the 439 packets to the legal assistance specialist and assigned attorney

Procedure

I. Within 30 days after submitting the CF 0439 packets to the legal assistance specialist and the referral packet to the legal assistance attorney, submit the following completed documents to Central Office, Adoption Services Unit:

   A. CF 0421, Adoption Child Summary.

   B. CF 0246, Genetic and Medical History of Child and Biological Family.

II. The legal assistance attorney will file the petition to terminate parental rights within 30 days after receipt of the referral packet authorization from the legal assistance specialist and the court has approved the change of plan to adoption.

Initial steps in adoption placement activities

Procedure

I. Once approved for pursuit of termination of parental rights or upon changing the plan to adoption when the parent is voluntarily relinquishing his/her rights, make reasonable efforts to recruit, select and place the child in a timely manner in accordance with the permanency plan. Refer to section 3 through 10 of this chapter for more information regarding the adoption process.

II. Once the plan has changed to adoption, the child should not be moved to a home that is interested in becoming the adoptive placement until there has been an adoptive placement selection. See section 5 and 7 for the procedure for selecting an adoptive placement.

III. If a safety threat is identified, the caseworker must immediately consult with the caseworker's supervisor to determine any immediate protective action required to assure the child's safety AND contact a CPS screener and report the identified safety threat to the child. Document the behaviors, conditions, or circumstances observed and any immediate protective actions in the CW electronic data system.

IV. Unless indicated otherwise, it is in the best interests of siblings to be placed together. Refer to section 3 in this chapter for more information on sibling planning in adoption.

V. If the child is to be placed in an out-of-state adoptive placement, refer to section 9 C for more information on procedure.

VI. If the child is to be placed in an out-of-country placement, refer to chapter 9, section 7 and chapter V, section 5 B.

VII. If a relative caregiver or current caretaker is the apparent adoptive preference, follow the procedures outlined in sections 5 and 7 of this chapter.

VIII. When recruiting general applicant adoptive families for their child, refer to sections 5 through 7 for detailed procedures.

IX. Work toward timely placement of children into an adoptive placement when approval for termination of parental rights has been granted.

X. Determine if a goodbye visit with birth parents is appropriate. Refer to section 4 C for more information about goodbye visits.

XI. Document in the case plan all the steps taken to complete the adoptive process.

The supervisor's role

I. Provide ongoing support and guidance as the caseworker works with the parent and the Legal Assistance Program.

II. Periodically review the caseworker's work to be certain that an adoption case is progressing in a timely manner toward finalization.

III. Advise the caseworker on the branch procedure for preparing a legal assistance referral.

IV. Review Part B of the 0439 packet for completeness, sign the 0439, and ensure it is sent to the Adoption Services Unit.

V. Review and sign the CF 0424, Legal Assistance Referral.

VI. Review Part C of the 0439 packet for completeness and ensure it is sent to the AAG or DDA at the same time Part B is sent to the Adoption Services Unit.

VII. Review and approve the CF 0421, Adoption Child Summary, when adequate detail is provided.

VIII. If a move from the current placement is necessary before selection of an adoptive placement can be made, provide guidance and support to the caseworker in making the decision to move the child.

IX. When in the children's best interests, approve the worker's request to schedule a sibling separation staffing at Permanency/Adoption Council Committee to seek approval to separate siblings who are on the adoption track

Forms and References

Federal Regulations

I. PL 105-89, Adoption and Safe Families Act

ORS

I. ORS 419B.498, Termination of parental rights; petition by Department of Human Services; when required

OARs

I. Chapter 413, division 080, Monthly Contact and Monitoring Child and Young Adult Safety

II. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanent Plan for a Child

III. OAR 413-110-0100 to 0140, Sibling Placement Planning in Adoption

Forms

I. CF 355, Approval for Legal Assistance Referral
http://dhsforms.hr.state.or.us/forms/databases/FMPRO

II. CF 0421, Adoption Child Summary
https://apps.state.or.us/Forms/Served/ce0421.doc

III. CF 439, Legal Assistance Checklist
http://dhsforms.hr.state.or.us/forms/databases/FMPRO

IV. CF 422, Adoption Planning Referral
http://dhsforms.hr.state.or.us/forms/databases/FMPRO

V. CF 418, Father(s) Questionnaire
https://apps.state.or.us/Forms/Served/ce0418.doc

VI. CF 0423, Adoptive Placement Needs

VII. CF 1270, Verification of ICWA

VIII. CF 0424, Legal Assistance Referral

IX. CF 0425, Waiting Child Bulletin

As the date for the termination of parental rights trial approaches

The termination of parental rights hearing is the culmination of months of work and a pivotal point in the child's life. The caseworker has numerous tasks to accomplish before, during, and after the termination of parental rights hearing. The caseworker continues to offer the parents services until the termination of parental rights hearing. At the same time, the caseworker works collaboratively with the legal assistance attorney to prepare for the termination of parental rights hearing. The caseworker also is an essential link between the child, the substitute caregiver, and the events that are quickly unfolding during a termination of parental rights hearing. All of the agency's efforts are designed to result in a permanent and safe future for the child.

Work with the legal assistance attorney prior to a termination of parental rights court hearing

The documentation used to support a termination of parental rights petition begins when a child is placed in out-of-home care. The written record, beginning on the first day of the child's placement, is part of the case file that is presented at a termination of parental rights court hearing. The caseworker's efforts to clearly document all of the events in the case as they occur, both positive and negative, gives the legal assistance attorney the information they need to present a reasonable argument for termination of parental rights.

Procedure

I. Prior to the termination of parental rights hearing:

   A. Review the case record and become familiar with the important events in the case life. This is particularly important when the current caseworker is not the original caseworker and may not have first hand information about certain critical events.

   B. Talk to other department staff that have had a role in the case to get a complete picture of all the work that has been done on the case.

II. Prepare notes or a written outline of the key events in the case life to help organize thinking and keep events in proper order. Chronologies can be a helpful tool. These notes can be used as an aid during the testimony.

III. Discuss the testimony with the legal assistance attorney or other assigned legal staff. The legal assistance staff assist in preparation for both direct examination by the legal assistance attorney and cross-examination from the other attorneys.

IV. Review Appendix 5.03, How to be a Good Witness, and 5.04, Preparing for Court Testimony, prior to going on the witness stand. Clarify any questions about the testimony with the legal assistance attorney or other assigned legal staff in advance of the hearing.

V. Review the witness list with the legal assistance attorney or other assigned legal staff. The legal assistance attorney determines who will arrange witness interviews and when they will occur. Prepare an interview schedule if asked to do so by the legal assistance attorney. Be present when witnesses are interviewed when asked.

VI. Respond to requests for assistance from the legal assistance attorney to make certain all of the applicable evidence is available for the trial court presentation.

Work with the substitute caregiver and the child prior to the termination of parental rights court hearing

The termination of parental rights hearing is a pivotal point in the child's life and can be a difficult time for the substitute caregiver. Children's behavior may very well deteriorate and be a concern to the substitute caregiver. The caseworker should communicate regularly with the substitute caregiver and the child, if aware of the event, as the termination of parental rights court hearing approaches.

VII. Prior to the termination hearing:

A. Meet with the substitute caregivers to keep them fully informed on the progress toward a termination of parental rights hearing and adoption planning. Explain the process and let the caregiver know what to anticipate. Increase the frequency of visits with the substitute caregiver when necessary.

B. Help the caregiver understand what may be going on for the child. If additional resources are needed to support the placement, find and connect the resource to the substitute caregiver. Involve the certifier or adoption worker in this process.

C. Meet with the children to help process the events that are leading up to a termination of parental rights hearing. Attempt to answer their questions and listen to their concerns. Consider arranging additional supportive services for the children if needed.

D. If a child will be a witness at a termination of parental rights hearing, help prepare the child for the courtroom experience after consulting with the legal assistance attorney. If the child has a therapist, consider involving the therapist in this process.

Responsibilities during a termination of parental rights court hearing

Once the termination of parental rights hearing begins, the caseworker supports the legal assistance attorney as they present the case for termination.

Procedure

I. Sit at the prosecution table and assist the legal assistance attorney when requested. Be prepared to respond to questions or gather additional information as the hearing progresses.

II. Testify when required.

Responsibilities if a parent's rights are terminated

If the trial court grants the termination of parental rights and no appeal has been filed within the legal time frame, move to finalize the permanency plan established for the child.

Procedure

I. Meet with the child's substitute caregiver or legal risk adoptive parents and the child to share the decision and respond to questions about the future.

II. Share information with other significant persons in the child's life. If the child is in counseling, inform the

treatment provider so they will be prepared for the child's reaction to this information.

Responsibilities if the termination of parental rights is denied

If the trial court denies a termination of parental rights, the department may elect to file an appeal. A decision to file an appeal can only be implemented with the approval of the Department of Human Services assistant director for CAF. If a decision is made not to appeal, the caseworker and supervisor meet to discuss options, including taking steps to reunify the child with a parent or implementing a permanent plan other than adoption.

Procedure

I. The legal assistance attorney notifies the caseworker and the legal assistance specialist upon verbal or written notice of a denial of a termination of parental rights petition.

II. The caseworker and their supervisor, the legal assistance attorney and the legal assistance specialist schedule a staffing to discuss the denial and whether to request an appellate staffing. This staffing should include the child welfare program manager.

III. If a decision is made to request an appellate staffing and the child welfare program manager agrees, the worker prepares a written request for signature of the child welfare program manager. This is submitted to the legal assistance specialist and the Adoption Service Unit's assistant manager for legal services. The legal assistance attorney also sends a memo/letter outlining the main issues of the case and denial of the termination of parental rights in addition to the court's written opinion and judgment when available.

IV. The assistant manager for legal services arranges a staffing that includes the worker, the supervisor, the child welfare program manager if available, and required Central Office staff to determine if an appeal is appropriate.

V. The assistant director – CAF makes the final decision on whether to file an appeal. The adoption program manager or designee notifies everyone of the final decision. The assigned appellate AAG files a notice of appeal upon receiving approval to proceed.

Appeal of a termination of parental rights order

I. When one of the parties files an appeal of a termination of parental rights judgment, the caseworker receives a "Case on Appeal-Status Update" memo from the Adoption Services Unit. Refer to Appendix 5.05 for a sample memo. This memo informs the caseworker of an appeal and the status of the appeal at each step along the way.

   A. Continue to provide case management and case supervision.

   B. Contact the legal assistance specialist if there are any questions about the appeal process.

   C. Share the information with the substitute caregivers or the legal risk adoptive family and answer their questions. Keep the substitute caregiver or the adoptive family up to date on the progress of the appeal. Consider supports that may be helpful to the substitute caregiver or adoptive family.

   D. Inform the adoption worker of the appeal. If an adoption worker is providing supervision for a legal risk adoptive placement, they are responsible for informing the adoptive family of the appeal and answering their questions.

The supervisor's role

I. Prior to a termination of parental rights hearing, meet with the caseworker to confirm they are adequately prepared to represent the department's case in court. Contact the legal assistance attorney when there are concerns.

II. If the trial court denies the termination of parental rights, promptly meet with the caseworker, the legal assistance specialist and the legal assistance attorney to determine if a request to file an appeal is advisable. If the department ultimately decides to appeal the decision, the notice of appeal must be filed within 30 days of the entered judgment. Several staffings need to occur and authorization by several DHS management officials need to be given before notice of appeal can be filed.

III. If a decision is made to request an appeal of the denial of a termination of parental rights order, attend all subsequent staffings, until the assistant director – CAF makes a final decision on an appeal.

IV. If the trial court denies the termination of parental rights, and no appeal is filed, meet with the caseworker to develop and implement an appropriate alternative permanency plan for the child or plan steps to safely reunify the child with a parent.

Forms and References

Oregon Revised Statues

I. ORS 419B.498 to 419B.524, Termination of Parental Rights

OAR

I. OAR 413-110-0200 to 252, Termination of Parental Rights

Use of Central Office 'Evaluation and Witness Cost Budget'

The Central Office Adoption Services Unit has funds available to: 1) Purchase various evaluations and assessments of parents in the Legal Assistance Program to aid in case planning or to provide evidentiary information for termination of parental rights litigation and 2) to provide payment for specified termination of parental rights trial/witness costs where not covered by a juvenile court. Where needed to further prepare for a termination of parental rights case, the caseworker, with the approval of the legal assistance specialist, can use these funds to access services not available through other funding sources.

Evaluations and assessments

Procedure

I. Confirm with the branch medical specialist whether the parent is covered by other insurance prior to requesting evaluation funds from the Adoption Services Unit. If the parent has other insurance, work with the parent and the parent's insurance company to arrange payment for the service.

II. When the caseworker and Legal Assistance Program staff agree additional evaluations or assessments are needed to determine if a parent is capable of safely caring for their child, encumber the funds by sending an e-mail request to the Adoption Services Unit.

   A. The Adoption Services Unit responds with an e-mail form (see Appendix 5.06) requesting the following information:

      1. Caseworker's name.
      2. Supervisor's name.
      3. Branch number.
      4. Case name.
      5. Case number.
      6. Name of client to be evaluated with their person letter.
      7. Names of children in care with their person letters.
      8. Type of evaluation
      9. Name of doctor and address.

   B. Complete the form and return it to the Adoption Services Unit.

III. When Adoption Services Unit evaluation funds are used, the payment rate for the evaluation is determined by the Division of Medical Assistance Programs (DMAP) and cannot be negotiated.

IV. Confirm that the psychologist is licensed by the State Board of Psychological Examiners prior to arranging a psychological evaluation with a provider.

V. Schedule the evaluation after receipt of the memo from the Adoption Services Unit confirming the encumbrance of funds to pay for the evaluation.

VI. After the evaluation has been completed, and upon receipt of the bill, complete Form 294 P, "Administrative

Expense Voucher – Permanency Planning," have it signed by the supervisor and send the completed 294 P, with the original billing statement from the provider attached, to the Adoption Services Unit.

Trial costs and witness fees

There are two funding sources available for caseworkers to cover trial costs and witness fees. Prior to a case being accepted for termination of parental rights, the Office of Safety and Permanency for Children manages all dependency fact finding and other legal proceedings and trial and witness expenses. Once a case is accepted for termination of parental rights, the Legal Assistance Program manages trial and witness expenses. When the Legal Assistance Program handles payment, the witness will receive a subpoena from the legal assistance attorney along with a "Witness Fee and Mileage Statement" form.

Procedure

I. After a case is accepted for termination of parental rights, clarify with the legal assistance specialist and the legal assistance attorney which trial costs and witness fees can be paid by the Legal Assistance Program. Discuss this at the initial legal assistance staffing and any subsequent legal assistance staffings, where the issue of witness fees and trial costs come up.

II. Process witness payments for:

   A. In-state lay witness costs for per diem, when qualified by the legal assistance attorney prior to their testimony.

   B. Out-of-state lay witness costs for travel and for per diem. The caseworker is also responsible, in coordination with the Adoption Services Unit and the legal assistance attorney, for making travel arrangements for these witnesses. Contact the management assistant in the Adoption Services Unit for more information.

   C. Out-of-state expert witness travel and costs for per diem. The caseworker is responsible for making travel arrangements.

III. When processing witness expenses, apply the following rules:

   A. Automobile travel and per diem costs are reimbursed at the same rate as paid to state employees for travel.

   B. Former DHS employees who will be testifying as to their past work with a client must request their reimbursement by completing CF 0228, Travel Expense form. The district child welfare manager for the branch conducting the termination of parental rights trial and the former employee must sign the travel expense form.

   C. All other witnesses submit their request for reimbursement of expenses in writing and should include the following:

      1. Termination of parental rights client name, date(s) present for trial, and the DHS branch responsible for the trial.

      2. List the number of meals and nights of lodging. The written request must be signed by the witness and include an address where the reimbursement check is to be sent.

   D. Lay witnesses (those not "qualified" by the legal assistance attorney as an "expert" prior to their

testimony) cannot be paid or reimbursed for their time. They will need to apply to the court for payment of witness fees.

IV. Upon receipt of the "Witness Fee and Mileage Statement" from a witness, review for accuracy and note approval by initialing the statement. Approval indicates the person appeared for the trial and the dates billed for are consistent with the witness' appearance in court.

V. Complete a CF 0228, "Travel Expense Form," and forward both forms to the legal assistance attorney for approval. The legal assistance attorney sends the bill to the Adoption Services Unit for payment.

The supervisor's role

I. Advise the caseworker on how to access this budget and make payments using these funds.

II. Sign the 294 P, Permanency Planning Expense Voucher, verifying an evaluation or assessment has been satisfactorily completed.

III. Sign the travel expense form for former employees who have served as a witness in a termination of parental rights trial.

Forms and references

ORS

I. ORS 419B.827, Responsibility for Cost of Service of Summons and Travel Expenses of Party Summoned

Forms

I. CF 0228, Travel Expense Form

II. CF 294 P, Permanency Planning Expense voucher

B. Freeing a Child for Adoption through Voluntary Relinquishment

A voluntary relinquishment for the purpose of adoption can be accepted by DHS or a private licensed adoption agency. The caseworker works with the parent to determine what is the best plan for the parent and their child. If there has been no previous approval for filing a petition to terminate the parent's rights, the legal assistance attorney is not involved in this process. If, however, approval for TPR has been granted, the legal assistance attorney and legal assistance specialist are both involved in this process. Reasonable efforts to place the child for adoption in a timely manner must be consistently made once the branch has changed the plan to adoption.

Relinquishment for adoption when DHS has custody

Procedure

I. Determine, in consultation with the supervisor, if adoption is the appropriate plan for the child when a birth parent, with a child in DHS custody, wants to consider relinquishment of the child for adoption.

II. If a parent wishes to relinquish:

   A. Provide written notification to the parent's attorney of their client's stated interest and document in the CW electronic data system that notification was provided.

   B. Refer the parent to their attorney regarding legal advice they may want regarding their interest in relinquishing.

   C. Write a follow up letter to the parent, indicating that the parent wishes to relinquish their rights for the purpose of adoption. Request the parent contact you immediately if that is not accurate.

III. Review the implications of this decision with the birth parent and make certain this decision is voluntary.

IV. If the birth parent makes this decision prior to a legal assistance staffing, the decision to proceed is made by branch staff in consultation with the legal assistance specialist.

   A. Contact the legal assistance specialist to discuss relinquishment, including:

      1. Whether there are likely adoptive resources for the child.
      2. All parents with legal standing been addressed.
      3. Parents' competency to understand relinquishment.
      4. ICWA status.

V. Consult with the legal assistance attorney and the legal assistance specialist before accepting a voluntary relinquishment when a decision has already been made to proceed with termination of parental rights.

VI. If questions about a parent's ability to understand relinquishment and its implications arise, contact the legal assistance specialist (and legal assistance attorney if one is assigned) prior to taking relinquishments.

Request for release and surrender agreement and certificate of irrevocability and waiver documents

Procedure

I. Compile all of the documents in part A of the Legal Assistance Checklist, CF 0439, and forward the completed packet of information to the supervisor for review when all parties agree that relinquishment is appropriate.

II. Part A of the CF 0439 consists of:

   A. CF 0439 Legal Assistance Checklist.

   B. CF 0422 Adoption Planning Referral (do not separate the NCR form).

      1. Indicate if documents are needed in a language other than English.

      2. List name of guardian ad litem, if the parent has one.

      3. List any other names known for the parent.

   C. CF 0418 Father(s) Questionnaire.

   D. CF 0423 Adoptive Placement Needs.

   E. The child's original birth certificate.

   F. Original CF 1270 Verification of ICWA Eligibility or memo explaining efforts to obtain this from each biological parent with legal standing.

   G. Original ICWA correspondence from the tribe or "Return Receipt Requested" signed by a tribal representative with a copy of the letter sent by the department.

III. After receiving e-mail verification of receipt of the Release and Surrender Agreement and Certificate of Irrevocability and Waiver from the Adoption Services Unit, save each document on the "K" drive on the computer and print two copies for future use. Refer to Appendices 5.07, 5.08, 5.09, 5.10 and 5.11 for sample documents.

IV. Immediately review each document for accuracy. If changes are necessary, notify the Adoption Services Unit of the corrections, and request revised documents.

V. Send the client's attorney a copy of the Release and Surrender Agreement and Certificate of Waiver prior to obtaining a parent signature. Write "sample copy" on each of the documents sent to the parent's attorney.

Parental signature on the release and surrender and certificate of waiver

Procedure

I. Carefully review the Release and Surrender Agreement and Certificate of Irrevocability and Waiver documents with the parent. If the parent has an attorney, request the attorney be present when a parent is signing.

II. Determine that the parent understands what irrevocability means, as written in the "Certificate of Irrevocability and Waiver" document.

III. Contact the legal assistance specialist before allowing the client to sign the documents when there is any question of the parent's ability to comprehend the nature of the documents they are signing.

IV. Fill in the name of the state and county where the documents are signed and have the parent sign both documents in front of a notary public and at least one, and preferably two, witnesses, when comfortable the parent understands the documents they are about to sign. The caseworker can serve as one of the witnesses.

V. Ensure the parent signs the documents using the same name (or one of the names) listed in the body of the documents when witnesses are present. If changes in signature are necessary, the parent makes the corrections and initials the change.

VI. Make a photocopy of both the Release and Surrender Agreement and Certificate of Irrevocability and give the copies to the parent.

VII. If another office is assisting with obtaining the parent's signature, be present by phone to answer questions and to ask that accuracy be double-checked while all people are still present.

When the Indian Child Welfare Act applies to the case

Procedure

I. Consult with the supervisor and legal assistance specialist to confirm that adoption is the appropriate plan for the child prior to accepting a relinquishment from the birth parent of an Indian child.

II. Inform the parent that DHS is required to give preference to placing the child with a member of the child's extended family, other members of the Indian child's tribe or other Indian families. There are two exceptions to this rule.

   A. The child's tribe can establish a different order of preference for adoptive placement.

   B. The court can also make a determination of good cause to change the placement preference.

III. Request a "Certificate of Judge" document from the Adoption Services Unit in addition to a Release and Surrender Agreement and Certificate of Waiver.

IV. Schedule a court hearing and have the parent sign the Release and Surrender Agreement and the Certificate of Waiver documents in court.

V. After the birth parent has signed both documents, the judge signs a "Certificate of Judge" verifying that the documents were explained to and understood by the parent.

VI. After the court hearing, make a photocopy of all three documents for the parent.

Once the parent signs a release and surrender and certificate of irrevocability and waiver

Procedure

I. Inform the birth parent of the Public Health Division Form 45-29, Contact Preference Form. A copy of the 45-29 is available at the following web site:
http://www.oregon.gov/DHS/ph/chs/docs/contact.pdf

II. Provide the parent a copy of the Voluntary Adoption Registry/ Assisted Search Program information, and request that the parent sign an Adoption Registry Notification Form. Refer to Appendices 5.12, 5.13, and 5.14.

III. If the parent refuses to sign the adoption registry notification form, prepare and sign a statement of verification (SOV), establishing the date the parent was given a copy of the Voluntary Adoption Registry/Assisted Search

Program information. Refer to Appendix 5.15 for a sample SOV.

IV. Send the signed adoption registry notification form or statement of verification to the Adoption Services Unit.

V. Obtain as much medical information as possible from the parent when the CF 246, Genetic and Medical History of Child and Biological Family has not already been completed or if it is not thorough.

VI. Ask the parent if they have any additional information that will help complete the CF 0421, Adoption Child Summary.

VII. Request from the parent any pictures, records, letters, or other information that they want the child to have for the Life Story Book. Refer to section 4 of this chapter and Appendix 5.20 (Sample Goodbye Letter from Parent) for more information about this topic.

VIII. If not already discussed, consider the appropriateness of a goodbye visit between the child and parent. Refer to section 4 C of this chapter for more information about the goodbye visit.

Routing and storage of signed documents

Procedure

I. Send one original copy the Release and Surrender Agreement and Certificate of Irrevocability and Waiver to the Central Office Adoptions Services Unit immediately after they are signed.

II. Send an original copy of the Certificate of Judge to the Central Office Adoption Services Unit when the child is an Indian child.

III. Send one original copy to the Central Office Adoption Services Unit and file a court certified copy in the child's case record when the Release and Surrender Agreement and Certificate of Irrevocability and Waiver are taken in court.

IV. File an original set of the signed documents in the legal section of the child's case record.

V. Notify the legal assistance attorney, if one is assigned, that the relinquishment has occurred. Provide any requested verification to the attorney.

Submission of completed adoption paperwork

In order to achieve permanency for the child, specific paperwork must be submitted to Central Office Adoption Services Unit. The following documents are required for designation of the adoptive placement. There are tight timelines associated with their submission. Additional items that are required for designation of a legal risk or adoptive placement and for finalization of the adoption can be found in upcoming sections of this chapter. Refer to section 10 for designation and section 13 for finalization.

Procedure

I. Within 30 days from the date the relinquishment documents are signed, submit the completed CF 0421, Adoption Child Summary, to the Central Office Adoption Services Unit, keeping a copy for the branch file.

II. Within 30 days from the date the relinquishment documents are signed, submit the CF 246, Genetic and

Medical History of Child and Biological Family, to the Central Office Adoption Services Unit, keeping a copy for the branch file.

Revocation of a release and surrender document

Procedure

I. Contact the legal assistance specialist when a birth parent makes a verbal or written request to withdraw their Release and Surrender Agreement within the timelines described in their Certificate of Irrevocability and Waiver.

II. Accept a verbal revocation of the Release and Surrender Agreement, and provide the parent an opportunity to revoke in writing.

III. Have the parent sign all three copies of Revocation of Consent form after receiving them from the Adoption Services Unit.

IV. Keep one copy of the Revocation of Consent for the parent's case file and return the other two originals to the Adoption Services Unit after the Revocation of Consent has been signed.

V. Inform the client's attorney, and others who have a need to know, that the parent has made the decision to revoke the Release and Surrender Agreement.

The Supervisor's Role

I. Review the part A of the Legal Assistance Checklist for completeness, sign the CF 0439, and ensure the packet is sent to the Adoption Services Unit. The CF 0439 packet constitutes a request for a Release and Surrender Agreement and Certificate of Irrevocability and Waiver documents.

II. Provide support and guidance for the caseworker, as they work with a parent considering adoption as a plan for their child.

III. Review with the caseworker the requirements of the Indian Child Welfare Act to make certain the legal rights of the child and the tribe are addressed when birth parents of an Indian child want to consider adoption.

IV. Review all of the information sent into the Adoption Services Unit and sign the CF 0439 indicating paperwork is complete.

V. Follow-up with the caseworker to make certain that the CF 0421 and CF 246 are sent to the Adoption Services Unit within 30 days of a parent signing a Release and Surrender Agreement.

VI. Follow-up with the caseworker to make certain that other documents needed for designating the adoptive placement are provided to Central Office Adoption Services Unit in a timely manner.

Forms and References

Oregon Revised Statutes

I. ORS 418.270, Surrender of child to private child-caring agency; consent to adoption; time for adoption

proceedings; effect of release and surrender

II. ORS 418.285, Authority of department same as private child-caring agency in 418.270 to 418.280

III. ORS 109.353, Notice of voluntary adoption registry required before judgment entered; waiver

OARs

I. OAR Chapter 413, division 115, Application of the Indian Child Welfare Act

II. OAR 413-070-0010 to 0030, Multiethnic Placements

III. OAR Chapter 413, division 110, Pre-Adoption Services

IV. OAR Chapter 413, division 130, Post-Adoption Services

V. OAR Chapter 413, division 120, Adoption

Forms

I. Health Division Form 45-29
http://www.oregon.gov/DHS/ph/chs/docs/contact.pdf

II. CF 246, Genetic and Medical History of Child and Biological Family
https://apps.state.or.us/Forms/Served/CE0246.doc

III. CF 0421, Adoption Child Summary
https://apps.state.or.us/Forms/Served/CE0421.doc

IV. CF 0439, Legal Assistance Checklist

C. Freeing a Child for Adoption through Probate Guardianship for a Child with No Living Parents

When a child has no living parent or guardian, the Department of Human Services has the legal authority to establish probate guardianship for the purpose of consenting to adoption. When adoption is the approved plan for a child, and no relative has filed a petition to establish guardianship, the department can file a petition to seek probate guardianship. Only the Department of Justice is authorized to file probate guardianship petitions on behalf of the Department of Human Services.

Determination that probate guardianship, for the purpose of consenting to adoption, is the appropriate plan for a child

Procedure

I. Prior to staffing a case with the Legal Assistance Program for the purpose of establishing probate guardianship and adoption:

   A. Confirm that the child's legally recognized parents have been identified and that supporting documentation used to make this determination is in the case file.

   B. Determine that all legally recognized parents are deceased and that a copy of the death certificate for each parent is in the case file.

   C. Determine that the CF 0447, "Relative Information," and CF 448, "Permanency Commitment/Waiver," are in the case record and that a diligent relative search was completed.

   D. Contact all the relatives identified in the diligent search, and other interested parties, to discuss their interest in adoption or guardianship of the child. If a relative is not interested in establishing guardianship, determine their position on the department pursuing probate guardianship for the purpose of consenting to adoption.

   E. Document in FACIS efforts to contact extended family and other interested parties.

Determination that adoption is the best plan for the child

Procedure

I. Prior to staffing a case with the Legal Assistance Program for the purpose of establishing probate guardianship and adoption, schedule a staffing with the supervisor to determine whether adoption is appropriate for the child. Refer to section 2 A of this chapter, Freeing a Child for Adoption Through Termination of Parental Rights, for information about determining the appropriateness of adoption as a permanent plan.

II. Schedule a legal assistance staffing once the supervisor and the legal assistance specialist agree that probate guardianship for the purpose of consenting to adoption should be considered.

What to bring to an initial legal assistance staffing for probate guardianship

Procedure

I. Bring the following items to the initial legal assistance staffing:
   A. A completed CF 31, "Legal Assistance Staffing Form."
   B. The entire case file; with filing up to date.
   C. Specific items from the case file that will be reviewed at the legal assistance staffing:
      1. Original petition.
      2. Wardship orders.
      3. Birth certificates.
      4. Father's Questionnaire (if available).
      5. Death certificates for both parents.
      6. Evidence that a diligent search for relatives has been completed.
      7. ICWA completed on all parents (legal or with legal standing).
      8. Psychological evaluations on the child.
      9. Service/treatment reports for the child.

Initial staffing with legal assistance staff

Procedure

I. Be prepared to discuss:
   A. Information required on the Probate Guardianship Worksheet-Appendix 5.16.
   B. Whether adoption is the appropriate plan for this child and why.
   C. The reason the child came into care.
   D. The evidence of legally recognized status for both parents.
   E. Whether the Indian Child Welfare Act applies.
   F. The relatives identified through a diligent search and the relatives' positions with respect to adoption.
   G. What adoptive resources, other than relatives, are identified for the child.

II. If appropriate, the child is accepted for legal assistance and a CF 0355 is completed. The caseworker changes the plan to "Achieve Adoption" in the IIS system.

III. If the case is not ready to pursue probate guardianship, the caseworker will be given specific direction and tasks to complete to move the child toward permanency.

Initial activities after receiving approval to pursue probate guardianship for the purpose of consenting to adoption

Procedure

I. Within the first 30 days of receiving approval to pursue probate guardianship:
   A. Prepare a probate guardianship referral packet to send to the Central Office Adoption Services Unit. Information to include in the referral packet:

1. Sections B and C (substitute in section C the Probate Guardianship Worksheet- Appendix 5.16- for the Legal Assistance Referral) of the CF 0439, Legal Assistance Checklist.
2. CF 0422 Adoption Planning Referral (NCR form, do not separate copies).
3. CF 0418 Father(s) questionnaire.
4. CF 0423 Adoptive Placement Needs.
5. Original birth certificate.
6. Original CF 1270 Verification of ICWA eligibility or memo explaining efforts to obtain form on each legally recognized parent.
7. Original ICWA correspondence letter from the tribe or "Return Receipt Requested" card with copy of letter sent to tribe by the department.
8. Copy of the death certificate (mother and/or legally recognized father).
9. List of persons most closely related to child as defined by probate guardianship in ORS 125.060 and 125.065.

II. Prepare a packet of information for the legal assistance attorney.
The legal assistance attorney's packet includes:

A. Probate Guardianship Worksheet. Refer to Appendix 5.16.

B. CF 0423, Adoptive Placement Needs.

C. The child's birth certificate.

III. Send the probate guardianship referral packet and the legal assistance attorney's packet to the supervisor for review.

IV. Submit paperwork to the Central Office Adoption Services Unit and the assigned assistant attorney general.

V. The legal assistance attorney begins court work to establish probate guardianship once they receive the "Probate Guardianship Worksheet" from the branch and the legal assistance specialist authorizes services.

VI. Within the first 60 days of receiving approval to pursue probate guardianship, submit to Central Office Adoption Services Unit the 0421, Adoption Child Summary and the 246, Genetic and Medical History of Child and Biological Family forms.

The supervisor's role

I. Consult with the caseworker, prior to a referral to the legal assistance program, to determine the child's suitability for adoption and appropriateness for probate guardianship.

II. Attend the initial and all subsequent legal assistance staffings.

III. Assist the caseworker to determine who will be responsible for completing the probate guardianship referral once the child has been accepted into the Legal Assistance Program.

IV. Review the probate guardianship referral packet for completeness and sign the CF 0439.

V. Review the material in the legal assistance attorney's referral packet for completeness.

VI. Ensure that the probate guardianship referral packet is sent to the Adoption Services Unit and that the legal assistance attorney's referral packet is sent to the department of Justice.

Forms and References

Oregon Revised Statutes

I. ORS 109.316, Consent By DHS or Approved Child-caring agency of the State

II. ORS 125.060, Who Must be Given Notice

III. ORS 125.065, Manner of Giving Notice

IV. ORS 125.300/325, Guardians

OARs

I. OAR Chapter 413, division 70, Substitute Care

II. OAR Chapter 413, division 110, Pre-Adoption Services

III. OAR Chapter 413, division 130, Post-Adoption Services

IV. OAR Chapter 413, division 120, Adoption

Forms

I. CF 0355, Approval for Legal Assistance Referral

II. CF 31, Legal Assistance Staffing Form

III. CF 0447, Relative Information

IV. CF 0448, Permanency Commitment/Waiver
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0448.doc

V. CF 0439, Legal Assistance Checklist

VI. CF 0422, Adoption Planning Referral

VII. CF 0418, Father Questionnaire
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0418.doc

VIII. CF 0423, Adoptive placement Needs
http://dhsforms.hr.state.or.us/Forms/Served/CE0423.pdf

IX. CF 1270, Verification of ICWA Eligibility
http://dhsforms.hr.state.or.us/Forms/Served/CE1270.pdf

Chapter 6

Section 3: Sibling adoption planning

Sibling adoption planning

This procedure describes case planning responsibility to maintain and support lifelong sibling relationships for a child in the legal custody of the department whose permanency plan is adoption. The first priorities for placement of a child in the legal custody of the department are placement with current caretakers and relatives, and placing siblings together. See OAR 413-110-0100 to 0150.

The term "sibling" is defined as one of two or more children or young adults related:

I. By blood or adoption through a common legal parent even if the legal relationship has been severed through termination or relinquishment;

II. Through the marriage of the children's or young adults' legal or biological parents; or

III. Through a legal or biological parent who is the registered domestic partner of the legal or biological parent of the children or young adults.

A child's sibling's adoptive family is, by definition, a relative family even if the sibling's adoptive family does not otherwise meet the relative criteria. This type of relative is within the first order of preference for adoption.

When siblings are separated in foster care

Procedure

When siblings have been separated in foster care, the caseworker creates a plan to unite them in foster care or adoptive placement as soon as possible and when it is best to do so. The worker takes the following steps:

I. Staff with the supervisor to determine if it is in the children's best interest to be united in their temporary and/or permanent families.

II. If appropriate for the child and case plan, allow a child to join a sibling placed in an adoptive home for foster care at the time of the child's placement in foster care. Make sure the family understands the differences between a foster placement and an adoptive placement.

III. Ensure the children have the opportunity to initiate and continue contact if the children cannot be immediately placed together.

IV. Discuss with the foster parents that sibling separation is temporary when siblings are separated in care. Inform the foster parents that the department will work to reunite separated siblings when it is in the best interests of the children. The caseworker must document the visitation plan for separated siblings in the electronic case file.

V. Discuss with the child's attorney, CASA, tribal representative and Refugee Child Welfare Advisory Committee (RCWAC) member that sibling separation is temporary when siblings are separated in care.

Enhancing sibling relationships

When adoption is the plan for a child or siblings, and they have one or more siblings for whom adoption is not the primary plan, the caseworker for each child will initiate and maintain sibling relationships when it is in the children's best interest to do so. Siblings who are simultaneously on the adoption track and who do not have a selected adoptive family may also benefit from activities, including therapy, therapeutic supervised visits and coordination of foster parents, to enhance their relationships and prevent future separation in adoptive placement.

Consideration of adoptive families of siblings as resources

Procedure

I. When a caseworker is planning adoption for a child and learns the child has a sibling in a finalized adoptive family, the worker determines whether the sibling's adoptive family is interested in being considered as a resource for the child. The worker must follow OAR 413-120-0700 to 0760, Identification and Consideration of Potential Adoptive Resources, to determine which families to consider. If there are multiple families interested in being considered, the worker follows the OAR to determine which prospective resource or families to refer for adoption home studies.

II. Refer to the procedure manual Chapter 6, Section 5, Subsection B, Relative families, for more information about how to proceed with a sibling's adoptive family.

Placing siblings together and requesting permission to separate siblings for adoption

I. Children's separation from siblings in foster care is considered temporary. It is generally in their best interests to be placed together in a family for adoption.

II. Sibling placement for children who are simultaneously available for adoption and for whom no adoption selection decision has been made are placed, except when the worker obtains permission to separate siblings through the Permanency Committee process. The caseworker must have compelling reasons to request permission to separate siblings who are simultaneously in need of an adoptive family.

Procedure

When the caseworker considers it is in the children's best interests to separate siblings to live in different adoptive families, the worker must discuss this with the supervisor and:

I. Consider the relevant information for each child to determine whether it is in their best interest to be separated

from his or her siblings. Information may include:

A. Significant family data including ethnic and cultural background;

B. Progress on the diligent relative search;

C. Attachment figures and nature of attachments;

D. Medical conditions;

E. Psychological and developmental evaluations;

F. Treatment needs;

G. Behavior;

H. Age;

I. Relationships of the siblings with each other;

J. Input from any person with significant information about each child. For example, therapist, attorney, tribal representative, CASA, representative of the RCWAC and substitute caregiver; and

K. The results of any previous recruitment efforts for general-applicant families interested in adopting the siblings together.

II. Note in OR-Kids the discussion of the caseworker and supervisor about sibling planning.

III. A Permanency Committee process and decision by the Child Welfare program manager (CWPM) or designee is required if the caseworker and supervisor concur that separation of one or more siblings for adoption is in the best interests of the children. Follow the local office protocol to request a Permanency Committee. The Permanency Committee process is discussed in greater length in "Chapter V, Section 5, Subsection D, Considering a general applicant adoptive family alone due to the child's relationship with the potential resource." This section highlights the issues relevant to sibling separation and does not address all steps caseworkers take to attend a Permanency Committee.

IV. If a sibling group is to be placed in an adoptive family together, but they are in different foster homes and one or more child's nonrelative foster parent meets the criteria as a current caretaker, the current caretaker meets the criteria for the entire sibling group.

Decision-making bodies and sibling planning

I. The Permanency Committee consists of field management staff, permanency and adoption staff, and community partners. A committee hears the information and makes recommendations and the Child Welfare program manager or designee makes some permanency decisions, including sibling planning for adoption.

II. The Permanency Committee process considers the following for sibling decisions for each child under consideration:

A. The existence of each child's significant emotional ties to each other;

B. The current and lifelong needs of each child for:

1. Physical and emotional safety;

2. Ability to develop and maintain current and lifelong connections with the child's family;

3. Continuity and familiarity;
4. Appropriate educational, developmental, emotional and physical support;
5. Stability and permanency; and
6. Maintaining his or her identity, cultural, ethnic, religious and spiritual heritage.

Caseworker responsibilities to request a sibling planning consideration through a Permanency Committee

These steps may be somewhat different in each office based on different local and district office resources.

Procedure

I. Contact the local or district office staff member assigned to schedule Permanency Committees. Request a committee for a sibling planning decision related to adoptive placement. Include in the request the children's names and dates of birth. Include background information about the case and briefly state the reasons for the request that the siblings be separated.

II. Provide copies of the pertinent information to the local or district office person assigned to distribute the materials to those who receive Permanency Committee information packets. Ask the local or district contact person when the material should be provided for distribution. Provide the following documentation for the Permanency Committee packets as applicable:

   A. Brief explanation of request;
   B. Psychological and therapy reports on the children being considered;
   C. Sibling interaction reports on the children;
   D. Attachment assessment reports on the child or siblings and the referral letter to the assessing professional;
   E. Pertinent medical and educational information about the children's needs;
   F. Child Summary, if completed; and
   G. Other staffing reports or documents that have a bearing on the Permanency Committee process.

III. Invite the CASA, child's attorney, tribal representative and member of RCWAC to the meeting, as applicable. These individuals may:

   A. Present information about the children for whom they are responsible;
   B. Stay through the entire committee as members or observers at their own discretion, or
   C. Choose not to participate.

IV. Invite foster parents, relatives with relevant information and other appropriate community partners, such as therapists and teachers. Notify these guests of:

   A. The meeting date, time and place;
   B. Purpose and process of the meeting. They are invited to provide relevant information about the children and their special needs, enabling the committee members to make informed recommendations and the

CWPM or designee to make an informed decision about separation of the siblings for adoption; and

C. Need to be excused after the child presentation portion of the meeting.

V. Invite previous caseworkers if they are able to provide relevant information on complex cases.

VI. Notify the facilitator who will be attending the committee meeting.

Caseworker responsibilities at the Permanency Committee when presenting a family for sibling planning

Procedure

I. Be prepared to provide a 15–30 minute presentation at the beginning of the committee meeting to summarize what is being requested of the committee, updates regarding the children, and the caseworker's professional perspective.

II. Be knowledgeable about the case. Prepare to discuss the information described in the subsection above called "Placing siblings together and requesting permission to separate siblings for adoption."

III. Notify involved parties of the committee decision.

Documentation of the Permanency Committee

The Permanency Committee form 270 is used for documentation when considering sibling planning. The form is filled out by the committee facilitator and the CWPM or designee. The facilitator will ensure the decision, along with who was on the committee and others in attendance, will be included in the information.

No appeal process with a Permanency Committee process sibling planning decision

I. When a Permanency Committee process is held for sibling planning and the CWPM or designee has reached a decision, there is no review process for reconsideration of the agency's decision.

II. A person with a complaint about the outcome may follow the local Child Welfare field office chain of command, starting with the child's caseworker's supervisor, then CWPM, then district manager or designee. See Complaint Review, I-A.5.1 for more information about standards and procedures for reviewing and resolving complaints about Child Welfare at this link.

Cases when a Permanency Committee for sibling planning is not required

A caseworker is not required to request a Permanency Committee for sibling planning when:

I. The worker and supervisor think that it is not in the children's best interests to be separated for adoption.

II. An adoptive placement decision has already been made for one or more siblings, and the agency is planning to have the remaining siblings adopted by the same family.

III. One or more siblings have a plan for adoption together in the same family and the remaining one or more siblings have a permanency plan other than adoption.

Recruitment and ongoing contact when siblings are separated

Procedure

When a Permanency Committee process results in a decision to place siblings in separate adoptive families and recruitment for general applicant families is needed, the caseworker must:

I. Recruit and search for adoptive families who can maintain authentic contact and sense of connection between the siblings, if contact is in their best interest.

II. When recruiting general applicant families for a child who has one or more siblings who may need an adoptive placement in the future, the child's caseworker recruits families who will consider adoption of future siblings.

III. Make recruitment materials clearly state the need for ongoing sibling contact when in the children's best interests. Talk with the adoption workers of interested families about the need for sibling contact and the families' abilities to maintain contact.

IV. Request, as needed, suggestions from the Permanency Committee regarding sibling contact when siblings are separated for adoptive placement. Recommendations can include, but are not limited to, safety issues, types of contact and characteristics of families to be resources for the children.

V. Include sibling information in the child's Life Story Book if the children are separated from siblings.

The supervisor's role

I. Help the caseworkers understand the importance of sibling relationships. Encourage thoughtful case planning to promote siblings being united in foster care and adoption.

II. Direct the caseworker to obtain appropriate assessments if there is a history of concerning behavior not previously assessed when there are questions about the nature of the children's relationships with each other.

III. Review the sibling plan if siblings are separated in substitute care.

IV. Direct the caseworker to the Permanency Committee for sibling planning when the supervisor and child's caseworker agree that separation should be considered based on the children's best interests.

V. Direct the caseworker to invite to the Permanency Committee meeting the CASA, child's attorney, tribal representative and RCWAC member according to the policy: I.E.3.6 Legal Permanency, Concurrent Planning, and Use of Permanency Committee at this link.

VI. Direct the caseworker to invite foster parents, therapist, mentor and other relevant community partners who can discuss the child's special needs.

VII. Help the caseworker determine what relevant information should be provided to the Permanency Committee verbally and in writing.

VIII. As needed, attend the committee meeting, especially when cases are highly controversial, or when the caseworker is not experienced.

IX. Encourage the caseworker to include sibling information in the child's Life Story Book if the child is separated from siblings.

References

Forms

I. Permanency Committee Form 270 at this link

Legal References

I. Adoption and Safe Families Act of 1997, P.L. 105-89

II. PL 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008 Child Welfare Policy

OARs

I. Monthly Contact and Monitoring Child and Young Adult Safety, OAR 413-080-0040 to 0067

II. Sibling Adoption Placement Planning, OAR 413-110-0100 to 0150

III. Foster Parent Request for Consideration as a Current Caretaker, OAR 413-120-0500 to 0595

IV. Search for and Engagement of Relatives, OAR 413-070-0000 to 0974

V. Placement of Indian Children, OAR 413-070-0000 to 0974

Supplemental reading

"Sibling Issues in Foster Care and Adoption," 2013, was used as a reference for this procedure and is available at Child Welfare Information Gateway: www.childwelfare.gov/pubs/siblingissues/

Chapter 6

Section 4: Preparing Children for Adoption

Preparing Children for Adoption

A. Preparing Children for Adoption

The child's caseworker cannot change a child's past, but can impact the way a child views the past, the power the past has over the child, and the child's ability to become a member of a new family. When adoption becomes the plan for a child, prepare the child for adoption and for the process of moving and joining an adoptive family. Children may not be able to move to the next level of understanding and acceptance without caring adults who acknowledge that their questions and feelings are normal and acceptable, including those for which adults may not have answers.

Basic tenets to preparing a child for adoption

I. Thoughtful and thorough adoption preparation is important to maximizing the potential for a successful and enduring adoptive placement. Consider the following principles when working with the child:

   A. The child's self esteem can be built during the preparation process.

   B. Children should have an active part in planning for adoption, appropriate to the child's age, developmental level and resources available.

   C. The child can be given a sense of participation without giving them inappropriate control over the adoption process.

   D. Encourage the child to express feelings, worries, and desires.

   E. Validate and normalize the child's experiences and feelings. It maybe helpful to provide words or pictures to encourage a child to express feelings for which they do not have a vocabulary.

   F. "Telling" the child about adoption and a new family does not happen just once or twice. Check with the child to see what they are hearing. Consider using play techniques, books, drawings, and handouts.

II. Design the preparation activities with the child's developmental ability to understand in mind. The child's understanding of adoption changes as they grow and develop, and this understanding continues evolving throughout the child's life.

When to start preparing a child for adoption

Procedure

I. Determine when the child is ready to begin preparation for transition to adoption. Considerations for the timing of adoption preparation include:

   A. Age of the child.

   B. Developmental level of the child.

   C. Special needs of the child.

   D. Current attachment figure's ability to contribute to preparation.

   E. Available adoptive resources for the child.

   F. The status of the case plan and the determination that the child may soon be freed for adoption.

II. Take the time to build a relationship with the child prior to beginning adoption preparation work, especially if the child does not know you well.

Identification and preparation of the team that will help the child transition to an adoptive placement

Procedure

I. Identify individuals who will help prepare the child for transition into an adoptive placement. Team members may include: foster parents, relatives, counselors, school staff and others.

II. Convene a meeting of team members to coordinate each person's work with the child or meet with team members individually to discuss their role in preparing a child for adoption.

Review evaluations prior to adoption

A child may have behaviors, feelings, academic or learning problems, safety issues, social difficulties, medical problems, or developmental delays that warrant new or updated information for adoption planning. These evaluations can be used to assess a child's readiness for adoption preparation work and the types of activities suited to the child.

Procedure

I. Review all previous evaluations to determine if any new or up-dated information is needed.

II. Review the recommendations from previous evaluations to determine if any follow up actions are necessary.

Counseling referral to help a child prepare for adoption

Procedure

I. Determine if counseling, mental health therapy, or group preparation classes will be beneficial to the child, and make a referral if appropriate.

II. When selecting a therapist for the child, discuss with the therapist the child's need for adoption preparation work and the therapist's experience in providing adoption preparation work before sending a child into treatment. The Oregon Post Adoption Resource Center (ORPARC) is a good source of material for therapists working with children in various stages of adoption. ORPARC can be reached at http://www.orparc.org or 1-800-764-8367.

III. Stay involved with a therapist as they work with a child preparing for adoption. Participate in the development and implementation of a treatment plan for a child in therapy.

IV. Provide the therapist with up-to-date information on the child's behavior in placement, and any changes that are taking place while the child is in treatment.

V. Keep the therapist informed of progress on, or any changes in, the adoption plan.

Foster parent's role in preparing a child for adoption

Foster parents may need education and support if they have not had experience in successfully transitioning a child

to an adoptive home. The caseworker continues to have face-to-face contact with the child and the foster parent at a minimum of every 30 days during the period when the child is preparing for adoption.

Procedure

I. Inform the foster parent of:

   A. The adoption selection process, including their role at adoption committee.

   B. The process for preparing the child for adoption.

   C. The counselor's role in the process.

   D. How the transition to a new family will most likely occur.

II. Discuss with the foster parent their responsibilities in the preparation process. Encourage the foster parent to:

   A. Think of themselves as part of a team that is preparing the child for adoptive placement.

   B. Talk to the child about other foster children in the home who are in the process of adoption.

   C. Read to the child books related to families and adoption.

   D. Help the child identify and manage their feelings.

   E. Talk to the caseworker and therapist about the child's progress in preparation.

   F. Provide material to the caseworker to keep the Child's Life Story Book up to date.

   G. Remind the child they will always care about the child, that the child is worthwhile, capable and lovable, and that they want the child to be successful in their new family and learn to love them deeply.

III. Monitor the ongoing safety plan. If the caseworker cannot confirm safety and well-being of the child or young adult in the home of the relative caregiver or foster parent, the caseworker must assess child safety immediately and determine if there is a safety threat as described in OAR 413-015-0420(1)(f)(A)(i) and (ii) http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4.pdf.
   If a safety threat is identified, immediately:

   A. Consult with the caseworker's supervisor to determine any immediate protective action required to assure the child's safety or any action required to assure the safety of the child. – AND –

   B. Contact a CPS screener and report the identified safety threat to the child.

   C. Document the behaviors, conditions, or circumstances observed in the home and any immediate protective actions in the CW electronic data system.

IV. Inform the foster parent on the progress of the adoption plan and assess the foster parent's ability to support the child as they prepare for adoption.

V. Staff the placement with the supervisor when there are concerns about the ability of the foster parent to support the adoptive plan. Determine if the foster family needs additional support services, or if the placement is appropriate for the child.

VI. Be aware of the foster parent's grief from the anticipated loss of the child, and the effects of the anticipated loss of the child among the other children in the home. Also ask the foster family about how the other children

are anticipating the departure of the child to a new family. Evaluate whether the foster parent could benefit from additional support from other foster parents, friends, and Child Welfare staff.

Preparation of the child for child specific public recruitment

Finding the best available adoptive home for a child may require more intensive types of public recruitment. This may include newspapers, television, adoption newsletters, fliers, the Heart Gallery, or internet recruitment. Preparation of the child is important if they are developmentally able to be aware of the recruitment and if they are participating in the recruitment, such as posing for photos for the Heart Gallery. For more information, refer to Appendix 5.17 about Preparing Children for Child Specific Public Recruitment.

Procedure

I. Determine what form of public recruitment is appropriate given the child's needs and circumstances.

II. Determine whether adverse reactions may result from public recruitment and staff as needed with the supervisor.

III. The caseworker and supervisor discuss cases in which there may be areas where a highly visible form of recruitment may not be appropriate due to the potentially negative reactions of those who know the child. For instance, older children may not want to be shown in the local paper where their peers may see them and comment. For children who are legal risk status, some parents may react negatively to seeing local newspaper recruitment. Workers and supervisors can discuss necessary limits on public recruitment, if relevant.

The Supervisor's Role

I. Provide support and guidance for the caseworker as they prepare a child for adoption.

II. Review any safety concerns regarding a child's out-of-home placement and determine an appropriate response that assures the child's safety.

III. If the caseworker is concerned that a foster parent is not as supportive of an adoptive plan as needed, the supervisor assists the caseworker to evaluate the placement, and if appropriate develop a plan to work with the foster parent.

IV. Staff with the caseworker whether child specific public recruitment is needed and, if so, what form of public recruitment is appropriate.

B. Life Story Books for Children

The Life Story Book is a tool to help a child understand their history from birth to their adoption in a clear and detailed record. It contains a narrative, photos, memorabilia and other information. A Life Story Book accurately preserves the child's history so that they can accurately understand their history, why they came into foster care, and why they cannot be with their birth parents.

The child's caseworker gathers information for the Life Story Book and it is best practice to provide a Life Story Book to a child moving into adoption. If this is not possible, the caseworker should gather the materials for the Life Story Book and provide it to the adoptive family so they can do the last steps of assembly.

Procedure

Writing the Life Story Book narrative and important messages to convey to the child

The narrative is considered to be one of the most important aspects of the Life Story Book and it distinguishes the Life Story Book from being a traditional scrap book. Give the child accurate information in the Life Story Book narrative about the child. If you do not know certain aspects of the child's history, it is fine to say so.

I. For more information on talking with children about feelings and to coach foster parents to talk with children about feelings, see the professional article, "Enhancing Emotional Vocabulary in Young Children" (by Gail E. Joseph, Ph.D. & Phillip S. Strain, Ph.D, Center on Evidence Based Practices for Early Learning University of Colorado at Denver) at http://csefel.vanderbilt.edu/modules/module2/handout6.pdf.

Items to include and gather for the Life Story Book

In addition to the narrative, a Life Story Book should contain documents that can relate to the child what their life was like prior to adoption. These other items could include:

I. A copy of the child's birth certificate, hospital memorabilia, and hand and foot prints that may be available.

II. Letters from significant people in the child's life.

III. Photographs.

IV. School reports, papers, or pictures.

V. Any other items the worker believes will help tell the child's story.

Physical aspects of the Life Story Book

Create a "book" that is strong enough to stand the tests of time. Use acid free paper when possible to preserve photos over time.

Who can help the caseworker with the Life Story Book

I. Because this is intended to tell the child's entire life story, consider including parents and birth family in the creation of the story and even the book when appropriate. When possible, include a genogram of the family.

II. Gather documents and photos from family, foster parents and prior caseworkers.

III. Include where the child has lived, the child's artwork, information about schooling, special awards the child has received. When the child is old enough and it is important to do so, include the child in the story writing

and assembly of the book.

Using the Life Story Book to present the child to the prospective adoptive family

Create the Life Story Book prior to committee so it can be presented to the family that is chosen for the child. When that can't be done, provide the selected adoptive family with a packet of Life Story Book materials including the narrative so they can assemble the Life Story Book for the child.

Sharing the Life Story Book with the child

The Life Story Book should be shared with the child when it is appropriate and could assist the child transitioning into adoption.

I. The child's therapist and foster parent should be included in the plan to share the book with the child.

II. Consult with the supervisor for direction on how to introduce the child to their life story.

The Supervisor's Role

I. Consult with the caseworker to make sure that the worker is assembling the child's Life Story Book material when the child moves onto the adoption track. The supervisor should remind the caseworker to have the Life Story Book ready for the adoption committee.

II. With the caseworker, consider the best way to introduce the Life Story Book to the child.

III. For training purposes, consider using unit meeting time to assemble the Life Story Books

Forms and References

OAR

I. OAR Chapter 413, division 120, Adoption

Appendices

I. 5.18, "Questions to Answer in Developing Life Story Books" Adapted by Rennee Linscott.

II. 5.19, "Life Story Book Questions for Children Who Have Entered Substitute Care" Adapted by Rennee Linscott used by Miriam Parker.

III. 5.20, Birth Parent Letter Sample.

IV. 5.21, "Feelings and Faces"

V. 5.22, "Books to Help Children Talk About Their Feelings"

C. Goodbye Visits with Birth Parents

Procedure

I. Assess the birth parents' ability and the child's needs before making a decision whether a goodbye visit will

help the child transition into an adoptive placement. Before arriving at a decision, discuss the pros and cons of a parental visit with all the important people concerned with the child's welfare, including the supervisor. If the decision is to not have a goodbye visit, document in the case record why this decision was made and who was consulted prior to making this decision.

II. Arrange a final visit between the birth parent and the child if this is determined to be in the child's best interests.

III. Meet with the foster parent to explain the advantages of a goodbye visit, Answer their questions and encourage their support.

IV. Meet with the child prior to a goodbye visit to prepare for a final contact with the birth parent. Children approaching adoption have many questions about why their birth parents cannot care for them. In an age appropriate way, help the child frame their questions and approach their feelings about a visit.

V. Meet with the birth parents prior to a goodbye visit to help them prepare. Assist the parent to understand the value of a visit, and how their participation will increase the likelihood of a successful adoptive placement for their child. If the parent is incapable or unwilling to have a face-to-face visit with their child, encourage them to prepare a goodbye letter. See sample goodbye letter in the appendix.

VI. Meet with the child and the child's foster parent after the goodbye visit to debrief the visit. Assess the child's response to the visit and determine if further follow-up work is necessary to help the child process the experience.

VII. If the caseworker does not conduct the goodbye visit, the caseworker coordinates with the person who will conduct the visit to prepare the child, the child's substitute caregiver, and the parent.

The Supervisor's Role

I. Review the caseworker's plan for a goodbye visit between a child entering adoptive care and their birth parent.

II. Review and approve a decision not to have a goodbye visit when this decision is appropriate.

D. Significant Relationship Staffing

When there is no current caretaker wishing to adopt a child, and no relatives are available to be considered as adoptive resources, recruitment is required unless there are exceptional circumstances that mitigate against recruitment. When the child has a significant relationship with an individual who wishes to adopt the child, and the caseworker and supervisor believe it is in the child's best interest for this family alone to be considered, a significant relationship staffing must be convened.

Procedure

I. Verify that there is no relative and no current caretaker who is interested in adopting the child. A significant relationship staffing will not be conducted if there is a relative or current caretaker to be considered.

II. Along with the supervisor, determine if it would be in the child's best interests if this resource was considered alone and that there be no other recruitment.

III. Contact the legal assistance specialist (LAS) and adoption placement specialist (APS) in Central Office's Adoption Services Unit, and request a significant relationship staffing.

   A. Provide the following information in the request for the staffing: name and date of birth of the child; name of the family with whom the child has a significant relationship; name and location of the certifier or adoption worker, if one is connected to the family; possible dates/times that the worker (and certifier/adoption worker, if applicable) are available for the staffing.

IV. Prepare for the staffing.

   A. Read the materials that are e-mailed to the worker and be ready to discuss the topics that are listed in the reading materials.

      1. Appendix 5.23 entitled, "Significant Relationship of a Child for Whom Adoption is the Plan with a Prospective Adoptive Resource and the Child's Eligibility for AA," and Appendix 5.24, the similarly titled, "Staffing Sheet," are the materials that are e-mailed to the worker.

V. Participate in the staffing by phone.

VI. After the staffing notes are emailed from the LAS or APS, print the notes and save them in the separate file of confidential adoption materials.

VII. If no further recruitment is necessary, and the person with the significant relationship is subsequently selected as the adoptive resource at an adoption committee, attach a copy of the notes to the adoption assistance application materials when submitted.

VIII. If further recruitment is necessary, refer to Section 6 on Recruitment for Children.

The Supervisor's Role

I. Meet with the caseworker to determine whether it is in the child's best interests to forego recruitment for adoptive families and instead consider a family with a significant relationship to a child.

II. If, after discussing the situation, the decision is that recruitment is most appropriate, support the worker in their discussion with the family who wishes to adopt the child.

References

OAR

I. OAR Chapter 413, division 120, Adoption

Chapter 6

Section 5A: Identifying and assessing families for adoptive placement: General information for the caseworker

Identifying and assessing families for adoptive placement: General information for the caseworker

The assessment of prospective adoptive parents is essential to identify important factors for the caseworker's consideration. The adoption home study should reflect the assessment of the family and is instrumental in helping the child's caseworker gain a good understanding of the adoptive family and their ability to parent a child with special needs. The child's safety, well-being, attachment and permanency are always the primary focus when considering prospective adoptive families. This is true for all types of families: relative, foster family, family known to the child or family the child does not know.

Urgency in identifying and placing the child with the adoptive family

The caseworker is required by state and federal laws to:

I. Make reasonable efforts to identify and place the child with an adoptive family in a timely manner that is appropriate to each child's permanency and concurrent plans.

II. Discuss recruitment strategies when the child is not fully free for adoption with the Child Permanency Program's legal assistance specialist (LAS).The LAS must:

   A. Determine when recruitment may begin;

   B. Determine whether recruitment may begin for a child with extraordinary needs before the department initiates the process to free the child for adoption; and

   C. Notify the caseworker to begin recruitment efforts.

Identification of a child's potential adoptive resources (other than American Indian or Alaska Native)

When identifying potential adoptive resources for a child, the child's caseworker:

I. After discussing with their supervisor on a case-by-case basis, may consult with a birth parent to identify one to three potential adoptive resources. As long as identifying information is not shared, some details may be shared about general applicant families being considered to have birth parent input. Given that the birth parents will likely know who a relative resource is, information about a relative's home study is to be kept confidential, and details are not shared with the birth parents.

The caseworker must consult with the supervisor and maintain the following order of preference when identifying potential adoptive resources for a child (note the exception discussed below):

I. Up to three potential adoptive resources following the order of preference in OAR 413-120-0730 to be considered for adoption placement selection who:

   A. Have the knowledge, skills, abilities and commitment to raise the child or siblings; and

   B. Have the capacity to meet the current and lifelong safety, permanency, attachment and well-being

needs of the child OAR 413-070-0640.

II. Prioritize prospective resources in this manner:

A. As long as there are no current caretakers wishing to be considered, relatives as defined as (a)-(c) in OAR 413-070-0000 (74) and who meet the criteria 1–3 in the bullet directly above.

B. As long as there are no current caretakers wishing to be considered, relatives as defined as (d) in OAR 413-120-0710 and who meet the criteria 1–3 in the bullet directly above.

C. Current caretakers and relatives as defined as (a)-(d) in OAR 413-070-0000 (74) and who meet the criteria 1–3 in the bullet directly above.

D. A general applicant.

Note that children for whom ICWA applies and refugee children have other criteria discussed later in this subchapter.

Any relative or current caretaker who has an approved adoption home study must be given consideration to be an adoptive resource. There must be a selection process that takes place to address the relative and/or current caretaker's ability to meet the lifelong safety, attachment and well-being needs of the child or sibling group under consideration for adoption.

If multiple relatives are interested in adopting the child, see "Chapter 5, Section 5, Relative families: Considerations and procedure for adoption" for how to work with the extended family to prioritize relatives. If the relatives are not able to prioritize interested families, the child's caseworker and supervisor identify relatives for consideration.

I. If there are multiple interested relative families, consult with the interested relatives to reach agreement on the most appropriate potential adoptive resource. This can be discussed at a family meeting. People to invite include: birth parents, all concerned identified relatives (even if they are not interested in being a resource), parents' attorneys if the child is not legally free, the child's attorney, the CASA, tribal representatives, Refugee Child Welfare Advisory Committee (RCWAC) member, mentors, school staff and others who may be interested in providing support and information. A neutral meeting facilitator may be a wise option, rather than the caseworker, since these can be emotionally-laden and information-filled meetings.

II. Discuss with the supervisor the relatives who have expressed an interest in adopting the child when agreement by the relatives cannot be reached. Relatives being considered may have different connections to the child, including maternal, paternal, sibling and other relative connections. The caseworker and supervisor discuss the child's needs and the known characteristics of the relatives, and then identify one, two or three families for adoption home studies. The studies are conducted by the department, a qualified private adoption agency or another public adoption agency.

III. Share written information about the case history and the child's needs with the agency writing a child-specific adoption home study to both DHS and non-DHS agencies. The caseworker may also verbally discuss the information with the adoption worker for clarification. Supply all adoption workers studying relatives with the same level of information about the child's special needs. The adoption worker is to actively consider the information the caseworker provides about the child during their assessment of the family's ability to meet the child's current and possible long-term special needs.

IV. Discuss relevant details with the CWPM or designee when an adoption home study has been initiated for a

relative and the potential adoptive resource is not approved or withdraws. The CWPM or designee decides whether the agency will initiate adoption home studies with additional relatives based on:

A. The best interest of the child; and

B. The impact on achieving permanency if an additional study or studies is pursued.

V. Request input about the knowledge, skills, abilities and commitment a potential adoptive family needs to be able to meet the current and lifelong needs of the child from professionals who have worked closely with the child, the child's attorney, CASA, tribal representative, RCWAC representative and foster parent.

VI. Receive and review adoption home studies in a timely manner. If there are concerns about a relative:

A. Discuss with the supervisor.

B. Contact the adoption worker of the relative for clarification of any concerns as needed.

C. Work as a team member with the family's certification/adoption worker to give the family cohesive, rather than contradictory messages.

Exceptions

When at least one current caretaker is being considered as an adoptive resource along with relative resources, an exception may be sought to consider more than three potential resources at adoption committee. This exception may be important when there are multiple current caretakers who express an interest in a sibling group in order to allow an opportunity for a relative or relatives to also be considered. The CWPM will consult with the Child Permanency Program manager when a caseworker and supervisor believe an exception is in the best interest of the child. The two managers will confer and make the decision together. On rare occasions, an exception may also be sought to go outside the order of preference for adoption consideration when it is determined a relative as defined by OAR 413-070-0000 (74) (d) should be considered at the same time as a relative as defined by OAR 413-070-0000 (74) (a) to (c). That exception will be determined by the Child Permanency Program manager at the request of the CWPM when a caseworker and supervisor believe an exception is in the best interest of the child. An example of when this may be appropriate is when a child or their family has a significant relationship with a relative in the (d) category and express a strong preference for that person or persons to be considered as the adoptive resource. There may be other reasons, and each request will be considered on a case-by-case basis.

Identification of a child's potential adoptive resources for an American Indian/Alaska Native child or as part of a sibling group being considered together

Order of placement preference

When an American Indian/Alaska Native (Indian) child alone or with their sibling group is being considered for adoption, the Indian Child Welfare Act (ICWA) must be followed. ICWA is a federal law and sets an order of placement preference that is different than the order of placement preference for non-Indian children. If an Indian child has non-Indian siblings that you are placing together for adoption, ICWA must be followed for the Indian child. Because the siblings are being considered together, the consideration and identification process applies to the entire sibling group.

When identifying potential adoptive resources for an Indian child, the following preference must be followed unless there is a specific action taken by the tribe called a tribal resolution or by the court of jurisdiction called a good cause

finding. These two actions are discussed in detail later on.

I. A member of the Indian child's extended family. This includes both Indian and non-Indian members of the child's family;

II. Other members of the Indian child's Tribe;

III. Other Indian families.

All the other requirements for adoption of a child in the legal custody of the department must be met for Indian children. This includes the requirements for adoption applications, home studies and standards for adoption. All families wishing to be considered as a potential adoptive resource for an Indian child must meet certification standards and must have an approved adoption home study.

When you are getting ready to identify potential adoptive resources for your Indian child or sibling group, you must take into consideration recommendations from the Indian child's tribe. If the tribe recommends a potential adoptive resource that fits within the ICWA order of placement preference, and they have an approved adoptive home study, you will consider that resource. The order of preference is sequential. You cannot move to a lower order of preference unless there are no potential adoptive resources that fit into a higher order of preference. You must consider all potential adoptive resources that fit within the same level of preference. Here are some examples:

I. The tribe recommends the grandmother of the child as the potential adoptive resource. Because grandmother fits into the first order of preference, you would proceed with consideration of grandmother along with other relatives, if any, who have expressed interest because all relatives have equal preference under ICWA. In this example, you must consider any relatives (up to three) that have an interest even though the tribe has made their specific recommendation. When you proceed to selection, it is important, however, to consider the tribe's recommendation and reasons for it when weighing the best interest and needs of the child.

II. The tribe recommends a tribal foster family be considered as the potential adoptive resource, but there are extended family members who have an interest in being considered as the potential adoptive resource. You would not be able to consider the tribal foster family (second order of preference) until you have considered the extended family members (first order of preference) unless there was a tribal resolution or court order for good cause.

III. The tribe recommends a non-Indian foster family be considered as the potential adoptive resource, you have no extended family wishing to be considered, but you have approved adoptive home studies of Indian families who wish to be considered as the potential adoptive resource. You would not be able to consider the non-Indian foster family (outside the order of preference) until you have considered the Indian families (third order of preference unless there was a tribal resolution or court order for good cause.

Any time you have one or more potential adoptive resources that 1) are within the ICWA order of preference, 2) there are no potential adoptive resources in a higher order of preference, 3) one or more of the resources can meet the safety, well-being and permanency needs of the child, and 4) you have an approved adoption home study, you must select one of the resources.

Denying a potential adoptive resource that meets the ICWA order of preference

If you deny one or more potential adoptive resources that meet the order of placement preference under ICWA but you ultimately select a family that is in the same or higher order of placement preference than the potential adoptive resource(s) that you denied, then you may proceed with selection. You are still operating within the ICWA order of placement preference. In any other circumstance, a tribal resolution or court order for good cause must take place to proceed.

I. If you have one or more potential adoptive resources that meet the ICWA order of preference, but you do not believe any of them can meet the safety, well-being and permanency needs of the child, and you have identified a family that does not meet the ICWA order of placement preference, but can meet the child's needs, a tribal resolution or court order for good cause must take place.

II. When one or more potential adoptive resources fall within more than one level of placement preference, and you believe the resource(s) in a higher level of placement preference cannot meet the current and lifelong safety, permanency, and well-being needs of the child, but the resource(s) in the lower level of placement preference can meet those needs, a tribal resolution or court order for good cause must take place.

Tribal resolutions

Tribal resolutions must come from the recognized tribal governing body often called the Tribal Council. It is not sufficient for requests to change the ICWA order of preference to come from a tribal caseworker, supervisor, social service manager or tribal attorney.

A tribal resolution may be sought under the following circumstances:

I. If the Tribe believes one or more potential adoptive resources meeting the ICWA placement preference cannot meet the current and lifelong safety, well-being and permanency needs of the child, but a potential adoptive resource that does not meet the ICWA placement preference does have that ability.

II. When one or more potential adoptive resources fall within more than one level of placement preference, the tribe believes the resource(s) in a higher level of placement preference cannot meet the current and lifelong safety, permanency and well-being needs of the child, but the resource(s) in the lower level of placement preference do have that capacity;

III. When a potential adoptive resource that meets a preferred placement preference comes forward late in the process (any time before finalization of an adoption) and the tribe believes it is in the best interest of the child to proceed without consideration of the late coming potential adoptive resource.

If the tribal governing body issues a resolution to consider a potential adoptive resource outside the order of preference, you must stop all other consideration and identification activity and consider their recommended resource. The recommended resource must have an approved adoption home study and once complete, there must be a selection process either through caseworker selection or adoption committee selection (described in Chapter 5, Section 7). If, through the selection process, you determined the potential adoptive resource has the capacity to meet the current and lifelong safety, permanency and well-being needs of the child, you select the resource. However, if you do not believe

the potential adoptive resource has that capacity, you document the reasons why, using the appropriate selection form, and staff the case with the CWPM for consideration to seek a good cause order from the court of jurisdiction

Good cause orders

You should always ask the tribe if they wish to seek a tribal resolution before seeking a good cause order. Only the court of jurisdiction over an Indian child has the ability to make a judicial determination that good cause exists to deviate from the order of placement preference established by ICWA or by a tribal resolution. If a caseworker, after consultation with his or her supervisor, wishes to request a judicial determination for good cause, the CWPM submits a request to the Child Welfare director or designee. The Child Welfare director or designee makes the decision to pursue a good cause determination. When seeking a good cause determination to go outside the ICWA order of placement preference, **you will always have a potential adoptive resource that you are seeking the ruling for.** You would never request a judicial determination until you have an identified prospective adoptive resource that does not fit into the order of ICWA placement preference. The judge will be making his or her decision based on whether it is in the best interest of the child to be placed with your identified resource and that good cause exists to go outside the ICWA order of placement preference.

If you deny one or more families that meet the order of placement preference but you ultimately select a family that is in the same or higher order of preference than the resource or resources that you denied, you do not have to seek a judicial determination for good cause. You are still operating within the ICWA order of preference.

Requesting a judicial determination for good cause may be requested under the following circumstances **and when the tribe has not or will not seek a tribal resolution:**

I. When one or more potential adoptive resources meeting the order of ICWA placement preference cannot meet the current and lifelong safety, well-being and permanency needs of the child, but a potential adoptive resource that does not meet the ICWA placement preference does have that ability.

II. When one or more potential adoptive resources fall within more than one level of placement preference, the department believes the resource(s) in a higher level of placement preference does not have the capacity to meet the current and lifelong safety, permanency and well-being needs of the child, but the resource(s) in the lower level of placement preference does have that capacity;

III. When a potential adoptive resource that meets a preferred placement preference comes forward late in the process (any time before finalization of an adoption) and the department and/or tribe believe it is in the best interest of the child to proceed without consideration of the late coming potential adoptive resource.

If the Child Welfare director or designee denies the request to seek a judicial determination for good cause or the judicial determination is sought and good cause is not granted to change the order of placement preference, then you must proceed with selecting the prospective adoptive resource that met the order of placement preference or the order established by tribal resolution. Your ability to deny the prospective adoptive resource that met the ICWA placement preference has been denied.

General recruitment for ICWA children

Only when it has been determined there are no prospective adoptive resources that meet the order of placement preference established by ICWA, can you then proceed to general recruitment for an Indian child or siblings being

placed for adoption together.

If during the course of general recruitment, you receive an adoption study that meets one of the placement preferences established by ICWA (most often an Indian family not from the child's tribe), and the family wants to be considered as a potential adoptive resource, you must end general recruitment because you now have a potential adoptive resource that meets the ICWA order of placement preference.

Tip

The department is not the only party that can seek a judicial determination for good cause. Any party to the juvenile court case has the ability to make this request; including the tribe, parent, child's attorney, CASA and any other intervening party. You should always ask the tribe if they wish to seek a tribal resolution before seeking a judicial determination for good cause.

Tip

There are no circumstances in which you would go to the Adoption Selection Committee with a potential adoptive resource who meets the ICWA order of placement preference and a general applicant who does not meet the ICWA order of placement preference.

Caseworker activity when reviewing general applicant home studies

Procedure

I. Use an active, thoughtful and open mind when reading studies. Incorporate previously gathered input from the child's team about characteristics of families likely to be successful parenting a child for decades to come.

II. Notice significant questions for the adoption worker when interested in taking a potential family to an adoption selection process. Make questions to the adoption worker specific, clear and nonjudgmental. Note any discrepancies in information. The worker should note what makes them think they need more information, what makes them curious about the family as a stable place for the child, significant discrepancies or gaps in information, and what relevant questions they would like to ask for further information.

III. Be positively aware of the special characteristics of DHS home studies. DHS workers use a family assessment process called SAFE, which stands for Structured Analysis Family Evaluation. SAFE is an evaluation process to help workers identify and address strengths and areas of concern related to caring for children. These workers have a uniform and structured methodology to interpret and assess the information gathered during the evaluation. The assessment includes consideration of 68 psychosocial factors related to family success in caregiving of children from the child welfare system.

    Readers of DHS adoption home studies may find more discussion about concerning issues, compared to other home studies. The family's certification/adoption worker is to thoroughly assess issues that could potentially impact the success of adoption. This may appear to focus more on "negative" issues. However, this is typically an indication the worker has thoroughly explored concerning issues that may be mitigated by multiple factors. Other non-SAFE home studies may not focus as much on issues of concern, so the reader may not have as clear an explanation about how issues may negatively impact family functioning with the addition of the

adopted child. All adoption assessments should include multiple sources of information.

Protecting confidentiality of families' home studies

The contents of an adoptive family's home study are some of the most private and comprehensive in existence on one document for most individuals; information is a wide-ranging and highly personal record of a person's life. The information has been gathered and assessed for the specific reason of consideration for adoption and the department must protect families and maintain the home study's use for intended purposes. The caseworker should become familiar with the confidentiality rules that protect and limit the release and use of a family's study.

There are four specific types of partners/parties who have special limited opportunities to obtain home studies for adoption selection purposes only. These are:

I. Child's attorney;

II. Court appointed special advocate (CASA);

III. Tribal representative; and

IV. Member of the Refugee Child Welfare Advisory Committee (RCWAC).

These four specific partners/parties must to receive the home studies of the families identified for an adoption selection process:

I. After the selection date has been scheduled;

II. From DHS staff who send these specific partners/parties the home studies and supporting information as part of the adoption committee or caseworker selection information packets;

III. Within the timeframe by which these four specific partners/parties are notified and according to the specific selection process and

IV. When the agency has the applicant's signed releases for adoption selection process.

This means that these partners/parties may not receive home studies for adoption selection outside of these conditions and timeframes identified for the applicable adoption selection process. For more information about releasing home studies for the purpose of adoption selection, see OAR 413-120-0000 to 0060.

DHS staff do not release home studies of identified families to the child's foster parent or therapist.

To be considered as a potential adoptive resource, each applicant who is the subject of an adoption home study must provide a signed, valid release of information to release the adoption home study to be considered in the adoption placement selection. When the department considers information in addition to the adoption home study concerning a potential adoptive resource during selection, the adoption worker must also obtain a release for that information.

The adoptive family's written information from the adoption selection process packet must:

I. Be kept confidential by the recipients;

II. Be used only for the purpose of making the recommendation regarding the selection of a child's adoptive

resource;

III. Not be redisclosed verbally or in writing; and

IV. Not be copied.

In unique cases, the Child Permanency Program manager in Central Office may determine, at their discretion, any written information must be a summary or redacted copy. See OAR 413-120-0222 for more information.

Consider compatibility of the child and prospective adoptive parent

Caseworker consideration of compatibility of the child and prospective adoptive parent is based on, but not limited to, the following factors:

I. Motivation to adopt a child with special needs (even if the child may not be displaying any current concerning behaviors or issues);

II. Ability to provide for the safety of the child, including protection from all persons and situations that brought the child into care;

III. Ability to acknowledge and meet the child's individual needs;

IV. Access to community resources and ability to meet the child's needs;

V. Knowledge of child development;

VI. Willingness to cooperate with any restrictions recommended by the agency on contact between the child and others;

VII. Ability to commit to the child on a permanent basis, even through extremely challenging times;

VIII. Household residents;

IX. Care giving standards;

X. Family history;

XI. Ability and willingness to assist the child to develop or maintain a lasting relationship with their siblings if in the same family;

XII. Understanding of financial support they might receive from DHS and their need for adoption assistance;

XIII. Ability to keep the child safe without department support and monitoring;

XIV. Capacity to understand the importance of the birth family connections to the child. Understanding and honoring a child's need for a sense of connection to their birth family, even if the child does not have direct contact with them;

XV. Ability to be optimistic;

XVI. History and approach to dealing with significant set-backs, crises and difficulties;

XVII. Ability to accept things as they are;

XVIII. Problem solving ability; and

XIX. Flexibility.

Americans with Disabilities Act (ADA) and considering mental illness in adoption

Discussion of mental health issues and compatibility can cause caseworker and certification/adoption worker anxiety. To dispel potential anxiety, there is a useful discussion of the Americans with Disabilities Act (ADA) as it relates to foster and adoption assessment in the article "The Americans with Disabilities Act: What Adoption Agencies Need To Know" by Madelyn Freundlich (www.adoptioninstitute.org/policy/ada.html). Consult a supervisor for assistance if questioning how the ADA applies in a particular case.

Caseworker asks adoption worker questions after reading home study

Procedure:

I. Review questions for adoption worker that the caseworker developed during the reading of the home study. Make sure significant questions are specific, clear and nonjudgmental. Indicate any discrepancies in the information.

II. Request supervisor input if needed. Supervisors may also wish to read home studies and formulate questions, especially if the dynamics of placement issues are particularly sensitive or complex or the child has high special needs.

III. Consider verbal or written questions for the family's adoption worker. Verbal questions are best if there are only a few and they are not very complex. For complex questions or more than a few questions, the caseworker may get the most thorough response by sending specific questions in writing.

IV. Send the questions to the adoption worker through the ICPC lines of communication if the family is out-of-state. ICPC involvement may increase the responsiveness of the out-of-state agency.

Out-of-country families

If the adoptive family is out-of-country, work with the Central Office Child Permanency Program's international case consultant for help with making connections with the consulate and child welfare agency in the other country.

Child-specific home study requests should include:

I. Clear referral letter with relevant family information for the receiving agency;

II. Direct and specific questions about the family that may have come up for DHS staff as the case progressed;

III. Thorough, clear child disclosure information so information about the child's special needs can be included in the assessment of the prospective family and their support system and resources.

The supervisor's role

I. Assist the worker with questions as they review adoption home studies and with the selection of one, two or three appropriate families to consider at an adoption selection process.

II. Make sure the worker understands the agency's order of preference of consideration of adoptive resources for children. When applicable, for cases in which ICWA applies or when the child is a refugee child, make sure the worker understands the applicable order of preference. For additional information about these requirements, see Chapter 5, Section 5, and subsection D.

III. Discuss with the worker the need to be open to adoptive applicants of diverse backgrounds. Encourage the worker to provide welcoming messages about the agency's willingness to work with qualified families from diverse backgrounds. Assist the worker with preparing to talk with community partners on the child's team if they may have questions about working with prospective families from diverse backgrounds.

IV. Ensure the caseworker is in compliance with the Americans with Disabilities Act when considering prospective families.

V. Discuss the worker's need to follow up with the adoption worker if they have significant questions about family after reading their home study.

VI. Ensure the caseworker has responded to all adoption workers as to whether their families have been identified for an adoption selection process.

References

Federal law

I. MEPA – Multiethnic Placement Act of 1994, P.L. 104-188

II. IEP – Small Business Job Protection Act of 1996 "Removal of Barriers to Interethnic Adoption" amended MEPA

III. Americans with Disabilities Act

ORS

I. ORS 418.280, Placement of Children

OAR

I. Multiethnic Placements, OAR 413-070-0000 to 0974

II. Adoption Placement Selection, OAR 413-120-0000 to 0060

III. Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

IV. Placement Matching, OAR 413-070-0000 to 0974

V. Placement of Indian Children, OAR 413-070-0000 to 0974

VI. Placement of Refugee Children, OAR 413-070-0000 to 0974

Forms

I. CF 409, Adoption Home Study Response Checklist
http://apps.state.or.us/Forms/Served/ce0409.doc

Articles

I. "The Americans with Disabilities Act: What Adoption Agencies Need to Know" by Madelyn Freundlich, www.adoptioninstitute.org/policy/ada.html for more information on the ADA and adoptions.

Chapter 6

Section 5B: Relative families: Considerations and procedures for adoption

Relative families: Considerations and procedures for adoption

Priority: Placement of children with relatives and placement of siblings together

One of the department's first order of preference for adoptive placement of a child is placement with relatives and placing siblings together.

Definitions of relatives, careful identification and prioritization of relatives

The agency's definitions of relatives to a child have become more complex.

Understanding which category that a proposed relative falls under is important, may open doors for some people, and limit opportunities for others in certain circumstances. The definition of "relative" is in OAR 413-070-0000 (74) and may be found at this link.

When there are no current caretakers under consideration as an adoptive resource, relatives are divided into two levels for adoptive preference and consideration:

I. Relatives who fall under the categories of (a), (b) and (c) have the highest priority of placement preference for the purpose of adoption. These generally are relatives related through blood, marriage or adoption.

II. Relatives who fall under the category of (d) are a second level of priority after relatives (a), (b) and (c). These are relatives generally unrelated through blood, marriage or adoption, but whom the child or family have a pre-existing family-like relationship and identify them as relatives. Birth relatives of a child who has been adopted but returns to substitute care also fall into this category if they or the child identifies them as family.

When there is at least one current caretaker under consideration as an adoptive resource, relatives in all categories have equal preference as an adoptive resource. For example, it would be permissible to include a relative in the (a) category, a relative in the (d) category, and a current caretaker as a first order of preference and have all three considered at adoption committee.

Workers should carefully interpret the definition when considering prospective adoptive resources. Remember, the PARENT is the point of reference for determining whether a person is a relative in categories (a) and (c), but the CHILD is the point of reference for determining whether a person is a relative in category (b). Carefully look at the definitions when making a determination as to who qualifies as a relative.

In the category of (d), the child OR a family member of the child must have the emotionally significant relationship prior to the child coming into foster care.

Be clear about understanding every single connection when determining the relationship between the child and a prospective relative resource. For example, consider siblings of parents or grandparents and determine if they are

their birth, step or adoptive siblings. Clarify each level of connection and who the child's specific parents, siblings and grandparents are when looking at who may be related to the child.

Consideration of relatives of American Indian/Alaska Native (Indian) children

Procedure

The caseworker is to:

I. Consult OAR Chapter 413, division 115, Application of the Indian Child Welfare Act

II. Consult OAR Chapter 413, division 120, Adoption

III. Where no different order of preference has been established by the child's tribe for adoptive placement, the department will, in the absence of the court's determination that good cause to the contrary exists, give preference to placing the child with:

   A. A member of the child's extended family;

   B. Other members of the Indian child's tribe; or

   C. Other Indian families.

IV. When the caseworker or family has concerns about a prospective resource that falls within ICWA priorities 1–3 listed above, consult with the Central Office ICWA Program and the Child Permanency Program consultants or managers.

For additional information on identification and consideration of adoptive resources for Indian children, please refer to Section 5 A of this procedure manual.

Consideration of relatives of refugee children

When considering relatives as placement resources for adoption of a refugee child, the case worker is to consult:

V. OAR 413-070-0300 to 0380, Placement of Refugee Children.

VI. OAR 413-120-0010 to 0060, Adoption Placement Selection.

Considering relatives who wish to adopt

Relatives and sibling placement resources are one of the preferred placement resources for children who are unable to be cared for by their parents. Children who are covered by the ICWA have other priorities the worker must also follow. Federal and state laws and administrative rules require the *consideration* of relatives as a potential permanent placement resource for a child. The caseworker is responsible for engaging relatives and considering the relative with the goal of placement when it ensures the safety, well-being, permanency and attachment of the child.

Procedure

I. Determine a relative's ability to be a placement resource for the child as early as possible in the case planning

process. The child's caseworker discusses with the relatives the need for concurrent planning and relative's wishes to be considered for adoption. If the worker has serious concerns about a family being able to have an approved home study, they should communicate this with the family.

II. Consult with the supervisor if the worker has concerns about a relative being able to be approved for adoption.

Initiating the assessment of a relative as an adoptive resource for a child or sibling group

When a relative has been identified as a prospective adoptive resource by the child's extended family or the caseworker in consultation with the supervisor, provide the relative with the applicable information based on where they live. This procedure discusses the following living situations of relatives:

I. In Oregon;

II. In another state;

III. In a foreign country (non-U.S. military);

IV. On a military base in a foreign country as a U.S. military member; or

V. In a foreign country as a U.S. military member or working for the U.S. government, but not living on a military base.

Cases involving placement outside the U.S. are complex, so you must use the international case consultant in the Child Permanency Program if the child has a prospective relative resource living outside the United States.

Procedure

I. When a relative is **living in Oregon,** the caseworker will:

   A. Document in OR-Kids the date and description of the options discussed with the relative family.

   B. Send the relative family a letter with instructions on how to proceed with the adoption process if they wish to continue.

   C. Send a copy of the family's letter to the adoption supervisor of the relative family's local Child Welfare office. Provide the child summary, if available, and any relevant documents that indicate the child's current and possible long-term special needs, such as a psychological evaluation, mental health evaluation, education reports or medical reports. Adoption home studies should be referred by the supervisor of the caseworker to the supervisor of the adoption worker. The caseworker should not directly make a request to an adoption worker to initiate or update an adoption home study.

II. When a relative is **living in a state other than Oregon,** the caseworker will:

   A. Consult with the supervisor to discuss strategies for talking with the relative resource. Determine the child's legal status and IV-E eligibility before this discussion. Discuss how the child's medical coverage will be met. Discuss any cultural or language issues or challenges regarding the relatives that may indicate the worker needs to reasonably assist the relative and remove communication barriers. A potential relative will need to be able to engage in the process to learn about the child's needs and

participate in a home study assessment. Awareness of cultural considerations can help the worker prepare for talking with the relative. Example: some cultures do not encourage people to assert themselves with authority figures (which a relative can perceive the state to be), so relatives may not be aware they may ask for visits or question the agency's operations on a case. This can come across as unassertive or unmotivated while the relative is behaving respectfully and patiently from their cultural perspective.

B. Contact the identified out-of-state relatives to determine if they are able and willing to be a placement resource for the child or children. Discuss adoption placement options with the relative. Clarify that DHS has a process to consider a relative family for the purpose of adoption and there may be other relatives or a foster family that may have come forward to be a resource for the child.

C. Document in ORKids case file the date of the conversation and a description of the options discussed with the relative family.

D. If the family does wish to be considered for placement, inform them a request will be made through ICPC for a home study, and confirm they are willing to complete the study process with the child welfare agency in their state, which will include interviews, home visit(s), criminal history checks and computer-based child welfare history checks.

E. Send the interested relative a letter requesting they do the following:

   1. Contact their own local public child welfare office and follow their local agency's process to complete the adoption home study.
   2. Engage in training for pre-adoptive families. Most families have access to this training through their local child welfare agency. If they do not have access, the next section discusses options for families who do not have training available through the local child welfare office.
   3. Give the name of the selected adoption agency if the relative chooses to have a home study by a private adoption agency. Inform the relative that the private adoption agency doing the adoption home study must be licensed in the relative's state of residence and have experience providing services to children with special needs. If the relative selects a private agency, the relative must provide a written verification from the private adoption agency that an adoption home study of the family is in progress. The letter from the relative must be received within 14 days of receipt of the letter from DHS. The agency must be willing to sign a contract with DHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of placement. The agency must agree to DHS supervision fees and provide quarterly reports of the placement progress.
   4. Understand if the relative chooses a private agency, the relative is financially responsible for the costs related to the adoption home study. The private agency must provide a copy of the adoption home study to the caseworker. The home study must be completed within 90 days of the written notification of intent to adopt by the relative.

F. Follow the process outlined in the ICPC Handbook at https://apps.state.or.us/Forms/Served/de9053.pdf to request a home study.

G. Contact the DHS ICPC Office with any questions.

H. If the relative resides in a state that does not complete an adoption home study before a child is placed

with the family or the child being legally free for adoption, consult with the Central Office adoption placement specialist for cases with significant complexities or challenges.

I. The Child Permanency Program may approve a foster home study or a relative study to be used as an adoption home study for adoption placement selection to promote the child's timeliness to adoption. The study must meet the following criteria:

1. The study must be written, amended or updated within the last 12 months.
2. The information must indicate the family demonstrates the knowledge, skills and ability to meet, without agency oversight, the child's needs for:
   - Physical and emotional safety and well-being;
   - Developing and maintaining connections to the child's family;
   - Continuity and familiarity;
   - Appropriate social, educational, developmental, emotional and physical support;
   - Integration into the family;
   - Stability and permanency; and
   - Maintaining their identity, cultural, religious and spiritual heritage.

J. An adoption home study must be completed before designation of the child's placement for adoption.

K. Consult with the Central Office adoption placement specialist if there are additional barriers to obtaining a relative's adoption home study from another state when there are barriers that are not related to the family's ability to be approved.

III. 3. When a relative is **living in a foreign country (non-U.S. military)** the caseworker will:

A. Always contact the Central Office international case consultant and the adoption placement specialist in the Child Permanency Program for consultation when making a referral for an adoption home study of a family living outside the United States, including U.S. territories. (Placing with a relative in a U.S. territory has some overlap with the Hague Convention adoption process, but due to the need for case-by-case consultation with the international case consultant, the full process for a U.S. territory case will not be described here.) The international case Consultant will notify the Central Office Child Permanency Program's contract coordinator that the case will need an agreement for adoption supervision services in another country after the family is selected.

B. Document in OR-Kids case files the discussions with the relative family about their interest and participation in the adoption selection process.

C. Contact the foreign country's consulate for direction in obtaining a home study assessment. A child cannot move to the home of a relative outside of the U.S. for the purpose of adoption until the child is legally free.

D. When notified by the international case consultant, contact the Child Permanency Program office manager who is the contract coordinator for negotiation of a contract or agreement for adoption placement supervision services. Please note this is a time-consuming process, therefore, contact the office manager as early as possible when an out-of-country family's agency has been identified. Provide requested information so the office manager can submit the agreement to the Department

of Justice for approval. Refer to the Chapter 5 Appendix for the form "For placements outside the 50 United States and DC" for information the office manager requires. The agreement must be fully executed before placement can be approved. The worker will have to provide the office manager with the completed collateral contact list, which identifies community members who are likely to have contact with the child if the child moves to the out-of-country family.

E. Keep in mind this section discusses initiating an assessment of a relative family for the purpose of adoption. Please refer to the Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act at this link for more information on international placement. Remember there must be a Central Office adoption committee process to select the family before the child may move to their new family in another country, as approval of an adoption home study is not necessarily a guarantee of family selection.

IV. When a relative is a U.S. citizen serving in the **U.S. military while living on a base outside the United States,** the caseworker will:

A. Contact the Central Office international case consultant and the adoption placement specialist in the Adoptions and Permanency Program for consultation when making a referral for an adoption home study of a family living outside the United States. Although these cases are considered domestic adoptions, there are some parallels to placing with relatives in a foreign country. The international case consultant will notify the Central Office Child Welfare contract coordinator that the case will need an agreement for adoption supervision services on a military base if the family is selected.

B. Consult with the supervisor to discuss strategies for talking with the relative resource. Determine the child's legal status and IV-E eligibility before this and include eligibility status in discussion with supervisor. Discuss any cultural issues or challenges regarding the relatives that may indicate the worker needs to reasonably assist the relative and remove communication barriers. A potential relative will need to be able to engage in the process to learn about the child's needs and to participate in a home study assessment.

C. Contact the identified relatives to determine if they are able and willing to be a placement resource for the child or children. Discuss adoption placement options with the relative. Clarify that DHS has a process to consider a relative for the purpose of adoption and that other relatives may come forward to be a resource for the child.

D. Document in OR-Kids case notes the date of the conversations and description of the options discussed with the relative family.

E. If the family wishes to be considered for placement, inform them that they are responsible for obtaining a child-specific adoption home study.

F. Confirm with the family that they are willing to complete the adoption assessment process, which will include interviews, home visit(s) and background checks completed by the agency doing the adoption home study. A possible option is Adopt Abroad Inc, a licensed nonprofit adoption and home study agency: www.adopt-abroad.com/index.htm. The family should be well-informed of the costs of the home study and adoption.

The U.S. Department of Defense has an adoption reimbursement program for qualified military families. Reimbursements may cover medical expenses and other fees related to adopting a child. Families may

learn more information about reimbursement through the National Military Family Association or by contacting the Personnel Support Unit.

ADOPT US KIDS has information for a family stationed overseas to talk with a military adoption specialist. Contact information is: 303-755-4756 ext. 203 or at Military-Global@adoptuskids.org.

G. Send the interested relative a letter requesting they do the following:

1. Confirm in writing their interest in being an adoptive resource for the child. DHS must receive the letter from the relative within 14 days of the relative's receipt of the letter from DHS.
2. Select an agency to do the adoption home study.
3. If Adopt Abroad Inc. or VIDA are not available, another option is to contact their base social services agency for assistance with locating an agency to do the adoption home study and adoptive placement supervision if selected. The selected agency must be willing to sign a contract with DHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of placement. A private agency must agree to DHS supervision fees and provide quarterly reports of the placement progress
4. Contact the adoption agency of their choice and follow the agency's process to complete the adoption home study in a timely manner. Inform the relative that a private adoption agency doing the adoption home study must be licensed and have experience providing services to children with special needs. If the relative selects a private agency, the relative must provide a written verification from the licensed private adoption agency that an adoption home study of the family is in progress.
5. Engage in training for pre-adoptive families. If the family does not have local access, the next section discusses options for families who do not have training available locally. The family's adoption agency may have available training.
6. Provide the caseworker with the name and location of the selected adoption agency. The relative must understand if they choose a private agency, the relative is financially responsible for the costs related to the adoption home study. The private agency must provide a copy of the adoption home study to the caseworker.
7. Contact their military family advocacy program and their base command for permission to have the child move to the family's home on the base for adoption if the family is selected to be the adoptive resource.

H. When the family's adoption agency is identified, provide adequate disclosure to the adoption worker of the family about the child so they may integrate it into the adoption assessment.

I. Verify through the adoption worker before the child moves that the base command has given the relative permission to have the child move to the base if the family is selected.

V. When a relative family is **U.S. military** and is **living in a foreign country, but does not live on a military base, or is a U.S. citizen working for the US. government,** the caseworker will:

A. Contact the Central Office international case consultant and the adoption placement specialist in the Adoptions and Permanency Program for consultation. These cases have unique characteristics that need individualized consultation for referral for an adoption home study and supervision services.

B. Document in ORKids case notes the date of the conversations and description of the options discussed with the relative family.

C. If the family wishes to be considered for placement, inform them that they are responsible for obtaining a child-specific adoption home study.

D. Confirm with the family that they are willing to complete the adoption assessment process, which will include interviews, home visit(s) and background checks completed by the agency doing the adoption home study. Resources for adoption home studies and services vary.

E. Send the interested relative a letter requesting they do the following:

1. Confirm in writing their interest in being an adoptive resource for the child. DHS must receive the letter from the relative within 14 days of the relative's receipt of the letter from DHS.
2. Identify how they plan to obtain an adoption home study. If the two agencies discussed above, Adopt Abroad Inc. and VIDA, are not available, another option is to contact their base social services agency for assistance with locating an agency to do the adoption home study and adoptive placement supervision if selected. The agency must be willing to sign a contract with DHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of placement. The private agency must agree to DHS supervision fees and provide quarterly reports of the placement progress until finalization of the adoption.
3. Contact the adoption agency of their choice and follow the agency's process to complete the adoption home study in a timely manner. Inform the relative that a private adoption agency doing the adoption home study must be licensed and have experience providing services to children with special needs. If the relative selects a private agency, the relative must provide a written verification from the licensed private adoption agency that an adoption home study of the family is in process.
4. Engage in training for pre-adoptive families. The family's adoption agency may have training available. If the family does not have local access, the next section discusses options for families who do not have training available locally.
5. Provide the caseworker with the name and location of the selected adoption agency. The relative must understand if they choose a private agency, the relative is financially responsible for the costs related to the adoption home study. The private agency must provide a copy of the adoption home study to the caseworker.

F. Provide adequate disclosure to the adoption worker of the family about the child so the worker may integrate discussion about the child into the assessment of the adoptive family as a long-term resource for the child.

G. Be aware the international case consultant will notify the Central Office Child Permanency Program office manager who is the contract coordinator that the case will need an agreement for adoption supervision services in another country if the family is selected.

Transitioning a child to the relative adoptive parent in a foreign country

Carefully planning the transition of a child is critical to the success of an adoptive parent. The relative may come to the U.S. to help transition the child; this is the best possible transition scenario. However, it is not always feasible or possible for the relative adoptive parent to come to the U.S. for the child. The caseworker transporting the child to the relative adoptive parent should assist in the transition. Refer to Chapter 5 on "Transitioning the child to the adoptive placement" for more information. Consult with the Central Office Child Permanency Program when anticipating any adoptive placements outside of the United States. Many aspects of the move must be coordinated.

Procedure when the DHS adoption worker has concerns about the ability to approve a relative

If the DHS adoption worker begins the adoption home study or update, and during the course of the assessment has concerns about the relative's ability to be approved, the worker should follow these steps as applicable.

Procedure specific to the adoption worker

I. Consult with the supervisor and notify the child's caseworker that there are significant concerns. The adoption worker and supervisor have discretion to consider the circumstances. For example, a relative applicant may be adopting another relative child and the applicant appears to be able to meet the needs of all children in the home if the children were placed in the relative family for adoption. The adoption worker may assess the family further as directed by the supervisor. The local office staff may choose to consult with the adoption placement specialist or the assistant program manager in the Central Office Child Permanency Program to discuss concerns. This can be one of the most challenging aspects of an adoption worker's job and seems to be even more difficult when the applicants are relatives or foster parents.

II. Discuss concerns about the family with the certifier and their supervisor if the adoption worker is not the same person as the DHS foster care certifier for a foster care certified family. Also notify the Central Office foster care coordinator in the Well-Being Program if concerns are serious. If the case may go toward foster certification denial or revocation, the field staff may discuss the need for the adoption worker or supervisor to contact the Assistant Attorney General.

III. If the home study assessment concerns involve clinical issues, the SAFE home study Psychosocial Evaluation, Consortium for Children/SAFE website has articles on specific topics of concern to help workers with mitigation. The Consortium for Children will also provide phone consultation to SAFE-trained foster and adoption workers about assessment of challenging issues. For more information see www.consortforkids.org/Home.aspx

IV. Remember the denial or revocation of a **foster care certification** are different processes than denial of an adoption application and refer to the appropriate policies as applicable.

V. The adoption worker may end the application process and deny an adoption application at any time or remove a completed adoption home study from consideration if family does not meet one or more of the standards in:

A. OAR 413-120-0225 (1) and (2), Conditions that Require Additional Approval or Termination of the Department's Adoption Application Process or OAR 413-120-0246 or

B. Standards for an Adoptive Home and Release of an Adoption Home Study (1).

VI. Discuss the information with the CWPM if the adoption worker and supervisor believe the family should be denied approval to adopt. This way, the CWPM has had an opportunity to discuss the issues with staff and if there are any complaints, the CWPM has already been informed. When the applicant has a connection to the child and does not satisfactorily respond to DHS requests for information, the worker should discuss establishing timelines with their supervisor. Sometimes workers are concerned about not being fair to a relative or foster family and they go too long in giving chances. The agency should be reasonable, look at cultural considerations and weigh the consequences of an extended period of trying to assess an applicant. Some families may need more assessment to be approved. For instance, obtaining mental health records may help mitigate concerns about an applicant. In other cases, families that clearly are not able to be approved should be addressed earlier rather than later. The child's permanency is likely to be delayed unnecessarily if the agency does not end an adoption assessment in a timely way.

VII. Document concerns thoroughly if continuing the assessment is needed to mitigate concerns.

VIII. Discuss with the certifier the concerns about the family if the foster care certifier is a different person than the DHS adoption worker. Some concerns may be violations of the certification standards.

IX. Determine who will inform the child's worker, the supervisor and the child's CWPM, if different than the adoption worker's office. This is especially important if the case is controversial or if the child's case worker and adoption worker are in different locations.

X. Write a letter to the family notifying them of the agency's decision not to approve the adoption home study. Coordinate letter writing if the family is a certified foster family and the certifier must address a violation of certification standards. (The certifier should contact their Central Office foster care coordinator in the Well Being Program in this case.) The letter to the family addressing denial of adoption approval should be brief and to the point. The adoption worker may quote the applicable policy and refer to the relevant subsections in 413-120-0225, 413-120-0246 or 413-200-0301 to 413-200-0396. Brevity is generally optimal, rather than the lengthy and more detailed point-by-point letters used for foster care revocation, since denial of adoption does not lead to the possibility of a contested case hearing, unless denial is based on the criminal history as discussed below. If the applicant family has concerning issues in addition to the criminal history of the applicant or other adult in the home, be sure to list those concerns in the letter to the family as well so the applicant has a clear understanding of all the categories of issues that prevent them from being approved.

If the applicant is denied based on the *criminal history* of the applicant or another adult in the home, refer to DHS policy Criminal Background Check Requirements for Relative Caregivers, Foster Parents, Adoptive Parents, and Other Persons in Household, OAR 413-120-0460 (12)-(14) for additional notification information that must be provided to the family. In these cases, the agency must inform the applicant about specific rights, unless the applicant voluntarily withdraws from the process. Contact the Child Permanency Program's adoption placement specialist or the assistant manager if the are criminal history issues related to denial for further case-by-case assistance.

In addition, consult OAR 413-010-0500 to 413-010-0535, which describes the requirements and process for requesting a contested case hearing due to a denial or revocation of a Certificate of Approval or a denial of approval to adopt, based on the criminal history or false statement of criminal history, of an applicant or other person in the household.

XI. Meet with the applicants (together if a couple) to discuss the information that has led to the denial. A meeting with both the adoption worker and the supervisor is likely to be more smooth and supportive than the adoption worker meeting alone with the family. The message should be the agency staff have concerns about the placement and cannot approve the family for adoption. Avoid giving messages that could be interpreted as division among staff within the agency. Each staff member has their particular role to play in the process of considering relatives and appearing to be at odds within the agency can be harmful to the case moving toward permanency.

XII. Provide the relative applicant with the written notification of the termination of the process. Ideally, this is done at the meeting with the family, adoption worker and supervisor. If the local office is not able to set a meeting, mail the letter.

XIII. Document the denial or revocation of approval in the provider file in ORKids.

XIV. Stop the home study writing process for adoption. The adoption worker is not required to complete the home study if a family cannot be approved to adopt.

XV. In many cases, DHS may advocate for the possibility of future contact between the child and the relative who is not approved or selected to be the child's placement resource. The adoption worker and caseworker should coordinate about the specific information the agency will convey to the family and who will convey this information to the family. The caseworker may see the relative as able to benefit the child through visits, sending gifts, communicating electronically, providing information for the child's Life Story book and positively engaging in other ways that are positive to the child. The relative with positive ongoing connections needs to be able to endorse and recognize the child's place in their adoptive family. Be cautious to avoid appearing to make agreements that may not be kept, since the child's adoptive family has an important part in determining post adoption contact.

Tip

Maintain an open mind about professional colleagues who conduct certification and adoption home assessments and provide child permanency casework. Recognize the nature of colleagues' specialized knowledge, training and abilities so involved agency professionals may develop accurate and in-depth understanding of the larger picture and engage in a solid team approach. Having an open mind about each other's point of view, sharing information with one another and respecting each other's roles promotes gathering and understanding information to plan for the child's best interest. There may be more challenges when workers are in different offices or counties.

When the child is not legally free for adoption and the relative's state will not write an adoption home study for a relative resource

Procedure

Approximately half of the states do not recognize legal risk adoptive placements and will not do adoption home studies for Oregon's legal risk children for whom adoption is the plan.

I. When the child is not legally free and the relative's state will write a fos-ter/kinship study, but not an adoption home study, and no other families are available to be a resource for adoption:

   A. Consult with the supervisor whether to place the child in the relative's home for temporary foster care until an approved adoption home study is written after the child becomes legally free. Considerations about the move include ongoing visits with the birth parents, sibling contact, child's attachment and progress in the foster home, results of the diligent relative search, other relatives being considered, services the child is receiving, court approval needed for placement out-of-state and appropriateness of the relative family to meet the child's needs for safety, permanency and well-being. Maintaining a child in an unrelated foster family to obtain intervener status or 12 consecutive months in the home is not a reason to keep a child from a foster care placement with a relative.

   B. If the caseworker and supervisor determine the child should move to the out-of-state relative's family for temporary foster care, obtain ICPC and court approval.

   C. Be clear with the relative family that this move is for the purpose of foster care and the agency has another process for adoption assessment and selection. Follow this discussion with a letter to the family outlining the main points, including an emphasis on the temporary aspect of the placement.

   D. If the child cannot move or it is not in the child's best interests at this time, discuss with the supervisor possible methods of maintaining contact between the child and the prospective relative resource. This can be done in a number of ways, please see Chapter 5, Section 5, Subsection B Appendix "Strategies when working with relatives" for additional information.

II. When a relative resides in a state that does not complete an adoption home study before a child being placed with the applicant or before the child being legally free for adoption, consult with the supervisor and the Central Office Child Permanency Program's adoption placement specialist or assistant manager. Program staff may approve use of a foster home study or a relative study as an adoption home study for adoption placement selection. This is only when the requirements of subsections (1)(a), (b), and (c) of the OAR 413-120-0246 Standards for an Adoptive Home and Release of an Adoption Home Study this rule are met.

    In these cases, an approved adoption home study must be completed before designation of the child's placement for adoption.

Referral to the appropriate adoption selection process when a relative is approved

Procedure

Refer the child to the appropriate adoption selection process after receiving the approved adoption home studies for a child's relatives.

I. When considering only one relative family, refer the child to the caseworker selection process unless the Child Welfare program manager approves of referral to a local adoption committee.

II. When more than one relative family is under consideration for a child, refer the decision to a Central Office adoption committee.

III. When considering a current caregiver along with a relative family for a child, refer the decision to a Central Office adoption committee.

IV. When the Child Permanency Program manager granted an exception to the order of preference of adoptive resources, refer the decision to a Central Office adoption committee.

Out-of-state relative's local child welfare office does not offer pre-adoption training to relative families

Oregon DHS requires all parents who adopt children in the custody of DHS participate in training to address adoption issues and children's special needs due to abuse and neglect. Relatives who are studied in another state may or may not be required by their state of residence to go to pre-adoption training. See Chapter 5 Appendix "Out-of-state family's pre-adoption training options" for information about how to proceed if there are questions about the family's training to prepare them for special needs adoption.

Presenting an out-of-state relative at adoption committee

There are two types of adoption selection processes: *caseworker selection* after consultation with their supervisor and members of the child's team and *adoption committee.* An adoption worker in Oregon does not need to be assigned to a family for a caseworker selection process. For an adoption committee, the child's local office arranges for the assignment of an experienced and capable worker, other than the child's caseworker, to present an out-of-state relative family. This may be a DHS worker or a worker from the contracted Special Needs Adoption Coalition (SNAC) agency to present if the local office chooses. A DHS worker must present if the relative family is non-English speaking and lives outside the United States. The worker assigned to present the out-of-state family should be knowledgeable about adoptions and permanency. If the family's presenting adoption worker for the committee is a DHS worker, they cannot present another DHS studied family for the child. If the family's presenting adoption worker is a contracted Special Needs Adoption Coalition (SNAC) agency worker, they may present more than one family at the committee. The family worker assigned will need adequate time to prepare. They will need to talk with the relatives and the adoption worker for the relatives. The worker presenting the out-of-state family may refer to the Procedure Manual's Chapter 5, Section 5 Appendix, "Presenting an out-of-state family" for guidelines to prepare for committee.

Consideration given to relatives who come forward or are located later in the adoption process

If a relative comes forward later in adoption planning, the child's caseworker and supervisor must consider the agency's emphasis on relatives and placement with siblings together as one of the primary adoptive placement resource. The Child Welfare program manager (CWPM) or designee has discretion and is guided by whether it is in the best interests of the child to include a relative as a possible placement resource.

Understanding family dynamics of relatives who come forward later in case planning may help workers prepare and advocate for children when DHS considers these relatives. These are examples of situations when relatives may come forward:

I. Relatives believe the birth parent will have the child returned shortly after the child's move into foster care.

II. Relatives may become interested in adoption if the plan changes from foster care to adoption and they realize the child may be lost to the family.

III. Relatives understand the birth parent is not likely to be successful in parenting and the recognition of the finality of termination, relinquishment and adoption may prompt them to be interested in adopting.

IV. Relatives who do not want to be closely involved with the birth parents because of their criminal, drug-related or other difficult behaviors may see foster care as making them vulnerable to the wishes of the birth parents. Staff education about adoption may make mediated agreements for contact seem more feasible for the relative family.

V. Younger potential relatives may defer to older relatives or relatives may defer to those who are seen as "closer" to the child. If a relative the extended family puts forward withdraws or is not approved, the other relatives may come forward later to be a resource.

VI. Relatives may have changes in their circumstances that make them available to adopt.

VII. Birth parents have clearer understanding of the possibility of termination of their rights, and finally tell the agency about relatives they had not disclosed earlier in the case.

Procedure

The caseworker must:

I. Determine the place in the child's adoption planning that applies when a relative comes forward or is located. Four junctions provide discretion at the child's local office level as to whether DHS may consider a relative further and each are discussed in detail in their own sections below.

When a relative comes forward during the scheduling of the caseworker adoption selection process

When a child's relative now expresses interest in being considered as a potential adoptive resource and the worker is in the process of scheduling a caseworker selection process, the caseworker, supervisor and CWPM or designee are to consult OAR 413-120-0021 Adoption Placement Selection by Caseworker.

CWPM or designee must:

I. Determine if the caseworker has provided the notifications in section (5) of OAR 413-120-0021 at least 10

business days before the adoption selection:

A. Notify the CASA, child's attorney, tribal representative and member of Refugee Child Welfare Advisory Committee as applicable, at least 10 business days before the caseworker selection process

B. Ensure the individuals listed above are sent copies of the family and child information packets

C. Notify these individuals at least two days before the date of the caseworker adoption selection decision that they are able to send input.

II. If the above notifications have occurred, review the diligent efforts to identify a child's relatives required under I-E.1.1, Search for and Engagement of Relatives, OAR 413-070-0060 to 413-070-0063.

III. Consider the impact of a delay in achieving permanency on the best interests of the child.

IV. Make a determination whether it is in the child's best interest for an adoption home study to be conducted with a relative despite the delay in achieving permanency.

When a relative comes forward during scheduling of the adoption committee

The caseworker, supervisor and CWPM or designee should consult Invitation to and Notification of Adoption Committee OAR 413-120-0035 (2) and (8).

CWPM or designee must:

I. Determine if the department has provided the notifications to the caseworker for each child, adoption workers, committee facilitator, neutral committee members, CASA, child's attorney, tribal representative and member of Refugee Child Welfare Advisory Committee in section (2) of Invitation to and Notification of Adoption Committee OAR 413-120-0035 at least 10 business days before the adoption committee as applicable:

A. Date, time and location of committee;

B. Child information, home studies and family information sent;

C. Notification that information may not be re-released; and

D. Request to thoroughly review all information provided before the committee when serving as a member

II. If the above notifications have occurred, review the diligent efforts to identify a child's relatives required under OAR 413-070-0060 to 413-070-0063.

III. Consider the impact of a delay in achieving permanency on the best interests of the child.

IV. Make a determination whether it is in the child's best interest for an adoption home study to be conducted with a relative despite the delay in achieving permanency.

When an adoption home study has been initiated and the potential adoptive resource is not approved or withdraws

The caseworker, supervisor and CWPM or designee should consult OAR 413-120-0760 Identification of a Child's Potential Adoptive Resources.

The CWPM or designee decides whether the department will initiate adoption home studies with additional relatives based upon:

I. The best interest of the child and

II. The impact on achieving the child's permanency when pursuing an additional home study or studies.

Legal and birth relative considerations when a finalized adoption results in the child needing foster care or adoptive placement

Unfortunately, there are cases when children and parents have a finalized adoption, and the family may choose to end their active parenting of the child or the child may go to substitute care and return to the legal adoptive parents may not be appropriate. When looking at temporary or permanent placement options, as well as other connections and supports for a child, the worker always needs to consider the best interests of the child. This applies when assessing placement or other connections with someone who fits the agency's definition of a relative and with someone who does not fit the relative definition, but may be important people in the child's life.

Procedure

The caseworker must:

I. Look for the child's *legal* relatives to conduct a diligent search for relatives. In cases where the child was adopted by a nonrelative, the worker is not required to search for the relatives of a child's birth parents because the relationship with the birth parents was legally severed when the adoption finalized.

   The child's worker is required to search for the relatives of a birth parent only when they are related to the adoptive parents. The relative search would only be the maternal or paternal side of the child's birth family because the search is based on relatedness to the child's relatives of the *legal adoptive* parents (not because they are related by blood).

   Example: The child is adopted by the paternal grandparents. This makes the paternal grandparents the child's *legal* adoptive parents and therefore, the paternal relatives are the legal relatives of the child. In this case, the child's birth mother's relatives are not legal relatives after the finalization of the child's adoption.

   While the caseworker's office is not *required* to search for relatives who have blood relationships, but not legal relationships to the child, the caseworker has *discretion* to consider the child's birth family members if they come forward to be a resource. Based on the child's best interests, the caseworker may also initiate a search for the child's birth family in these cases, after being clear the child's legal relatives are not available to be a prospective adoptive resource.

II. Consider foster placement possibilities with a legal relative. If a worker is not able to place with someone who fits the agency's definition of a relative, the worker can move to considering others who are not legal relatives. Relatives of a birth parent may be viable foster resources, especially if the birth parent's relatives had a relationship with the child.

Note that members of the child's extended birth family who come forward after the child was adopted by a nonrelative are general applicant resources unless they self-identify or are identified as a relative as described in 413-070-0000 (74) (d). If they meet this definition, they are given consideration before general applicants.

III. Recruit for adoptive families when appropriate. Typically, when there are no legal relatives or current caretakers to consider and when considering general applicants, the worker would need to recruit.

The supervisor's role

I. Educate workers on the values of relative placements and support workers to skillfully address challenges that relative placements may bring. Help workers make child-focused decisions about placements with relatives.

II. If a relative is not able to be an early placement resource, assist the worker to assess the possibilities of other types of connections and contact between the child and relative and their siblings if they are not going to be raised in the same home.

III. Help the caseworker determine which relative family or families are most appropriate for consideration for adoption if there are multiple relative resources who come forward and the relative families cannot themselves conclude which relative family is the best resource for the child according to OAR 413-120-0760 Identification of a Child's Potential Adoptive Resources.

IV. As the supervisor for the caseworker, refer the need for a home study to the relative's local Child Welfare office if the family has selected DHS for their adoption agency. Adoption home studies should be referred by the supervisor of the caseworker to the supervisor of the adoption worker. The caseworker should not directly request an adoption worker initiate an adoption home study of a relative. Adoption worker assignments should be through supervisor-to-supervisor communication.

V. Reinforce the caseworker's thinking with an open-minded attitude about their colleagues who conduct certification and adoption home assessments. This will help caseworkers avoid coming to conclusions about colleagues that are erroneous and hinder a solid team approach. This is even more challenging when the workers are in different offices or counties.

VI. Consult with the adoption worker and their supervisor if the adoption worker begins the relative assessment and during the course of the assessment has concerns about the relative's ability to be approved.

VII. Provide consultation to the caseworker on the type of home study to request from the relative's state, if outside of Oregon, if adoption is the plan and the child is not legally free.

VIII. Ensure the caseworker has addressed disclosure of information about the child to the agency doing the adoption home study as described in procedure. A lack of a child summary is not a reason to delay the referral for the home study or to delay the initiation of a home study by the adoption worker.

IX. If adoption is the plan and the child is legally free and the prospective relative resource is out-of-state, provide consultation to the caseworker about requesting an adoption home study through ICPC. If the child is not IV-E eligible, the supervisor and caseworker should discuss this with the appropriate ICPC coordinator.

X. If the caseworker receives ICPC approval for the relative placement and the child is not legally free, provide consultation to the caseworker about whether to place the child in the home for temporary foster care.

XI. Direct the worker to consult with the Central Office Child Permanency Program staff when there is a relative outside the U.S. who is being considered for adoption. These are highly complex cases and Central Office and the Department of Justice are able to offer support throughout the planning.

Consult with the Central Office Child Permanency Program as needed for cases that are particularly complex.

Forms and references

Legal references

Federal laws

I. Adoption and Safe Families Act of 1997, P.L. 105-89

II. Fostering Connections to Success and Increasing Adoptions Act of 2008

ORS

I. ORS 419A.004(16), Definition of Parent

II. ORS 419B.192, Placement of Child

III. ORS 109.119, Rights of Grandparent, Child-Parent Relationship, Ongoing personal Relationship

OARs

IV. Search for and Engagement with Relatives, OAR 413-070-0000 to 0974

V. Interstate Compact on the Placement of Children, OAR 413-040-0200 to 0330 www.dhs.state.or.us/policy/childwelfare/manual_1/i-b342.pdf

VI. Placement Matching, OAR 413-070-0000 to 0974

VII. Placement of Indian Children, OAR 413-070-0000 to 0974

VIII. Placement of Refugee Children, OAR 413-070-0000 to 0974

IX. Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

X. Legal Permanency, Concurrent Planning, and Use of a Permanency Committee, OAR 413-070-0000 to 0974

XI. Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0190 to 0246

XII. Adoption Placement Selection, OAR 413-120-0000 to 0060

XIII. Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources, OAR 413-200-0301 to 0396

XIV. Criminal Background Check Requirements for Relative Caregivers, Foster Parents, Adoptive Parents, and Other Persons in Household, OAR 413-120-0400 to 0475

XV. Contested Case Hearings, OAR 413-010-0500 to 0535

XVI. Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, OAR 413-120-0900 to 0970

Forms

I. CF 447, Relative Information http://dhsresources.hr.state.or.us/WORD_DOCS/CE0447.doc

II. CF 963, Required Information for Adoption Workers and Adoptive Family

III. ICPC forms on ICPC Staff Tools Page

Tip

Reinforce the caseworker's thinking with an open mind about their colleagues who conduct home study assessments. Both agency professionals involved in the process (caseworker and certification/adoption worker) have important and specialized roles. The different perspectives and information each employee possesses can provide a more in-depth understanding of the child's needs, the prospective resource family's strengths and areas of concern. Having an

open mind about each other's point of view, sharing information with one another and respecting each other's roles promotes gathering and understanding information to assist in planning for the child's best interest. This is even more challenging when the workers are in different offices or counties.

Chapter 6

Section 5C: Foster Parent Considerations and Procedures for Adoption

Foster Parent Considerations and Procedures for Adoption

Many factors contribute to the successful upbringing of adopted children. Children need continuity in relationships for their physical, emotional and social growth and well-being. Connections can be provided by relative and nonrelative families. Psychological and emotional connections of the child to their foster parent or relative caregiver are of vital consideration in determining the best interests of the child. When a child or a sibling group becomes legally free or is becoming legally freed for adoption, their current foster parent (or parents) may be interested in becoming the child or sibling group's adoptive resource. If the foster parent wishing to be considered for adoption meets current caretaker status, they are considered in the first order of preference along with any relatives who may also be interested in consideration. If a foster family does not meet current caretaker status, they may still be considered but only if there are no relatives or current caretakers under consideration. The foster parent who does not meet current caretaker status is considered a general applicant and may be considered at adoption committee with other general applicants. The foster parent who does does not meet current caretaker status would need to obtain an approved adoption homestudy to be considered. The exception is when the foster parent has been determined to have a significant emotional relationship to the child. Please refer to OAR 413-070-0500 to 0519.

Current Caretaker Criteria and Considerations and Procedures for Adoption

A "current caretaker," for the purposes of the adoption process, is a nonrelative who meets the following requirements:

- Is currently caring for a child in the legal care and custody of the department and who has a permanency plan or concurrent permanent plan of adoption; and
- Has cared for the child or at least one sibling of the child for at least the 12 cumulative months or for one-half of the child's or sibling's life if the child or sibling is younger than 2 years of age.

Caseworker and supervisor's work to consider a current caretaker who wishes to adopt a child or sibling group

Procedure

When a person meeting the current caretaker status expresses an interest in being considered as a potential adoptive resource, the caseworker and caseworker's supervisor must:

- Review relevant rule:
  - OAR 413-070-0060 to 413-070-0087;
  - OAR 413-120-0700 to 413-120-0760.
- Review the agency's diligent efforts to identify, contact and place a child with relatives and to place siblings together as required. If the department is in the process of identifying or assessing a relative as defined in OAR 413-070-0000 (74) (a)-(d) who has expressed an interest in being a resource and needs to be or

currently is being assessed as a potential adoptive resource, the department waits until the relative has been assessed.

- Discuss sibling planning issues related to consideration of current caretakers. When there are siblings in different current caretaker homes who have the plan for adoption together, these rules also apply. A foster care resource who meets the current caretaker status for one child meets the current caretaker status for each sibling as well. An example: A child is placed in a foster home and the foster parent has the child in the home for 12 months making them a current caretaker. The child's mother has a new baby who is either placed in the same foster home to be with the sibling or placed in another foster home. Both children's permanent plans become adoption. Regardless of how long the baby has been in foster care, if the current caretaker would like to be considered as an adoptive resource for both children, they are considered in the first order of preference as a current caretaker for both children because the foster parent has had one of the children in the sibling group for at least 12 cumulative months.

  All current caretakers who have expressed interest in being an adoptive resource for a child or sibling group must be given the opportunity to be considered. They are in the first order of preference along with any relative who also wishes to be considered. The current caretaker must have an approved adoption home study. All current caretakers with an approved adoption home study must be taken to a selection process either with relative resources if there are any, or by themselves. You may not consider a current caretaker with general applicants. Current caretakers are given priority for consideration and you may only move to consider general applicants if you do not have relative or current caretaker resources.

Assessing Current Caretakers Who Want to Adopt a Child or Sibling Group

Procedure

If a foster parent wants to adopt a child or sibling group, you must determine whether they meet current caretaker status. If they meet current caretaker status, they are to be given first consideration along with any relatives who may also want to be considered. If the foster parent who wants to adopt a child or sibling group does not meet current caretaker status, they may be considered as general applicants so long as there are no current caretakers or relatives who wish to be considered.

When a current caretaker expresses an interest to be considered as an adoptive resource for a child or sibling group, the caseworker should:

- Initiate a discussion with the current caretaker about the impact of adoption on the child and the family. "Foster Parents Considering Adoption" is an article that may offer thought provoking and relevant ideas to both the caseworker and current caretaker and may be found at: www.childwelfare.gov/pubs/f_fospar.cfm.

- When a current caretaker expresses a desire to be the adoptive resource, provide the current caretaker with detailed information about the child. Do not assume because the child has been in the home, the current caretaker has all of the child's information available to DHS that the current caretaker needs to know to make a life-long decision. Provide appropriate disclosure of the child's history, strengths, special needs and current functioning.

- When a current caretaker requests consideration as a potential adoptive resource, the child's caseworker discusses with the current caretaker their ability to meet the child's short-term and possible long-term needs for safety, permanency, attachment and well-being. The caseworker is also to include their professional assessment of the current caretaker's ability to be a current and long-term adoptive resource for the child. The child's worker should be clear with the current caretaker if they have any concerns so later discussions of concerns are not a surprise.
- When the caseworker discusses the information in the paragraph above with the current caretaker, the worker includes the differences in benefits between adoption subsidy and foster care reimbursement. Refer to Chapter 5, Section 9 for more information about adoption assistance.

Scheduling and Arranging a Permanency Staffing to Consider a Current Caretaker for Adoption

Procedure

If a current caretaker wishes to be considered as a potential adoptive resource the caseworker must:

- Assess with the supervisor, whether the diligent search for relatives is sufficient. The relative diligent search must be documented in the file. This is to determine whether we are following the order of preference for adoption consideration. Discuss with the supervisor the possible need for a sibling planning decision if it is in the children's best interest to be placed in seperate adoptive homes. The caseworker must use the Permanency Committee process to consider the sibling planning decision. Refer to Chapter V, Section 3 "Sibling planning procedures," for more information about planning for siblings for adoptive placement.
- Schedule a Permanency Staffing. The purpose of the Permanency Staffing is to discuss the history of the child's placement with the current caretaker and to ensure the adoption worker has all relevant information they will need to do a comprehensive child specific home study. This is a staffing intended to bring forth information from all relevant parties to be used by the adoption worker in completing a well-informed child specific adoption home study,
    - Follow the local office or district process to schedule a Permanency Staffing.
    - Follow the relevant policies if the current caretaker is also an employee of DHS Child Welfare or Self Sufficiency. Consult the procedure manual's Chapter V, Section 5, Section E "Child Welfare and partner agencies employee adoptions and exceptions to the conflict of interest DHS policy."

Notification and Invitations to the Permanency Staffing to Consider a Current Caretaker Who Wishes to Be a Potential Adoptive Resource

Procedure

Contact the child's attorney, the Court Appointed Special Advocate (CASA) and the child's tribe when applicable. If the child is a refugee, also request a Refugee Child Welfare Advisory Committee (RCWAC) member. Contact any

other individual who the caseworker in consultation with a supervisor believes may provide valuable information regarding the child's current and lifelong needs.

- Inform these individuals of the date, time and location of the Permanency Staffing. These individuals are invited to the Permanency staffing but are not required to attend. Obtain a Release of Information for the family information being discussed to be shared with any of the non-agency participants mentioned above.
- The caseworker, caseworkers's supervisor, courtesy caseworker and supervisor (if applicable), certifier and adoption worker (if different) must attend this Permanency Staffing.
- Document in the case record the above-mentioned persons were informed of the staffing date, time and location.

The Caseworker's Role at the Permanency Staffing

Procedure

The worker should be well prepared to:

- Bring the child's case file.
- Discuss information about the child's history, progress in foster care, strengths, challenges, and current and possible long-term special needs.
- Discuss information about the foster family, along with the family's foster care certifier, including the following:
    - Strengths as a foster family;
    - Concerns, including a full history of any screening referrals, whether assigned or closed at screening, and any certification issues present during the placement history;
    - How the family is meeting the child's needs. (A cause for significant concern is a foster parent who does not take the child to health or mental health evaluations or appointments as needed.);
    - Other children in the home;
    - Financial information; and
    - Whether the family will continue foster care for other children after the family is designated as the adoptive family for the child. There should be no hard rules about this, but consideration of the child's perception, the changes in who lives in the home and the child's attachment is needed.
- If the current caretaker lives outside of Oregon, the Department must submit a request for an adoption home study to ICPC. Document in this request any specific information the staffing participants determine must be explored in the adoption home study for the current caretaker.

The Certifier/Adoption Worker's Role at the Permanency Staffing

Procedure

The certification/adoption worker should be well prepared to:

- Present information about the foster family, including the following:
  - Strengths as a foster family;
  - Concerns about the foster family as a current and long-term resource for the child, including any certification concerns present during the child's placement;
  - How the family is meeting the child's needs;
  - Other children in the home;
  - Financial information; and
  - Whether the family will continue foster care for other children after the family is designated as the adoptive family for the child. There should be no hard rules about this, but consideration of the child's perception, the changes in who lives in the home, and the child's attachment is needed.
- The Department certifier for the family must document in a provider note any specific information the staffing participants determine must be explored in the adoption home study for the current caretaker.

Permanency Staffing Discussion

The Permanency Staffing participants discuss the information learned during the staffing and must consider the following:

- The safety, attachment, and well-being needs of the child or sibling group under consideration for adoption and how well the current caretaker has met those needs;
- The history of the current caretaker in meeting the standards of certification pursuant to OAR 413-200-0301 to 413-200-0396
- Any child abuse reports or reported concerns made to the Department that were assigned for CPS assessment, closed at screening, or documented in the Department's electronic information system related to the current caretaker;
- Recommendations for continued contact with birth parents, birth family, or other significant persons for the child or sibling group under consideration for adoption; and
- Any other information pertinent to the evaluation of the ability of the current caretaker to meet the lifelong safety, attachment, and wellbeing needs of the child or sibling group under consideration.

As there is no decision made at the end of the Permanency Staffing, the discussion should focus on what the adoption worker needs to know about the family for whom they will be conducting the child specific adoption home study. The adoption worker must have all the information needed to conduct a thorough home study.

Certification/Adoption Worker Responsibilities If the Foster Parent Does Not Follow Through with The Requirements for The Adoption Home Study Assessment

Procedure

If the foster parent is not making reasonably adequate progress on the home study assessment process, the family's assigned certification/adoption worker should:

- Prioritize the child's needs for permanency in an adequate timeframe.
- Consult with their supervisor about the issues of concern. In especially challenging cases, consult with the adoption placement specialist in the Central Office Child Permanency Program.
- Discuss with the child's caseworker the problematic issues so they may also be apprised of the situation.
- Schedule a time, at which the caseworker may also be included if desired, to meet with the caregiver to discuss the need for a timely home study, consider any concerns the foster parent may have and determine if the foster parent is still interested in adopting the child.
- Send the foster family a letter with a brief summary of the discussion, the plan to move forward or not, and the dates when specific tasks must be accomplished if that is what the family stated they wish to do. The dates should be reasonable to the prospective resource and more importantly, to the child for whom permanency may be delayed without diligent staff movement addressing issues of concern regarding the current caretaker as a resource.
- Communicate with the caseworker if concerned about the foster parent not following through with the needed activities of the adoption assessment within the 90-day deadline the family's certification/adoption worker must meet (unless it is extended by the Child Welfare program manager). The adoption application may be delayed for reasons that do not indicate the adoption process should be terminated, such as delays in getting a medical appointment due to a physician's office schedule or a family move. If the adoption worker is concerned the foster parent is not able to meet the standards to be approved for adoption, the worker should discuss this with their supervisor. Denial of adoption home study approval is discussed in OAR Chapter 413, Division 120, Adoption.

Disclosure of Child Information to The Foster Parent if They Are Selected as The Adoptive Resource for The Child

Procedure

This information is for the caseworker and the certification/adoption worker. This is limited information about disclosure of child information to the selected adoptive family. Therefore, the two workers should refer to the procedure manual Chapter 5, Section 7 "Selecting adoptive families, disclosure of information to and about adoptive families" on sharing information with adoptive families.

- The caseworker provides the materials listed on the Required Information for Adoption Workers and Adoptive Parents form CF 963 to the adoption worker of the current caretaker if selected. If the adoption decision specialist makes the decision after an adoption committee adjourns, the worker for the family and the caseworker discuss how the materials will get to the adoption worker immediately.
- The caseworker and the adoption worker decide who should discuss the possible future ramifications of the

child's history (such as genetically transmitted conditions, prenatal exposure to substances, history of neglect, etc.) with the current caretaker. Give the foster parent an opportunity to ask questions, consult with specialists and, if they feel they cannot meet the child's needs, decline to continue as the adoptive family.

The Supervisor's Role

- Consult with and provide guidance to the caseworker about the caseworker's process to proceed to free a child for adoption and the foster parent's request to be an adoptive resource for the child. Discuss the diligent search, the progress of the diligent search and confirm whether a relative is being considered for adoption. Support the worker in considering the child's current and long-term needs when thinking about the foster family.
- Reinforce the agency's emphasis on prioritizing relatives and current caretakers.
- Support and be available to provide guidance to the caseworker as they work with a foster family during the process of being studied and considered as a potential adoptive resource.
- Help the worker determine which adoption selection process should be used.
- Attend the Permanency Committee and/or adoption committee with the caseworker as needed when the worker is inexperienced or the case is highly controversial.
- After the current caretaker adoption home study or update is complete and approved, inform the worker of adoption selection process to use, as well as the notification responsibilities and deadlines related to selection. This is found in:
    A. Adoption Placement Selection I-G.1.5 at this link; and
    B. Chapter 6, Section 7 "Selecting the adoptive family" in the procedure manual.
- Identify the appropriate child information disclosure materials to the current caretaker if they are selected as the adoptive resource. The disclosure materials are indicated on the Required Information for Adoption Workers and Adoptive Parents form 963.
- Consult with the Central Office Child Permanency Program as needed if there are seriously concerning issues or questions along the way.

Forms and References

Legal References

ORS

- ORS 418.285
- ORS 418.290

OARs

- Search for and Engagement of Relatives, OAR 413-070-0000 to 0974
- Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

- Adoption Placement Selection, OAR 413-120-0000 to 0060
- Legal Permanency, Concurrent Planning, and Use of Permanency Committee, OAR 413-070-0000 to 0974

Forms

- CF 0270, Permanency Committee Form
- Genetic and Medical History of Child and Biological Family in ORKIDS (formerly CF 246)
- Adoption Child Summary in ORKIDS
- CF 963, Required Information for Adoption Workers and Adoptive Parents
  https://apps.state.or.us/Forms/Served/ce0963.doc
- CF 1269b, Third Party/Confidential form
  https://apps.state.or.us/Forms/Served/CE1269b.doc
- Oregon SAFE Adoption Home Study and Home Study Update from the Consortium for Children, www.safehomestudy.org/Home.aspx

Chapter 6

Section 5D: Child Welfare conflict of interest and employee adoptions and exceptions to the conflict of interest DHS policy

Child Welfare conflict of interest and employee adoptions and exceptions to the conflict of interest DHS policy

This section discusses potential conflict of interest in adoption application and consideration of:

I. Specific categories of DHS employees;

OR

II. Partners for whom there may be a potential conflict with DHS and who do not fall into the category of DHS employees described above;

AND

III. The applicant described above wishes to adopt a child in the custody of:

A. DHS;

OR

B. Another public child welfare agency and for whom there is an Interstate Compact on the Placement of Children (ICPC) request for an adoption home study.

Determining conflict of interest for partners and DHS employees who apply to adopt and referral for home study assessment

Procedure

I. Determine whether there is a potential conflict of interest for an adoption home study application. There are potential conflicts of interest with two categories of individuals submitting adoption applications to adopt children in the custody of DHS or another public child welfare agency:

A. Partners (non-DHS employees): The Child Welfare program manager (CWPM) determines a potential conflict of interest with a DHS partner applying to adopt. If the CWPM is unable to determine if there is a conflict of interest, the Child Permanency Program manager or designee makes the determination about a partner applicant.

B. DHS employees: DHS staff members who are employees of Child Welfare or Self-Sufficiency Services have a potential conflict of interest as adoptive applicants.

II. When an applicant has a conflict of interest in a category above, refer the applicant to one of the following for the adoption home study assessment:

A. A local Child Welfare office in another district, with approval of the supervisor; or

B. A contracted adoption agency, with the approval of the Central Office Child Permanency Program manager or designee.

1. Provide the private contracted adoption agency with a description of the child's strengths and needs, including the type of adoptive family most likely to be able to meet the child's needs.
2. Provide the Adoption Child Summary and any other documentation that describes the child's special needs, such as developmental, psychological evaluations, early intervention evaluations, mental health assessments or physician's reports.

Conflict of interest procedure for specific DHS employees

The administration has determined there is an inherent conflict of interest in being both a DHS employee in Child Welfare and Self-Sufficiency positions (the DHS organization formerly known as Children Adults and Families) and an adoptive parent for children in DHS custody. Therefore, unless it is in the child's best interest and an exception is granted, employees shall not be adoptive parents for children in the custody of the department.

DHS employees of Child Welfare and Self-Sufficiency Services must obtain approval to adopt a child in the custody of DHS. The employee has the primary responsibility to initiate and follow through with these conflict of interest policies. The adoption worker and caseworker should also become familiar with the relevant policies. The department's approval must be complete by the time of the adoption selection process.

The administration has not made the exception for DHS Child Welfare and Self-Sufficiency Services employees who wish to apply as general applicants for children in the custody of the department. The administration has granted exceptions when:

I. The child is a relative of the employee;

II. The employee is the substitute caregiver for the child; OR

III. The employee has a significant pre-existing relationship with the child.

When applicable, read the following policies related to DHS employee conflict of interest:

I. Conflict of Interest Policy Addendum for CAF Employees
www.dhs.state.or.us/policy/admin/hr/060_002_add.htm

II. DHS-060-002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.dhs.state.or.us/policy/admin/hr/060_002_02.htm

III. DHS-060-002, Conflict of Interest Policy
www.dhs.state.or.us/policy/admin/hr/060_002.htm

IV. DHS-060-002-01, Conflict of Interest Procedure
www.dhs.state.or.us/policy/admin/hr/060_002_01.htm

Procedure

The employee of DHS Child Welfare or Self-Sufficiency Services applying to adopt a child in the custody of DHS must:

I. Request an exception by completing the form DHS 0103, Exception Request for Review and Determination:
https://apps.state.or.us/Forms/Served/de0103.doc

II. Track the form to make sure it follows the required approvals. The exception request will be reviewed for approval by at least the employee's supervisor, the district manager, the Central Office Child Welfare and Self-Sufficiency executive manager of field services and the assigned senior human resources manager and may include others. Approved exception requests will receive management oversight and will be considered an exception to the department's official position on conflicts of interest.

III. Upon receipt, inform the caseworker and adoption worker of the outcome of the request.

Adoption home study release for an adoption selection process and redaction or summary if needed in a case with potential conflict of interest

An adoptive applicant must sign a release of information to release the adoption home study in an adoption selection process for a child in the custody of the department. The Central Office Child Permanency Program manager has discretion to determine that any written information released be a summary or redacted copy when:

I. An applicant requests their home study or other information be redacted or summarized; or

II. There is a conflict of interest, such as an employee or partner conflict identified by the Child Welfare program manager, Child Permanency Program manager or designee.

If concerned about an applicant's private information being shared in an adoption selection process, a caseworker, adoption worker or applicant may request additional protections for the applicant's private information.

Procedure

The caseworker, adoption worker or applicant makes a request to the Central Office Child Permanency Program manager for a summary or redaction to be provided for the department's adoption selection process. The request may be verbal, though written is preferable, especially from DHS staff. Include in the request:

I. Name of family being considered;

II. Name of child or children for whom an adoption selection process is being planned;

III. Description of the potential conflict of interest;

IV. Description of type of information to be summarized or redacted and why (please be brief); and

V. Indicate if there is a date set for the adoption selection process.

Referring adoption selection to Central Office Adoption Committee

After the adoption home study is complete, the caseworker refers a case to a Central Office Adoption Committee for the adoption selection decision when a potential adoptive resource to be considered is:

I. A DHS staff member and the requirements of the DHS-060-002, Conflict of Interest Policy and the Conflict of Interest Policy Addendum for CAF Employees apply. These employees are DHS Child Welfare or Self-Sufficiency Services employees; or

II. A non-DHS staff member with a potential conflict of interest with the agency.

The supervisor's role

I. Assist a staff member as applicable who wishes to adopt to understand the adoption process for department employees in Child Welfare and Self-Sufficiency.

II. Help the adoption worker determine where to refer a partner for whom there may be a conflict of interest who wishes to adopt a child in the department's custody.

III. Be familiar with DHS-060-002, Conflict of Interest Policy and the Conflict of Interest Policy Addendum for CAF Employees and the conditions under which an exception to the policy may be made.

IV. Be familiar with the adoption application and selection policies related to conflict of interest and confidentiality.

Forms and references

Legal references

DHS policies

I. Conflict of Interest Policy Addendum for CAF Employees
www.dhs.state.or.us/policy/admin/hr/060_002_add.htm

II. DHS-060-002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.dhs.state.or.us/policy/admin/hr/060_002_02.htm

III. DHS-060-002, Conflict of Interest Policy
www.dhs.state.or.us/policy/admin/hr/060_002.htm

IV. DHS-060-002-01, Conflict of Interest Procedure
www.dhs.state.or.us/policy/admin/hr/060_002_01.htm

Child Welfare OARs and policies

I. Adoption Placement Selection, OAR 413-120-0000 to 0060

II. DHS 060—002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.dhs.state.or.us/policy/admin/hr/060_002.htm

III. Interstate Compact on the Placement of Children, OAR 413-040-0200 to 0330

IV. Adoption Applications, Adoption Home Studies, and Standards for Adoption,
OAR 413-120-0190 to 0246

Forms

I. DHS 0103, Exception Request for Review and Determination form
https://apps.state.or.us/Forms/Served/de0103.doc

Chapter 6

Section 6: Recruitment for general applicant adoptive families (and occasionally for long-term foster families)

Recruitment for general applicant adoptive families (and occasionally for long-term foster families)

Recruitment is a critical step in finding prospective permanent families for a child and should be tailored to the specific child. Recruitment gives prospective adoptive families and their adoption workers an opportunity to learn introductory information about waiting children. Recruitment should begin in a timely manner so the child can begin living with their adoptive family as soon as possible. This procedure refers to caseworker activities for children who need adoption recruitment. In some cases, caseworkers may use recruitment tools for children needing permanency, when their relatives and foster family are not available.

The child's caseworker must recruit for adoptive families for legal risk and legally free children when the child's primary plan is adoption and the child:

I. Does not have a relative resource that the agency is attempting to contact, assess or select;

II. Does not have an identified current caretaker adoptive resource to be considered;

III. Has approval for recruitment from the legal assistance specialist from the Child Permanency Program if the child is not legally free; or

IV. Does not have a prospective resource identified through the Permanency Committee process to consider alone as a prospective a resource with whom the child has an existing relationship per OAR 413-120-0750 (5)(b) due to the child's best interests.

In some cases, the caseworker may recruit for children who do not have adoption as the plan, but who need a permanent foster family. In most of these cases, the child's team should maintain a sense of openness to the possibility that the foster family may eventually become more permanent through adoption or guardianship.

The minimum duration of recruitment is 30 days unless there is an approval from the Child Permanency Program assistant program manager or designee for a shorter timeframe.

Documented recruitment efforts are required for a child to be eligible for adoption assistance, except when it would not be in the best interest of the child. The child's caseworker should contact the adoption assistance program coordinator for consultation when uncertain about eligibility requirements. The caseworker should document recruitment efforts and results in ORKids case notes.

Activities before recruitment

Procedure

Before recruitment for waiting general applicant families, the caseworker must work with their supervisor to ensure specific casework tasks have been completed for recruitment readiness. Keep in mind that the department's preference for placement of a child for adoption is with current caretakers, relatives and with siblings.

Also remember recruitment efforts may not consider race, color or national origin of the adoptive family or child, except when the child is an American Indian or Alaska Native child. An Indian child is any unmarried person under age eighteen who is either a member of an American Indian or Alaska Native tribe or is eligible for membership in a tribe and is the biological child of a member of a tribe. See 413-070-0010 to 0030 and OAR Chapter 413, division 115.

I. Before pursuing a nonrelated potential adoptive resource, the caseworker and the caseworker's supervisor must comply with the following requirements:
   A. Review the department's diligent efforts to identify, contact and place a child or young adult with relatives and to place siblings together as required under OAR 413-070-0060 to 413-070-0087; and
   B. Confirm there are no current department actions to identify or assess a child's relative who has either expressed an interest in and needs to be or currently is being assessed as a potential adoptive resource.
   C. Confirm there are no department actions to assess a child's current caretaker who has either expressed an interest in and needs to be or currently is being assessed as a potential adoptive resource.

II. Consider the legal status of the child. There is no need for a court order to be able to recruit. When a child is not fully free for adoption, the legal assistance specialist must:
   A. Determine when recruitment may begin;
   B. Determine whether recruitment may begin for a child with extraordinary needs before the department initiates the process to free the child for adoption; and
   C. Notify the caseworker to begin recruitment efforts.

III. Ensure the following documents are received by the Central Office Child Permanency Program's seamless support staff person teamed with the legal assistance specialist:
   A. Father's questionnaire, birth certificate and child adoption summary narrative;
   B. ICWA documentation; and
   C. If child is to be separated from other siblings for adoption by a Permanency Committee process, the Permanency Committee Form 0270, as applicable.

IV. Determine the child's current and possible long-term needs in an adoptive family:
   A. Request input about the knowledge, skills, abilities and commitment a potential adoptive resource needs to best be able to meet the current and lifelong needs of the child from:
      1. Professionals who have worked closely with the child;
      2. Relatives and foster parents; and
      3. The child's attorney, CASA, tribal representative, Refugee Child Welfare Advisory Committee (RCWAC) representative and foster parent when applicable.

V. Consider the child's readiness for adoption and discuss this with the supervisor. See the procedure manual's Chapter V, Section 4 "Preparing children for adoption" for more information on this topic.

VI. Review ICWA information for each child. For children for whom the provisions of ICWA apply, the worker must follow preferences for adoptive placements. Where no different order of preference has been established by

the child's tribe for adoptive placement, the worker must, in the absence of the court's determination that good cause to the contrary exists, give preference to placing the child with:

A. A member of the child's extended family;

B. Members of the American Indian or Alaska Native child's tribe; or

C. Members of other tribes.

This means that the worker may specify in the child bulletin that the department will give priority to recruited prospective families who are members of the child's tribe, then members of other American Indian or Alaska Native tribes, and then, if the agency does not seem to have one or more compatible American Indian or Alaska Native prospective families, prospective parents who are not members of a tribe.

Waiting child bulletins and Oregon Adoption Resource Exchange (OARE)

A waiting child bulletin is a recruitment tool to notify department and Special Needs Adoption Coalition (SNAC) adoption workers, approved prospective families and recruiters that a specific child is waiting for an adoptive family. The Oregon Adoption Resource Exchange (OARE) features introductory information and photos of waiting children. OARE is a password-protected website. Waiting Oregon families with approved department or SNAC adoption home studies who are eligible to adopt waiting children in the department's custody also receive permission to use OARE. Find the website at www.OARE-kids.org. Those needing access must register on OARE to get a password.

Posting of the waiting child bulletin on the Oregon Adoption Resource Exchange (OARE) is the minimum level of required recruitment; therefore the posting on OARE is a significant recruitment marker.

To keep information on OARE as current as possible, the caseworker must contact OARE at oare@nwresource.org and the assigned Child Permanency Program staff member responsible for processing bulletins when one of the following has occurred:

I. Families have been identified for consideration at an adoption selection process and a date for an adoption committee or caseworker selection has been scheduled. The child's status on OARE will be changed to "on hold."

II. A child has been placed in the adoptive home. The child's status on OARE will be changed to "inactive."

Obtain photos of the child for the waiting child bulletin

The caseworker is responsible for obtaining photos for recruitment. The Oregon Adoption Resource Exchange website allows up to three photos of a child or sibling group to be shown. Digital photos must be of high quality. Consider a closer head shot or head and shoulders shot for the opening page. Additional photos showing the child in full, with different expressions, or doing an activity they like may be used along with the narrative description of the child.

Website recruitment on the computer highlights the beauty of children's photos, as well as the parts that are not so good. As a result, there is greater emphasis on the quality of photos for online use. Generally, for children with significant special needs, older children, minorities and sibling groups, the best practice is to engage in intensive recruitment efforts from the beginning and initial photos are very important. Starting recruitment with high quality photos typically generates more

family interest and conveys respect for children.

The photos should be in focus, clearly show the child and be flattering. The child's eyes should be open. See "Hints" below. The caseworker may take photos, foster parents often have photos, and many local Child Welfare offices may have arrangements with photographers. A free option for a portrait in most locations is a professional volunteer photographer. This is separate from the Heart Gallery. To easily request a photographer, go to the Waiting Child Bulletin form 0425 on the form server or to OARE to request the form. Here is the link: www.dhs.state.or.us/caf/photo_gallery_form.doc. Send the completed form to the designated person in the Child Permanency Program, and that staff member will refer to the appropriate resource.

Reminders about photos for recruitment:

I. If professional photos are submitted, have written permission/copyright release by the photo studio for any photos to be used for recruitment purposes. Photos from the above website or any Heart Gallery do not require written permission.

II. Send photos in JPG format. Do not send photocopies or scanned copies of a photo, as these do not reproduce well in other media.

III. A short video on OARE is also an option.

IV. Include all siblings being recruited for together in one photo.

Hints from Adopt US Kids website on taking good photos

I. Take photographs at a time that is convenient for the child. Don't take him out of his favorite class or stop her just as she is going to basketball practice.

II. Focus on the location for the child's photograph. The easiest and best pictures frequently are outdoors, because there is plenty of light and the child is free to pose in a play area. (Do not have holiday themes or outfits in the photos, as they can make the photo focus too much on the child's waiting time. For instance, a family seeing a bulletin in August may view the Christmas tree behind a sibling group as outdated.)

III. Let the child pick a favorite outfit and background for the photo. Be sure the child's hair is clean and cared for and the child looks well-groomed.

IV. Consider taking pictures of the child doing a preferred activity or with a special toy. Keep in mind, however, that the child should be clearly visible in the photo. For example, if a child loves soccer, rather than taking a picture of her playing soccer, take a picture of her in her soccer uniform or holding a soccer ball. Make it fun!

V. Consider the child's skin tone when picking the background.

VI. Take close-up photographs of the child (or children if a sibling group) that are face forward, and of the waist or shoulders up.

VII. Set aside enough time so that you won't feel rushed. Plan to spend at least an hour at the photo session.

VIII. Shoot many photos – at least 24 shots. This number of photos generally guarantees three or four photos will be acceptable.

IX. Have a familiar person, such as a caseworker or foster parent, present during the photo session to put the child at ease.

Tip

Please avoid these cliché phrases in the bulletin: say hello to [child's name}, he is all boy, she is all girl or she is from typical Caucasian culture.

Create a waiting child bulletin

Procedure

The caseworker is to:

I. Obtain photos. If a child has photos taken by a Heart Gallery volunteer photographer, the worker may use those photos for the child bulletin.

II. Write the child's bulletin profile using the form CW 425 from the DHS forms directory. Be sure to enable macros when opening the form. The form has prompts about content describing the child. Find more depth about writing bulletin content on the Adopt US Kids website in the informative guide for caseworkers called Lasting Impressions: A Guide for Photolisting Children at this link. Another useful guide for bulletin narrative content is Making it Right available at this link and on the Oregon Adoption Resource Exchange website.

III. When writing about a child under 2 years of age, the worker may be challenged with a shorter history, compared to older children. For very young children, the worker strives to make the child come across as a unique individual to prospective families reading the bulletin. Here are some prompts:

   A. Consider how the child behaves during worker visits. What does the child like to do? How they respond to the foster parent(s). What the child's general temperament? What does the child find interesting? How does the child respond to pets? What makes the child light up? What scares the child? What makes the child laugh? What has the child recently learned to do? If worker does not know child well, ask foster parents, social service assistant, child's attorney, service providers, birth relatives or CASA some of these questions.

   B. Research developmental stages and tasks for the child's age range and describe how the child has engaged in previous tasks and is currently developing new tasks.

   C. Think about the child's medical and developmental history and the extended family's genetic history. Describe the type of family likely to be able to meet the child's needs based on current or possible future issues. Examples: she needs a calm, quite environment due to her level of sensitivity to stimulation, or he will do well with a parent who is able to be attuned to the child's cues, be readily available to help the child self-soothe and work with professionals who can help with attachment.

   D. Briefly describe elements of the transition, such as the child needing their parent(s) to engage in an intensive concentrated transition time to attach to the new family.

IV. If the recruitment is for long-term foster care, Use the Long-Term Foster Family Recruitment Referral form in the Appendix for Chapter V, Section 6 to refer a child for a bulletin on OARE. Follow directions on the form.

V. Send an electronic version of the bulletin and up to three photos to the person in the local Child Welfare office

who is the identified "bulletin approver." The worker may also send a short video of the child for posting. The worker should send the bulletin approver the child's last name and case name in the email, but the last name of the child or case name is not included in the actual bulletin.

After ensuring any needed corrections are made in the local office to the bulletin form or photos, the bulletin approver emails an electronic copy of the bulletin and photos to the staff person in the Central Office Child Permanency Program responsible for processing bulletins.

Active retention: Respond to adoption workers of prospective families

After identifying families to consider at an adoption selection process, follow up with all adoption workers who have submitted home studies. Many adoption workers and hopeful waiting families have said this is important for family retention.

I. Send a confirmation email to the adoption worker that you received the home study. A simple, "Thank you for submitting the [Simpson] family for [children's first names]," will suffice.

II. Identify families in categories for consideration. One possible system is to identify families for a selection process, as being "on reserve" in the event one of the originally identified families is no longer being considered, or is not identified for consideration at a selection process. "No thank you" is better for families than hearing nothing.

III. A simple statement to the adoption workers is sufficient and makes families and adoption workers have a sense of being respected. Follow up with adoption workers about their submitted home studies, by:

   A. Sending the CF 0409, Adoption Home Study Response Checklist; or

   B. Sending an email to the adoption workers providing the same information as listed in the CF 0409.

   The form is available in PDF at this link and in MS Word at this link.

IV. While receiving home studies, organize the studies in a way that will help you track responses. A system will be beneficial in your communications with adoption workers.

Recruitment for children who need wider exposure: Child-specific recruitment

Many children who are in sibling groups, older children, children of color or children with significant special needs require more extensive recruitment beyond the child bulletin on OARE. The department has valuable assistance to caseworkers for extensive recruitment through a contract with the Special Need Adoption Coalition. The caseworker considers the length of time for recruitment based on the response and the children's special needs. Keep in mind the minimum recruitment is 30 days without Central Office approval to decrease that timeframe. If the caseworker has concerns the recruitment on OARE alone is not sufficient, refer the child for child-specific recruitment. The child's picture and introductory information may be placed in newsletters, recruitment websites and other media. Recruitment options include ads in newspapers, TV spots and regional and national recruitment websites. Each referral for recruitment is individualized to the specific needs of the child or children and the caseworker approves the initial recruitment plan and all updates to that plan.

Procedure

I. Refer the child to a child-specific recruitment specialist (CSR) at 503-542-2301 or CSR@boysandgirlsaid.org.

II. Once the child or siblings has been assigned a CSR, meet face-to-face with the CSR. Allow the CSR to read the child's file, including copies of evaluations.

III. Be responsive to the CSR's requests for information. The recruiter will learn about the child's history, strengths, interests, needs and challenges. Ask people who may have input about the child to assist the recruiter. Those people may include foster parents, therapists, school staff, CASAs, mentors and relatives.

IV. Give the CSR feedback. From the information provided by the worker and through discussion with the child and important people who know the child, the recruitment specialist will develop an individual recruitment plan (IRP) for each child or sibling group. The caseworker has input on the plan and approves the final plan.

V. The CSR will actively begin recruitment in Oregon and in most cases, throughout the United States, based on the IRP, unless directed differently.

VI. The CSR will meet with the child or sibling group and will attend team meetings, when appropriate. The CSR can provide additional support services to the caseworker by helping update child summaries, updating waiting child bulletins, contributing to the Life Story books for each child and screening adoption home studies. The CSR can also provide support to the child or sibling group, the foster family and the adoptive or permanent resource family through the transition.

VII. Participate in the monthly check-ins with the CSR who will contact the caseworker to determine what recruitment efforts should continue. This can be by email, phone or in person. Be prepared to address the following:

   A. Report if there is a change in the child's legal status.

   B. Report any significant changes in the child's needs relevant to recruitment such as new medical problems, severe behavioral changes, significant gains and separation or reunification of siblings.

   C. If a child's bulletin is no longer active, request the bulletin can be placed on hold. Recruitment can

resume by requesting reactivation through the Central Office Child Permanency Program and OARE as describe above.

D. If appropriate, due to successful response to recruitment efforts, request that the recruitment end when the child transitions to the permanent family.

VIII. Accept help from CSRs. The recruiter's main goal is to maximize prospective family interest in the child. The recruiter can help with screening, reading and responding to adoption workers. This can be an enormous help to the caseworker.

IX. If recruitment has occurred for more than six to eight months and the child has not had an adoptive family selected for them, the caseworker gets new pictures and revises the bulletin to give the child the best recruitment options for an adoptive family.

Worker information: Enhanced recruitment options through child-specific recruitment with the contracted SNAC agency

I. **The Oregonian** has a weekly waiting child feature accessed through Boys & Girls Aid Society.

II. **Northwest Adoption Exchange (NWAE) recruitment** is for children with significant special needs. This internet recruitment tool is a website featuring children from northwest states and may be found at this link: www.nwae.org/

III. **ADOPT US KIDS** is a national internet recruitment tool. To see the website follow this link: www.adoptuskids.org/

IV. **Wednesday's Child on KOIN News 6 in Portland** features waiting children and is recorded monthly. Jeff Gianola, the host of the program, was awarded a national Angel in Adoption award for his dedication to finding families through this feature.

V. **Wednesday's Child in Idaho** is enhanced recruitment for children who are older than the age of 8, are a sibling group, have special needs that require broader area recruitment or are on the recruitment track for six months or longer. There are generally two opportunities for recording in a year, summer and winter. The child's caseworker and supervisor give permission for this service as they work with the CSR. The website is www.idahowednesdayschild.org.

VI. **Wendy's Wonderful Kids (WWK)** is available in some counties. The WWK recruiters are housed at Boys & Girls Aid Society in Portland and at other some department offices. They work to find matches between children in foster care and potential adoptive families. The WWK recruiter does intensive and specialized recruitment for each child receiving WWK services. This is available to selected children who have very high special needs, are in large sibling groups, are older or for whom other efforts to recruit have been exhausted. The caseload is limited, but the caseworker in a county served by the grant may contact the Boys & Girls Aid adoption coordinator or the Central Office Child Permanency Program adoption placement specialist for information on referral. Support to the child and adoptive or guardianship family is ongoing until finalization, even when the child our sibling group is placed out-of-state.

VII. **The Oregon Heart Gallery by Boys & Girls Aid and Northwest Heart Gallery by A Family for Every Child**

are recruitment options for children with approval from the child's caseworker. The Heart Gallery is a unique opportunity for children to have their portraits taken by professional photographers to recruit families. The photos are publicly displayed in Heart Gallery exhibits that move around the state. Workers, supervisors and children can read about the Heart Gallery at this link at Adopt US Kids (look for Oregon and then Heart Gallery).

Criteria for Heart Gallery recruitment:

A. Sibling groups who need more efforts for recruitment;

B. Minority children of any age; or

C. Children with high needs who need additional recruitment.

Approval is through the supervisor and child's caseworker if the child meets the above criteria. Referral is by email through the designated Central Office Child Permanency Program staff member who processes the waiting child bulletins. Find the referral form in the appendix of this chapter.

Ending recruitment

When the caseworker is ready for recruitment to end, the caseworker notifies the Central Office Child Permanency staff as discussed above in the subsection on OARE. Recruitment is automatically ended when the appropriate adoption selection report has been received in Central Office. In instances where the caseworker is recruiting for a young child and is inundated with home studies, the worker may, with supervisor approval, contact the Central Office Child Permanency Program staff person to request the bulletin status be changed to inactive when they have sufficient families (one to three in number) for adoption selection. In most other cases, the receipt of the adoption selection report will change the status from active to inactive.

The supervisor's role

I. Help caseworker select the best recruitment options, tailored to the child's characteristics and the child's ability to handle certain recruitment methods.

II. Ensure the bulletin photos for children with higher needs are high quality and as appealing as possible.

III. Assist the caseworker determine and approve additional recruitment methods beyond the OARE child bulletin, as needed.

IV. Review the narrative content of the waiting child bulletin for children with higher special needs. Make sure that the content is compliant with MEPA/IPA and ICWA as applicable for the child.

V. For very young children, make sure that the bulletin content describes the child and is not generic.

VI. Assist the worker in their plan to read studies received through recruitment. Encourage the worker to use the child-specific recruitment specialist to screen, read and respond to home studies if there is recruitment beyond the use of OARE.

VII. Help the worker decide the appropriateness of adoption as a permanent plan if recruitment efforts do not result in appropriate families.

VIII. Discuss, in rare circumstances, cases in which a child has a significant relationship with a resource when it may be in the child's best interest to consider a single general applicant, rather than multiple general applicant

families. This is done with permission of the legal assistance specialist and adoption placement specialist.

References

OARs

IX. Determining the Appropriateness of Adoption as Permanency Plan for a Child, OAR 413-110-0300 to 0360

X. Sibling Adoption Placement Planning, OAR 413-110-0100 to 0150

XI. Multiethnic Placements, OAR 413-070-0010 to 0030

XII. Search for and Engagement of Relatives, OAR 413-070-0000 to 0974

XIII. Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

XIV. Adoption Assistance, OAR 413-130-0000 to 0130

Forms

I. Permanency Committee form 270
http://apps.state.or.us/Forms/Served/CE0270.doc

II. CF1270, ICWA Eligibility
http://apps.state.or.us/Forms/Served/CE1270.pdf

III. CF 418 Father(s) Questionnaire
http://apps.state.or.us/Forms/Served/CE0418.doc

IV. CF 425, Waiting Child Bulletin
http://apps.state.or.us/Forms/Served/CE0425.doc

Appendices

I. Heart Gallery Application Form

II. Long-Term Foster Family Recruitment Referral form

Chapter 6

Section 7: Selecting the adoptive family

Selecting the adoptive family

A. Introduction to adoption selection decision making

This section describes for caseworkers and adoption/certification workers the department's processes to make decisions to select the adoptive family for a child or sibling group in the custody of DHS. The department must make a formal decision to select the adoptive family for a child or sibling group.

The goal of the adoption selection processes is to select an adoptive family likely to meet the child's long-term needs for permanency, attachment, safety and well-being. Because this is a complex and life-changing decision for the child, the department seeks input from specific individuals who know the child and invites them to be involved in the process. DHS selection procedures are intended to maximize the availability of information to those involved, use professional expertise, minimize or omit conflict of interest, and maintain the priority of making decisions based on the best interest of the child or children. Selection procedures also protect the confidentiality of the prospective adoptive families under consideration.

For more about the adoption selection process, refer to OAR 413-120-0010 to 0060.

B. Identifying the appropriate adoption selection process

Procedure

I. Before proceeding with an adoption placement selection process, the caseworker must follow the provisions of OAR 413-120-0700 to 0760, Identification and Consideration of Potential Adoptive Resources. OAR 413-120-0700 to 413-120-0760 to identify the family or families to be considered for an adoption selection process.

II. Consult with the supervisor to refer the child and the identified prospective adoptive family or families to the appropriate adoption selection process.

There are three types of adoption selection processes:

A. Caseworker selection after considering input from the child's team and following consultation with the supervisor.
B. Local office adoption committee and selection by adoption decision specialist.
C. Central Office adoption committee and selection by adoption decision specialist.

An adoption selection chart is included in the Appendix of this section.

For both the local and Central Office adoption committees, the committee members make recommendations on the adoptive resource and the adoption decision specialist (ADS) makes the adoption placement selection. The ADS is appointed by the Central Office Child Permanency Program manager. The ADS must have significant expertise in the areas of adoption and permanency issues, experience with adoption placement planning, be knowledgeable of the importance of lifelong family and cultural connections, and have no personal or current professional relationship to the child or children or the potential adoptive resources being considered. The ADS attends the adoption committee meeting and may ask clarifying questions, but does not participate in the deliberations or recommendations of the adoption committee.

Include in the discussion with the supervisor the types of families who are being considered. Relevant family

characteristic for the discussion include:

I. Relatives and how they are related.

II. Current caretakers (the family's child-specific adoption home study or update must be complete and approved for adoption).

III. Recruited general applicant families who have no connection to the child.

IV. Family is within the ICWA placement preferences.

V. The child has a significant relationship with a general applicant family and it is in the child's best interests to consider the family alone per Permanency Committee consideration of a resource with an existing relationship (*nonrelative and noncurrent caretaker*) per OAR 413-120-0750 (5)(b).

VI. Nonrelative foster parents who are not current caretakers being considered with other recruited general applicant families.

VII. Family resides outside the United States.

VIII. There is a potential for a conflict of interest, such as a Child Welfare employee.

Also include in the discussion the results of the diligent search for relatives.

I. In a case with high complexities or dynamics, the caseworker, following consultation with the supervisor, may request that rather than a case worker selection, the adoption placement selection be made by an ADS, following an adoption committee recommendation. The request must be approved by the Child Welfare program manager or designee for the use of a local adoption committee when policy indicates a caseworker selection process. The caseworker and supervisor may request the adoption placement selection be made by an ADS following a Central Office adoption committee recommendation. The request must be approved by the Central Office Child Permanency Program manager, assistant program manager or designee for the use of a Central Office adoption committee when the policy indicates use of a local adoption committee.

Children for whom the Indian Child Welfare Act (ICWA) applies: Additional considerations in selection

Procedure

For children for whom the provisions of the Indian Child Welfare Act (ICWA) apply, the case worker must:

I. Consult OAR Chapter 413, division 115. Follow the ICWA placement order of preference. ICWA compels the department to select a family with an approved home study who fits this order of preference unless there is a tribal resolution or good cause court order.

II. Refer the case to the appropriate selection process. If DHS is considering only one family in the ICWA order of preference, the agency requires there be a formal selection event documented on the correct form.

Cases for adoption selection process by caseworker

Cases appropriate for the adoption selection by the caseworker, (after considering information from the specific

individuals who have relevant input and consultation with the supervisor), are those in which at least one of the following circumstances applies:

III. The child is identified as an American Indian or Alaska Native child and the adoption placement selection complies with OAR Chapter 413, division 115.

IV. The child is a refugee child and the adoption placement selection complies with OAR 413-070-0300 to 0380, Placement of Refugee Children.

V. A relative of a child is being considered alone as the potential adoptive resource for a child or siblings, unless:
   A. A DHS staff member is a potential adoptive resource, and the requirements of the DHS-060-002, Conflict of Interest Policy and the Conflict of Interest Policy Addendum for CAF Employees apply.
   B. A non-DHS staff member with a potential conflict of interest with the agency is a potential adoptive resource.
   C. A potential adoptive resource is living outside the U.S., or OAR 413-120-0900 to 0970, Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act applies.

VI. A current caretaker is being considered alone for a child or siblings unless any of the following conditions are present:
   A. A DHS staff member is a potential adoptive resource, and the requirements of the DHS-060-002, Conflict of Interest Policy and the Conflict of Interest Policy Addendum for CAF Employees apply.
   B. A non-DHS staff member with a potential conflict of interest with the agency is a potential adoptive resource.
   C. A potential adoptive resource is living outside the U.S., or OAR 413-120-0900 to 0970, Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, applies.

VII. A single child under six years of age with no extraordinary needs and each potential adoptive resource is a general applicant. If the identified potential adoptive resources include the child's current foster parent who is being considered as a general applicant along with other general applicants, see adoption committee qualification information below.

Another option is available to the caseworker. Following consultation with the supervisor, the caseworker may request the adoption placement selection be referred to a local adoption committee based on the complexities or dynamics of a case. The request must be approved by the Child Welfare program manager (CWPM) or designee.

Cases for referral to local adoption committee process

The local adoption committee recommends an adoptive resource, and the (ADS) makes the adoption placement selection in specific cases. The following circumstances require a local committee process:

I. The child is six years of age or older.

II. The child of any age has extraordinary needs.

III. A sibling group is being placed together for the purpose of adoption and each potential adoptive resource is a general applicant.

IV. The identified potential adoptive resources include the child's foster parent (as a general applicant, rather than as a current caretaker) with other general applicants.

V. The CWPM or designee approved the use of a local adoption committee rather than a caseworker selection process when the case meets the criteria of the latter. For this option, the caseworker, following consultation with the supervisor, obtains approval for the use of a local adoption committee process based on the complexities or dynamics of the case.

Tip

Permanency Committees do not make adoption selection decisions.

Caseworkers use Permanency Committees to seek some specific permanency casework related decisions, but the Permanency Committee may never be used to make any adoption selection decisions.

Cases for referral to Central Office adoption committee process

Central Office committees are available in different areas around the state, but are administered by the Central Office Child Permanency Program. Caseworkers refer to a Central Office adoption committee process in which the ADS makes the adoption placement selection when one or more of the following criteria apply:

I. The potential adoptive resources include:

   A. More than one relative.

   B. A relative and a current caretaker.

   C. More than one current caretaker family is being considered for siblings to be placed together in adoption.

   D. A DHS staff member when the DHS-060-002, Conflict of Interest Policy and the Conflict of Interest Policy Addendum for CAF Employees apply.

   E. A non-DHS staff member with a potential conflict of interest with DHS.

   F. The potential adoptive resource is an individual living outside the U.S., or OAR 413-120-0900 to 0970, Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, applies.

II. The caseworker, following consultation with the supervisor, obtained approval for the adoption selection decision through a Central Office adoption committee process based on the complexities or dynamics of the case. The Child Permanency Program manager, assistant program manager or designee must approve the use of a Central Office adoption committee when the case would otherwise meet caseworker selection process or local adoption committee criteria.

Cases for referral to Central Office adoption committee process

An adoption committee must include the following individuals:

I. The caseworker of each child for whom adoption placement selection is being made. When the caseworker for a child is unavailable, the local office may substitute another worker or supervisor who is familiar with the case, to attend the adoption committee on their behalf.

II. Three individuals who are appointed by the CWPM or designee for a local adoption committee and appointed by the Central Office Child Permanency Program manager, assistant program manager, or designee for a Central Office adoption committee:

   A. Facilitator, who must be a department staff person; and

   B. Two neutral individuals who may be community partners or department staff.

   These specific committee members must:

   A. Be knowledgeable of adoption and permanency issues;

   B. Be knowledgeable of the importance of lifelong family and cultural connections; and

   C. Have no personal or current professional relationship to any of the children for whom adoption placement selection is being made or to the potential adoptive resources being considered.

III. The following individuals for each child for whom adoption placement selection is being made must be notified of the adoption committee as applicable for each child. The following individuals may choose to be adoption committee members, but they are not mandated to be committee members:

   A. The CASA;

   B. The child's attorney;

   C. A tribal representative if the child is an American Indian or Alaska Native child; and

   D. A member of the Refugee Child Welfare Advisory Committee (RCWAC) if the child is a refugee child.

   The ADS is not a member of the adoption committee.

The supervisor's role

I. Provide consultation on the appropriate adoption selection process for the child or sibling group being placed together for adoption.

II. Be aware of the differences and tasks for the three adoption selection processes (caseworker adoption selection, local adoption committee and Central Office adoption committee) and the Permanency Committee.

III. Help the worker prepare to conduct disclosure about the child's information to prospective families as appropriate for each specific stage in the consideration and selection process.

IV. Help the worker prepare for the adoption committee meeting when the case indicates a selection process at an adoption committee, especially if the worker is inexperienced in participating at an adoption committee. Encourage the worker to prepare their outline for the committee by using the form 0256 Child Presentation by Caseworker for Adoption Committee, which is an optional outline. The form helps the caseworker have a focused verbal presentation of child information at adoption committee.

V. Inform the worker of the form 0257 Child Presentation by Community Partner for Adoption Committee. This is an optional outline for the verbal presentation of child information at adoption committee. The CASA, child's attorney, therapist, foster parent, mentor, service provider and other partners invited may use the form to give information about the child at the adoption committee.

VI. Help the worker maintain the focus on the child's best interests when there seem to be vying interests in

case planning for adoption selection.

VII. Consult with the Central Office Child Permanency Program's adoption placement specialist or supervisor for question about the adoption selection process.

References

Oregon Revised Statutes

I. ORS 418.280 – 418.285

OAR

I. Adoption Placement Selection, OAR 413-120-0000 to 0060

C. Caseworker and adoption worker responsibilities: Caseworker selection process

Specific cases are referred for the caseworker selection decisions after considering the input from the child's team and following consultation with the supervisor. Cases in which caseworkers may select adoptive families are generally less complicated than cases referred to adoption committees. The caseworker is not alone when considering the decision, as the supervisor, specific individuals who know the child and the adoption workers are involved to provide information and recommendations. Workers can also consult with respected, knowledgeable colleagues about the selection process.

Adoption selections must be made according to OAR 413-120-0010 to 0060, Adoption Placement Selection rules at this link. See the Chapter 5, Section 7 appendix for information about what cases go to what adoption selection process.

When the caseworker selection process is the appropriate method for a child for whom ICWA applies, the worker must follow this entire process to select the adoptive family, except the caseworker follows the ICWA preferences for adoption selection found at this link.

When reading the following material, notice that within the stages of the process there are references to both *business* days and *calendar* days.

Procedure

The caseworker and adoption worker have interconnected responsibilities in the following procedure:

I. The timelines below may be changed when the caseworker, the adoption worker for each of the identified potential adoptive resources, and the CASA, child's attorney, tribal representative and RCWAC representative as applicable, agree on a new timeline.

II. If any of the following individuals are involved, the caseworker must contact the CASA, child's attorney, tribal representative and member of the RCWAC to solicit their voluntary input regarding the child's long-term needs and possible characteristics related to adoptive family compatibility. For formal adoption selection, this is the first time the caseworker is required to gather input from these individuals on consideration of families for the

child.

III. The caseworker consults with their supervisor to consider others who may have input about parent and family characteristics related to a family's long-term ability to successfully adopt the child and provide for the child's safety, permanency and well-being. These individuals may be the child's foster parent, therapist, former foster parent, extended family member, child when appropriate, treatment providers, mentor, medical provider, teacher and others who know the child and the child's special needs.

IV. The supervisor reviews the diligent relative search with the caseworker. The supervisor ensures the agency has conducted a diligent search and is not assessing, identifying or having an adoption agency conduct an adoption home study for any other relatives not identified for consideration. The relative search and results should be well-documented; see OAR 413-070-0060 to 0087, Search for and Engagement of Relatives. at this link for more information .

V. The caseworker reviews home studies of applicants and identifies up to three potential adoptive resources according to the priorities in OAR 413-120-0700 to 0760, Identification and Consideration of Potential Adoptive Resources. Home studies must be approved for the purpose of adoption and be written or updated within the last 12 months. Home studies must be conducted by licensed adoption agencies.

VI. When the prospective adoptive family resides in a state that does not complete an adoption home study before a child is placed with an adoptive resource or before the child being legally free for adoption, the Central Office Child Permanency Program may approve use of a foster home study or a relative study as an adoption home study for the purpose of adoption selection. This is under the following conditions:

   A. The family meets the other requirements of subsections (1)(a), (b), and (c) of 413-120-0246, Standards for an Adoptive Home and Release of an Adoption Home Study; and

   B. The family must have an approved adoption home study completed before designation of the child's placement for the purpose of adoption.

VII. When ICWA is applicable, the caseworker follows ICWA placement preferences, per OAR Chapter 413, division 115.

VIII. When the child is known to the family, the adoption worker sends the caseworker the completed and approved child-specific adoption home study or update before the selection process. This is to ensure the adoption worker has provided a completed adoption home study to the caseworker before caseworker selection.

IX. After receipt of the studies, the caseworker consults with the adoption workers for the one to three families the caseworker has identified for consideration for selection. The caseworker discusses the ability of the potential adoptive resource to meet the needs of each child under consideration.

X. The caseworker is to maintain confidentiality for prospective families regarding the release of home studies. Adoption home studies may not be shared with non-DHS staff (the exception is contracted adoption recruiters) when the worker is still identifying families for an adoption selection process. Only when a date has been scheduled for a caseworker selection or adoption committee process may the identified home studies (that are part of the information packets) be sent to the child's attorney, CASA, tribal representative and member of RCWAC within the strict relevant rules of the Adoption Placement Selection OARs. The OARs are 413-120-0016, Confidentiality, 413-120-0021, Adoption Placement Selection by Caseworker and 413-120-0035 Invitation to and Notification of Adoption Committee and are found at this link.

XI. For each adoption worker of the families, the caseworker must provide written child information about the history and needs of the child, including child summary, evaluations and progress reports. The caseworker redacts identifying information from materials before giving materials to adoption workers of families. As needed, the caseworker discusses their questions, concerns and the ability of the family to meet the child's current and potential long-term needs.

XII. Each adoption worker provides written information from the caseworker about the child to the family they represent. Each adoption worker works with the family to:

A. Describe the selection process;

B. Inform the family who will review their home study and relevant information; and

C. Obtain or verify releases of information to share family information with CASA, child's attorney, tribal representative and RCWAC representative as applicable.

XIII. In addition to written information and verbal disclosure from the caseworker, prospective families may talk with others who know the child. This should be strictly controlled to protect the child and confidentiality of the child, adoptive families and foster families. For more detail about sharing information about the child at this specific stage in the decision making process, see in Chapter 5, Section 7, Subsection E, "Disclosure of the child's information to adoptive families."

XIV. Adoption workers confirm with the caseworker whether families are still willing, available and appropriate to be considered for the child. This is especially important when there is a long wait between when an adoption worker submits a general applicant family's study and the caseworker schedules the selection date.

XV. After the caseworker has confirmed the identified potential families are available and appropriate to be considered, the caseworker sets the date for selection and notifies the adoption workers of the date. Adoption workers do not attend the meeting between the caseworkers and supervisor, as the worker has already discussed information and questions with the adoption workers. There is not a local "mini committee" process or Permanency Committee process in which people "vote" for families.

XVI. The caseworker must complete the following for the CASA, child's attorney, tribal representative and RCWAC member at least 10 business days before adoption selection:

A. Notify them of date scheduled for selection.

B. Send packets of home studies and other relevant information, unless the person specifically states that they do not want a packet.

C. Request input about each family's abilities to meet the child's needs and notify each that the worker

must receive voluntary input two days before selection.

XVII. Before selection, the caseworker:

A. Considers input from CASA, child's attorney, tribal representative and RCWAC member. This is the second time this request is required. Note this date and content in OR-Kids.

B. Consults with the supervisor and notes the date in OR-Kids.

XVIII. On the date of the scheduled selection, the caseworker makes the decision on selection following consultation with their supervisor. The worker may select a backup family to be the adoptive family should the selected family not become the adoptive placement. The worker may also decide that none of the families considered were appropriate for selection as the adoptive resource.

XIX. The caseworker documents their selection decisions and rationale on one of the following DHS forms:

A. Caseworker Adoption Selection Decision form 0255 for all caseworker selections except when a nonrelative current caretaker is considered alone.

B. Current Caretaker Consideration Report form for consideration of a nonrelative current caretaker alone. Use form 251's page called Caseworker Selection Decision, Section 10. Use the form used for the Permanency Committee and documents the decision of the CWPM or designee.

XX. The caseworker's documentation about their reasoning behind the decisions should include discussion about how the selected family is likely to meet the child's current and possible long-term special needs. Bullets are fine. "Child attached," alone is not sufficient information about the rational for a selection decision. The worker may also choose not to select a family, in which case, the worker briefly states the concerning issues. The worker should aim to have an informed reader understand their rationale for their decisions. See the Appendix for more detail in the article called "Caseworker and adoption decision specialist rationale documentation guidelines" for more information.

XXI. The CASA, child's attorney, tribal representative or RCWAC member who received adoption selection information packets of home studies and other materials during the selection process must return the materials to DHS within seven business days of the notice of selection decision.

D. Caseworker and adoption worker notification responsibilities after caseworker selection process

I. The caseworker notifies the adoption workers of the decisions by the end of the scheduled day of the adoption selection process.

II. The caseworker sends written notice of the outcome by the end of the next business day following the selection date to the CASA, child's attorney, tribal representative and RCWAC member. This may be done by email, U.S. Postal Service, fax or other electronic means.

III. The caseworker sends written notice of the outcome by the end of the next business day following the selection date to the adoptive family not studied by DHS using the DHS 0260 Notification of the Adoption Selection Outcome form letter.

IV. DHS adoption workers who presented families are responsible for sending letters to the respective families using the 260 Notification of the Adoption Selection Outcome form letter. This is sent by the end of the next business day following the adoption placement selection. As is good practice, workers are also responsible for engaged, direct verbal communication with families after the selection process. Document this information in OR-Kids provider notes.

V. The caseworker notifies the Central Office Child Permanency Program within three days of the decision of the selection. The worker notifies by sending a fax or email to the Central Office seamless support staff person who is teamed with child's branch's legal assistance specialist. The caseworker does not save the selection form in OR-Kids

E. Relative expresses interest in adopting after the caseworker sends notifications

When a child's relative expresses interest in being considered as a potential adoptive resource after the required notifications of the caseworker adoption selection process according to 413-120-0021, Adoption Placement Selection by Caseworker. The focus of decision-making is based on the child's long-term needs.

I. The CWPM or designee must review the diligent efforts to identify a child's relatives required under OAR 413-070-0060 to 413-070-0063, Search for and Engagement of Relatives and:

   A. Consider the impact of a delay in achieving permanency on the best interests of the child; and

   B. Make a determination whether it is in the child's best interest for an adoption home study to be conducted with a relative despite the delay in achieving permanency.

When a CWPM informs the caseworker of the determination to consider a relative identified as described above:

I. The caseworker must notify the CASA, child's attorney, tribal representative and RCWAC member and the involved adoption workers that the adoption selection process has been suspended.

II. The adoption workers must notify each identified potential adoptive resource that the process has been suspended.

F. Scheduling and participating in the adoption committee

Procedure

Different offices have different processes to schedule an adoption committee, so this information is general and some local or district offices may have more or less support staff involvement than is described below.

The caseworker is to:

I. Determine, in consultation with the supervisor, the type of adoption selection process to be scheduled after considering the relevant family and child factors discussed in Chapter 5, Section 7, subsection "Identifying the appropriate adoption selection process."

II. Ensure the Child Permanency Program has all required documents including:

A. Adoption Child Summary. This must be completed or updated within 12 months before the selection date.

B. Birth certificate (original).

C. Original ICWA correspondence.

D. Copies of all of the child's psychological evaluations, developmental evaluations, therapist reports, early intervention reports, therapy progress reports and other documentation describing the child, their special needs and placement related recommendations.

E. Genetic and medical history of child and biological family.

F. Copies of adoptive family home studies and updates, if applicable. Home studies must be completed or updated within the 12 months.

III. For a local committee, email the local Child Welfare office adoption committee coordinator to schedule a local (sometimes called "district") adoption committee. For a Central Office adoption committee, email the Child Permanency Program adoption committee coordinator. Include the following in the email requesting the committee:

A. Full names and age(s) of the child/children;

B. Name, telephone number and email of each adoption worker and the name of the local Child Welfare office or private agency each adoption worker represents;

C. First and last names for each family being presented and the family's relationship to the child or children, if any;

D. Names of the people invited to committee to present information about the child; and

E. Names, phone numbers, email addresses and mailing addresses for the child's attorney, CASA, tribal representative and RCWAC member as applicable.

IV. Provide written information to be presented at the committee to the correct office staff member in time to be included in the committee information packets. The packets are mailed at least 10 days before the committee date by the:

A. Child's caseworker or the local office adoption committee coordinator for a local office adoption committee, or

B. Child Permanency Program adoption committee coordinator for a Central Office adoption committee.

V. Ensure the information packets include the following information:

A. Adoption Child Summary.

B. Copies of all of the child's psychological evaluations, developmental evaluations, therapist reports, early intervention reports, therapy progress reports and other documentation describing the child, their special needs and placement related recommendations.

C. Copies of approved adoption home studies and other information related to the family as identified by the adoption worker. The committee will need identification of who will supervise the adoption placement, which can be in writing or verbally shared if it is not a DHS studied family.

D. CF 250, Adoption Selection Report, *(for the facilitator and ADS only).*

E. Copy of child's recruitment bulletin, when applicable.

VI. Adoption workers of the families being presented must be notified of the date, time and place:

A. If a local committee is scheduled, check with the local committee coordinator to determine if the caseworker or the coordinator notifies the adoption workers for the families who will be presented at committee of the location, time and date of the committee. Notify or verify that notification has occurred.

B. If a Central Office adoption committee is scheduled, the Child Permanency Program adoption committee coordinator will coordinate and confirm this information.

VII. Contact the CASA, child's attorney, tribal representative and RCWAC member as applicable to inform them of the date, time and location of the committee.

VIII. Invite other individuals who may contribute to the adoption selection process being well informed due to their ability to provide vital information about the child to the committee and ADS. These people may include, but are not limited to the following:

A. Child's foster parent. The foster parent may not attend the committee if they are being presented as a resource family.

B. Child's therapist.

C. Mentor, teacher or professionals involved with the child.

IX. Inform presenters of information about the child that they may be in the meeting during the sharing of the information about the child and will then be excused for the remaining portion of the committee meeting (other than child's attorney, CASA, tribal representative and RCWAC member). Notify them of the general times they are scheduled to present. These presenters of information about the child do not get adoption committee packet materials.

X. Give the schedule and guest list to the committee facilitator before the committee or at the beginning of the committee meeting.

Forms

I. Genetic and Medical History of Child and Biological Family

II. Adoption Child Summary

III. CF 0250 Adoption Selection and Recommendation Report.

G. Caseworker protection of prospective adoptive families' home studies

Maintain confidentiality regarding release of prospective families' home studies and family information. Adoption home studies may not be shared with non-DHS staff (the exception is contracted adoption recruiters) when the worker is still identifying families for an adoption selection process. Only when a date has been scheduled for a caseworker selection or adoption committee process may the identified home studies (that are part of the information packets) be sent to the child's attorney, CASA, tribal representative and member of RCWAC within the strict relevant rules of the Adoption

Placement Selection OARs. The OARs are 413-120-0016 Confidentiality, 413-120-0021 Adoption Placement Selection by Caseworker and 413-120-0035 Invitation to and Notification of Adoption Committee and are found at this link.

H. Invitations and notifications

Caseworker makes mandatory notifications and invitations to the prospective adoption committee members

I. The caseworker must invite to the committee as applicable for each child: the child's attorney, CASA, tribal representative and member of the Refugee Child Welfare Advisory Committee (RCWAC). These specific individuals have different options for participation and providing input for the adoption selection process.

II. The caseworker informs the child's attorney, CASA, tribal representative and RCWAC member that they are invited for two optional tasks:

   A. To present information about the child to the committee. They may attend in person, send a representative, present on a speaker-phone (the worker should make sure a phone is available in the room) or write a letter. They may choose not to participate. They may discuss characteristics of the type of adoptive family they believe will best meet the child's needs and their preferences. Inform them of the optional DHS form 0257 Child Presentation by Community Partner for Adoption Committee. It is an outline for the verbal presentation of child information and focuses information on the goal of the committee process. The child's attorney, CASA, tribal representative or RCWAC member may request that DHS invite individuals to the adoption committee to present information regarding a child's needs.

   B. To be a committee member. This must be the specific individual or their supervisor. They must tell the facilitator at the beginning of the committee meeting that they wish to be a member.

III. The child's attorney, CASA, tribal representative and RCWAC member receive the families' home studies in their committee packets that DHS provides. These individuals save their questions about families for the committee meeting at which they may make inquiries of the adoption workers. The caseworker may not provide family home studies to these individuals outside of the steps and purposes in the adoption selection process rules.

Caseworker invites partners for child presentations only

Community partners involved with the child may provide highly valuable information about the child for consideration in the committee process. The caseworker should inform the partners of the optional DHS form 0257 Child Presentation by Community Partner for Adoption Committee, which an outline for the verbal presentation of child information and focuses information on the goal of the committee process.

I. The caseworker invites the foster parent to present information about the child, except when the foster parent is being considered as an adoptive resource or there is a conflict of interest. An example of a conflict of interest is a foster parent's adult son or daughter is being considered as the adoptive resource, since this could be interpreted as a personal advocate for a prospective adoptive family. A worker with questions about inviting or preparing the foster parent should consult their supervisor.

   A. Inform the foster family's certifier that the child's case will be going to adoption committee so that the certifier may support the family.

   B. Prepare the foster parent if they are going to present:

1. Talk with the foster parent about what information about the child each plans to present in person (which is preferable) or by phone. The foster parent may also send a letter to the committee regarding the child's personality, progress and needs.
2. If they have never presented at adoption committee, the worker will want to prepare them for the possibility of strong emotions at the thought of the child moving, which is understandable, especially if they had ambivalence about adopting or if they have great affection for the child.

II. The caseworker may invite others who know the child to present information. These partners may include therapists, service providers, mentors, teachers, school counselors and courtesy supervision worker if the child is in another county, and others who know the child well. These people can be critical in providing information to the committee. The worker should explain to them their role is to present information about the child and their needs. Help them understand that their role is not to advocate for a particular family. They may discuss the characteristics of a family that they believe will best meet the child's needs (such as a calm environment, energetic parent, high structure, no other children of the same age, etc.).

III. If the child's caseworker determines the child's attendance is appropriate, on a case-by-case basis, the worker has the discretion to invite the child. This should be discussed with the supervisor and include planning for the preparation of the child before the committee. If the child has a therapist, the worker should seek their input.

I. Relative expresses interest in adopting after sending notifications of adoption committee

When a child's relative expresses interest in being considered as a potential adoptive resource after the required notifications of the adoption committee adoption process have occurred according to 413-120-0035 Invitation to and Notification of Adoption Committee (2) have been provided, the Child Welfare program manager or designee has discretion to consider the relative according to (8). Refer to this link to policy for more detail. The focus of decision-making is based on the child's long-term needs.

I. The Child Welfare program manager (CWPM) or designee must review the diligent efforts to identify a child's relatives required under OAR 413-070-0060 to 413-070-0063 Search for and Engagement of Relatives, and:
   A. Consider the impact of a delay in achieving permanency on the best interests of the child; and
   B. Make a determination whether it is in the child's best interest for an adoption home study to be conducted with a relative despite the delay in achieving permanency.

When a CWPM informs the caseworker of the decision to consider a relative identified as described above:

I. The caseworker must notify the CASA, child's attorney, tribal representative and RCWAC member and the involved adoption workers that the adoption selection process has been suspended.

II. The adoption workers must notify each identified potential adoptive resource that the selection process has been suspended.

J. Preparation for adoption committee

Procedure

The caseworker should be aware that they have two very active roles at the adoption committee:

I. To present comprehensive information to the adoption committee about the child; and

II. To participate as an active member of the adoption committee to make a placement recommendation at the end of the committee deliberation.

Caseworker preparation for presentation of information about the child

I. The worker provides the committee with a clear picture of who the child is, as well as their current and potential likely long-term needs. An adoption committee facilitator may even decide to cancel or reschedule the day's committee if it appears that there is not enough information about the child to guide the committee's recommendation and the ADS's decision.

II. Even if the worker is relatively new to a case, they are responsible for understanding and conveying the child's history. The caseworker must review the case record. Talk to the supervisor. Talk to available previous workers who worked with the child or knew significant information. Ask about the child's issues, how they progressed and the circumstances around any moves in foster care. Read case notes in OR-Kids. Talk with the SSA about visits. Talk with the foster parent. Visit the child.

III. If a worker is inexperienced in presenting at adoption committee, they may wish to talk with their supervisor about being accompanied by the supervisor for support and direction. The worker may also reference OAR 413-120-0010 to 0060, Adoption Placement Selection, for additional information.

IV. The worker is responsible for some form content about the child on the 0250 Adoption Selection and Recommendation Report. The worker must complete their sections of the form before the committee information packets going to the ADS and facilitator. The report is used for adoption committee recommendations and ADS selection process. The adoption committee facilitator and the ADS are also responsible for form content during and after the committee meeting. The form is at this link.

V. Prepare to discuss relevant topics. The 0256 Child Presentation by Caseworker for Adoption Committee form is highly recommended. It is an optional outline for the verbal presentation of child information at the committee.

   The caseworker (possibly with help from foster parent, therapist and others) should be prepared to cover the following:

   A. When recruitment began and number of home studies received (if applicable).

   B. Date and reason the child came into care

   C. Sibling issues, including need for on-going connections

   D. Need for contact with birth family members

   E. Prenatal history, if known

   F. Number of placements and reasons for moves

G. History of trauma, abuse and neglect
H. Sexual abuse history and history of any sexual acting out
I. Legal status
J. Family history
K. Social skills
L. Attachment history and quality to birth parents/care givers
M. Emotional, physical, verbal and cognitive development, prognosis
N. Medical/dental health, medications and possible future needs
O. Education
P. Discipline methods, what works and what does not work
Q. Child's spiritual/religious experience and heritage. Attendance at church, temple, etc.
R. Child's cultural and ethnic heritage identity, experiences and needs (remember MEPA/IEP)
S. Counseling history and history of any services provided
T. Child's preparation for adoption and understanding of adoption
U. Composition of foster family
V. What the foster parent likes about child, foster parent's concerns, challenges in parenting child
W. Child's strengths
X. Characteristics of adoptive family needed, characteristics that may hinder a good match
Y. Safety issues not covered above, but relevant to adoptive placement
Z. Special considerations regarding transition

VI. If the adoption committee information packet has already been sent to the adoption committee members, ADS, child's attorney, CASA, tribal representative, and RCWAC member and the worker has new written information that will take more than a few minutes to read, the child's worker is responsible for sending the information to the these individuals before committee if possible. For a Central Office adoption committee, contact the Central Office adoption committee coordinator by email to share additional information with those receiving the packets. It is not convenient for members to receive long documents they must read during committee time. Short documents are fine to bring to the committee if it was not possible to include them in the packet and are necessary.

VII. The caseworker should bring the child's case file to the committee. Ensure that the case file has all appropriate records related to the child, such as medical, school, mental health, Head Start, etc. The caseworker should bring all of the material listed on the CF 0963 to give to the adoption worker of the selected family if the ADS announces their decision at the committee. Good practice mandates that the worker also bring the child's Life Story Book. For more information about Life Story Books, see the Appendix for Chapter 5, Section 7.

Caseworker preparation to participate as a committee member

In addition to presenting child information, the caseworker is a committee member. The caseworker is to read all of the committee materials, hear the information presented at the committee, ask questions of presenters, participate in committee's discussion and make recommendations to the ADS. The caseworker's priority is the child's best interests.

The caseworker's knowledge of the case and the child is seen as critical information. Prepare to make a recommendation to the ADS regarding the adoptive resource that is likely to permanently and fully integrate the child into the family and to meet the child's current and possible lifelong needs. The worker should have an open-minded perspective at the committee. Possible recommendations that a member may make to the ADS are one or more of the following:

I. A single adoptive resource is the most appropriate;

II. An order of preference of appropriate adoptive resources; or

III. One or more potential adoptive families are not appropriate and should not be considered.

Forms

I. CF 0963 Required Information Checklist for Adoption Workers

II. Adoption Child Summary

III. Genetic and Medical History of Child and Biological Family

K. Adoption committee responsibilities and process

The best adoptive placement decisions are made as the result of a collaborative and thorough information sharing process. The committee process provides objective, multilateral thinking that the neutral ADS considers as part of the decision-making to select the most compatible adoptive family for the child.

Conflict of interest for adoption committee members – information for the worker

I. To maintain objectivity, neutral committee members appointed to a local or Central Office committee may not have a personal or current professional relationship to any of the children or potential adoptive resources being considered. Maintaining a committee process that has maximum integrity, professionalism and objectivity is paramount.

II. Before the committee, if a neutral committee member or facilitator finds they have a conflict of interest, they must immediately notify the child's caseworker and the committee facilitator and find an alternate committee member for that committee.

III. If a committee member is not certain if a conflict of interest exists, as soon as possible the member discusses the issue with the supervisor, CWPM or adoption placement specialist or assistant manager in the Central Office Child Permanency Program.

Confidentiality

Everyone attending an adoption committee must follow Oregon statute and DHS administrative rules, OAR 413-010-0000 through 413-010-0075, Confidentiality of Client Information at this link and OAR 413-120-0016 Confidentiality.

The "Confidentiality Statement for Adoption Committee" form 0273 is used by individuals attending adoption committee. The facilitator and all participating in the committee meeting are responsible for signing the form.

Committee meeting attendees and presentation of child and family information

The committee members, facilitator, ADS, caseworker, CASA, child's attorney, tribal representative and RCWAC member, presenters of child information invited to the committee, and adoption workers each have specific responsibilities discussed below.

Procedure:

I. The committee facilitator is responsible for:

   A. Commencing the committee and keeping the committee focused on the task of having information presented and discussed for the purpose of adoption selection recommendations and decision making for the child. The last page of the Adoption Recommendation and Selection Decision form 0250 has the tasks listed in order for an easy reference.

   B. Conducting introductions of attendees.

   C. Explaining the purpose of the meeting and discussing ground rules for the committee.

   D. Inquiring about the roles the CASA, child's attorney, tribal representative and RCWAC member plan to take at the committee (full committee member or to provide information about the child and observe).

   E. Reading the confidentiality statement and ensuring all attendees sign the statement agreeing to follow DHS confidentiality rules relevant to the committee. Those attending by phone verbally agree to the confidentiality rules.

   F. Indicating when the child information presentations should begin, starting with the caseworker and followed by others presenting information about the child.

II. Committee members and the ADS may ask presenters questions about the child. The focus is for the committee and the ADS to obtain the most thorough and accurate picture of the child now and their potential needs in the future.

III. The ADS and facilitator each have sections of the Adoption Recommendation and Selection Decision form 0250 for which they have completion responsibility.

IV. Committee members record their notes individually.

V. After child presentations, the facilitator EXCUSES presenters of child information who are not eligible to serve on adoption committee. Excused are the foster parent, therapist and others. This is to protect the confidentiality of the prospective adoptive families' information.

VI. The adoption workers make family presentations focusing on families' abilities to parent the specific child or children. The family may have a family book for the committee to view during the meeting.

VII. Committee members, those eligible to be committee members if they choose, and the ADS may ask the adoption workers questions during and after each family presentation. The focus is to provide as thorough a picture of each family as possible related to what strengths, skills, knowledge and challenges they are likely to

have when parenting the child in the future.

VIII. Prospective adoptive parents and legal or personal advocates for a family under consideration may not attend the committee. This means that a foster parent being presented at the committee may not be invited to present information about the child. A family may give their input to the committee through written communication, which is best provided in the committee packets along with the family's home study.

Adoption committee member discussion and recommendations

I. After all presentations have been completed the following individuals

   A. Must remain at the adoption committee:

      1. The ADS,
      2. The adoption committee members, and
      3. The adoption workers for the potential adoptive families (which includes Special Needs Adoption Coalition workers who have been contracted to present out of state families at the committee).

   B. May remain at the adoption committee, if they so choose:

      1. The CASA, child's attorney, tribal representative and RCWAC representative who are attending the committee and have elected not to serve as committee members.
      2. With approval of the facilitator individuals described in OAR 413-120-0025(4); the supervisor for any of the following individuals; caseworker of each child for whom adoption placement selection is being made, the neutral individuals appointed to serve as committee members, facilitator, CASA, child's attorney, tribal representative, RCWAC member and adoption workers.
      3. Department staff, for training or observation purposes.

II. The facilitator initiates the discussion by the identified committee members, which is intended to be a thorough child centered exchange of ideas and consideration of each families' skills, knowledge and abilities to meet the child's needs.

III. Members consider information, deliberate and make recommendations regarding the presented adoptive family or families most likely to permanently and fully integrate the child into the family and meet the current and lifelong needs of each child being considered. Only adoption committee members may give recommendations regarding the selection of the family. The ADS listens, but does not participate in this deliberation.

IV. When adoption committee members all agree, the adoption committee may make one or more of the following recommendations:

   A. A single potential adoptive resource is the most appropriate.
   B. An order of preference of appropriate adoptive resources.
   C. A potential adoptive resource is not appropriate and should not be considered.

V. Optional recommendations may include recommendations regarding transition of the child to the adoptive family, preparation of the family, or preparation of the child for the adoptive placement.

VI. When the committee members cannot reach agreement, each adoption committee member gives their recommendations to the committee facilitator.

VII. The facilitator records committee information on the 0250 Adoption Selection Report form and submits the form to the ADS.

Adoption decision specialist's decision-making and conclusion of meeting

I. The ADS considers the information and recommendations and makes the selection decision at the meeting's end or by the end of the next business day following the meeting. The ADS may decide:

   A. A single potential adoptive resource is the most appropriate.

   B. An order of preference of appropriate adoptive resources in the event that the first selected family is not able to parent the child.

   C. A potential adoptive resource is not appropriate and should not be considered.

II. If the ADS does not select an adoptive family, the ADS may make recommendations to the child's caseworker on how to proceed. The caseworker should discuss the recommendations with their supervisor.

III. If the ADS selects a family, they may make recommendations regarding transition of the child to the adoptive family, preparation of the family, or preparation of the child for the adoptive placement.

IV. All confidential written information for committee given to the CASA, child's attorney, tribal representative, RCWAC member and committee members must be given to the department by the meeting's end. When the individual did not attend the committee, the materials must be returned to the department within seven business days.

V. The facilitator reminds staff of their notification responsibilities and deadlines and adjourns the meeting.

Notification responsibilities after the adoption committee

I. The adoption workers who are not employed by the department, child's attorney, CASA, tribal representative and RCWAC member must provide contact information for written notification of the decision from the department. The caseworker, department adoption workers, facilitator and ADS have email access for written communication. Written information may be by email, fax or other electronic methods, as well as by U.S. Postal Service, although more swift methods are generally preferable.

II. The ADS sends:

   A. Written notification to the caseworker, adoption workers and facilitator of the decision and if a backup family was identified. The ADS must notify these individuals by the end of the next business day following the meeting.

   B. The form 0250 Adoption Selection Report with selection and rationale to the Central Office Child Permanency Program within two business days following meeting. This may be by fax at 503-945-6633 or by email. Send to the Central Office seamless support staff member who assists the Legal Assistance Specialist for the child's local office.

III. The caseworker sends written notification on a DHS approved form, the letter in the Adoption Placement

Selection Notification form 0272, to the child's attorney, CASA, tribal representative, RCWAC member and adoption agency other than the department as applicable. This includes information about the review process. The worker must notify these individuals by the end of the next business day following the ADS's written notification to the worker. Find the form at this link.

IV. DHS adoption workers and caseworkers send written notification to each family as to whether the family was selected. This must be sent by the end of the next business day following the ADS's written notification of the decision to workers. Workers notify by using the DHS form 0260 Notification of the Adoption Selection Outcome letter at this link. As is good practice, the appropriate workers are also responsible for engaged, direct verbal communication with families after the selection process, rather than relying only on the form. The letter includes review information.

   A. The caseworker sends notification to families studied by an agency other than DHS.

   B. DHS adoption workers send notification to DHS studied families.

V. There are no requests for review for committees on which all families considered are general applicants.

The supervisor's role

I. Provide consultation to the caseworker on the appropriate adoption selection process to use for a child or sibling group being placed for adoption.

II. Ensure the caseworker is adequately prepared to present the child at the adoption committee.

III. Ensure the caseworker is adequately prepared to professionally participate as a committee member.

References

ORS

I. ORS 418.280 – 418.285

OARs

I. Adoption Placement Selection, OAR 413-120-0000 to 0970

II. Confidentiality of Client Information, OAR 413-010-0000 to 0075

III. Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

IV. Placement of Indian Children, OAR 413-070-0000 to 0974

V. Placement of Refugee Children, OAR 413-070-0000 to 0974

VI. Search for and Engagement of Relatives, OAR 413-070-0000 to 0974

VII. Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, OAR 413-120-0900 to 0970

VIII. Adoption Applications, Adoption Home Studies, and Standards for Adoption,

OAR 413-120-0000 to 0970

Forms

I. Confidentiality Statement for Adoption Committee form 0273 at this link.

II. Child Presentation by Community Partner for Adoption Committee form 0257 at this link.

III. Child Presentation by Caseworker for Adoption Committee form 0256 at this link.

IV. Confidentiality Statement for Adoption Committee form 0273.

V. Caseworker Adoption Selection Decision form 0255.

VI. Current Caretaker Consideration Report form 251.

VII. Adoption Recommendation and Selection Decision form 0250.

VIII. Notification of the Adoption Selection Outcome letter form 0260.

IX. Adoption Placement Selection Notification form 0272.

L. Disclosure of the child's information to adoptive families

In order to make a well informed decision, prospective adoptive parents need to have all available background information about a child. The child's caseworker and the family's adoption worker need to work together to be certain that accurate and up-to-date information about the child is given to the adoptive parents before the child's adoptive placement if the child is not already in the home for foster care or relative care.

Sharing information with prospective adoptive families

Procedure for the child's caseworker before adoption committee

The caseworker provides as much information as possible about the child to the family's adoption worker. The adoption worker uses this information to inform the potential adoptive family about the child. The caseworker:

I. Protects confidentiality by removing identifying information from the documents below before sending them to the adoption worker. This includes all last names, birth and foster parent addresses and phone numbers, Social Security numbers, date of birth of all people except the child, names of schools and treatment providers and other information that can be used to identify the child, birth family or foster family.

II. Provides the redacted information to the adoption worker that is accurate and balanced, including both positive and challenging aspects of the child. Documents include:

   A. The adoption child summary.

   B. Child development, psychological and other evaluations.

   C. Health information.

   D. Mental health information.

   E. School information

   F. Other documentation, such as the CANS evaluation, that will help the adoption worker and the adoptive family understand the child's needs.

III. Clarify what information is unavailable or incomplete.

IV. When general applicant families who do not know the child are being considered, the worker or foster parent is not to provide the families being considered with any visits or contact with the child before the adoption selection and department driven transition. Visits with a prospective family before an adoption selection and planned transition can undermine the child's success in a placement. Premature visits may cause complications when children may feel a sense of rejection if the family does not adopt them. In addition, children, applicants and community partners may develop expectations that a specific family was to become the adoptive resource with special rights not granted by policy or child-centered practice.

The caseworker's role if requesting the foster parent to talk with prospective adoptive families about the child

At the explicit request of the caseworker, the child's foster parents may share information about the child with families that the caseworker has identified for adoption selection consideration. This is for the purpose of helping families have a more thorough understanding of the child's needs and the day-to-day responsibilities of caring for the child.

Procedure

The caseworker:

I. Decides if and how to include the foster parents in the information sharing process. If the foster parent is being considered along with others, the caseworker does not have other families contact the foster parents for information about the child, as the foster parent would be put in conflicting roles.

II. Talks with the foster parent about how the foster parent can help provide valued information about the child to the adoptive family. Remind the foster family of the need to maintain the child's confidentiality regarding identifying information, such as the child's last name or school. Foster parents may also talk with the adoptive family after they have been selected by the agency before the beginning of the transition with the child. Remind the foster family that the child may only meet a recruited family with whom the child has no relationship after the family is selected by the agency. This meeting is to occur only as part of a planned transition that the caseworker coordinates with others to plan for the first meeting with the child.

III. Participates in conference calls with foster parents, prospective adoptive families and adoption workers so that the caseworker is knowledgeable about what information the foster parent does share with the prospective adoptive family. The caseworker should not delegate to non-DHS staff the task of disclosure of child information to the prospective family, since the department has the responsibility to thoroughly share the information with the selected family at a level that is appropriate for their need to know.

Sharing information about the child after the agency has formally selected an adoptive family

Procedure

After DHS has formally selected the adoptive family, the caseworker provides the adoption worker of the selected family with:

I. A copy of information from the child's case file, including all of the documents listed on the CF 963, Required Information for Adoption Workers and Adoptive Parents.

II. For a current caretaker adoption, the information listed on the CF 963 must be provided to the current caretaker before the adoption placement can be designated by Central Office. The current caretaker must sign the CF 963 upon receipt of the information.

III. The child's Life Story Book or contents with narrative and photos.

IV. When a child is placed adoptively with a relative outside the United States, the child's important documents from the form CF 963 should be translated to the relative's language if the relative does not speak or read English well. Translation is also needed if the language of the country of the adoptive family is other than English so the child's service providers may read the child's information. Contact the Central Office Child Permanency Program for assistance with translation services so necessary information can be determined.

Tip

The last page of the Adoption Recommendation and Selection Decision form 0250 has the notification tasks for and timelines for the ADS, facilitator, and caseworker listed for easy reference.

The supervisor's role

I. Talk with the caseworker about notifying the CASA, child's attorney, tribal representative, RCWAC member, as applicable, of the adoption committee date, time and place.

II. Assure that the worker maintains the confidentiality of the prospective adoptive families.

III. Assure that the caseworker has supplied the family with the child's complete Life Story Book or the unassembled contents to be assembled by the family.

IV. Assure that the caseworker has provided the adoption worker of the family with the Required Information for Adoption Workers and Adoptive Parents form 963 materials for disclosure of the child information.

V. Be aware of all of the steps in the adoption selection process and disclosure process when providing consultation with the caseworker engaged in the adoption selection process for a child in order to provide timely and accurate guidance.

VI. Contact the Central Office adoption placement specialist or their supervisor, for particularly challenging or complex cases. Small rural offices that rarely do adoptions are encouraged to contact the adoption placement specialist early in a process for additional assistance.

References

ORS

I. ORS 7.211, Separate records in adoption cases; accessibility of records limited

II. ORS 419B.035, Confidentiality of records

III. ORS 419A.255, Maintenance; disclosure; providing transcript; exceptions to confidentiality

OARs

I. Confidentiality of Client Information, OAR 413-010-0000 to 0075

II. Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

III. Adoption Placement Selection, OAR 413-120-0000 to 0970

IV. Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0000 to 0970

Forms

I. CF 0963, Required Information for Adoption Workers and Adoptive Parents

II. Adoption Child Summary

M. Disclosure of information about adoptive families and release of adoption home studies

Adoption home studies contain very comprehensive, personal and sensitive information about the adoptive family. Adoption home studies are released only in limited situations and to a limited number of participants in the adoption selection process. In order to be considered in an adoption selection process, adoptive applicants must sign an Authorization of Use and Disclosure of Information DHS 2099 form to have their adoption home study released. There are limited situations in which DHS may share or release a home study.

DHS receives adoption home studies from other public and private adoption agencies. The procedure also applies to the release of other agencies' adoption home studies for families identified to be presented at an adoption committee or considered in a caseworker selection process.

Consider these principles when carrying out the procedure to release adoption home studies:

I. Children's needs are primary when considering adoptive families.

II. Prospective adoptive families provide sensitive, personal information to their adoption workers who prepare adoption home studies. This information and the adoption home studies are confidential and should be released only as described in policy and procedure.

Release and review of adoption home study reports for adoption selection processes

Procedure

This section discusses only release of prospective adoptive family home studies for the purposes of DHS adoption selection processes, but does not discuss other types of release in detail. An adoption home study may be released only under the following conditions for adoption selection process:

I. To be considered as a potential adoptive resource, each applicant who is the subject of an adoption home study must provide a signed, valid release of information to consider the adoption home study in the adoption placement selection.

II. When DHS considers information in addition to the adoption home study concerning a potential adoptive resource during the adoption placement selection, the adoption worker must:
   A. Notify the potential adoptive resource of the additional written information; and
   B. Have the potential adoptive resource sign a release of information for the additional written information to be considered in the adoption placement selection.

III. The Child Permanency Program manager, at their discretion, may determine that any written information released must be a summary or redacted copy when:
   A. An individual who is a subject of the adoption home study or additional information has requested that information be redacted or summarized; or
   B. There is a conflict of interest as described in Child Welfare Policy I-G.1.3, Adoption Application, Home Study and Standards for Adoption, OAR 413-120-0222 at this link.

IV. Any written information released for selection consideration must:
   A. Be kept confidential by the recipients;
   B. Be used only for the purpose of making the recommendation and selection of a child's adoptive resource;
   C. Not be redisclosed verbally or in writing;
   D. Not be copied; and
   E. Be returned to the department when the adoption placement selection has been made.

Family release for an adoption home study

An adoptive family who is the subject of the home study reviews and signs the completed adoption home study for accuracy. For circumstances in which a DHS adoption home study may be released for reasons other than a DHS adoption selection process, please see I-G.1.3, Adoption Applications, Adoption Home Studies and Standards for Adoption in the section titled, Standards for an Adoptive Home and Release of an Adoption Home Study, OAR 413-120-0246 at this link.

Redaction or summarization of a home study

Procedure

In the process of adoption selection, the caseworker or adoption worker may encounter circumstances in which

release of an adoption home study may be inappropriate and a redacted study or summary is authorized. In very infrequent circumstances, protection of confidential information can be achieved through redaction or summarization. In these situations, the interest in protecting information in the adoption home study is weighed along with the benefits of a release of a redacted home study. The Central Office Child Permanency Program manager is responsible for determining whether a home study is summarized or redacted when:

I. An individual who is a subject of the adoption home study or additional information has requested that information be redacted or summarized; or

II. There is a conflict of interest as described in Child Welfare Policy I-G.1.3, Adoption Application, Home Study and Standards for Adoption, OAR 413-120-0222 at this link.

To obtain permission for redaction or a summarized home study:

I. The adoption worker or caseworker requests authorization from the Central Office Child Permanency Program manager.

II. The adoptions manager or designee will inform the field office staff of the decision.

Tip

If a recruited non-relative prospective adoptive family that has no connection to the child is concerned about the child's special needs and wants to meet the child before the adoption selection process, respectfully tell the family that there are other ways of providing information to the family that will have the potential for less of an impact on the child. The worker can provide video of the child interacting with people they know and trust or engaging in a favorite activity. Some children have recruitment videos that can be shared with the prospective family. The caseworker wants to prevent inadvertently promoting fantasies about prospective families that lead to an unnecessary sense of loss if a particular family does not become the adoptive family.

Redaction of a home study

The worker should understand the circumstances for redaction of a home study as described directly above. When the Child Permanency Program manager decides a home study is to be redacted for the adoption selection process, the caseworker and adoption worker cooperate to identify who will do the redaction. The redacting worker:

I. Identifies the reasons for the redaction or summarization to target what information needs to be redacted or summarized.

II. Prepares a copy of the adoption home study with information removed. Redacts information to ensure that the prospective adoptive family cannot be identified as result of the release of the adoption home study. This may include:

   A. Identities of references

   B. Names of schools, businesses, or other places or information that could help identify a person who provided third party information for the assessment

   C. Dates of birth

   D. Last names of persons

   E. Addresses

   F. Personal identification numbers

   G. Telephone numbers

   H. Personal information that would likely embarrass members of the prospective adoptive family if the identity of the family became known

   I. Other information that could be used to identify a person, such as a job title, nickname, ceremonial title, a well-known achievement or subject of notoriety

III. Retains the original redacted version of the adoption home study. If the worker uses a black pen or whiteout to conceal information, make a copy to present to the family so that the information is fully concealed.

IV. If the family requests, makes a copy of the summarized or redacted adoption home study available to the family within a reasonable time for the family to review. The adoption worker should be available to the family during or after the reading of the adoption home study to answer questions and receive feedback. If the adoption worker is not the person receiving feedback from the family, ensure the feedback is given to the adoption worker.

Summarization of a home study

The involved workers should understand the circumstances described above in which a home study may be summarized for adoption selection purposes. When the Child Permanency Program manager decides a home study is to be summarized for the adoption selection process the adoption worker or their supervisor usually write the summary. The summarizing writer may wish to request a supervisor, paralegal or colleague to proofread the study to ensure the reasons for summarization were addressed.

The supervisor's role

I. Ensure the worker follows the timelines for adoption selection process invitations and notifications before and after the scheduled selection process. This can trigger requests by child's team members for home studies. Be available for consultation regarding the abilities and limits to sharing home studies and other family information for adoption selection based on DHS policy.

II. Ensure the worker is aware of the conditions under which an adoption home study may be released if there is a request for an adoption home study for circumstances other than as part of an adoption selection process described in OAR 413-120-0010 to 0060, Adoption Placement Selection.

III. Provide consultation and direction to the caseworker regarding the need to contact an assistant attorney general for advice if the caseworker receives a court order to release a home study in circumstances other than described in this procedure and DHS policy.

IV. Talk with the caseworker about consulting with Child Permanency Program staff in complex cases.

V. If applicable, ensure that the adoption home study is redacted or summarized according to DHS procedure and policy.

VI. Staff with the worker if there are requests for release of the adoption home study outside DHS procedure and policy. Consult with the assistant attorney general if there is a court order to release an adoption home study outside the scope of DHS policy and procedure.

References

Legal references

I. Indian Child Welfare Act, 25 USC sections 1901-1935 (1978)

II. ORS 419A.170 regarding the CASA as a party and advocate for the child.

OARs

I. Adoption Placement Selection, OAR 413-120-0000 to 0970 Adoption Applications, Adoption Home Studies, and Standards for Adoption,
OAR 413-120-0000 to 0970

II. Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

Forms

I. DHS 2099, Authorization for Use and Disclosure of Information

N. The role of the adoption worker in the selection process

The adoption worker is responsible for discussing with the family the important information about the child. They also discuss the family's characteristics regarding possible compatibility with the child's caseworker and may verbally present the adoptive family to the adoption committee. Usually, the adoption worker learns about the family through the adoption assessment or foster certification process and has written the family's home study. The adoption worker should know the family well and be able to describe the family's skills, interests, desires and abilities to parent and

meet a specific child's special needs. If the adoption worker did not write the home study, it is imperative that they are very familiar with the family.

Disclosure and discussion with the family about the child's information

The adoption worker is responsible for assisting the family in understanding and processing information from the caseworker about the child at different stages in the consideration process.

The adoption worker provides guidance and support to the family as they assess their own capacity to meet the child's long-term needs. The adoption worker's primary focus is always the child's long- term well-being.

Procedure

Before the selection process, the adoption worker:

I. Talks with the family to provide information about the child.

II. Obtains from the child's caseworker information that will assist the family in understanding the needs of the child. This includes the child summary, mental/physical health evaluations, early intervention evaluations, developmental evaluations, academic information and any other documentation that portrays the child's strengths, interests, desires and challenges.

III. Ensures that all identifying information about the child has been redacted, which is typically done by staff in the child's office. Last name, address, name of school, name of foster parent, foster parent's address and phone number, etc., must be removed before providing the child's information to the prospective adoptive family.

IV. Interviews the child's foster parent, therapist and others involved with the child if given permission by the child's caseworker.

V. Encourages the family to research and identify resources realistically available to them to meet the child's needs.

VI. Only if approved of and arranged by the caseworker, participates with the family on a conference call with the child's foster parent and caseworker.

VII. Converses with the family about the child's current and projected long-term needs and how they see themselves addressing those needs. Ask about their plans for day care, after school plans, work schedules and respite care.

VIII. Assists the family in forming realistic expectations regarding the child's transition and integration into their household.

IX. Explores how immediate and extended family members will adjust to the child.

X. Discusses safety issues with the family.

XI. Discusses with the family their willingness to maintain the child's future contact with birth parents, siblings, extended birth family members and former care providers.

XII. Explores the family's questions and follows up with the child's caseworker.

XIII. Asks the family to prepare a photo album of themselves and their home to be shared with the committee. If they are selected, this album will also be shared with the child. The album should be child friendly and focused on the child as the reader. Pages can be added after the child is transitioned as a member of the family.

XIV. Explains to the family the role and purpose of the adoption selection process. Helps the family understand that adoptive placement decisions are based on the best interest and needs of the child. While they may be an exceptional family, they may not be the family selected for a particular child. If they are not determined to be the most appropriate family for a particular child, help the family understand this is not a negative reflection upon their family, but about the matching needs of the child. The adoption worker does not share information about the other families considered in the selection process, as that is confidential.

Adoption worker presentation at adoption committee

Committees are usually scheduled for approximately three hours, allowing approximately 20 minutes each for the presentation of the adoptive families. Presentations should be candid, objective and informative. An option for preparation is to use the Family Worker's Presentation of Family for Adoption Committee form 258. The presenting adoption family's worker may use it to outline the verbal presentation of family information for adoption committee. Find the form at this link.

Procedure

I. Be as informed as possible regarding the child's needs. Maintain the perspective that the child's best interest is paramount.

II. Be prepared to bring the family to life for those attending.

III. Provide a balanced presentation:

   A. Explain how the family would be capable, or not, of meeting the child's specific needs.

   B. Discuss what they have done to prepare and educate themselves for the child and ways that they have demonstrated a strong interest in and commitment to the child.

   C. Avoid focusing on restating the bulk of the home study or other materials about the family. Focus on updated information that is not included in the home study.

   D. Discuss the types of discipline the family anticipates needing to use and how the family will deal with behavioral problems and the thoughts and feelings children may have due to their history of abuse and neglect.

   E. Discuss what the family has done to explore local resources on behalf of the child in the event they are selected as the child's family.

   F. Discuss how the family would integrate the child into their family as a member, especially if there are children in the home.

   G. Be clear about the family's support system and their plan for dealing with the inevitable crises that arise in families.

   H. Inform the committee of the level of contact (if any) that has occurred between the family and the

foster parent or the child.

IV. Anticipate areas where the committee may have questions and be prepared to address these. Issues may include prior allegations of abuse or neglect, bankruptcy, multiple marriages, history of being abused as a child, spanking of their birth children, criminal history and resolution of infertility. It is acceptable for the adoption worker to state that they do not know specific information, which is preferable to uninformed speculation.

V. Avoid presenting the family as being the best match because they are a specific religion. As applicable, discuss their involvement in their spiritual community, how they hope to involve the child spiritually, their specific values and how they see their religion or spiritual practices influencing their discipline and parenting.

VI. Distribute the family's album for viewing by ADS, committee members, CASA, child's attorney, tribal representative and RCWAC member.

VII. Remain until the committee meeting has concluded.

Adoption worker follow up after the adoption committee

Procedure

I. Maintain confidentiality and do not share information about the other families presented at committee.

II. Notify the family of the committee's decision in two ways:

   A. Contact the family as soon as possible about the results so that they have a sense of personal contact. This is usually by phone so that the worker can be direct and engaged with the family.

   B. Send them the 260 Notification of the Adoption Selection Outcome letter. It provides written notification to families of the selection decision after caseworker or ADS selection process. The caseworker is responsible for sending the letter to considered families not studied by DHS. DHS certification/adoption workers who presented families are responsible for sending letters to families studied by DHS. As is good practice, workers are also responsible for engaged, direct verbal communication with families after the selection process. Find the form at this link.

III. If the family was selected:

   A. Inform them of any additional information about the child that may not have already been shared.

   B. Coordinate with the child's caseworker regarding the development of the transition plan.

IV. If the family was not selected as the first choice, but was selected as the backup family:

   A. Verify they wish to be available for placement consideration if that becomes necessary.

   B. If appropriate and relevant, share feedback from the committee regarding the family's strengths and/or areas that may warrant attention.

V. If the family was not selected as a backup family, talk with them sensitively to help them understand their strengths and potential areas that they may want to address or explore further, if relevant.

VI. If there are questions about the review process of the adoption selection, refer to Chapter 5, Section 5, "Adoption selection review process" for additional information.

O. Adoption selection review process

There are specific circumstances and avenues through which an adoption selection decision may be reviewed. The following procedures outline the request and review process if a review is granted. See the Adoption Placement Selection I-G.1.5 policy for more details at this link.

There are two routes to initiate a review of an adoption selection process:

I. The director of Child Welfare Programs or designee at their discretion and initiative may review adoption selection processes and decisions.

II. A request for review of the process or decision made through the adoption placement selection must be in writing and received by the Child Permanency Program manager or designee within seven calendar days of the notifications under:

   A. OAR 413-120-0021(12)-(13) of the adoption placement selection process by caseworker, or

   B. OAR 413-120-0057(2) (b) after the decision by the ADS through a committee process.

Administrative rule allows for specific types of individuals who can request a review and only in specific types of cases. The period in which a review may be requested is limited.

People who may request a review

Each of the following individuals may request a review of the process and the adoption placement selection under OAR 413-120-0021(10) or 413-120-0057(1), except when each potential adoptive resource was a general applicant:

I. The child.

II. The child's attorney.

III. The CASA.

IV. A tribal representative.

V. A member of the RCWAC.

VI. The child's caseworker, with the approval of the caseworker's supervisor and the CWPMr or designee.

VII. A relative or current caretaker who was considered as the adoptive resource but was not selected.

In addition to those noted above, the director of Child Welfare Programs or designee may, on their initiative and without a request for a review, give notice of intent to review the adoption placement selection. This is possible when the director or designee decides to review within seven calendar days following the date of the notice of the adoption placement selection in:

I. OAR 413-120-0021(12)-(13) for caseworker selection process or

II. OAR 413-120-0057(2)(b) for decision by ADS in an adoption committee process.

People who may not request a review

I. Any person other than those listed directly above in this procedure;

II. A general applicant who is considered but not selected by an adoption committee; or

III. A DHS employee, other than the child's caseworker and the director of Child Welfare Programs or designee.

Timeframe in which a review may be requested

A request for review of the process or decision regarding the agency's adoption placement decision must be in writing. Specific individuals allowed to request a review must send the request so that it is received by the Child Permanency Program manager or designee within seven calendar days of the date of the last written notification of the adoption placement selection:

I. For caseworker selection, based the date on which the department sent the written notification of the adoption placement selection to the CASA, child's attorney, tribal representative or member of the RCWAC and when the written notification form approved by the department was sent to each identified potential adoptive resource. These notifications must be done by the end of the next business day following the caseworker's selection decision.

II. For adoption committee selection, based on the latest date of the following process: after the ADS sends the written notification of the decision to the caseworker, adoption workers, and facilitator by the end of the next business day following the scheduled committee; following the notice from the ADS, the agency must send written notice by the end of the next business day to the families who were consider at the adoption committee and to the child's attorney, CASA, tribal representative and member of the RCWAC.

Caseworker request for a review

Procedure

I. If the caseworker does not agree with the ADS's decision after the adoption committee and wishes to request a review, the worker discusses the case with their supervisor and CWPM.

II. If the CWPM or designee agrees that a review should occur, they submit a request for a review of the decision to the director of Child Welfare Programs or their designee. The request must be in writing and clearly state the concerns and the reasons for the request to the Child Permanency Program manager.

III. Keep in mind the deadline by which the request must be received by the Child Permanency Program manager. Since the timeline is so short, fax or email is recommended. Send a courtesy copy email to the assistant manager of the Child Permanency Program and the adoption placement specialist in Central Office.

Notification of receipt of a review

When a request for review has been received, the Child Permanency Program manager or designee must:

I. Notify the director of Child Welfare or designee and

II. Send written notice of the request to the following as applicable:

A. Each of the potential adoptive resources considered by selection process;
B. The caseworker;
C. The adoption workers for each family considered;
D. The supervisors of the workers;
E. The child's attorney;
F. The child's CASA;
G. The tribal representative;
H. The member of the RCWAC, if the child is a refugee child; and
I. The local CWPM for each worker.

Caseworker responsibilities while administrator determines whether there will be a review

If there is a request for review, the caseworker may need to provide information to Central Office staff. Be prepared to provide information about the following:

I. The selection process of the committee; questions may include observations regarding facilitation, management and professionalism of the committee participants, presenters or ADS.

II. The caseworker's preparation before the selection process.

III. The caseworker's ability and the adoption workers' ability to provide needed information to the committee, including case history, diligent relative search, working with relatives, legal history, ICWA status, the child's needs, appropriateness of the families for the child, safety concerns, the child's attachment history, sibling issues, recruitment, visits, openness, disclosure, mediation and adoption assistance.

Timeframe after a request for review for administrator decision whether to review

The director of Child Welfare Programs or designee must decide whether to grant a review of the adoption placement selection within 14 calendar days after the notice of the adoption placement selection according to the notices below based on selection process. Written notice of the decision as to whether to conduct a review must be sent to the CASA, child's attorney, tribal representative,

RCWAC member, prospective adoptive families considered in the selection process and their adoption workers, the child's caseworker and the supervisor and Child Permanency Program manager for each worker. This written notice is not required to be provided within the 14-calendar- day timeline for the decision as to whether to grant a review. Involved workers should remind considered families and community partners of this so that they do not expect to receive the notice by the 14th day.

For a review request regarding an adoption committee, based on the latest date of the following process: after the ADS sends the written notification of the decision to the caseworker, adoption workers, and facilitator by the end of the next business day following the scheduled committee; following the notice from the ADS, the agency must send written notice by the end of the next business day to the families who were consider at the adoption committee and to the child's attorney, CASA, tribal representative and member of the RCWAC.

Review decision options

If the director or designee receives a request for a review, they decide:

I. Whether to review the adoption selection decision or process.

II. If the decision is to review, how the review will be conducted. There are three methods. The director or designee:

   A. Personally conducts a review of information considered in making the adoption placement selection and may consider additional, relevant information about the child or potential adoptive resource.

   B. Refers the adoption placement selection to a review committee appointed by and at the discretion of the director or designee.

   C. Appoints another individual to conduct the review.

III. If there is a review by a review committee or an appointed individual, the review process is to:

   A. Review the information considered in making the original adoption placement selection;

   B. Consider additional relevant information about the child or potential adoptive resources; and

   C. Issue a recommendation that the director or designee affirm or modify the original adoption placement selection of the caseworker or the ADS or recommend a different adoption placement selection.

Caseworker and adoption worker responsibilities in the review process

Procedure

In the case of a review, the caseworker and adoption worker are to:

I. Provide any additional information to Central Office Child Permanency Program when requested. This may include information about the child or families that is included in the packet for committee members if there is to be a review committee.

II. Be as flexible as possible to be available for the review committee meeting to hasten the time by which the final decision can be made.

III. Prepare to present information about the child and/or families if a committee conducts the review. The review committee meeting activities are similar to the order of presentations at an adoption committee.

IV. Be aware of the decision making process for a review. The director or designee makes the agency's final decision. If the review committee or an appointed individual conducts the review, these entities are charged with giving the director or designee recommendations, but are not responsible for the final decision. Therefore, sharing of the review committee recommendations with those outside the review process is premature. Families or community partners may have inaccurate expectations if given premature information about the committee recommendations if the director or designee has not made the final decision.

V. Ask the Central Office Child Permanency Program's adoption placement specialist or assistant manager questions about the review process.

VI. For the caseworker only, invite the CASA, child's attorney, tribal representative and RCWAC member to the review. Inform them of the date, time and place if a review committee is the identified review method. They may be available by phone or in person. They may also send a letter to the review committee through the caseworker if they would prefer to not attend or are not available. Invite others to present relevant information about the child. Foster families may not present information about the child if they are being considered for selection or if they are personal advocates for a family being considered.

Notice of the agency's decision after the review

After the review of the agency's adoption selection decision, the director or designee must send written notice of either the affirmation of the original decision or a new decision to the following individuals as applicable:

I. Each of the potential adoptive resources considered by the caseworker or adoption committee and ADS;

II. The child's caseworker;

III. The adoption worker for each of the potential adoptive resources considered;

IV. The supervisors of the caseworker and adoption workers;

V. The child's attorney;

VI. The child's CASA;

VII. The tribal representative;

VIII. The member of the RCWAC; and

IX. The CWPM for the caseworker and the department adoption worker.

As a courtesy, share the information with the facilitator of the original committee and ADS. If there was a review committee with a new facilitator, share the information with the review facilitator.

There is no required timeframe by which a review must be conducted or by which notifications must be provided. Each case is unique and multiple factors impact the review process. Central office staff members work on behalf of the child and waiting families to make the process go as quickly as possible.

With Central Office coordination, DHS field staff may be involved in providing the final decision to the family or families who were considered in the review process. This is usually by letter along with the caseworker or an adoption worker personally delivering the letter to be available for communication with the family that requested the review. If the family resides out-of-state, the field staff may be asked to contact the family by phone. The requester who receives notification from the local office staff also receives a copy in the mail.

Director option for review

Apart from the types of cases and specific individuals who can request a review as listed above in this chapter's subsection on the review process, the director of Child Welfare Programs may reconsider a decision and require a review. This rule can be found in OAR 413-120-0060 Review of the Adoption Placement Selection, subsection (3). The director has discretion to decide that there will be a review when the following conditions exist:

I. The time to request a review has expired for a caseworker selection or for an ADS decision after an adoption committee;

II. There is no request for review pending; and

III. The deadline set by statute for a person entitled to seek judicial review of an adoption placement selection entered under the rule has not expired.

Review decision is final

The adoption placement selection made by the director of Child Welfare Programs or designee is final and does not qualify for a contested case hearing through the department. Additional review may be available through the court system.

Procedure

The supervisor's role

I. If the caseworker wishes to request a review of the adoption selection decision or process, review the process with the caseworker and CWPM or designee. If a review appears to be in the child's best interests, approve the request.

II. Ensure the caseworker provides adequate documentation and information to the review process, if applicable.

III. As needed, consult about the review process with the Central Office Child Permanency Program adoption placement specialist or assistant manager.

References

ORS

I. ORS 183

OAR

I. Adoption Placement Selection, OAR 413-120-0000 to 0970

Forms

I. Notification of the Adoption Selection Outcome 0260.

II. Required Information for Adoption Workers and Adoptive Parents 0963.

Chapter 6

Section 8: Mediation in Adoption

Mediation in Adoption

Cooperative adoption mediation assists biological parents and adoptive parents to determine how to maintain communication after the finalization of an adoption. The decision to refer a child for cooperative adoption mediation is made on a case-by-case basis and is always premised on the best interests of the child and meeting the child's safety and permanency needs post adoption. The department's decision to refer a case for cooperative adoption mediation is independent from how the parental relationship is ended. It may be appropriate to refer for cooperative adoption mediation even after a parent's rights are terminated through a contested trial. The mediation process is to assist in meeting the long-term best interest of the child and is not meant to be used as a part of the negotiations involved in the legal resolution of a parent's rights. Refer to Appendix 5.31, Mediation Decision Flow Chart.

Referral to mediation

Procedure for the child's caseworker

I. Determine whether a referral to mediate is appropriate.
   A. Consult with the supervisor to assess the appropriateness of mediation for cooperative post adoption communication for a child by reviewing any safety concerns that may exist as well as whether a plan for openness will meet the individual needs of the child.
   B. Discuss the appropriateness of mediation for cooperative post adoption communication with the legal assistance specialist and, if seeking termination of parental rights, the legal assistance attorney.
   C. Discuss cooperative mediation with the birth parents to determine their willingness to participate in such a process. Reference OAR 413-120-0600 to 0635, Openness and Post Adoption Communication for information that will be helpful for this discussion.

II. Upon selection of an adoptive family for the child, discuss cooperative mediation with the adoption worker and family to determine whether the family will cooperate with the mediation process.

III. Obtain the birth parents' signatures on a DHS 2099, Authorization for Use and Disclosure of Information, to share information with the mediator. Coordinate with the adoption worker to obtain the DHS 2099 from the adoptive parents.

IV. Contact potential mediators to see if available for providing the service in the time frame needed. A list of qualified mediators is in Appendix 5.32. If there are additional questions about mediators, contact the legal assistance specialist.

V. Working with the assigned adoption worker, complete the CF 0437, Cooperative Adoption Mediation Referral.
   A. List on the referral form the benefits specific to the individual case and the safety concerns that must be met in the post adoption communication agreement.
   B. This form is completed with the understanding that the mediator will provide the birth parent(s) and adoptive parent(s) with a copy, minus the contact information for mediators.

VI. Send the completed, signed "Cooperative Adoption Mediation Referral" to Central Office, Adoption Services

Unit, along with the signed MSC 2099(s).

VII. Act as the primary contact for the mediator.

Procedure for the adoption worker

I. If not already done, provide the adoptive parents with the case materials itemized on the CF 0963, "Required Information for Adoption Workers and Adoptive Parents" so that they have necessary background information.

II. Review the statement of benefits for the child of cooperative adoption planning listed on the CF 0437 with the adoptive parents.

III. Obtain the adoptive parents' signatures on a MSC 2099, "Authorization for Use and Disclosure of Health Information" to allow a release of information to the mediator.

Approval of the post adoption communication agreement

Procedure

I. Upon receipt of the post adoption communication agreement from the mediator, the child's caseworker and adoption worker review the post adoption communication agreement and determine that child safety can be managed by the proposed agreement.

II. If the post adoption communication agreement meets the child's safety needs, the child's caseworker signs the final post adoption communication agreement and returns the agreement to the mediator.

III. Safety concerns with the post adoption communication agreement

Procedure

I. If unmet safety needs are identified in the post adoption communication agreement, notify the legal assistance specialist of the concerns.

II. The legal assistance specialist, after discussing the safety concerns with the child's caseworker and/or adoption worker, informs the mediator in writing of the continued safety concerns for the child.

III. The mediator sets another mediation session with the mediation participants. An agency representative may be present, if requested by the participants.

IV. After the department determines the revised draft post adoption communication agreement meets the safety needs of the child, the mediator arranges for an agency representative and the parties to sign the agreement.

V. When no agreement can be reached, the mediator sends a letter summarizing the situation to the Adoption Services Unit with the final invoice.

The Supervisor's Role

I. Communicate the values inherent in cooperative mediation in adoptions, including the potential benefits to the child, birth parents, and adoptive parents (as detailed in OAR 413-120-0600 to 0635, Openness and Post Adoptive Communication Through Legal Assistance Mediation Services).

II. Consult with caseworker to determine whether cooperative mediation referral is appropriate, and ensure that the decision to use mediation is independent of the department's and parent's efforts to end the legal parental relationship.

III. Assist the caseworker to identify safety threats or other safety concerns that may exist, and when indicating approval for cooperative adoption mediation, ensure that all safety issues are well documented/explained on the CF 0437, Cooperative Adoption Mediation Referral.

IV. When the caseworker and adoption worker have questions as to whether the post adoption communication agreement is adequate to manage child safety, assist in decision-making, and ensure the legal assistance specialist is contacted if safety is not adequately managed by the proposed agreement.

References

ORS

I. ORS 109.305, Interpretation of adoption laws; agreement for continuing contact.

II. ORS 419B.517, Mediation to be encouraged

III. ORS 36.110(8), Definition of mediation

IV. ORS 36.220-36.238, Confidentiality of mediation and communications agreement

Forms

I. CF 0437, Cooperative Adoption Mediation Referral

II. CF 0963, Required Information for Adoption Workers and Adoptive Parents

III. MSC 2099, Authorization for Use and Disclosure of Health

Chapter 6

Section 9: Activities Prior to Placement in Adoptive Home

Activities Prior to Placement in Adoptive Home

A. Transitioning Child to an Adoptive Placement

The adoptive placement transition begins after an adoption committee selects an adoptive family for a child. "Transition" includes telling the child about their family being selected, introducing the child to the adoptive family if they are not with a current caregiver family, the child's pre-placement visits with the adoptive family, and the period of time the child is settling into the adoptive family after moving to their new home if there is a move.

Adoptive family decision

After the adoption committee selects a family for the child, the selected adoptive family makes a decision about either continuing forward with the adoptive placement or declining the opportunity to parent that particular child. In order to facilitate this decision the adoption worker has specific responsibilities.

Procedure for the child's caseworker

I. Give the adoptive family's adoption worker the available information about the child (see CF 0963, Required Information for Adoption Workers and Adoptive Parents);

II. Working with the adoption worker, assist the adoptive family in understanding the information about the child, and refer the adoptive family to specialists who have worked with the child as needed.

III. Provide the adoptive family's worker with the Child's Life Story Book.

Procedure for the adoption worker

I. Give the adoptive family available information about the child (see CF 0963, Required Information for Adoption Workers and Adoptive Parents).

II. Provide the adoptive family with additional information presented at the adoption committee that may not be in the prepared record.

III. Assist the adoptive family in understanding the information about the child, and refer the adoptive family to specialists, as needed.

IV. Provide the adoptive family with the Child's Life Story Book.

V. Support the adoptive family's decision making process.

Scheduling the transition

The child's transition into an adoptive placement cannot begin until the Notice of Intent to Review seven-day waiting period has passed or, in the event that the assistant director gives Notice of Intent to Review, until the review is completed. During the Notice of Intent to Review seven-day waiting period:

I. The prospective adoptive parents can talk to the current substitute caregiver and others with knowledge of the child. The prospective adoptive parents are given information about the child and are allowed time to consider

the placement.

II. The child is not moved to the adoptive home or told of the prospective adoptive family unless there has been a Request for an Early Transition.

Request for an early transition

In some cases, there may be a need to have the child begin transition earlier than the end of the seven days, due to exceptional circumstances. Notify the legal assistance specialist (LAS) and the adoption placement specialist (APS) prior to committee to make early arrangements if a request for an early transition is anticipated. To initiate the waiver approval process and request permission to begin transition into the adoptive placement earlier than seven days after the adoption committee complete the following actions.

Procedure

I. Prepare a written memo including the following information:

   A. The exceptional circumstance that would adversely effect the child if the transition was delayed the seven days. Exceptional circumstances may include but are not limited to the following:

      1. The current caregiver requests early transition due to a compelling reason such as illness, or needs to be relieved of care giving responsibilities for the child. – OR –
      2. It is in the best interest of the child; for example, the child needs to be in the adoptive home prior to the start of a new academic year. – OR –
      3. The selected adoptive family is a relative with whom the child has a pre-existing close relationship and the relative has requested that the transition begin earlier than the required waiting period.

   B. The diligent search for potential relatives resources was conducted according to OAR 413-070-0072 and suitability assessments of identified relative resources were completed according to OAR 413-070-0081.

   C. The current caregiver is in agreement with the request for waiver or reduction of the waiting period.

   D. No information was presented at adoption committee that would indicate anyone is likely to contest the committee's decision and it is unlikely a review will be requested.

   E. In the case of an out-of-state placement, all Interstate Compact on the Placement of Children (ICPC) requirements are satisfactorily completed and ICPC approved the placement.

   F. In the case of placement through an in-state or out-of-state private agency, all contract requirements are satisfactorily completed and a contract is in place.

II. Obtain supervisory approval.

III. Obtain written approval from the district manager or designee.

Waiver approval process

I. If the Child Welfare program manager or designee approves the waiver of the seven days after the adoption committee, the manager faxes the written request to the Adoptions Services manager.

II. The Adoption Services manager or designee verifies that all the requirements have been met.

III. If the waiver is approved, the assistant director or designee provides written authorization waiving their right to review the adoption committee's decision in the case, and stating why the department is waiving the required waiting period.

IV. The Central Office Adoptions Unit will notify the child's caseworker, supervisor, Child Welfare program manager of the decision to waive the request for an early transition.

Transitioning a child to their adoptive family through pre-placement visits

The number, duration, and location of pre-placement transition visits between the child and the selected adoptive family should be individualized to consider the child's needs.

Procedure for the child's caseworker

I. In planning pre-placement visits consider:

   A. The child's preparation for adoption.

   B. The child's attachments.

   C. The child's safety.

   D. The child's age.

   E. The child's temperament and level of development (especially emotional and intellectual development).

   F. The foster parents' situation.

   G. The location of the adoptive family's residence.

   H. The child's past experience with separation.

   I. The child's perceptions of the reason for the separation.

   J. The child's preparation for the move.

II. Work with the adoption worker, the adoptive family, and the foster family to create a transition plan.

III. Contact the child's therapist, if any, for information and participation in developing the transition plan.

IV. Supervise the transition.

V. If at all possible schedule the transition to avoid key times that might negatively impact the transition, such as the anniversary of any moves in foster care, major holidays, or the anniversary date of a significant event in the child's life.

VI. If the transition plan does not follow what might be considered the usual practice, request the supervisor or designee document in the child's file the rationale for the alternative transition practice and the supervisory approval.

Creating the transition in stages

Transition of the child to the adoptive family should occur in several stages in order for both the child and the family to experience each other's personalities and schedules at different times.

Procedure for the child's caseworker

I. Arrange for the adoptive parents and current caregiver to meet prior to the adoptive family's first contact with the child, if possible, and if the current caregiver is able to participate in the transition.

II. Schedule the initial visit with the adoptive parents and child in a place where the child feels comfortable, usually in the current caregiver's home.

III. Schedule at least one, preferably several, pre-placement visits in the home of the foster parent.

IV. Allow the child and adoptive parents to experience the child's routine at different times of the day and under different circumstances.

V. Schedule at least one, preferably several, pre-placement visits in the adoptive home prior to the child's move.

VI. Suggest to the adoptive parents that they maintain the child's schedule as much as possible during the transition.

VII. Schedule the transition at the child's pace, and if necessary, slow down the transition. Communicate frequently with the foster parent during the pre-placement visits.

VIII. For more information on monitoring the child in the adoptive family's home, see the section on Supervising Adoptive Placements in this chapter.

IX. Refer to Out-of-State Adoption Placement Through ICPC in this chapter for additional considerations when transitioning a child to an out-of-state adoptive placement.

X. Support the adoptive family until the adoption worker assumes supervision of the placement.

New information surfaces about the adoptive family during the transition period

Procedure for the child's caseworker and the adoption worker

If, during the transition period, new information becomes known that is relevant to consideration of the family's appropriateness for the child, both workers notify the supervisor and:

I. Consult with the adoption placement specialist or the assistant adoption manager about the concerns and the possibility of needing to restaff the adoption committee.

II. Inform the adoption worker for the family of the concerns and the need to put the transition on hold.

III. Inform the adoptive family of the concerns and the need to put the transition on hold.

IV. Inform the foster parent of the delay in the transition plan.

V. As soon as possible, reconvene a meeting with the original adoption committee.

VI. Provide the committee with any new written information about the family and the child prior to the committee.

VII. Invite all of the original participants to the reconvened committee.

VIII. The committee chair records the decision of the reconvened committee using the CF 0250.

IX. Notify the adoption worker and the family of the adoption committee's decision immediately after the committee, both verbally and by letter.

Current caregiver adoption transitions

When being adopted by a current caregiver, the child still needs to transition emotionally from being in a temporary foster care living situation to understanding that he or she has a new role as a permanent member of the family. The current caregiver also needs to experience a transition from thinking of the child as a foster child to incorporating the child into the family as a permanent member. The child's caseworker and adoption worker support the current caregiver and the child as they make the shift in roles and responsibilities.

The Supervisor's Role

I. Ensure the child's caseworker has the time available to give the child needed attention during the transition process.

II. Provide concrete information about planning a transition and what the caseworker should look for when monitoring the child's transition to the adoptive home. For more information on monitoring the child and the adoptive family, see the section 12 in this chapter, Supervising Adoptive Placements.

III. Assist the caseworker to evaluate the adoptive family's and the child's needs during the transition process.

IV. Assist the caseworker to negotiate an effective transition plan if there are conflicts between team members.

V. Where there is concern about a child's safety in an adoptive placement, direct the worker to follow the procedures on Monitoring Child Safety and Face to Face Contact in chapter 4, section 9.

References

OAR

I. OAR 413-120-0010 to 0060, Adoption Placement Selection

Forms

I. CF 0963, Required Information for Adoption Workers and Adoptive Parents
Forms distribution

B. In-state Private Agency Placement Contract and Foster Care Certification Prior to Placement

When an in-state adoptive family will be supervised by a Special Needs Adoption Coalition (SNAC) private adoption agency, a child specific agreement known as the adoption placement document will need to be in place prior to the child's placement in the adoptive home or shortly thereafter.

Procedure

I. Establish an agreement between DHS and the Special Needs Adoption Coalition agency regarding placement payments and services for the child

   A. Notify the Technical Assistance Unit's contract coordinator to arrange for an adoption placement document to be put into place for adoption services when the agency supervising the adoption is a Special Needs Adoption Coalition (SNAC) agency rather than DHS.

   B. Send an email to the contract coordinator with the child's first and last names, case number, first and last names of the adoptive parents, and name of the SNAC agency. The adoption placement document is needed for placement services, supervision of the placement and finalization services.

II. Ensure certification gets in place for families represented by a Special Needs Adoption Coalition agency.

   A. Determine the SNAC agency's ability to provide foster home certification prior to placing a child in an adoptive home. Not all SNAC agencies are licensed to certify for foster care.

   B. If the SNAC agency is not licensed to certify foster homes, request that the local DHS office serving the family's area certify the adoptive family. The family should sign the Authorization for Use and Disclosure of Information DHS 2099 allowing the private agency to share the adoptive home study with the DHS office for the certifier to use in writing a new DHS certification study. The certifier will assess the family's ability to meet all certification requirements. Certification is required until the family legally adopts the child.

   C. Share relevant information about the child with the DHS certifier of the adoptive family. Send:

      1. The CF 0421, Adoption Child Summary.
      2. Psychological evaluations of the child.
      3. Any other information that will allow the certifier to understand the needs of the children and vulnerability issues for the children.

   D. Notify the child's local branch payment staff to process foster care payment and medical coverage for the child in their adoptive placement.

   E. Send an email or memo to the legal assistance specialist and the Central Office Adoptions Unit staff member responsible for recording the child's date of placement in the adoptive home. Include the child's first and last names, adoptive parents' first and last names and the date the child moved into the adoptive home.

The Supervisor's Role

I. When a private agency will be supervising the case, ensure that the child's worker requests an adoption

placement document for adoption services prior to or shortly after placement with a SNAC agency family.

II. Ensure that when a SNAC agency will be supervising the adoptive placement, the worker determines the agency's ability to certify the adoptive home. If the SNAC agency is able to certify the family's home, this must be done prior to the child's move to the new home.

III. If the SNAC agency is not licensed to certify the adoptive home, direct the worker to request that the family's local DHS office certify the home prior to the child's move to the new home.

IV. Ensure that the worker has arranged for foster care reimbursement to the family for the child.

References

OAR

I. OAR 413-110-0010 to 0060, Legal Risk Placement

II. OAR 413-120-0010 to 0060, Adoption Placement Selection

Forms

I. DHS 0421, Child Summary

II. DHS 2099 Authorization for Use and Disclosure of Information

C. Out-of-state Adoption Placement and ICPC

On occasion, the best choice for an adoptive placement is with a family living in another state. When an out-of-state adoptive family is under consideration there are additional steps, beyond the requirements of an in-state adoption, required to complete the adoptive placement. Department staff need to be familiar with the unique characteristics of an out-of-state adoptive placement and move systematically through each step to avoid any delay in the placement or finalization of a child with his or her adoptive family.

General procedures for all out-of-state adoptive placements

Procedure

I. Complete an Oregon Interstate Compact for the Placement of Children (ICPC) referral packet requesting approval to place the child in another state. For details on interstate placement of children, the caseworker should refer to Chapter 5, Section 13, Placement in Another State.

II. If the child is already placed with a foster parent or relative caregiver in an ICPC approved out-of-state home, submit an ICPC referral packet to seek approval for an adoptive placement. See ICPC Procedure for placing children in another state for more information on this process.

III. Inform the family's adoption worker that the family has been selected to be presented at an adoption committee. Also inform them of DHS practices regarding out-of-state presentation at the adoption committee:

   A. If the child is a relative resource, the child's local DHS office will arrange for a DHS worker to present the family at committee.

   B. If the resource is a general applicant family for a child being presented at the child's local office adoption committee, the child's local DHS office will arrange for a DHS worker to present the family.

   C. If the resource is a general applicant family for a child being presented at a Central Office adoption committee, the caseworker will arrange for a SNAC worker, currently under a separate contract to provide adoption committee presentation services, to arrange for their worker to present the family.

IV. Determine that the adoptive family's home study has been completed by a public agency or private adoption agency that is licensed and has experience in special needs adoption in the state of residence of the potential adoptive resource.

V. Notify the Technical Assistance Unit's contract coordinator to arrange for an adoption services contract when the out-of-state agency supervising the adoption is a private adoption agency. A contract is needed for placement services, supervision of the placement and finalization services. The contract must be fully executed prior to placing the child into the adoptive home for the purpose of adoption if the child is not in the home.

VI. If the child is in the home for the purpose of foster or relative care, but not adoption, and a private agency will be providing adoption supervision and finalization services, the contract will need to be implemented prior to the services changing from foster or relative to adoption supervision services.

VII. Determine if the applicant's state provides a fingerprint-based criminal history check for applicants who have resided in their state for less than five consecutive years or, if an applicant has been arrested or convicted of a

crime, that a fingerprint-based check from the FBI has been completed.

Additional considerations for out-of-state legal risk adoptive placements (the child is not yet legally freed for adoption)

Procedure

I. Secure the approval of the legal assistance specialist prior to scheduling an adoption committee for a child who will be placed as an out-of-state legal risk adoptive placement.

II. Ensure foster parents or relative caregivers are certified prior to placing a child in an out-of-state legal risk adoptive home. This placement is considered a foster parent or relative caregiver placement until the child is legally free and the home has been designated the adoptive placement.

III. Notify the court and obtain the court's approval of the plan to place a child who is not legally free for adoption in an out-of-state adoptive placement.

After determining that the out-of-state family will be presented at the adoption committee

Procedure

I. Share all relevant information about the child with the prospective adoptive family's adoption worker with the out-of-state agency. After redacting personal identifying information send:

   A. The CF 0421, Adoption Child Summary.

   B. Psychological evaluations of the child.

   C. Any other information that will allow the prospective adoptive family to make an informed decision.

II. With approval from the agency representing the family, directly contact the prospective adoptive family. Consider the foster parent and others with relevant information about the child having direct contact with the prospective adoptive family. The child's caseworker should be on the phone along with the prospective adoptive family and the foster family to assure that the appropriate level of information about the child is shared.

III. Communicate with the family's adoption worker about the family's continued interest in the child and any changes in family status or changes in the child's needs. This communication should continue as long as the family is considered a prospective adoptive resource.

IV. Explain to the family and their adoption worker how the Oregon adoption assistance payments are determined.

V. Discuss financial issues and medical coverage with the family's worker and, where appropriate, the prospective adoptive family.

Medical and financial planning for out-of-state adoptive placements

Procedure

The department is responsible for medical care and financial support from the date the child is placed in an out-of-

state adoptive home. Legal risk placement vs. legally free placement, IV-E eligibility, the other state's ICAMA reciprocity, relative or non-relative resource, and the child's benefits may impact finances and medical coverage. Work with the ICPC coordinator to determine the receiving state's resources available for the child .

I. Prior to going to adoption committee:

   A. Arrange for the branch eligibility specialist to make a determination of eligibility for Title IV-E .

   B. If the child is not eligible for IV-E coverage, contact an adoption assistance coordinator to clarify medical coverage.

      1. While many states provide a medical card for children who are not Title IV-E eligible, there are some states that will not. Those children remain eligible to receive an Oregon medical card.

      2. If a state is a non-ICAMA reciprocity state or if adoption assistance cannot be implemented upon the child's placement due to the child having legal risk status and the receiving state not recognizing this as an adoptive placement, other arrangements for medical coverage must be made. Inform the adoption worker for the family and the adoptive parents in the receiving state that it will be the adoptive family's responsibility to find medical providers in their state who are willing to enroll with the Oregon Medical Assistance Program (OMAP) as a Medicaid provider. Inform the family prior to adoption committee that this will be required in order for the child to be able to move to the home.

   C. Check to see if the prospective adoptive family has medical insurance and how comprehensive the coverage is. If there is an additional cost, determine whether the family is willing and able to afford the cost.

II. After the adoptive family is selected at adoption committee:

   A. Check with the branch eligibility specialist to determine if the child is receiving Social Security benefits, if an application has been submitted, or if there are conserved Social Security funds. Questions regarding Social Security benefits should be directed to the CAF Children's Benefits Unit.

   B. Arrange foster care payment for IV-E eligible children to the foster parent or relative caregiver. The adoptive home must be certified/licensed for foster care in the receiving state. Coordinate with the out-of-state adoption agency prior to selecting a family to present to committee to assess the family's feasibility for foster care.

   C. Discuss adoption assistance needs and limitations with the potential adoptive family and their adoption worker.

   D. If the child is eligible for IV-E coverage, obtain a COBRA letter from the IV-E eligibility worker.

   E. Seek clarification from the ICPC unit about up-front costs ICPC can cover for pre-placement visits and for placement of the child. ICPC funds need to be utilized prior to accessing adoption assistance funds.

   F. Consult with the adoption assistance program about "non-recurring" costs incurred by the adoptive family. Clarify which expenses qualify for reimbursement from the adoption assistance program.

   G. Make a final determination that the financial and medical plans are in place before a child is sent to the out-of-state adoptive placement. Do not place a child in an out-of-state adoptive placement before medical coverage and foster care payments are arranged in the receiving state.

Adoption committee scheduling when a resource family is out of state

Procedure

I. If an out-of-state adoptive family is one of the families selected from a general recruitment, select the appropriate adoption committee to present the child. Refer to the procedure manual section on selecting an appropriate adoption committee to determine which committee is appropriate for referral.

II. When a specific (not recruited general applicant) out-of-state adoptive resource (i.e., a relative, previous foster parent, or other person who has an existing relationship with the child) has been identified for a child, schedule an appropriate adoption committee meeting when:

   A. The approved adoption home studies are received.

   B. The ICPC approval for placement is received.

   C. Information about the child's needs have been discussed with the receiving state's adoption worker and the adoptive family.

Referral to Central Office adoption committee

The SNAC contracted agency presents all out-of-state general applicant families at Central Office adoption committees. The SNAC contracted agency completes a preliminary check and notifies the child's caseworker if a private agency does not meet State of Oregon standards. Complete the following actions when making a referral to a Central Office adoption committee.

Procedure

I. Send the out-of-state adoption home study to the Adoption Services Unit staff member who coordinates the scheduling of Central Office adoption committee.

II. At least three weeks prior to the scheduled adoption committee meeting, forward a copy of the CF 0421, Adoption Child Summary (current and/or updated within the past 12 months), the prospective adoptive family's home study, the child's IV-E status, and all other relevant materials about the child to the SNAC contracted agency. The adoption committee will be scheduled at a minimum of approximately three weeks after the SNAC contracted agency has determined that the out-of-state study meets Oregon standards and contract terms are agreed upon.

III. Keep the SNAC contracted agency worker updated on important information or changes in the adoptive plan.

Referral to local office or district adoption committees

A DHS local office representative presents out-of-state relatives or out-of-state general applicants at a local or district adoption committee. The child's caseworker cannot present a prospective out-of-state adoptive family at adoption committee. The child's caseworker completes the following actions.

Procedure

I. Consult with the supervisor regarding the need for a local DHS office representative to present the prospective adoptive family at adoption committee.

II. As soon as possible prior to the scheduled adoption committee meeting, forward a copy of the CF 0421, Adoption Child Summary, the prospective adoptive family's home study, the child's IV-E status, and all other relevant materials about the child to the local DHS office representative who will present the family at committee.

III. Send the out-of-state home study to the local staff member who coordinates the scheduling of adoption committees and request the committee be scheduled.

Preparation for transitioning the child to their out-of-state adoptive placement

If the child is not in the home of the out-of-state adoptive family (such as a current caregiver adoption) that has been selected by the adoption committee, the worker must make sure that several things are in place prior to the move. A child in the custody of the department cannot be placed in an out-of-state adoptive home without ICPC approval.

Procedure

I. After the adoption committee's selection of the family and a signed approval on a CF 100A from the Oregon ICPC office, prepare a plan to move the child to the receiving state. Working with the receiving state's adoption worker, Oregon ICPC, the adoptive family and the substitute caregiver, create a plan for moving the child to their new adoptive family. Work with others who may be involved with the child to facilitate a smooth transition to the adoptive family (for example, the child's therapist, treatment provider or school staff). For more information, see Transitioning Children to Their Adoptive Placement in chapter 5.

II. Prior to the adoption committee, in a case where a private adoption agency will be supervising the placement, contact the Technical Assistance Unit's contract coordinator to notify of the need for a contract with the particular agency for the child. After the committee and prior to the move, verify that the contract has been fully executed and the home is ready for placement.

III. Discuss the availability of adoption assistance to the family and their worker. Provide the family with PAM 9050 (Oregon Adoption Assistance Handbook).

IV. If a legally free non-Title IV-E eligible child is selected for an out-of-state placement resource in a state that provides medical card reciprocity through the Interstate Compact on Adoption and Medical Assistance (ICAMA), contact the adoption assistance coordinator for the family as soon as possible after the adoption committee meeting. The Adoption Assistance application process must be completed prior to placement with the adoptive resource in order to provide the child with a medical card in the new state of residence. The payment will be the basic rate Title IV-E foster care rate for the child's age in Oregon or the receiving state depending on which rate is higher. The adoption assistance can be renegotiated at a later date if necessary. Adoption assistance benefits can only begin effective on the date of placement if the child is legally free, there are signed adoption assistance agreements and the placement has been designated.

   A. Send the CF 0969 Adoption Assistance application, Part B, pages 1 and 2, to the adoptive family as soon as possible after the adoption committee. Assist the adoptive family in completing the form over the phone if necessary.

   B. Complete the CF 0969, Part A, pages 1 and 2. Include pertinent medical, educational or psychological information that documents the child's current special needs. Include copies of applicable reports and personal care assessment and/or special rate assessment.

C. Route the information to the branch Eligibility Specialist when Part A is completed and Part B of the CF 0969 is received from the adoptive family.

D. The branch eligibility specialist completes Part C and forwards the entire packet to Central Office Adoption Assistance.

E. Work with the adoption assistance coordinator as needed to obtain signed adoption assistance agreements prior to the child's placement with the adoptive resource.

F. Contact Central Office Adoptions support staff to insure that all necessary documentation required for designation, other than notice of placement, is in the Central Office file.

G. Inform the Central Office support staff and the legal assistance specialist via email that the child has moved into the adoptive home, the name of the family and the date of the move. This cannot be entered into the computer system prior to the actual placement of the child.

V. In most cases, the adoptive parents travel to Oregon to transition the child. Prior to making arrangements for the family's pre-placement visit in Oregon:

A. Check with Oregon's ICPC coordinator regarding travel arrangements. After an out-of-state adoptive placement is approved through the ICPC process, but before the placement actually occurs, ICPC may approve and pay for the identified adoptive parents to travel to Oregon for a pre-adoptive visit with the child or for the child to visit the adoptive parents in the other state.

B. Check with the Adoption Assistance program to determine what other costs of transition/placement can be reimbursed at finalization.

C. Talk with the family about what expenses can and cannot be covered by DHS. Talk with the family about keeping receipts and accurate records for the transition expenses. Provide the family with a CF 0254 Non-Recurring Adoption Expense form to document qualifying expenses that are not eligible for ICPC reimbursement. Inform them that the reimbursement is provided after the adoption finalization. If the adoption does not finalize, no reimbursement will be provided.

VI. After the family visits the child for the transition in Oregon, the child will move to their new home. Depending on the transition plan, the child may be transported along with the adoptive family and the child's caseworker to their new home, or the family may return home prior to the child's arrival and the child may travel with the caseworker. Make final travel arrangements for the child to move to another state after receiving an authorization number from Oregon's ICPC coordinator.

VII. Notify the local branch payment staff to process foster care payment if applicable, for the child in their adoptive placement.

VIII. If applicable, provide a copy of the COBRA letter to the adoptive family at the time of placement.

Once a child is placed in an out-of state adoptive placement

Procedure

I. Inform the adoptive family of the steps to obtain medical coverage by applying through the local self-sufficiency office. If adoption assistance is in place, ICAMA forms will be sent by the Adoption Assistance program to the receiving state, but it may take some time for the receiving state to process them.

II. Complete the CF 0100B, "Interstate Compact Report on Child's Placement Status," in triplicate and mail these to the Oregon ICPC office. This form signals the receiving state that supervision needs to start.

III. If the child is already placed in an out-of-state home under foster care or relative care, complete the CF 0100B in triplicate to inform the receiving state about the change to adoptive placement.

IV. Submit a placement memo to the Adoption Services Unit notifying them of the child's name, the adoptive family's name and address, and the date the child was physically placed in the adoptive home. As noted above, this must be done immediately upon placement if adoption assistance is to begin simultaneously with the placement of the child in the new home.

V. Share with the receiving state's adoption worker the requirements and request that their progress reports address this information. Information will be provided quarterly to the caseworker.

VI. If the adoption assistance application process has not already been completed, submit an application packet to the Central Office Adoptions Unit within 60 days of the selection of the adoptive resource. Use the CF 0450 (Adoption Assistance Application Packet Checklist) as a guide.

   A. Send the CF 0969 "Adoption Assistance" application to the adoptive family as soon as possible after the adoption committee. Assist the adoptive family in completing the form over the phone if necessary.

   B. Complete the CF 0969, Part A, pages 1 and 2.

   C. Route the information to the branch eligibility specialist when Part A is completed and Part B of the CF 0969 is received from the adoptive family.

   D. The branch eligibility specialist completes Part C and forwards the entire packet to Central Office Adoption Assistance.

Caseworker coordination of supervision, follow-up and finalization activities

Procedure

I. Notify the adoption assistance coordinator and ICPC if the placement status changes, such as a disruption, child's move to residential treatment, child protective services removal from the home, or child's permanent plan changes from adoption.

II. After six months, discuss with the adoption worker their recommendations regarding readiness to finalize. The adoption worker in the receiving state sends through their ICPC office a final progress report which recommends finalization of the adoption. ICPC rules require that an appropriate authority (generally the ICPC office) in the receiving state give concurrence before the sending state's jurisdiction is dismissed, such as when the adoption finalizes. Therefore, the final report should be sent through the ICPC offices.

III. Once the adoption is finalized, submit the CF 0100B to close ICPC.

IV. Give feedback to the contract provider as well as the adoption placement specialist about the experience with the out-of-state agency if the services were exceptionally concerning or noteworthy, both positive and negative information.

V. If the adoption disrupts, send the disruption memo to the Adoption Services Unit and contract provider stating the child's name, adoptive parent's name, date of disruption, and reason for the disruption. Invite the contract

provider to attend a disruption staffing if one is held. Contact ICPC for authorization of travel costs to return the child to Oregon when placement disrupts.

VI. Inform the adoption placement specialist if concerning incidents occur or if an agency is exemplary in their work.

Private agency adoption worker responsibilities in the receiving state

The private agency adoption services are specified in a contract between DHS and the private agency. When a child is placed out of state and the placement is supervised by a public agency, DHS does not require a contract with the public agency. Adoptive placements supervised by a public agency fall under the provisions of the receiving state's supervision requirements. In private agency adoptive placements in another state, the caseworker will need to be familiar with expectations between DHS and the private adoption agency providing adoption supervision. The focus of supervision includes evaluation of safety in the home until the adoption is finalized.

I. The family's adoption worker in the receiving state will coordinate with the child's caseworker all aspects of planning and implementing of placement. The family's adoption worker will:

   A. Inform the adoptive family of DHS' procedures and requirements for placement, supervision of the placement, adoption assistance, the consent to adoption letter, and the process of legalizing the adoption.

   B. Discuss the need for adoption assistance and assist the adoptive family in completing the "Adoption Assistance Application – Family Information" form CF 969-B and submit to DHS within 60 days of placement with the resource family.

   C. Obtain the "Required Information for Adoption Workers and Adoptive Parents" form CF 0963 from the child's caseworker and the material referenced on the form. The adoption worker will provide the material to adoptive family as soon as feasible. The adoption worker will obtain the signature of the adoptive family on the form CF 0963 to acknowledge receipt of the material and, once signed, will forward the original form CF 0963 to the DHS Central Office Adoptions Services Unit. The adoption worker retains a copy of the CF 0963 and notes in the appropriate progress report the date the information was provided to the adoptive family.

II. When a child is placed by DHS in a home supervised by an out-of-state private adoption agency, the agency agrees to:

   A. Supervise the placement of the children and the adoptive family in compliance with referenced DHS policies, including OAR 413-080-0040, Monthly Contact and Monitoring Child and Young Adult Safety. To monitor the safety and well-being of the child to assure child safety, the adoption worker must make the following contact, and document the contact in the required progress reports:

      1. Face-to-face contact with the child a minimum of every 30 days;

      2. Face-to-face contact with the adoptive family a minimum of every 30 days; and

      3. Face-to-face contact with the adoptive family a minimum of once every 60 days in the adoptive family's home, with at least one of the adoptive parents present.

   B. Monitor and assess the child's safety and well-being with the adoptive family. Document the date, time, locations, and observation of the conditions that exist in the adoptive family's home in the progress

reports.

1. If one or more of the conditions described in paragraph 2. a. above in this section do not exist in the home, or the adoption worker cannot confirm safety and well-being of the child in the home, the adoption worker must immediately contact the DHS caseworker and participate in an assessment of child safety to determine if there is a safety threat to the child.
2. The family's adoption worker will submit written progress reports to DHS.

III. Beginning when a child is placed in the adoptive family's home, the adoption worker will submit written 90 day progress reports on the safety and well-being of the child, the adoptive family and the progress of the placement in general. Copies of the report are submitted to the worker, receiving state's ICPC office, the Oregon ICPC office, and the DHS central office Adoptions Services Unit.

IV. In addition to any requirements listed above, written progress reports include, but are not limited to:

A. Description of the current and future needs of the child; and observations and analysis of the child's physical, mental and emotional development.

B. An evaluation of the quality of the relationship existing between the child and adoptive family.

C. Ongoing and new services provided to the child; and ongoing and new services provided to the adoptive family.

D. Content, type, date and results of face-to-face contact with:

1. The child.
2. The adoptive family.
3. With the adoptive parents, and document who was present.

E. Health and education information:

1. Names and dates of last exam with doctors, dentists and therapists.
2. A description of general medical and dental health, noting any significant known issues or problems. Include comments on heath and dental care providers, if appropriate.
3. Any current and ongoing medications taken by the child. If the child is medically needy, submit reports from medical providers.
4. Date of child's last psychological evaluation, diagnosis, and evaluation recommendations.
5. Name and address of school, and current grade of the child. Has the child changed schools since last review: If yes, explain why this was in the child's best interest; comment on attendance; comment of performance in math and verbal/reading skills; does the child have a learning disability; and does the child have a current Individual Education Plan (IEP) or equivalent? If the child is a high school student, will they graduate by age 19?
6. Date and type of any immunizations received.
7. Inform DHS of any change in address, changes in the household, and any people joining or leaving the household.

V. Special updates and reports, verbal or written, may be requested by DHS to accommodate a Citizen's Review Board hearing, a court hearing, or another purpose. These special updates and reports are in addition to the

90-day progress reports, whose timing shall remain unaffected by these requests.

VI. The adoption worker will coordinate with DHS and the adoptive family the legal finalization of the adoption. Unless DHS' Central Office Adoptions Services Unit specifically approves otherwise, or unless mandated otherwise by the receiving state, all legal finalizations of adoption will be conducted and finalized in an Oregon court.

If adoptive parents with a child placed in the home want to move out of Oregon

Procedure

I. Inform the adoptive family that making a move to another state often delays finalization of the adoption plan. If the adoption will be finalized in a short period of time and the family can manage to stay in Oregon until the placement is finalized, that is generally recommended.

II. If the adoptive family is struggling and the placement seems tenuous, discuss with the supervisor the advisability of the child moving with the family. Include the family's adoption worker and their supervisor.

III. If a family is experiencing challenges, but disruption is not a consideration, inform the receiving state of the challenges the family is experiencing.

IV. Prepare and submit an ICPC referral packet as soon as it is known the adoptive family intends to move to another state.

V. If an adoptive family is receiving adoption assistance, contact the family's adoption assistance coordinator to arrange medical card coverage in the new state of residence. See chapter V for more information on adoption assistance and medical coverage when residing out of state.

The Supervisor's Role

I. Review the adoption home studies from other states that the caseworker would like to consider for presentation at adoption committee. Studies must be approved for adoption and must be written or updated within the last 12 months.

II. Assist the caseworker to determine which adoption committee is appropriate for the child.

III. Assist the caseworker to determine who will represent an out-of-state relative family at adoption committee. If necessary, work with a supervisor or assign an experienced worker to present an out-of-state family when a DHS worker will present the family from out of state. Direct the worker to contact the SNAC contracted agency when a DHS worker will not present a family from out of state.

IV. Ensure the caseworker is aware of and adheres to the requirements of the ICPC when preparing to place a child in an out-of-state adoptive home.

V. Ensure that there will be an appropriate agency supervising the placement, and if it is a private agency, a contract has been fully executed between DHS and the private agency prior to placement.

VI. Ensure that the worker has arranged for financial support and medical coverage for the child.

VII. Ensure that the caseworker begins the ICPC process immediately after a prospective out-of-state adoptive home is identified.

VIII. When the SNAC contracted agency will be presenting a family from out of state, ensure that the caseworker sends the out-of-state adoptive family's home study and all other relevant material to the SNAC contracted agency.

IX. Ensure that an out-of-state placement does not occur before the caseworker has received an approved CF 100A from the Oregon ICPC coordinator.

X. If an adoptive family plans to move out of state, help the caseworker to determine if the move is in the best interests of the child before a decision is made to approve the move.

References

ORS

I. ORS 417.200, Interstate Compact on Placement of Children

OARs

II. OAR 413-040-0200 to 0330, Interstate Compact on the Placement of Children

III. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanent Plan for a Child

IV. OAR 413-110-0010 to 0060, Legal Risk Placements

V. OAR 413-120-0010 to 0060, Adoption Placement Selection

VI. OAR 413-100-0000 to 0345, Title IV-E Foster Care, Adoption Assistance, and Guardianship Assistance Eligibility

Forms

I. CF 0100A, Interstate Compact Placement Request

II. CF 0100B, Interstate Compact Report on Child's Placement Status

III. PAM 9050, Oregon Adoption Assistance Handbook Pamphlet only

IV. CF 0421, Adoption Child Summary Narrative

V. CF969 A, B, C, Adoption Assistance Application Forms Distribution

VI. CF 0254, Non-Recurring Adoption Expense

VII. CF 1044, Interstate Compact Financial/Medical Plan

D. Adoption Assistance Ready To Be Put into Place Prior to Placement

The department is responsible for medical care and financial support from the date the child is placed in an out-of-state adoptive home.

I. Prior to going to adoption committee:

   A. Arrange for the branch eligibility specialist to make a determination of eligibility for Title IV-E.

   B. If the child is not eligible for IV-E coverage, contact an adoption assistance coordinator to clarify medical coverage.

II. Discuss the availability of adoption assistance with the family and their worker. Provide the family with PAM 9050 (Oregon Adoption Assistance Handbook). Every state administers adoption assistance differently so do not assume that the family's worker will be able to guide them through the adoption assistance process or provide Oregon information correctly.

III. If a legally free non-Title IV-E eligible child is selected for an out-of-state placement resource, contact the adoption assistance coordinator for the family as soon as possible after the adoption committee meeting. The adoption assistance application process must be completed prior to placement in order to provide the child with a medical card in the new state of residence. The payment will be the basic rate Title IV-E foster care rate for the child's age in Oregon or the receiving state depending on which rate is greater. The family will need to be in agreement with this rate. The adoption assistance can be renegotiated at a later date if necessary. Adoption assistance benefits can only begin effective the date of placement if the child is legally free, there are signed adoption assistance agreements and the placement has been designated.

   A. Send the CF 0969 Adoption Assistance application, Part B, pages 1 and 2, to the adoptive family as soon as possible after the adoption committee. Assist the adoptive family in completing the form over the phone if necessary.

   B. Complete the CF 0969, Part A, pages 1 and 2. Include pertinent medical, educational or psychological information that documents the child's current special needs. Include copies of applicable reports and personal care assessment and/or special rate assessment.

   C. Route the information to the branch eligibility specialist when Part A is completed and Part B of the CF 0969 is received from the adoptive family.

   D. The branch eligibility specialist completes Part C and forwards the entire packet to Central Office Adoption Assistance.

   E. Work with the adoption assistance coordinator as needed to obtain signed adoption assistance agreements prior to the child's placement with the adoptive resource.

   F. Contact Central Office Adoptions support staff to ensure that all necessary documentation required for designation, other than notice of placement, is in the Central Office file.

   G. Inform the Central Office support staff and the legal assistance specialist via e-mail that the child has moved into the adoptive home, the name of the family and the date of the move. This cannot be entered into the computer system prior to the actual placement of the child.

Once a child is placed in an out-of state adoptive placement

Procedure

I. Inform the adoptive family of the steps to obtain medical coverage by applying through the local self-sufficiency office. If adoption assistance is in place, ICAMA forms will be sent by the Adoption Assistance program to the receiving state, but it may take some time for the receiving state to process them.

   A. If the adoption assistance application process has not already been completed, submit an application packet to the Central Office Adoptions Unit within 60 days of the selection of the adoptive resource. Use the CF 0450 (Adoption Assistance Application Packet Checklist) as a guide.

      1. Send the CF 0969 Adoption Assistance application to the adoptive family as soon as possible after the adoption committee. Assist the adoptive family in completing the form over the phone if necessary.
      2. Complete the CF 0969, Part A, pages 1 and 2.
      3. Route the information to the branch eligibility specialist when Part A is completed and Part B of the CF 0969 is received from the adoptive family.
      4. The branch eligibility specialist completes Part C and forwards the entire packet to Central Office Adoption Assistance.

References

OAR

II. OAR 413-100-0000 to 0345, Title IV-E Foster Care, Adoption Assistance, and Guardianship Assistance Eligibility

Forms

I. CF 0969 Adoption Assistance Application
Forms Distribution

II. CF 0450

III. PAM 9050
Pamphlet only

Chapter 6

Section 10A: Making and Designating an Adoptive Placement

Making and Designating an Adoptive Placement

The next steps in the adoption process have to do with making the placement into the adoptive home, beginning the process for the adoptive family to obtain adoption assistance, and completing the steps to designate the placement as the legal risk or adoptive placement.

A. Notification of Placement

Unless the child has remained in the current caregiver's home, the Central Office Adoption Services Unit needs to be notified when the child is placed into the selected adoptive family's home. Additional individuals may need to be notified of the placement, as well, and the following procedure will provide more information. Central Office will be aware that the child is staying with a current caregiver, when the branch forwards the preliminary and final Current Caregiver Report, CF 251.

Procedure

I. Notify Central Office, Adoption Services Unit, when the child is placed into the adoptive home. This is done by memo stating the child's current legal name, date of placement, and name of adoptive family with whom the placement is made.

II. If the child is placed in Oregon:

   A. Ensure the supervising worker (and certifier, if different) are aware of the placement.

   B. Ensure the branch staff that enter substitute care on IIS placement screen are notified of the change of placement.

III. If being placed outside of Oregon:

   A. Seek prior approval for the move by the court, legal assistance specialist, and legal assistance attorney, if involved, when the child is not yet legally free for adoption. Wait for approval to be given by all prior to the move.

   B. Notify the court of the move out of state if the child is already legally free for adoption.

   C. Notify branch staff that enter substitute care on the IIS placement screen of the placement change.

   D. If the placement is being made through a private agency:

      1. Contact the Technical Assistance Unit contract coordinator to notify of the planned move date and to ensure there is a signed contract with the placing agency in the receiving state before placing the child.

      2. Ensure that medical coverage is established for the child in the receiving state.

   E. Ensure the person who will be supervising the placement is aware of the move.

   F. Send the 0100B, Interstate Compact Report on Child's Placement Status, when the child is being placed out of state into an ICPC approved placement.

   G. If the child is being moved out of the country, ensure the consulate is aware of the move. Refer to chapter VIII, section 7 for more details about international adoptive placements.

1. A child cannot be moved outside of the country before legally free for adoption and before adoption assistance is in place.
2. Ensure that the Technical Assistance Unit contract coordinator in Central Office is aware of the date of the planned move to ensure the contract for supervising the placement is in place.

The Supervisor's Role

I. Ensure that timely adoptive placements are made, and that individuals are notified of the move when needed.

References

Forms

I. 0100B, Interstate Compact Report on Child's Placement Status

B. Adoption Assistance

The Adoption Assistance Program in Oregon provides financial and/or medical assistance to adoptive families to help them with the costs associated with their adoptive child's needs. Families may also receive a one-time, non-recurring payment up to $1,500, for costs incurred in legally finalizing the adoption of a special needs child. Adoption assistance supports the adoption of children with special needs who cannot be placed in an adoptive home without some form of medical coverage and/or financial assistance. Refer to Appendix 5.34 for more information about the Adoption Assistance Program.

Procedure

I. Documentation must be made that reasonable but unsuccessful efforts to place the child for adoption without adoption assistance. Such efforts could include statewide and interstate recruitment activities (e.g., registering the child with the Special Needs Adoption Coalition and/or the Northwest Adoption Exchange or other special needs recruitment resources, or by other attempts to locate an adoption placement resource that didn't require adoption assistance). These efforts are documented in the child's file.

II. Document these efforts in the child's case file.

III. When it is not in the child's best interest to recruit, an exception can be allowed to the recruitment requirement. Document the reason for an exception in the child's case record. The only exception to the requirement of trying to place a child without adoption assistance is situations where it would not be in the best interest of the child.

IV. If the adoptive family is out of state, refer to section 9 C of this chapter for more information about out-of-state placement and ICPC as it relates to adoption assistance.

V. Notify or advise prospective adoptive parents of the availability of adoption assistance if the family wants to adopt a child who is eligible for adoption assistance.

VI. If an early review of adoption assistance is needed (refer to tip box on previous page for circumstances that warrant early review and other details), follow these steps:

A. Gather necessary documents for an early review, using the adoption assistance early review checklist (Refer to Appendix 5.35 for the checklist).

B. Place the form on the top of the adoption assistance application and send the packet to the Adoption Assistance Program.

VII. Share the DHS 9050, "Oregon Adoption Assistance Handbook," with the adoptive family.

VIII. Provide the adoptive parents with a copy of the adoption assistance policy, I-G.3.1.

IX. Explain to the family the difference between foster care payments and adoption assistance. Refer to Appendix 5.34 for more information.

X. Help the adoptive family complete the CF 969B, "Family Application" form. Refer to tip box on this page for information that will help the family determine the assistance that is needed and available.

XI. If the family has nonrecurring expenses, inform the adoptive family of the non-recurring payment process. Refer to Appendix 5.34 for more information about reimbursable non-recurring adoption expenses.

XII. If applicable, help the adoptive family complete the CF 0254, Nonrecurring Adoption Expenses.

A. Turn this form in with the adoption assistance application packet or, if done later, submit it to the adoption assistance coordinator upon completion.

B. The adoption assistance agreement with the nature and amount of the nonrecurring expenses must be signed prior to the final decree of adoption.

C. Non-recurring payments will be authorized by Central Office and provided to the adoptive family when the Adoption Assistance Unit receives the signed adoption decree. If the adoption does not finalize, there will be no reimbursement.

XIII. Complete the CF 0969A – Child's Application, noting whether or not the caseworker agrees with the family's request.

XIV. Gather all of the necessary forms and documentation:

A. CF 0969A, Child's Application, completed by the child's caseworker who can note whether they agree with the family request or not.

B. CF 969B, Family Application, completed by the adoptive family, reviewed and signed off by the caseworker and supervisor.

C. CF 969C, Title IV-E Determination, completed by the local office Title IV-E specialist.

D. CF 0254, Non-recurring Adoption Expenses, if applicable.

E. Documentation (less than two years old) of child's current special needs, (e.g., CDRC or therapist report, day/residential treatment discharge summary, IEP, psychological evaluation, etc.).

F. Current special rate or personal care forms, if applicable (CF 172A and CF 172RN).

XV. Submit the entire adoption assistance application packet to the local child welfare IV-E eligibility specialist. The IV-E eligibility specialist completes the CF 969C and then forwards the entire application packet to the Central

Office Adoption Services Unit or returns it to the caseworker to forward to Central Office Adoptions.

XVI. If the child is fully free for adoption, forward the complete packet within 60 days from the date the family is selected as the adoptive resource.

XVII. Verify that the Adoption Services Unit has all necessary materials to process adoption assistance as follows:

A. The complete application documents (refer to list above).

B. The CF 0421, Adoption Child Summary.

C. The adoptive family's complete home study packet.

D. Keep the adoptive family informed on where their application is in the process. Up-to-date information can be obtained from the adoption assistance coordinator assigned to the family.

XVIII. If an adoptive family appeals the rate offered by the Adoption Assistance Program:

A. Participate in the adoption assistance review committee (usually by phone), providing updated information and answering the committee's questions.

B. When requested by the adoptive family, ask the Adoptions Services manager to review the new payment offer made by the review committee.

XIX. If a child whose family is receiving adoption assistance benefits is placed into foster care or residential treatment, notify the family's adoption assistance coordinator.

XX. If an adoptive family is out of state, or an adoptive family moves out of Oregon, Oregon remains financially responsible for the adoption assistance payments, but medical coverage may change.

A. Immediately notify the adoption assistance coordinator and ICPC staff so that arrangements can be made for medical card coverage and placement supervision.

B. If an adoptive family decides to move to a different state prior to finalization, advise the family that this will likely delay finalization of the adoption.

The Supervisor's Role

I. Provide guidance and assistance in determining adoption assistance benefits for an adoptive family.

II. Review and discuss high rate requests with the caseworker.

III. Review and sign the CF 969B.

References

Federal Law

I. Public Law. 99-514

II. Public Law 96-272

III. Federal PIQs (Policy Interpretation Questions)

ORS

I. ORS 418.330 – 418.340

OAR

I. OAR 413-100-0000 to 0345, Title IV-E and Adoption Assistance

Forms

II. CF 0172B, Personal Care Services Referral

III. CF 0254, Nonrecurring Adoption Expenses

IV. CF 0305, Plans and Services Code Sheets

V. CF 0421, Adoption Planning Summary

VI. DHS 9050, Oregon Adoption Assistance Handbook

VII. CF 0969A, Adoption Assistance Application, Family Information

VIII. CF 0969B, Adoption Assistance Application, Child's Application

IX. CF 0969C, Adoption Assistance Application,
Title IV-E Adoption Assistance Determination

X. CF 1291, Family Financial Form

C. Designation of Adoptive Status

The Central Office Adoption Services Unit declares "Designation of Placement for the Purpose of Adoption" when specific events have occurred and when specific documents have been submitted by the branch to the Central Office Adoption Services Unit. The date a child's placement is designated is important because it is the date that sets the timeframes for adoption supervision as well as when the process of finalization of the child's adoptive placement can begin. The designation date is used in all references to the child's adoptive placement date. Except in ICWA cases, once the child's placement is designated as the legal risk or adoptive placement, the parent can no longer revoke the relinquishment of parental rights. In order to designate as a legal risk placement or as an adoptive placement, the below procedures should be followed.

Designation of the placement

I. There are two placement designation categories:

   A. Designation of a legal risk placement when the child is not legally free for adoption.

   B. Designation of an adoptive placement when the child is legally free.

II. The placement is designated as either a legal risk placement or an adoptive placement when:

   A. All of the documents listed under Documentation Required for Designation in this section are received and accepted by the Adoption Services Unit.

   B. The child is physically residing in the adoptive placement.

III. Only the Adoption Services Unit can designate a placement for the purpose of adoption. The Adoption Services Unit sends the child's caseworker and the adoption worker written notice when a placement is designated as an adoptive placement.

Change of legal risk placement status to adoptive placement status

When a child in a legal risk placement becomes legally free for adoption, the Adoption Services Unit changes the child's placement status from legal risk placement designation to an official adoptive placement designation.

Documentation required for designation

I. Submit or ensure the following documents have already been submitted to the Central Office Adoptions Services Unit so that the placement can be designated as either a legal risk or an official adoptive placement:

A. A completed, signed CF 0421, Adoption Child Summary.

1. This is due within 30 days from the date the relinquishment documents are signed or within 30 days from the completion of the legal assistance referral (for TPR cases).

B. Original CF 1270 (Verification of ICWA Eligibility) for mother, legal father and Stanley-type putative father.

C. CF 246, Genetic and Medical History of Child and Biological Family.

1. This is due within 30 days from the date the relinquishment documents are signed or within 30 days from the completion of the legal assistance referral (for TPR cases).

D. Original birth certificate for the child.

E. Completed adoptive placement selection documents as follows:

1. CF 251, Current Caregiver Report (both preliminary and final reports); and/or
2. CF 0250, Adoption Selection Report; and/or
3. If the child is an Indian child, submit written documentation that the Indian child's tribe agrees with the selected placement (submit this documentation whether or not an adoption committee has occurred for the Indian child).

F. Completed adoption home study packet.

G. CF 0423, Adoptive Placement Needs.

H. Placement memo stating child's name, adoptive parents' names and date placed. This is not required for current caregiver placements.

I. Voluntary relinquishments or termination of parental rights and permanent commitment orders. The legal assistance attorney will have court certified copies of the TPR judgment forwarded to Central Office once filed and entered.

J. CF 0100A, Interstate Compact form, if an out-of-state placement.

K. Any Permanency/Adoption Council Committee notes approving sibling separation.

Child placed into adoptive home directly from the hospital

In the case of placing an infant for adoption directly from the hospital, submitting the documents listed above to the Adoption Services Unit prior to the placement is impossible. The local office certifies the adoptive family as a foster home. Consider the placement a placement for the purpose of foster care, not adoption, until the Central Office Adoption Services Unit receives and accepts the required documents.

The Supervisor's Role

I. Tracking the caseworker's efforts to submit materials needed to designate placements for the purposes of adoption.

References

OAR

I. OAR 413-040-0200 to 0330, Interstate Compact on the Placement of Children

II. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanency Plan

III. OAR 413-070-0060 to 0087, Search for and Engagement of Relatives

IV. OAR 413-120-0010 to 0060, Adoption Placement Selection

V. OAR 413-120-0800 to 0880, Supervision and Support of an Adoptive Placement

VI. OAR 413-200-0301 to 0396, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

VII. OAR 413-070-0010 to 0030, Multiethnic Placements

VIII. OAR 413-115-0090, Placement of Indian Children

Forms

I. ARMS 3010, Legal Risk Placement Agreement

II. CF 0333a, Child Welfare Case plan

III. CF 0421, Adoption Child Summary

IV. CF 1270, Verification of ICWA Eligibility

V. CF 0246, Genetic and Medical History of Child and Biological Family

VI. CF 0270, Permanency Committee Form

VII. CF 0250, Adoption Selection Report

VIII. CF 0423, Adoptive Placement Needs

IX. CF 0100A, Interstate Compact Placement Request

X. CF 1044, Interstate Compact Financial/Medical Plan

D. Tracking Adoption Cases

Achieving permanency through adoption in a timely fashion requires close tracking of materials that need to be submitted to the Central Office Adoption Services Unit.

Procedure

I. The child's caseworker and the adoption worker:

   A. Exchange information about documentation that each has provided to Central Office.

   B. Maintain a tracking system for documents provided to Central Office.

      1. Note the date specific items are sent.

      2. Save email correspondence with Central Office Adoption Services Unit staff concerning what is requested and what has been provided.

      3. Utilize tools such as the CF 252, Adoption Checklist, which indicates items needed for finalization of an adoption and the date of completion.

II. Utilize technology that assists in tracking the status of adoption cases.

   A. Check on the case in the Child Welfare electronic database system.

   B. Utilize branch staff who has ARMS (Adoption Resource Management System) access to determine what has been received in Central Office and what is still needed before the next steps in the adoption process can occur.

The Supervisor's Role

I. Assist caseworkers to develop and maintain tracking systems when such assistance is needed to help children achieve timely permanency.

II. Assist workers to access the ARMS database through the local office workstation.

E. Adoption Case Status Inquiries

The adoption case status inquiry e-mail system provides caseworkers and supervisors with a single point of contact for a comprehensive status update on individual legal assistance and adoption cases. It is designed to answer questions the branch may have in order to expedite children's permanency through the various phases of the adoption process including: legally freeing and placing children for adoption, designating placements, opening adoption assistance, and ultimately finalizing the adoption.

Guidelines for access to the adoption case status inquiry e-mail

Procedure

I. To determine up-to-date information on the status of an adoptive placement when the above tracking systems (in section D above) do not yield necessary information:

   A. Send an e-mail requesting adoption status information to the following Groupwise email address: CAF-ADOPTION, Caseupdate

1. Provide the child(ren)'s name(s), using the current legal name.
2. Make the request for information as far as possible in advance of the anticipated need. For example, make a request upon receipt of the notification of the Citizen Review Board rather than waiting until the day prior to a presentation before the board.
3. If there is a true emergency, and 72 hours is too long to wait for a response, call the Adoption Services Unit staff for assistance.
4. Print and store the e-mailed response from the case status inquiry as a reminder about the case status on that date.

The Supervisor's Role

I. Use the case status inquiry e-mail as described above for current-date checks, which include a check of the Central Office adoption case record when other tracking systems (listed in section D above) do not yield necessary information.

Forms and References

I. CF 252 Adoption Checklist

Chapter 6

Section 10B: Establishing Adoption Assistance

Establishing Adoption Assistance

The Adoption Assistance Program in Oregon provides financial and/or medical assistance to adoptive parent(s) to help support the adoptive parent(s) in meeting their adoptive child's special needs. Adoption assistance supports the adoption of children with special needs who cannot be placed in an adoptive home without some form of medical coverage and/or financial assistance.

This procedure is specific to the eligibility, application, and process requirements for establishing adoption assistance. Adoption assistance can include a subsidy payment and/or medical coverage for the child. There are four types of Adoption Assistance Agreements that are available to an adoptive parent:

I. Subsidy and Medical Agreement: provides a subsidy payment and medical coverage for the child.

II. Subsidy Only Agreement: provides a subsidy payment for the child.

III. Medical Only Agreement: provides only medical coverage for the child.

IV. Agreement Only: provides no subsidy or medical coverage for the child but allows the adoptive parent(s) and child to retain eligibility for such assistance if needed in the future.

The Adoption Assistance Program provides both Title IV-E adoption assistance, which is funded by a combination of state and federal funds, and state-only funded assistance to children who do not qualify for the Title IV-E assistance. As a result, almost all children being adopted from foster care are eligible for adoption assistance. A requirement of the program is a negotiation of the adoption assistance subsidy with the potential adoptive parent(s). There is not a standardized amount for the subsidy. The average adoption assistance subsidy is less than the foster care payment. In no case may the subsidy payment and the subsidy does not include many of the same funds as foster care such as daycare stipends and personal care rates. Families may also receive a one-time, nonrecurring payment up to $2,000 for costs incurred in legally finalizing the adoption of a special needs child, minus the fee paid to the vendor attorney to finalize the adoption for the family. The nonrecurring payment is paid after finalization of the adoption.

If the child meets all eligibility requirements, and the potential adoptive family requests an adoption assistance subsidy, then the subsidy amount will be negotiated by Central Office with the potential adoptive parent(s). The adoption assistance agreement must be signed by the potential adoptive parent(s) and approved by Central Office prior to the adoption finalizing to ensure the child's eligibility for this assistance.

A. Adoption Assistance Eligibility Requirements

Caseworker

Procedure

I. Before submitting an application for adoption assistance, the caseworker must ensure the following requirements are met:

   A. The child is legally free and the pre-adoptive case is open in OR-Kids.

   B. The child is in a placement designated by Central Office as the adoptive home.

   NOTE: *To determine if the placement of a legally free child has been designated: 1) Click on the file*

folder for the child's pre-adoptive case; 2) Click on Adoption; 3) Click on central office adoption tracking hyperlink; 4) Click on status expander; 5) Locate the Legally Free Designation Date box. If the box is empty, the child is not yet eligible for adoption assistance.

C. The child must be determined to have special needs. All children in DHS foster care will meet the special needs criteria for adoption assistance. At a minimum, the caseworker can indicate the child meets special needs criteria as he or she has been placed in foster care and is considered "at risk" due to genetic or environmental factors. The list of qualifying factors and conditions is below:

1. A documented medical, physical, mental, emotional condition or other clinically diagnosed disability, or a documented history of abuse or neglect or other identified predisposing factor that places the child at significant risk for future problems that need treatment;
2. Is a member of a sibling group that will be placed together and is difficult to place because there are three or more children, or if in a sibling group of two, at least one of the children is 6 years of age or older;
3. Is a member of an ethnic, racial, or cultural minority (such as African American, Hispanic, Asian, Native American, or Pacific Islander); or
4. Is 8 years of age or older.

D. Federal rules require that DHS must have attempted to place the child with an adoptive family without adoption assistance or determined that placement with a relative or another person with whom the child has an established significant relationship is in the child's best interest. To meet this requirement, the following must have occurred:

1. A potential adoptive family must have been identified and selected in accordance with OAR 413-120-0700 to 413-120-0760, Identification and Consideration of Potential Adoptive Resources and 413-120-0020, Adoption Placement Selection Options.
2. The potential adoptive family must have been informed about the Adoption Assistance Program.
3. An inquiry must have been made to the potential adoptive family regarding whether they need the assistance in order to adopt.

E. The potential adoptive parent(s) must agree to continue to meet the educational enrollment requirements for receipt of adoption assistance, which states that a child must be enrolled in an elementary or secondary school as determined by the law of the state of residence; home schooled in accordance with the law of the state of residence; enrolled in an independent study program in accordance with the law of the state of residence; or incapable of attending school due to a documented medical condition.

B. Informing a Potential Adoptive Parent(s) of the Availability and Purpose of Adoption Assistance

Caseworker

Procedure

I. The caseworker has the primary responsibility for ensuring the potential adoptive parent(s) is prepared for the

negotiation of the subsidy with Central Office. The practice among local offices differs regarding the person identified to educate the family about adoption assistance and assist the family in completing the adoption assistance application. However, it is ultimately the caseworker with case planning responsibility who is expected to ensure a timely and complete application is submitted on behalf of the family and that the family understands the purpose, limitations, and process related to adoption assistance. If additional assistance is needed to complete the application, the family may contact the Adoption Assistance Coordinator. The website with Adoption Assistance Coordinator contacts can be found here: https://www.oregon.gov/DHS/CHILDREN/ADOPTION/Pages/Adoption-Assistance-Program.aspx.

II. The following information should be discussed prior to implementing a plan in which adoption assistance will be requested:

A. Unlike the foster care payment, there is not a standard amount that the family will receive for the adoption assistance subsidy. Do not make promises to the family regarding what their subsidy amount will be.

B. The adoption assistance subsidy is meant to combine with the family's income and resources to help subsidize expenses associated with meeting the child's needs. It is not intended to cover all the costs of raising a child.

C. The adoption assistance subsidy must be negotiated based on the family's out-of-pocket expenses incurred to meet the child's basic and special needs.

D. The average monthly subsidy is less than the foster care payment, and the subsidy cannot exceed the Oregon foster care base payment as determined by the child's age combined with the level of care payment as determined by a CANS screening. The CANS payment is not automatically added into the subsidy amount. The foster carebase rate and the CANS rate only sets the maximum subsidy amount allowed (ceiling). The negotiated subsidy amount is based on the family's actual out-of-pocket expenses for the child.

E. If the child's placement is paid through the Office of Developmental Disability Services (ODDS), or the family receives a personal care payment for the child, these payments are not considered in setting the ceiling for the adoption assistance subsidy. ODDS payments, level of care payments and Personal Care Payments end when adoption assistance begins.

NOTE: *If a child is placed in a foster home paid by ODDS and the child has behaviors that indicate a need for enhanced supervision, a CANS screening may be requested to determine if a child or young adult qualifies for a level of care payment for the purpose of negotiating or renegotiating the adoption assistance payment.*

F. Adoption Assistance is not able to continue to provide the Child Welfare Child Care Reimbursement or the Foster Parent Support Funds: Flexible Funding and Respite Care.

G. Adoption assistance ends when the child turns 18, unless an extension is granted and then it must end by 21. Extensions are limited and only possible when:

1. The child, at the time of turning 18, is determined eligible for social security or developmental disability services based on their disability;
2. The initial adoption assistance agreement began on or after the date the child turned 16, the adoption finalizes before age 18 and the child is enrolled in specific vocational and/or educational

activities or a medical condition prevents such activity. The child may also continue to be eligible for the Independent Living Program through the local Child Welfare office.

H. The family can request a renegotiation of the amount of adoption assistance if the circumstances of the family or needs of the child change. However, the same process and subsidy limitation as described above will apply in negotiating the new subsidy. This may mean that a new Level of Care CANS screening will need to be completed before the renegotiation can begin.

Early Review

When there are concerns that finances may be a barrier to finalizing an adoption, the caseworker should request an early review of adoption assistance. The early review should occur prior to formally changing the plan to adoption with the family. The caseworker follows the process described on the CF 0451 Adoption Assistance Early Review Checklist to request an early review.

The Adoption Assistance Program will review the documentation provided by the caseworker and talk with the potential adoptive parent(s) about the Adoption Assistance Program and the family's current out-of-pocket expenses for the child. The Adoption Assistance Program will provide the caseworker and potential adoptive parent(s) with a memo stating the projected amount for the adoption assistance subsidy that the family would receive. The information is intended to assist the caseworker and family with deciding whether to proceed with consideration of the family as a potential adoptive resource for the child. Please remind the family that this is a projection and not a guarantee of the amount the family will ultimately receive. The offer is subject to change if the family's expenses or resources change, if the child's needs change, or if the Level of Care changes for the child.

C. Local Office Requirements for Completing and Submitting the Application for Adoption Assistance

Caseworker

Procedure

I. The practice among local offices differs regarding the person identified to educate the family about adoption assistance and assist the family in completing the adoption assistance application. However, it is ultimately the caseworker with case planning responsibility who is expected to ensure a timely and complete application is submitted on behalf of the family.

II. The following needs to be completed to ensure the family is provided the support necessary to completely and accurately make the application for adoption assistance:

A. Review the directions with the family. The directions are located at the beginning of the application.

B. Remind the family of the purpose and limitations of adoption assistance as described above in section B, "Informing a Potential Adoptive Parent(s) of the Availability and Purpose of Adoption Assistance." Ensure the family lists their specific expenses related to the child needs and that their request for assistance is based on these expenses.

C. Review the list of services and goods identified on the 969b form which are not eligible for consideration in negotiating the adoption assistance subsidy. Ensure the family is not requesting

consideration of these expenses, and that the total request does not exceed the Oregon foster care base payment as determined by the child's age combined with the level of care payment as determined by a CANS screening (if applicable).

D. If the family has nonrecurring expenses, advise the adoptive family of the nonrecurring payment process. Expenses that can be considered are expenses required to legally finalize the adoption such as payment for a private adoption home study, physical exams for the Medical Form B, and travel expenses to bring the child to the adoptive home for adoptive placement.

1. Help the adoptive family complete form CF 0254, "Nonrecurring Expenses."
2. Scan the completed CF 0254 form and applicable receipts and save in the file cabinet in the OR-Kids pre-adoptive child case.
3. The Nonrecurring Expense Agreement will be sent to the adoptive family by the Adoption Assistance Program and must be signed and returned to the Adoption Assistance Program prior to the finalization of the Adoption.
4. Nonrecurring payments will be authorized by Central Office and provided to the adoptive family when the Adoption Assistance Program receives the signed adoption judgment. If the adoption does not finalize, there will be no reimbursement.

NOTE: Additional information is available for adoptive families through the following website: https://www.oregon.gov/DHS/CHILDREN/ADOPTION/Pages/Adoption-Guardianship-Assistance.aspx

III. Review the adoption assistance application to ensure it is completely filled out and contains all the signatures and dates required.

IV. Provide a copy of the completed application to the family.

V. Confirm the application is scanned and saved in the file cabinet in the OR-Kids pre-adoptive child case in accordance with local office business protocols.

VI. Complete the Certificate of Special Needs on the pre-adoptive case and ensure the correct special needs are identified in order to ensure eligibility for the assistance. If "no special needs" is selected, the child will not be eligible for assistance. Consult with the supervisor before making this selection.

VII. After completing the Certificate of Special Needs, request and confirm the Title IV-E specialist complete the Title IV-E Adoption Assistance Determination.

Certifier/Adoption Worker

Procedure

As the person responsible for the provider record, the certifier/adoption worker must ensure the following items are completed prior to the caseworker submitting a request for adoption assistance to Central Office:

I. The adoption home study and any home study updates of the potential adoptive parent(s) have been scanned and saved in the file cabinet in the provider record in OR-Kids.

NOTE: *The adoption home study should be scanned and saved in the OR-Kids provider record only (not the*

child's case) for confidentiality purposes. To save the adoption home study in the OR-Kids provider record, you must be assigned to the provider record.

II. All four of the following adoption services in OR-Kids are active with Central Office identified as the office. The services include "AA Agreement Only-DHS, AA Medical Only-DHS, AA Subsidy and Medical-DHS, and AA Subsidy Only-DHS."

III. The "AA open pre-adoptive placement certified service" is active with the local office of the certifier/adoption worker as the identified office. If the provider is out of state and is not certified, activate the "AA open pre-adoptive placement non-certified service" instead of the certified service.

NOTE: The certifier/adoption worker should not wait until adoption assistance is being requested to ensure these services are activated. Once the adoption home study is approved, the services can be activated. This will enable the caseworker to make a timely request for adoption assistance.

IV. The current 1011F Consent for Criminal Records and Fingerprint Check has been completed and signed for all members of the household age 18 and older and any applicable criminal history exceptions. In addition, an FBI fingerprint check showing that the fingerprints were processed for the current continuous certification period, and results received must have been completed on all members of the household age 18 and older during the current certification period (approval saved in the provider record in OR-Kids). This may mean the current 1011F will not suffice if it only indicates background checks were not required.

V. The current Child Abuse Registry checks for all members of the household age 18 and older completed, approved and documented in the provider record in OR-Kids.

Title IV-E Specialist

Procedure

I. Following a request from the caseworker and prior to the caseworker submitting a request for adoption assistance to Central Office, the Title IV-E specialist must complete the following:

   A. An Adoption Assistance Determination in the OR-Kids pre-adoptive case.

   B. Verify that the supporting Title IV-E documents have been scanned and saved in the file cabinet in OR-Kids pre-adoptive case.

II. There should always be a CF 0184 and one of the other options from the list:

   A. CF 0178

   B. CF 0184

   C. CF 0243

   D. DHR Screens

   E. Preponderance of Evidence Statement

Caseworker

Procedure

The caseworker makes sure all the requirements listed on the CF 0450 Adoption Assistance Application Requirements form have been met. The document must be complete with all required information filled out.

I. The required documents that must be created or scanned and saved in the file cabinet in the OR-Kids pre-adoptive child case include:
   A. CF 0969B Adoption Assistance Application (Family Information)
   B. Adoption Child Summary
   C. Permanency Plan/Child Specific Case Plan
   D. Supervision Plan for a child currently receiving a Level of Care CANS rate
   E. Proof of citizenship or legal residency document for the child
   F. If applicable, the CF 0254 Nonrecurring Expense form and related receipts
   G. Title IV-E supporting documents. There should always be a CF184 and one of the other options from the list:
      1. CF 0178
      2. CF 0184
      3. CF 0243
      4. DHR Screens
      5. Preponderance of Evidence Statement

II. The following are the required documents that must be scanned and saved in the file cabinet in the OR-Kids provider record by the certifier, adoption worker, certification technician or support person:
   A. Adoptive home study of the potential adoptive parent(s)
   B. Any home study updates of the adoptive parent(s)
   C. The current 1011F Consent for Criminal Records and Fingerprint Check that has been completed and signed for all members of the household age 18 and older. In addition, an FBI fingerprint check showing that the fingerprints were processed and results received must have been completed on all members of the household age 18 and older during the current certification period (approval saved in the provider record in OR-Kids).
   D. Criminal or Child Welfare exceptions made by Child Welfare due to criminal history or child welfare history found on any member.
   E. The current Child Abuse/Neglect Registry checks for all members of the household age 18 and older completed, approved and documented in the provider record in OR-Kids.

III. When all requirements have been met, the caseworker emails a completed copy of the CF 0450 Adoption Assistance Application Requirements form to "NEWAPPS AAGA" email address. The child's first name must be typed in the subject line of the email and the child's pre-adoptive case number in the body of the email.
   Note: The caseworker approves this application by ensuring all information is complete and accurate. Another staff member may email the form, but the caseworker must be copied in the email to ensure they are aware of the case status.

Important information about CANS screenings and level of care payments:

I. If a CANS screening has been requested, is pending, or is in the process of a contested case hearing, the CF 0450 can be submitted. However, an AA negotiation cannot start until the final level of care is determined as the information is necessary for consideration in the AA subsidy negotiation. This is because the foster care base rate and the level of care combined determine the maxium amount allowed for the adoption assistance subsidy. Do not request a CANS screening after submission of the form without first consulting with the Adoption Assistance Program.

II. If the Enhanced Supervision (level of care payment) is approaching or within 60 days of expiring, an updated CANS must be requested and reported in the email.

III. Depending on the date for the annual CANS rescreening, the caseworker may submit paperwork for an early CANS rescreening to ensure this is complete prior to submitting the CF 0450.

The Supervisor's Role:

I. Provide guidance and assistance as needed.

II. Review and discuss high rate requests with the caseworker.

III. Review and sign the CF 0969B.

IV. Review the CF 0450. Ensure all the requirements listed on the CF 0450 have been met.

D. Receipt of the Application and Supporting Materials in Central Office

Adoption Assistance Program Staff

Procedure

I. Upon receipt of the CF 0450, a staff member in the Adoption Assistance Program completes the following:

A. Reviews the form and ensures all the required documents are complete and are located in the OR-Kids pre-adoptive child case or the provider record file cabinets.

NOTE: *Remember to uncheck the "date restricted" box to ensure all of the documents saved in OR-Kids appear.*

B. If complete:

- Assigns the case to an Adoption Assistance Coordinator and
- Emails the caseworker confirming that the application is complete and has been assigned to a coordinator.
- Documents on the Central Office Adoption Tracking page in OR-Kids that the case has been assigned. Adoption Assistance Applications are assigned according to the first letter of the last name of the potential adoptive family. The alphabetical breakdown of assignment changes

periodically according to workload and is available on the Adoption Assistance and Guardianship Assistance website.

C. If the Adoption Assistance Application Requirements are not complete:

- AA staff notifies the caseworker by email that the requirements have not been met, identifies which items need completion, and informs the caseworker that the CF 0450 needs to be resubmitted when all of the requirements have been met.
- The application will not be assigned for negotiation nor tracked by Central Office. No further email reminders will be sent regarding the incomplete application.

D. Documents on the Central Office Adoption Tracking page in OR-Kids that the checklist has been returned and the outstanding requirements not met. Also enters a case note.

II. Upon assignment of a case, the Adoption Assistance Coordinator completes the following:

A. Reviews the case materials.

NOTE: *Remember to uncheck the "date restricted" box to ensure all of the documents saved in OR-Kids appear.*

B. Contacts the family by telephone to discuss and negotiate the adoption assistance subsidy unless a CANS screening is due, in process, or there is contested case hearing in process. Cases are worked in order of assignment.

C. Upon reaching a verbal agreement with the family, sends the written Adoption Assistance Agreement to the family. Coordinator will include the Vendor Attorney Agreement and the list of vendor attorneys or the Non-vendor Attorney Agreement with the Adoption Assistance Agreement. The nonrecurring expense agreement will also be sent if applicable.

D. Enters on the Central Office Adoption Tracking page in OR-Kids the date the above noted agreements were sent.

E. Enters a provider note on provider record that the agreements were sent.

F. Emails the caseworker and certifier that the agreement was sent to the family.

G. Reviews and signs the agreement after the family has read, signed, and returned the agreement to Central Office.

H. Reviews and signs the Attorney Agreement once the family and chosen attorney have read, signed, and returned the agreement to Central Office.

E. Opening the Adoption Assistance Services

Adoption Assistance Program Staff

Procedure

By federal law, adoption assistance must be opened prior to finalization of the adoption or the child is no longer eligible for the program. Adoption Assistance is opened effective the first day of the month that the signed agreements were received.

I. Upon receipt of the signed Adoption Assistance Agreement, the Adoption Assistance Program staff completes the following:

   A. Scans the signed Adoption Assistance Agreement into the file cabinet in the OR-Kids child's pre-adoptive case.

   B. Closes the foster care placement and opens the adoption assistance service and the AA pre-adoptive placement.

II. Once adoption assistance is opened and the Legal Fee Agreement has been received, the Adoption Assistance Program staff:

   A. Sends a copy of the signed Adoption Assistance Agreement as well as information regarding the Adoption Assistance Program to the family.

   B. Sends the caseworker and the Legal Assistance Specialist an email notification regarding the opening of the adoption assistance service.

Caseworker

Procedure

I. Review and resolve any AFCARS and ticklers regarding the case and ensure any pending work is completed and approved. Once the adoption finalizes, the caseworker will receive an email notification with further direction regarding closure of case plans.

F. Finalization of the Adoption, Creating the Adoptive Case in OR-Kids and Transferring the Provider Record

Upon receipt of the adoption judgment, the Adoption Assistance Program staff will begin preparations to close the pre-adoptive child's case so that the adoptive home case can be created in OR-Kids.

Adoption Assistance Program Staff

Procedure

I. Sends the caseworker an email notification stating that the adoption has finalized along with directions regarding closure of case plans.

II. Sends the certification/adoption worker an email notification that the adoption has finalized, and the provider record needs to be updated.

Caseworker

Procedure

I. Ensures all AFCARS, ticklers, and pending work are complete.

II. Closes all ongoing services and planning/permanency plans that are ongoing and/or pending.

Certifier/Adoption Worker

Procedure

I. Upon receipt of email instructions from Central Office Adoption staff, update the provider record by adding the adopted child to the provider record.

II. If the adoptive parent will no longer be providing any foster care services, the foster care certification can be closed, the provider type can be changed, and the adoption assistance coordinator can be assigned as the primary assignment. Do not close the provider record, as the family would be unable to receive their subsidy.

NOTE: *Adoption assistance applications are assigned according to the first letter of the last name of the potential adoptive family. The alphabetical breakdown of assignment changes occasionally according to workload and is periodically distributed to field staff via the Who's Who List for the Adoption Program. It is also available on the DHS website under Adoption at:*

http://www.oregon.gov/DHS/CHILDREN/ADOPTION/Pages/Adoption-Guardianship-Assistance.aspx

Central Office, not the local office, closes the foster care placement when adoption assistance will be provided. Adoption Assistance must be opened prior to the finalization of the adoption or the child will no longer be eligible for the program.

The Role of the Supervisor

I. Ensure all pending work is complete and approved, including all AFCARS exceptions, so the pre-adoptive case can be closed by the Adoption Assistance Program staff and the adoptive case can be created.

Forms

II. CF 0451 Adoption Assistance Early Review Form Checklist

III. CF 0450 Adoption Assistance Application Requirements

IV. CF 0969B Adoption Assistance Family Application

OARs

I. 413-120-0700 to 0760, Identification and Consideration of Potential Adoptive Resources

II. 413-120-0020, Adoption Placement Selection

III. 413-130-0010, Adoption Assistance

IV. 413-130-0015, Title IV-E Adoption Assistance Eligibility

Additional Resources

V. OR-Kids Online

VI. OR-Kids Quick Reference Guides

Chapter 6

Section 11: Affidavits in Support of Adoption

Affidavits in Support of Adoption

There are three common areas where a caseworker is responsible for preparing and signing an affidavit in support of an adoption petition:

I. Deceased parent (for legal parent or "Stanley" type putative father).

II. Presumed legal father.

III. Putative father (for "Pagan" type putative father).

In each instance, the purpose of the affidavit in support of an adoption petition is to inform the court granting the adoption, why there is neither a voluntary relinquishment nor a termination order on one of the parents or the presumed legal father.

Preparing a caseworker affidavit in support of an adoption

Procedure

I. Prepare an affidavit in support of adoption at the following points in the process:

   A. Putative father: As soon as the child's adoptive home has been designated by the Adoption Services Unit (includes legal risk placement) and the Center for Health Statistics has returned the vital statistics letter to DHS;

   B. Presumed legal father: Anytime after adoption becomes the plan

      1. An order/judgment of non-paternity is needed for most cases involving a presumed legal father.

      2. There are rare cases, approved for TPR prior to current changes in the law, which may still be appropriate for an affidavit. Check with the legal assistance specialist prior to submitting such an affidavit to determine whether this will be an adequate way to deal with the father's rights. An affidavit regarding a presumed legal father is not needed in the following circumstances:

         - He relinquishes his rights as legal father.
         - If there is a judgment of non-paternity. – OR –
         - If there is a valid judgment of paternity entered as to the biological father of the child.

   C. Deceased parent: Anytime after adoption becomes the plan.

II. When preparing the affidavit, follow the directions in Appendix 5.36, Instructions for Preparing Deceased Parent, Presumed Legal Father, and Putative Father Affidavits, and Appendix 5.37, Preparing a Putative Father Affidavit.

III. Use the sample affidavits found in the Appendix 5.38. Write the affidavit so it reflects the specifics of the particular case.

IV. Attach the following supporting documents to the affidavit:

   A. Putative father:

1. The child's birth certificate.
2. CF 0418, Father's Questionnaire.
3. Release and surrender document or termination of parental rights order for the other parent, if applicable.
4. Vital Statistics letter (see below for more detail).
5. Letters to the putative father, if applicable.

B. Presumed legal father:

1. The child's birth certificate.
2. CF 0418; Father's Questionnaire.
3. Presumed legal father's affidavit signed by the presumed legal father (if available).

C. Deceased parent:

1. The child's birth certificate.
2. The parent's death certificate.

V. Contact the assigned legal assistance specialist if there are questions or unique situations regarding supporting documentation for an affidavit.

VI. Attach the original supporting documents (exhibits) to the first affidavit and copies of the original documents to the second and third affidavits. In some instances, original supporting documentation will have already been sent to the Adoption Services Unit. In this case, provide copies of the supporting documentation.

VII. Include two original copies of the affidavit with supporting documentation to the Adoption Services Unit as part of the adoption finalization packet. Place the third original in the legal section of the child's case record.

VIII. The affidavit must be completed within the following timelines:

A. Putative father: The affidavit is necessary for finalization.

B. Presumed legal father: The affidavit is needed before the child can be declared legally freed for adoption and before the placement can be designated as a legally free adoptive placement.

C. Deceased parent: The affidavit is necessary for finalization.

IX. The legal assistance specialist reviews the affidavit for accuracy and completeness and contacts the caseworker if corrections are needed. The caseworker's affidavit with supporting documentation becomes part of the consent packet that the Adoption Services Unit sends to the attorney who will prepare the petition to adopt.

Preparing an affidavit for a putative father or presumed legal father's signature

In some cases the caseworker can consider taking an affidavit from a putative father or presumed legal father to support an adoptive placement. An affidavit from a putative father or a presumed legal father could be obtained at any point in the case life. This affidavit can be used as an exhibit to the caseworker's affidavit or as evidence if there is a court challenge to paternity.

Procedure

I. Consult with the legal assistance specialist to determine if an affidavit from a putative father or presumed legal

father is appropriate to support an adoptive placement.

II. Prepare an affidavit for each child if the parent is willing to sign an affidavit. Follow the directions in Appendix 5.36, and the sample affidavits in appendices 5.39 and 5.40.

III. Once the affidavit is prepared and approved, bring the parent before a Notary Public to sign three copies of the affidavit.

IV. Use this affidavit as an exhibit to the caseworker's affidavit in support of an adoption.

Vital statistics letter (Center for Health Statistics)

When completing the caseworker's putative father affidavit in support of adoption, verify that no one has filed notice of a filiation (paternity) proceeding on or before the date the Adoption Services Unit designates the adoptive placement or designates a legal risk adoptive placement.

I. To obtain this verification, send a letter to the Oregon Center for Health Statistics. A sample of this letter can be found in Appendix 5.41.

   A. The letter should not be requested until the branch receives notification from Central Office that the placement has been designated as the legal risk adoptive placement or designated the adoptive placement.

   B. This letter is sent on pink paper with the branch letterhead.

   C. The caseworker includes the registration number from the child's birth certificate for identification purposes.

II. File a copy of the response from the Oregon Center for Health Statistics in the legal section of the case record and attach the original copy to the affidavit in support of adoption that is sent to the Adoption Services Unit.

The Supervisor's Role

I. Provide guidance to the caseworker in preparing the affidavit and consider an affidavit for the putative or presumed legal father to sign.

II. Review any affidavit before it is sent into the Adoption Services Unit.

III. Periodically review the caseworker's work to be certain that an adoption case is progressing in a timely manner toward finalization.

References

Oregon Revised Statutes

I. 109.096, Notice to Putative Father When Paternity Not Established

II. 109.326, Consent When Husband Not Father

OAR

I. OAR Chapter 413, division 10, Client Rights

Chapter 6

Section 12: Supervising the adoptive placement and adoption disruption

Supervising the adoptive placement and adoption disruption

This section covers adoption supervision activities and adoption disruption prior to finalization. Supervision in the context of adoption includes contacts with the child and family in the pre-adoptive home to confirm that the family is participating in the ongoing safety plan, the family's environment is safe for the child and the family is meeting the child's needs. Supervision in adoption includes monitoring services provided to the child (education, physical and mental health, or other treatment needs) and the child's adjustment to the pre-adoptive family's care. The procedure manual has more general information about supervision, so it will not be repeated here. For more general information about supervision, please see Chapter 4 "Managing child safety in and out of home," Section 9 "Monitor the child welfare case plan through required contacts," Subsection F "Contact with the child placed in substitute care."

A. Monitoring and supporting the child and adoptive family, addressing concerns

When a child is placed with a family for adoption, the agency's goal becomes supporting the child and the family to successful and timely legalization of the adoption. During the supervisory period, DHS retains legal custody of the child, ensures the child's safety, monitors the child's adjustment and developing attachment to the family, and the ability of the family to cope with challenges. The active participation of the family is important to the success of the adoption. The adoption supervision period allows the adoptive parents or parents, the department adoption worker and the adoption agency (if other than DHS) the opportunity to determine whether the adoptive parent or parents will be able to meet the child's needs over time. Supervision services provide the opportunity for DHS to support and facilitate the merging of parents, child and other family members into a new and different family unit. Active and supportive adoption supervision decreases the risk of adoption disruption.

Supervision of the child's adoptive placement begins at the day of the child's move into the adoptive home or designation of adoptive placement, if the child is already in the home. It ends upon finalization of the adoption. Supervision includes:

I. Monitoring child safety,

II. Observing, monitoring and supporting the child and the adoptive family,

III. Providing referrals and coordinating services with other agencies,

IV. Documenting the adjustment of the child and the adoptive family,

V. Providing related services toward legalization of the adoption,

VI. Phone contact, correspondence, contact with third parties,

VII. Face-to-face contact with the child and the family, and

VIII. Monitoring compliance with certification and adoption standards.

Definitions of worker roles during

adoption supervision

Three types of workers may be involved during the adoption supervision period. These workers are:

I. **The child's caseworker:** The caseworker assigned primary responsibility for a child served by the Department of Human Services.

II. **The adoption worker:** The primary DHS adoption or certification worker or licensed adoption agency employee assigned to the adoptive family for adoption serves purposes.

III. **The supervising worker:** The worker providing supervision to the adoptive placement.

This worker may be the child's caseworker or the family's adoption worker. The decision of which worker will supervise the placement is made based on the circumstances of the family, the location of the child's local office and the location of the adoptive family. The child's caseworker if within a reasonable distance of the child's local office generally supervises current caretaker families.

All of the above staff are responsible for the safety of the child in the adoptive home. When the child is placed through an in-state private agency, DHS must provide supervision of the placement and coordinate support services with the in-state private agency.

Length of supervision between adoptive placement and finalizing the adoption

The length of time between an adoptive placement and finalization of the adoption is dependent upon the readiness of the child and the adoptive family to finalize and consideration of reasonable efforts to achieve the child's permanency plan in a timely manner.

I. Six months is the minimum standard supervision period for a child in DHS custody. The time in which the child has lived with the family for foster care may be included in the six- month period.

II. When the child's caseworker and the adoption worker agree that it is in the child's best interests to proceed with finalization before six months:

   A. The child's caseworker or adoption worker must request approval from:

      1. Their supervisor; and

      2. The Child Permanency Program manager or designee.

   B. The child's caseworker must document in ORKids when the Child Permanency Program gives approval for a reduced post-placement supervision time.

Casework services during the supervisory period

Procedure

Providing casework services to the adoptive family and the child is the responsibility of the worker supervising the adoptive placement and begins when a child transitions from the substitute caregiver into the adoptive home if the selected adoptive family is not the child's current foster parent. If the child's substitute caregiver is the adoptive family, adoption supervision begins after the selection of the adoptive family. The adoption worker and the child's caseworker are both responsible for:

I. Helping the child integrate into the adoptive home.

Tip

Sleeping and eating:

Practical ideas about proactively dealing with the adoptive child's sleep is "What is This Thing You Call Sleep?" at this link: http://adoptmed.org/topics/sleep-and-adoption.html

Find useful information for adoptive children in "Transitional Feeding Difficulties" at this link: http://adoptmed.org/topics/transitional-feeding-difficulties.html

Both articles are by Julian Davies, MD, a pediatrician who specializes in adoption medicine.

II. Ensuring services important for the child's safety and well-being (e.g., safety plan, medical, educational, and mental health services) continue in his or her adoptive family. Providing families with resources for potential for crisis may be needed for some children.

    Support for safety may begin at the time of transition or later if indicated. The Oregon Post Adoption Resource Center has guidelines for adoptive families called "Safety Planning for Families in Crisis" and it is available at this link: www.orparc.org/services/CRISIS_FamilySafetyPlan.pdf

III. Completing adoption assistance application materials.

IV. Working together to achieve timely finalization of the adoption.

V. Supporting continuing relationships between the birth and adoptive families, whenever appropriate.

VI. Supporting the adoptive family.

VII. Assisting with adjustments in the family system.

VIII. Discussing the need for services after the adoption is finalized.

IX. Providing support and services to the adopted child including but not limited to:

    A. Helping the family and child understand grief and loss issues related to adoption transition and loss of birth parents.

    B. Helping the child master the new home environment by encouraging the child to make gains and use positive skills and coping strategies.

    C. Identifying areas where the child is successful as well as areas where the child can use additional supports and services to adjust to the new home and family.

    D. Building a relationship with the child and listening to what he or she is saying about the adoptive family, school situation, etc. The child may need visits more often than every month, especially during transition or when having increased difficulties. For more information about visiting with the child, refer to the procedure manual's Chapter 3, Section 9F, "Contact with the child placed in substitute care."

X. Providing intensive casework and support to help the child and family during a crisis period.

XI. Providing support and services to the adoptive family, including but not limited to:

    A. Working with the adoptive family's adoption worker or certifier (if someone other than the supervising worker) to implement a placement support plan, when needed, to increase the ability of the family to

meet safety and well-being needs of the child. The supervising worker should monitor the placement support plan and assist the family with making adjustments as the child and family experience changes.

B. Supporting the adoptive parents in continuing services already in place and assessing the need for new services for the child.

C. Providing the adoptive family information about court and Citizen's Review Board reviews and other aspects of being engaged in adopting a child in the custody of the department.

D. Giving the adoptive family information about the full range of financial supports, medical assistance, and services available to them and their child.

E. Reviewing agreements regarding adoption assistance and medical assistance with the family to ensure they understand the benefits and know how to access them.

F. Making referrals for services to assist the family with the integration process.

G. Helping the adoptive parents identify any doubts or concerns they have about raising the child and providing support and recommendations for services, when appropriate. Ambivalence is normal and the adoption worker can help the family understand their concerns.

H. Increasing the frequency of visits if the family and child need additional assistance to support the placement.

Family provision and preparation for a safe and secure home for children with a history of sexual abuse or touching problems

Parenting sexually abused children or children who have a history of sexually acting out is especially complex. Planning for parenting should start prior to the adoption transition. Research has shown that some children from foster care report after being placed in their adoptive families that they have been being sexually abused previously in their lives and the placing agency did not have prior information about this history. Therefore, all adoptive families should understand that their child may have experienced some level of sexual abuse without agency knowledge. Children who have been sexually abused may not feel comfortable telling anyone about the abuse until they feel they are in a safe, stable environment. The adoptive parent may be the first person a child feels comfortable talking to about being sexually abused.

For more information on the topic of creating a safe home environment for children with a history of sexual abuse or touching problems, a useful guide is "Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents" at this website: www.childwelfare.gov/pubs/f_abused/f_abused.pdf. Share this article with families adopting a child with a history of sexual abuse or sexual acting out.

"Create Your Family Safety Plan" is another article that has tips for keeping all family members safe and is at this website: www.parentsprotect.co.uk/creating_a_family_safety_plan.htm.

The adoptive family should also prepare for the child's arrival by talking with the children in their home about changes within the family upon the arrival of the new sibling.

Procedure

I. The worker talks with the adoptive parents about the child's need to feel safe in their new home and how to make the home more likely to encourage healing and appropriate behavior. These guidelines are general and each family and child will have particular needs relevant to their unique situation:

   A. Be aware of and follow the DHS policy, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources II-B.1, regarding OAR 413-200-0371, Responsibilities and Notification Requirements for Selection and Use of Respite Care Providers and Babysitters for appropriate safeguards when considering other caregivers of the child.

   B. Work with the child's therapist to continue addressing treatment needs if applicable. If the child is not in treatment at the time of the transition, be aware of concerning behaviors that may indicate a need to begin treatment or family counseling.

   C. Older children and children with significant emotional special needs and their adoptive families need additional support. In general, these families should have family therapy or counseling services started at the beginning of the adoptive placement or shortly thereafter. If the therapist is not familiar with adoption issues and family development, consider referring the therapist to the Oregon Post Adoption Center (ORPARC) for information about adoptive family dynamics and dealing with specific special issues. Here is the link to the home page of ORPARC: www.orparc.org. Note that ORPARC has services for Spanish speaking families.

Evaluating child safety and well being regularly and monitoring the home to ensure a safe environment for the child

For procedure on monitoring the safety and well-being of the child in a pre-adoptive home, see Chapter 6 "Family support services," Section 6: "Monitor the family support services case plan through required contacts."

This procedure discusses additional considerations pertinent to adoptive placement supervision.

Once a child is placed in the out-of-state adoptive placement

Procedure

The child's caseworker is to:

I. Inform the Oregon ICPC office of the date of placement so that the 100B can be sent to notify the receiving state that the child has been placed.

II. Submit a placement memo to the Child Permanency Program seamless support staff person for the child's county's legal assistance specialist. Notify them of the child's name, the adoptive family's name and address, and the date the child was physically placed in the adoptive home. This must be done immediately upon placement if adoption assistance is to begin simultaneously with the placement of the child in the new home for a child who is not Title IV-E eligible.

III. If the child is already placed in an out-of-state home under foster or relative care, submit the CF100B to the Oregon ICPC unit in order to inform the receiving state about the change to adoptive placement.

IV. Request that the supervising worker in the receiving state send their quarterly progress reports through ICPC channels. If the supervising worker does not send quarterly reports, or information about face-to-face visit

dates and case progress, contact the assigned Oregon ICPC coordinator.

V. If the adoption assistance application process has not already been completed, (such as when adoption assistance was put in place simultaneously with the child's placement), submit an application packet to the Child Permanency Adoption Assistance Program. Do this within 60 days of the selection of the adoptive resource. Find information about adoption assistance at this link.

Caseworker to report significant changes and concerns to ICPC and Child Permanency Program after placement

Procedure

I. Notify the adoption assistance coordinator and ICPC if the placement status changes, such as a disruption, child's move to residential treatment, child protective services removal from the home, the family's move to another state, or child's permanent plan changes from adoption. Contact the adoption placement specialist in the central office Child Permanency Program for consultation if there is a risk of disruption or a disruption of the placement.

II. Give feedback to the adoption placement specialist in the central office Child Permanency Program about the experience with the out-of-state agency if the services were exceptionally concerning or noteworthy, both positive and negative information.

Private agency adoption worker responsibilities in the receiving state

When a child is placed out of state and a public agency supervises the placement, DHS does not require a contract with the public agency. Adoptive placements supervised by a public agency fall under the provisions of the receiving state's supervision requirements.

When a private agency supervises the placement, the private agency adoption services are specified in a contract between DHS and the private agency. In private agency adoptive placements in another state, the caseworker will need to be familiar with expectations between DHS and the private adoption agency providing adoption supervision. The focus of supervision includes the adoption agency assisting the family in finding needed local services and resources to support the adoption.

Supervision also includes evaluation of safety in the home until the adoption is finalized.

I. The family's adoption worker in the receiving state will coordinate with the child's caseworker all aspects of planning and implementing of placement. The family's adoption worker will:

   A. Inform the adoptive family of DHS' procedures and requirements for placement, supervision of the placement, adoption assistance, the consent to adoption letter and the process of legalizing the adoption.

   B. Discuss the need for adoption assistance and assist the adoptive family in completing the Adoption Assistance application forms and submit to DHS within 60 days of placement with the resource family if the child is legally free or after the child becomes legally free.

   C. Obtain the "Required Information for Adoption Workers and Adoptive Parents" form CF 0963 from the child's caseworker and the material referenced on the form. The adoption worker will provide the

material to the adoptive family immediately. The adoption worker retains a copy of the CF 0963 and notes in the appropriate progress report the date the information was provided to the adoptive family. The signed copy is returned to the caseworker.

II. When a child is placed by DHS in a home supervised by an out-of-state private adoption agency, the agency agrees to services that include, but are not limited to the following:

   A. Supervise the placement of the child and the adoptive family in compliance with referenced DHS policies, including monitoring the safety and well-being of the child to assure child safety. The adoption worker must make the following contacts and document the contact in the required progress reports:

      1. Face-to-face contact in the home with the child a minimum of every 30;
      2. Face-to-face contact with the adoptive family a minimum of every 30 days; and
      3. Face-to-face contact with the adoptive family a minimum of once every 60 days in the adoptive family's home, with at least one of the adoptive parents present.

   B. Monitor and assess the child's safety and well-being with the adoptive family. If the adoption worker cannot confirm safety and well-being of the child in the home, the adoption worker must immediately contact the DHS caseworker and participate in an assessment of child safety to determine if there is a safety threat to the child. The caseworker is to consult their supervisor if they have concerns about the child's safety and well-being.

III. Beginning when a child is placed in the adoptive family's home, the adoption worker will submit written 90-day progress reports on the safety and well-being of the child, the adoptive family and the progress of the placement in general. Copies of the report are submitted to the receiving state's ICPC office, the Oregon ICPC office, the caseworker, and the DHS central office Child Permanency Program.

IV. In addition to any requirements listed above, written progress reports include, but are not limited to:

   A. Description of the current and future needs of the child; and observations and analysis of the child's physical, mental and emotional development.
   B. An evaluation of the quality of the relationship existing between the child and adoptive family.
   C. Ongoing and new services provided to the child; and ongoing and new services provided to the adoptive family.

The supervisor's role

I. If the adoptive family plans to move out of state prior to finalization, help the caseworker to determine if the move is in the best interests of the child before a decision is made to approve the move. An example is considering the move of a child who is not legally free and the child has regular visits with a birth parent.

Completing the adoption assistance process and pre-finalization notifications

Procedure

I. It is the supervising worker's responsibility to assist the family in applying for adoption assistance and to ensure that adoption assistance is in place prior to finalization of the adoption. Refer to the Chapter 5, Section 10b, "Establishing adoption assistance" for details.

II. Prior to finalization of the adoption, the department must ensure that the adoptive resource is made aware of all of the following:

   A. Available post-legal services;

   B. The potential eligibility for federal or state adoption tax credits, or both; and

   C. The ability to seek voluntary supportive services through the department to stabilize an adoption and promote lifelong permanency for children.

Adoptive family with a child placed in the home plans to move out of Oregon

Procedure

I. Inform the adoptive family that moving to another state prior to finalization will delay finalization of the adoption if the adoption is not finalized in Oregon before the move. If the adoption will be finalized in a short period of time and the family can manage to stay in Oregon until the adoption is finalized, that is generally recommended. Contact the central office Child Permanency Program legal assistance specialist or adoption placement specialist to discuss the option of achieving finalization before the family's move to another state.

II. If the adoptive family is struggling and the placement seems tenuous, discuss with the supervisor the advisability of the child moving with the family. Include the family's adoption worker and their supervisor.

III. If a family is experiencing challenges, but disruption is not a consideration, inform the receiving state of the challenges the family is experiencing.

IV. Prepare and submit an ICPC referral packet as soon as it is known the adoptive family intends to move to another state prior to finalization.

V. If an adoptive family is receiving adoption assistance, contact the family's adoption assistance coordinator to arrange for medical card coverage in the new state of residence. See Chapter 5 for more information about adoption assistance and medical coverage when residing out of state.

When the family experiences major changes prior to finalization

When the caseworker or adoption worker become aware of significant changes to the adoptive family's situation, including changes in the family structure, DHS may require an updated adoption home study prior to making a determination to proceed with finalization of the adoption.

I. Consult with Child Permanency Program staff, such as the adoption placement specialist or supervisor when the family has a significant change that may affect the adoption. Examples of these changes may be divorce or separation of the adoptive parents, death of a member in the nuclear family, addition of a new partner, criminal or child protective services issues.

II. The adoption worker is to follow up with a home study update as directed. This should be submitted to central office Child Permanency Program. If the family is out of state, work with ICPC for additional assessment of the changes.

Progress reports on the adoption if the family is out-of-state

Procedure

I. The supervising worker completes quarterly progress report for the purpose of adoption supervision.

II. Information about the child may include:

   A. Adjustments in relating to peers;

   B. Self-esteem;

   C. Culture, religion and therapy needs;

   D. Special education needs and services;

   E. Special developmental needs and services;

   F. Special medical and dental needs and services;

   G. Issues or concerns about the child's attachment to the adoptive family; and

   H. Progress toward finalization.

III. Specific adoptive family's adjustment information may include:

   A. Significant changes in the family's coping skills, marriage/domestic relationship and use of supports.

   B. Changes in sleeping arrangements, income, expenses, health, job, family composition and home.

   C. Other pertinent information about the progress of the adoptive placement toward finalization.

IV. The supervising worker maintains regular contact with the child's caseworker and keeps the child's caseworker informed of the progress of the adoptive placement.

The supervisor's role

I. Review the case record to ensure that face-to-face contact, administrative reviews and progress reports are completed, as required, by the supervising worker during the adoption supervisory period.

II. Assist with the adoption assistance process, especially in cases where there are disputes about the amount of the adoption subsidy.

III. Provide consultation and guidance to the supervising worker when there are protective service, certification and other concerns about the adoptive placement.

IV. Review the supervising worker's recommendation to finalize the adoption.

V. Support the caseworker in providing appropriate services to the adoptive family and the child during the adoption process.

VI. Assist in cases where the decision to disrupt the adoptive placement is considered by the agency.

Forms and references

Oregon Revised Statutes

I. ORS 109.675, Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent

II. ORS 418.517, Use of psychotropic medications

OARs

III. Supervision and Support of an Adoptive Placement, OAR 413-120-0800 to 0880

IV. CPS Assessment Dispositions, OAR 413-015-1000

V. Monthly Contact and Monitoring Child and Young Adult Safety, OAR 413-080-0040 to 0067

VI. Family Support Services, OAR 413-030-0000 to 0030

VII. Substitute Care Placement Reviews, OAR 413-040-0100

VIII. Psychotropic Medication Management, OAR 413-070-0000 to 0974

IX. Adoption Assistance, OAR 413-130-0000 to 0130

X. Standards for Certification of Foster Parents, Relative Caregivers and Approval of Potential Adoptive Recourses, OAR 413-200-0301 to 0396

Forms

I. CF 0100A, ICPC Adoptive Placement Approval

II. Genetic and Medical History of Child and Biological Family

III. Adoption Checklist in OR-Kids

IV. CF 0304, Service Application

V. Adoption Child Summary

VI. CF 439, Materials

VII. CF 0963, Required Information for Adoption Workers and Adoptive Parents

B. Disruption decision making and process

Fortunately, disruption is a rare circumstance. A disruption refers to the ending of an adoption process after adoption selection of the family and placement of the child with the family for the purpose of adoption, but before the adoption is legally finalized.

An excellent resource for approaching disruption with children and families is the article by Jon Bergeron, Jr., Ph.D. and Robin Pennington, “Supporting Children and Families When Adoption Dissolution Occurs” in the Adoption ADVOCATE at this link:
www.adoptioncouncil.org/images/ stories/NCFA_ADOPTION_ADVOCATE_NO62.pdf.

For additional policy information about adoption disruption, see OAR 413-120-0870 “Disruption” at this link.

Most adoptive placements lead to finalization of the adoption. When disruption occurs, the decision to disrupt a child’s

adoption may be made by:

I. The adoptive family; or

II. The department.

When made by the department, the decision to discuss disruption of an adoptive placement includes, if possible, the adoption worker, the caseworker, adoptive family, child (as age and developmentally appropriate). If possible, consideration of disruption occurs after exploration of other alternatives.

Serious situations such as child abuse/neglect or other circumstances that jeopardize the child's safety, health and well-being may prompt an immediate decision to move the child from the adoptive home. This does not constitute an adoptive placement disruption, which would require additional assessment and decision-making if the family were not choosing to disrupt.

Adoptive placements should be preserved when possible and when in the children's best interests. Safety is considered in attempts to consider preservation of an adoptive placement.

A decision to disrupt one or some of the children in a sibling group placed with the adoptive family needs to include consideration of sibling relationships. If a sibling group of children will be separated due to disruption of one or some of the siblings, the caseworker must consider whether to present the case for sibling separation to a Permanency Committee. Refer to the procedure manual Chapter 5, Section 3 "Sibling adoption planning" for more information about separating siblings for the purpose of adoption.

Child Protective Services move of the child in an adoptive placement

If the child was moved from the home for Child Protective Services (CPS) safety reasons, the move was initially to provide safety. In some cases, children return to their adoptive family after a CPS removal. An adoption is not disrupted until the agency follows the process to disrupt, if the family does not choose to disrupt after a CPS move. Consult central office Child Permanency Program staff, such as the Adoption Placement Specialist, Legal Assistance Specialist or their supervisor if a CPS removal is planned or occurs.

The adoption worker and the child's worker and their supervisors should share their professional opinions about whether to consider the request for a department disruption. The primary concern is the child's long-term best interests.

Planning process when the adoptive family disrupts the adoption

There are distinctions in processes when the family decides to disrupt the adoption and when the department decides to disrupt the adoption.

Procedure

When the adoptive family makes the decision to disrupt:

I. When an adoptive family expresses reservations about proceeding with the adoption, the child's caseworker and the adoption worker should discuss the child and family's progress and challenges and the family's willingness to participate in services to preserve the placement. The supervising worker should make reasonable attempts to provide services to support and preserve the placement.

II. When the family's final decision is to disrupt the placement, the supervising worker takes the following steps:

   A. Staff the case with the supervisor and Child Welfare Program Manager to develop the most supportive plan for the adoptive family and the child. Include the Permanency Program's Adoption Placement Specialist for consultation.

   B. Determine whether the child can be maintained with the adoptive family pending the identification of another resource. If this is not possible, make placement plans with timelines. Consultation should include the child's caseworker, the adoption worker and the adoptive family as appropriate.

   C. Arrange to remove the child from the adoptive home. Make placement plans and timelines in consultation with the child's caseworker and the adoptive family.

   D. Evaluate the immediate needs of the child and the adoptive family.

   E. Send a memo to the central office Child Permanency Program's support staff person for the child's Legal Assistance Specialist with the child's name, the adoptive parent's name, information about the reasons for the disruption, plus the disruption date. The worker does not send a memo to the Program Manager when the family decides to disrupt the child.

   F. The caseworker must document the disruption in OR-Kids and notify the central office Child Permanency Program of the date of the adoption disruption.

   G. If the child is placed in another state, notify the central office ICPC unit of the date of the adoption disruption. Work through ICPC for authorization of travel costs to the return the child to Oregon.

Process if the supervising worker believes it is in the child's best interest to disrupt the placement and the adoptive family has not made that decision

When the supervising worker believes that it is in the child's best interest to disrupt the adoptive placement, and the adoptive parents have not come to that conclusion, complete the following activities.

Procedure for the supervising caseworker

I. Consult with the supervisor and child welfare program manager or designee about the need to disrupt the adoptive placement. Also, consult with the other involved worker, the caseworker or family's adoption worker and their supervisor. These workers should inform their CWPM or designee, if different, about the supervising worker's decision to disrupt.

II. When the caseworker for the child determines that a disruption is likely, the caseworker must consult with each of the following:

   A. The adoption worker of the family

   B. Members of the child's team identified as individuals who can offer additional information or support, and

   C. The family, if possible.

III. In some cases, after consultation, there may be a plan to try to preserve the placement, when it is in the best interest of the child to do so.

IV. When the Department is supervising an adoptive placement of a child in the custody of another public child

welfare agency and concerns arise that indicate that the adoptive resource is no longer appropriate for the child or children, the caseworker must ensure contact is made with the responsible entity and coordinate subsequent actions.

V. Consult with the central office Child Permanency Program's Adoption Placement Specialist about the problems regarding the placement.

VI. If the supervising worker, supervisor and Child Welfare Program manager or designee all concur, send a memo or email to the Child Permanency Program manager in Central Office requesting approval of the recommendation. This memo should include:

   A. First and last names of the child,

   B. First and last names of the adoptive family,

   C. Concerns that led the local office to request a disruption of the adoptive placement, including safety issues,

   D. Services and supports, if any, that have been recommended or implemented during the placement to support the child and family in the adoption,

   E. Sibling issues, if any, and

   F. Placement date.

VII. Await the decision. The central office Child Permanency Program manager must approve of the recommendation to disrupt the adoption.

VIII. Determine the immediate needs for both the child and the adoptive family.

IX. Follow the child protective services referral and assessment procedures for out-of-home placement in the event of suspected child neglect or abuse as found in OAR 413-015-0601 to 0608, Child Welfare Responsibilities When a Report Involves a Home Certified by Child Welfare, ODDS, or OYA.

X. The caseworker must document the disruption in OR-Kids and notify the central office Child Permanency Program of the date of the adoption disruption if decided by DHS.

XI. If the child is placed in another state, notify the central office ICPC unit of the date of the adoption disruption. Work through ICPC for the return of the child to Oregon. Work through ICPC for authorization of travel costs to the return the child to Oregon.

Disruption staffing after a disruption occur

I. The caseworker is required, after the disruption of an adoptive placement of a child in DHS custody, to consult with his or her supervisor, the child's team and individuals with significant adoption experience to staff the case in order to:

   A. Gain a comprehensive understanding of the issues leading to the disruption; and

   B. Increase the likelihood for the child's success in another adoptive placement.

II. If an adoptive placement disrupts and it is the child's first adoption disruption, a more formal disruption staffing is recommended. If a child has had more than one disruption, a disruption staffing is highly encouraged. The

purpose of the staffing is to benefit from the expertise of others who may have additional insights.

III. The worker may value the deeper and more structured disruption staffing process, especially with a complex case. Discuss with the supervisor how to request a local disruption staffing meeting after the disruption has occurred. The disruption staffing happens after the disruption decision and is to be a clinical debriefing and helpful consultation for future planning with possible ideas about the child's lagging skills, recruitment, adoption preparation of the child, transition, disclosure, desired family characteristics, possible supports after the child is placed with a family and other recommendations. The disruption staffing is not to be used to determine whether the placement should be disrupted, since it occurs after the decision to disrupt.

Procedure for the child's caseworker

I. Arrange a disruption staffing with assistance from the supervisor.

II. Coordinate with the adoption worker and discuss materials and who to invite to the disruption staffing.

III. Consult with the central office Child Permanency Program's adoption placement specialist or their supervisor, about disruption staffing details as needed.

Determining the appropriateness of adoption as the child's permanent plan after the child's adoptive placement has been disrupted

Procedure for the child's caseworker

I. If the caseworker has concerns that the child who has come from an adoption disruption is not likely to be able to be placed or parented successfully in an adoptive family after a disruption, the caseworker discusses appropriateness of adoption as the child's plan with the supervisor.

The supervisor's role

I. When the supervising worker expresses concerns about the viability of an adoptive family's success with the child, assist the supervising worker in exploring ways to support and preserve the placement, if appropriate. Ensure that the child's caseworker and the adoption worker are involved in discussions and planning. Include the Child Permanency Program staff for consultation in cases with serious issues that may indicate disruption.

II. If the adoptive family seeks a disruption, help the supervising worker determine how to support the family and the child through the removal and transition back to foster care. Workers can have very strong feelings about a family that is not able to meet a child's needs.

III. If necessary, discuss whether adoption is an appropriate plan for the child.

IV. Discuss the need for a Permanency Committee if the child's case should be referred for sibling planning.

V. Discuss the need for a disruption staffing after the disruption has occurred so that the child can benefit from the expertise of others. Disruption staffings help the worker understand the factors that contributed to the disruption and may plan to increase the child's opportunity for future success in a family.

VI. Ensure the child's caseworker and the family's adoption workers are each included in discussions and

decisions on the need for a disruption of the adoptive placement and need for a disruption staffing if there is a disruption.

VII. Assist the child's caseworker to prepare for a disruption staffing. If appropriate, attend the disruption staffing with the supervising worker to examine agency practice, assist in future planning for the child, and support the individuals involved.

VIII. In a DHS initiated the disruption, work with the supervising worker to assure that the local child welfare program manager and the central office Child Permanency Program manager approve the disruption decision.

OARs

I. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanency Plan for a Child

II. OAR 413-015-0601 to 0608, Child Welfare Responsibilities When a Report Involves a Home Certified by Child Welfare, ODDS, or OYA

Chapter 6

Section 13: Finalizing the Adoption

Finalizing the Adoption

A. Social Service Specialist Requirements for Finalization

The supervising worker proceeds to finalization of the adoption once the supervisory period is over, and there are no issues that would preclude the completion of the adoption. Section 12 of this chapter provides information about the supervision period and discusses issues that warrant delaying finalization of the adoption.

Recommendation to the Adoption Unit regarding readiness to finalize the adoption

Procedure for the supervising worker

I. Determine that the adoption is ready for finalization.

   A. Upon completion of the supervisory period, discuss finalization of the adoption with the other involved worker (child's caseworker or adoption worker/certifier). Determine whether both workers are in agreement that the adoption is ready to finalize.

      1. If the child is placed outside of Oregon or in a private agency placement, secure from the family's adoption worker their written statement indicating the placement is appropriate for finalization.

   B. When making this determination, take into consideration the best interest of the child and the adoptive family including:

      1. During regular contacts with the child and family, has it consistently been determined that the child is safe?
      2. Is the family meeting the child's needs and utilizing services that are necessary for the child's well-being? Will the family likely continue to do so without the involvement of a caseworker?
      3. Have the child and family adjusted to their new circumstances as an adoptive family?
      4. Is the family indicating their readiness to have the adoption finalized?

II. Upon completion of the supervisory period, after determining that the adoption is ready for finalization, and after required documentation is in Central Office, send a written recommendation to the Central Office Adoption Services Unit regarding the readiness of the adoption to finalize.

III. Include the following information, in the final progress report/request to finalize the adoption (Refer to Appendix 5.42 for a sample of the final report/request for finalization):

   A. Progress of the child and the adoptive family through the supervision period.

   B. Completion of the adoption assistance process.

   C. Receipt of required case file documentation by the Adoption Unit.

   D. Indicate in writing that the adoptive family has been notified of the availability of post-legal adoption services.

   E. Indicate whether or not a post adoption communication agreement has been developed.

   F. If a caseworker other than the supervising worker is involved, the final report should indicate that the other involved worker also concurs with finalization of the adoption.

Documents needed to finalize the adoption

Procedure of supervising worker

I. Determine if all of the documents needed to finalize the adoptive placement are in the Central Office adoption file prior to sending the final report/request to finalize the adoption. Refer to section 10, parts D and E of this chapter for information on ways that the caseworker can verify that all documents have been received in Central Office in order to finalize the adoption, ARMS read-only access in the branch, and case status inquiry e-mail. At the time the case is approved for TPR, the legal assistance specialist will provide an adoption checklist (CF 252) indicating which of the following are applicable for the particular case. These documents are part of the child's permanent adoption record and are needed to finalize the adoption.

II. When the above documents are in Central Office, submit the final report/request for finalization.

Legalizing an adoption

There are two different ways to legalize an adoption:

(1) With a petition (2) Without an adoption petition.

I. If the adoptive family lives out of state:

   A. Unless the worker can verify that one of the birth parents with legal standing lives in Oregon and has continuously lived in Oregon for the past six months (at the time of finalizing the adoption), the adoption will either need to be done as a petitionless adoption or the final judgment of adoption must be issued by the state in which the adoptive family resides.

      1. If being done as a petitionless adoption, no other steps are necessary.
      2. If a petition is used to legalize the adoption, the caseworker sends the Central Office Adoption Services Unit a memo indicating which parent resides in Oregon and has resided in Oregon continuously for the past six months, and explains how the caseworker knows this to be true.

References

ORS

II. ORS 419B.529, Authority of court to enter judgment of adoption

III. ORS 419B.527, Disposition of ward after termination

OAR

I. OAR Chapter 413, division 120, Adoption

Forms

I. CF 1286, Sample Letter to Court Requesting Dismissal of Jurisdiction

B. Central Office, Attorney, and Court Requirements for Finalization

When all the required documentation is in the child's adoption file and the legal assistance specialist has approved finalization, Central Office sends a consent packet to the attorney that was selected by the adoptive family. The attorney then prepares the appropriate documents based on how the adoption will be finalized. There is interaction between Central Office staff and the attorney finalizing the adoption until the general judgement of adoption is signed by the judge.

Procedure

I. There is nothing the caseworker needs to do during this part of the process.

   A. The caseworker may check in the CW electronic data system or with ARMS whether consents have been issued or whether the final court report has been sent.

   B. The caseworker may check whether the adoptive family has signed the petition, whether the attorney has filed the petition, or when the judge will sign the general judgment of adoption, by contacting the attorney who has been selected by the adoptive family.

C. Closing DHS Court Case Once General Judgment of Adoption Is Entered

Dismissing jurisdiction

After the General Judgment of Adoption (adoption decree) is signed and the Adoption Services Unit receives a copy of the signed General Judgment of Adoption from the court, the adoption is final. A letter is sent from the Adoption Services Unit to the child's caseworker notifying the caseworker to request jurisdiction be terminated and the file closed. The Adoption Services Unit also sends notification of the legalization of the adoption to the Citizen Review Board.

Procedure

I. Upon receiving the letter from the Adoption Unit saying the adoption is final, the child's caseworker sends a letter to the court requesting dismissal of jurisdiction.

II. See CF 1286, Sample Letter to Court Requesting Dismissal of Jurisdiction for a sample template.

Forms and References

Forms

I. CF 1286, Sample Letter to Court Requesting Dismissal of Jurisdiction

D. Post Legalization of Adoption Services

Children placed by the Department of Human Services often have special needs that may challenge an adoptive family's skills and require specialized services after the adoption is finalized. The department maintains a commitment to these children and their adoptive families, until the child reaches age eighteen or emancipation, whichever comes first. The department assumes an obligation to maintain the adoptive placement through the delivery of post legal adoption preservation services. Chapter VI, Family Support Services, details the types of services available to families, including

those who have adopted through DHS, after an adoption finalizes.

Procedure

I. Prior to finalization of the adoption, the supervising worker (if a DHS employee) or the child's caseworker if the supervising worker is a private agency employee or out-of-state worker, should ensure the adoptive family is familiar with services that are available post adoption, if needed, and how to access those services.

   A. Refer to chapter VI, Family Support Services, for more information about services that are available through the department when the family requests assistance by contacting the intake screener in the area in which they reside, including:

      1. In-home services or services via voluntary placement agreement, while the child is temporarily placed in substitute care, to address identified needs.

      2. When an adopted child is placed in foster care or residential treatment through Family Support Services eligibility, the adoptive parents may be eligible for a permanent child support exemption. This would need to be further discussed with the supervisor and the adoption assistance coordinator upon the request for such exemption.

   B. Refer to Appendix 5.43, 'Post Adoption Services' and Appendix 6.3, 'Additional Supports for Adoptive Families and Legal Guardians' regarding support and assistance that is available without having an open family support services case with the department.

II. Include in the request for finalization verification that the family has been advised of services available to them post-finalization of the adoption, if needed.

References

ORS

I. ORS 109.425 to 109.507, Voluntary Adoption Registry

OARs

II. OAR Chapter 413, division 120, Adoption

III. OAR 413-030-0000 to 0030, Family Support Services

IV. OAR 413-100-0800, Child Support Referrals

E. Adoption Records

An adoption case record encompasses all the records, papers, files generated during the adoption process, whether held by the court, DHS, or any adoption agency, and the vital statistics records (such as old and new birth certificates) that memorialize the personal relationships created and ended by an adoption. State statute (ORS 7.211) requires that upon finalization, all records, papers and files relating to the adoption be sealed, to be opened only by order of the court.

How to file adoption documents

During the period of supervision, between designation of the placement and finalization, the local child welfare office

and the Central Office Adoption Services Unit each maintain files containing the same information pertaining to termination of parental rights and the adoptive placement.

Procedure

I. At the local child welfare office, file all material related to the adoptive family and adoption planning in file folder that is separate from the child's case record. Materials listed in the CF 0963, Required Information for Adoption Workers and Adoptive Parents, is part of the adoption planning material.

II. When gathering required birth certificates, adoption forms, reports, court orders, etc., send originals or copies (as indicated on the 0439, Legal Assistance Checklist) of these documents to the Central Office Adoptions Unit to be filed, and in some cases, approved or acted upon.

III. Check the receipt and input of material by checking the FACIS adoptions tab or by referencing ARMS.

Confidentiality of adoption assistance records

Records and information obtained or created for determining eligibility or making payment for adoption assistance are confidential. Child welfare staff shall not use or disclose the information except for purposes directly connected with the administration of the adoption assistance program.

Disclosure of the adoption assistance records is permitted by court order or to an adult adoptee or adult genetic sibling (age 21 or older) and to a birth parent when they have met the legal requirements of the Voluntary Adoption Registry as specified in ORS 109.425 to 109.507.

Retention and sealing of local office adoption records

I. The local child welfare office records documenting an adoption include:

   A. Adoption home studies with no placement.

   B. Adoption case record.

   C. IIS.

   D. OR-Kids.

II. Local child welfare office adoption records are sealed and stored in a secure, designated location.

The Supervisor's Role

I. Review the CF 252 Adoption Checklist or documents included in it periodically in the course of the process of freeing and placing a child for adoption to determine if the adoption is progressing in a timely fashion.

II. Ensure the process regarding the sealing and storage of adoption records is followed.

References

ORS

I. ORS 7.211

II. ORS 432.420

III. ORS 109.425

IV. ORS 109.500

OAR

I. OAR 413-010-0010 to 0075, Confidentiality of Client Information

Other Legal Reference

I. DHS/CAF Branch Operations, Permanency Planning and Adoptions Retention Schedule, 98-0005, #186 and 187

Chapter 6

Section 14A: Approving and Implementing Guardianship as a Permanency Plan

Approving and Implementing Guardianship as a Permanency Plan

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. A decision to pursue guardianship as a plan must be based on the individual safety, permanency, and well-being needs of the child. Only a child who has an approved plan of guardianship with a relative is eligible for a subsidized guardianship.

This procedure describes the process for seeking approval to implement a permanent plan pursuant to OAR 413-070-0655 to 0670, Guardianship as a Permanency Plan. The policy and this procedure require that guardianship as a plan be considered and approved by the Department when the potential guardian has been identified. The potential guardian should be the current substitute caregiver. If the potential guardian is not the current substitute caregiver then the local office must consult with the assigned permanency consultant. Local offices may encounter situations in which this requirement is not met, such as a case where the court or another legal party is recommending a change in plan to guardianship when there is no identified potential guardian or the person being considered is not the substitute caregiver. If this situation occurs, the local office should consult with the assigned permanency consultant.

Under this procedure, prior to pursuing Department approval of the guardianship plan the caseworker must assess the appropriateness of the plan and take into consideration the child's needs and functioning, the role of the parents in determining and impacting the long term plan, and the relationship between the child and the potential guardian. The caseworker, along with assistance from the certifier, must assess the appropriateness of the substitute caregiver including the substitute caregiver's commitment to the child and the abilities and resources available to the substitute caregiver to meet the child's current and long-term needs for safety, permanency, and well-being. If the caseworker is considering a relative potential guardian who is not the current substitute caregiver then the caseworker and the certifier must consider the ability of the potential relative guardian and the substitute caregiver's ability to work together to continue to meet the child's current and long-term needs for safety, permanency and well-being. It must also be communicated to both the substitute caregiver and the potential guardian that the child will not be eligible for guardianship assistance including a subsidy payment and medical coverage.

When Guardianship May Be Considered

Caseworker

Procedure

Guardianship may be considered only when the Department has determined that the child cannot safely be returned to the home of a parent, there is a compelling reason to not pursue adoption, and it is in the child's best interest to implement a permanency plan of guardianship. The caseworker must consult with his or her supervisor to determine whether or not to pursue a plan of guardianship.

The following questions must be considered:

- Is it possible for the child to return home, and if not, why not? What are the barriers to return home as a

permanency plan, and what actions has the Department taken to address these barriers?

- Is it possible for the child to be adopted, and if not, why not? What are the barriers to adoption as a permanency plan, and what actions has the Department taken to address these barriers?
- Does the case file indicate a thorough relative search was completed? Have all identified relatives been contacted? Are there any identified relatives still needing to be assessed?

Prior to considering a substitute caregiver as a potential guardian, the caseworker along with the casework supervisor, must review all previous Department efforts to identify relatives, the outcomes of any assessment of a relative, and confirm that there are no actions that should be made or that are in process to identify or assess a child's relative as a permanency resource.

Assessing the Appropriateness of the Plan of Guardianship for the Child

Caseworker

Procedure

The caseworker must:

- Thoroughly review documentation and information regarding the child's needs and functioning. Consider how well the child is functioning within the foster home and in other settings. Observe the interactions between the substitute caregiver and child.
- Observe the actions the substitute caregiver is taking to meet the child's well-being needs. Child well-being includes, but is not limited to, the child's physical health, mental health, developmental, educational, vocational, and emotional needs. Assessment of a family's ability to meet a child's well-being needs requires consideration of how the family and home environment are meeting the child's current unique needs; and the likelihood that the family and home environment will continue to meet these needs and encourage the child to reach his or her potential.
- Request information from other members of the child's team regarding the needs of the child, how the child's unique needs are being met by the substitute caregiver, and the relationship between the child and substitute caregiver.

  Tip: *The child's team refers to a group of individuals who have an interest in the child's safety, permanency, and well-being. The team may consist of different individuals depending on the case dynamics and legal status of the child. At a minimum, the team must include the caseworker, child's attorney, CASA, and Tribe if the child has ICWA status or a member of the Refugee Child Welfare Advisory Committee (RCWAC) if the child has refugee status. It may also include parents, relatives, and other individuals familiar with the child's needs such as therapists, community supports, mentors, and school staff.*

- Seek input from the child as developmentally appropriate and ensure a child age 14 or older is consulted regarding the plan. Even a non-verbal child will offer behaviors and cues that they feel safe and attached to the substitute caregiver. Although the child's consent is not required for the plan to be approved, a child's

support of the placement and plan can facilitate the implementation and long-term success of the plan.

- If considering a relative as the potential guardian who is not the substitute caregiver, observe the relative's interactions with the substitute caregiver and the child. Observe the relative's involvement and participation in meetings regarding the child's needs being met including educational, medical and Individual Support Plans. Discuss with the child's team the relative's ability to ensure that the child's needs and safety will continue to be met without DHS oversight, including their understanding of the child's unique needs, their ability to advocate for the child and their ability to work collaboratively with the child's team.
- Document in the Department's electronic data system in the case notes and the permanency plan how the above requirements were met.

Assessing the Parents' Support of the Plan of Guardianship

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. Although the court would likely only consider such a request if the parents had made considerable progress, the request itself could be stressful for the guardian and the child. As a result, the caseworker must assess the parents' acceptance of guardianship as a permanency plan including their desire for continued contact with the child.

Caseworker

Procedure

The caseworker must:

- Make efforts to discuss with each parent the plan of guardianship and seek input from each parent regarding their support of the plan.
- Make efforts to discuss with each parent their desires for continued contact and determine the type of contact they envision. Consideration should be given to the reasonableness of their requests and how their desires fit with the needs of the child and desires and willingness of the potential guardian regarding ongoing contact.
- Information regarding the assessment of the support of the plan of guardianship by the parents must be documented in the Department's electronic data system in case notes and the permanency plan.

Assessing the Appropriateness of the Potential Guardian

Caseworker and Certifier

Procedure

When considering guardianship as a plan both the caseworker and certifier must jointly assess the extent to which the child's ongoing needs for safety, permanency, and well-being are met in the home of the substitute caregiver. A review of OAR 413-070-0640, Placement Matching, is necessary to determine the conditions that must exist in the family

home to ensure these needs are met. The caseworker documents the information in the Department's electronic data system in case notes and the case plan. The information will be presented to a Permanency Committee if and when the Department considers final approval of the plan. The following questions must be considered:

- Does the substitute caregiver demonstrate the ability to meet the child's physical and emotional needs for safety, and does the home environment encourage these needs to be met?
- What is the substitute caregiver's ability and willingness to promote and preserve the child's attachment to his or her family, including the caregiver's willingness to maintain relationships with siblings placed outside the home?
- Would permanent placement with the substitute caregiver provide a sense of continuity and familiarity for the child, such as keeping the child in a familiar school and preserving pre-existing relationships?
- Does the substitute caregiver demonstrate the ability and willingness to provide appropriate educational, developmental, emotional, and physical support, such as advocating in school for a child with special needs and working cooperatively with outside professionals?
- Does the substitute caregiver have the ability to provide a current and lifelong family relationship to the child, fully integrating the child into the family and providing support into adulthood?
- What information exists to illustrate the substitute caregiver's ability to meet the child's lifelong needs for stability, including the child's lifelong needs for support and nurturing?
- What is the likelihood that the substitute caregiver will support the identity of the child's specific developmental, cultural, religious, and spiritual background and connections?

Caseworker

Procedure When the Substitute Caregiver is the Potential Guardian

The caseworker must:

- Consider the substitute caregiver's ability to meet the child's specific needs, the child's ability to maintain stability in the substitute caregiver's home, and the appropriateness of the plan and of permanent placement with the substitute caregiver.
- Consult with the substitute caregiver regarding their financial needs and community supports as well as the availability of guardianship assistance. When guardianship assistance will be requested, inform the substitute caregiver of the eligibility, application, and ongoing requirements of guardianship assistance. Explain that if requested, any approved guardianship assistance subsidy will most likely be less than they are receiving for the foster care payment and can never exceed the foster care payment.

  Tip: A child must be placed with a relative in order to qualify for guardianship assistance. Refer to the Section 14.b Establishing Guardianship Assistance for a description of the requirements and procedure for establishing guardianship assistance.

- Review from the CF 0975 Duties of a Guardian with the guardian to ensure they are comfortable with the responsibilities involved in being a guardian, including the statutory requirement to provide an annual report

to the court.

Tip: The format of the annual report varies depending on the court of jurisdiction.

- Describe to the substitute caregiver the local office and court approval process involved in establishing guardianship.
- Consult with the supervisor regarding a decision whether or not to proceed to request Department approval to change the permanency plan to guardianship.

Before requesting a Permanency Committee and formal Department approval to change the plan the caseworker must ensure the following requirements to be considered as a potential guardian have been met by the substitute caregiver:

- When residing in Oregon, the substitute caregiver must have a certificate of approval to provide foster care from the Department, a licensed foster care agency in Oregon, or a federally recognized tribe with a Title IV-E agreement with the Department.
- When residing outside of Oregon, the substitute caregiver must be certified or otherwise approved by the state in which the substitute caregiver resides and approved as a placement for the child under the Interstate Compact on Placement of Children.
- The caseworker and the substitute caregiver must agree that the substitute caregiver and child can maintain a stable relationship and function effectively without Department supervision.
- The substitute caregiver must have an updated home study that describes how the substitute caregiver's skills and abilities meet the child's best interests and needs for safety and permanency. If this has not been completed the caseworker should request the certifier to complete an amendment or update to the home study.
- The substitute caregiver must have adequate income and connections to community resources to maintain the household and be self-sufficient. This means the substitute caregiver should have the ability to provide for shelter, food, and utilities. Neither the foster care payment nor a guardianship assistance subsidy should be the resource relied upon to pay the rent and meet the needs of the household. The foster care payment will no longer continue once the guardianship is implemented, and the guardianship assistance, if and when implemented, is to assist in meeting the child's specific needs.
- The substitute caregiver must have a strong commitment to caring permanently for the child.

Certifier

When a home study has been completed but does not include information regarding how the substitute caregiver's skills and abilities meet the best interests and needs for safety and permanency for the specific child, the certifier completes the Guardianship Home Study Addendum to address these issues. A SAFE home study update does not need to be completed unless it is due.

Caseworker and Certifier

Procedure When A Relative who is not the Current Substitute Caregiver Is The Potential Guardian

When considering guardianship as a plan, both the caseworker and certifier must jointly assess the extent to which the child's ongoing needs for safety, permanency and well-being are met in the home of the substitute caregiver. The following questions must be considered:

- Is the substitute caregiver unable to provide legal permanency for the child in consideration but has demonstrated their commitment to the care and well-being of the child and desires to continue the placement of the child in their home?
- Does the substitute caregiver demonstrate the ability to meet the child's physical and emotional needs for safety and does the home environment encourage meeting these needs?
- What is the substitute caregiver's ability and willingness to support the child and the potential guardian in promoting and preserving the child's attachment to his or her family, including when a home study has been completed but does not include information regarding relationships with siblings placed outside the home?
- Would continue placement with the substitute caregiver provide a sense of continuity and familiarity for the child, such as keeping the child in a familiar school and preserving pre-existing relationships?
- Does the substitute caregiver support the child and potential guardian in accessing appropriate educational, developmental, emotional and physical support, such as advocating in school for a child with special needs and working cooperatively with outside professionals?
- What is the likelihood that the substitute caregiver will support the identity of the child's specific developmental, cultural, religious and spiritual background and connections?

Caseworker

Procedure

The caseworker must:

- Consider the substitute caregiver's ability to meet the child's specific needs, the child's ability to maintain stability in the substitute caregiver's home, and the appropriateness of the plan and continued placement with the substitute caregiver.
- Consult with the substitute caregiver regarding their ability to work with the potential guardian cooperatively to ensure the child's needs continue to be met.
- Ensure that the substitute caregiver understands and signs DHS 2424 Information and Responsibilities of a Caregiver and Legal Guardian confirming that the child, the potential guardian and the substitute caregiver will not be eligible to receive guardianship assistance at any time.
- Review the DHS 2424 Information and Responsibilities of a Caregiver and Legal Guardian with the potential guardian and have them sign it to ensure they are comfortable with the responsibilities involved in continuing to be the substitute caregiver once the guardianship is ordered by the court.
- Describe to the substitute caregiver the local office and court approval process involved in establishing guardianship.
- Consult with the supervisor regarding a decision whether or not to proceed to request Department approval to

change the permanency plan to guardianship.

- Before requesting a Central Office Guardianship Committee and formal Department approval to change the plan the caseworker must ensure the following requirements have been met by the substitute caregiver:
  - When residing in Oregon, the substitute caregiver must have a certificate of approval to provide foster care from the Department, a licensed foster care agency in Oregon, a federally recognized Tribe with a Title IV-E agreement with the Department or the Office of Developmental Disability Services.
  - When residing outside of Oregon, the substitute caregiver must be certified or otherwise approved by the state in which the substitute caregiver resides and approved as a placement for the child under the Interstate Compact on Placement of Children.
  - The caseworker, the potential guardian and the substitute caregiver agree that the substitute caregiver, potential guardian and child can maintain a stable relationship and function effectively without Department supervision.

Caseworker and Certifier

Procedure

The caseworker in collaboration with the certifier of the substitute caregiver will complete DHS 2822R Guardianship Study: Relative to document the substitute caregiver's and the potential relative guardian's skills and abilities meet the child's best interests and needs for safety and permanency.

Casewoker

Procedure

The caseworker must:

- Ensure that the potential guardian meets the definition of a relative under OAR 413-070-0000 (69)
- Assess the commitment of the potential guardian to the child, including maintaining lifelong contact with the child, participating in service planning, assisting with raising the child by assuring the child's physical, emotional, developmental, cultural and educational needs are met.
- Assess the ability of the potential guardian to communicate effectively with and provide support to the substitute caregiver.
- Assess the ability of the v potential guardian to make decisions in the best interest for the safety, permanency and well-being needs of the child.
- Assess the ability of the potential guardian to protect the child from inappropriate contact with those who may harm the child and ability to protect the child from further victimization.
- Ensure that the potential guardian is willing to participate in all activities required to maintain the foster care placement.
- Ensure that the potential guardian has been, pursuant to OAR 413-120-0440 to 413-120-0475, approved through a Department-approved, fingerprint-based criminal records check of the National Crime Information Databases (NCID) and a Child Abuse and Neglect (CAN) registry check.

- The potential guardian agrees that they, the child and the substitute caregiver can maintain a stable relationship and function effectively without Department supervision.
- Ensure that the potential guardian understands that the child, the potential guardian and the substitute caregiver will not be eligible to receive guardianship assistance at any time.
- Review DHS 2424 Information and Responsibilities of a Caregiver and Legal Guardian with the potential guardian and have them sign it to ensure they are comfortable with the responsibilities involved in being the guardian once the guardianship is ordered by the court.
- Describe to the potential guardian the local office and court approval process involved in establishing guardianship.
- Consult with the supervisor regarding a decision whether or not to proceed to request Department approval to change the permanency plan to guardianship.

The Role of the Supervisor

- Review all previous Department efforts to identify relatives, the outcomes of any assessment of a relative and confirm that there are no current actions to identify or assess a child's relative as a permanency resource
- Determine with the caseworker if the case meets all requirements for a guardianship plan and ensure the caseworker has conducted a thorough assessment of the appropriateness of the plan and potential guardian.
- Ensure the caseworker schedules a permanency committee or Central Office Guardianship Committee to review a potential plan of guardianship

Requesting Department Approval to Change the Permanency Plan to Guardianship

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 potential guardian is the current substitute caregiver then the caseworker must request a Permanency Committee. When the potential guardian is a relative but is not the current substitute caregiver then the caseworker must request a Central Office Guardianship Committee. 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 below to ensure the potential guardian is aware of the duties of a guardian and to ensure that the Department supports the plan.

Tip: *Always consult with an attorney from the Department of Justice (DOJ) in order to determine the type of guardianship to pursue as there are differing types of guardianship. The type of guardianship to pursue will depend on the case dynamics and needs of the child. DOJ will assist in determining the type of guardianship that can be achieved and that best meets the needs of the child.*

Caseworker

Procedure for Substitute Caregiver as Potential Guardian

The caseworker must:

- Request a Permanency Committee.
- Ensure the members of the child's team, specifically those who are eligible members of the Permanency Committee, are informed of the date, time, and location of the committee meeting and are invited to present comments in person or in writing to the Permanency Committee for consideration. The following members of the child's team are eligible Permanency Committee members: the caseworker, attorney for the child, CASA, a tribal representative for a child who is member of a Tribe or eligible for membership in a Tribe, and a member of the RCWAC for a child with refugee status.
- Ensure that other individuals from the child's team whom can provide important information regarding the child's needs and functioning have been invited to the Permanency Committee. Consult with the supervisor to identify these individuals. Potential invitees may include the substitute caregiver, the child and other individuals familiar with the child's needs. Ensure these individuals know the purpose of the committee, why they have been invited to the committee, and that they will be excused after their respective presentations to the permanency committee.
- Complete the beginning section of the CF 0270 Permanency Committee Form to identify the case member information and reason for the Permanency Committee request. In the sections titled "Requested for recommendations and decisions" mark the boxes next to "Guardianship" and "Appropriateness of adoption as the plan".
- Submit to the Permanency Committee and the Child Welfare Program Manager or designee the CF 0270 Permanency Committee Form, the recent case plan and child specific case plan, and any additional information regarding the child and family being considered as the potential guardian family.
- If guardianship assistance will be requested, complete the CF 0311G Guardianship – Case plan Addendum and submit this to the committee.
- Ensure that appropriate releases of information are on file if protected information is being released to the Permanency Committee regarding the substitute caregiver.
- Present to the committee a summary of all prior efforts to achieve a more permanent plan and to place the child with a relative.

Caseworker and Certifier

Procedure

The caseworker, along with input from the certifier, presents the results of the assessment conducted in evaluating the appropriateness of guardianship as a plan and presents information regarding the ability of the substitute caregiver to meet the child's ongoing needs for safety, permanency, and well-being.

Review and Approval of a Guardianship Plan

Permanency Committee Members

Procedure

The members of the Permanency Committee review all of the information provided and the facilitator of the committee makes written recommendations on the CF 0270 Permanency Committee Form. The written recommendations include information regarding whether guardianship is an appropriate plan, whether the substitute caregiver can meet the child's needs and should be considered as a potential guardian, and the compelling reason for not pursuing adoption. The form is provided to the Child Welfare Program Manager or designee within three business days of the date of the committee.

Child Welfare Program Manager/Designee

Procedure

The Child Welfare Program Manager or a designee attends the Permanency Committee and may ask clarifying questions. He or she does not participate in the committee deliberations or recommendations. Within one business day following receipt of the committee's written recommendations the Child Welfare Program Manager or designee makes the final determination on behalf of the Department regarding whether or not guardianship is an appropriate plan. Within the same time frame the manager or designee provides written notification on the CF 0270 Permanency Committee Form to the caseworker of the decision and basis for the decision. In making this determination, the Child Welfare Program Manager or designee considers the following:

- How the permanency plan of guardianship meets the child's needs.
- The requirement that guardianship only be considered when a child cannot be returned home safely and adoption is not an appropriate plan.
- The input regarding the plan gathered from speaking with or observing the child.
- The parent's acceptance of the plan of guardianship.
- The information presented regarding the substitute caregiver's ability to meet the requirements for consideration as a potential guardian.
- The information presented regarding the skills, abilities and commitment of the substitute caregiver to meet the child's current and long-term needs for safety, permanency, and well-being.
- Whether the Department has provided the child and child's parents an opportunity to identify available permanency options.
- Whether or not the substitute caregiver is able to meet the child's needs described in OAR 413-070-0600 to 0645, Placement Matching, which describes the child's needs for the following:
    - Physical and emotional safety.
    - Attachment.
    - Educational, developmental, emotional, and physical support.
    - Lifelong family relationships.
    - Stability.
    - Identification with developmental, cultural, religious and spiritual backgrounds and connections.

Caseworker

Procedure

Following receipt of the decision by the Child Welfare Program Manager or designee the caseworker must notify the following individuals of the decision:

- The child, if developmentally appropriate.
- The substitute caregiver.
- The members of the child's team who were eligible to serve on the permanency committee.

Casewoker

Procedure for Relative as Potential Guardian when They are not Current Caregiver

I. Request a Central Office Guardianship Committee by emailing the Adoption Placement Coordinator at Central Office. The Adoption Placement Coordinator will ensure the required Central Office members of the committee are informed of the date, time and location of the committee meeting and will arrange for Skype participation when necessary. The committee must include a Permanency Consultant, Guardianship Assistance Coordinator and the Adoption Placement Coordinator. The Central Office Guardianship Committee may be held via Skype.

II. Ensure the members of the child's team, are informed of the date, time and location of the committee meeting and are invited to present comments in person, via Skype or in writing to the committee for consideration. The following members of the child's team are eligible committee members: the caseworker, substitute caregiver's certifier, attorney for the child, CASA, a tribal representative for a child who is member of a Tribe or eligible for membership in a Tribe, a member of the RCWAC for a child with refugee status and the developmental disability worker for the child when the child is DD eligible.

III. Ensure that other individuals from the child's team whom can provide important information regarding the child's needs and functioning have been invited to the committee. Consult with the supervisor to identify these individuals. Potential invitees may include the potential guardian, the substitute caregiver, the child and other individuals familiar with the child's needs. Ensure these individuals know the purpose of the committee, why they have been invited to the committee and that they will be excused after their respective presentations to the committee.

IV. Complete the beginning section of the CF 0270A Central Office Guardianship Committee Form to identify the case member information and reason for the committee request. Submit to the committee and the child welfare program manager or designee the CF0270A Central Office Guardianship Committee Form, DHS 2822R Guardianship Study: Relative, the most recent case plan, most recent child specific case plan and any additional information regarding the child, the substitute caregiver and the potential guardian.

V. Ensure that appropriate releases of information are on file if protected information is being released to the committee regarding the substitute caregiver and the potential guardian.

VI. Present to the committee a summary of all prior efforts to achieve a more permanent plan and to place the child with a relative.

Caseworker and Certifier

Procedure

The caseworker will present the DHS 2822R Guardianship Study: Relative form which documents the potential guardian's commitment maintain lifelong contact with the child, participating in service planning, assist with raising the child by assuring the child's needs are met and work cooperatively with the substitute caregiver. The caseworker, along with input from the substitute caregiver's certifier, will present information documented in the DHS 2822 Guardianship Study: Relative form regarding the appropriateness of guardianship as a plan and presents information regarding the ability of the substitute caregiver to meet the child's ongoing needs for safety and well-being.

Review and Approval of a Guardianship Plan

Central Office Guardianship Committee Members

Procedure

The members of the committee review all of the information provided and the facilitator of the committee makes written recommendations on the CF 0270A Central Office Guardianship Committee Form. The written recommendations include information regarding whether guardianship is an appropriate plan, whether the substitute caregiver can meet the child's needs, whether the relative should be considered as the potential guardian and the compelling reason for not pursuing adoption. The form is provided to the Child Welfare Program Manager or designee within three business days of the date of the committee.

Child Welfare Program Manager/Designee

Procedure

The Child Welfare Program Manager or designee attends the Central Office Guardianship Committee and may ask clarifying questions. He or she does not participate in the committee deliberations or recommendations. Within one business day, following receipt of the committee's written recommendations, the Child Welfare Program Manager or designee makes the determination on whether or not guardianship is an appropriate plan. In making this determination, the Child Welfare Program Manager or designee considers the following:

- How the permanency plan of guardianship meets the child's needs.
- The requirement that guardianship only be considered when a child cannot be returned home safely and adoption is not an appropriate plan.
- The input regarding the plan gathered from speaking with or observing the child.
- The parent's acceptance of the plan of guardianship.
- The information presented regarding the relative's ability to meet the requirements for consideration as a potential guardian.
- The information presented regarding the skills, abilities and commitment of the substitute caregiver to meet the child's current and long-term needs for safety, permanency and well-being.

- The information presented regarding the substitute caregiver and the potential guardian's ability to maintain a stable relationship and function effectively without Department supervision.
- Whether the Department has provided the child and child's parents an opportunity to identify available permanency options.
- Whether or not the relative is able to ensure that the child's need for the following are being met:
    - Physical and emotional safety.
    - Attachment.
    - Educational, developmental, emotional and physical support.
    - Lifelong family relationships.
    - Stability.
    - Identification with developmental, cultural, religious and spiritual backgrounds and connections.

Within one business day after receipt of the CF 0270A Central Office Guardianship Committee Form, if the decision is to approve the potential guardian, then submit a written recommendation to the Child Welfare Permanency Program Manager outlining why it is in the best interest of the child to pursue guardianship with the approved potential guardian when the potential guardian is not the substitute caregiver.

Upon receipt of the Permanency Program Manager's decision, notify the caseworker of that decision.

Caseworker

Procedure

Following receipt of the decision by the Child Welfare Program Manager or designee the caseworker must notify the following individuals of the decision:

- The child, if developmentally appropriate.
- The substitute caregiver.
- The relative.
- The members of the child's team who were eligible to serve on the Central Office Guardianship committee.

Requesting Court Approval to Change the Permanency Plan to Guardianship

Caseworker

Procedure

When the Child Welfare Program Manager or the designee decides to not approve changing the plan to guardianship the caseworker should consult with the supervisor to determine next steps in planning for the child. In addition, the caseworker should inform all members of the child's team and convene a meeting with the team to reconsider the child's permanency options.

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.
- Work with DOJ to 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.
- Prior to the court hearing, provide the court with documentation supporting the Department's position that guardianship is in the child's best interest and neither placement with parents nor adoption is an appropriate plan. The home study of the potential guardian family and the committee forms/Child Welfare Program Manager or designee report likely contain protected information regarding the potential guardian family that should not be released to the parties in the case. Instead, the reasons for supporting the plan should be summarized in a report to the court.
- At the court hearing, recommend that the court approve changing the child's permanency plan to guardianship and inform the court whether or not the potential guardian is applying for guardianship assistance.
- When guardianship assistance is being requested, inform the court that after the Department has negotiated the amount of guardianship assistance with the potential guardian, a subsequent court hearing will be requested in order for the order of guardianship to be entered. The guardianship must not be established prior to the guardianship assistance agreements being signed as the child will not be eligible for the guardianship assistance.
- When the court does not approve the guardianship plan, the caseworker should consult with the supervisor to determine next steps in planning for the child. In addition, the caseworker should inform all members of the child's team and convene a meeting with the team to reconsider the child's permanency options.

Finalizing the Plan of Guardianship

Caseworker

Procedure

Following the filing of the guardianship petition by DOJ, the caseworker, with the assistance of the attorney from DOJ, requests a hearing to dismiss the Department from the case and establish the 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. If the child is not eligible for guardianship assistance the caseworker must have both the substitute caregiver and the potential guardian sign the DHS 2424 Information and Responsibilities of a Caregiver and Legal Guardian which outlines the duties and responsibilities, they have for the child and that the child will not be eligible for guardianship assistance once the court orders the guardianship.

The CF 0972 form Letter to the Court on the Suitability of the Proposed Guardian is completed by the caseworker and submitted to the DOJ attorney for filing along with the guardianship petition. This satisfies the statutory requirement

that the Department provide to the court a report of suitability of a potential guardian for a child in Department custody.

When guardianship assistance is not being provided by the Department, the following is completed:

- Following the receipt of the court order to finalize the guardianship plan and dismiss the Department from the case the caseworker ensures the foster care placement is closed.
- The local office must not be providing services to a child or family member on the case in order to close the case. Prior to closing the case, all the plans and outstanding work must be complete and approved in OR-Kids.

When guardianship assistance will be provided, the case is not closed. Refer to the next Section 14.b Establishing Guardianship Assistance for the process involving closing the foster care service and transferring the case.

The Role of the Supervisor

Consult with the caseworker to determine next steps in planning when approval to change the plan to guardianship is not approved by the Department or the court.

Ensure all outstanding work is complete and approved before case closure or transfer to Central Office for cases involving guardianship assistance.

Forms

CF 0270, Permanency Committee Form

CF 0270A Central Office Guardianship Committe Form

CF 0311G, Guardianship - Case plan Addendum

DHS 2822R Guardianship Study: Relative

CF 0975, Legal Duties of a Guardian

DHS 2424 Role of the Substitute Caregiver and Relative Guardian

CSP 0975, Legal Duties of a Guardian (Spanish version)

CF 0972, Letter to the Court on the Suitability of the Potential Guardian

CF 0977, Annual Court Report

OARs

OAR 413-070-0600 to 0645, Placement Matching

OAR 413-070-0500 to 0519, Legal Permanency, Concurrent Planning, and Use of a Permanency Committee

OAR 413-070-0655 to 0670, Guardianship as a Permanency Plan

OAR 413-070-0900 to 0974, Guardianship Assistance

OAR 413-100-0000 to 0345, Title IV-E Foster Care, Adoption Assistance, and Guardianship Assistance Eligibility

Chapter 6

Section 14B: Establishing guardianship assistance

Establishing guardianship assistance

The Guardianship Assistance Program in Oregon provides financial and/or medical assistance to the guardian on behalf of the child to help support the guardian in meeting the child's special needs.

This procedure is specific to the eligibility, application, and process requirements for establishing guardianship assistance. Guardianship assistance can include a subsidy payment and/or medical coverage for the child. There are four types of Guardianship Assistance Agreements that are available to a guardian:

I. Subsidy and Medical Agreement: provides a subsidy payment and medical coverage for the child.

II. Subsidy Only Agreement: provides a subsidy payment to the adoptive family.

III. Medical Only Agreement: provides only medical coverage for the child.

IV. Agreement only: provides no subsidy or medical coverage but allows the guardian and child to retain eligibility for such assistance if needed in the future.

The Guardianship Assistance Program provides both Title IV-E guardianship assistance and state-funded guardianship assistance to eligible children. A requirement of the program is a negotiation of the guardianship assistance subsidy to the potential guardian. There is not a standardized amount for the subsidy. The average guardianship assistance subsidy is less than the foster care payment. In no case may the subsidy payment exceed the foster care payment. Families may also receive a one-time, nonrecurring payment up to $2,000 for costs incurred in legally finalizing the guardianship. The nonrecurring payment is paid after the guardianship finalizes.

Prior to pursuing a plan of guardianship in which guardianship assistance will be requested, the caseworker should ensure the child meets the requirements for the program. The Department must then approve the plan through a Permanency Committee and receive court approval of the permanency plan of guardianship. Guardianship assistance is then applied for through the Guardianship Assistance Program at Central Office.

If the child meets all eligibility requirements for guardianship assistance, a subsidy amount can be negotiated by Central Office with the potential guardian. The Guardianship Assistance Agreement must be signed by the potential guardian and approved by Central Office prior to the guardianship being established in court to ensure the child's eligibility for this assistance.

A. Guardianship Assistance Eligibility Requirements

Caseworker

Procedure

I. In order to ensure potential eligibility for guardianship assistance for a child and a potential guardian, the caseworker must have complied with the requirements of 413-070-0655 to 0670, Guardianship as a

Permanency Plan, and followed the procedures in Chapter 6, Section 14a, Approving and Implementing Guardianship as a Permanency Plan.

II. In addition, prior to pursuing guardianship assistance for a child, the caseworker must ensure the following requirements are met:

A. The child must meet the Title IV-E Eligibility requirements for the Guardianship Assistance Program. If the child doesn't meet the IV-E eligibility, the child must meet the state funded eligibility requirements. The caseworker should consult with the Title IV-E Eligibility Specialist assigned to the local office to confirm this requirement will be met.

B. The potential guardian must meet the definition of a relative in accordance with the guardianship assistance policy. This policy allows an unrelated substitute caregiver to qualify as a relative for guardianship assistance purposes in limited circumstances and only when all of the following circumstances are met:

1. There is a compelling reason why adoption is not the most appropriate plan for the child.
2. The foster parent is currently caring for a child in the legal custody of the Department who has a permanency plan or concurrent permanency plan of guardianship.
3. The foster parent has cared for the child for at least 12 out of the last 24 months. The 12 months can be cumulative and do not need to be consecutive.
4. The Department has approved the foster parent for consideration as a guardian.

C. The child must have been placed in the home of the potential guardian for six consecutive months during which the potential guardian was fully certified. The period during which an expedited certificate was in place does not count toward the six-month requirement.

D. The child must have a strong attachment to the potential guardian.

E. The potential guardian must agree to continue to meet the educational enrollment requirements for receipt of guardianship assistance which states that a child who has attained the minimum age for compulsory attendance under the law of the state of residence but has not completed secondary school must be:

1. Enrolled in an elementary or secondary school as determined by the law of the state of residence;
2. Home schooled in accordance with law of the state of residence;
3. Enrolled in an independent study program in accordance with the law of the state of residence; or
4. Incapable of attending school due to a documented medical condition.

III. Each sibling of a child eligible for guardianship assistance is also eligible for guardianship assistance without meeting the eligibility requirements in 1 through 4 above when the plan for the sibling is guardianship, the child is placed with the eligible child, and the Department and potential guardian agree with the plan.

B. Informing a Potential Guardian of the Availability and Purpose of Guardianship Assistance

Caseworker Procedure

I. The caseworker has the primary responsibility for ensuring the potential guardian is prepared for the negotiation of the subsidy with Central Office. The practice among local offices differs regarding the person identified to educate the family about guardianship assistance and assist the family in completing the guardianship assistance application. However, it is ultimately the caseworker with case planning responsibility who is expected to ensure a timely and complete application is submitted on behalf of the family and that the family understands the purpose, limitations, and process related to guardianship assistance.

II. The following information should be discussed prior to implementing a plan in which guardianship assistance will be requested:

   A. Unlike the foster care payment, there is not a standard amount that the family will receive for the guardianship assistance subsidy. Do not make promises to the family regarding what their subsidy amount will be.

   B. The guardianship assistance subsidy is meant to combine with the family's resources to help subsidize expenses associated with meeting the child's needs. It is not intended to cover all the costs of raising a child.

   C. The guardianship assistance subsidy must be negotiated based on the family's out-of-pocket expenses incurred to meet the child's basic and special needs.

   D. The average monthly subsidy is less than the foster care payment, and the subsidy cannot exceed the Oregon foster care base payment as determined by the child's age combined with the level of care payment as determined by a CANS screening. The CANS payment is not automatically added into the subsidy amount. The base rate and the CANS rate only sets the maximum subsidy amount allowed (ceiling). The negotiated subsidy amount is based on the family's actual out-of-pocket expenses for the child.

   E. If the child's placement is paid through the Office of Developmental Disability Services (ODDS) or the family receives a personal care payment for the child, these payments are not considered in setting the ceiling for the guardianship assistance subsidy. ODDS payments as well as Personal Care Payments are no longer available once guardianship assistance begins.

   F. Guardianship Assistance is not able to continue to provide the Child Welfare Child Care Stipend or the Foster Parent Support Funds: Flexible Funding and Respite Care.

   G. Guardianship assistance ends when the child turns 18, unless an extension is granted and then it must end by age 21. Extensions are limited and only possible when:

      1. The child, at the time of turning 18, is determined eligible for social security or developmental disability services based on a disability; or

      2. The initial guardianship assistance agreement began after the child turned 16 and the child is enrolled in specific vocational and/or educational activities or a medical condition prevents such activity. The child may also be eligible for the Independent Living Program through their local Child Welfare office.

   H. The family can request a renegotiation of the amount of guardianship assistance if the circumstances

of the family or needs of the child change. However, the same process and subsidy limitation as described above will apply in negotiating the new subsidy. This may mean that a new Level of Care CANS screening will need to be completed before the renegotiation can begin.

I. A guardian is required to submit an annual report to the court reporting on how the child is doing in their care.

III. Early Review

A. When there are concerns that finances may be a barrier to finalizing a plan of guardianship, the caseworker should request an early review of guardianship assistance. The early review should occur prior to formally changing the plan to guardianship with the family. The caseworker follows the process described on the CF 0958 Guardianship Assistance Early Review Checklist to request an early review.

B. The Guardianship Assistance Program will review the documentation provided by the caseworker and talk with the potential guardian about the Guardian Assistance Program and the guardian's current out-of-pocket expenses for the child. The Guardianship Assistance Program will provide the caseworker with a memo stating the projected amount for the guardianship assistance subsidy that the family would receive. The information is intended to assist the caseworker and family with the decision regarding whether to proceed with consideration of the family as a potential guardian resource for the child. Please remind the guardian that this is a projection and not a guarantee of the amount the guardian will ultimately receive. The offer is subject to change if the guardian's expenses or resources change, if the child's needs change, or if the Level of Care changes for the child.

Tip

If a child is placed in a foster home paid by ODDS and the child has behaviors that indicate a need for enhanced supervision, a CANS screening may be requested to determine if a child or young adult qualifies for a level of care payment for the purpose of negotiating or renegotiating a guardianship assistance payment.

C. Local Office Requirements for Completing and Submitting the Application for Guardianship Assistance

Caseworker

Procedure

I. The practice among local offices differs regarding the person identified to educate the family about guardianship assistance and assist the guardian to complete the guardianship assistance application. However, it is ultimately the caseworker with case planning responsibility who is expected to ensure a timely and complete application is submitted on behalf of the family.

II. The following needs to be completed to ensure the guardian is provided the support necessary to completely and accurately make the application for guardianship assistance:

A. Review the directions with the guardian. The directions are located at the beginning of the application.

B. Remind the family of the purpose and limitations of guardianship assistance as described above in section B, "Informing a Potential Guardian of the Availability and Purpose of Guardianship Assistance." Ensure the guardian lists their specific expenses related to the child needs and that their request for assistance is based on these expenses.

C. Review the addendum at the bottom of page two with the family. There is a list of selected services and goods that are not eligible for consideration in negotiating the guardianship assistance subsidy. Ensure the guardian is not requesting consideration of these expenses, and that the total request does not exceed the Oregon foster care base payment as determined by the child's age combined with the level of care payment as determined by a CANS screening (if applicable).

D. If the family has nonrecurring expenses, advise the guardian of the nonrecurring payment process. Expenses that can be considered are expenses required to legally finalize the guardianship.

1. Help the guardian complete the CF 0254, Nonrecurring Expenses form.
2. Scan the completed CF 0254 form and applicable receipts and save in the file cabinet in the OR-Kids case.
3. The Nonrecurring Expense Agreement will be sent to the guardian by the Guardianship Assistance Program and must be signed and returned to the Guardianship Assistance Program prior to the finalization of the guardianship.
4. Nonrecurring payments will be authorized by Central Office and provided to the guardian when the Guardianship Assistance Program receives the signed court order establishing the guardianship. If the guardianship does not finalize, there will be no reimbursement.
5. Review the guardianship assistance application to ensure it is filled out and contains all the signatures and dates requested.
6. Provide a copy of the completed application to the guardian.
7. Confirm the application is scanned and saved in the file cabinet in the OR-Kids case file in accordance with local office business protocols.
8. Request the Title IV-E specialist complete the Title IV-E Guardianship Assistance Determination.

Tip

Additional information is available for guardian families through the following website: https://www.oregon.gov/DHS/CHILDREN/ADOPTION/Pages/Adoption-Guardianship-Assistance.aspx

Certifier

Procedure

I. As the person responsible for the provider record, the certifier must ensure the following items are completed prior to the caseworker submitting a request for guardianship assistance to Central Office:

A. The home study, home study updates and guardianship home study addendum of the potential guardian have been scanned and saved in the file cabinet in the provider record in OR-Kids.

B. All four of the following guardianship services in OR-Kids are active with Central Office identified as the office. The services include: GA Agreement Only-DHS, GA Medical Only-DHS, GA Subsidy and Medical-DHS, and GA Subsidy Only-DHS.

C. The current 1011F Consent for Criminal Records and Fingerprint Check that has been completed and signed for all members of the household age 18 and older and any applicable criminal history exceptions. In addition, an FBI fingerprint check showing that the fingerprints were processed and results were received must have been completed on all members of the household age 18 and older

during the current certification period (approval saved in the provider record in OR-Kids).

D. The current Child Abuse/Neglect Registry checks for all members of the household age 18 and older completed, approved and documented in the provider record in OR-Kids.

Title IV-E Specialist

Procedure

I. Following a request from the caseworker and prior to the caseworker submitting a request for guardianship assistance to Central Office, the Title IV-E Specialist must complete the following:

A. A Guardianship Assistance Program (GAP) Determination and Title XIX Determination in the OR-Kids child case.

B. Verify the supporting Title IV-E documents have been scanned and saved in the file cabinet in the case in OR-Kids child case.

II. There should always be a CF 0184 and one of the other options from the list:

A. CF 0178

B. CF 0184

C. CF 0243

D. DHR Screens

E. Preponderance of Evidence Statement

Caseworker

Procedure

I. The caseworker ensures all the requirements listed on the CF 0982 Guardianship Assistance Application Requirements form have been met. The documents must be complete with all required information filled out.

A. Following are the required documents which must have been created or scanned and saved in the file cabinet in the OR-Kids child case:

1. CF 0969B Guardianship Assistance Application
2. Permanency Plan/Child Specific Case Plan
3. Supervision Plan for a child currently receiving a Level of Care CANS rate
4. CF 0311G Guardianship Case Plan Addendum
5. Proof of citizenship or legal residency document for the child
6. CF 0270 Permanency Committee Recommendation/Child Welfare Manager Decision
7. Copy of court order approving guardianship as a permanency plan
8. Title IV-E supporting documents

II. There should always be a CF 0184 and one of the other options from the list:

A. CF 0178

B. CF 0184

C. CF 0243

D. DHR Screens

E. Preponderance of Evidence Statement

F. If applicable, the CF254 Nonrecurring Expense form and related receipts.

III. The following are the required documents that must be scanned and saved in the file cabinet in the OR-Kids provider record by the certifier, certification technician or support person:

A. Home study and home study updates of the potential guardian

B. Guardianship Home Study Addendum

C. The current 1011F Consent for Criminal Records and Fingerprint Check that has been completed and signed for all members of the household age 18 and older. In addition, an FBI fingerprint check showing that the fingerprints were processed, and results received must have been completed on all members of the household age 18 and older during the current certification period (approval saved in the provider record in OR-Kids).

D. Criminal or Child Welfare exceptions made by Child Welfare due to criminal history or child welfare history found on any member.

E. The current Child Abuse/Neglect Registry checks for all members of the household age 18 and older completed, approved and documented in the provider record in OR-Kids.

IV. When all requirements have been met, the caseworker emails a completed copy of the CF 0982 Guardianship Application Requirements form to "NEWAPPS AAGA" email address. The child's first name must be typed in the subject line of the email and the case number in the body of the email.
Note: The caseworker approves this application by ensuring all information is complete and accurate. Another staff member may email the form, but the caseworker must be copied in the email to ensure they are aware of the case status.

Tip

The OR-Kids child case refers to the case in OR-Kids where the child is actively receiving services and has an open placement. In most cases where guardianship is the permanency plan, the child case would be a CPS or FSS case. However, in some circumstances, the child may be actively receiving services and have an open placement under a pre-adoptive case. This occurs when a child has been legally freed as part of a prior permanency plan of adoption and an adoption does not finalize prior to changing the permanency plan to guardianship.

Important information about CANS screenings and level of care payments:

I. If a CANS screening has been requested, is pending, or is in the process of a contested case hearing, the CF 0982 can be submitted. However, a GA negotiation cannot start until the final level of care is determined as the information is necessary for consideration in the GA subsidy negotiation. Do not request a CANS screening after submission of the form without first consulting with the Guardianship Assistance Program.

II. The foster care base rate and the level of care combined determine the maximum amount allowed for the guardianship assistance subsidy. As a result, the guardianship assistance subsidy cannot be negotiated or finalized until the CANS process is complete and the level of care payment determined.

III. Depending on the date for the annual CANS rescreening, the caseworker may submit paperwork for an early CANS rescreening to ensure this is complete prior to submitting the CF 0982.

The Supervisor's Role:

I. Provide guidance and assistance as needed.

II. Determine with the caseworker if the case meets all requirements for guardianship assistance.

III. Review and discuss high rate requests with the caseworker.

IV. Review and sign the CF 0969B.

V. Review the CF 0982. Ensure all the requirements listed on the CF 0982 have been met.

D. Receipt of the Application and Supporting Materials in Central Office

Guardianship Assistance Program Staff

Procedure

I. Upon receipt of the CF 0982, a staff member in the Guardianship Assistance Program completes the following:

   A. Reviews the form and ensures all the required documents are complete and are in the OR-Kids case or the provider record.

   B. If complete, assigns the case to a guardianship assistance coordinator and emails the caseworker with a confirmation that the application is complete and that the application has been assigned to a coordinator. Guardianship Assistance Applications are assigned according to the first letter of the last name of the potential guardian. The alphabetical breakdown of assignment changes periodically according to workload and is available on the Adoption Assistance and Guardianship Assistance website.

   C. If the documents are not complete, GA staff notifies the caseworker by email that the requirements have not been met, identifies which items need completion and informs the caseworker that the CF 0982 needs to be resubmitted when all of the requirements have been met. The application will not be assigned for negotiation or tracked by Central Office. No further email reminders will be sent regarding the incomplete application.

   D. Document in case notes that the checklist has been returned and the outstanding requirements not met.

II. Upon assignment of a case, the guardianship assistance coordinator completes the following:

   A. Reviews the case materials.

   B. Contacts the guardian by telephone to discuss and negotiate the guardianship assistance subsidy unless a CANS screening is due, in process, or there is contested case hearing in process. Cases are worked in order of assignment.

   C. Upon reaching a verbal agreement with the family, sends the written guardianship assistance agreement to the family. The nonrecurring expense agreement will also be sent if applicable.

   D. Enters in the OR-Kids provider notes the date the agreement was sent to the guardian.

E. Emails the certifier and the caseworker that the guardianship assistance agreement was sent to the guardian.

F. Reviews and signs the agreement after the guardian has read, signed, and returned the agreement to Central Office.

III. After the agreement has been signed by the family and the guardianship assistance coordinator, a staff person in the Guardianship Assistance Program will send an email to the caseworker and caseworker's supervisor notifying them that they need to submit a memo recommending that the guardianship finalize. The memo must state that the caseworker, the caseworker's supervisor, the certifier and the certifier's supervisor agree and recommend that the guardianship be finalized.

IV. Upon receipt of the memo recommending that the guardianship finalize, support staff in the Guardianship Assistance Program will send a Go To Court Memo authorizing the finalization of the guardianship for the child.

E. Finalizing the Plan: Opening the Guardianship Assistance Services and Transferring the Case

Caseworker

Procedure

I. Upon receipt of the court order establishing the guardianship, the caseworker completes the following:

A. Immediately ensures the order is scanned and saved in the file cabinet in the OR-Kids child case and sends an email to NEWAPPS AAGA that the order has been received and is available for review in OR-Kids.

B. Ensures all AFCARS, ticklers, and pending work are complete.

Guardianship Assistance Program Staff

Procedure

I. Upon notification by the caseworker of an Order of Guardianship, the Guardianship Assistance Program staff will complete the following:

A. The guardianship assistance coordinator reviews the guardianship order to ensure there are no errors. If sufficient, the coordinator will ask support staff to open the guardianship assistance for the child effective the date of the order. If there are items that need to be amended, the coordinator will email the caseworker and the assigned AAG with the necessary changes.

B. Support staff will close the foster care placement and open the guardianship assistance service.

C. When the AFCARS, ticklers, and outstanding work are complete and no other members on the case are receiving services from the local office, central office will request the caseworker to assign the case to Central Office with primary assignment to the guardianship assistance support staff member.

II. If the guardian will no longer be providing any foster care services, the foster care certification can be closed, and the guardianship assistance coordinator can be assigned as the primary assignment. Do not close the provider record.

The Role of the Supervisor

I. Ensure the caseworker notifies the Guardianship Assistance Program when the guardianship is established.

II. Ensure all pending work is complete and approved, including all AFCARS exceptions, before the primary assignment of the case is assigned to Central Office.

Forms

I. CF 0270, Permanency Committee Form

II. CF 0958 Guardianship Assistance Early Review Form Checklist

III. CF 0969B Guardianship Assistance Application

IV. CF 0311G, Guardianship - Case Plan Addendum

OARs

V. 413-070-0655 to 0670, Guardianship as a Permanency Plan

VI. 413-070-0900, Guardianship Assistance

VII. 413-070-0905 to 0917, Guardianship Assistance Eligibility

Tip

Guardianship assistance applications are assigned according to the first letter of the last name of the potential guardian family. The alphabetical breakdown of assignment changes periodically according to workload and is available on the Adoption and Guardianship Assistance website: http://www.oregon.gov/DHS/CHILDREN/ADOPTION/Pages/Adoption-Guardianship-Assistance.aspx

Tip

Central office, not the local office, closes the foster care service when guardianship assistance will be provided. Immediate notification to Central Office of the final order of guardianship helps ensure the foster care service is closed in a timely manner and reduces the possibility of an overpayment of foster care to the guardian.

Chapter 6

Section 15: Placement with a fit and willing relative

Placement with a fit and willing relative

Placement with a fit and willing relative is a permanency option for a child or young adult only when there are compelling reasons not to pursue more preferred permanency plans.

The more preferred plans are:

I. Reunification

II. Adoption, or

III. Guardianship.

While placement with a fit and willing relative is an approved permanency plan:

I. It does ***not*** achieve legal permanency

II. The child remains a ward of the court and in the care and custody of DHS, and

III. It requires biannual reviews through the CRB and court.

While considering this plan, you must determine which relatives are able and willing to have a lasting, supportive relationship with the youth extending into the future and well beyond a foster care placement. The intent is to secure a lasting, forever commitment from a relative caregiver that will endure into adulthood and remain a permanent connection and support throughout the child or young adult's life.

Tip

*Compelling reason means: a convincing and persuasive reason why it would **not** be in the best interest of the child or young adult to be reunified with a parent, placed for adoption or placed with a legal guardian.*

A compelling reason must be supported with very strong, case-specific facts and evidence including justification for the reasons and decisions why each more preferred permanency option is not reasonable, appropriate or possible.

Tip

Even adoption or guardianship with a nonrelative is a preferable permanency plan than placement with a fit and willing relative. Children deserve legal permanency if at all possible. While still an acceptable permanency plan, placement with a fit and willing relative keeps the child in the foster care system, which is never more desirable than achieving legal permanency.

A. When placement with a fit and willing relative can be used

Procedure

I. Placement with a fit and willing relative may be considered only when DHS has determined it would not be in the child's best interest to use one of the three more preferable permanency plans. You and your supervisor must fully explore all preferred permanency options before considering a placement with a fit and willing relative plan and determine there are compelling reasons to proceed with this plan.

II. You must consider what the barriers are to a more preferred permanency plan, and what actions DHS has taken to address these barriers. You and your supervisor must also decide that a thorough relative search has been conducted, and that all paternal and maternal relatives have been identified and contacted.

III. It is never appropriate to consider placement with a fit and willing relative if reunification is still an option, or adoption or guardianship could be achieved with either a relative or nonrelative.

B. Process for approval of placement with a fit and willing relative

Procedure

I. During the course of the case, a child or young adult's team must be involved in any discussion regarding their permanency plan. When the decision is made to consider implementing a specific concurrent permanency plan, you must convene a team meeting.

II. When placement with a fit and willing relative is being considered, before any team meeting, you should always meet individually with the child or young adult and the potential relative caregiver to assess both the needs of the person and the caregiver's commitment to the long-term plan. The relationship and commitment should last beyond the child or young adult's legal custody with DHS. Discuss that intent, the specific requirements of the commitment, the responsibilities required of the relative provider, and the approval process for this plan.

III. The following individuals are part of the child's team and must be invited to the team meeting to review the decision to implement the placement plan:

A. Caseworker

B. Parents, unless a supervisor has approved a parent not participate or parental rights are terminated

C. Both the parent's and the child's attorney

D. The child or young adult

E. At the option of a child aged 14 and older, up to two members of the child's team who are not the caseworker or the foster parent

F. The relative caregiver under consideration

G. Assigned CASA

H. Tribe, if applicable

I. RCWAC, if applicable, and

J. Other persons who may hold or have held an important role or significant involvement in the child or young adult's life.

IV. At the meeting, you must ensure:

A. All permanency options are discussed. These include any barriers to adoption or guardianship.

B. The child or young adult and their parent(s) have the opportunity to talk about their feelings and ideas about the plan, what services would be appropriate to meet the child or young adult's needs, and their

desire to maintain contact with the child or young adult.

C. The relative caregiver has the opportunity to discuss their long-term commitment and ability to meet the child or young adult's needs.

D. When the meeting ends, if the team agrees, the team will recommend implementing the permanency plan. You must document the considerations and determinations made during the meeting in the youth's case plan, and in meeting notes or case notes.

V. The team's responsibility is to decide if placement with a fit and willing relative meets the child or young adult's best interests and needs. Also, to ensure there are compelling reasons a more preferred permanency option should not be considered.

Tip

- *The child or young adult's team must have the opportunity to convene outside the formal Permanency Committee process to discuss the permanency plan because not all team members are allowed to participate in the entire Permanency Committee process.*
- *All team members are allowed to attend the first portion to present relevant information to the Permanency Committee, but they must be excused after presenting their information and responding to questions.*
- *Only the following team members are allowed to attend the entire Permanency Committee:*
  - » *Caseworker*
  - » *Child's or young adult's attorney*
  - » *CASA*
  - » *Tribe, if the child is enrolled or eligible for enrollment with the tribe, and*
  - » *A member of RCWAC, if the child is a refugee.*

C. Review and approval of a placement with a fit and willing relative plan

Procedure

I. Within 30 days of the team's recommendation of placement with a fit and willing relative as the child or young adult's permanency plan, you must request a review by the Permanency Committee. In preparation for the Permanency Committee meeting you must:

A. Ensure the child or young adult's team is informed of the date, time and location of the meeting and are invited to present comments in person or in writing to the Permanency Committee for consideration.

B. Prepare written or presentation materials about the youth's needs, including, but not limited to, areas outlined in "Section D Case plan for placement with a fit and willing relative."

C. Include a written, up-to-date child-specific certification home study of the relative caregiver.

D. Ensure the relative caregiver is prepared to answer questions and is able to address the long-term needs of the child or young adult.

II. The committee will review the information and make a recommendation whether the proposed placement is

the most appropriate permanency plan for the youth. That information must include, but is not limited to, the following:

A. Prior efforts to achieve a more preferable permanency plan with both relative and nonrelative providers

B. Efforts to identify all of the child or young adult's relatives

C. Reasons the relative caregiver under consideration might not agree to a more preferable permanency plan, and

D. How DHS is addressing the child or young adult's safety, permanency and well-being.

III. The Permanency Committee provides a recommendation to the Child Welfare program manager or designee. When the committee members cannot come to a consensus, the committee facilitator documents each member's recommendation and its basis and provides all the recommendations to the Child Welfare program manager or designee.

IV. The Child Welfare program manager or designee makes the decision whether to recommend a placement with a fit and willing relative plan to the court.

When the Child Welfare program manager or designee does not approve the placement, you must go back to the child or young adult's team to gather and document any additional information to justify the appropriateness of a placement with a fit and willing relative, or begin the actions and activities to achieve a more preferable permanency plan.

Tip

Some compelling reasons the fit and willing relative plan is chosen over a more preferable permanency plan:

- *Relatives often want to maintain their status of grandma, grandpa, aunt or uncle, as opposed to mother or father,*
- *The parent cannot care for the child for reasons beyond their control such as mental illness or developmental disability and the child or young adult remains connected,*
- *Currently, the child or young adult is opposed to adoption or guardianship as a permanency plan, and*
- *Relatives may rely heavily on the support and services of DHS if the child has significant special needs they cannot meet on their own. This will be most true with children who have developmental disabilities and are in the foster care system.*

D. Case plan for placement with a fit and willing relative

Procedure

I. When placement with a fit and willing relative has been recommended as the preferred permanency plan and will be presented to the court, you must update the case plan with the following:

A. **Family composition,** which includes identifying information for each parent (unless parental rights have been terminated), legal guardian and siblings

B. **Impending danger/safety threats** identified in the CPS assessment, except when parental rights have been terminated

C. **Ongoing safety plan,** except when parental rights have been terminated

D. **Why DHS chose the plan** as the most appropriate permanency plan. Include each compelling reason a

more preferred permanency plan was not selected. You can use, but are not limited to, documentation gathered from the team meeting

E. **How the child's attachments and relationships** with each parent, sibling and other family members will be developed while they are in permanent placement with a fit and willing relative

F. **Current placement information** including the location of the youth's substitute caregiver if this individual authorized release of their address, except when doing so would jeopardize the child or young adult's safety

G. **Record of the child's visits** with their parents and siblings

H. **Comprehensive transition plan** required for any youth 14 years of age or older and services that assist their transition to adulthood

I. **Services DHS is providing** for the emotional, medical, educational, cultural and physical needs of the child and that are being met, including:

1. Health information that documents the youth's specialized medical, dental and mental health services
2. Education services, including the child's school or educational placement history, high school credits earned when older than 14 years of age, or any special educational needs, and
3. Services required to prepare the child or young adult to live in the least restrictive setting possible at the most appropriate time.

J. **Services that may make it possible** to achieve a more preferred permanency plan,

K. **Services DHS may continue to make available** to the child's parents that are in the best interests of the child or young adult. These types of services can vary widely from assistance with visitation to services improving protective capacity so a child or young adult may eventually return to the parent's home, and

L. **Steps DHS has taken** to ensure the relative caregiver applies the reasonable and prudent parent standard, and the child has regular, ongoing opportunities to engage in age- or developmentally appropriate activities.

II. Except when parental rights have been terminated or DHS is unable to obtain the signature of the parent or legal guardian, the case plan must include the signature of the caseworker, the supervisor and each parent or legal guardian, and

III. Once a relative is approved as the fit and willing placement resource, a **Placement with a Fit and Willing Relative Agreement** must be signed by the relative caregiver and DHS. This agreement should be attached to the child or young adult's case plan.

E. Court review

Procedure

I. Within 30 days after the placement plan is approved by the Child Welfare program manager or designee, you must schedule a permanency hearing in court.

II. For the court, you must document and submit a case plan report as described in "Section D, Case plan for placement with a fit and willing relative."

F. Monitoring the placement with a fit and willing relative plan

I. Once a plan for placement with a fit and willing relative has been approved by the court, you continue to meet monthly with the child or young adult. You must meet with the child or young adult alone. You are responsible for monitoring the safety of the child or young adult during every visit. Always discuss the child or young adult's personal and service needs and any barriers with these needs being met.

II. Because the child or young adult remains in foster care when on a fit and willing relative placement plan, you must develop the comprehensive youth transition plan by the time the child reaches 14 years of age. Also, you must monitor the progress toward achieving the goals of the transition plan. The transition plan may indicate whether the child or young adult will remain into adulthood with the relative provider.

For more information on transition planning, refer to Chapter 5, Section 29.

III. Continue to examine any concerns the relative caregiver may have about adoption or guardianship.

G. Placement with a fit and willing relative permanency reviews

Procedure

I. The placement with a fit and willing relative plan is reviewed a minimum of every six months by the CRB or the court. An internal review must occur before the external review. The internal review requires:

A. A meeting with the child or young adult and their relative caregiver

B. Consideration to meet with the child or young adult's team to gather input

C. A discussion and determination whether a higher level of permanency might be achieved and if so, what steps are needed to achieve a higher level of permanency, and

D. A discussion to determine the child or young adult's progress toward goals in the comprehensive transition plan.

H. Termination of the placement with a fit and willing relative plan

Procedure

I. Placement with a fit and willing relative case plan must be terminated when:

A. Court wardship is terminated,

B. The young adult has reached the age of 21,

C. The court has relieved DHS of legal custody,

D. The court has determined that placement with a fit and willing relative is no longer appropriate, or

E. The relative caregiver's certificate of approval cannot be maintained.

II. Placement with a fit and willing relative case plan may be terminated when:

A. One of the more preferred permanency plans is in place,

B. DHS and the relative caregiver mutually agree to termination,

C. The child or young adult is removed from the substitute caregiver's home by DHS, or

D. The child or young adult requests termination of the agreement because of serious or extraordinary circumstances.

III. When a placement with a fit and willing relative plan has terminated, the caseworker must notify the court in writing of the changes in the child or young adult's placement and must request a permanency hearing within 90 days after the change in placement so the court can review the permanency plan.

IV. When a placement with a fit and willing relative plan is terminated but the child or young adult remains in the care and custody of DHS, it is critical the caseworker review their safety, permanency and well-being. It is important to understand the reasons for the disruption and to work with the child or young adult and their team to review their needs and placement options.

The role of the supervisor

I. Determines with the caseworker if the case meets all requirements for a placement with a fit and willing relative plan and ensures the caseworker has provided the child or young adult and their relative caregiver the opportunity to fully explore more preferred permanency options.

II. When a placement with a fit and willing relative plan is considered, instruct the caseworker to bring a team together, identify who should be on the team, and the function of the team. The supervisor can attend, but attendance is not mandatory.

III. Ensure the caseworker has developed a placement with a fit and willing relative case plan that meets all of the youth's needs.

IV. Ensure the caseworker schedules a Permanency Committee to review a proposed placement with a fit and willing relative case plan.

V. Review the Placement with a Fit and Willing Relative Agreement.

VI. Regularly review with the caseworker the fit and willing relative plan and the efforts DHS is making to achieve a higher level of permanency.

References

OAR

I. Placement with a Fit and Willing Relative, OAR 413-070-0990 to 1060

Chapter 6

Section 16: Another planned permanent living arrangement

Another planned permanent living arrangement

Another planned permanent living arrangement (APPLA) ***may only be used*** for children and young adults ages 16 and over. For that reason, it is the least preferred permanency option for a child or young adult.

> "Planned" means the arrangement is intended, designed, considered or deliberate.
>
> "Permanent" means the plan is enduring, lasting or stable.
>
> "Living arrangement" includes not only the physical placement of the child or young adult. APPLA also considers quality of care, stability, supervision and nurturing a youth receives.

An APPLA plan:

I. Does not achieve legal permanency,

II. Lasts only through dependency,

III. Is reviewed semi-annually through the CRB and the court,

IV. Is *not* intended to be a catch-all plan when a youth has complicated needs or is difficult to place or stabilize, and

V. Is, rather, a well thought-out *substitute* care arrangement while the youth remains in the legal custody of DHS.

When considering APPLA, you must assess and determine the persons in the youth's life who are able and willing to have a lasting, supportive relationship with the youth beyond their foster care placement during dependency. A youth for whom a caseworker may be considering an APPLA plan must have these lasting, supportive and caring relationships to provide continuity and a sense of belonging into adulthood.

APPLA is considered an appropriate permanency plan only when there are compelling reasons not to pursue one of the four more preferred permanency plans, listed below in order of preference:

I. Return to a parent,

II. Adoption by a relative or nonrelative adoptive home,

III. Guardianship with a relative or nonrelative guardian, and

IV. Placement with a fit and willing relative.

Tip

Identifying supports and long-term relationships:

- *Review the entire case file in detail. Locate relatives, or other persons, who have significant connections with the youth that may have been missed or have developed during dependency.*
- *Talk to the youth about important people in their life whom they look up to and feel they could count on.*
- *Assess the person's willingness and ability to develop and maintain an appropriate and long-lasting relationship with the youth.*

• Support the development of these relationships through visitation and information sharing.

Tip

Compelling reason means: A convincing and persuasive reason why it would not be in the best interest of the youth to be reunified with a parent, placed for adoption, placed with a legal guardian or permanently placed with a fit and willing relative.

A compelling reason must be supported with very strong, case-specific facts and evidence, including justification for the reasons and decisions each more preferred permanency option is not reasonable, appropriate or possible.

Types of APPLA plans

I. There are two categories of APPLA plans:
   A. Permanent foster care, and
   B. Permanent connections and support.

II. Permanent foster care is appropriate only when:

III. The youth resides in a foster home, or with a relative who is committed to the long-term care, support and well-being of the youth, which would not likely be disrupted by this placement, unless or until a more permanent plan can be accomplished.

IV. Permanent connections and support may be appropriate when:

V. The youth is living in foster care or living independently and receiving an Independent Living subsidy from DHS, and

VI. The focus of the plan, in addition to education, vocational training, health and treatment needs, is meeting the need to develop and maintain adult relationships, including relatives and caregivers who can play a significant role in the child or young adult's life after they leave substitute care, or

VII. A youth in a psychiatric residential setting, Developmental Disabilities placement or residential placement will not be discharged while DHS maintains legal custody.

Tip

Research indicates all young people must have a relationship with at least one adult who is nurturing, protective and fosters trust and security over time to become a psychologically healthy human being.

A. When APPLA can be used

Procedure

Consider an APPLA plan only when DHS determines there are compelling reasons one of the four more preferable permanency plans would not be in the youth's best interest. You and your supervisor must fully explore all permanency options before considering an APPLA plan. You must consult with your supervisor to determine if there are compelling reasons for proceeding with an APPLA plan.

You must consider the following questions:

A. Is it possible for the youth to return home, and if not, why not? What are the barriers to this and what actions has DHS taken to address them?

B. Is it possible for the youth to be adopted, and if not, why not? What are the barriers to this and what actions has DHS taken to address these barriers?

C. Is it possible to establish a guardianship plan with a relative or with the substitute caregiver, and if not, why not? What are the barriers to this permanency plan and what actions has DHS taken to address them?

D. Is it possible for the youth to be placed permanently with a fit and willing relative, and if not, why not?

What are the barriers to this and what actions has DHS taken to address these barriers?

E. Does the case file indicate a thorough relative search? Have paternal and maternal relatives been identified and contacted? What is the current status of the relatives' interest in involvement with this youth?

F. Has the case file been reviewed thoroughly to ensure nothing has been missed?

I. You must review all previous DHS efforts to identify relatives, the outcomes of any assessment of a relative, and confirm there are no current actions to identify or assess a youth's relative as a permanency resource.

II. You must review all previous DHS efforts to develop and maintain relationships with any potential permanency resources and with identified relatives.

III. Youth being considered for an APPLA plan must have the opportunity to fully explore alternative permanency options in a safe environment, weigh the pros and cons of each permanency option, think about their wants and needs, as well as what an APPLA plan means in terms of important decisions in their life and the legal status of dependency.

IV. When all more preferred permanency options have been considered, and after you have discussed APPLA and the youth is in agreement with this plan, you must convene a meeting of the youth's team to consider APPLA as a permanency plan.

C. Process for approval of an APPLA plan

Procedure

I. Meet individually with both the youth and the substitute caregiver to assess both the needs of the youth, and the substitute caregiver's commitment to the long-term plan of foster care placement. Ideally the relationship between the youth and substitute caregiver will last beyond legal custody with DHS.

Discuss the specific requirements, responsibilities and approval process for the Permanent Foster Care Placement Agreement and APPLA permanency plan.

II. When you and your supervisor consider an APPLA plan, you must convene a team of individuals who have an interest in the safety, permanency and well-being needs of the youth.

A. The team must include the:

1. Caseworker,
2. Parents (unless a supervisor has approved a parent not participating),
3. Parent's attorney,
4. Youth (unless they refuse to attend or are unable to participate), at the option of a youth,
5. Youth's team (up to two members),
6. Assigned CASA,
7. Youth's attorney, and
8. Tribe (if the youth has ICWA status) or a member of RCWAC, if a refugee.

B. Other members may include, but are not limited to:

1. The substitute caregiver, the caregiver's certifier, the youth's relatives, persons with a caregiver relationship, any other persons who may hold or have held an important role or significant involvement in the youth's life, and individuals with expertise in permanency.

C. The team will decide whether an APPLA plan meets the youth's best interest and needs, as well as ensure there are compelling reasons a more preferred permanency option cannot be considered. At this meeting, the caseworker must ensure:

1. All permanency options are discussed and APPLA is truly the most appropriate option.
2. The youth, along with their parent(s) if present at the meeting, has the opportunity to identify individuals who may be a permanency resource.
3. The parent(s) have an opportunity to express their feelings and ideas about the APPLA plan, what services would be appropriate to meet the youth's needs, and their desire to maintain contact with their child, including appropriate visitation.
4. The substitute caregiver is given the opportunity to discuss their abilities to meet the youth's needs and their long-term commitment to them.
5. At the conclusion of the meeting, if the team concurs, the team will recommend one of the two types of APPLA permanency plans. You must document the considerations and determinations made during the team meeting in the youth's case plan and in meeting notes or case notes.

D. Review and approval of an APPLA plan

Procedure

I. Within 30 days of the team's recommendation of APPLA as the youth's permanency plan, you request a review by the Permanency Committee. In preparation for the Permanency Committee meeting you must:

A. Inform the youth's CASA and attorney, a tribal representative, if the youth is an American Indian/Alaska Native child, or a member of RCWAC, if the youth is a refugee child, of the date, time and location of the meeting. Ensure they are invited to present comments in person or in writing for consideration by the committee.

B. Ensure other team members you believe can provide important information for consideration have been invited to the meeting. This may include the substitute caregiver, the youth and others. Ensure these individuals know that they will be excused after their respective presentations.

C. Prepare written materials or presentation materials about the youth's needs, including, but not limited to, those subject areas required in the case plan, as outlined in "Section E. APPLA case plans."

D. Ensure the substitute caregiver is prepared to answer questions and address the long-term needs of the child or young adult.

II. The committee will review the information and recommend whether the proposed APPLA permanency plan is the most appropriate permanency plan for the youth.

III. The caseworker presents the case history, including:

A. Prior efforts to achieve a more permanent permanency plan.

B. Efforts to identify the youth's maternal and paternal relatives, and the results before considering an APPLA plan.

C. Information in the case plan about how DHS addresses the child's safety, permanency and well-being needs and transition planning.

IV. The Permanency Committee makes a recommendation to the Child Welfare program manager if committee members cannot reach a consensus. The committee facilitator documents each Permanency Committee member's recommendation and its basis, and provides all the recommendations to the Child Welfare program manager.

V. The Child Welfare program manager decides whether to recommend an APPLA permanency plan to the court.

VI. You must go back to the youth's team if the Child Welfare program manager does not approve an APPLA plan. The caseworker must gather and document any additional information to justify the appropriateness of an APPLA plan, or begin the actions and activities to achieve another more permanent permanency goal.

E. APPLA case plans

Procedure

I. When APPLA has been recommended as the preferred permanency plan and will be presented to the court, the caseworker must update the case plan with the following:

A. **Family composition,** which includes identifying information for each parent (unless parental rights have been terminated), legal guardian and sibling.

B. **Impending danger/safety threats** identified in the CPS assessment, except when parental rights have been terminated.

C. **Ongoing safety plan,** except when parental rights have been terminated.

D. **How DHS determined the APPLA is the most appropriate permanency plan** for the youth and each compelling reason why the more preferred permanency plan options were not selected for the youth. The caseworker can use, but is not limited to, the documentation gathered through the team meeting to document this information.

E. **How the youth's attachments and relationships** with each parent, sibling, other family member, advocate, substitute caregiver and other persons will provide continuity, belonging, stability, support, nurturing, caring relationships and cultural connections for the youth when they are in substitute care. Also, how these will be maintained when the youth reaches the age of majority or the juvenile court relieves DHS of legal custody.

When appropriate, describe:

1. How each parent and sibling may participate actively in the youth's life. Include visitation plans and other plans for ongoing connection with the youth's family.

2. How relationships may be maintained with each permanent adult caregiver or parental figure capable of sustaining a significant relationship with the youth. Describe visitation plans and other plans for ongoing connections with the youth's family.

3. How relationships with relatives and other persons in the youth's life may be developed and maintained. Describe visitation plans and other plans for ongoing connections.

F. **Current placement information,** including the location of the youth's substitute caregiver when this individual authorizes release of their address, except when doing so would jeopardize the youth's safety.

G. **Record of the youth's visits** with their parents and siblings.

H. **Plan to transition a developmentally delayed youth,** when applicable, to an appropriate adult program and steps to facilitate a smooth transition.

I. **Comprehensive transition plan** required for the youth and services that assist his or her transition to adulthood.

J. **Reasonable efforts** by DHS to meet the youth's needs and stabilize their living arrangement when they are not living with a specified adult, including frequent face-to-face contact and assurance they are in a safe and stable living arrangement.

K. **Services DHS provides** to meet the emotional, medical, educational, cultural and physical needs of the youth, including:

1. Health information that documents the youth's specialized medical, dental and mental health services.
2. Education services, with school or educational placement history, high school credits earned when older than 14 years of age, or any special educational needs.
3. Services that will prepare the youth to live in the least restrictive setting possible at the most appropriate time.

L. **Services that may make it possible** to achieve a more preferred permanency plan; and

M. **Services DHS may continue to make available** to the youth's parents, upon request, that are in the best interests of the youth. These can vary widely, from visitation assistance to improving protective capacity so the youth may eventually return to the parent's home.

II. Except when parental rights have been terminated or DHS is unable to obtain the signature of the parent or legal guardian, the case plan must include the signature of the caseworker, the supervisor and each parent or legal guardian.

III. Within 30 days after the Child Welfare program manager approves an APPLA permanent foster care or APPLA permanent connections and support plan, you must schedule a permanency hearing in court.

A. For the court hearing, submit a case plan, as described in Section E, that states compelling reasons why a more preferable permanency plan is not in the child or young adult's best interest, and justification for this recommendation.

B. Request the court approve the APPLA plan.

C. Except in cases of aggravated circumstances as described in ORS 419B.340(5), provide the court with information regarding services DHS will provide the youth's parents that meet the best interest of the youth until another permanency plan can be achieved or the youth reaches the age of majority, reaches

independence or they are no longer in the custody of DHS.

D. Provide the court with information regarding the status of parent and sibling visitation.

1. When the court has previously ordered, or DHS recommends, no contact or restricted contact between the youth and their parents or siblings, request a court order outlining the restriction or prohibition, including the reasons why.

E. When the court does not approve the APPLA plan, inform all members of the youth's team and reconvene the team to reconsider the youth's permanency options.

IV. Continue to meet with the caregiver and youth, or the youth alone when they have an independent living housing subsidy, once an APPLA plan has been approved by the court.

V. Discuss the youth's personal and service needs, and address any barriers to meeting those needs.

VI. Monitor the safety of the youth during every visit.

VII. Develop the comprehensive transition plan by the time the youth reaches 14 years of age, and monitor progress toward a transition plan. For more information about transition planning, refer to Chapter 5, Section 29.

VIII. Document annual efforts DHS has made to identify and contact maternal and paternal relatives. Also, efforts to place with, or develop and maintain, the youth's connection and support from identified relatives.

IX. Examine the youth's current circumstances and that of the youth's parents to determine if the APPLA plan remains the most appropriate and permanency plan or whether a more permanent plan can be achieved. Always clearly document the justification for a continuation of the APPLA plan.

X. Minimum monthly contact with the youth and substitute caregiver is required to monitor the youth's safety and stability in the caregiver's home when APPLA permanent foster care is approved by the court.

Tip

Some common compelling reasons:

- *The youth is an older teen who refuses adoption or guardianship as a permanency plan*
- *An adult in the youth's life with whom there is a significantly supportive relationship is not able to adopt or become the legal guardian, or*
- *The tribe has identified APPLA as the preferred plan.*

XI.

H. APPLA permanency reviews

Procedure

I. The CRB or court reviews APPLA plans a minimum of every six months. An internal review must occur before the external review.

II. You must meet face-to-face with the youth and the substitute caregiver.

A. Members of the youth's team may also participate in the case review.
   1. Whether the caseworker meets only with the youth and their substitute caregiver or convenes the youth's team (as outlined below), the caseworker needs to determine whether the current placement is the most appropriate for the youth's permanency needs or if a higher level of permanency can be achieved.

B. Consider repomses from the youth, their substitute caregiver, service providers, CASA, attorney, parents, other persons with attachments to the youth, the tribe if the youth is an American Indian/ Alaska Native child and a member of RCWAC if the child is a refugee child. This is an opportunity to talk about the youth's needs and how these needs are being met.
   1. Discuss steps DHS has taken to identify or reconnect the youth with relatives, and achieve a higher level of permanency for the youth.
   2. Discuss and determine whether a higher level of permanency might be achieved and if so, what steps are needed for this to occur.
   3. Discuss and determine the youth's progress in achieving the goals of the comprehensive transition plan.

C. Document:
   1. How the current placement continues to be the least restrictive placement available to meet the youth's permanency needs, and
   2. Whether a more permanent plan for adoption or guardianship or to return home is appropriate, and steps DHS is taking to achieve a higher level of permanency.

III. Review the case when the court has approved an APPLA plan:
   A. At every 90-day case review
   B. In court at least every 12 months
   C. Within 90 days of any change in substitute care placement, and
   D. Every six months by the Citizen's Review Board, unless the court has relieved the CRB of that responsibility. A copy of the Permanent Foster Care Placement Agreement should accompany these reports.

I. Ongoing casework responsibilities

I. Continue to provide services to any youth with an APPLA permanency plan and ensure:
   A. The youth is safe, and safety is confirmed through face-to-face contact.
   B. The youth has a comprehensive transition plan, and services and supports are available for a successful transition to adulthood.
   C. The youth is receiving health, mental health, dental and educational services that meet their needs to succeed in all aspects of their life.
   D. The youth has appropriate contact with family and continues to develop a network of supports and persons who will remain in the youth's life into adulthood.

II. Continue to seek a higher level of permanency and ensure:

A. Whether there are services and supports available to successfully meet the expected outcomes for a return home, if parental rights have not been terminated.

B. Efforts have been made for adoption, guardianship or permanent placement with a fit and willing relative, if a return to a parent is not possible. Have these options been explored again with the substitute caregiver and any barriers eliminated?

C. You complete an annual review of DHS efforts to identify, locate and seek to place a child with relatives. Have both maternal and paternal relatives been identified? Has any further contact with the youth's relatives resulted in additional family connections or potential placement resources?

J. Termination of APPLA permanent foster care plan

Procedure

I. An APPLA permanent foster care plan must be terminated when:

A. Court wardship is terminated

B. The youth reaches the age of majority

C. The court relieves DHS of legal custody, or

D. The court determines the APPLA plan is no longer appropriate.

II. An APPLA permanent foster care plan may be terminated when:

A. One of the more preferred permanency plans is in place

B. DHS and the certified caregiver mutually agree to termination

C. The substitute caregiver's certificate of approval cannot be maintained

D. The youth is removed from the substitute caregiver's home by DHS, or

E. The youth requests termination of the agreement because of serious or extraordinary circumstances.

III. When an APPLA plan is terminated, notify the court in writing of the changes in the youth's placement. Within 90 days after the change in placement, request a permancy hearing for the court to review the permanency plan.

IV. When an APPLA plan is terminated, but the youth remains in the care and custody of DHS, it is critical that you review their safety, permanency and well-being needs. It is important to understand the reasons for the disruption and to work with the youth to review their needs and placement options.

A. This may be an appropriate time to schedule a meeting with the youth's team to discuss placement and permanency options.

B. If the youth is an older teen or a young adult, discuss not only placement needs but transition planning and services.

C. There must be a court hearing within three months of a youth being removed from a court- approved APPLA permanent foster care placement. The court will review the permanency plan for the youth.

The role of the supervisor

I. Determine with the caseworker if the case meets all requirements for an APPLA plan.

II. Ensure the caseworker has provided the youth and their substitute caregiver the opportunity to fully explore more permanent permanency options.

III. Instruct the caseworker to bring a team together when an APPLA plan is being considered to identify who should be on the team and the function of the team. The supervisor can attend, but attendance is not mandatory.

IV. Ensure the caseworker has developed an APPLA case plan that meets all of the youth's needs.

V. Ensure the caseworker schedules a Permanency Committee to review a proposed APPLA case plan.

VI. Review the Permanent Foster Care Placement Agreement.

VII. Regularly review with the caseworker the APPLA plan and the efforts DHS is making to achieve a higher level of permanency.

References

Forms

I. CF 1014, Permanent Foster Care Placement Agreement

OARs

I. Another Planned Permanent Living Arrangement,
OAR 413-070-0520 to 0565

II. Youth Transitions,
OAR 413-030-0400 to 0460

Chapter 7
Family Support Services

Section 1: Overview

Overview

A. Description of family support services

DHS provides family support services (FSS) to eligible families who request help for their particular circumstances. These services are available to an eligible family or former foster child when there are no reported safety concerns and the family or former foster child is requesting short-term, goal-oriented services

FSS cases are handled differently than a case in which a parent or caregiver's behavior, condition or circumstance results in a safety threat to a child. In FSS cases, the caseworker determines service needs, provides assistance, and works with the family and the child to access services that address the time-limited service goals developed with the family and documented in the FSS Case plan. The casework activities of protective capacity assessment, developing and monitoring the ongoing safety plan, and determining expected outcomes apply to child welfare cases where a child has been determined to be unsafe, but not in FSS cases where a family, or a former foster child, has requested, or the court has ordered services, through DHS for a pre-adjudicated delinquent.

In some FSS cases, a child is placed in substitute care through either a Voluntary Placement Agreement or Voluntary Custody Agreement, or when a pre-adjudicated delinquent is ordered to receive placement services by the court.

DHS provides six types of family support services. This chapter describes the procedures that apply to FSS cases and includes procedures unique to each type of service provided.

Tip

The Family Support Services Case plan has different components than the Child Welfare Case plan, which addresses child safety in the family home.

Family Support Services, 413-030-0000 to 0030, and this chapter of the procedure manual, detail requirements for FSS case plans.

Whenever an FSS case involves substitute care:

The requirements detailed in 413-080-0040 to 0070, Monitoring Child Safety, regarding monitoring child safety in substitute care, procedures for placement selection in Chapter 5, and monitoring child safety in Chapter 4 apply to monitoring a child's placement and safety in substitute care.

B. Types of family support services and eligibility requirements

I. **Voluntary Placement Agreement:** A Voluntary Placement Agreement is limited to specific situations, is defined in statute, and is used when a parent or legal guardian requests temporary substitute care placement for a child and the "sole reason for placement is the need to obtain services for the child's emotional, behavioral or mental disorder, or developmental or physical disability." (ORS 418.312). In this type of FSS case, the family retains the legal custody of the child.

   A Child Welfare program manager must approve entering into a Voluntary Placement Agreement.

II. **Voluntary Custody Agreement:** A Voluntary Custody Agreement is limited to specific situations when a parent or legal guardian requests DHS to take legal custody of the child on a temporary basis for a crisis intervention

All of the following must apply:

A. The parent or legal guardian requests DHS to take legal custody of the child.

B. The parent or legal guardian is immediately and temporarily unable to fulfill their parental responsibilities.

C. The inability will be alleviated with short-term placement when one of the following conditions exists:

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

D. A Child Welfare program manager must approve entering into a Voluntary Custody Agreement.

A Voluntary Custody Agreement is not appropriate when a parent or legal guardian was the perpetrator of a founded disposition of child abuse or neglect within the past 12 months or when the parent or legal guardian is unwilling to be a permanent resource for the child.

Tip

Most individuals receiving ILP services do so based on a case that is already open due to abuse or neglect.

III. **Independent Living Program (ILP) services to a former foster child:** A former foster child is defined as a person under 21 years of age, who was in substitute care in Oregon (including substitute care provided by a federally recognized tribe) at or after 16 years of age and had been in substitute care after 14 years of age for an accumulative 180 days or longer. When a former foster child requests ILP services, the caseworker will determine which of the ILP services the individual is eligible to receive. Eligibility factors vary by type of service. Chapter 5, Section 29, Youth Transitions, describes in more detail the procedures for accessing ILP services. The former foster child (if over age 18) or the former foster child's family must agree to these services.

IV. **Post-legal adoption and post-assisted guardianship assistance to a family:** DHS provides services when a family whose adoption or assisted (subsidized) guardianship occurred in Oregon through DHS, and the family requests services to support or maintain the adoption or guardianship. A family may request services while the child remains in the family home or request the child be placed temporarily in substitute care to address identified needs.

V. **In-home family support services:** Family support services are available to a family that requests in-home family support services, if all of the following eligibility conditions are met:

A. Other community resources have been used and determined to be ineffective,

B. Members of the extended family and other responsible adults who are well known to the child have

been explored or used and determined to be unsafe, unavailable, unwilling or ineffective as support for the family,

C. The parent or caregiver is temporarily or will be temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition,

D. The parent's or caregiver's inability to fulfill parental responsibilities is temporary, immediate, and will be alleviated with short-term services, or short-term services will transition the family to community services,

E. The Child Welfare program manager approves the request for services, and

F. If Child Welfare funds for in-home family support services no longer are available, services may be discontinued, even if the affected individuals still meet other eligibility criteria.

VI. **Services to pre-adjudicated delinquents when ordered by the court:** DHS must provide family support services when the court has ordered DHS to provide services to a pre-adjudicated delinquent.

VII. Unless eligible based on a court order to provide services to pre-adjudicated delinquents, the parent, legal guardian or former foster child must fully and continually cooperate with DHS in the following processes to remain eligible to receive family support services:

A. Determination of service needs,

B. Preparation of the Family Support Services Case plan, and

C. Monitoring of the Family Support Services Case plan.

Chapter 7
Family Support Services

Section 2: Receiving the case and first face-to-face contact

Receiving the case and first face-to-face contact

The following steps are written in a logical order, but the order in which they occur depends on the specific circumstances of the child and family. Due to differences between the types of family support services available, some activities and approaches may vary.

Procedure

I. Review and confirm legal authority for providing services.

   A. Within five days after receiving information from a screener, review the family information on any family members' current or previous Child Welfare case records to:

      1. Confirm there currently are no reported safety threats to the child,
      2. More thoroughly understand any prior Child Welfare involvement with the family,
      3. Review any past requests for family support services and the outcome of any services, and
      4. Contact Central Office when there is a branch code 60 if a family requests post-legal adoption or post-legal guardianship services.

II. Identify legally recognized parental relationships.

   A. Use tools such as the Father's Questionnaire form (CF 418) when appropriate.
   B. Ask the child and parent or legal guardian about individuals with parental relationships.
   C. Ask the parent or legal guardian whether there are additional individuals with legal custody. Arrange for those individuals to participate in the determination of need and sign a Service Application form (CF 304a).
   D. Ask the parent or legal guardian about any tribal affiliation of the parent and child. Complete the ICWA for both parents. If it is known the child is an Indian child, notify the tribe immediately. (OAR chapter 413, division 115).
   E. Arrange face-to-face contact with the family or former foster child within 10 days of receiving the screening information.
   F. DHS must have authority to provide services to a family or former foster child. During the first face-to-face contact, explain the Service Application form (CF 304a) to the family or the former foster child and have the family or former foster child complete the form.
   G. Discuss the Service Application with the family or former foster child.
   H. Explain what will be expected of the family or former foster child in order to participate and remain eligible for family support services.
   I. Discuss DHS eligibility requirements for the specific family support services the family or former foster child is requesting.
   J. Answer questions they may have.
   K. To initiate services, all individuals with legal custody of a child must sign the Service Application, if those individuals are available.
   L. Give a copy of the Service Application to the family or former foster child. Keep a copy in the case file.

Chapter 7

Family Support Services

Section 3: Determine the family or former foster child's service needs through a family support services assessment

Determine the family or former foster child's service needs through a family support services assessment.

Procedure

Complete the following actions within 30 days of receiving the screening information.

I. Visit in person with the people involved within these timelines:

   A. You must have face-to-face contact with parents, legal guardians or the former foster child within 10 working days of receiving the case.

   B. You must have face-to-face contact with the child:

      1. Within 10 days of receiving the case, if the child is in the family home at the time of referral, or
      2. Within 30 days of receiving the case, if the child is in substitute care at the time you receive the case.

Assessment of the family

I. During the meeting with the family or former foster child, continue to assess specific support services needed.

II. Observe and assess, at a minimum:

   A. Parent or legal guardian's functioning in their home environment,

   B. Child or former foster child's functioning in their home or substitute care placement, and

   C. Interactions between family members.

III. Gather information during your contacts with the parents, legal guardians or former foster child. Assess current behaviors, conditions and circumstances in the family. Ask about a variety of topics to develop a thorough understanding of the family and their unique and specific needs.

   A. Generally, the assessment should provide answers to the following questions:

      1. Why is the family requesting services at this time? What behaviors, conditions or circumstances led to the call for services?
      2. Is the request for services distinctly separate from a parent's or legal guardian's behavior, condition or circumstances causing a safety threat to a child? Always assess for child safety.
      3. Are the services or assistance the family is requesting available through DHS?
      4. Are there other community resources for the family without DHS intervention? Can DHS provide information and referral services that would meet the family's needs?

   B. For all types of family support services cases, ask about:

1. The family's history and what led to the current situation,
2. Any family members' special needs (health, educational or learning, emotional),
3. Whether there has been a professional diagnosis of a medical or mental health condition for any family members. And if so, by whom and when,
4. Other resources the family has used in the past to address current or former issues within the family,
5. Strengths and interests of the child, former foster child and family
6. Supportive individuals and positive connections, and
7. Resources in the community and within the family's support network.

Assessment of ICWA status

I. Determine the child's ICWA status and notify the child's tribe if ICWA applies.

A. Follow up on unfinished determinations of a child's tribal or refugee status as described in procedures in Chapter 3.

B. Have each parent or guardian (when the guardian is a relative) complete the Verification of ICWA Eligibility form (CF 1270).

C. Follow up with any statements that the child is an Indian child or may have Indian heritage.

D. Use DHS resources to assist with family support services cases when there are questions about the applicability of ICWA or about how to manage a case. These resources include the ICWA local office liaison, your supervisor and the ICWA manager.

E. If the child is an Indian child, immediately involve the child's tribe(s).

F. Explore available services provided by the tribe that may address the needs of the child and the family, or the former foster child.

G. Refer to specific procedures in this chapter regarding a request for a Voluntary Placement Agreement or Voluntary Custody Agreement if the child is an Indian child.

H. Document in the case notes all contacts with the child's parents, Indian custodian and tribal social services representatives.

Assessment of the child's specific needs

As appropriate, use the following contacts and activities to assess the specific circumstances of the child or gain additional information about the family:

I. **Physical health needs:**

A. Talk with the child's physician.

B. Ask the doctor, child, former foster child or family about current health and dental problems.

C. Obtain the dates of the last routine preventive medical and dental appointments, and ask about upcoming appointments.

D. Request medical and dental records.

E. If the child was previously in substitute care, read the medical section of the child's file for any remarkable information and follow up as needed. Check for personal care nurse assessments if the child was in substitute care, or if there was an adoption or guardianship through DHS.

F. Inquire about potential sensory integration dysfunction (the inability of the brain to correctly process information brought in by the senses) and interventions.

G. Review immunization records.

H. Determine if special needs (or risk thereof) were identified at birth by reviewing hospital records. Determine whether the child was exposed to alcohol or drugs in utero.

I. Ask the family about significant family medical history and use the Genetic and Medical History of Child and Biological Family form (CF 246) to document the information.

J. Consider whether the child should be referred for a Personal Care Nurse Assessment if the child has an identified medical diagnosis. See Chapter 5, Section 5, for more information about Personal Care Services.

II. **Mental health needs:**

A. Ask about any past or current mental health history or need for mental health assessment or other specialized assessment, including a psychological evaluation or CASII (see Chapter 5, Residential Placement, for more information regarding mental health assessments).

B. Ask the parents, guardians or counselor about therapeutic needs, and obtain any existing records.

C. Obtain reports for services that have been provided to address past recommendations.

D. Review any past special rate, Level of Care, and supervision plan information, if the child was in substitute care.

E. Refer a child for a CANS screening if the child is placed in substitute care through a voluntary custody or voluntary placement agreement. See Chapter 5, Section 6 for more information about Child and Adolescent Needs and Strengths tools and screening process.

F. Obtain information about the nature of the parent and child relationship. Attachment and bonding are important components of emotional well-being.

III. **Developmental needs:**

A. Ask the parents or legal guardians about the child's development and obtain records about the child's developmental level, including any developmental screening done by a pediatrician, educational professionals or others.

B. Obtain any referrals or assessments regarding potential developmental delays, including referrals to Early Intervention or Early Childhood Special Education (if the child is younger than school age) or contact the county mental health department for a developmental disabilities assessment.

C. Request a copy of any Individualized Education Plan (IEP) or 504 plan. Contact the school for records from, or referral to, services that address delays in cognitive, social or adaptive, fine and gross motor skills, or speech, communication and language development.

IV. **Educational needs:**

A. Talk with the child's teachers or other school staff about the child's educational needs and their observations.

B. Request records from the school, including a copy of the current IEP or 504 plan, records of attendance, immunizations, report cards, or other school records that may assist in understanding the child's needs.

C. Verify that school records have been requested if the child is in substitute care, when transferring to another school. Ensure school personnel know your name and number, and share educational information with the substitute caregiver.

D. Find out if the child has a surrogate parent for the purposes of special education.

E. Provide information as needed to parents or legal guardians about special education needs and how to advocate for these needs at school.

F. Obtain information about, or refer to, activities that support positive educational development.

Using expert evaluations in the assessment

I. As appropriate, ask the parents, legal guardians or former foster child to sign the Authorization for Use and Disclosure of Information form (MSC 2099) to allow DHS to contact, obtain from and exchange information with, individuals or organizations that may have or need additional information to determine appropriate services.

A. Request copies of any evaluations, reports or records the family or former foster child may have.

B. Consider contacting physicians, mental health providers, school employees, potential substitute care placement resources, or other service and treatment providers.

C. After obtaining authorization on MSC 2099 contact the individuals or agencies to better understand the past and current services, treatment, and needs of the family or former foster child and the child.

D. Ask the parents or legal guardians for their consent, and then obtain expert evaluations to determine specific treatment needs when a condition or behavior requires additional professional evaluation.

1. An expert evaluation of a parent, legal guardian or child is required to determine treatment or service needs, or to assist in analyzing other needs when there is a specific condition or behavior that requires additional professional assessment. Examples include, but are not limited to:

- The parent, legal guardian or child is displaying unusual or bizarre behaviors indicative of emotional problems or behavioral problems
- Physical illness, physical disability or mental illness
- Suicidal ideation, and
- Homicidal ideation.

2. The parents' or guardians' consent is required prior to arranging such an evaluation for a child. Their cooperation also is required when the evaluation is for one of the parents or legal guardians.

II. Consult with a supervisor if an expert evaluation appears warranted, but the parent or guardian is not willing to consent to an evaluation.

Assessments for specific family support services

I. For all family support services cases that may involve **substitute care** (post-adoption or post-legal guardianship, voluntary placement agreements, or voluntary custody agreements) assess:

   A. The child's needs for safety, permanency and well-being,

   B. The qualities a substitute caregiver would need to be successful with the child,

   C. Any safety considerations or issues with adjustment concerning other children who currently may live with a substitute caregiver,

   D. Reasons substitute care is requested and needed at this time,

   E. Is substitute care a temporary, short-term plan to alleviate a crisis or must safety threats be considered,

   F. What will assist the child and family in a transition to substitute care (see Chapter 5, Prepare a Child and Family for Placement), and

   G. When the assessment involves placing a child in substitute care, assess the child's need for connection to important people:

      1. Ask the child, parents or legal guardians about important people to whom the child is connected (any need to improve relationship with parents or guardians, siblings, especially if placed away from siblings, supportive relationships in extended family, and people in child's neighborhood or at school)

      2. Assess the child's needs specifically regarding substitute care as described in Chapter 5, Placement Services Generally, and

      3. Assess specifically whether it is in the best interests of the child to stay in the current school if entering substitute care, and make arrangements for the child to continue in the current school whenever possible.

II. Assess the child's need for experiences that support a child's strengths and skills.

   A. Ask the child, former foster child, parents, legal guardians or others about extra-curricular activities and hobbies the child has enjoyed, including sports, physical activities, music and artistic endeavors, and facilitate involvement in similar activities whenever appropriate.

III. As appropriate, obtain from the parents, legal guardians or former foster child the names of persons who can provide additional information about the needs of the child, former foster child and family. Engage with the parents or legal guardians in contacting extended family members who may be able to assist with the needs of the family.

IV. There are specific assessment activities when a family requests placement of their child through a Voluntary Placement Agreement. You must:

   A. Identify the child's specific emotional, behavioral or mental disorder, or developmental or physical disability. Remember to refer the child for a CANS screening or a Personal Care Services Assessment as appropriate to the child's needs and condition.

   B. Identify who has evaluated the child or provided diagnostic or treatment services.

   C. Inquire about:

1. Length of time the child's issues have been a challenge,
2. Child's most challenging behaviors,
3. Frequency of concerning behaviors,
4. Events that precede concerning behaviors and patterns,
5. Successful interventions that previously may have been used,
6. Any risk the child may pose to other people's safety, and
7. Services the family has accessed or tried to access prior to contacting DHS, including any evaluations and recommendations made, mental health counseling, medication management interventions, IEPs or disability services.

D. Assess whether there are other agencies or resources more suited to meet the child's needs (e.g., mental health, developmental disabilities programs or services available through the family's medical insurance program). Consult frequently with the supervisor to ensure the case is and continues to be appropriate for a Voluntary Placement Agreement.

E. Determine the child's legal custodians. Only parents or legal guardians who have legal custody of the child may enter into a Voluntary Placement Agreement, unless one person is missing.

1. If one person with legal custody of the child is missing, all other persons with legal custody of the child must sign the agreement and must provide DHS with information about the persons and places likely to know the missing person's whereabouts.
2. You must immediately begin a reasonably diligent search to find the other person with legal custody of the child to provide them notice of the agreement.
3. Ask the mother to complete the Father's Questionnaire form (CF 0418). The completed CF 0418 helps identify fathers with legal standing.

F. At the conclusion of your inquiries, you must determine that the sole reason for the request for placement is to obtain services for the child. After that determination you must staff the case with the supervisor and request the approval of the Child Welfare program manager.

G. Request from the child's parents or legal guardians information about medical insurance and other financial resources to meet the medical, dental and mental health needs of the child by completing the DCS Referral for Child Placement Agreement form (CF 0496) and the Medical Resources form (DHS 415H).

1. Inform the parents or legal guardians that the Division of Child Support Children's Benefits Unit may prepare a non-adversarial support agreement for child support obligations.
2. Inform the parents or legal guardians that if the DCS Referral for Child Placement Agreement form (CF 0496) is not returned within 30 days, the Division of Child Support Children's Benefits Unit may enter a support order.
3. If the parents or legal guardians have questions about this process, refer them to the Children's Benefits Unit.

H. The Central Office Child Support Team completes the initial analysis about whether a case should be referred for child support. The DHS computer-based system automatically interfaces notices to the

Central Office Child Support Team.

I. Work closely with the family and the substitute caregiver to build on the child's strengths and address the child's special needs, including those identified by the CANS or Personal Care Services Assessment and Personal Care Services Plan. Consult regularly with the supervisor about appropriate substitute care placement to meet the child's identified special needs. Follow procedures in Chapter 5, Services to Children, regarding appropriate substitute care placements.

J. Explain to the parents or legal guardians the intent of this type of short-term, temporary voluntary placement service, and the legal limitations of voluntary placement. A Voluntary Placement Agreement is valid only until a child reaches 18 years of age.

K. Work closely with the family, even at the beginning of this agreement, to plan for the child's return home.

L. Document assessment activities in a Family Support Services Assessment.

V. There are specific assessment activities when a family requests placement of their child through a **Voluntary Custody Agreement.**

A. There are only very limited circumstances under which parents or legal guardians can enter into a Voluntary Custody Agreement.

B. Assess the family to confirm that the parents or legal guardians are eligible to request voluntary custody of their child. Parents or legal guardians are not eligible for a Voluntary Custody Agreement if:

1. There has been a CPS disposition within the past 12 months that a parent or legal guardian was the perpetrator of a founded disposition of child abuse or neglect,
2. The parents or legal guardians are unwilling to be a permanent resource for the child, or
3. The parent or legal guardian is requesting placement for the child under conditions required for a Voluntary Placement Agreement.

C. Voluntary Custody Agreements are not used when, at the completion of the safety assessment, the child is determined to be unsafe and the parent or caregiver cannot or will not protect the child. When a child must be placed in substitute care due to an indentified safety threat, the case is taken before the court, which makes the decision whether the child's custody is given to DHS to protect the child.

D. Determine the legal custodians of the child. Only parents or legal guardians who have legal custody of the child may enter into a Voluntary Custody Agreement, unless one person is missing.

1. If one person with legal custody of the child is missing, all other persons with legal custody of the child must sign the agreement and must provide DHS information about the persons and places likely to know the missing person's whereabouts.
2. You must immediately begin a reasonably diligent search to find the other person with legal custody of the child to notify them of the agreement.
3. Ask the mother to complete the Father's Questionnaire form (CF 0418).
4. You must immediately begin a reasonably diligent search to find the other person with legal custody of the child to notify them of the agreement.
5. The completed CF 0418 helps identify fathers with legal standing.

E. Assess the family to determine whether all of the following circumstances apply:

1. Parents or legal guardians have requested DHS to take legal custody of the child,
2. Child is under 18 years of age,
3. Parents or legal guardians are immediately and temporarily unable to fulfill the parental responsibilities,
4. Parents' or legal guardians' inability to fulfill parental responsibilities will be eased with short-term placement, and
5. One of the following conditions exists:
   - The child cannot remain in the home due to a temporary crisis in the family and cannot safely stay with a member of the extended family or another responsible adult who is well known to the child
   - Parents or legal guardians are temporarily, or will be temporarily, unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition, or
   - The child needs to be placed outside the home due to problems within the family that could compromise the safety of a family member. A placement of limited duration in conjunction with intensive services is likely to reunite the family and reduce safety concerns for the family member.

F. If, after completing this assessment, the family appears eligible for a Voluntary Placement Agreement, staff the case with the supervisor and request the approval of the Child Welfare program manager.

G. Analyze the behaviors, conditions and circumstances of the family to determine appropriate substitute care needs and other needed services based on information gathered from the above activities.

H. Document the activities in a Family Support Services Assessment.

VI. There are specific assessment activities when a former foster child requests **Youth Transition services.**

A. Confirm that all the following eligibility requirements are met for the former foster child to be eligible for Youth Transitions (formerly ILP services):

1. The request occurs prior to the former foster child's 21st birthday
2. The child has spent an accumulative (but not necessarily consecutive) 180 days or more in substitute care (either through DHS or a federally recognized tribe) after their 14th birthday. Also, that the former foster child was terminated from the Child Welfare system at age 16 or older
3. The child and, if a minor, their parents or legal guardians, agree to cooperate with DHS in determining the need for Youth Transitions. Also, preparing and monitoring the Family Support Services Case plan, and
4. The child meets any additional eligibility requirements for the particular Youth Transition services (formerly ILP) in which the child wishes to participate (see Appendix 7.1, Available ILP services, for former foster children, and Appendix 7.2, Eligibility Requirements, for specific ILP services provided to a former foster child).

B. When completing the Service Application form CF 0304A, remember:

1. If a former foster child is under the age of 18, the child's parents or legal guardians must sign the Service Application, and
2. If the former foster child is 18 to 21 years of age, the young adult signs the Service Application.

C. Talk with parents, legal guardians, teachers, other service providers and the former foster child about independent living skills the child already has developed and those skills that still need to be developed.

D. Talk with the former foster child about what specific services they believe would be useful and why.

E. Obtain the documentation of any Youth Transition services (formerly ILP) previously provided.

F. Analyze the behaviors, conditions and circumstances of the former foster child to determine the specific Youth Transition services (formerly ILP) needs based on information gathered from the above actions.

G. Document the assessment activities in a Family Support Services Assessment.

VII. There are specific assessment activities when an adoptive parent or legal guardian requests **post-adoption or post-assisted guardianship services.**

A. Acknowledge DHS' obligation to assist the family and respond sensitively to the family's needs.

B. Assess the behaviors, conditions and circumstances that have precipitated the request for services and determine that there are no child safety threats.

C. Determine the specific supports the family is requesting that require DHS involvement.

1. When the family is requesting respite care, supportive or remedial day care services can be used for a maximum of 8 hours per day, 5 days per week.
2. When the family is requesting assistance in addressing the child's mental health needs, refer to Chapter 5, Section 24, Mental Health Services.
3. Refer to Voluntary Placement Agreement criteria in this chapter when a family is requesting substitute care placement to address a child's mental diagnosis or physical disability needs. Analyze the behaviors, conditions and circumstances of the family to determine the specific service needs based on information gathered from the above activities.

D. Document the assessment activities in a Family Support Services Assessment.

VIII. There are specific assessment activities when an adoptive parent or legal guardian requests **in-home family support services.**

A. Verify that DHS services have been approved by a Child Welfare program manager, that a family is eligible for in-home family support services, that funding is available for services, and that **all** of the following apply:

1. Other community resources have been used and determined to be ineffective.
   - Determine what community services the family has used to address the family's specific circumstances.
2. Members of the extended family and other responsible adults who are well known to the child have been explored or used and determined to be unsafe, unavailable, unwilling or ineffective as support for the family.
   - Determine why these supports are unavailable to the family. Explore with the family what

supportive resources within the extended family or other responsible adults in the family's support network may be available.

- If necessary, request that the family complete an Authorization for Use and Disclosure of Information form (MSC 2099) to obtain and exchange information with individuals who have provided services for, or offered support to, the family.

3. The parent or legal guardian is temporarily or will be temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition.
   - Gather information to fully understand why and how the parent is unable to fulfill parental responsibilities, what types of supports are requested, and how long it is anticipated the parent will be unable to fulfill their responsibilities.

B. Request that the parent or legal guardian complete an Authorization for Use and Disclosure of Information form (MSC 2099) to obtain and exchange information with any medical professionals who have diagnosed the medical or mental health condition and provided services to the parent or legal guardian.

C. Determine, through an assessment with the family, that the parent or legal guardian's inability to fulfill parental responsibilities is temporary and that, by providing services of limited duration, the services will assist in a remedy to the current crisis and will avoid substitute care placement of the child.

D. Analyze the behaviors, conditions and circumstances of the family to determine the specific service needs based on information gathered from the above activities.

E. Document the assessment activities in a Family Support Services Assessment.

Tip

Post-adoption and post-assisted guardianship services may include referrals to services in the community or services provided through contracts with DHS, such as counseling, adoptive parent support groups, family meetings or respite care. The family also may request to enter into a Voluntary Placement Agreement if the sole reason for the placement request is the need to obtain temporary services for the child's emotional, behavioral or mental disorder, or developmental or physical disability. Availability of services is dependent upon the availability of DHS and community resources.

IX. There are specific assessment activities when **the court has ordered DHS to provide services to a pre-adjudicated delinquent.**

A. Review the orders of the court regarding any specific services DHS is ordered to provide.

B. Verify who has legal custody of the child. If DHS was given legal custody of the child, immediately follow the procedures for evaluating the most appropriate substitute care placement of the child. Refer to Chapter 5 for placement procedures.

C. Coordinate the assessment of needs with the juvenile department and request information from the family and records from DHS about the child's involvement with law enforcement.

D. Identify the child's specific strengths and needs, including use of the CANS and, when appropriate, Personal Care Services Assessment.

E. Assess whether anyone has evaluated the child or provided diagnostic or treatment services.

F. Ask the child's parents or legal guardians, the juvenile department, or the court about:

1. The length of time the child's issues have been a challenge,
2. The child's most challenging behaviors,
3. The frequency of concerning behaviors,
4. The events that precede concerning behaviors and/or patterns,
5. Successful interventions that previously may have been use,
6. Any risk the child may pose to other people's safety, and
7. Services that have been used or that the family tried to access prior to contacting DHS, including any evaluations and recommendations made, mental health counseling, medication management, IEPs or disability services.

Tip

*There are several supports available to adoptive families that do not require Child Welfare involvement to initiate services. A family may not know about or know how to access available community services. If a family is able to access available supports without the involvement of a caseworker, a caseworker should share information about the resources described in Appendix 7.3, Additional Supports for Adoptive Families and Legal Guardians.*Analyze the behaviors, conditions and circumstances of the child to determine the child's specific service needs based on information gathered from the above activities.

G. Document the assessment activities in a Family Support Services Assessment.

The supervisor's role

I. Assist the caseworker by answering questions and connecting the caseworker with ICWA experts when a family support services case involves a child, pre-adjudicated delinquent, or former foster child for whom ICWA may apply.

II. Consult with the caseworker when there are questions about whether an expert evaluation may be appropriate.

III. If an expert evaluation is appropriate, but the parent or legal guardian does not give consent, provide assistance to the caseworker:

A. Discuss ways to engage the parent or legal guardian to gain their permission.

B. Decide whether the family remains eligible for family support services, if the parent or legal guardian no longer is cooperating with the caseworker in determining the service needs.

C. Determine if there are safety threats that need to be addressed in a CPS assessment.

IV. Assist the caseworker when Child Welfare program manager approval is needed to open a case or enter into an agreement with the family.

V. Assist the caseworker in coordinating services with the court or juvenile department when the court orders a pre-adjudicated delinquent to DHS for placement or services.

VI. If questions about the family's continued eligibility for family support services arise, determine whether it is

appropriate to close the case. Refer to Close a Family Support Services Case plan in this chapter for more information.

Tip

When the court orders a pre-adjudicated youth into substitute care under a family support services case, it is important to analyze the actions, behaviors, and circumstances of the entire family in the family support services assessment to determine if these are short-term services or may be linked to safety threats and need to be addressed in a comprehensive CPS assessment. If it determined the family is more appropriately served through a comprehensive assessment, the caseworker must report that information to the court.

Chapter 7

Family Support Services

Section 4: Develop an individualized Family Support Services (FSS) Case plan

Develop an individualized Family Support Services (FSS) Case plan

The parents or legal guardians or the former foster child must be involved in the development of the Family Support Services Case plan. The caseworker is responsible for the development of the plan within 30 days of completing the determination of need family support services assessment as described in Sections 2 and 3, and within 60 days when a child has been placed in substitute care.

Procedure

The caseworker must:

I. Use the information gathered during the assessment (determination of need) to develop an FSS Case plan to address the specific needs of the child, family or former foster child.

II. Include the following people in the development of the FSS Case plan:
   A. The parents or legal guardians, or the former foster child,
   B. A tribal custodian, when applicable,
   C. When the child is an Indian child, the child's tribe(s) and extended family members, and
   D. As appropriate:
      1. The child,
      2. Other relatives,
      3. Other service providers, and
      4. The substitute caregiver when the child is or will be placed in substitute care.

III. An FSS Case plan is based on the determination of need, and is not dependent on analysis of parental protective capacity. In most instances, an FSS Case plan is used for short-term and focused services designed to meet the particular need of the family or former foster child.

IV. Document the FSS Case plan in the DHS information system on the appropriate Family Support Services Case plan form (CF 333 series).
   A. Use the Family Support Services Case plan for services provided to a family or to children who remain in the parents' or legal guardians' homes. These cases include:
      1. An eligible former foster child requesting one or more of the services available through the Independent Living Program,
      2. A pre-adjudicated delinquent ordered by the court, for reasons other than child abuse or neglect, to receive Child Welfare services, and who remains in the parents' or legal guardians' home, or
      3. An eligible family who has been approved by the Child Welfare program manager to receive services, and the child remains in the parents' or legal guardians' home.
   B. Use the Family Support Services Case plan for services provided when a child is placed in substitute

care. These cases include:

1. A family, approved by the Child Welfare program manager, entering into a Voluntary Placement Agreement,
2. A family, approved by the Child Welfare program manager, entering into a Voluntary Custody Agreement, or
3. The substitute care placement of a pre-adjudicated delinquent ordered by the court, for reasons other than child abuse or neglect, to DHS custody.

V. Include all the following information in the FSS Case plan:

A. Document family composition. This information will prefill into the forms. Provide identifying information regarding:

1. Each child,
2. Each young adult (a former foster child over 18 years old is the adult self in the case),
3. When the child is an Indian child, the child's tribe(s), and
4. Each parent or legal guardian, including the documentation about how the father was determined to be the legal father.
5. When the case involves a former foster child age 18, 19 or 20 years old who is parenting a child, provide identifying information for the former foster child and their child.

B. Document active efforts to ensure the Indian child's tribe or Indian parent's tribe participates in person, by telephone or another effective means of communication in the selection of services and activities.

C. Document the identified issues shared with Child Welfare staff through the intake screening process and screening referral.

D. Document and determine service needs. Document a clear description of the service needs of the family, the child or the former foster child that are determined as a result of the needs assessment. The Family Support Services Case plan when the child is in the home, or the Family Support Services Case plan, when the child is in substitute care, will prompt this description.

E. Document service goals and activities.

1. Document specific information about what DHS and the parents or legal guardians, or former foster child will achieve through the services documented in the FSS Case plan.
2. Develop the specific goal(s) that shape(s) the scope and duration of DHS involvement with the family or former foster child. Family support services generally are short-term services. Avoid goals that are vague or inappropriately long-term in nature as the goals are meant to be short-term. When other community service resources are able to accept responsibility for providing services to achieve the goals, the family support services case should be closed.
3. List the specific activities that will help achieve the service goals and the specific services to the parent or legal guardian, and services to the child. The Case plan form will prompt these descriptions.
4. Select services and service providers to assist the parents or legal guardians and the child, or the former foster child to achieve the identified goals.

F. List the services DHS will provide, including:

1. Case oversight and routine contact with the parents or legal guardians and the child or the former foster child,
2. Routine contact with the juvenile department staff, parents or legal guardians, and the child when the court has ordered DHS to provide services to a pre-adjudicated delinquent,
3. Arranging visitation for the parents or legal guardians and the child when a child is in substitute care,
4. Timely referral, access to, and use of culturally appropriate services and service providers to address the identified needs, to the extent that resources are available, and
5. Timely preparation of reports required for the court or other service providers.

G. When a child is voluntarily placed by the family in substitute care through a Voluntary Placement Agreement or Voluntary Custody Agreement, or if a pre-adjudicated delinquent was referred for placement by the court (not due to child abuse or neglect), include in the FSS Case plan:

1. The type of placement selected for the child.
2. The anticipated date of the child's return home and the circumstances under which a child will return to and remain in the home.The description of the child's current placement. (The DHS information system will prompt questions regarding the specific placement selected for the child and the child's adjustment to placement.)
3. The description of the substitute caregiver. (The DHS information system will prompt questions regarding the services the caregiver will provide.)
4. The strengths and needs of the child including those identified by the CANS screening and, when applicable, the Personal Care Services Plan. Include what services are being provided in order to build upon the child's strengths and meet the child's needs, information about the child's supervision plan when applicable, and information about the child's personal care services plan when applicable.
5. Completed 310 Health and Education forms for the printed FSS Case plan whenever DHS has **custody** of the child. When DHS is the legal custodian, it is responsible for monitoring the child's health care and educational needs.
6. The description of the child's visitation plan. Narrate the plans for visits and other contacts, or attach the CF 0831.
7. The identified primary permanency plan and the concurrent permanency plan. In almost every family support services case involving substitute care placement, the plan will be for the child to return home. These services are intended to be short-term services to assist a family through a crisis, rather than long-term placement of a child.

H. Document the conditions for case closure. Conditions may include, but are not limited to:

1. Changes in behavior, condition or circumstances that indicate the identified case goals have been achieved
2. The parent or legal guardians, or former foster child no longer wish to continue family support services

3. The person requesting services is no longer working in cooperation with DHS
4. DHS determines funding no longer is available for the service
5. The eligible person no longer meets eligibility criteria, or
6. The court dismisses the order requiring DHS involvement with a pre-adjudicated delinquent.

I. Document progress the family, child or former foster child have made to date in achieving case goals and completing service agreements, and any actions DHS has taken to support achieving the case goals.

1. Document actions DHS has taken to support the child's return home (when the child is in substitute care).
2. When the child is in substitute care, indicate whether the child has been in substitute care 15 of the last 22 months.
3. Remember that, any time a child is in substitute care, the court reviews placement after six months in placement and at each six-month interval thereafter. Document reasons why the case remains open as an FSS case at all court reviews.

J. Document the FSS case plan review date.

1. The FSS case plan must be reviewed, at a minimum, with the parent, legal guardians or former foster child every 90 days during a face-to-face contact. An agreement may be made to review the FSS case plan sooner.

K. The caseworker must obtain signatures on the appropriate FSS Case plan document from the following persons:

1. The caseworker, and
2. Each parent or legal guardian, or the former foster child.

L. Whenever a family support services case involves a Voluntary Placement Agreement (CF 0499) or parents giving custody to DHS through a Voluntary Custody Agreement (CF 1005), the caseworker must meet with the family to complete the Voluntary Placement Agreement or Voluntary Custody Agreement.

1. When completing either agreement, ensure appropriate legal authorities regarding decisions affecting the child have been discussed with the family, and both DHS and the parents or legal guardians are in agreement on designated responsibilities regarding the child's care, supervision, education, health and mental health needs.
2. Ensure the Child Welfare program manager approves and signs either a Voluntary Placement Agreement or a Voluntary Custody Agreement.

M. Submit the FSS Case plan to the supervisor for review and approval.

N. Distribute the FSS Case plan as soon as possible, but no later than seven days after the supervisor approves the plan.

1. Give a copy of the FSS Case plan to the following people:
   - The parents or legal guardians, or former foster child, and
   - The child's tribe(s) if the child is Indian.

O. When a child is in substitute care and one of the parents' or legal guardians' whereabouts are unknown:
   1. Conduct a search for the absent parent.
   2. Upon locating the parent, engage in discussion about planning for the child, including participation in the FSS Case plan.
   3. Consult with the supervisor as needed to determine ways to involve a parent or legal guardian who has been located.
   4. Determine if this is a safety threat case and, if it is, request an assessment be completed for child safety purposes.

P. Request an extension from the supervisor, if information essential to the development of the FSS Case plan is not yet available due to circumstances beyond the control of DHS. In almost all cases, the FSS Case plan must be developed within the 30-day timeline.

The supervisor's role

While reviewing the FSS Case plan, the supervisor ensures:

I. The caseworker has gathered sufficient information about the family's and child's needs (determination of service needs) to prepare the FSS Case plan.

II. The assessment was thorough and there is a good understanding of the specific needs of the family, child or former foster child.

III. Family support services are being appropriately used.

IV. The goals, services and activities are appropriate and in-line with the scope and duration of services provided in family support services cases.

V. The services selected are adequate, appropriate and culturally relevant, such that they will likely meet the identified goals.

VI. The caseworker has confirmed there are no safety threats to the child.

VII. At case review, reasonable progress is being made toward achieving the case goals, and actions are taken to enhance progress as needed.

The supervisor

I. Approves and signs the FSS Case plan when the plan is appropriate and no changes need to be made.
   A. If changes are needed, consults with the caseworker.
   B. If changes may affect the family, child or former foster child, encourages discussion with the individuals before changes are made.

II. Is available to meet with the caseworker and other individuals involved in case planning, if needed.

III. Consults with the caseworker as needed and provides connections with others who can assist the caseworker

with understanding the need for and accessing culturally appropriate services and service providers.

IV. Ensures the parents or legal guardians, or the former foster child, are adequately included and involved in the development of the FSS Case plan.

V. Consults with the caseworker when a parent or legal guardian is absent to determine DHS is conducting a thorough search, following up appropriately when location is identified, and that the parent is contacted and informed of the FSS Case plan.

Chapter 7
Family Support Services

Section 5: Arranging services and using a Service Agreement

Arranging services and using a Service Agreement

Once the parents and the caseworker have explored services and activities that may assist the family in meeting the family's or a child's specific needs, and have developed the FSS Case plan, the caseworker arranges services for the family and the child or the former foster child. As much as department resources allow, services must be culturally appropriate. (Refer to the requirements for securing culturally competent services for an Indian child and his or her parents in Section 6 of Chapter III, Determine Appropriate Actions, Services and Activities.)

Tip

Remember that Voluntary Placement Agreements end when a child reaches his or her 18th birthday, at which time the person no longer is considered a child. Voluntary Custody Agreements can be continued only under very limited circumstances when the temporary conditions for which a family entered into a Voluntary Custody Agreement still exist, the 18-year-old agrees to continue in placement under a Voluntary Custody Agreement, ***and*** *the district manager approves the continuation of a Voluntary Custody Agreement.*

Procedure

I. Make the referrals to appropriate services. State in the referral the specific reasons for the referral to services, and include:
   - A. The goal of the service;
   - B. What the family and the department need from the service provider;
   - C. The expected timeframes for service delivery; and
   - D. A process to receive feedback about progress, including:
     1. How often updates or reports will be received (at a minimum, once every 90 days);
     2. The expectations regarding updates or reports (e.g., phone contact and/or a written report), and to whom progress will be reported;
     3. Whether updates or reports will be requested by the department or whether the provider will automatically provide the information; and
     4. The methods through which progress will be measured by the service provider.

II. When the referral includes the substitute care placement of a child through a Voluntary Placement Agreement, Voluntary Custody Agreement or an order of the court for a pre-adjudicated delinquent (not because of child abuse or neglect) the caseworker is responsible for following the child placement and services to children procedures in Chapter IV of this manual. When a child is in substitute care the caseworker also must:
   - A. Select an appropriate substitute caregiver able to meet the child's identified needs.
   - B. Develop a Visit and Contact Plan (CF 0831).
   - C. Work with the substitute caregiver in meeting the identified needs of the child. This is especially important when the family enters into a Voluntary Placement Agreement, and the substitute caregiver is one who can meet the child's needs to address the diagnosed mental health condition or disability.
   - D. Develop a child's individual service plan when the child is placed in any type of residential care.
   - E. Attend to the child's return home plan. Substitute care placement under an FSS Case plan is intended to be temporary and time-limited. If the family has no intention to be a permanent resource for the child, immediately staff with the supervisor.

F. Monitor the child's safety and well-being in substitute care through required face-to-face contacts with the child and with the substitute caregiver, and assess the child's safety and well-being in substitute care. Refer to Chapter 5, Section 9 for more information.

G. Manage the child's education, health care and mental health needs to the extent DHS is authorized to do so through a Voluntary Placement Agreement or Voluntary Custody Agreement. When the court orders the substitute care placement of a pre-adjudicated delinquent, DHS is responsible for the child's education, health care and mental health needs as the legal custodian of the child.

III. In most cases the signed FSS Case plan provides sufficient documentation of the scope of services that will be provided to the family in a family support services case. In some instances, however, when a series of services or actions is a part of the FSS Case plan, or services are sequential in nature, it is appropriate to develop a time-limited service agreement with the family or the former foster child that focuses on one or more services.

IV. It is the caseworker's responsibility to make sure the Service Agreement includes:

A. At least one of the goals in the FSS Case plan.

B. The specific activities or services required to achieve the goal.

C. The specific services or activities related to the specific change being sought.

D. Services which are as culturally and gender-specifically appropriate as possible, given the department's resources. This may include locating a service provider who speaks the parents' language, a service provider of the same ethnicity/race as the parents, or a service provider who is familiar with the parents' cultural background.

E. The services are clear, succinct and manageable. The parents or legal guardians, or the former foster child need to understand what the services are, and how those services relate to the goals of the FSS Case plan.

F. The responsibilities of each participant.

1. The Service Agreement must describe the responsibilities of the parents or legal guardians, or the former foster child and the department.

- It is important for the caseworker to follow through with any responsibility listed for the department.
- It also is important for the caseworker to make sure that anything listed as a department responsibility is something that can be provided by the department. If there is a question as to whether DHS can provide or pay for a particular service, the caseworker should consult with his or her supervisor.

G. The start and completion dates.

1. The Service Agreement needs to list the anticipated start date and anticipated completion dates, based on the assessment of the service provider.

H. Indicate whether a particular service or activity is an order of the court (if applicable for a pre-adjudicated delinquent).

Tip

*A Service Agreement is a **time-limited** written document between the department and the parents, legal guardians or*

a former foster child that identifies one or more of the services or activities to achieve the goals of the Family Support Services Case plan. The Service Agreement is developed in conjunction with the FSS Case plan, but it is a stand-alone, time-limited agreement. The caseworker can develop sequential service agreements when the parents or legal guardians, or the former foster child need to take smaller steps to achieve progress. As long as sufficient resources are available, the Service Agreement must use culturally appropriate services and service providers whose interventions are focused on the parent's achievement of the goals identified in the FSS Case plan.

V. Make sure the FSS Case plan goals and the Service Agreement are related to one another. The Service Agreement should not include an activity for the parents or legal guardians or the former foster child that is not linked to the request for DHS services and the results of the determination of needs.

VI. Document the method of measuring progress.

   A. The Service Agreement documents how changes will be measured, such as by professional assessments or observations of changes in behavior, condition or circumstances by family or other community members, or by a demonstrated change in behavior, condition or circumstance that relieves the crisis.

   B. The parents or legal guardians or the former foster child need to understand how progress will be measured at the onset of the Service Agreement.

VII. Indicate the date the Service Agreement will be reviewed.

VIII. Obtain signatures.

   A. The Service Agreement is signed by the parents or legal guardians or the former foster child and by the caseworker. The Service Agreement also lists the date to review, and if necessary, update the Service Agreement. Again, it is important to follow through with this review as a way to monitor compliance with services.

IX. Provide a copy of the Service Agreement to the parents or legal guardians, or former foster child no later than *seven days after the agreement is signed.*

Chapter 7

Family Support Services

Section 6: Monitor the Family Support Services case plan through required contacts

Monitor the Family Support Services case plan through required contacts

The caseworker is responsible for 30-day face-to-face contacts. The purposes of this contact are to monitor the changes in the family that address the family's specific circumstances, and to ensure the family is using services that appropriately address the child or family's identified needs.

However, when a child is placed in substitute care through a Voluntary Placement Agreement or Voluntary Custody Agreement or because a pre-adjudicated delinquent has been ordered into DHS custody (for reasons other than child abuse or neglect), the purposes for face-to-face contact with the child and the substitute caregiver also include monitoring the safety and well-being of the child in the substitute care placement.

The caseworker must have the following contacts:

I. Face-to-face contact with the child every 30 days.

II. Face-to-face contact with each parent or legal guardian every 30 days.

III. Contact with the substitute caregiver every 30 days when a child is in substitute care.

IV. Face-to-face contact with the substitute caregiver in the home or facility of the substitute caregiver every 60 days.

V. Contact with the service providers a minimum every 90 days.

A. Parent or legal guardian contact and contact with a former foster child

Procedure

I. The caseworker must have contact with each parent or legal guardian and with the child or the former foster child every 30 days. The contact should occur in the parents' or legal guardians' or the former foster child's home. Activities during the contact may include, but are not limited to:

   A. Review how the services are helping family members make progress toward FSS Case plan goals;

   B. Review the progress on any active Service Agreement;

   C. Verify individuals still remain eligible for services;

   D. Assess and determine that services are still appropriate in addressing the identified need; and

   E. Check that services the department has agreed to provide are being provided.

II. When services are not addressing the child's, family's or former foster child's needs, re-evaluate the services, and/or develop additional strategies to address the identified needs.

III. Ensure that the child's or former foster child's needs are being met.

IV. Ensure that a review of the FSS Case plan is considered after receiving an expert evaluation.

V. Review the FSS Case plan a minimum of once every 90 days.

B. Contact with the child placed in substitute care

Contacts with the child in substitute care involve not only monitoring services to the child, but confirming the safety and well-being of the child in the substitute care environment. This involves monitoring services provided to the child (education, physical and mental health, or other treatment needs), the child's adjustment to substitute care, and the ability of the substitute caregiver to provide a safe environment for the child.

Procedure

Contact with the child placed in a foster home or with a relative caregiver

During each face-to-face contact the caseworker must monitor the safety of the child by:

I. Assessing the progress in, and adjustment to, the placement of the child.

II. Receiving updates from the child and the substitute caregiver.

III. If the child has a supervision plan, ensure that the plan continues to meet the child's needs as identified by the CANS and make adjustments with the substitute care provider as necessary.

IV. If the child is receiving personal care services, ensure that the personal care service plan is meeting the child's needs. If you are unsure as to whether the plan is being followed or is meeting the child's needs, this may include consulting with the Personal Care Nurse Manager in central office.

V. Assessing the safety and well-being of the child by determining whether each of the following conditions exists in the home:

   A. The child is comfortable and the environment of the home is supportive and safe.

      1. The caseworker should talk to the child alone and if the child is old enough to communicate, ask him or her questions about how the child feels in the placement, and whether he or she feels comfortable in the home.

   B. Adults in the home take an active role in caring for and supervising the child.

      1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of him or her, what they do, and related topics.

   C. Adult family members possess the physical, emotional and cognitive capacity to sufficiently care for the child.

      1. The caseworker should assess whether the child is getting to medical and other appointments, getting to school on time, and what treatment providers for the child report about the child's needs being met or not met.

   D. Family members and the child have contact with others in the community.

      1. The caseworker should ask the substitute caregiver and the child what they do for recreation, and whether they attend school functions, church, neighborhood events and other activities.

   E. The child is accepted as part of the household.

1. The caseworker should ask questions such as where the child eats, where they spend their time in the home (e.g., is much of the home restricted to the foster child), and whether the child participates in family activities with the substitute caregiver.

F. The substitute caregiver understands and is attentive to the child's vulnerability and need for protection.

1. Is the substitute caregiver attending to the child's special circumstances and protective of the child when the caregiver may be fearful or sensitive to the special issues that a victim of child abuse (for an adoptive or guardianship child) may need to address?

G. The substitute caregiver is amenable to department oversight and willing to partner with DHS.

1. Is the substitute caregiver following the FSS Case plan, including the visitation plan? Does the substitute caregiver share negative information about the case with the child?

H. The child has a sufficiently positive relationship with the substitute caregiver's own children who live in the home.

1. The caseworker should talk to the child about their interactions with the foster parents' own children, (e.g., do they play together, do they fight or argue?).

I. The substitute caregiver is caring for children matching the preferences and experience of the family.

1. The caseworker should talk with the substitute caregivers about how they are managing the care of the children in their home (e.g., are they stressed, do they feel overwhelmed).

J. The interactions between the child and other children placed in the home are sufficient to ensure safety.

1. The caseworker should talk to the child about the interactions with other foster children in the home (e.g., do they play together, argue or fight, do they generally get along).

K. The present demands do not exceed the ability of the substitute caregiver to provide safe and protective care.

1. The caseworker should talk to the substitute caregiver about their stress level, how they handle stress, whether they get breaks, whether they enjoy foster parenting, and how circumstances in their own lives may be impacting the children in the home.

VI. If any of the above conditions do not exist in the home, and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:

A. Assess child safety immediately to determine if there is a safety threat

1. If a safety threat is identified, the caseworker must immediately:

- Consult with the caseworker's supervisor to determine any immediate protective action required to ensure the child's safety or any action required to ensure the safety of the child; and
- Contact a CPS screener and report the identified safety threat to the child.

B. Document the behaviors, conditions or circumstances observed in the home and any immediate protective actions in OR-Kids.

VII. When the child currently is safe in the home but a certification rule is being violated or, for other reasons, the caregiver is struggling with the responsibilities of caregiving, the caseworker must:

A. Document date, time, location and current behaviors, conditions or circumstances observed in the home in OR-Kids case notes, and notify the certifier or certifier's supervisor within one day.

B. Have face-to-face contact with the substitute caregiver within the next 30 days and the visit must occur in the home. The caseworker must observe the behaviors, conditions or circumstances of the substitute caregiver, the child and other children in the home, and conditions in the home.

VIII. When the caseworker can confirm the child is safe, current conditions in the home provide safety and well-being for the child, and the certification violation has been remediated or, for other reasons, the caregiver's struggles with caregiving have been resolved, the caseworker must:

A. Document the date, time, location and observations of the conditions of the environment in OR-Kids; and

B. Notify the certifier of the improved behaviors, conditions or circumstances in the home.

IX. When the caseworker can confirm the child is safe but cannot confirm that the certification standard has been remediated or if the caregiver continues to struggle with the responsibilities of caregiving, the caseworker must:

A. Consult with the supervisor to determine whether to recommend implementation of a Placement Support Plan (Refer to Chapter 8 for detailed procedures regarding the Placement Support Plan) to the certifier, or whether the child should no longer remain in the home because the conditions necessary to provide safety and well-being cannot be sustained in this home.

B. Notify the certifier of the behaviors, conditions or circumstances in the home.

C. Document the date, time, location and the behaviors, conditions or circumstances in the home in Or-Kids, in the notes tab for the certified family.

Contact with the child placed with a provider

A provider is defined as a "person approved by a licensed private child-caring agency to provide care for children or an employee approved by a licensed private child-caring agency." In other words, it is a placement in a residential treatment facility or a foster home licensed or approved by someone other than a child welfare certifier.

During every contact with a provider, the caseworker must:

I. Assess the progress in, and adjustment to, the placement of the child.

II. Receive updates from the child and from the provider.

III. Assess the safety of the child in the home or facility by determining whether each of the following conditions exists:

A. The child is comfortable and the environment is supportive and safe.

1. The caseworker should talk to the child alone and if the child is old enough to communicate, ask him or her questions about how the child feels in the placement, and whether he or she feels comfortable.

B. Adults take an active role in caring for and supervising the child.

   1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of him or her, what they do, and related topics.

C. Adults possess the physical, emotional, and cognitive capacity to sufficiently care for the child.

   1. The caseworker should assess whether the child is getting to medical and other appointments, getting to school on time, and what the treatment service providers for the child report about the child's needs being met or not met.

D. The child has formal and informal contact with others in the community.

   1. The caseworker should ask the substitute caregiver and the child what they do for recreation, and whether they participate in school functions, church or other neighborhood events.

E. The child is accepted as part of the household or facility.

   1. The caseworker should ask questions such as where the child eats, where they spend their time in the home or facility (e.g., are there restrictions placed on the child), and whether the child routinely participates in activities with the substitute caregiver.

F. The provider understands and is attentive to the vulnerability and need for protection of the child.

   1. Is the substitute caregiver attending to the child's special circumstances and protective of the child when they may be fearful or sensitive to the special issues that a victim of child abuse may need to address?

G. The provider is amenable to department oversight and willing to partner with DHS.

   1. Is the substitute caregiver following the FSS Case plan, including the Visit and Contact Plan? Does the substitute caregiver share negative information about the case with the child? Is the substitute caregiver ensuring the child is receiving the treatment services he or she needs?

H. The child has a sufficiently positive relationship with other children in the home or facility of the provider.

   1. Observe the child in the home or facility. Ask about his or her relationships with others, the friends he or she has developed, and what relationships are meaningful to the child.

I. The substitute caregiver is caring for children matching the preferences and experience of the substitute caregiver.

   1. The caseworker should talk to the child about the interactions with other foster children in the home (e.g., do they play together, argue or fight, do they generally get along).

J. The interactions between the child and other children placed in the home or facility is sufficient to ensure safety.

   1. Observe the care provided to all the children in the home or facility. Do people seem to get along? Is everyone valued as a member of the group? Do caregivers appear to possess the knowledge and skills needed to care for the child and other children in the home?

K. The present demands of the home or facility do not exceed the ability of the substitute caregiver to provide safe and protective care.

IV. Document the date, time, location and observations of the conditions of the environment in OR-Kids.

V. If any of the above conditions do not exist in the home or facility, and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:

A. Assess child safety immediately to determine if there is a safety threat.

1. If a safety threat is identified, the caseworker must immediately:

- Consult with the caseworker's supervisor to determine any immediate protective action required to ensure the child's safety or any action required to ensure the safety of the child; and
- Contact a CPS screener and report the identified safety threat.

B. Document the behaviors, conditions or circumstances observed in the home or facility, and any immediate protective actions in OR-Kids.

VI. When the child currently is safe in the home or facility, but the conditions described above are not fully met, the caseworker must:

A. Contact the child caring agency's management to report the conditions of the home or facility, and request additional supportive resources for the provider.

B. Document in OR-Kids case notes the contact with the child caring agency's management.

C. Have face-to-face contact with the provider and the child within the next 30 days and the visit must occur in the home or facility. The caseworker must observe the behaviors, conditions or circumstances of the home or facility and the child and other children in the home or facility.

VII. When the caseworker can confirm that current conditions in the home or facility provide safety and well-being for the child, the caseworker must:

A. Document the date, time, location and observations of the conditions of the environment in OR-Kids; and

B. Contact the child caring agency's management and report the improved behaviors, conditions or circumstances in the home.

VIII. When the caseworker can confirm the child's safety but cannot confirm that current conditions in the home or facility meet the requirements in OAR 413-080-0059 (3)(a)(D) the caseworker must:

A. Consult with the supervisor to determine whether an immediate protective action is required to ensure the child's safety or any other action is required to ensure the child's safety; or

B. Whether consultation with the child caring agency's management is necessary to provide additional support and ensure child safety.

C. Document the date, time, location and the behaviors, conditions or circumstances in the home or facility, and any actions in OR-Kids.

D. Document contact with the child caring agency's management.

C. Contact with the service providers

Procedure

I. Maintain regular contact with service providers a minimum of every 90 days to monitor the services provided through the FSS Case plan.

   A. It is helpful to talk with service providers prior to beginning services and reach agreement about how the department and the service provider will maintain regular contact, and what specific information needs to be shared at the time of the contact.

   B. Arrange details such as:

      1. Who will initiate the contact;
      2. Whether contact will be by phone, in writing or other means of communication;
      3. Notification of the parent, legal guardian or child's attendance and participation in the service;
      4. Progress being made toward the case plan goal and how the service provider will measure progress (e.g., observable changes in behavior, condition or circumstance);
      5. New information either the department or the service provider has become aware of that may impact the delivery of services.

   C. Consider developing a standardized format to maintain timely communication and provide adequate information to monitor progress.

D. Monitor the Family Support Services case plan

Procedure

I. The caseworker is responsible for the ongoing oversight of all aspects of the FSS case plan. This includes:

   A. The services provided to the family, child or former foster child;

   B. The progress made toward achieving the case plan goals;

   C. The services provided by DHS;

   D. The Visit and Contact Plan when the child is in substitute care;

   E. The completion of actions and activities for which DHS is responsible; and

   F. The safety and wellbeing of the child and the child's environment (when the child is in substitute care).

II. The caseworker monitors the FSS case plan by making required contacts. This includes completing the following activities:

   A. Ensure the department receives timely and accurate information from the service providers.

   B. Confirm current service(s) are meeting identified needs and are helping to resolve issues that resulted in family support services. Remember, family support services are intended to be short-term services to a family or former foster child. When services do not appear to have intended results, staff the case with the supervisor and consider using other service options to achieve the case goals.

   C. Confirm the safety of the child.

III. Respond in a timely manner to issues that may impact the safety of the child.

   A. If the caseworker becomes aware of a safety threat to the child, report that information immediately to an intake screener; and

   B. Consult with a supervisor to determine whether a protective action needs to be put into place to protect the child.

IV. Consult regularly with your supervisor on the case.

E. Documentation

Procedure

I. Document in OR-Kids case notes:

   A. The date, type and location of each contact with the child, parent or legal guardian, or former foster child;

   B. The date and type of each contact with each service provider;

   C. Observations and conditions of the child during the 30-day contact;

   D. Observations and conditions of the parents or legal guardians during the 30-day contact;

   E. Changes in the family;

   F. Updates or reports from service providers;

   G. Observations or reports from the substitute caregiver (when a child is in substitute care); and

   H. Any immediate protective action, if required to ensure a child's safety.

The supervisor's role

I. Consult regularly with the caseworker regarding the progress achieved in meeting the FSS case plan goals in a timely manner.

II. Keep the focus on the effectiveness of the services in meeting identified needs.

III. Confirm the caseworker is monitoring the safety of the child when placed in substitute care.

   A. If informed by the caseworker about a safety threat to a child:

      1. Discuss the situation with the caseworker to obtain information and provide direction;

      2. Determine whether a protective action needs to be put into effect to protect the child; and

      3. Ensure information is immediately reported to an intake screener.

IV. As appropriate, assign another staff person to make required contact when the assigned caseworker is unable to do so.

   A. Determine:

      1. Who may make contact: A Child Welfare Program Manager; Child Welfare Supervisor; or another caseworker may be authorized to make the contact in the caseworker's place.

2. What the person needs to know: Prior to contact, the person making contact must have information regarding the FSS Case plan, the parent or guardians, and the child or former foster child, including any special needs of the child or former foster child.
3. What the person does: The person making contact is responsible for assessing the safety of the child or former foster child, if placed in substitute care, confirming appropriateness of services, and completing documentation requirements.

V. When approving an exception to the required 30-day face-to-face contact with a child or former foster child, ensure:

A. The safety and well-being of the child or former foster child can be confirmed by another responsible adult who has the face-to-face contact with the child or former foster child; and the responsible adult confirms the child or former foster child is safe.

B. The exception to face-to-face contact documentation is in the case file, including approval for the exception, reason for the approval of the exception, and length of time the exception is in effect.

C. The exception to required face-to-face contact is no longer than 90 days unless the caseworker obtains approval of the Child Welfare program manager or designee, and the Child Welfare program manager or designee confirms the facts demonstrating that child safety and well-being are confirmed without the required face-to-face contact.

D. Reasons to grant an exception to face-to-face contact for a family support services case include, but are not limited to:

1. The child or former foster child has been placed in another planned permanent living arrangement (APPLA) that has been approved by the court. If appropriate, an exception may be granted when in APPLA for face-to-face contact every 90 days. In this situation the above documentation requirements apply.
2. The child or former foster child has been placed in substitute care with a provider (meaning with a person or employee approved by a licensed private child caring agency to provide care to children, such as in a residential treatment program). If appropriate, an exception may be granted for face-to-face contact every 60 days. In this situation the above documentation requirements apply.
3. A former foster child is receiving only Youth Transition (formerly ILP) services. If appropriate, an exception may be granted for face-to-face contact every 60 days. In this situation the above documentation requirements apply.
4. The child or former foster child is unavailable (for example, the child has gone on vacation with the foster parent).
5. The parent or legal guardian of the child or former foster child is unavailable.
6. A parent or legal guardian presents a safety risk to the caseworker or department staff, which has been documented in the case file.

Chapter 7
Family Support Services

Section 7: Measuring progress

Measuring progress

Whenever DHS is involved with a family or former foster child because of a request for services, or when the court orders a pre-adjudicated delinquent to DHS for services or placement, you are responsible for measuring, on a continual basis, the progress in meeting the specific needs identified in the FSS Case plan. Family support services cases, in particular, are most often short-term involvements with DHS, when services are provided to meet an identified need.

Regularly measuring progress increases the likelihood that the goals of the FSS Case plan are achieved in a timely manner. Also, it focuses DHS attention on meeting identified needs. When measuring progress, a number of areas need to be considered, including whether:

I. Parents, legal guardians or the former foster child are making adequate progress toward achieving the FSS Case plan goals

II. Services provided through DHS are effective in assisting the family, and

III. Child-specific needs are being met, and can be adequately managed and sustained without ongoing DHS involvement.

Procedure

The caseworker must:

I. Measure progress as part of the ongoing intervention with the family or former foster child, including at the following times:

   A. During and (or) after any contacts with the parents, legal guardians, former foster child, children, service providers and others who are connected with the child and or the family.

   B. Every 90 days, formally measure progress when reviewing the FSS Case plan as described previously.

II. Progress is measured in terms of changes in behavior, conditions or circumstances that ease the identified needs of the family. Progress can be documented, because it has been verified that it has occurred, changed or been observed. Measure progress with respect to the following:

   A. When a child has been placed in substitute care through a Voluntary Custody Agreement or Voluntary Placement Agreement, is there progress toward achieving the child's return home?

   B. When a pre-adjudicated delinquent is in substitute care through an order of the court, what behaviors, circumstances or conditions have changed toward achieving circumstances in which the pre-adjudicated delinquent can return home?

   C. When working with a family who is receiving post-adoption or post-assisted guardianship services, are the services effective in meeting the identified case goals?

   D. When working with a family using voluntary services for a temporary crisis in the family, how are the family's circumstances changing?

III. Adjust the following, when indicated, based on the information gained when monitoring the FSS Case plan,

maintaining case contacts and measuring progress:

A. DHS interventions including, but not limited to, service agreements when a family needs logically sequenced actions or services that are time-limited,

B. Caseworker contacts, or

C. Caseworker approach with the parents, legal guardians or former foster child.

D. The FSS Case plan, including:

1. Securing other services or supports that more appropriately address the identified needs, or
2. Increasing the family's support system so that the changes occurring through the services can be sustained without DHS involvement.

IV. Consider the following when measuring progress toward change:

A. What observable changes do you see?

B. How does this compare with what you have seen previously in this family or with this former foster child?

C. What is the motivation to do something or not do something? Is there a motivation that demonstrates intent and choice to change? Reflect on:

1. What the parent, legal guardian, former foster child or child does or says
2. The approach to problem-solving
3. The follow through, and
4. The extent to which the family remains focused on achieving FSS Case plan goals.

D. In what ways is movement demonstrated toward the desired change? Movement is demonstrated by activity and behavior. Reflect on:

1. Evidence of trying, participating, follow through, dependability, commitment and making gains.
2. Qualities of the movement. Reflect on:
   - What small steps are occurring?
   - In what ways are you, as the worker, helping motivate change?
   - How are you acknowledging movement and changes in behavior?
   - How are service providers contributing to change?
   - Are services facilitating positive change?
   - Do adjustments need to be made?

E. How likely is it that change will occur within the timeframes of the FSS Case plan?

1. How does the answer to this question affect the child's need for permanency in a reasonable amount of time?
2. What has happened historically within this family?
3. What supports are in place within the family or what additional support could be put into motion to improve chances for success?

4. Are there any other personal or substantive resources available to the family to support and sustain change?

F. Use the child as a source of information.

1. Does the child notice any changes (particularly in post-adoption and post-assisted guardianship cases where adjustment has been problematic for the child)?
2. What observations does the caseworker have when seeing parents and children together?

G. Use the reports from service providers.

1. What progress is reported by service providers?
2. What observations are documented in updates or reports to the caseworker regarding changes in behaviors, conditions or circumstances?
3. How have the service providers arrived at these conclusions?

H. Use reports from other DHS staff involved with the family (the social service assistant, supervisor or other staff).

I. Whenever a child is in substitute care, make appropriate adjustments when assessing the safety and well being of the child in substitute care.

1. Are the services provided meeting the child's identified needs and build upon the identified strengths?
2. Is the family continuing to work toward the child's return home, and actively participating in the FSS Case plan goals?
3. Is the child safe in the substitute care placement?
4. Does the child have a supervision plan and a personal care services plan and if so, are those plans meeting the child's needs?

V. Ensure that an FSS Case plan continues to be the appropriate plan for the child whenever a child is in substitute care. Consider:

A. Is the permanency hearing approaching?

1. If so, is it likely the child will return home soon? If not, reconsider the appropriateness of the current FSS Case plan.

B. If a child has been placed through a Voluntary Placement Agreement, is the child nearly age 18 when a Voluntary Placement Agreement must end?

1. How does the FSS Case plan address a child's transition to adulthood and independence? How are available ILP services being used?
2. What has the court determined are the best interests of the child?

C. If a child has been placed through a Voluntary Custody Agreement, is the child nearly age 18?

1. What is the nature of the family crisis and is there a plan for the child?
2. Does the child want to agree to voluntary custody after age 18? What is the long-term plan for the child? Is this agreement something the district manager and the court would approve?
3. What has the court determined to be in the best interests of the child?

D. Has the child been in substitute care almost 15 of the last 22 months?

1. If so, the law requires that there are compelling reasons not to file a petition to terminate parental rights. Is there justification for these compelling reasons (e.g., a child's special medical or mental health needs continue to require substitute care).

The supervisor's role

I. Provide regular consultation with the caseworker.

II. Review the progress reported, ask questions and review case notes.

III. Assist the caseworker in making decisions when progress is slow or there is no evidence of progress in meeting the FSS Case plan goals.

IV. Review again with the caseworker the purpose of the FSS Case plan and the scope of the services DHS is providing to the family.

V. Suggest alternate methods to achieve the FSS Case plan goals.

VI. Assist the caseworker in meeting with the family or former foster child when a joint meeting would be helpful.

Chapter 7
Family Support Services

Section 8: Conduct a Family Support Services Case plan review

Conduct a Family Support Services Case plan review

Family support services are intended to be short-term services to assist a family through a crisis. When reviewing the FSS Case plan, be attentive to the family, child or former foster child's progress in achieving the case plan goals.

Procedure

I. Review the FSS Case plan a minimum of every 90 days and make necessary updates.

II. Consider revising the FSS Case plan to include recommendations from an expert evaluation within 30 calendar days of receiving an expert evaluation.

   A. If the recommendations are not implemented and included in the FSS Case plan, the rationale must be documented in OR-Kids.

   B. Document in OR-Kids case notes when the decision is made; and

   C. Document the decision in the next CF 333d or CF 333e (when the child is in substitute care) FSS Case plan update.

III. Review the FSS Case plan in a face-to-face meeting with the parents, legal guardians or former foster child.

   A. If parents, legal guardians or the former foster child are unavailable for the review, the caseworker must document the following:

      1. The reason the parents, legal guardians or former foster child were not available; and

      2. The efforts that were made to involve the parents, legal guardians or former foster child in the review.

   B. The meeting also may include the child, service providers, attorneys, family members and the substitute caregiver when a child is in substitute care.

      1. The caseworker ***must*** consider input received from the child, the service providers, safety plan participants, substitute caregivers, attorneys, a child's CASA persons with significant attachments to the child, and family members during a case plan review whether the input is received during a meeting or through other contacts or correspondence.

IV. In all cases, the case plan review must include:

   A. An assessment of the progress that has been made in meeting the goals of the Family Support Services Case plan. Input received from service providers, foster parents, attorneys, CASA, and family members.

   B. The reduction or elimination of the circumstances, conditions, or behaviors for which the department is providing services.

V. In substitute care cases, the case plan review must also include:

   A. An assessment of the progress toward achieving a return home.

B. A review of the services being provided to the child and whether they are building upon the strengths of the child and meeting the child's needs, including those identified in the CANS screening and, when applicable, the personal care services plan.

C. An assessment of the ability of the substitute caregiver to meet the identified needs of the child including:

1. The child's physical and emotional safety
   - Does the substitute caregiver possess the skill level or willingness to acquire the skills necessary to meet the physical, emotional and supervisory needs of the child?
   - What are the ages, number and gender of other children currently in the home?
   - What are the behaviors of the children currently in the home as they relate to protection from further victimization and from harm to self or others should another child be placed in the home?
   - What is the substitute caregiver's ability to protect the child from inappropriate contact with those who would harm the child?
   - Does the physical layout of the home affect the substitute caregiver's ability to adequately supervise children?
2. Preserving existing attachments to family
   - Is the substitute caregiver a relative? If not, what does a review of the diligent relative search indicate? What are the barriers to placement with a relative and can they be eliminated?
   - Does the substitute caregiver meet the family's placement preference?
   - Is this the substitute care placement the child requested?
   - Does the substitute caregiver support the child's attachment through visitations and working with the family?
   - Does this substitute care placement provide mutual care when both child and parent require out-of-home placement?
3. Supporting continuity and familiarity
   - What is the parents' relationship with the substitute caregiver or the child's ability to develop relationships with a substitute caregiver?
   - What is the substitute caregiver's proximity to the child's neighborhood, school and family?
   - What is the substitute caregiver's capacity to provide a permanent home or ability to support transition to a permanent home?
4. Supporting appropriate educational, developmental, emotional and physical support for the child
   - Does the substitute caregiver have a demonstrated capacity to meet the child's specific or unique needs, including needs identified in the CANS screening?
   - If the child is receiving a Level of Care as a result of the CANS screening, has the substitute caregiver demonstrated the capacity to implement the Enhanced Supervision

Plan?

- Is the substitute caregiver willing to acquire the skills necessary to meet the child's specific needs?
- Does the substitute caregiver have the ability to meet the child's needs considering the number and type of children in the home?
- Is the substitute caregiver willing and able to assist, participate in decisions about, and act as an advocate for the child?
- Is the substitute caregiver able to identify and build upon the child's strengths?
- If the child is receiving personal care services, does the substitute caregiver appear to be able to provide those services?

5. Meeting the child's needs to be nurtured and supported
   - Considering the other children in the home, what is the substitute caregiver's:
     (1) Desire to provide care for this child and ability to provide the necessary nurture and support?
     (2) Willingness to provide care as long as needed?
     (3) Ability to recognize a child's needs and build on the child's strengths?
6. Supporting the child's cultural and religious background
   - What is the substitute caregiver's ability to:
     (1) Appreciate, nurture, support and reinforce the identity of the child?
     (2) Support the child's development and help the child develop age-appropriate developmental and social skills?
     (3) Communicate with the child?
     (4) Honor and accommodate religious differences, and support the child's religious heritage and preferences?

D. A review of the supervision plan and/or personal care services plan if one or both are in place.

1. The review of the supervision plan should include at a minimum the substitute caregiver and may also include the child, when appropriate, and the certifier for the substitute caregiver. Questions to consider include:
   - Whether the plan is meeting the child's supervision needs as identified in the CANS screening.
   - Whether the plan should be adjusted to be either more or less restrictive depending upon how the child is progressing in the placement.
   - Whether or not there has been a significant change in the pattern of the child's behavior to warrant a referral for a new CANS screening.
2. The review of the personal care services plan should include at a minimum the substitute caregiver and may also include the child, when appropriate, the certifier for the substitute caregiver, and the Personal Care S Nurse manager in central office.

E. A review of the search for the child's relatives. The following questions may assist you in this review:

1. What maternal and paternal relatives have been identified and contacted?
2. What maternal and paternal relatives have responded and have we followed up on their interest to be a placement resource, visiting resource, person to maintain connections for the child, or safety service provider?
3. Is it time to contact relatives again who did not respond to our initial inquiry?
4. Is it time contact relatives again who have previously responded with some interest (ie: considering a placement change, considering a case plan change, considering a return home)?
5. In what ways are relatives engaged as placement resources, visiting resources, persons to maintain connections for the child, safety service providers, or in case planning for the child?
6. Are there some relatives who were denied placement but could be engaged to participate in the child's life in other ways and if so, how are the relatives involved?

Tip

A worker may decide to document the 90-day review in the Family Support Services case plan (CF 333d or CF 333e) rather than in case notes when the information will soon be needed for an upcoming court or Citizen Review Board hearing. The CF 333 form must be used for the initial Family Support Services Case plan and every six months thereafter, for the six-month Family Support Services Case plan reviews.

F. A review of the Visitation Plan. The following questions may assist you in this review:

1. Does the visitation plan meet the child's needs?
2. What opportunities are there for the child to visit with other family members?
3. Does the visitation plan support progress toward the child's return home?

G. Consideration of sibling issues.

1. If the child has siblings in substitute care, are siblings placed together? If so, and there are supervision and/or therapeutic issues (ie: aggression or sexual acting out between siblings), how are those issues being addressed?
2. If siblings are not together, what efforts are being made to place them together? What efforts are being made to keep them connected?
3. Has a determination been made by a permanency committee that it would not be in their best interests to be placed together? If so, what efforts have been made to assess their need for ongoing connection and meet that need?

H. A review of Concurrent Planning.

1. What are the child's permanency needs?
2. In what ways has the familybeen engaged in developing and implementing the concurrent plan?
3. What still needs to be done in order to implement the concurrent plan?
4. Has the child been in care for 15 out of the last 22 months, and if TPR has not been filed, what is the compelling reason not to pursue TPR?

VI. Review the Child Welfare Case plan with the Supervisor to gain approval of the revised case plan. The Supervisor will document the outcome of the meeting in OR-Kids case notes under "90 Day Staffing".

VII. Document the FSS Case plan review by recording the updated information in OR-Kids:

A. The information gathered for a 90 day review may be documented in OR-Kids case notes, or

B. The 90 day review may be documented on the appropriate FSS Case plan form.

1. Use the CF 0333d for an FFS Case plan developed with a family when the child remains in their own home, including:
   - In-home family support services,
   - Independent Living Program services provided to a former foster child, or
   - Services provided to a pre-adjudicated delinquent who remains in the home and is ordered by the court to receive department services (not due to abuse or neglect).
2. Use the CF 0333e for an FFS Case plan developed with a family when a child is placed in substitute care including:
   - Voluntary Placement Agreements,
   - Voluntary Custody Agreements, and
   - Services provided to a pre-adjudicated delinquent who is placed in substitute care, when ordered by the court to receive department services (not due to abuse or neglect).

VIII. Review and fully update the FSS Case plan at least every six months.

IX. Document all of the following in OR-Kids after the face-to-face meeting with the parents, legal guardians or the former foster child:

A. The services provided to the parents, legal guardians or former foster child and the impact on achieving the case plan goals.

B. When a child is in substitute care:

1. The progress made on achieving the return of the child to the home;
2. Implementation of the Visit and Contact Plan;
3. The actions the department has taken toward any concurrent permanency plan;
4. A review of the child's education, health and mental health services to ensure his or her needs are being met;
5. A review of other services provided to address the identified needs of the child; and
6. An assessment of the capacity of the substitute caregiver to meet the identified needs of the child.

C. Observations of measurable changes in behavior, conditions or circumstances that indicate case goals have been achieved, or substantial progress has been made, including reports from service providers.

X. Distribute the updated FSS Case plan not later than seven days after the supervisor has approved the FSS Case plan to the following individuals, unless doing so would provide information that places another person at

risk:

A. The parents or legal guardians,

B. An Indian child's tribe(s), and

C. If involved with the court, also distribute to:

1. The court-appointed special advocate, and

2. Attorneys of record for the parent, legal guardians, and child or former foster child.

The supervisor's role

I. Regular consultation with the caseworker regarding case planning and progress is imperative. Regular consultation may include brief issues specific staffing as well as at least monthly reviews of an entire case load. Worker face to face contact with supervisors should take into account the needs and experience of the worker, and the difficulty of the case load.

II. Supervisors and workers should use the exploratory questions contained in the Appendixes 4.10 and 4.11.

III. Review and approve the updated FSS Case plan (CF 0333d or CF 0333e).

IV. Consult with caseworker if the updated FSS Case plan is not adequate or needs revisions.

V. When an updated FSS Case plan cannot be approved as submitted by the caseworker, consider the following:

A. The impact of changes to the FSS Case plan on the parents, legal guardians, child or former foster child; and

B. Whether meeting with the parents, legal guardians or former foster child would facilitate the process of updating the FSS Case plan and keeping the parents, legal guardians or former foster child up-to-date about the contents of the updated FSS Case plan.

Forms and References

Forms

CF 0333d

CF 0333e

References

413-030-0003 thru 0030 Family Support Services

413-080-0004 thru 0070 Monitoring Child Safety

413-050-0200 thru 0300 Supportive or Remedial Day Care

I-I.2 Narrative Recording

Chapter 7
Family Support Services

Section 9: Close a Family Support Services Case plan

Close a Family Support Services Case plan

DHS is always working toward terminating interventions with a family. In family support services cases this is particularly true, since the services are intended to be short-term and time-limited.

Procedure

I. The caseworker must consult with the supervisor whenever any of the following circumstances exist, as this signals the likely need to close the FSS Case plan:
   A. The parents, legal guardians, former foster child or department indicates the FSS Case plan goals have been achieved.
   B. The parents, legal guardians or former foster child states that he or she is withdrawing the request for voluntary family support services.
   C. The caseworker has been unsuccessful in contacting the parents, legal guardians or former foster child after diligent efforts. The caseworker documents in OR-Kids the attempts made to contact the individuals and the reason for closing the case, if closure at that time is approved by the supervisor.
   D. The department, parents, legal guardians or former foster child determines that the FSS Case plan no longer is appropriate or effective.
   E. A child who had been voluntarily placed in substitute care based on a parent's or guardian's request for voluntary placement has returned to the parent's home.
   F. A child who had been placed in substitute care based upon a Voluntary Custody Agreement has returned to the parent's home.
   G. The court dismisses a pre-adjudicated delinquent child from the department's custody or the court relieves DHS of the need to provide services to a pre-adjudicated delinquent, when services were previously ordered by the court.
   H. Another community service resource accepts responsibility for providing services to the child, former foster child or family.

II. When closing the family support services case after the final visit with the family has occurred, the caseworker must:
   A. Ensure all case notes are completed.
   B. Ensure the case file is in order and ready for filing.
   C. Ensure all services to the family have been closed.
   D. Complete the CF 333g Case Closure narrative in OR-Kids.
   E. Obtain the signature of the supervisor.

The supervisor's role

I. Regularly consult with the caseworker to determine whether it remains appropriate to keep the case open.

II. Direct the caseworker to close the case or approve the caseworker's request to close the case when appropriate.

III. Provide consultation to the caseworker when needed on case closure.

IV. Support the worker in ending the relationship between the family and the department.

V. Confirm the closing of the case and approve the CF 333g Case Closure narrative.

VI. Review and confirm that case documentation is completed.

VII. Review and approve closing the case.

Forms and References

Forms

I. CF 333g Closing Narrative

References

II. 413-030-0003 thru 0030 Family Support Services
I-I.2 Narrative Recording

Chapter 7

Appendix 7.3: Additional supports for adoptive families and legal guardians

Additional supports for adoptive families and legal guardians

Additional supports for adoptive families

Adoption assistance

At the time of an adoption through Oregon's child welfare system, families apply for adoption assistance (AA), which is financial and/or medical assistance to help with the costs associated with the adoptive child's needs. Families may apply for and access a monthly payment, reimbursement for nonrecurring costs associated with an adoption finalization, special payments and medical assistance, or they may sign an 'agreement only' which allows the family to access assistance if or when a need for payment and/or medical coverage arises prior to the child's 18th birthday. An adoptive family also may call their AA coordinator to request renegotiation of the existing financial assistance through AA if there are changes in the child's needs or the family's circumstances.

Though extremely rare, a family may not have applied for adoption assistance. The family may contact an AA coordinator to request an opportunity to apply for AA after the adoption has been finalized if there are extenuating circumstances.

Families who adopt children from other states' child welfare systems also may have access to such services from their child's state of residence prior to the adoption.

Adoption assistance coordinators in the central office are available to speak directly with families who have questions related to insurance coverage and financial supports that may be available through the AA program.

Voluntary Adoption Registry and assisted search

The Adoption Registry program maintains a registry of persons wishing to receive adoption information and provides information to eligible adoptees and eligible relatives of adoptees. The individuals involved in an adoption (adoptive parents, adult adoptees and birth families) seeking identifying or non-identifying information or requesting assistance in searching for others involved in an adoption should be referred to the Adoption Registry and assisted search programs at the central office adoption unit.

Oregon Post Adoption Resource Center (ORPARC)

DHS also contracts with the Oregon Post Adoption Resources Center to provide a variety of services such as training, information and referrals, access to a lending library, assistance with planning for respite care, and referrals to and assistance with the development of support groups. These services are available to families who adopt children through any state's child welfare system, as verified by their inclusion in the state's adoption assistance program, and to families who receive guardianship assistance through Oregon's child welfare system.

As a caseworker, you may not be well-versed in adoption issues or you may want some quick and helpful information about some of the special needs that children in post-adoptive or post-guardianship homes may face. There are handy packets of information about a variety of children's special needs that can be e-mailed or mailed to caseworkers and eligible families. Topics explored in these no-return-necessary packets include the needs of a child who has been sexually abused; self-destructive behavior; ADD/ADHD; attachment; effective discipline; parenting

children who have been exposed to methamphetamine; transracial parenting; mood disorders; and alcohol-related neurodevelopmental disorders. Caseworkers also can borrow materials from ORPARC's lending library, obtain lists of adoptive family support groups, attend trainings, and receive information about and referral to services or providers who may be geared toward the unique needs of adoptive and guardian families. You may visit ORPARC on-line at www.orparc.org or call toll-free 1-800-764-8367.

Additional supports for legal guardians

Several supports are available to some legal guardians that do not require contact with the child welfare office to initiate services. However, families may not know about the resources or the process to access these services.

Subsidized guardianship

Some children who were in DHS custody at the time the guardianship was established may have qualified for 'guardianship assistance,' which refers to financial or medical benefits to guardian families for costs associated with the needs of the child under their guardianship. If enrolled in this program, the family likely is receiving a payment similar to a foster care payment.

In a guardianship, unlike an adoption, the biological family case file remains accessible, and historical information about the child and birth family also can be accessed by the caseworker if more information is needed about the child. A closed provider file may have additional information about the guardians.

Oregon Post Adoption Resource Center (ORPARC)

Please refer to the full description in the above section entitled "Additional supports for adoptive families" for more information about ORPARC services available for people who have an assisted guardianship through the department.

Chapter 8

Certification and Management of Applicants and Certified Families

Section 1: Approval of Potential Adoptive Resources

Approval of Potential Adoptive Resources

Overview of DHS Certified Families

A child is placed in substitute care to manage child safety, health and well-being and to promote an environment and circumstances where the child's family of origin can stabilize, access resources to strengthen parental protective capacities, and in most cases, allow a child to return home. In cases when a child or sibling group are not able to remain in their family home, substitute care provides a safe and nurturing environment while waiting to return home or an alternate permanent plan has been implemented.

Every certified family and each approved potential adoptive resource must understand and demonstrate the characteristics and ability to provide a safe and protective environment, and must understand that Child Welfare's first priority is family reunification. Each foster, relative caregiver or adoptive applicant must participate in the Oregon SAFE home study process.

In addition, potential adoptive resources must also understand the importance of and demonstrate the ability and willingness to sustain parenting responsibilities for a child until the child reaches adulthood. A person who approaches Child Welfare to adopt a child is referred to as a "potential adoptive resource". The applicant completes a home study process, and, at the completion of that process Child Welfare staff make a decision whether or not to approve the applicant as a potential adoptive resource. The person becomes certified when selected as an adoptive resource for a child, prior to the time the child is placed in the home, and remains certified until the adoption is finalized.

A. Certification and Adoption Worker Activities

Certification and management of applicants and certified families and approval of potential adoptive resources includes:

- Assessment of applicants through the Oregon SAFE home study process
- Training provided to all applicants and certified families.
- Using a Customer Service approach for the retention of certified families
- Confirmation of safe environments during all home visits
- Providing support to applicants and certified families
- Monitoring certification compliance and when needed issue specific certification actions.

For some certifiers, supervision of a child's placement in an adoptive home is required. The person responsible for this function is determined by the local district and/or local child welfare office.

B. Preferences for Certification

The Department is required by Oregon state and federal law, and Oregon administrative rule to give placement preference to a child's relatives. The placement preference required is in the following order:

NOTE: For cases identified as ICWA, placement preference is dictated by the ICWA laws and procedures.

- First to relatives, as defined in Oregon Administrative Rules in which a person might be defined as a relative: A person related to the child or young adult through a parent, including a putative father, unless the relationship has been dissolved by adoption of the child, young adult, or parent. This includes:
    1. Blood relatives that have prefixes of grand, great, or great-great.
    2. Half blood relatives with prefixes of grand, great, or great-great. Individuals with one common biological parent are half-blood relatives.
    3. Aunts/Uncles.
    4. Nieces/nephews.
    5. First Cousins and First Cousins once-removed (a parent's cousin).
    6. The spouses of any of the above-listed relatives.
    7. The ex-spouses of any of the those persons listed in 1. – 6. if the child or young adult had a relationship with the child PRIOR to entering substitute care.
    8. Siblings, including siblings that are related through a putative father.

The Department may also consider Kin, or distantly related persons. 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 in 1-8.

- A person related to the child but not always through the child's parent. This includes:
    1. A person defined as a relative by the child's tribe if the child is an Indian child under the ICWA or is in the legal custody of the tribe.
    2. A person defined as a relative of a refugee child.
    3. A child's step parent or former step parent if the child had a relationship to the former stepparent prior to coming into substitute care.
    4. The registered domestic partner or former registered domestic partner of the child's parent if the child had a relationship with the former registered domestic partner prior to coming into substitute care.
    5. The adoptive parent of a child's sibling.
    6. The unrelated legal or biological parent of a child's half sibling if that half sibling is living with the unrelated parent.

The Department may also consider kith, or a person not related to the child by blood or through legal means but are identified by the child or the family and are considered by the child or child's family as a relative. These people must have an **emotionally significant relationship** with the child or the family and are identified by the child or the family. There is no comprehensive list of such persons but may include Godparents, neighbors, close family friends, spiritual advisors, or congregation members, and others identified by the child or family.

Note:: The emotionally significant relationship must have occurred prior to the child entering substitute care.

- A person who has a caregiver relationship with the child. Persons with a caregiver relationship are defined by Oregon Revised Statute. These are persons who meet all of the following criteria:
  1. Have had physical custody of the child
  2. The child must have depended upon the relationship to meet the child's needs.
  3. Lived in the same household as the child for specific periods of time listed below.
  4. This relationship must have existed:
     a. For at least 12 months immediately preceding the initiation of a dependency proceeding;
     b. For at least 6 months during a dependency proceeding, if that person is a relative or;
     c. For half the child's life if the child is less than 6 months of age.
  5. This may include an unrelated foster parent only when the relationship has continued for at least 12 months.

NOTE: When multiple relatives are available as a potential substitute care resource, the caseworker will be making decisions about which relative(s)- kith or kin- will be brought to the attention of the certifier, along with a request to be considered for certification. Policies including Placement Matching 413-070-0600 & Search for and Engagement of Relatives 413-070-0060 as well as procedure manual Chapter 4, section 4 highlight some of the considerations made by the caseworker, including but not limited to:

1) Talking with the child's parents, other family members, and when possible, the child, about how to best maintain family ties and to gather their input about the best substitute care resource within the family system. A family meeting is one good way to obtain such input;

2) Utilizing information regarding the child's unique safety, permanency, and well-being needs, identifying which potential substitute caregiver has the capacities and qualities to meet the child's needs;

3) Ability to place a child with siblings who are in substitute care, to be with person who has the closest existing personal relationship with the child when more than one person is requesting to be a placement resource, to allow the child to continue in the same school/educational placement,

4) Gathering information to determine the relative who can and will meet the child's needs for safety and who can be certified by the Department.

When the caseworker can articulate to a child's relatives information about the opportunities and requirements associated with being assessed to become a relative caregiver, relatives are better informed about how decisions are made and can give better input to the Department about the relative who is the most appropriate person to be considered as a relative caregiver. The 'Options for Relatives' brochure, form DHS 9360, provides some of this important information to relatives.

- Lastly, the order of preference for certification ends on an unrelated person or foster parent. Sometimes, relatives or other persons who are known to the child are not available or appropriate, and cannot be certified by the Department. It is important to recruit, train, certify and retain a pool of qualified foster parents to provide safe and protective care for children who are placed in the Department's care and custody.

C. Placement Matching

Regardless of the order of preference in the selection of a placement resource, ensuring that the child's needs for safety, health, well-being, and permanency are met while in substitute care takes priority. When determining whether a particular certified family can meet these needs, follow the placement matching procedures in Chapter 4, Section 2 and 3: Match the child's needs with a certified family's ability.

D. Working with Intellectual and Developmental Disabilities

- When children have intellectual or developmental disabilities (I/DD), they may be eligible for services through the Office of Developmental Disability Services (ODDS) via the K Plan. This plan provides supports to a person with I/DD who is living in home and community settings. The following are considered 'in-home' for the purposes of the K Plan: living with a biological parent; placed in a Child Welfare paid foster care placement; living with a guardian; or living with an adoptive family.
- For children with I/DD who require the use of foster care, the general expectation is that caseworkers utilize Child-Welfare paid foster placements, rather than ODDS-paid foster care placements, when a child who is eligible for I/DD services first enters substitute care or when a child who was already in substitute care is newly determined eligible for I/DD services through ODDS. For other children, whose current placement is already being paid for by ODDS, the caseworker, foster parent, and the Community Developmental Disability Program (CDDP) service coordinator may discuss the child's best interests, and consider whether changing to Child Welfare paid placement may be preferable, based on the individual child's needs and circumstances. Utilizing Child Welfare paid placements may increase the chance of achieving legal permanency, and allows for some 'in-home' supports to be provided by the ODDS system, via the K-Plan. Collaboration between the Child Welfare caseworker and CDDP service coordinator is necessary to determine the least restrictive placement that is in the best interest of the child. Refer to Chapter IV, Section 14 of the Procedure Manual, for additional information.

The Inter-Program Placement Agreement between Child Welfare and ODDS provides the guidelines and practices for Inter-Program use of Child Welfare certified foster homes and ODDS certified child foster homes. This does not include ODDS certified adult foster homes.

- There is only one certificate and one certifying program for the foster home. Collaboration and communication regarding use of the other program's home must occur in advance of utilizing a home certified by another program. For more information, refer to procedure manual Chapter 9, section 4.
- When the program paying for the placement differs from the program certifying the placement, the Inter-Division Foster Care Placement Form MSC 5031 must be utilized. For example, if utilizing an ODDS certified child foster home for a child whose placement will be a Child Welfare paid placement, form 5031 must be used. Likewise, if ODDS is seeking use of a Child Welfare certified home for placement of an ODDS-paid foster placement, form 5031 must be used.
- Adult DD foster homes, Adult DD Group Homes or Adult DD Facilities licensed by the Office of Developmental Disability Services can be used when:
    1. The young adult is 18 years of age or older and is receiving Adult I/DD services through ODDS and is placed in an ODDS-licensed adult foster home, adult group home, or adult facility, by the

adult DD case worker.

2. A child who will be eligible for Adult DD services on their 18th birthday, whose placement needs will best be met by the Child Welfare-certified foster home they are currently residing in, and whose placement will be determined and paid for by Adult DD services, can may remain in the Child Welfare-certified home. This requires a Child Welfare Program Manager approval and Adult DD licensing approval of a variance if the certified provider intends to continue providing foster care to children in the Department's custody while also providing an Adult DD placement for the young adult. Steps to initiate this process should be taken well in advance of the child's 18th birthday.
3. If Child Welfare is paying for the placement in an Adult DD Foster Home, the local Child Welfare Office must certify the home prior to placement. There is no Inter-Program Agreement allowing for Child Welfare DHS to honor the license/certificate that is issued by the Adult DD system.

- Provider Entry into OR-Kids:
  1. When a child/youth young adult in Child Welfare custody is placed into a foster home or residential facility that is licensed by DD Services, Central Office will open/update and maintain DD providers and complete annual renewals in OR-Kids.

Child Welfare caseworkers placing children with DD licensed providers must send an email to CW DD Placements with notification to request that a DD provider be created (or updated) in OR-Kids. Include in the email:

- Child/youth young adult name; OR-Kids case number and person number;
- Date of placement;
- Provider's full name (include both provider's name if more than one);
- Provider's full address; and
- Provider's date of birth, social security number or any other identifying information you have (for both provider's if more than one).

The assigned Central Office worker will send an email to the Child Welfare case worker to confirm the provider has been opened/updated, so the child's placement may be input into OR-Kids.

2. Central Office Child Welfare staff open and maintains: Child DD Group Homes & Child DD Facilities, Adult DD Foster Homes when placement is paid by DD & Adult DD Group Homes or Facilities.

   a. The local Child Welfare Office should email the DD Group Homes dedicated email address at: DDGroup.Homes@dhsoha.state.or.us, providing the following information:

   For Adult DD Foster Home:

   - Provider(s) Full name, DOB, and marital status
   - Provider Address (note if physical address and mailing address differ- provide both)
   - Provider's Phone #
   - Date of placement

- Name and DOB of child/young adult being placed
- Local office from which child is being placed

For child DD group home/facility & For Adult DD group home/facility:

- Name of agency that license the group home
- Name of group home (if there is one)
- Address of group home (if physical address and mailing address differ, note that and provide both)
- Group Home/Facility Phone #
- Date of placement
- Name and DOB of child/young adult being placed
- Local office from which child is being placed

Note: Previous to May 2017, local offices were holding DD "mock files" in OR-Kids for those foster homes licensed by ODDS. Currently, Central Office staff maintain these providers.

Child Welfare certifiers with DD providers assigned to their workload, must change the designated local office to Central Office and send an email to CWDD.Placements@dhsoha.state.or.us with notification that the provider has been designated to Central Office.

Below are the steps to change the designation:

1. The certifiers is assigned to the Provider *(Ensure all work is complete before taking this step as it will end the user's ability to complete*)
2. Navigate to Provider Work > Maintain Physical Address
3. Select Central Office from the "Designated Branch" dropdown menu and save

After the certifier has changed the office designation to Central Office, send an email to CWDD.Placements@dhsoha.state.or.us notifying Central Office of the change. Please include the following information:

- Provider #
- Provider's full name (include both provider's name if more than one)
- Name and DOB of all children/young adult placed in the home at the time of reassignment.

From that point forward, all annual renewals and licensing actions will be completed by Central Office/CW DD Placement staff. The physical file that the local office was keeping may be destroyed.

Chapter 8

Section 2: The Certification Process

The Certification Process

Overview

The certification process is an assessment of a family's ability to provide for the safety, well-being, health, and permanency needs of children in substitute care. It includes an assessment of the physical environment as well as an assessment of the dynamics of the family system. The assessment includes the applicant's ability to manage the demands and stressors of a certified family. There are many tools that a certifier uses in the information gathering and assessment process. These include but may not be limited to questionnaires, medical forms, financial forms, the safety assessment home and surroundings, criminal history checks, child welfare checks, references, mental health forms (if applicable), psychosocial inventories, SAFE Desk Guide, and use of clinical supervision with a certification supervisor. This section discusses the steps and assessment necessary to issue a Certificate of Approval. For guidance on the home study process, see section 3.

There are two types of full foster care certificates issued by Child Welfare: Certificate of Approval or Child-Specific Certificate of Approval. Applicants for a Certificate of Approval usually do not know the children prior to placement and may care for children from several caseworkers at a time. Child-specific certificates are issued for certified families who care for a specific child or children for whom the Department determines a placement is needed. Both types of certified families must meet the certification standards. However, in the case of child-specific certificates, there is an expedited process that allows a certificate to be issued prior to a full SAFE home study being completed. This certificate is called a Temporary Certificate and is only issued to applicants applying for a specific child.

- Form series 1091 is one tool to help track specific procedures for assessing and issuing these types of certificates. The 1091 series broken into different certification types:
  - 1091a Temporary Certificate Checklist
  - 1091b Convert Temporary Certificate to a full Child-specific Certificate of Approval Checklist
  - 1091c General Applicant Checklist
  - 1091d Renewal Checklist
  - 1091e Adoption Only Application Checklist

NOTE: When a completed application is received, the Department must determine whether to approve or deny the application within 180 days of receipt, unless the application is withdrawn, or the Program Manager or designee extends the period to assess the application. A completed application is needed prior to starting the assessment process of the applicant(s)

- In both types of full certificates, the same tools are used, and the same level of assessment is required, but a slightly different process is followed. The processes will be described step by step in this section. The tools are:
  1. Application (form 1260A)
  2. Consent for Criminal History Checks (in Oregon and out of state/country, if applicable) including fingerprinting (form 1011F)
  3. Child Welfare Background Checks (in Oregon and out of state/country, if applicable)

4. SAFE Questionnaires I and II
5. Financial Form (form 1291)
6. Medical A Form (form 1257A) and Medical B Form (form 1257B) (Medical B form, if applicable)
7. Mental Health Form (form 1258) (if applicable)
8. References
9. Safety Assessment Home and Surroundings (form 979)
10. SAFE Desk Guide Ratings
11. Psychosocial Inventory
12. Oregon SAFE Home Study
13. Clinical supervision with certification supervisor

NOTE: There are instances in which the Child Welfare does not need to assess an applicant:

1. The applicant has had a previous application for certification denied or if has been revoked during the five years prior to the date on the application;
2. The applicant is seeking to care for a specific child or young adult who is not in the care or custody of the Department;
3. The applicant is seeking to care for a specific child or young adult the Department has determined does not require a placement change. This is not to be used to circumvent the rules around placement preference with relatives, people with a caregiver relationship, and placement with siblings. The Diligent Relative Search should always be utilized to help determine placement preference and matching with relative connections. The Department can choose to assess another relative even if the Department is not planning on moving the child from their current placement.
4. The applicant is seeking to care for a specific child or young adult for whom Child Welfare has not received a request for a home study under the Interstate Compact for the Placement of Children (ICPC).

NOTE: Current relative placement does not want to be a permanent placement resource and Child Welfare has decided to assess another relative who is interested in being a placement resource. If Child Welfare is proceeding to deny the application, talk to the applicant and provide them with the opportunity to voluntarily withdraw the application. If the applicant does not wish to voluntarily withdraw, staff with the AAG to determine ability to proceed to deny the application.

General Applicant

An applicant for the general population of foster children is commonly referred to as a General Applicant, and the certificate is referred to as a Foster/Adopt Regular Certificate in OR-Kids. The type of certificate the family will receive will be a Certificate of Approval and lists the number of children who may be placed in the home. A General Applicant family receives a full assessment, and a written SAFE home study is completed and approved by a certification supervisor prior to receiving a certificate or placing children in the home. The assessment process begins when the Department receives a completed application. It may be mailed to or dropped off at the local office,

may be received when the family begins to attend training, or may be received when the certifier makes their first home visit to the family.

Procedure

- Upon receipt of the application, forms and consent to conduct background checks:
  1. Review the application and any other forms received from the applicant(s). In OR-Kids, begin the process to open a Provider Record via the Home Inquiry.

NOTE: For opening a Home Inquiry, visit the Business Process Guide: Home Inquiry.

  2. Begin checking criminal history of each applicant and adult member of the household, including providing information on obtaining fingerprints once the signed application and signed consents for background checks have been received. Fingerprinting should be completed by using the statewide DAS contract with Fieldprint.

NOTE: When being fingerprinted, subject individuals should follow the instructions provided on the provided scheduling aid. For more information on fingerprinting and BCU, visit the website.

  3. Review information from the Oregon Judicial Information Network (OJIN) or eCourt for all applicants and other adults in the household. Each branch office has access to OJIN/eCourt and should have its own password. Remember to check for all names that the applicant/persons in the household listed. Prior to a certificate being issued, the certifier must assure completion of the criminal records check and fingerprint-based criminal records check on each adult member of the household, as well as any Management Approvals if needed. See section 3 of this chapter for further information on assessing an applicant/adult member of the household's criminal history. BCU requests criminal history from any state where an applicant has resided within the past 5 years; BCU does not request criminal history from out of country.

NOTE: It is often useful to contact the local police jurisdiction's records department and request information about any police reports regarding the applicant or other in the household. Consider requesting the local LEA to provide a premise check, which will provide information in regard to any activity at the applicant's address. Because LEDS, fingerprinting, and OJIN/eCourt only show history of actual arrests, some vital information can be missed. Police reports are generated when a person is investigated for a crime, when a person has police contact, when a person is the complainant in a police report, etc.

- Criminal background checks can also be obtained on any child under 18 at the Department's discretion. The certifier may consider seeking a background check when in the course of the assessment there is reason to believe that a child under age 18 in the home poses a risk for safety.
- The background check must include a child welfare history check. Conduct a search for each applicant, each adult member of the household, and any respite providers in the OR-Kids system. Member of the household includes anybody living in the home.
- If there is history of child abuse, the certifier must review it, assess whether, and how, the history is relevant to the individual's ability to care for a child and determine whether to seek management approval in order to certify the family. Management approvals, documented on form 117, are required when anyone in the household has a founded, unable to determine, substantiated, or inconclusive

disposition of a child abuse allegation or a similar disposition in another state. If any applicant, potential respite provider, child care provider, or adult in the household does not have founded, substantiated, unable to determine or inconclusive allegations but does have unfounded allegations or closed at screening reports, review and consider the information learned in the assessment of the family. This information is discussed with the supervisor, but these results do not require management approval in order to certify.

- If the applicant or adult member of the household has lived outside the state of Oregon in the previous 5 years, a Child Welfare background check from that state(s) must be received and assessed. If the applicant or adult member of the household who lived out of state has a child welfare history from another state with similar dispositions to a Founded or Unable to Determine, the certifier must review it, assess whether and how the history is relevant to the individual's ability to care for a child and determine whether to seek management approval in order to certify the family.

NOTE: BCU requests child welfare history from any state where the applicant reports having resided within the past 5 years. If the applicant resided in another state more than 5 years ago, the certifier would have to contact the other state to obtain the child welfare history, if the certifier or supervisor has concerns that warrant the need for the information.

- If the applicant or adult in the household has lived outside of the country in the previous 5 years, a Child Welfare background check from that country must be submitted. It may take time to receive a response from the other country, and this should not delay the assessment process. The certifier should work with their supervisor to determine if an appropriate amount of time has passed and whether the attempts made to receive information from that country are adequate, if the certifier is unable to receive a response.
  - BCU does not request child welfare history from other countries. The certifier can make a request through the American Embassy offices of that country. The embassy may have information or suggestions of where to seek criminal history and child welfare checks in that country. The applicants or adult member of the household would need to sign a release of information. The certifier can also make an effort to contact the Department of Human Services in those countries, requesting how the agency may be able to assist in information gathering, or if they have any record on these families. Accessing the U.S. Citizenship and Immigration Services site may yield contacts in countries who hold a child abuse registry.
  - If an applicant or adult member of the household was in the military, ask the applicant/adult member of the household to sign a release of information and attempt to contact the government officials in that country and the military branch to see if there was any criminal or child welfare history, to their knowledge, while living abroad.
- If one of the applicants or adult member of the household has criminal history and/or child welfare history, consult with the supervisor to determine whether a management approvals should be sought for the purpose of moving forward with the applicant(s). If a management approval is needed for either/both criminal history or child welfare history, refer to Section 3 of this chapter. Management approvals need to be completed prior to issuance of a certificate. Request for a management approval for criminal history is documented on form 1011D; request for Management Approval for child welfare history is documented on form 117.
- Prior to the initial home visit, the certifier:

1. Reviews Questionnaire 1 and any other application packet materials received and completes the Harvesting Sheet.
2. The Questionnaire I and Harvesting Sheet is shared with supervisor for clinical supervision.

- Schedule the first home visit with the applicant(s).
- At the initial home visit:
  1. The first home visit includes meeting with all applicants and is predominantly an information-gathering, relationship-building appointment for discussing motivation and for seeing the home environment. If there are two applicants, and one is not available, schedule a second visit to meet the second applicant. The certifier:

     (a) Verifies identification of all applicants and adult members of the household.

     (b) Provides and assists the applicants with any incomplete paperwork that is required. If not previously provided, provide a copy of the Oregon Foster Child Bill of Rights (CF 9014) and the Oregon Sibling Bill of Rights (CF 0262), and the Foster Parent Bill of Rights (CF 1019).

     (c) Informs the applicants of Orientation and Foundations Training, including the schedule, how to register, and what is required.

     (d) Provides a copy of Foster Home Certification rules (413-200-0260 – 413-200-0424) to the applicant(s) if they do not already have one and discusses the requirements and/or answers any questions.

     (e) Conducts a walk-through of the home, using the Safety Assessment: Home and Surroundings form (form 979), and points out areas that may need some modification in order to meet certification standards (see below for completing form 979).
- When conducting a walk-through, use the Safety Assessment: Home and Surroundings (form 979), and take the following steps:
  1. Determine whether safe and appropriate sleeping arrangements exist based upon the individual characteristics, behaviors, and needs of a child or children. If the applicants believe they are willing or may be willing later to provide care for an infant (child 0-12 months old), review the following requirements with the applicants. Specific requirements for safe sleep for infants 0-12 months:
     - Administrative Rule: 413-200-0335(1b)
     - Sharing the same sleep surface with a child under the age of 12 months is prohibited.
     - A child under the age of 12 months must be placed on their back for sleep.
     - Use of crib bumpers, pillows or other soft materials in the sleeping area of a child under the age of 12 months is prohibited.

Procedure:

Discuss with the applicant/certified family the importance of safe sleep for infants.

- Certified families are prohibited from sleeping in the same bed as an infant in their care or sharing any

sleep surface. Bed-sharing refers to an infant and one or more adults or children sleeping together on any surface, not necessarily a bed; they could be sharing a surface such as a couch, chair or futon. Caregivers are prohibited from bed-sharing with an infant in foster care. This applies for nighttime sleep as well as nap time. Room sharing is ok and even encouraged. Room sharing refers to an infant sleeping in the same room as a caregiver or other household member. When room sharing the infant is on a separate surface that meets the safe sleep needs of infants.

- Emphasize that all infants in care must be placed on their back to sleep. Infants are less likely to choke on their backs. In fact, placing an infant on their back is the most effective action for caregivers to reduce SIDS.
- In addition, let them know that no soft materials may be placed in the crib. Babies that sleep on soft surfaces or are placed with soft, squishy objects are at risk for SIDS or suffocation. Soft objects and loose bedding can obstruct an infant's nose and mouth. Examples of soft surfaces or objects include:
    - Soft mattresses
    - Pillows
    - Blankets, comforters, quilts
    - Other loose bedding (such as non-fitted sheets)
    - Sheepskins
    - Bumper pads
    - Stuffed toys
    - Infant positioner (products designed to keep an infant in a certain position, such as wedges, padded tubes or mats with side bolsters)
- Explain to the applicant(s) and adult members of the household the reasons for these requirements and that there is research which supports that these actions reduce the risk of infant death. Acknowledge that this information may be different than what they learned at the time that they may have parented an infant, but that we need to follow current medical research.
- Observe the planned sleeping environment in which an infant would be sleeping if there is a plan for the applicant to provide care for an infant. Confirm there is a flat, firm sleep surface free from any sleep hazards. Document this observation on form 979 when there will be an infant placed in the home.
- At times a certified family that was not approved for infants and did not plan to ever take an infant has an infant placed in their home. When this occurs, it is important to go over the infant safe sleep requirements and ensure the certified family is prepared to meet the requirements. It is possible that a crib or bassinet may need to be purchased before an infant can be placed in the home.
- Upon placement of an infant in the home, discuss with the certified family the sleep environment and document the sleeping environment of the infant in provider notes immediately upon observation. Provider notes should include a description of the sleep environment, the caregivers current/planned sleep practices and efforts to provide information on safe sleep. Document the caregivers understanding of safe sleeping arrangements for infants and any potential barriers to the caregiver's acceptance of safe sleeping arrangements for infants.

- Inquire with the applicant(s) any discussions they will have with other caregiver supports (babysitters, respite care providers, and child care providers) regarding safe sleep practices.

NOTE: Although we do not have any policy requirements about genders and rooms, if a youth identifies as transgender, non-binary (NB), is gender fluid, or gender non-conforming (GNC), the caseworker/certifier should ask the youth in private conversations about what is most comfortable to them for sleeping arrangements. Asking the youth whether they feel more comfortable sharing a room with male- or female-identified children, or occupying their own room, and/or having the opportunity to have privacy when changing, doing grooming or other 'getting ready' activities can be a way to add comfort and safety for transgender, non-binary, GNC, gender fluid, or otherwise gender diverse youth when sharing a room. Accommodate their wishes whenever feasible. Some youth are GNC or gender fluid and may not identify as male or female, so room-sharing with the gender the youth identifies with may be more challenging.

1. When a home is connected to a public water supply, assume the drinking water to be safe. When a home has a private well, inquire as to whether the water has been tested and, if so, when and with what results. If it has not been tested within the previous two years, recommend that the applicant have it tested for bacteria, nitrates and arsenic.
2. Confirm that a working telephone is available to the home. A working telephone may be a home phone, a cellphone, or even a neighbor's phone if that neighbor can confirm that the applicant can use the phone as needed.

NOTE: If the applicant(s) primary working phone is a cellphone, inquire and make a plan for how a foster child/young adult would have access to phone, especially in the event the cellphone is not available to the child/young adult in an emergency. Per the Oregon Foster Children's Bill of Rights, a child/young adult needs to have access to a working phone.

3. Ensure that there is equipment for the safe preparation, storage, serving and clean up of food by confirming that the refrigerator and cooking appliances work and that the surfaces upon which food will be prepared and served are sanitary.
4. Ensure safe storage and administration of all medications in the household. Consider the age, developmental level, and needs of the child(ren) and young adults who may be placed in the home. Consider privacy information regarding children's health and medical needs as well as safety from intentional or accidental ingestion.
5. Ensure that basic first aid supplies such as Band-Aids, ointments, tape, tweezers, gauze, scissors, cold packs, and supplies for basic wound care are available.
6. Observe the home's heating system to ensure is appears operational. Inquire as to whether it has ever been inspected and, if so, when. If it has not been inspected in the previous two years, recommend that the applicant schedule an inspection with a local heating/cooling system company.
7. Walk through the entire home, including all rooms and out-buildings, to ensure that the interior and exterior are free from hazards to a child or young adult's safety and wellbeing. If a building is a separate residence that is self-contained and is rented or owned by another person(s), a walk-through of the separate residence is not required.

NOTE: Sometimes it can feel confusing to determine whether another adult living on the property of the applicant

is also considered an adult member of the household. The certifier needs to assess all buildings and rooms on the property. If there is a separate and self-contained residence in which an individual is living, ask key questions around that individual's presence in and around the applicant's home. These questions may include: where does the individual conduct their main living (cooking, food preparation, toileting and bathing)? If it is determined that the individual is coming into the home to conduct main living, the certifier should consider this person as an adult member of the household and conduct appropriate background checks and assessments.

8. Inspect play equipment for loose hardware such as screws, nuts, bolts, etc. and to ensure it is safe for children.
9. If the home has swimming pools, hot tubs, wading pools or other water hazards, observe whether there are physical/environmental safeguards that make the water inaccessible to a child or young adult unless reasonably supervised. Inquire as to how the applicant intends to ensure no children or young adults in care will have access unless responsibly supervised. Consider the age and development of who the family plans to care for. Check with the local ordinances for specific water hazards. Most often, this information can be found on the county website. Document any plan made to ensure the safeguarding of children around potential water hazards in a provider note.
10. When ensuring that poisonous chemicals/cleaning supplies are stored safely, consider paint products, cleaning agents, car/auto-related products, hobby and recreational supplies, pesticides, and medications.
11. Always consider the needs, development, and abilities of the child when determining if a pet or other animal in/around the home is safe.
12. When ensuring that hunting/sporting equipment is kept safely and securely, inquire also about firearms. While there isn't a requirement that firearms be stored in a specific manner, discuss with the applicant who has firearms how the applicant intends to ensure the children/young adult's safety. Dangerous hunting or sporting equipment is to be kept safely and securely inaccessible to a child or young adult.
13. Ask the applicant to demonstrate smoke alarms are working by pressing the test button on each. There must be a working smoke alarm in each bedroom where a child or young adult sleeps as well as at least one working smoke alarm on each floor of the home. Working smoke alarms must be in place within 24 hours of the applicant becoming certified.
14. When checking for carbon monoxide detectors, be aware that they do not have to be installed on the ceiling unless they are part of a CO2 detector/smoke alarm combination. They may be plugged into an outlet, installed on the wall, or even sit on a table. Ask the applicant to demonstrate that the detectors work by pressing the test button. There must be at least one working carbon monoxide detector within 15 feet of a bedroom where a child/young adult sleeps as well as one carbon monoxide detector on each floor. Working carbon monoxide detectors must be in place within 24 hours of the applicant becoming certified.
15. Fire extinguishers can be stored anywhere in the house, but the kitchen or laundry rooms are the recommended locations. There must be at least one operable fire extinguisher rated 2-A:10-B-C or higher. Fire extinguishers must be in place within 24 hours of the applicant becoming certified.

16. When assuring that there are two means of exit and rescue, check for obstacles that may block either of them. When there are barred windows in a child/young adult's bedroom or on another window that would be used as a means of exit, observe the child/young adult operate them.
17. Adequate safeguards around operating fireplaces, wood stoves, or other heating systems need be sufficient enough to prevent a child who developmentally cannot keep themself safe around them from coming into contact with them. If the fireplace, wood stove, or other heating system does/will not be used, it is not considered to be "operating."
18. Discuss with the applicant(s) the plan of evacuation in case of an emergency. Ask the applicant to explain their plan for practicing it with the child/young adults within 24 hours of placement and every six months and for evacuating children/young adults who cannot get themselves out of the home in a safe manner.
19. Ensure that all bedrooms for children/young adults have free and clear access to other parts of the house. Ensure that there is at least one secondary exit from the room, such as a window or door, and at least one unrestricted exit. If the home has barred windows, quick-release mechanisms need to be operable on all windows that are barred. The Child Welfare Program Manager may approve the home not have quick release mechanisms on all barred windows, if the family has an adequate evacuation plan in place. If approval is granted, it must be documented on form CF 0017.
20. When doors to rooms in the house have locks on them, observe whether they can be opened from both sides. When they cannot be opened from both sides, instruct the applicant to remove or replace the lock with one that can be opened from both sides, and check the home again once this has been completed.

Note: If a certified home will be utilized for a child with intellectual or developmental disabilities, it will be important to ensure that there is ongoing communication between the caseworker, certifier, and the Community Developmental Disabilities Program (CDDP) service manager. Some modifications, such as allowing for locks on doors to allow additional privacy for people with intellectual or developmental disabilities, may be suggested by the CDDP worker to comply with Home and Community Based Services (HCBS) and Settings regulations. However, for any home certified by Child Welfare, such modifications cannot conflict with our certification standards.

21. Ensure that the home does not utilize electronic monitoring, which is prohibited by Oregon Administrative Rule. Privacy and normalcy for children and young adults in care is important. Video monitoring and listening devices to monitor or record the behavior of a child or young adult is not authorized. The following are not considered electronic monitoring: Door monitors, window alarms, motion detectors, security systems used for general home security, audio or video baby monitors used to monitor a child placed by the Department who is five years of age or under, and monitors approved by a medical or mental health provider. When asked about use of electronic monitoring of behavior, inquire about the following:
    - What is the reason somebody is suggesting electronic monitoring of behavior? What behaviors are of concern? By whom? How recently were they occurring?
    - Is there a supervision plan in place for one or more children? If no, does that need to be considered? If yes but the supervision plan is not adequate, should/could it be reviewed

and updated?

- How many children/young adults are in the home requiring a high level of supervision?
- Can the certified family continue to care for the number of children/young adults and meet their supervision needs?
- What other options are there for supervision and monitoring of the children/young adults placed in the home?
- What other options are there for supports, services, or activities to be provided for the child or young adult to be more successful?
- In what ways could the certified family alter the daily activities or child welfare alter the schedules of the children/young adults in order to provide the necessary level of supervision?
- Is the electronic monitoring approved by the child/young adult's physician or mental health provider? What is the purpose of the monitoring?

- When the foster family uses a car for safe and reliable transportation, ensure that it is insured by looking at a copy of the insurance paperwork. Check for the coverage dates to ensure they are current. When viewing the driver's licenses, check the expiration dates. In addition, when the foster family takes placement of children who require child car seats, view the seats to ensure they are the appropriate size and type allowed by current law. For current regulations, refer to the following websites:

Car Seat Recommendations by Age

Transportation Safety

Car Seat Resources

The foster family must not use the car seat for unsupervised infant sleep. Sitting or reclining devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine or unsupervised infant sleep. Infants in these sitting devices may be able to move into a slouched forward position that can cut off their airway and straps do not prevent this.

1. When any of the adults in the home smoke, inquire as to how they plan to prevent the children/young adults from being exposed to any secondhand smoke either in the home or in a vehicle. You may suggest a smoking jacket. If there is an infant in the home, make sure the adults are aware of the increased risk of sleep related infant death as a result of exposure to secondhand smoke. Document this plan.
   - Ensure the form 979 is signed by the certifier and all applicants before a certificate is issued.
   - Complete the first psychosocial inventory (PSI) using the SAFE Desk Guide. Based on all the information learned to this point in the assessment, from Questionnaire I, the application, other certification forms, and the first home visit, rate each of the PSI categories with a 2, 3, 4, or 5.

NOTE: Remember the "Rule of Two." Any area of the PSI without complete information is given a desk guide rating of a

2 until such time that enough information is known to confidently rate that category.

- Prior to completion of assessment:
    1. Interview applicants regarding their motivation for becoming a certified family. Interviews throughout the assessment process utilize the applicant responses to Questionnaire I and Questionnaire 2. The number of home visits and interviews to cover the information in the Questionnaires vary depending on each individual applicant. Consult with supervisor regarding sequencing and need for additional follow-up.

Note: Questionnaire II is given to the applicant(s) and completed in the certifier's presence. Do not leave Questionnaire II with the applicant to complete on their own. When there are two applicants, instruct each applicant to complete Questionnaire II individually, without sharing answers with each other or discussing with each other during completion. Explain that Questionnaire II asks about very sensitive family matters. Meet with each applicant individually to discuss the responses, on the same day the Questionnaire II is administered, paying particular attention to questions for which the applicants each provided different responses.

- Complete the PSI desk guide ratings for each psychosocial factor of the PSI after each visit.
- Continue gathering information and interviewing applicants and others until all the information needed to confidently score each psychosocial factor on the PSI is obtained.
- The Final Desk Guide rating is the rating that the certifier needs to consider when determining mitigation and writing the home study.
- Between home visits, ensure all 4 references are gathered and reviewed, all background checks are completed (including fingerprinting results) and assessed, all outstanding paperwork is returned and reviewed, and the applicants are completing or have a plan to complete Foundations Training within the first 12 months of being certified. Use all of the information to gain a fuller understanding of the functioning of the family, and assess the knowledge, skills, and abilities of the applicant family.
- After home visits and interviews are completed:
    1. Once all of the assessment activities are complete, determine mitigation ratings on the PSI. Mitigation is the certifier's assessment of those issues that received a final desk guide rating of a 3, 4, or 5. Mitigation will be discussed in more detail in Section 3 of this chapter, titled Assessment of an Applicant, of this chapter.
- After mitigation is complete, consult with the supervisor before writing the home study. Seek input on any psychosocial factors and get guidance on whether any factors will need further assessment.

NOTE: The SAFE Consortium for Children has numerous skill building articles to assist in the assessment process. Foster Care Coordinators can also assist in providing guidance.

NOTE: For further information on writing the home study, please review Section 3.

- After the home study is written, the certification supervisor reviews the study, determines whether more information is needed, if information needs to be edited, and makes the decision to approve or deny the application.
- When the supervisor approves and has signed the study, provide a copy of the study to the applicants for review and signature. Explain that any inaccurate factual information can be corrected but the

assessment will not change, unless factual information indicates that a change in the assessment is warranted.

1. The supervisor signature on the home study must be on the same day as or before a certificate is issued.

- If necessary, conduct a final safety walk-through of the home, using form 979.
- In OR-Kids:
  1. Upload all documents related to the certification of the applicant into the provider record of the OR-Kids system. *The home study is signed by both the certifier and their supervisor prior to approving the certificate in OR-Kids.*
  2. In order to issue the certificate, the certifier must open and launch a certificate from OR-Kids by entering all the information for the home in the home provider record. This includes basic information, characteristics of children the family will accept, and the certification information such as certified services.
  3. After entering all of the information, the certifier completes the certification checklist and launches the certificate.
  4. Submit the request to approve the applicant(s) for a Certificate of Approval to the certification supervisor. The supervisor approves the request in the electronic system. The approval of the certificate is based on the approval date by the supervisor in the electronic system. Once approved, the certifier may print the certificate and sends it to the certified family.
- The instructions for issuing a certificate in OR-Kids can be found in OR-Kids Online.

NOTE: To enter the certification, visit the Quick Reference Guide: Certification.

Supervisor's Role

- Review the application, Questionnaire I and Harvesting Sheet from the certifier. Meet with the certifier to identify any potential concerns or issues.
- Review the Psychosocial Inventory and Desk Guide Ratings after each home study interview. Meet with the certifier to review Final Desk Guide Ratings and discuss mitigation.
- Review all assessment-related activities and make a determination regarding the application. If approving the final home study, sign and date the home study prior to approving the certificate in ORKIDS.

Child Specific Certificates: Temporary Certificate

Child Specific Certificates are issued to applicants who wish to provide a placement to a specific child or children. There is an expedited process for issuing a Child Specific Certificate that allows these applicants to be certified prior to issuance of a full SAFE home study or training. The expedited certification process is referred to as a Temporary Certification. The Temporary Certificate issuance can be completed by the caseworker or the certifier, but whenever possible, it is best for a certifier to do it. The procedures that outline the process refer to the certifier, but if a caseworker is completing the expedited process, the same procedure is followed.

Procedure

- Upon receipt of request for child specific certification:
  1. The expedited assessment process typically begins when a certifier receives a request from a caseworker to certify a relative or other person known to a child. The assessment process usually begins on the same day or within a few days. Gather as much information from the caseworker as possible about the prospective applicant.
  2. Contact the applicant as soon as possible to arrange a time to meet at the home and to explain the certification process. Inform the applicant of certain requirements:
     - Physical requirements of the home so that the applicant(s) can begin to prepare their home right away
     - The background checks required (including criminal history and child welfare checks for all adult members of the household)
     - The Child Welfare checks conducted through OJIN/eCourt and OR-Kids. Consents are not needed from the applicants for these database checks, but notify the applicant these checks will be completed.
- Prior to going out to the home, conduct background checks in OJIN/eCourt and OR-Kids regarding the applicants and adult members of the household. Ensure all required paperwork necessary for a Temporary Certificate is available and ready. This includes:
  - Application (form 1260A)
  - Consents for background checks for all adults in the household (form 1011F)
  - Safety Assessment: Home and Surroundings (form 979)
  - Copy of the Oregon Foster Children's Bill of Rights (form 9016) and Oregon Foster Children's Sibling Bill of Rights (form 0262)
  - Copy of the Oregon Foster Parent Bill of Rights

NOTE: There is additional paperwork that is not required to complete a Temporary Certificate but is required for the full Certificate of Approval and can be left with the applicant(s). If time permits, some of this paperwork can be completed during the first home visit. The additional forms include:

1. Financial Form (form 1291)
2. Medical Form A (form 1257A)
3. Medical Form B (form 1257B) (if applicable)
4. Mental Health Form (form 1258) (if applicable)
5. SAFE Questionnaire I

- At the initial home visit:
  1. Provide the applicant(s) with a copy of the Foster Home Certification rules (413-200) and explain the importance of the applicant becoming familiar with them
  2. Have all applicants and adult members of the household complete and sign form 1011F to

consent to background checks.

3. The certifier assists the applicants in completing the required paperwork by answering questions.

- The Safety Assessment: Home and Surroundings, form 979, must be complete except for those items that can be completed within 24 hours. The items that can be delayed by one day include smoke alarms, carbon monoxide detectors, and fire extinguishers. For further information regarding form 979, review section A, General Applicants.
  - If the temporary certificate includes placement of an infant, discuss the Safe Sleep requirements Observe where the infant will sleep and follow the guidance in Section A. General Applicants.
- If the certifier is working in a district that provides orientation training as part of Foundations, inform the applicants of the requirement to complete orientation within 30 days of being certified and provide them with the schedule. If the certifier is responsible for providing orientation, using form 9800, this first home visit may be a good time to provide the orientation. If not, schedule a time to meet with the applicants within the first 30 days of certification to do so.
- Provide a copy of the Oregon Foster Children's Bill of Rights to be posted and provide a copy of the Oregon Sibling Bill of Rights (Sibling Bill of Rights must be made available to foster youth but is not mandated to be posted).
- Provide a copy of the Foster Parent Bill of Rights.
- Explain to the applicant(s) that the certification will not be approved until the results of the background checks are obtained and assessed, and a certification supervisor approves the Temporary Certificate. Inform the applicants that they will be notified later that day as to whether they will receive a Temporary Certificate or will require further assessment prior to approval.
- Upon returning to the local office after the initial home visit:
  1. When the certifier returns to the branch office, complete the background checks. The preferred way is to email the completed and signed 10llf to the BCU. (BCU.CW.1011fs@dhsoha.state.or.us.) If it is after 3:00, and the local office has a LEDS operator they may complete the LEDS check.

NOTE: If any known criminal history exists which requires a fitness determination, the approval for criminal history must be completed prior to issuance of the certificate and placement of children in the home.

2. If one of the applicants has criminal history, child welfare history, or presents any other concern that could prevent certification, consult with the supervisor to determine whether management approvals should be sought for the purpose of moving forward with the Temporary Certificate that day. In some cases, further assessment is needed prior to making a certification decision. In these cases, notify the caseworker immediately so that other placement resources can be sought for the child. Notify the applicants that further assessment will be conducted before a decision can be made.
3. If management approval is needed for criminal history or child welfare history, refer to section 3 of this chapter. Management approvals need to be completed prior to issuance of a certificate. Request for management approval for criminal history (and analysis which may lead to disapproval based on criminal history) is documented on form 1011D; request for management approval for child welfare history (and analysis of information which may lead to disapproval

based on child welfare history) is documented on form 117.

- When the applicant has a criminal history that is not approved, or fits within the crimes federal law prevents child welfare from approving, notify the applicant and provide him/her the opportunity to voluntarily withdraw the application. If the family chooses not to voluntarily withdraw the application, contact the supervisor and request to staff with the AAG regarding denial of the application.

NOTE: Every time an application is received, a Home Inquiry should be created in OR-Kids. If the family voluntarily withdraws their application or Child Welfare moves to deny an application, this information can be documented in the record along with any materials used during the assessment scanned into the OR-Kids File Cabinet. This is important if the applicant(s) makes contact with Child Welfare in the future, there will be a record of what occurred at the time of withdrawal or denial.

- Complete the child abuse history background checks. If child welfare background checks were not already checked for each applicant and other adults in the home prior to making the home visit, they are completed at this time.

NOTE: If it is known management approvals would be needed for child welfare history, due to an applicant or other adult member of the household having any CPS assessment dispositions that resulted in founded, unable to determine, or a similar disposition, the management approval must be completed prior to issuing the certificate and the information is documented on form 117.

- Obtain two references and document on the SAFE Reference form. In the event that two references cannot be reached in a timely manner, make contact and conduct reference checks within 24 hours of receiving the completed application. The 24-hour period is allowed when:
  1. All four possible references have been called, but no one could be reached.
  2. The expedited certification process occurs late in the evening when references would likely be asleep.
- When all of these actions have been completed, staff the assessment of this home with the certification supervisor. If the assessment indicates it is appropriate to certify, complete the Oregon Temporary Certificate SAFE form, following the prompts, and request approval from the certification supervisor.

NOTE: Following the prompts on the Temporary Certificate SAFE form, write why the applicant(s) are being approved for a Temporary Certificate, including information regarding their relationship to the child(ren) and ability to maintain safety, health and well-being.

- Once the certificate is approved, contact the family and inform them they have been temporarily certified and that further assessment activities will be conducted to consider whether a full Child-Specific Certificate of Approval will be issued. Contact the caseworker and inform the caseworker they can place the child/children in the home. Open the home provider record in the OR-Kids system, and activate the appropriate certification services.

NOTE: For assistance in completing a Temporary Certificate in OR-Kids, use the Quick Reference Guide: Temporary Certificate

- After the applicants are issued Temporary Certificate, complete all the remaining activities and assessment required during the certification process to move toward a full (up to two year) Child

Specific Certificate of Approval. These activities are completed as soon as possible up to 180-days. All of the certification assessment activities must be completed prior to issuing a biennial certificate. See part C for further details.

NOTE: There are instances in which completing the assessment within the 180-day period is unattainable. If this occurs, the certifier may seek approval from their supervisor for a 30-day extension of the Temporary Certificate on form 117. If the assessment of the applicant is not yet completed at the end of the 30 day extension, the Program Manager may extend the Temporary Certificate of Approval for more than 30 days.

- For Child Specific certificates, once the child for whom the Department certified the specific placement leaves the home, the certification terminates within 60 business calendar days. When a Temporary Certificate was issued, and the specific child leaves the home, the application is still "live" and child welfare must either proceed to continue to assess for a full Certificate of Approval, deny the application or the applicant may withdraw the application. If the certified family has been issued a full Child Specific Certificate of Approval and would like to become a general applicant family, the family can provide a request to the Department in writing prior to the 60th calendar day after the specific child has left their home.. The certifier will provide the family with an Application for Renewal or Change of Status (form CW 1001). The certifier will assess the family's ability to meet the needs of the general foster population rather than a specific child.

Supervisor's Role

- Review the application and meet with the certifier to identify any potential concerns or issues.
- Ensure all criminal background and child welfare checks are completed, and any necessary management approvals have been obtained.
- Review all assessment related activities and make a determination regarding issuance of the Temporary Certificate. If approving the Temporary Certificate, sign the Oregon Temporary Certificate template.

Child Specific Certificates: Assessment to Move from a Temporary Certificate to a Full Certificate of Approval

For applicants who are issued a Temporary Certificate and will continue to be providing care for the specific child(ren), the certifier must complete the assessment of the applicant(s) no later than 180 days from the date the Temporary Certificate was issued to determine if a full (up to two year) Child Specific Certificate of Approval should be issued.

In addition to the assessment activities completed to issue the Temporary Certificate, the certifier will take the following actions prior to issuing a Child Specific Certificate of Approval:

Procedure

- Home Visits:
  1. Conduct home visits with the certified family every 90 days. Additional home visits may be completed as necessary. Document each home visit in the Provider Record, under Provider Notes.

NOTE: During each visit, review and assess the family's ability to meet the specific child's safety, health and well-being needs as well as compliance with certification standards. Consider utilizing the Confirming Safe Environments checklist in your assessment.

- Gather personal, family, and social information using SAFE Questionnaires, interviews with the certified family and members of the household (adult and minor), adult children not living in the home, and others.

Note: Consider using the SAFE Questionnaire for Adult Children of Applicants as part of the interview and information gathering process.

- Administer Questionnaire II to each applicant in person. *Remember*, Questionnaire II is given to the applicant(s) and completed in the certifier's presence. Do not leave Questionnaire II with the applicant to complete on their own. When there are two applicants, instruct each applicant to complete Questionnaire II individually, without sharing answers with each other or discussing with each other during completion. Explain that Questionnaire II asks about very sensitive family matters. Meet with each applicant individually to discuss the responses, on the same day the Questionnaire II is administered, paying particular attention to questions for which the applicants each provided different responses.
- Complete desk guide ratings for each psychosocial factor of the PSI after each home visit.
- Continue gathering information and interviewing applicants and others until all the information needed to confidently score each psychosocial factor on the PSI has been obtained.
- The Final Desk Guide rating is the rating that the certifier needs to consider when determining mitigation and writing the home study.
- Ensure the certified family has completed Orientation training within the first 30 days of issuance of the Temporary Certificate. Discuss the certified family's training plan to complete Foundations training within the first 12 months of issuance of the Temporary Certificate.
- Ensure completion of the following forms filled out by the certified family:
  1. Medical Report A (form 1257A
  2. Medical Report B (form 1257B) (if applicable)
  3. Mental Health Form (form 1258) (if applicable)
  4. Family Financial Report (form 1291)
- While completing the assessment of the certified family during the 180-day period, the certifier will:
  1. Obtain two additional references (for a total of at least four references) using the SAFE Reference form.
  2. Connect with the caseworker(s) of the specific children in the home to discuss the child's adjustment and appropriateness of placement.
  3. Assure completion of criminal records and fingerprint-based criminal records checks on each applicant and adult member of the household. This includes that any out-of-state criminal and child welfare records have been received, reviewed and assessed. If having trouble receiving notice from out-of-state records, continue to attempt to contact that state and receive a

statement from it. If the other state does not have records due to record retention, request a statement from that state indicating such. If out-of-country criminal and/or child welfare checks have not been received, the certifier will staff with their supervisor to determine if sufficient efforts have been made to obtain those records.

- If any additional management approvals are needed, they need to be completed prior to issuance of the Certificate of Approval. Section 3 of this chapter describes further details on these approvals. Management approvals need to be completed prior to issuance of a certificate. Information about any criminal history which requires fitness determination and management decision is documented on form 1011D; Analysis of any child welfare founded or unable to determine or similar dispositions and management decision is request for management approval for child welfare history is documented on form 117.
- Once all information is sufficiently gathered to have high confidence ratings/Final Desk Guide rating, determine mitigation ratings and document them on the PSI. Mitigation is the certifier's assessment of those issues that received a final desk guide rating of a 3, 4, or 5. Mitigation will be discussed in more detail in section 3, Assessment of an Applicant, of this chapter.
- After mitigation is complete, consult with the supervisor before writing the home study. Seek input on any psychosocial factors, and get guidance on whether any factors will need further assessment.
- If assessment indicates (and supervisor agrees) that it is appropriate to certify, write the home study using the SAFE Oregon Home Study template, following SAFE narrative prompts and instructions.
- Submit home study draft and supporting materials to the certification supervisor for review. The certification supervisor reviews the study, determines whether more information is needed, or information needs to be edited and makes the decision to approve or deny the application. If approving, the supervisor signs the written homestudy. The certification supervisor signature needs to be on the same day as or before the date the Certificate of Approval is issued.

NOTE: The Consortium for Children has numerous skill building articles to assist in the assessment process. Foster Care Coordinators can also assist in providing guidance.

NOTE: For further information on writing the home study, please review section 3.

- When the supervisor approves and has signed the study, provide a copy of the study to the applicants for review and signature. Explain that any inaccurate factual information can be corrected, but the assessment will not change, unless factual information indicates that a change in the assessment is warranted.
- In OR-Kids:
  1. Upload all documents related to the certification of the applicant into the provider record of the OR-Kids system. *Remember: The home study is signed by both the certifier and supervisor* **prior** *to approving the certificate in OR-Kids.*
  2. In order to issue the certificate, the certifier must open and launch a certificate from OR-Kids by going into Additional Certification Actions and selecting "Convert to Certificate of Approval."
  3. After entering all of the information, the certifier completes the certification checklist and launches the certificate.

4. Submit the request to approve the applicant(s) for a Certificate of Approval to the certification supervisor. The supervisor approves the request in the electronic system. The approval of the certificate is based on the approval date by the supervisor in the electronic system. Once approved, the certifier may print the certificate and send to the certified family.

Supervisor's Role

- Review the application, Questionnaire I and Harvesting Sheet, Questionnaire II from the certifier. Meet with the certifier to identify any potential concerns or issues.
- Review the Psychosocial Inventory and Desk Guide Ratings after each home study interview. Meet with the certifier to review Final Desk Guide Ratings and discuss Mitigation.
- Review all assessment related activities and materials, and make a determination regarding the application. If approving the final home study, sign the home study on the same day as or prior to the date the Certificate of Approval is approved and issued.

Renewal of a Certificate of Approval

When a certified family is nearing the end of its Certificate of Approval period, the family may decide to renew the certificate for an additional up to two-year period. This process is called renewal and is used for both general applicants and Child Specific certified families.

Procedure

At the certified family's request, provide the certified family with an Application for Renewal or Change of Status (form 1001).

NOTE: Once an application for renewal is received, Child Welfare must assess the certified family, whether to renew the Certificate of Approval or the Child Specific Certificate of Approval for two additional years. Child Welfare may terminate the assessment process at any time if the certified family is no longer meeting Certification Standards and/or if a renewal application cannot be approved. The certified family would need to either voluntarily withdraw the renewal application or a decision would need to be made to deny the application.

NOTE: The Application for Renewal and consent for background checks (1011F) may be sent to the certified family prior to the certifier's home visit.

- The Certifier must complete the following to assess the certified family prior to renewing a Certificate of Approval or Child Specific Certificate of Approval:
  - Conduct at least one home visit with the certified family, which includes:
    - Face-to-face contact with each member of the household (including all adults and minor children).
    - Complete SAFE Update Questionnaires with the certified members.

NOTE: Facilitate the SAFE Update Questionnaires just as one would in administering Questionnaire II: N*ever let the Update Questionnaire leave the sight or control of the certifier*; if two applicants, they do not share information nor talk during the process of completing the questionnaires; they are interviewed separately by the certifier immediately

following completion of the Update Questionnaire..

- Interview certified members to determine if anything has changed in the last certification period that impacts the Psychosocial Evaluation.

- Assess the family's ability to maintain conditions in the home that provide safety and well-being for the children placed in the home and the attributes that confirm a safe environment.
- Review with the certified family the changes that have occurred in the family during the most recent two-year period in the following domains:
  - Life Experiences and Challenges
    - How has the experience of providing substitute care changed the life of this family? What have the certified caregivers learned about themselves? What have they learned about each other?
  - Marriages and Significant Relationships
    - Have any significant relationships changed during the past two-year period? How has the experience of providing substitute care impacted the marriage or significant relationships?
  - Children Living in and Out of the Home
    - How has providing care for other children impacted the biological or adopted children in the family? What have the children learned? How has the family changed? What was gained/lost?
  - Parenting Skills and Values
    - What new parenting skills have the certified caregivers learned/re-learned during the past two years? What is important to the caregivers in their relationship to the children placed in their home?
  - Support System
    - Who does the certified family use for support? How has the family's support system changed during the past two years? Is it sufficient to meet the need for the difficult task of parenting another person's child? Has the family participated in local support groups? How has that been helpful? Have they used mentor foster parents? Have they used respite providers? Child care providers?
  - Ability to Work as Part of a Child's Team
    - How does the certified family perceive the working relationship between them and the department? What worked well? What areas need more attention?
  - Ability to Support Child and Birth Family Relationships
    - How has the certified family worked with the child's family, including any siblings not also in their care? What has been the level of involvement with the family? How would they like to be involved in the child's family? What worked well? What could be more effective?

- Education and Training
  - What education and training were most helpful? What are areas the family would like to have more information/further develop caregiving skills or areas of expertise?
- Home and Community
  - What community resources have been most useful in addressing children's needs? How has the certified family connected with local schools, mental health providers, medical providers, other recreational or social activities for the children in their home? Who has the certified family used for support and respite?
- Employment and Finances
  - Has the family's employment or financial situation changed? Have household or other family expenses changed?
- Health
  - What is the general health status of the certified family? Have there been any significant changes in the health status- physical or emotional- of anyone in the family over the past two-year period?
- Religion and Spiritual Beliefs
  - Has the family's religion or spiritual beliefs changed significantly during the past two years? How has the family addressed meeting the religious and spiritual needs of the children placed in the family's home? Has substitute caregiving impacted the family's religious activities?

- Assure each certified caregiver possesses a valid driver's license and auto insurance if the certified caregiver will be transporting a child has placed in their home.
- Observe and assess the safety of the physical environment, including walking through each room in the primary residence and each surrounding building and structure on the property. Document on the Safety Assessment, Home and Surroundings (form 979). The assessment of the physical environment of the home determines whether the applicants can safely care for a child. View and assess every room in the home, and the yard or other surrounding outdoor areas, and give special attention to anything in the home that appears to pose a safety concern, even if it is not listed specifically on the CF 979.
- If an infant, ages 0-12 months is placed in the home, discuss with the certified family the importance of Safe Sleep. Observe the sleeping area of the infant, and go over the requirements:
  - Sharing the same sleep surface with a child under the age of 12 months is prohibited.
  - A child under the age of 12 months must be placed on their back for sleep.
  - Use of crib bumpers, pillows or other soft materials in the sleeping area of a child under the age of 12 months is prohibited.
- If an infant is not currently placed in the home but there may be an infant placed in the future, assess the planned sleeping conditions for an infant.
- Document the observation in provider notes including a description of the sleep environment, the

caregivers current/planned sleep practices and efforts to provide information on safe sleep. Document the caregivers understanding of safe sleeping arrangements for infants and any potential barriers to the caregiver's acceptance of safe sleeping arrangements for infants.

- Discuss and confirm completion of required hours of training. Develop a training plan for the next certification period. Update the Training Tab in OR-Kids in the Home Provider with completed training requirements.
    1. Explore with the certified family the areas in which they would like to develop a stronger knowledge base or increase their skill level.
    2. Explore how the family learns best and discuss the variety of training venues available to them for gaining additional skills.
- If not previously received, ensure receipt of signed 1011F forms by all adult members of the household.

NOTE: A fingerprint-based criminal records check is not required unless an applicant or member of the household has lived outside of Oregon for more than 60 consecutive days during the two-year certification period. If an applicant or adult member of the household has lived out of the state of Oregon for more than 60 consecutive days, criminal and child welfare history must be obtained from these states prior to issuing the renewal Certificate of Approval. Out of country checks must be requested and efforts made to obtain information.

- Assure completion of criminal records checks and child abuse background checks on each applicant and on each adult member of the household, age 18 and older (excluding a young adult in the care or custody of the Department) and any previously approved respite providers or child care providers. Criminal records checks are completed by sending in the signed 1011F of the Subject Individual into BCU. Child Abuse History checks are compiled in OR-Kids, or, if the subject individual disclosed that they lived outside of Oregon for more than 60 consecutive days, BCU will request out-of-state checks. Out-of-country checks are not requested by BCU and are the certifier's responsibility to attempt to obtain.
- If new criminal history or child abuse history is received that was not previously assessed, staff with the certification supervisor. If moving forward with renewal for this provider, despite the new information, management approvals are required prior to proceeding with the renewal. Criminal history management approvals are documented on form CF 1011D, while child abuse histories are documented on form CF 0117. If there is a CPS investigation in the certified foster home, wait until the conclusion of the assessment to determine renewal.
- If any assessment activity required for renewal is not yet completed, do not sacrifice the quality of assessment. OAR 413-200-0287(7) *"Pursuant to ORS 183.430, if the certified family has submitted a timely Renewal Application and the Department does not complete the activities in sections (3) to (5) of this rule before the stated expiration date on the certified family's Certificate of Approval, the certified family's Certificate of Approval may not be deemed to expire until the Department has issued a new Certificate of Approval or there is a final order denying renewal."* If this situation occurs, the certifier/certification technician is able to extend the certificate in OR-Kids until a thoughtful determination can be completed during renewal. A renewal Certificate of Approval should not be issued until all safety related checks and other activities described in 413-200-0287 are completed.
- Connect with caseworkers who have had children placed in this home to discuss any strengths or

concerns of the certified family. It is best to try and connect with caseworkers prior to the home visit with the certified family to ensure if there are any issues/concerns, they may be addressed at that time. If it is not possible to gather that information prior to the home visit, make efforts to gather that information as soon as possible after that visit. Consider reviewing OR-Kids case notes of those children to gather an idea about the needs of those children formally/currently placed in the home.

- If moving forward to renew the Certificate of Approval:
  1. If applicable: Obtain Management Approval from program manager or designee on the CF 117, Request for Management Approval for Specific Rules when, during the assessment, you learn any of the following:
     - When any member of the household is an in-home day care provider.
     - When any member of the household is an adult foster care or in-home adult day care provider.
     - When any member of the household is an adult foster care or in-home adult day care provider, the certified family must also request and receive a variance from DD licensing to become a certified family.
     - The certified person is re-applying to become a relative caregiver is under 21 years of age.
- If applicable: Obtain child welfare program manager approval if the children placed in the home or the anticipated placement of children in the home will make the number of total children in the home more than 1 certified adult to 4 children; 2 certified adults to 7 children, more than 6 children placed in the home by child welfare,; or more than 2 children under the age of 3.

The approval should be based upon:

1. Allowing a parenting young adult to remain with their child;
2. Allowing siblings to remain together;
3. Allowing a child or young adult to be placed with a relative or with a caregiver who has a relationship with the child or young adult; or
4. Allowing a family with special training or skills to provide care to a child or young adult with specific needs.

- Complete a SAFE Update Home Study. If any new criminal or child welfare history since the last home study, document the new information and what impacts this has to the caregiving. The certification supervisor must review the home study prior to renewing the Certificate of Approval.
- If the supervisor approves the SAFE Update Home Study, the renewal Certificate of Approval may be issued on or after the supervisory signature on the Update Home Study.
- In OR-Kids:
  1. Issue the Renewal Certificate in OR-Kids. See Reference Guide: Steps to Re-Certify/Renewal of a Provider
  2. If the current certificate was extended in OR-Kids, and all renewal assessment activities are completed, issue the renewal Certificate of Approval for two years following the date from when the certificate expired (example: Certificate of Approval was due to expire 7/1/17, but LEDS checks were not returned until 7/15/17. If all assessment related activities were completed

7/15/17, issue a new renewal Certificate of Approval that ends 6/30/19.)

NOTE: If all documentation required for Renewal is not completed on or before the expiration date of the Certificate of approval, and:

- A Renewal Application is signed and dated prior to expiration of the Certificate of Approval, the Certificate of Approval is deemed not to have expired and must be extended through the Additional Certification Actions page in OR-Kids. This provides a clear record and meets IV-E regulations for continued reimbursement

OR:

- A Renewal Application is not signed prior to expiration of the Certificate of Approval, but at least one document required for renewal is received prior to expiration: the Renewal Application will be considered timely, and the Certificate of Approval may be extended if management approval is documented on the CF 117.

Supervisor's Role

- Review all assessment activities.
- Assure the applicant meets the certification standards.
- Assure any required exception has been made for any criminal history, and any required Management Approvals have been obtained.
- Review the home study update to determine the update documents the family's ability to meet the safety and well-being needs of a child placed in their home. If approving, sign the Update Home Study on the same day or prior to approving the certification.
- Assure the Certificate of Approval includes all applicable information.

Reopening of a Previous Certificate of Approval

In addition to assessment for the foster care certificates, there are also instances when a family that was previously certified in the past six months requests their certificate to be reopened. There is certain criteria in which a previous certificate may be reopened. All of these conditions must exist in order to reopen the certificate:

- The certification has been closed less than six months;
- A decision has not been made to pursue revocation;
- The certificate would not have expired during the months the certification has been closed nor was it revoked;
- There have been no additions to adult members of the household, and the applicants are the same as those who were previously certified;

NOTE: If a minor child, not in the care or custody of the Department, living in the home, turns 18 years old in between time of certification and reopen, fingerprint checks are required at the time of the next renewal.

- The former certified family continues to live in the same residence;
- For all adult members of the household, no Child Welfare history exists, other than history which was previously assessed; and

- For all adult members of the household, no arrests or convictions exist, other than history which was previously assessed.

Procedure

- When a former certified family requests certification to be reopened, and the above criterion is met, the certifier will complete the following steps prior to reopening a certificate:
  1. Provide the former certified family with an Application for Renewal or Change of Status (form 1001) to be completed.
  2. Assure completion of new criminal records checks, **including a new fingerprint-based criminal records check on each adult member of the household.**
  3. If management approvals were obtained during the previously issued certificate, new management approvals are required for reopening the certificate.
  4. If new criminal history is found to exists that was not previously assessed during the last certification period, staff with the certification supervisor. Child Welfare may discontinue its assessment for reopening the certificate.
- Assure completion of a **new** child abuse history background check for each adult member of the household.
  1. If management approvals were obtained during the previously issued certificate, new management approvals are required for reopening the certificate.
  2. If new child abuse history is found to exists that was not previously assessed, staff with the certification supervisor. and district manager. Child Welfare may discontinue their assessment for reopening the certificate.
- Conduct a home visit that includes the following:
  1. Face-to-face contact with the applicant(s) and each member of the household.
  2. Observe and assess the safety of the home; walk through each primary residence and each surrounding building and structure on the property.
  3. Complete the Safety, Home Environment and Privacy Acknowledgement, form 979.
  4. Confirm that the Oregon Foster Child Bill of Rights is posted in the home; provide an Oregon Foster Child Bill of Rights poster if one is not posted. Confirm that the Oregon Sibling Bill of Rights is accessible in the home. Provide the Oregon Foster Parent Bill of Rights.
- Staff the assessment of reopening the former certified family's certificate with the certification supervisor. The supervisor will decide to approve or deny the family's request to have their certificate reopened.

NOTE: If the supervisor decides not to approve the reopen, speak with the family regarding its willingness to voluntarily withdraw the application; if the family will not voluntarily withdraw the application, discuss next steps with the certification supervisor.

If a certificate of approval only has a few months left to expiration, the certification supervisor may decide to not complete the reopen and instead move to assess for a Temporary Certificate due to the amount of work and time

involved for a certificate that would only last a few months.

- If the certification supervisor approves the request to reopen the certificate, reopen the certificate in OR-Kids. The certificate of approval can only be reopened for the time remaining on the certification period.

NOTE: If the former certified family has an Additional Certification Action of "Closed" that was approved within the past 180 days, and the "Certification To" date has not exceeded today's date, OR-Kids allows the user to enter a new Certification Action of "Reopen." This will reopen the certification, and original services need to reviewed/reselected and saved to make them available on the new certification. The certification dates will only be restored to the time that would have been remaining on the former Certificate of Approval.

- To conduct a reopen, select the Additional Certification Actions in the certification page and select the action of "reopen." Please review the Additional Certification Action Quick Reference Guide for assistance.
- Once the Provider Record is opened, and the Certificate of Approval has been reopened, the certifier will document in a Provider Note that the provider has been reopened, the circumstances that led the certification to be reopened, the certified family's skills and abilities to meet the safety, health and well-being needs of the child(ren) placed in this home. Scan the application, form 979, new 1011Fs, and any other supporting documentation. Ensure that an individualized training plan is developed, or the family has a plan to complete Foundations training, if necessary.
- Print a copy of the certificate and provide to the certified family.

Supervisor's Role

- Discuss with the certifier whether proceeding with the 'reopen' process makes the most sense, given the time that would be left on the certificate if reopened. It may be that proceeding with a new application and possible issuance of Temporary Certificate, if placement of a child into the home is an imminent need, is a preferable course of action.
- If proceeding to reopen, review that the certifier received an Application for Renewal or Change of Status from the former certified family, and completed all required background checks and (if applicable) management approvals.
- Discuss the certifier's assessment of the home with the certifier.
- Approve or deny the request to reopen the Certificate of Approval of the former certified family.

When a Certified Family Moves

- When a certified family moves to another residence in the state of Oregon, the certifier must terminate the Certificate of Approval. The certifier may issue a new Certificate of Approval for the residence after the certifier has done the following within 10 business days of the family moving:

NOTE: If the family moves within the same county or district, the same certifier already assigned may complete the actions. If a family moves outside of the district, the Child Welfare Program Managers or designees from both districts must coordinate how the transfer of record and certification assessment will occur.

When a certified family intends to move outside the state of Oregon, ICPC applies. See 413-040-0270. Payment may

continue for up to 180 days or until the family is licensed by the other state, whichever is earlier.

1. Provide the certified family with form CF 1001, Application for Renewal or Change of Status Application;
2. Schedule a home visit with the family to assess any changes in the home or any family configurations;
3. Observe and assess the physical environment and complete a form CF 979;
4. Walk through each room in the home and each surrounding building;
5. Provide the results of the assessment to the supervisor and recommend the opening of the Certificate of Approval at the new residence.

If the supervisor approves opening the certificate, the certifier will:

1. Write a Provider Note in OR-Kids documenting that the family moved residences and the family's ability to meet safety, health, and well-being needs of a child or young adult.
2. If needed, obtain any management approvals prior to issuing the certificate.
3. Upload the CF 1001 and CF 979 into the OR-Kids File Cabinet of the Provider Record.
4. Change the physical address in the Provider Record; see OR-Kids Guide: Change Physical Address. A pending certificate will be created.
5. Open the pending certificate and complete the actions.

Supervisor's Role

- Review all assessment activities.
- Assure the applicant, in the new environment, continues to meet the certification standards.
- Assure any required approval has been made for criminal history, and required Management Approvals have been obtained, if applicable.
- Approve the Certificate of Approval when that is the decision being made.

Chapter 8

Section 3: Applicant Assessment

Applicant Assessment for Foster, Relative Care, or Adoption

Certification is an assessment process. A home study for the purpose of either foster care and/or adoption is a thoughtful analysis of all the information gathered through interview, observation, collateral contacts, and background checks.

- The Department uses the SAFE Home Study process to assess families for certification and adoption. The SAFE Home Study process, including all tools, are copyrighted by the Consortium for Children. The description below is only a brief overview of the way Oregon utilizes the SAFE process. Each certifier and adoption worker must attend SAFE training and refer to the SAFE Workbook and other materials on completing the SAFE process, including the SAFE questionnaires and psychosocial inventory.
- A SAFE Home Study is required for all families issued a 2-year certificate and for applicants seeking adoption. There are four main components of SAFE:
    1. Information Gathering Tools
    2. Structured Analysis Tools
    3. Preformatted Home Study Reports
    4. Compatibility Inventory
        - Note: The Compatibility Inventory is an optional tool.
- The most important aspect of completing the assessment are the interviews with the applicants. The tools used to gather information support the interview process but are intended to guide the interviews, not replace them.

SAFE Home Study Tools

Procedure

The initial tool for gathering personal information from the applicant is SAFE Questionnaire I. Questionnaire I is provided to the applicant(s) to complete prior to the first interview. If the applicant has a Temporary Certificate, Questionnaire I can be left with the applicant to be completed. Questionnaire I covers eight areas of family history and functioning:

1. Personal History
2. Parenting Practices
3. Personal and Family Values
4. Health
5. Support System
6. Work
7. Family Relationships
8. Marital/Domestic Partner Relationship

- The certifier reviews Questionnaire I and highlights responses that require further clarification. Based upon what is highlighted on Questionnaire I, create a "harvesting sheet" of factors to discuss with the applicant(s).

NOTE: The SAFE Harvesting Sheet is a way to help organize the information as well as plan the home study interviews.

- The first interview with the family, if they do not have a temporary certificate, may focus on motivation, a walk-through of the home, and basic certification requirements.
- Administer questionnaires according to the processes outlined in SAFE training. Be mindful that it may take multiple home visits to cover all the items from questionnaires and other application materials. Ask open-ended questions , and allow the applicant(s) to provide the additional information in a safe and non-judgmental environment.
- Questionnaire II should be administered to the applicant(s) in the home. Questionnaire II is completed by the applicant(s) in the presence of the certifier or adoption worker. This never leaves the sight and control of the certifier or adoption worker. If there are two applicants, each applicant completes Questionnaire II separately, without talking about or showing one another their responses. Immediately after completing the Questionnaire II, the certifier or adoption worker interviews each applicant separately about their responses to Questionnaire II, but during the same visit to the home. and are interviewed separately. Questionnaire II covers 10 general areas:
- Problem issues/behaviors
- Personal alcohol consumption
- Personal legal/illegal drug use
- Family substance abuse
- History of childhood and adult sexual, emotional or physical abuse
- Child abuse allegations
- Family violence and crime
- Family sexual abuse perpetrators
- Domestic violence
- Mental illness
- After each interview with a family, the psychosocial inventory (PSI) is completed, utilizing the SAFE Desk Guide as the reference to properly rate each factor. The PSI looks at an applicant's history that has impacted his/her functioning and is used to help determine if the particular issue in his/her history could or currently impacts the applicant's functioning.
- Keep interviewing and collecting information until all items on harvesting sheet and other areas needing further clarification are understood, so that all psychosocial factors can be rated on the PSI with high confidence ratings. When ready, note the Final Desk Guide Rating on the PSI.

NOTE: Although not mandatory, consider administering Questionnaire I and II to other adults living in the household who may play an integral part of caregiving.

Assessing Criminal History and Child Abuse History

The certifier must assess how criminal history, including arrests and convictions, impact the applicant's ability to provide for the safety, well-being, permanency, and health needs of a child in the Department's custody. Assessing criminal history occurs for each applicant and adult member of the household.

Procedure

- Provide a 10IIF Consent for Criminal Records & Fingerprint Check to each applicant and adult member of the household. This is the legal consent for DHS to run a criminal history check. Submit the 10IIF to the Background Check Unit (BCU). For expedited certifications, where placement of the child needs to occur the same day, check with the BCU to determine if they can provide the check, or if it needs to be done at the local office level. For certification, local office level LEDS checks should only occur for emergency certification purposes.
- Review the LEDS and FBI results for each applicant and adult member of the household.
- When the applicant has convictions, a Fitness Determination needs to be made using the Weighing Test found in 413-120- 0475, Criminal Records Check Requirements for Relative Caregivers, Foster Parents, Adoptive Resources, and other Persons in the Household. Certain arrests which never resulted in a conviction, also require a Fitness Determination as found in 413-120-0455. Consult with the certification supervisor regarding the decision to move forward with a management approval request. This approval request is documented on the DHS form, 10IId. If the decision is to move toward requesting a management approval for criminal history, review Disqualifying and Potentially Disqualifying Criminal Convictions 413-120-0450 and Potentially Disqualifying Arrests 413-120-0450 to 0455 to determine the appropriate person/entity to authorize the approval. Local office staff may also consult with a Foster Care Coordinator.
- Factors to consider in the Weighing Test include but are not limited to:
    1. The severity and nature of the crime. Was it a person-to person crime? Was it a violent crime or a sexual offence?
    2. The number of criminal offenses. Is the criminal history limited to one or a few incidents, or is there a long-standing pattern of behavior?
    3. The circumstances surrounding the crime. Who was involved? What was occurring in the applicant's life at the time that may have impacted his/her decision?
    4. The applicant's explanation of the crime. Is the applicant open about the crime? Does the applicant have some insight about the behavior at the time? Does the applicant take responsibility for the behavior? The facts supporting the conviction or pending indictment. What does the police report or other court records indicate?
    5. The relevancy, if any, of the crime or false statement to the applicant's ability to be a foster parent or other person in the household. How does the crime relate to safe parenting? How does it relate to the applicant's ability to work cooperatively with a state agency and community partners?
    6. Intervening circumstances relevant to the responsibilities and circumstances of the applicant's ability to care for a child, such as:
        - How long has it been since the crime occurred?

- What was the age of the applicant at the time?
- Did the applicant receive any rehabilitative services as a result of the crime, and if so, what evidence is there that behavior changed as a result?
- Did the applicant commit more crimes after receiving services?
- Was the conviction set aside?
- Do references and/or other collateral sources know the applicant's criminal history? If so, do they recommend the applicant as a foster parent?

- After completing the Weighing Test, consult with the certification supervisor to determine whether to seek management approval of the criminal history. Document the results of the Weighing Test on form CF 1011D.

NOTE: Visit the Child Welfare Criminal History Tools page for quick reference guides and information to include when requesting a fitness determination.

- Assess Child abuse/neglect history in the Department's OR-Kids electronic system and any reports received from other states or countries in which the applicant or adult member of the household was either alleged, Unable to Determine, or Founded to have committed an act of child abuse or neglect.

NOTE: Having trouble receiving results from another state agency? Review the Adam Walsh State Contacts for Child Abuse Registries for contact information to individually contact that state.

- When the applicant(s) or adult member of the household has an unfounded allegation of abuse, Closed at Screening reports, prior Oregon Alternative Response assessments, or similar dispositions from another state, consider whether there is a pattern of behavior, indicative of poor decision making, poor coping skills, ineffective parenting, or dysfunctional family relationships. There is no management approval needed for these types of reports or dispositions.
- When the applicant(s) or adult member of the household has a founded allegation of child abuse/neglect (or similar disposition from another state), or a substantiated finding from the Office of Training, Investigation and Safety (OTIS), staff with certification supervisor and consider the following questions to determine whether to seek management approval:
  1. What was the severity of the abuse?
  2. What were the circumstances surrounding the abuse?
  3. How long ago did the abuse/neglect take place?
  4. Did the applicant have an open child welfare case as a result, and were children placed in substitute care?
  5. Did the applicant receive services, and is there evidence that protective capacity increased?
  6. Was there a pattern of abusive behavior, and if so, for how long? Was there a pattern of unable to determine dispositions?
  7. What does the applicant say about the abuse?
     - When the applicant(s) or adult member of the household has an unable to determine allegation of child abuse (or similar disposition from another state) in addition to the

considerations above, consider the following:

(1) What was the reason for the disposition? Was the Child Protective Services worker unable to locate the family, or was there conflicting information that resulted in the disposition?

- Consult with the certification supervisor, program manager, and, optionally, the Foster Care Coordinator, to determine whether to seek approval to continue the assessment given the applicant(s) or adult member of the household's child welfare history. Document the assessment of the information on form CF 0117.

Physical/Social Environment

- Assess the physical environment through observation and the social environment through observation and interviews. When physical areas need improvement, assess the applicant's response to feedback as well as the effort to remedy the issue. Take into consideration the age and characteristics of children for whom the applicants are interested in (or are currently) providing care.

Assessing the Physical Environment

- Using CF 979 Safety, Home Environment and Privacy Acknowledgement assess the physical home environment. This includes:
  1. The cleanliness and maintenance of the home. Consider the following:
     - Is the home exterior and property well kept, is some maintenance required, or is it extremely run down?
     - Is the home interior clean and comfortable, slightly cluttered, or dirty with pronounced, offensive odors?
     - Does the home interior reflect consistent care and attention, are some minor repairs in order, or are there signs that it has received virtually no upkeep (e.g.; heater does not work, problem with mold, or substantial renovation is required in order to be habitable)?
  2. The home is a safe environment. Consider the following:
     - Are there any safety issues noted on the Safety, Home Environment and Privacy Acknowledgements?
     - Is the applicant safety conscious?
     - Is the applicant knowledgeable about child safety issues?
  3. Specific safety requirements for safe sleep for infants 0-12 months:
     - Administrative Rule: 413-200-0335(1b)
     - Sharing the same sleep surface with a child under the age of 12 months is prohibited.
     - A child under the age of 12 months must be placed on their back for sleep.
     - Use of crib bumpers, pillows or other soft materials in the sleeping area of a child under the age of 12 months is prohibited.
     - Procedure:

- Discuss with the applicant/certified family the importance of safe sleep for infants. Emphasize all infants must be placed on their back to sleep, and that they must never share a sleep surface with an infant. In addition, let them know that no soft materials should be placed in the crib, including blankets, stuffed animals. Explain to the foster parent the reasons for these requirements, that there is research which supports the lowering of infant death. Acknowledge that this information may be different than what they learned at the time that they may have parented an infant, but that we need to follow current medical research.
- Support the family in problem solving to reduce risk. For example, request funds to pay for a safe sleep surface if one is not available through other resources with the family.
- Observe the environment in which an infant would be sleeping to confirm it is a flat, firm sleep surface free from hazards.

4. The condition of the furnishings, play areas, and clothing. Consider the following:
   - Is the home adequately furnished with clean, sturdy, and functional furniture?
   - Does the applicant understand the need for and provide proper clothing, toys, and equipment that are age appropriate for the children being considered?

- Staff any safety issues with the supervisor. If needed, consult with the Foster Care Coordinator.

Marijuana in the Applicant(s) Home

- When assessing an applicant's marijuana use, either medical or recreational, ask them similar key questions you would ask for other legal (and potentially addictive and mind altering) drugs, including alcohol, and certain prescription medications such as opiates:
  1. How often are they using marijuana?
  2. What times of the day are they using marijuana?
  3. In what form are they using marijuana (i.e., smoking, edible consumption)? And how much THC are they consuming?
  4. What effects does marijuana have on their ability to have sound judgment and decision making?
  5. Where do they store their marijuana products, and are the storage processes child proof?
  6. What is the plan to assure any child placed in the applicant's home would not have access to the marijuana or be subjected to any secondhand smoke?
  7. Does the applicant's doctor have any concerns about this applicant's ability to provide safety and well-being for a child?

Marijuana – Recreational

While medical marijuana has been legally authorized by physicians in Oregon for years, as of July 1, 2015, recreational marijuana is also legal for Oregonians age 21 and over. Oregonians may grow up to four plants on their property (regardless of how many people live in the residence). Homegrown marijuana is not allowed to be in public view, meaning the plants cannot be readily seen from a public place (i.e., outside the residence from the street).

- Personal possession for Oregonians age 21 in older per household includes:

1. 8 ounces dried flowers/leaves
2. 4 plants
3. 16 ounces homemade solids
4. 72 ounces homemade liquids
5. 16 ounces homemade concentrates

- Beyond homegrown/produced product, households may consume purchased products, including items called "edibles" that may be in the form of cookies and candies, etc. These "edibles" often appear attractive to children. Recreational marijuana cannot be sold or used in public, nor can it be used recreationally by anyone under the age of 21.

Marijuana – Medical

A patient with a qualifying condition and a recommendation from an attending physician may register for a medical marijuana card through the Oregon Health Authority. There are many regulations set for the number of plants grown by someone growing marijuana for themselves or others. Oregon law allows limited use and growing of medical marijuana. For more information on Oregon's Medical Marijuana Program (OMMP), refer to the website. Ask for a copy of the medical marijuana card to verify authenticity with the OMMP.

- An OMMP cardholder may possess up to:
  1. 6 mature plants
  2. 18 plant seedlings
  3. 24 ounces of usable marijuana

NOTE: In limited circumstances, outside evaluations such as substance use disorder evaluations are helpful in informing the assessment process. Always consult with your supervisor and, if needed, a Foster Care Coordinator in determining whether an outside evaluation is needed. It is important that Child Welfare seek only diagnostic information and information about how an applicant's condition may impact daily functioning. Child Welfare does not ask the evaluator to recommend whether an applicant should be a foster parent, or what services be provided to make them safe as a foster parent. It is the role and responsibility of Child Welfare to use the diagnostic information from the evaluation in the determination whether the applicant meets certification standards.

Assessing the Social and Personal Characteristics

Medical

Does the applicant(s) take any prescription medication? Consider utilizing the DHS form, Medical B (required for adoption applications), for a medical provider for information on potential medical concerns. Assess how the medicine and the underlying medical condition impacts the applicant's ability to meet the safety and well-being needs of a child placed in the home.

Finances

Assess the applicant's financial history and current finances. The applicant must have adequate financial resources. Use the Department Financial Form 1291 to gather and assess the financial stability of the applicant. Form 1291 is always used at initial certification but may be used at time of renewal if the certifier deems necessary.

Support System

- Assess the applicant's emotional and tangible support available. Consider the following:
  1. Does the applicant have friends who are supportive and helpful and live in close proximity?
  2. Does the applicant have a plan for babysitting, child care, and/or respite care?
  3. Does the community provide adequate, affordable resources?
- Household Pets. Assess the presence of household pets. Consider the following:
  1. Are the pets treated well by the family members?
  2. Does the applicant provide appropriate shelter, diet, grooming, and veterinary services for the pet?
  3. Are the pets comfortable with children?
  4. Does the pet behave in a predictable and safe manner around people, particularly children?
  5. Is the pet an unusual pet that may pose unique threats to children?

Applicant's Children

Minor Children

If an applicant has minor children, assessment of the children will vary depending upon their age and whether they live in the home. When the minor children do not live in the home, the assessment includes the reasons that the children do not live in the home. When they live in the home, whether it be full time or part time as part of a custody arrangement, assess each child's functioning and attitude about having foster children placed with their family. If age-appropriate, interview the children to gain information regarding their interests, perceptions of their parents, and readiness to accept foster children into the home.

- Consider the following:
  1. Is the child's behavior, age, and development appropriate?
  2. Is there a reason to believe a child's behavior may pose a threat to the safety, health, or well-being of others, including any drug/alcohol use?
  3. What is the extent of each child's health, educational, or mental health needs? Are the applicant(s) capable of meeting those needs?
  4. If appropriate, request a signed Release of Information to obtain:
     - School records
     - Medical records
     - Treatment records
     - Juvenile Court, when there is reason to believe the minor has juvenile records.

Adult Children

Adult children are a good resource of information concerning the applicant's functioning and parenting abilities. This includes adult children who are estranged from the applicant. Assess the level of participation the adult child will have in the care of the foster children. Use of the SAFE Questionnaire for Adult Children is recommended to gather

information about them and the how the applicant's parenting impacted their well-being. When adult children live in the home, assess each adult child as a member of the household, conducting the same criminal history and child welfare history checks as mentioned earlier in this section.

There are situations where the applicant is the grandparent of the child placed in foster care, and therefore the adult child is the parent of the child being placed. When this occurs, connect with the child's caseworker to determine what information is appropriate to gather from that adult child/parent. It is possible to utilize the SAFE Questionnaire for Adult Children even with an adult child involved with Child Welfare. Even if it is not used, it is relevant to ascertain how that adult child feels about the child being placed with the applicant. Reach out to other adult children for additional information.

Parenting Skills

During the interviews and home visits, assess the applicant's parenting skills, including both general parenting and specialized parenting. Observe them with their own children. When applicants are not parents, assess based on the applicants' report. Gain additional information from references or family members if the applicant has been around other people's children. Discuss whether the applicant appears to be gaining knowledge and skills from participation in training with the Foundations trainer.

- Discuss the following with the applicant:
  1. The applicant's knowledge of child development.
     - Realistic expectations of child development.
     - Healthy activities, including the ability to apply the Reasonable and Prudent Parenting Standard. Discuss the role of the foster parent in ensuring the child is able to participate in typical childhood experiences, including school activities, sleepovers and other activities with friends.
  2. Appropriate Discipline
     - Discuss whether the applicant has ever used physical discipline, and whether they plans to.
     - Discuss Child Welfare's prohibition of any form of physical discipline, including cold/hot showers, exercise (as a form of discipline) or group punishments. Discuss the reasons for this, how discipline may trigger a child's trauma based upon their experiences.
     - Discuss appropriate discipline techniques and refer to training if necessary.
  3. Respite/Child Care
     - Discuss requirements when utilizing others to care for foster children. Explain background checks will need to be completed for anyone providing respite care/child care unless:
       (1) A babysitter
       (2) A licensed child care provider

NOTE: It is the responsibility of the applicant/certified family to vet a potential respite and child care provider. Sometimes applicants/certified families may request the assistance of Child Welfare in locating respite or child care resources. Some branches local offices may have a list of previously approved respite providers who have voiced a

willingness to help other foster families. The branch local office may refer the family to Oregon 211 for child care resources.

4. The applicant's learning experiences. Assess the applicant's investment in the child's social and academic development based on the applicant's functioning with their own children or, if there are no children, on what the applicant reports they intend to do and what others say about the applicant. Consider the following:
    - Is the applicant directly involved in their own children's learning experiences? What is the applicant's plan for involvement with the foster children?
    - How will the applicant be involved in school (checking homework, meeting with teachers, participating in IEP meetings)?
    - How will the applicant directly and indirectly help a child to attain expected developmental tasks and social communication skills?

Specialized Parenting Skills

The assessment of specialized parenting skills may reveal that the applicant does not possess competency in specialized parenting skills or parenting children with special needs, unless they have parented a special needs child, had some sort of experience with the foster care system, or has some sort of experience with children with special needs. Again, discovering how well the applicant is integrating the Foundations topics into their thinking about these topics will assist the certifier in assessing this area.

- Consider the following:

1. The applicant's expectations of foster parenting.
    - Does the applicant have realistic expectations of foster parenting?
    - Does the applicant have an awareness of their own limitations in understanding of the challenges of child placement?
    - Is the applicant ready to learn?
2. The applicant's understanding of the effects of abuse and neglect on children:
    - Assess the applicant's ability to comprehend and manage the special dynamics resulting from child abuse.
    - Does the applicant demonstrate an understanding of how a child's normal emotional and physical development may be gravely impacted by the abuse and/or neglect they experienced?
    - How does the applicant intend to manage the challenging child behaviors associated with abuse?
    - Does the applicant demonstrate an understanding of the unique issues, dynamics, behaviors, and skills needed to parent a child who has been sexually abused?
3. The applicant's understanding of the effects of separation and loss on children.
    - Does the applicant have an understanding of the behavioral and emotional effects of separation and loss for children?

4. The applicant's ability and willingness to use therapeutic and educational resources.
    - Does the applicant demonstrate an understanding of the need to be responsive to appropriate birth sibling contact?

Child Specific Assessments

When the applicant is requesting placement of a specific child/young adult or sibling group, assess whether the applicant has the skills and ability to meet the needs of the children/young adults being considered. Discuss with the child's caseworker to determine if the applicant has the skills/resources to parent the child and what supports may be necessary to support the placement. This discussion may include: Consider all of the elements of general parenting and specialized parenting and do so in the context of what is known about the child/young adult being considered for placement. In addition, the certifier should become familiar familiarize with the child's case plan, permanency plan, concurrent plan, visitation plan, and supervision plan in order to best assess the applicant's ability to follow and support these plans.

- Consider the following:
    1. The child's medical, dental, educational, developmental, and mental health needs.
    2. The child's behavioral and supervision needs.
    3. The child's Supervision Plan and Level of Care.
    4. CANS assessment
    5. Visitation and case plan.

Critical Analysis using the SAFE Home Study

Evaluation and Mitigation

Mitigation is the process by which the certifier evaluates all of the information gathered during the home study process. Evaluate how the changes in the applicant's life and/or behavior sustains, reduces or erases the level of potential concern reflected by the final desk guide rating. Take into account considerations independent of the Desk Guide through certifier observation, assessment, and judgment. Consider the likelihood that any issue that received a final desk guide rating of 3, 4, or 5 would have an adverse effect on safe and effective family functioning and parenting.

- The mitigation process includes documenting in the SAFE home study the following mitigation questions for any final Desk Guide Rating of a 3, 4, or 5:
- What issues/behavior or event warranted the final SAFE Desk Guide Rating of 3, 4 or 5? State what the issue/behavior or event is/was.
    1. What is the issue/behavior/event of concern?
    2. Describe the societal, personal, cultural and/or family dynamic that contributed to or set the stage for the issue/behavior or event.
    3. What is the issue/behavior/event's roots in time, place and cultural/social context?
    4. Describe the frequency and severity or intensity of the issue/behavior or event.
    5. What was/is the issue/behavior/event's frequency and severity or intensity?
    6. Describe how the issue/behavior or event influenced the Applicant's ability to function, both in

the past and currently.

7. Has the applicant resolved or adapted to the issue/behavior/event? If the applicant has adapted, how much energy is needed for the applicant to sustain their degree of adaptation? (Provide evidence that support this evaluation: facts, observations, analysis and examples.) If the issue is sustained, how is the issue/behavior/event affecting the applicant's current functioning and ability to parent and how does or could that affect children in the home?
8. Could a placement re-trigger the issue/behavior/event?
9. How much energy remains to parent if the issue/behavior/event is not resolved?

- If the applicant(s) continues to put energy into a PSI that is a 3, 4, or 5, the desk guide rating cannot be mitigated to a 2 as the issue/behavior continues to impact their functioning (the applicant(s) are still adapting their life around the issue/behavior). If the applicant is not expending any energy into the issue/behavior currently (it is resolved), the desk guide rating can be mitigated to a 2. Any item mitigated to a 2 or reduced through mitigation needs to be corroborated by outside sources.
- Mitigation is not only what the applicant tells the certifier, it needs to be collaborated by outside sources. If the certifier has only the applicant's information, write about what is known and what the issue/behavior/concern may look like when parenting in the future. Consider using the following outside sources:
  1. Correspondence from:
     - Therapists/Clinicians
     - Counselors
     - Mentors
     - Employers
     - Other Professionals
  2. Interviews with:
     - Spouses
     - Children
     - Relatives
     - Neighbors
     - Co-Workers
     - Friends
- Remember, the narration in the study should stand up to a challenge.

NOTE: When determining that an issue cannot be mitigated to a lower rating than the final desk guide rating, determine how to proceed with the applicant. Unchanged mitigation ratings are not necessarily grounds for a denial of an application. They may, however, impact placement matching, capacity decisions, the training plan for the applicant, etc. Sometimes unmitigated concerns will be severe enough to warrant a denial. Consult with the supervisor throughout the home study process and again during mitigation (assessment/evaluation of the information) to determine the course of action. In addition, the supervisor may choose to consult with the Foster Care Coordinator.

Writing the Home Study

Once the certifier has completed all interviews, gathered all collateral and background information, completed final desk guide ratings and mitigation ratings, the certifier may begin writing the home study that documents the assessment.

- When writing the home study, pay attention to the narration instructions provided in each section of the Oregon SAFE home study.
    1. Use behaviorally specific language that provides clear description.
    2. Reference the source of any information you cite.
    3. Present all essential and critical information.
    4. Avoid generalizations.
    5. Avoid labels.
    6. Narrate the strengths of the foster family in a concise manner.
    7. Fully narrate any concern that received a final desk guide rating of 3 or higher.
    8. Fully narrate critical analysis for mitigation scores and evidence for such scores.
    9. Do not mention the final desk guide ratings within the study itself.

Role of the Supervisor

The role of the supervisor in the home study process is critical. The supervisor is available to the certifier for clinical consultation after each home study interview. Items that require mitigation should be discussed between the supervisor and the certifier. When the certifier and supervisor need additional consultation, the supervisor may contact the Foster Care Coordinator for their district.

- During and at the conclusion of the assessment process, the supervisor:
    1. Follows the SAFE Home Study guidelines for supervision. In addition to the 2-day SAFE Home Study training, a SAFE Supervisor training is required for all certification supervisors. Utilize the SAFE Supervisor's Manual as a reference for ongoing supervision of the SAFE Process.
    2. Ensure that all necessary management approvals are obtained, including assessments and approvals for criminal history and child abuse history. For a Temporary Certificate, ensure receipt of all required documentation.
    3. Ensure the certifier's ongoing assessment of the family proceeds quickly, and the family is issued a 2-year certificate as soon as possible.
    4. If necessary, the supervisor may approve a 30-day extension of the Temporary Certificate. If there is a need to extend the Temporary Certificate longer than an additional 30 days past the 180 days allotted for assessment, request an additional extension from the District Program Manager. When requesting an approval for an extension of the Temporary Certificate, the supervisor must discuss the delays with the certifier, determine the actions that need to occur, and develop a timeline to complete the certification process and issue a 2-year certificate.
    5. Approve the written Home Study. Approval of the Home Study indicates all assessment requirements have been completed and the family meets certification standards to provide care for a child. The supervisor signature must be on or before the date of approval of certification.

6. Approve the certificate in OR-Kids.

Assessment and Home Study Requirements for Purposes of Guardianship

When there has been a casework decision to pursue guardianship with an identified resource there must be an assessment of the potential guardian's ability to meet the current and long-term needs of the child or young adult. The approval and selection of a guardian is shared by both caseworker and certification staff.

A potential guardian must have a current certificate of approval from DHS child welfare, Aging and People with Disabilities, a private child caring agency, a federally recognized tribe in Oregon with a Title IV-E agreement with the Department, or another state when the potential guardian is currently certified or approved in the state where the potential guardian resides.

Procedure:

The Department must complete an updated home study on the potential guardian. If there is a completed SAFE Home Study, the certifier completes an addendum to the home study unless there is a need to complete the certification renewal. The update home study or addendum must focus on the long-term commitment of the potential guardian and their ability to meet the long term safety and well-being needs of the child or young adult. The addendum is documented on DHS 2822, and should include:

- How the certified family meets the child or young adult's safety needs, including physical and emotional safety. Include any child abuse reports and other certification concerns and how they were resolved.
- How the certified family can provide a lifelong commitment to the child or young adult, including fully integrating the child or young adult into the potential guardian's family.
- How the certified family has met the physical and mental health needs of the child or young adult, including the developmental, educational, social and emotional needs. Include the support of the child or young adult's identity, including cultural, racial, ethnic, religious, spiritual, sexual orientation and gender identity.

If the potential guardian does not have a completed SAFE Home Study, the certifier will need to complete one unless the Child Welfare Permanency Manager approves an exception to this requirement. (Refer to OAR 413-070-0917 (5)-(7).)

In completing the SAFE Home Study, utilize the process on the Consortium for Children website for 'Converting a Non-SAFE Home Study to a SAFE Home Study.' In the home study focus on the long term needs of the child or young adult and the ability of the potential guardian to meet those needs.

References and Forms

OARs

I. Chapter 413, division 200 Foster Home Certification

II. Chapter 413, division 120 Criminal Records Check Requirements for Relative Caregivers, Foster Parents, Adoptive Resources, and Other Persons in the Household

Forms

CF 1260A	Application for Approval to care for a child in DHS custody
CF 0117	Request for Management Approval for Specific Rules
CF 1255	Applicant Reference
CF 0979	Safety Checklist Home and Surroundings
CF 0010A	CAF Request for Translation Services
CF 1291	Family Financial Report
CF 1257A	Medical Report A
CF 1257B	Medical Report B

Chapter 8

Section 4: Management Approval for Specific Certification Rules

Management Approval for Specific Certification Rules

A. Child Abuse Disposition

- Certification standards require that Oregon child abuse background checks are conducted for each applicant and each adult living in the home before the Department issues a Temporary Certificate of Approval and/or Certificate of Approval to provide foster care as well as prior to renewing the certificate. A child abuse background check is required for all adults living in the home and respite care providers.
- Out-of-state and out-of-country requests apply when the applicant, other person in the household, or prospective respite provider have lived outside of Oregon or the United States in the previous five years. The Background Check Unit will assist in completing out-of-state background checks on applicants only. Out-of-state and out-of-country child abuse background checks must be requested by the local office regarding all respite providers and all adults living in a foster home. Such requests must be made to each state or country in which the adults and respite providers have resided in the previous five years.

Level of Approval Required: Program Manager

Procedure

- When founded, unable to determine, substantiated or inconclusive dispositions — or similar disposition from another Department division such as OTIS or the equivalent disposition from another state or country — are identified, review all available documentation related to the disposition. If an applicant, adult member or other person in the household, or prospective respite provider has been identified as a perpetrator of abuse or neglect in a child protective services assessment, management approval is required before issuing a Temporary Certificate and/or Certificate of Approval and before placing children in the home (for an applicant or adult member of the household) and before approving the respite or child care provider. When an applicant, other person in the household, respite or child care provider is not the identified perpetrator, management approval is not required.
- Determine the following information in regard to the certification assessment:
    1. In determining whether to request management approval for the child abuse history, consider the following:
        - The time passed since the abuse occurred.
        - Age of the victim.
        - Who was the perpetrator or alleged perpetrator?
        - Relationship of the individual to the victim(s).
        - The nature of the abuse/neglect and whether serious injury occurred.
        - Whether a child was removed from the individual's care as a result of the abuse.

- Whether the individual was arrested and/or convicted of a crime related to the abuse.
- Steps the individual took to address the issues that led to the abuse/neglect.
- Level of participation in required or voluntary services resulting from the abuse.
- How the issues that led to the abuse/neglect either are: no longer present, less present, or still present and impacting the individual's current functioning.
- Individual's reports about the abuse now and what insights the individual has about what led to the abuse.
- What changes the individual has made in their life (environmentally, behaviorally, and/or cognitively) that inform your assessment. Staff with the certification supervisor the details of the abuse history and assessment of the information obtained. Discuss whether management approval is appropriate or whether proceeding to withdraw or denial of the application is best.

2. Based on the information provided, the certification supervisor determines if a request for management approval will be made.

- If no management approval for Founded or Unable to Determine/similar disposition will be given, the following needs to occur:
  1. The applicant may voluntarily withdraw the application, or the Department must deny the application.
  2. For an adult member of the household, discuss with applicant(s) to advise that the family cannot be certified if the adult member of the household remains. Determine if they wish to have that individual move from the home or voluntarily withdraw the application. If neither, the Department must deny the application.
  3. For a prospective respite provider, notify the applicant(s)/certified family that the respite provider is not approved.
- Regardless of the decision to seek approval or to disapprove the individual with child welfare history, document the assessment on form CF 0117 Management Approval for Specific Certification Rules. The rationale behind the decision needs to be clearly documented regarding the applicant(s)/certified family's abilities to meet the safety, health and well-being needs of children/young adults placed in the home. Information surrounding the applicant(s)/certified family's skills, specialized training and any supports should be included to discuss the overall family functioning.

NOTE: Administrative rules require out-of-state and out-of-country requests be made when applicable. In the event that responses to these requests have not been received at the time of the Temporary Certificate process, and all other requirements for temporary certification have been met, certifiers can proceed with issuing a Temporary Certificate. It is mandatory to request child abuse background checks from other states and/or countries, but it is not mandatory to delay temporary certification until a response is received. Similarly, the out-of-state request needs to be initiated for prospective respite providers but does not have to be completed or a response obtained prior to approving use of the respite provider. Track response from the other state and if out-of-state child welfare history is found to exist on an already approved respite provider, quickly staff with supervisor for consideration to determine whether the respite provider's approval to serve in that role should continue or be disapproved, and document analysis and decision-making

on form CF 0117. All out-of-state abuse background checks must be completed prior to issuing a full Certificate of Approval.

- Submit the completed CF 0117 to the supervisor for signature (whether approval or denial). If the request is moved forward for approval, forward to the Program Manager.
- When there is child welfare history connected to an applicant but the applicant is not the identified perpetrator, management approval is not required. However, consider the following:
  1. The individual's role as a non-perpetrator in abuse reports.
  2. Whether the individual had a passive role that may have contributed to the abuse.
  3. Whether the individual had prior knowledge of risk.
  4. History of closed at screening reports and unfounded dispositions.
  5. The individual's perspective of the child abuse history.

Although this individual's involvement would not necessitate a management approval, it provides the certifier with information regarding the skills and ability of the person to parent children in foster care. there may be information documented in a closed at screening that necessitates follow up and information in an unfounded CPS assessment that is inconsistent with the individual meeting certification standards.

Supervisor Role

- Review the completed CF 0117 submitted by the certifier.
- Determine if there is sufficient documentation of the analysis of the Founded/Unable to Determine/similar disposition or if more information is needed.
- Either approve or deny and sign the CF 0117. When approval is sought, submit the document to the district manager or designeeprogram manager.
- Ensure certifier takes all appropriate actions.
- If not proceeding with certification due to (or in part of) the child abuse background check, unless the applicant wishes to withdraw the application, contact the certification AAG to set up a staffing for denial of application or revocation of a current Certificate of Approval.

B. Exceeding the Maximum Number of Children Placed in a Certified Home

- Management approval is required prior to placing an additional child in a certified home when:

1. The maximum number of children will exceed four when placed with a single certified individual

2. The maximum number of children will exceed seven in a home with two certified individuals. Only 6 children may be children in the care/custody of the Department.

3. When any certified family(s) is caring for two children under the age of 3 and another child under the age of 3 will be placed in the home.

- In all cases, the total number of children residing with a certified family includes all children and young adults in the care and custody of DHS, the family's own children and other children under the age of 18 also residing in the home and not in the Department's custody.

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- Speak with caseworkers of children/young adults placed in the home, and determine the impact of placing additional children in the home on the certified family's overall ability to provide quality care, if possible, prior to the overfill occurring. If it is not possible to speak with each caseworker prior to the placement of an additional child, ensure that a conversation occurs with the caseworker and/or caseworker supervisor as soon as possible.
- The certifier and the caseworker of children/young adults in the certified home should together assess the needs of the children/young adults for whom the request is being made.
- Supervision Plans are required for all children placed in certified homes whose CANS screening results indicate enhanced supervision is needed to maintain the safety and support of the well-being of the child/young adult.
- Caseworkers are required to provide a completed copy of the Supervision Plan to the certifier assigned to the identified certified provider.
- Supervision Plans are located in the child's OR-Kids case file cabinet under Services>Treatment Plan.
- When this information is not found in the child's OR-Kids case file, contact the child's caseworker for the information.
- Review Personal Care Service Plans for each child who has Level 1, 2, 3, or 4 services to understand the medical tasks and responsibilities placed upon the certified family to meet the medical needs of children/young adults currently placed in the home. Review the specific tasks required to meet the child/young adult's medical needs.
- Children with a Personal Care Service Plan each have identified medical needs that require additional tasks to be performed by the certified family.
    1. Personal Care Service Plans are located in the child's OR-Kids case file cabinet under Health Record>Other.
- When the majority of children/young adults — those in the home and those being considered for placement — have supervision plans or personal care service plans, assess whether is it reasonable to expect this certified family to be able to meet each child/young adult's individual needs.
- When reviewing this material, consider the additional expectations placed on the certified family in conjunction with their skills, abilities and willingness to meet the special needs of each child currently placed in the home.
- Consider whether the certified family has effectively been able to ensure each child/young adult's case plan needs are being met, including education, medical, dental, and mental health care. Consider the following questions:
    1. How long has the certified family been certified, and how much experience do they have caring

for the total number of children/young adults being considered? If there have been concerns expressed about the care of children/young adults placed in their home, how were those concerns addressed, and were they resolved?

2. How does this certified family manage stress?
3. Will placing additional children/young adults in the home reduce the certified family's ability and desire to form individual relationships with each child/young adult?
4. Will this certified family need additional supports to meet the needs of these children/young adults; if so, is the support available and sufficient?
5. Will the certified family request assistance or seek out additional training when needed?
6. Is the certified family's home large enough to provide adequate space for each child/young adult, including bedroom space?
7. Is the home emergency or fire escape plan reasonable considering the number and needs of the children/young adults?
8. If the certified family has caretaking responsibilities for others, such as adult children or other dependent adults, what impact do these responsibilities have on the certified family's ability to provide care to another child/young adult in the home?

- Discuss the assessment of the above-listed factors and dynamics with the certification supervisor.
- Complete the Management Approval for Specific Certification Rules, CF 0117, and include a summary of the information known about each child's needs in conjunction with the certified family's skills, energy, personal characteristics and desire to meet the needs of each child. Include details of the Supervision Plans, Personal Care Services Plans, and the impacts this may have by placing additional child(ren)/young adult(s) in the home.
- Submit the completed document to the certification supervisor and/or Child Welfare program manager for review, approval and signatures.
- Additional children cannot be placed in a certified home until there has been supervisory and/or program manager approval.
- When a certified home has been approved to care for additional children/young adults, the assigned certifier must visit in the certified family's home a minimum of every 90 days. Document the home visit in Provider Notes noting any strengths or concerns and how concerns have or will be addressed.

NOTE: Best practice suggests frequent contact with the provider by phone, email, and in person. This provides additional insight in order to assess the provider's continued willingness and ability to meet each child's unique needs. Being alert to any early warning signs, maintaining availability for support and having a nonjudgmental attitude is an important factor that can contribute to the certified family's continued success in meeting the individual needs of each child in the home. In many cases, maintaining nonjudgmental and supportive communication will also allow the provider to acknowledge when they may be struggling.

Supervisor Role

- The certification supervisor approves when appropriate and signs the Request for Management Approval.

- Ensure the certifier visits the certified family a minimum of every 90 days and is alert to any signs that the certified family is overly challenged by having this number of children placed in the home.
- When a certified home remains above the limits of children, overfilled on the date the Management Approval is slated to end, the supervisor and assigned certifier determine whether to extend the approval based on:
    1. Caseworker reports.
    2. The certified family's ability to meet the educational, medical, dental and mental health needs of each child/young adult.
    3. Each child/young adult's needs for nurturing, family inclusion, individual attention and supervision.
- After considering the above, the supervisor determines the appropriateness of approving an additional Management Approval for overfill.

C. Extending the Response to an Application Beyond 180 Days

- There may be instances in which an application is unable to be fully assessed within 180 days of receipt of a completed application. Circumstances justifying an extension include, but are not limited to, the following:
    1. An influx of assessments that hindered the completion of this assessment;
    2. Illness: include the period of time the certifier is absent from work contributing to the need for additional time;
    3. Information received during the assessment process requiring additional time to assess;
    4. Circumstances beyond the control of the certifier, such as: one or both applicants' unavailability; and/or
    5. Requested additional information was not received in time to complete the assessment.

Level of Approval Required: Child Welfare Program Manager

Procedure

- Request approval from the Program Manager when circumstances have occurred preventing completion of assessment activities within 180 days of the receipt of an application to become a certified family.
- Program Manager may approve an extension based on information contained in the request:

1. Completed requests for extension include information of the circumstances that prevented the completion of certification assessment and activities not completed as well as a plan to ensure completion within a reasonable amount of time. Supervisory approval is required prior to submitting the request to the program manager.

Supervisor's Role

- Ensure certifiers are managing their time and workload appropriately;

- Ensure certifiers keep you informed in advance when it may not be possible to complete an assessment within 180 days;
- Provide mentorship and coaching when workers need additional support or training;
- Review all management approvals for additional time and assess the appropriateness of the request;
- Review and approve all appropriate requests for Management Approval for Specific Certification Rules, CF 0117, prior to submission to the next approval level.

D. 180-day Temporary Certificate, Extension

- Level of approval required:
  1. 30-day approval — Supervisor
  2. More than 30 days — Child Welfare Program Manager

Procedure

- Document detailed information regarding the circumstances preventing the completion of all assessment activities within 180 days.
- Document activities not completed as well as a plan to ensure completion within the next 30 days.
- Complete the Request for Management Approval for Specific Certification Rules, and meet with the supervisor to review the request.
- Submit the request to the supervisor for extending the Temporary Certificate for 30 days.
- If after the 30 days there continues to be extenuating circumstances so that the full Certificate of Approval cannot be issued, meet with the supervisor to discuss requesting an additional extension to the Temporary Certificate. If the request is granted that an additional extension is needed, the program manager evaluates the request based upon:
  1. Circumstances justifying an extension beyond 30 days; and
  2. The certifier's plan to complete the assessment within the requested period of time (stating amount of additional time likely needed).

Supervisor's Role

- Ensure the following:
  1. Certifiers are managing their time and workload appropriately.
  2. Provide mentorship and coaching when a certifier needs additional support or training in completing timely work.
  3. Review all requests for additional time and assess the appropriateness of each request.
  4. Review requests for Management Approval for Specific Certification Rules, CF 0117, and approve each request prior to submission.

E. Applicants who Provide Adult Foster or Adult Day Care

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- When an applicant is also an adult foster care or adult day care provider, there are several steps required prior to certification. Most of the difficulties for these applicants are due to the administrative rules for conducting criminal records checks on adult foster care or adult day care clients in the home. Assess the need for certification of this specific home prior to proceeding with certification , and consult with the Foster Care Coordinator when necessary. These certifications are rare and usually occur when the applicant is a relative to the child needing substitute care.
- The certifier contacts Community Developmental Disability Program (CDDP) Foster Care Certifier/ Licenser to request obtaining criminal history for the adult day care or foster care clients in the applicant's home and forwards the 1011F form to the adult's CDDP Services Coordinator to fill out and obtain consent for the 1011F form.
    1. If the adult is their own guardian and is capable and willing to give consent, the CDDP Services Coordinator obtains consent from the adult and proceeds.
    2. If the adult is their own guardian and declines to give consent, the CDDP Services Coordinator stops the process, and the certification process ends.
- When an adult has a legal guardian who provides consent, the CDDP Services Coordinator follows the described process for securing a criminal history background check.
- If the adult's legal guardian declines to give consent, the CDDP Services Coordinator stops the process, and the certification process ends.
- When an adult is their own guardian but is unable to give consent, and a family member provides consent, the CDDP Services Coordinator follows the described process for securing a criminal history background check.
- If the family member declines to give consent, the CDDP Services Coordinator stops the process, and the certification process ends.
- When an adult is their own guardian, is unable to give consent, and does not have a family member or legal guardian from whom consent can be obtained, the adult's CDDP Services Coordinator requests consent from the adult's Individual Service Plan team.
- If the ISP team declines consent, the CDDP Services Coordinator stops the process, and the certification process ends.
- When an adult resident's background check is approved by Background Check Unit (BCU), the assessment of the applicant continues.
- When BCU does not approve an adult resident's criminal history, the child welfare certifier and supervisor will determine whether to pursue local office and administrative exception as outlined in policy, OAR 413-120-0400 thru through 413-120-0470.
- When a request for exception has been approved:
    1. A copy of the completed, approved exception will be sent to the CDDP services coordinator.
    2. The approved exception will be maintained in the provider's certification record at the Child Welfare local office and at the CDDP.

3. The CDDP will send a copy of the approved exception to the Developmental Disability Services (DDS) certification/licensing coordinator to be included in the provider's certification record.
4. The CDDP will send a copy to the DDS certification/licensing coordinator to be included in the provider's certification record.

Supervisor Role

- Provide support and direction to the assigned certifier.
- Actively participate with the:
  1. Community Developmental Disability Program
  2. ISP teams, and
  3. DDS services coordinator assigned to adults in this home. Provide and receive additional information that will contribute to decision making.
  4. Assist in the assessment of the functioning of adults living in the home.
  5. Provide the approval to proceed with management approval when it is deemed appropriate.

F. Applicants and Certified Families who Provide or Intend to Provide Child Care

- When a family currently providing child day care applies to become a certified provider, a thorough assessment should be completed to ensure the safety and well-being needs of both the foster children/young adults and the children being cared for in day care. This also applies when a certified family informs the certifier of their intent to apply for a family day care license.
- Child Care DivisionThe Early Learning Division (ELD) licenses and regulates child care facilities. Child care regulations contain basic health and safety standards for child care facilities and family day care, including the number and ages of children. When a child day care provider also provides foster care, the individual is responsible for including the number of foster children/young adults and the number of day care children. That total cannot exceed the number of children they have been licensed to care for by ELD. Child Welfare cannot give permission to waive the child care regulations or approve or deny anyone from providing day care.

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- When a certified day care provider applies to become a relative or regular foster care provider, secure a release of information from the applicant to the ELD allowing contact to learn the history and status of this child care provider relating to safety and well-being of children.
- Consider child specific applicant's relationship to the child(ren)/young adult(s) for whom they are seeking certification.
- Assess the applicant's or certified family's skills and abilities, along with the specific needs of the child(ren)/young adult(s) being considered for placement or currently placed in the home.

- Consider the potential number and ages of children/young adults in the home when an applicant or certified family plans to provide both foster and day care.
- Assess the applicant's or certified family's plan for supervision of the children/young adults in the home.
- Consider the known behavioral or medical issues of the child(ren)/young adult(s) placed in the home or those being considered for placement.
- Consider any prior child safety concerns, assessments or other caregiving concerns during the period of time the family has been certified.
- Complete assessment of information gathered, and based on the assessment, determine if the applicant or certified family is able to meet the needs of both foster youth and children in the home receiving child care.
- Maintain contact with the ELD for updates, including concerns and total number of children in the home.
- Meet with the certification supervisor, review the assessment and recommendation.

Supervisor Role

- Determine if the assessment and recommendation to approve this individual providing both day care and foster care is thorough and the certifier sought input from caseworkers and other appropriate parties.
- Approve or deny the request, and if approved, submit to the Child Welfare Program Manager for approval.
- Direct the certifier to monitor this home closely.
- Ensure the certifier maintains contact with the ELD and reciprocal sharing of concerns or changes in the certified family's home.
- Ensure the certifier has informed the certified family of reporting any changes in circumstances or plans to increase or decrease the number of children in day care.
- Exercise caution when additional children will place this home over capacity.

G. Family Requests to be Certified by Local Office in Another County

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- Approval is required from the local office in which an applicant family resides when the applicant family is certified in another county or local office within a district.
- Approval to proceed is required prior to beginning the expedited certification process. Commonly, an applicant family is applying for certification for the placement of a relative child or sibling group. Some counties/districts have developed intercounty agreements for situations such as this. If that is the case,

a CF 0117 is not needed prior to the approval to proceed.

- The certification supervisor from the county having custody of the child, for whom the child specific certification is needed, contacts the local office certification supervisor in the applicant's county of residence to determine local staff ability to conduct an expedited certification within the requested timeframe.
- When completion of an expedited certification process is needed before staff in the applicant's county of residence obtains written approval, request verbal approval from the supervisor to proceed with requesting Management approval. Approval may come from the Child Welfare Program Manager or Child Welfare Certification Supervisor.
- Complete the Management Request using CF 0117 form, documenting the justification for the request.
- The Child Welfare Program Manager or Child Welfare Supervisor reviews the request and notifies the worker or certification supervisor of the decision.
- A Temporary Certificate can be issued once management approval has been given.

Supervisor Role

- Certification supervisors in both the county in which the applicant resides and the county having custody of the children confer and determine how to proceed based on certifier availability.

H. Exempting Attendance to Foundations Training for General Applicants

- Foundations training must occur before or within 12 months of an issued certificate unless the applicant has written documentation of completion of equivalent training within in the past two years from the date of the current application.

Level of Approval: Certification Supervisor

Procedure

- Request documentation from the applicant(s) to demonstrate the curriculum completed and evaluate its equivalency to Oregon's Foundations training.
- Assess the family's parenting and caretaking skills related to the Foundations curriculum content. Does this family already have sufficient mastery of skills covered?

NOTE: Discuss with the family their understanding of caregiving as it relates to their understanding of parenting children who have been abused/neglected. Ask prompting questions around "what if" scenarios to assess their understanding and what they may do in certain situations.

- Prepare and submit to the certification supervisor the request for Management Approval for Specific Certification Rules, CF 0117, exempting the family from taking Foundations training. If this is a Child Specific family, include the proposed training plan.
- Complete the development of an individualized training plan, including subject areas required by administrative rule, when approval has been obtained.

NOTE: Waiving Foundations training does not equate to the family not having any training requirements. The family is still responsible for completing training requirements.

Supervisor Role

- Determine if there is sufficient information based on the family's skills and prior experience caring for this child to approve the request to exempt the family from taking Foundations training.
- Review the proposed individual training plan; determine if the plan is sufficient to meet the special needs of the child placed in this family's home.

I. Exempting Attendance to Foundations Training and Approval of Individualized Training Plans for Providers Who Hold a Child Specific Certificate

- Exceptions to the required Foundations training is rare. It may be granted when the applicant is a relative of the child coming into care with extensive experience in child rearing or a relative who has provided care to the child prior to Department and court involvement with the family.
- Individualized training plans are developed with families holding a child specific certification and having placement of a child with few specialized needs, a consistent relationship, the skills and knowledge to generally parent the child adequately without attending Foundations training and in situations where attending Foundations training would cause a hardship for the family.

Level of Approval Required: Certification Supervisor

Procedure

- Determine, with the assigned caseworker, the strength of the relationship between the child and relative.
- Consider whether the family has previously been responsible to provide primary care of the child. If known, was the care provided appropriate and without concerns?
- Meet with the family and assess the ability and desire to work with Child Welfare, the relationship with the child placed in the home, and understanding and willingness to meet the child's needs.
- Assess the family's history and current functioning with consideration given to:
    1. Having no prior child abuse history;
    2. Motivation and understanding of the specific child's needs and has demonstrated they are fully capable of meeting those needs.
- Meet with the supervisor and determine if the applicant meets the criteria for this type of specialized training plan.
- If the decision is no, work with the family to schedule attendance at Foundations training.
- If the decision is yes, prepare an individualized training plan for the family.
- In preparing the individualized plan, the certifier can meet with the family to gain additional information on matters of importance to the family in terms of caring for the specific child and can incorporate

some of the Foundations classes when they may be appropriate.

NOTE: If the family has been issued a Temporary Certificate, the individualized training plan must be created within 90 days of the issuance of the Temporary Certificate. An individual training plan must be completed prior to issuing the full Child Specific Certificate of Approval.

- Provide the CF 0117 for exempting the Child Specific applicant from completing Foundations training, documenting the justification for this plan, along with a copy of the completed training plan developed with the family to the certification supervisor.

NOTE: Some relatives may interpret training requirements to mean Child Welfare does not understand, accept or respect the nature of their relationship with the child, or they may feel they know the child well and feel insulted by the requirement to attend classes. Sharing with the family what is known about the unique challenges relatives face when a related child has experienced abuse and neglect can be helpful to the family. The relatives may not have seen some behaviors before or recognized these behaviors as trauma related. Try replacing the word "training" with "support," and encourage their participation.

Supervisor Role

- Review individualized training plans for the following:
  1. Does an individualized plan sufficiently address the certified family's need for support and education?
  2. Is the plan realistic, and is the certified family in agreement?
- Encourage creativity when certifiers develop individual training plans.

J. Individualized Training for a Foster Parent due to Level of English Proficiency or Receptive Language Impairment

Level of Approval Required: Certification Supervisor

Procedure

- Several resources to assist certified families receiving required training are available for non-English speaking certified families and those who are receptive language impaired. For example:
  1. Translated materials;
  2. Interpreters and interpretation services;
  3. Interpretation equipment;
  4. Internet resources;
  5. Smart phone language translation technology; or
  6. Local community resources
- For additional information about translation resources, see Section 6 of this chapter regarding training.
- Meet with the supervisor to staff the case, and determine if the family needs some type of translation or interpretation services to attend training.

- If translated training is needed, complete the management approval form describing the need for the specialized translation or interpretation services.
- Provide the CF 0117 along with a copy of the completed training plan developed with the family to the supervisor.

Supervisor Role

- Review all plans; provide feedback and additional resources.
- When training plans do not include a variety of appropriate topics, review with the certifier, and determine what should be added.
- Approve completed training plans.

K. Request for an Alternate Training Program for a Potential Adoptive Resource

Level of Approval Required: Adoption Program Manager

Procedure

- A family selected to adopt a child in the custody of the Department who has a home study approved by the Department or an Oregon private adoption agency must have completed Foundations training or have approval from the adoption program manager for an alternate training program.
- The Adoption Program accepts certification and training standards for out-of-state and out-of-country applicants and does not require Adoption Program Manager approval.

Supervisor Role

- Maintain a current list of Oregon private adoption agencies whose training programs have been approved by the Department Adoption Program Manager.
- Assist the certifier in obtaining adequate training information from private agencies whose training programs do not have prior Department approval.
- Review and assess the private adoption agency's training curriculum material prior to requesting approval from the Adoption Program manager.

L. Relative Caregiver 18 Through 20 Years of Age

- When a relative applicant is 18 to 20 years in age, approval must be granted prior to issuing a 180-day Child Specific Certificate of Approval and placing children in the home.

Level of approval required: Child Welfare Program Manager or Designee

Procedure

- Conduct criminal history and a child abuse background check.
- Conduct a preliminary assessment by considering the following:
    1. Relationship with the child or sibling group being considered for placement;

2. The individual's regular contact with the child or children;
3. History of unsupervised and overnight visits;
4. Level of commitment to the child or children;
5. Willingness to proceed with a home study and work cooperatively with the Department;
6. Established ability to exercise sound judgment and demonstrate responsible, stable, emotionally mature behavior;
7. Possess the ability to manage their home and personal life;
8. Sufficient maturity to provide appropriate structure, supervision, a safe environment, willing and able to support the child's educational, medical, mental health needs and work cooperatively with the department;
9. The ability to meet any special medical, mental health, educational needs of the child(ren); and
10. The difference in age and maturity between the relative and the child(ren).

- Determine, based on this preliminary assessment, if the individual appears to possess the qualities necessary to provide care for the children being considered for placement.
- Staff with assigned supervisor and together assess the individual's abilities.
- When supervisor approval has been given, complete the Management Approval for Specific Certification Rules, submit to supervisor for signature, and at the supervisor's request, route to the Child Welfare Program Manager or designee for approval.

Supervisor Role

- Assess the information provided and the basis for the certifier's recommendation.
- Determine if the information provided is sufficient to make an informed decision.
- Determine if the request should be submitted to the Child Welfare Program Manager.
- Identify the level of certification supervision and support the relative will need to be successful and whether this is it a realistic plan.
- Regularly staff the relative caregiver with the assigned certifier to be alert to any issues

M. Placement from Other Agencies or Sources

- Certified families are required to notify their assigned certifier any time another agency has contacted them for the purpose of placing a child in their certified home*Level of approval required: Child Welfare program manager or designee*

Procedure

- When an inter-division agreement is in place, follow the procedures of the inter-division agreement.
- When such an agreement has not been negotiated, notify the agency or program requesting placement that placement must not occur prior to Child Welfare Program Manager's approval.
- Contact the agency or source and learn the basis upon which this request is being made. Some of the more common reasons, though not limited to those below, may be:

1. The child/young adult was previously placed with the certified family and the relationship maintained;
2. The certified family is committed to the well-being of the youth;
3. The child/young adult is related to the certified family;
4. The child/young adult has siblings placed in the certified family's home;

- Determine if there will be a supervision plan in place documenting agency responsibilities, supervision and payment.
- Determine the current functioning and service needs of the child/young adult in relationship to the certified family's skills to meet those needs.
- Assess the certified family's motivation and interest in having the child/young adult placed in the home.
- Determine if the child/young adult is likely to pose a risk to any child/young adult currently placed in the certified home.
- Is the certified family optimistic, and do the family members believe the child/young adult's transition into their home will be positive?
- Assess the functioning of children/young adults currently placed in the home; consult with caseworkers who have children/young adults placed in the home and together determine how this child/young adult is likely to fit considering current dynamics in the certified home.
- At the conclusion of this assessment, review the placement request with the certification supervisor and together determine if there is sufficient information and justification to request approval.

NOTE: If the certifier and supervisor have determined they want to request approval, be sure to include information regarding communication between the two agencies to prevent any unplanned placements or if an out-of-home care assessment is initiated.

- When the certification supervisor approves this placement, complete a Management Approval for Specific Certification Rules, CF 0117, providing detailed information supporting this placement, and submit the completed request to the certification supervisor for signature.
- Submit the request to the Child Welfare program manager or designee.
- Notify the private agency and the certified family when a decision has been made.

Supervisor Role

- Assess the thoroughness of the certifier's assessment and resulting recommendation.
- Direct the certifier to secure additional information prior to supervisory approval when needed to make an informed decision.
- Sign and process the management request when in support of the plan.
- Submit to the Child Welfare program manager when appropriate.

N. Barred Windows

- Barred windows are metal bars that are installed to prevent intruders from entering the home. When completing form 979, and Home Evacuation Plan, CW 0043, with the applicant(s), if the home has

barred windows, the windows must have operable, quick release mechanisms.

- Quick release mechanisms should be accessible inside the home and not be accessible outside of the home if the window were to be broken. The quick release mechanism should not require any special knowledge to operate. Ask the applicant(s) to demonstrate how the quick release mechanism works.
- If the barred windows do not have operable and quick release mechanisms, the Child Welfare program manager must approve the plan for evacuation.

Level of Approval Required: Child Welfare Program Manager of Designee

Procedure

- If the barred windows do not have operable, quick release mechanisms, assess the applicant(s) plan for escape by another means of exit and rescue. Document this plan on Home Evacuation Plan, CW 0043.
- Discuss the home evacuation plan with the supervisor and program manager to determine if this plan will be appropriate for the children/young adults who may live in this home. Complete a Management Approval for Specific Certification Rules, CF 0117, submit to supervisor for signature, and route to the Child Welfare program manager for approval.

Supervisor Role

- Assess the thoroughness of the certifier's assessment and resulting recommendation.
- Sign and process the management request when in support of the plan.
- Submit to the Child Welfare program manager for approval.

O. Extension of Respite Beyond 14 Consecutive Days

- Respite care is a formally planned arrangement between a certified family and a pre-approved respite provider to temporarily relieve the certified family from assuming the care and supervision of a child or young adult. Respite care may only be used for up to 14 consecutive days at a time.
  1. There are instances in which it may be appropriate for respite care beyond 14 consecutive days.
     - Examples may include:
       (1) Certified family has an 18-day vacation in which it would not be appropriate to change placement of the child for 4 days. Payment to the foster parent may continue, but IV-E monies may not be claimed after 14 consecutive days have passed until the respite period ends.
  2. Authorization for respite care beyond 14 consecutive days must have prior authorization.

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- Discuss with the certified family their plan for respite. Consider their request for respite beyond 14 consecutive days and if this is appropriate for the child/young adult they are caring for. Seek information regarding:
  1. Where the respite care will occur (in the certified family's home or in the respite providers home);

and

2. The certified family's knowledge regarding the respite providers' skills and abilities to provide care for the child/young adult for an extended period.

- In consultation with the supervisor, discuss the family's request for respite care beyond 14 consecutive days.
- Complete a Management Approval for Specific Certification Rules, CF 0117, including the rationale for extending respite care, submit to supervisor for signature, and route to the Child Welfare program manager for approval.
- If form CF 0117 is approved by the program manager, notify the district Title IV-E specialist regarding the time frame beyond 14 consecutive days being approved. IV-E may not be claimed during the period beyond 14 consecutive days until certified care resumes.

Supervisor Role

- Assess the thoroughness of the certifier's assessment and resulting recommendation.
- Sign and process the management request when in support of the plan.
- Submit to the Child Welfare program manager for approval.

P. 180-Day Home Visit Requirement Waived When No Child Remains in the Home

- When a certified family initiates Inactive Referral Status and children/young adults in care remain in this home, all certification standards and responsibilities remain in effect. The certified family must continue to meet certification standards and notify the Department when any required notifications go into effect during Inactive Referral Status. If while the certified family is on Inactive Referral Status, there are no children/young adults placed in the home, the certifier may request to have the 180-day home visit waived. Activities for the assessment of renewal of a Certificate of Approval may not be waived.

Level of Approval Required: Child Welfare Program Manager or Designee

Procedure

- If no children/young adults in care remain in the certified family's home and a 180-day home visit is coming due, the certifier may request to waive the 180-day home visit requirement.
- Complete a Management Approval for Specific Certification Rules, CF 0117, and submit to supervisor for signature, and/or the Child Welfare program manager for approval.
- Document the approval in a provider note, indicating that the 180-day home visit was waived and the management approval may be found in the File Cabinet of the provider record.

Supervisor Role

- Assess the thoroughness of the certifier's assessment and resulting recommendation.
- Sign and process the management request when in support of the plan.

Forms

CF 0034 Report of Certified Caregiver Training for Credit

CW 0043 Home Evacuation Plan

CF 0117 Management Approval for Specific Certification Rules

CW 0994 Supervision Plan

CF 172 PCSA Personal Care Services Assessment

CF 172 PCSP Personal Care Services Plan

DHS 1011D Criminal History Exception Request

CF 1011F Consent for Criminal Records and Fingerprint Check

Child Welfare Policy

Division 200 Requirements Regarding Contested Case Hearings
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Child Welfare Policy Division 200 Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

Child Welfare Policy Division 200 Responsibilities for Certification and Supervision of Foster parents, Resources Relative Caregivers and Approval of Potential Adoptive

Division 020 CANS Screening and Enhanced Supervision

Division 090 Personal Care Services

Division 120 Adoption Applications, Adoption Home Studies, and Standards for Adoption

Child Welfare Policy Division 120 Criminal Records Check Requirements for Relative Caregivers, Foster parents, Adoptive Parents, and other Persons in Household

Chapter 8

Section 5: Managing Certified Homes

Managing Certified Homes

The Department is responsible for managing substitute care resources. These responsibilities include:

- Ongoing assessment to ensure the certified family is in compliance with certification standards and is providing safe and protective care;
- Support for continued professional development through ongoing training;
- Support for individual certified families who need additional support;
- Providing information and guidance to certified families regarding their role and responsibilities for the child placed in their home, and their rights as a certified family.

Contact Requirements

Procedure

- The certifier must conduct a home visit with the certified family at the following points in time:
  1. At least once every 180 days to support the relationship with the certified family, confirm a safe environment is provided, and assure compliance with certification standards.
     - Face to face contact must occur with at least one certified individual, and at least verbal contact with both certified adults.
     - When a certified family is on Inactive Referral Status and no child or young adult is placed in the home the 180 day visit requirement may be waived by the Program Manager or designee. Use the ce117, Management Approval for Specific Certification Rules to document the approval.
     - If a two-parent certified home, face to face contact must occur with one of the certified parents, and at least verbal contact with the other certified adult. At renewal, the certifier must see all members of the household.

NOTE: Although not required to see each child (including foster children/young adults) and adults living in the household at 90- and 180-day home visit contacts, it is always good practice to do so. Seeing children and adults who live in the home provides the certifier with a greater understanding of family dynamics and ability to confirm safe environments.

     - Document in the Provider Record of OR-Kids, the certified family's compliance with certification standards and confirmation that conditions in the home appear to provide for the safety, health and well-being for the children in the home.
  2. At least once every 90 days whenever a Temporary Certificate of Approval is effective.
     - If a two-parent certified home, the certifier may see only one of the certified parents at 90-day home visit contacts.
  3. At least once every 90 days whenever a certified family has been approved to exceed the maximum number of children in a home.
     - The visit occurs to ensure the certified family continues to demonstrate the skill and ability to provide safe and protective care for every child placed in the home.
     - The visit occurs whether or not the number of children in the home exceeds maximum capacity at the 90-day point in time. In other words, contact is required because of

approval, not because of the number of children in the home at the time.

- If a two-parent certified home, the certifier may see only one of the certified parents at 90-day home visit contacts.
  - *(1)* The 90-day contact requirement ends when the approval to exceed maximum capacity is rescinded.

4. When assessing a certified family for renewal
5. When the composition of the certified family's household changes.
   - If the change is due to an addition to the household, not including children placed by Child Welfare or another agency, the certification worker has contact with the new member of the household. Consider the age of the new person of the household when determining the need for contact. For example, if the new member of the household is the result of a birth, it is not necessary to have contact with the new baby.
   - When a new adult has moved into the household, discuss with the certified family the role and contact he/she has within the family and contact. Obtain authorization to conduct the criminal history and child abuse and neglect history background checks and move through the background check process swiftly.

NOTE: Talk to certified families about their obligation to notify Child Welfare when someone joins or leaves the household. Whenever possible, the certified family should notify the certification worker in advance of a new household member. Certified families have up to one business day to notify their certification worker (or the certification worker's supervisor) of anyone joining or leaving the household.

   - When making contact with the family, assess the ability of the certified family to maintain conditions that provide for the safety, health and well-being for children with the new addition to the household.

6. At the completion of an assessment of child abuse or neglect when it has been determined that a Placement Support Plan is necessary for the certified family to maintain conditions that provide safety and well-being in the home.
7. If at any time it becomes known that a member of the certified family or member of the household is arrested or has a conviction that was not previously assessed, complete criminal records checks and make contact with the certified family.
8. Subsequent to the completion of a home visit, document in OR-Kids, provider notes, information gathered and assessed regarding the visit, the certified family's compliance with certification standards, and confirmation that conditions in the home appear to provide for the safety, health and well-being for the children in the home. Be sure to document any changes in the family dynamics and if/when respite is being utilized.
9. When developing a Placement Support Plan.

- Certifier contact with a certified family is advised:
  1. Whenever necessary to support the certified family in the difficult task of caring for a child or young adult placed in the home.
  2. Whenever a change occurs at the certified family's physical home that could impact the safety

of the environment or the health or well-being of the children in the home. This includes, but is not limited to, remodeling, adding a hot tub or pool as well as sustaining damage due to a natural disaster or fire.

3. During the assessment of a report of child abuse to describe the parameters of support available through the certifier during a CPS assessment.
4. A certifier may also have an occasional unscheduled home visit with the certified family to confirm the safety of the environment in the home. When considering an unscheduled home visit, consider the family's and children's schedules.

Ongoing Assessment and Confirmation of the Safety of the Environment

Procedure

For all casework staff, confirming safe environments is essential at each face-to-face contact with children and their caregivers. Use your experience and expertise to take into consideration the safety and well-being of the child(ren) in the foster home. Consider using Confirming Safe Environment tools to guide your assessment.

- Use every contact with a certified family as an opportunity for ongoing assessment of the family's ability to provide the conditions in the home that support the ongoing safety, health and well-being of children placed in the home, including:
  1. The certified family's adjustment to the children and the adjustment of the children placed in the home;
  2. The amount of care and supervision required for each child in the home;
  3. The certified family's contacts and connection with others in the community;
  4. The certified family's working relationship with the department;
  5. The certified family's follow through on their ongoing training plan.
  6. When the certified family is a relative, how the other extended family members are understanding the family's role in protecting the child;
  7. Whether the children placed in the home match the preferences and skills of the certified family;
  8. The relationships between the certified family (both the adults and the children) and the children placed in the home; and
  9. The level of stress the responsibility of substitute care giving adds to the home.
  10. When there were final desk guide ratings of 3, 4, or 5 in the initial or update home study assess whether the factors that lead or didn't lead to a lower mitigation score are still true and consider whether current functioning is impacted.
  11. The certified family's ability and willingness to provide the level of supervision required in a supervision plan, particularly when the child receives a Level of Care payment and therefore must have a supervision plan in place.
  12. The certified family's ability and willingness to provide the Personal Care services needed when a

personal care services plan is in place for a child or children in the home.

13. The certified family's ability to use positive forms of discipline and behavior management that are in compliance with the certification standards listed in OAR413-200-0358(1-5).

NOTE: What contributes to the makeup of a safe substitute care environment? Empathy * Attachment and Bonding * Reality Testing and Judgement * Nature and Motivation to Provide Care * Quality of Relationships and Interaction * Protective Capacity* Assess in your contacts with the certified family and the children placed in the home how the child(ren) lives in an environment that is supportive and if the child feels accepted. Look at the quality of the placement. Is the certified family attentive and understanding of the child's trauma and utilization of skills to parent the child? Assess the certified family's stress level, how they handle stress and if there are any circumstances in their own lives impacting how they parent children in their home. You must know how to confirm the safety of an environment before you can see, analyze, and act to confirm or address it.

- If one or more of the conditions in the home do not support ongoing safety, health and well-being of children placed in the home, work with the certified family to identify and implement strategies and resources to improve the conditions in the home.
    1. Share ideas and strategies that have worked with other certified families.
    2. Help the family understand changes that may need to be made in family schedules, routines, parenting or discipline techniques, understanding a child's behavior, etc.
    3. Connect with a child's caseworker if there are challenges with a particular child in the home.
    4. Encourage additional training or resources on a particular topic. Review upcoming training sessions in the local branch or other branches within traveling distance.
    5. Search for any resources available through the lending libraries.
    6. Check on training modules available through Foster Parent College.
    7. Encourage attendance at foster parent or relative caregiver support groups.
    8. Encourage the certified family to take some time for themselves, even if it's an evening away from the responsibilities of care giving.
- Document the contact, your assessment and any actions taken including but not limited to support provided to the certified family, training offered, placement changes, or certification actions in OR-Kids as a provider note.
- Schedule a home visit every 180 days.
    1. In your conversations with the certified family, assess the conditions that support ongoing safety, health and well-being of children placed in the home.
    2. Contact caseworkers of the children who have been placed in the home during the past six months for input on the care the certified family has provided to the children. Be sure to assess any areas of the certified family's care giving which were raised as a concern.
    3. Review the Safety Assessment of the physical environment and walk through the entire home. Confirm continued compliance with certification standards.
        - If there is an infant placed in the home, observe the sleeping area for the infant and verify with the certified family that Safe Sleep requirements are being followed. The sleeping

environment for infants currently or prospectively placed in the home must be observed at renewal and documented in provider notes.

4. Review the certified family's follow through on the training plan. Support and reinforce ongoing training and professional development.
5. Seek input from the certified family on additional supports or resources that would be helpful in their work as caregivers. Encourage involvement with other certified families.
6. Work with the certified family to identify and implement strategies or resources to improve the conditions in the home when appropriate.

NOTE: When documenting the result of the home visit, the certification worker should consider the following information:

- Who the certification worker met with, including all certified individuals as well as any children currently placed in the home
- Observations of the physical environment
- Any family changes or stressors that impact the certified home
- Any certification standards not in effect and the plan to assist the family to meeting the certification standards
- Any special circumstances such as a placement support plan, in-home services to assist the child, or the home is overfilled and the developed plan for these circumstances
- Certified family's relationship with Child Welfare and other community partners
- If any children are on prescribed psychotropic medications and if these medications have changed since the last home visit
- If any children placed in the home receive and Enhanced Supervision or Personal Care rate , review of both of those plans
- How the certified family is applying the Reasonable and Prudent Parenting Standard
- Review the family's training plan.
- Schedule a home visit every 90 days when management has approved the certified family to exceed maximum capacity.
    1. In your conversations with the certified family, assess the conditions that support ongoing safety, health and well-being of children placed in the home.
    2. Consider contacting the caseworkers of the children who have been placed in the home during the past three months for input on the care the certified family has provided to the children. Be sure to assess any areas of the home or environment or the certified family's care giving practices which were raised as a concern.
    3. Seek input from the certified family on additional support or resources that would be helpful in their work as caregivers.
    4. Assess compliance with certification standards and the safety, health and well-being of all children placed in the home.

5. Document the assessment and any actions taken as a provider note in OR-Kids.

- When a caseworker or a screener reports a concern regarding the conditions in the home (a concern that is not a safety threat to a child).
  1. Follow the directions for the Certification, Safety and Well Being Procedure.
- Unscheduled Visits
  1. There may be times when you are in a neighborhood, or for other reasons, you may want to visit the family at a time that has not been previously scheduled with the certified family.
  2. When making an unscheduled visit, respectfully acknowledge your interruption of the certified family's schedule and routine, be specific on the reason for your visit, and ask if you can take a bit of the certified family's time for the visit.
  3. Following the visit, document the contact and any observations or actions taken in the Department's Or-Kids information system as a provider note.

Contact considerations when an individual joins or leaves a household.

- General Assessment of new members of the household
  1. Ensure completion of criminal background checks and child welfare checks for new adult members of the home. When history is found, the certifier conducts an assessment of the history as described in the Assessment section of this chapter. If appropriate and after the assessment is complete, the certifier requests the required management approvals for the background history.
  2. Consider whether there is reason to request a juvenile background check when the new member of the household is a minor.
  3. Assess the current functioning of the new member of the household via interviews with the new adult and the certified family.
  4. Assess whether the certified family can ensure that the new member of the household meets certification standards listed in OAR 413-200-0308(3)(i)(A-D).
- There are other unique situations upon when an individual joins or leaves the household. Although these particular examples are not all-encompassing, they should provide the certification worker with an idea of how to assess the newly discovered information. The certification worker should always reach out to the certification supervisor to discuss the situation in detail before moving forward. Examples include:
  1. Divorce
  2. Married couple, separated and living in different residences
  3. Single certified person gets married
  4. Significant other moves into the home
  5. Single certified person adds adult child to certification

Situation 1: Divorce

A certified family who goes through the process of divorce cannot continue to have both adults certified for the care

of the same child, unless they continue to live in the same residence. When one parent leaves the home, the certified family will need to make a decision about which of the certified adults will continue to be the certified family for the child.

- Ask the adult who will continue to be certified to complete an Application for Renewal or Change of Status (CF 1001). Update the provider record in Child Welfare's information system to reflect the new composition of the household, including deactivating the certified person who will no longer be on the Certificate of Approval. When deactivating the person leaving the home, select the reason of "Other" and document in a provider note why that member was deactivated.
- Reassess the individual's household and assess the individual's capacity to provide safe and protective care in a safe environment.
- Inform each child's caseworker of the divorce and the conclusions of the assessment in order that the caseworker can determine if continued contact with the previously certified divorced parent is in the best interest of the child.
- Update the home study or complete an addendum to the current study. If all certification standards can be met, recommend a new Certificate of Approval to the person who will continue to provide care to the child.
- Close the current certification of the two-parent certified family and create a new certification and Certificate of Approval.

Situation 2: Married couple, separated and living in separate residences

A certified family that goes through marriage separation, is living at separate residences and has a foster child in their care. The certified family must notify their certifier of anyone leaving the household.

- Further conversation and assessment needs to occur with both certified members about the current situation around their separation and intentions. Ask the family:
  1. How long do they anticipate the separation?
  2. Are they pursuing divorce?
  3. Do they both want to continue to be certified?
  4. Do both members wish to have parenting time of the foster child?
  5. What does childcare look like if both certified members are living in other residences?
  6. Will the foster child be staying at both residents? If so, which residence should be the certified home?
- If the family is proceeding toward divorce, please follow the instructions for divorce above in situation 1.
- If the family describes working on their marriage, the separation is temporary, and both members want to remain certified, the certifier should staff their assessment with their supervisor. The family could remain certified together but would need to continue their training requirements for both certified members as well as be present for 180-day home visits. The certifier also needs to consider if the certified member leaving the home results in an overfill capacity situation that would necessitate a management approval.

- From the information gathered and assessment, the certifier should contact the child's caseworker and discuss the appropriateness of the home, including if it is in the child's best interest to remain with the certified family.
- The certifier should document the assessment in an OR-Kids provider note as well as the decision made.

Situations 3 and 4: Single Certified Member gets married; significant other joins the home

- The certified family member must notify their certifier of any individual joining the household. Married and cohabitating couples must both be applicants unless Program Manager approval is given for unique circumstances.
- When a single parent marries or their significant other moves into the home, the current certificate (single) should end. The couple would complete a new application and be assessed. If there are children in the home, and it is necessary to do so, a temporary certificate may be issued. The certified family should have notified the certifier of the intent to get married. At that point, the certifier should explain the Department's requirement that married couples and romantic partners who reside together must both be certified. If the new partner is unwilling to participate in the certification process, discuss the options of: voluntarily terminating their certificate or staffing the case for revocation.

NOTE: Why a new application? This is considered a new family composition with the addition of the spouse/significant other, which means the certification worker needs to assess the new applicant and the couple as a whole. This is not considered a renewal or change of status as it is a new family composition.

- The local office has the decision to conduct its assessment of the home in an expedited process. If this is a child specific certificate and the foster child is in the home, to continue with a valid certificate of approval, the branch can proceed with expedited assessment activities (413-200-0274) and issue a Temporary Certificate for up to 180 days.
- Close the previous certificate for the initial certified family in OR-Kids; add the spouse/significant other to the provider record; issue a Temporary Certificate; and document expedited approval on the new home study, as this is the first time the couple is being assessed together.
- Continue to assess the new family composition, using the Questionnaire 1 and 2 for couple, gathering new references, conducting new criminal history checks, and new child welfare checks for both applicants.
- Complete a new home study regarding this couple. Reference the applicant's previous home study prior to the marriage/significant other joining the home.
- If after the full assessment is completed and the branch is proceeding to approve this family, issue a full two-year Certificate of Approval.

Situation 5: A certified individual wants to add an adult child as a certified member

A single adult and an adult child applying to become a certified family.

- Cohabitating couples must apply together. In this scenario, the adult child living in the home does not fall under the definition of cohabitating couple. The certifier should discuss with the parent/adult child the reasons both would like to be certified and consider ramifications of proceeding. What length of

time do they anticipate they will live together? Is their permanency planning including complications that may occur? Are they both truly planning to co-parent? If the decision is to pursue joint certification, the certifier must:

1. Provide an application and have them complete it as Applicant 1 and Applicant 2. All assessment activities with any new application should be done with both applicants. Initiate the necessary criminal and child abuse checks and criminal history for both applicants.
2. Provide both Single Applicant Questionnaires 1 and 2 to applicants and follow certification process. Interview the applicants separately for questionnaire 2 as done for couples. Discuss with the applicants how they will handle disagreements regarding parenting, finances, or any other conflict that may arise.

- A currently certified single adult and their adult child would like to be certified together.
  1. Discuss the reasons for wanting to be certified together as in a) above. If the decision is to pursue the certification of the adult child, the following process is completed:
  2. Both adults would complete a new application as Applicant 1 and Applicant 2. If the current single certified adult parent has a certification open, keep the existing certificate open until the certification worker has completed the assessment process of both applicants. The adult child would not be considered certified until the entire home study process is completed and they are approved as co-applicants with a new certificate in both adults' names issued.

NOTE: Why would a certification worker keep the current certificate open while assessing both applicants? Proceeding in this way prevents ending the current certificate and issuing a Temporary Certificate in the interim time, a situation which would prevent Child Welfare from utilizing IV-E funding during that expedited assessment period. Since an adult child living in the home isn't required to apply, we can keep the existing certificate open while determining if a new certificate will be issued, with both individuals becoming certified.

- All assessment activities associated with a new application for certification should be done. Initiate the necessary criminal and child abuse checks for the adult child as an "applicant" for the first time; update the criminal history and child abuse checks for adult as part of the new application process.
- For the adult child, complete Questionnaire 1 and Questionnaire 2. For the adult parent, complete an Update Questionnaire. The information gathered during interviews and information you knew previously regarding the adult parent can be reflected upon a new home study. Do not use the "Update Home Study" template as the adult daughter/applicant is new and has not been studied.
- When the assessment of the family is completed, and if this family has an approved home study, terminate the adult parent's single certificate and issue a new two-year certificate for both applicants.
- Assessment of visitors to the household:
  1. When the certified family has guests staying in the home for a short period of time, no background checks are required or authorized.
  2. Ask the certified family how long the visitors will be staying, what the sleeping arrangements will be, and whether the visitors will be providing any babysitting or respite care. Complete the required background checks for respite care providers if the visitors will be providing respite care.

3. When the visitors are staying for more than a few weeks or stay beyond the planned amount of time, consider them as additional members of the home and follow the procedure for assessing new members of the household. Examples might include but not be limited to:
   - A college student coming home for the summer
   - A friend or family member staying beyond a few weeks while looking for housing.
4. When the certified family has family or friends who frequently visit the home, no background checks are required. If the frequent visitors are staying the night on occasion, ask about sleeping arrangements and whether the visitors will be providing any care to the children in the home.
5. It is the responsibility of the certified family to ensure that all visitors to the home are safe and appropriate persons to be around foster children. When there is cause or reason to be concerned about those frequenting the home or the certified family's ability to exercise sound judgment in this area comes into question, the Department has discretion to do background checks:
   - Consult with your supervisor.
   - Consider convening a Certification, Safety and Well-Being Review Committee to discuss concerns and form a plan to ensure the safety of the children placed in the home, which may include removal of the children in extreme situations.
   - Consider consulting with the Foster Care Coordinator.

Supervisor's Role

- Ensure the certifier is conducting the required contacts, ongoing assessment of the safety of the environment, assessment of the safety, health and well-being of the children, and completing required documentation.
- Staff cases with the certifier during regular supervision and when concerns arise.
- Advise the certifier on actions and resources for a certified family that needs support.

References and Forms

OAR

Division 200 Responsibilities for Certification and Supervision of Foster Parents, Relative Caregivers, and Approval of Potential Adoptive Resources
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Division 200 Department Responsibilities During Screening Assessment of a Child Abuse or Neglect Report Involving the Home of a Department Certified Foster Parent or Relative Caregiver
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Forms

CF 1267 Placement Support Plan

Respite Providers, Child Care and Babysitters

Overview

The Department supports foster parents' use of respite care, child care and babysitters. Respite care is a formal planned arrangement to relieve a certified family's responsibilities by an individual temporarily assuming responsibility for the care and supervision of the child or young adult and can range anywhere from part of a day up to 14 days. Child care is the supervision of a child by a licensed, approved or listed caregiver required due to employment or education program of the certified family. Babysitting is the provision of temporary, occasional care for a child or young adult that is not longer than 10 consecutive hours and not overnight. If the temporary care is longer than the 10 consecutive hours, is overnight, or is shorter but is a planned formal arrangement, it falls under the definition of respite care. The importance in this distinction lies in the difference in the level of assessment required by the Department for each of these types of care.

Procedure for Assessing Potential Respite Care Providers

- When the certified family intends to use an individual for respite care, the assessment of potential respite care provider is the responsibility of both the certified family and their certifier. This is whether the respite provider was identified by the certified family, or if Child Welfare provided the certified family with potential respite provider resources. The certified family must assure that respite providers have the ability to meet the needs of the children. The certifier must conduct background checks and assess information from those checks.
    1. Check for criminal history using the signed consent for background check (1011F). If respite care will be provided in the respite caregiver's home, all adult members of the prospective respite caregiver's household must have criminal background and child welfare background checks completed as described in this section. Fingerprint results must be obtained if:
        - The individual has ever been arrested, charged, or convicted of a crime.
        - The individual has lived outside of Oregon in the previous 5 years.
            (1) A respite provider may be used prior to receiving fingerprint results. If there has been criminal history, either self-disclosed or show on the LEDS background check, a management approval must be obtained prior to the individual providing respite care.
    2. Check for child welfare history, including checking other states in which the individual has lived in the previous 5 years. The Background Check Unit (BCU) will initiate these requests upon receiving the 1011F and fingerprint cards.
    3. Assess any criminal history or child welfare history and determine whether to seek management approval for the individual to provide respite care.
    4. If criminal or child welfare history is found, the certifier, in consultation with the certification supervisor, determines whether to continue the assessment or deny the request to use the individual for respite care.
    5. If the decision is made to continue the assessment of the individual, interview the potential respite care provider to assess the criminal or child welfare history and follow the procedures outlined in Section 3, Assessing Criminal History and Child Abuse History, of this chapter.
- When the certified family intends to use an individual certified as a foster parent for the purpose of

respite care, the certifier for the certified family who intends to provide the respite care is responsible for the assessment.

1. Determine whether the certified family who is going to provide respite has the skills to meet the children's needs.
2. Determine whether providing respite care to additional children would impact the certified family's ability to provide for the safety, health, and well-being of the children already placed in the home.

NOTE: When assessing this information, take into consideration the needs of the current children in the home and needs of the children needing respite. The certification worker should staff with the certification supervisor about the unique needs of the children in the home and any impacts additional child would place on the certified family.

- When the certified family intends to use a licensed, registered, or approved childcare center, no assessment is required by the certifier. However, ensure that the caseworker is aware of the plan and supports the plan.
- If the certified family intends to use an individual exempt from licensing requirements from the Office of Child Care and is not listed through SSP, the certifier must conduct the background checks described above for respite providers.
- The assessment of potential babysitters is the responsibility of the certified family. The certified family must be reasonably sure that persons chosens for babysitting does have child welfare or criminal history or the other behaviors or circumstances that would pose a risk to the safety, health, or well-being of the child/children.
- When it becomes known to the certifier that a potential or current babysitter for a certified family may have some child welfare or criminal history or some other behavior/circumstance that could pose a risk to the safety, health, and well-being of the child/children being babysat, the certifier has the discretion to require a background check be completed by Child Welfare prior to further use of the babysitter. When unsure of what circumstances under which to exercise this discretion, consult with the certification supervisor who may also decide to consult with the Foster Care Coordinator.
- When alternative care is going to be used in which the only access to a working telephone is the a cell phone, the certifier ensures that there is a plan for the alternative care provider to have access to a working telephone while providing respite care or babysitting.

Placement Support Plans

Placement support plans are designed as a process for child welfare to partner with a certified family in maintaining conditions that provide safety, health, and well-being for children placed in the home by the department. A placement support plan is developed when a certifier becomes aware that a certified family needs additional training or instruction to improve their care giving practices or the certified family is not in compliance with certification standards and the non-compliance does not compromise child safety. During a CPS Assessment of a certified family, Placement Support Plans should never be used in place of an Initial Safety Plan or Protective Action if there are Safety Threats or Present Danger identified.

NOTE: What is the difference between an Initial Safety Plan and a Placement Support Plan in a Department Certified

Home?

Initial Safety Plan	Placement Support Plan
• Initial Safety Plans (ISPs) should never be used with a certified family if the impending danger safety threat/s are more likely than not to still be present at the conclusion of the CPS Assessment. • When it's likely that more information may resolve an impending danger safety threat, the CPS supervisor may approve an ISP. ISPs should be time limited to allow for expedited information gathering. • Impending danger safety threats must be managed by safety actions/safety service providers that have been confirmed to be suitable. Never use a caregiver who is the alleged perpetrator to provide protection or any other adult who was aware of the threats to child safety and did not protect. • If at the conclusion of the CPS Assessment an impending danger safety threat remains, the ISP must be ended, and children must be removed. Ongoing Safety Plans can never be used to manage safety following the out-of-home care assessment	• Children are safe in the certified foster home. • Only used when the certified family needs additional support, training, services or resources to maintain safety and well-being of children in the home; or when certification standards are not being met. • Time limited agreement. • Plan outlines the supports the Department will provide to the certified family as well as any actions the certified family will participate in.

Procedure

- When the certifier learns that a certified family needs additional support, either through routine contact with the certified family during visits, during training or support groups, when the certified family is transporting a child to a family visit, or other contact with the certified family, consult with the certification supervisor regarding the certified family's circumstances and need for support to develop ideas to support the certified family.
- Gather additional information from the certified family, from children placed in the home (when appropriate), from caseworkers of children placed in the home, and from other collateral contacts that may have information regarding the conditions in the home or the care provided for the children placed in the home.
- Contact the certified family and arrange a meeting to talk about the circumstances existing or occurring in the home and the need for additional support or services for the certified family.
- Work with the certified family and others to identify actions and/or services that will assist the certified family in skill development, caretaking ability, and/or compliance with certification standards or other administrative rules.
- Work collaboratively with the certified family either in person or phone conversation to plan the services or activities in which the certified family will participate and what the department will do to support the certified family.
- Develop the written placement support plan that specifies:
    1. The actions or services in which the certified family will participate;
    2. Any actions or services Child Welfare will provide to support the family in maintaining conditions that provide safety and well-being for children placed in the home;
    3. The agreement that the certified family will participate in the actions or services;
    4. An agreement that the Placement Support Plan will be reviewed within 90 days; and
    5. An anticipated end date for the Placement Support Plan.
- Obtain the supervisor's approval of the Placement Support Plan.
- Provide a copy of the Placement Support Plan to the certified family, scan a copy and save to the file cabinet of the Provider Record in OR-Kids, and document a summary of the Placement Support Plan as a provider note.
- Send an email notice to caseworkers of each child placed in the home of the Placement Support Plan in the certified family's home.
- Maintain regular contact with the certified family to monitor effectiveness of the Placement Support Plan and ensure the actions and activities outlined in the Placement Support Plan are achieving the desired result.
- Review the Placement Support Plan on the designated review date. Ensure that the certified family can meet the needs of the children placed in the home and is in compliance with certification standards before ending the Placement Support Plan.
- When the Placement Support Plan has ended, document the end of the placement support plan in OR-

Kids provider notes and notify the caseworkers of each child placed in the home

Supervisor Role

- Consult with the certifier in the preparation of the Placement Support Plan.
- Review and approve the Placement Support Plan.

References and Forms

OAR

Child Welfare Policy Division 200: Foster Home Certification, Department Responsibilities for Certification and Supervision of Foster Parents, Relative Caregivers, and Approval of Potential Adoptive Resources
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Forms

CF 1267 Placement Support Plan

Sharing Information

About a child

- Child Welfare staff must notify the certified family of information about a child to manage child safety, to keep the members of the certified family safe, and to provide services to the child.
    1. Child placement information is given to the certified family by the child's caseworker on the Child Placement Information For Foster Care and Residential Placements" form CF6713 for, DHS child welfare placement information. This is accessed through the Department's information systems in Create Case Work > Placement Services > Child Placement information.
    2. The caseworker can also share information from evaluations completed on the child may also be shared. This may include evaluations such as:
        - Psychological evaluation,
        - Mental health evaluation
        - Educational testing results, IEPs or 504 plans, and
        - Written reports from other professionals.

NOTE: Copies of mental health and psychological evaluations should have information redacted that is not specific to the child. This includes any birth parent confidential information.

3. The child's family may also wish to share information regarding the child.

A child's social security number

- If requested, a certified family may have a child's social security number.

Note: Each year, about tax time, certified families ask whether foster children can be claimed on their personal income tax returns. Advise the certified family Child Welfare does not provide tax advice on income tax laws. You may refer them to the IRS website at http://www.irs.gov/ or the national foster parent association which often provides reference materials: http://nfpaonline.org/taxinfo.

About a Certified Family

- A certifier may disclose a foster parent's/relative caregiver's name, address, and phone number to the Oregon Foster Parent Association.
- A certifier may disclose foster parent/relative caregiver identifying information to a law enforcement agency for the purpose of a criminal investigation.
- A certifier may disclose information about a foster parent/relative caregiver when ordered by a court of competent jurisdiction.
- Other disclosures regarding a certified family's information cannot be disclosed without the certified family's permission or by court order.
- A certified family is given a copy of their SAFE home study and their SAFE Home Study Update. They can also have Medical Reports, and other documents they have completed and submitted to Child Welfare. The SAFE home study specifically states the sole purpose of the home study is for the

assessment of the family for the purposes of certification to provide foster care or adoption in the State of Oregon.

- A certified individual can have a copy of the Medical Report B (CF 1257B) or Mental Health Information (CF 1258), because this information is related to an individual's right to their to his or her own medical information under HIPAA unless information must be withheld from the individual if the information could cause harm to the individual or someone else.
- A certifier cannot disclose any other third party information in the family's certification file to the certified family.

When a Certified Family Moves

Certification of a family is tied both to their family assessment, as well as to their physical residence. When a foster family moves to a new residence, the certifier must note any concerns about the certified family's ability to meet safety, health and well-being of the child during the assessment. The certifier completes the following actions and should issue the certificate for the date that the application and CF 979 were signed by the certified family. As a certifier, encourage families to give Child Welfare as much advanced notice as possible prior to a move.

When a certified family moves to a new home in the same county

In each situation where a certified family moves, it is required to change the family's address in OR-Kids. Each time the certified family's address is changed, the certificate of approval is closed, and a pending certificate is created. A new address is created through the Provider Work option and going to the Maintenance drop down to create physical address. For more information about changing or maintaining an address or changing the designated branch, refer to OR-Kids online.

- When the certified family moves to another residence in Oregon, the Certificate of Approval automatically terminates. The Certifier has up to 10 business days to assess the new residence. The Department may issue a new Certificate of Approval for the new residence after the activities described in this section are completed.
- The certifier must:
    1. Provide the certified family a CF 1001 form, Application for Renewal or Change of Status.
    2. Communicate the move to all caseworkers involved in case planning for children in the home.
    3. Complete a home visit within 10 business days of the certified family's move, prior to recommending a Certificate of Approval for the family to the supervisor.
    4. Observe and assess the safety of the physical environment of the home and surroundings and document on form CF 979.
    5. Walk through every room in the home and each surrounding building
    6. Assess any concerns about the certified family's ability to meet safety, health, and well-being needs of a child or young adult. Also, document those assessment activities in the provider record.
    7. Document in OR-Kids, as a provider note, the circumstances of the family's relocation.
    8. Issue a new certificate once all certification items have been completed.

Note: If the new residence does not meet certification standards, the certificate of approval at the former address cannot remain in effect since it terminates with a move from the location. The certifier needs to take immediate steps to notify their supervisor and children's caseworkers who have children placed in the home, that the certificate terminated, and children cannot remain in this home.

9. Transfer the certification file to applicable child welfare branch according to district procedure when there are multiple branches within a district.

Role of Supervisor

- Review the certification file to confirm all steps of certification are complete.
- Contact the supervisor of the certification unit of applicable child welfare office if the file will be transferred.
- Issue a new certificate with new address, once certification is complete.

When a certified family moves to a new home in another county

When the certified family moves to a residence in another county in the State of Oregon, the Certificate of Approval automatically terminates. The department may issue a new Certificate of Approval for the new residence after the activities described in this section have been completed.

- The Program Manager, or designee, of the branch that last certified the family must:
  1. Coordinate with the Program Manager, or designee, of the district the certified family has moved to regarding the transfer of information, record, and any certification responsibilities. Any certification concerns should be discussed.
- After a certification file has been transferred to the receiving county, the sending certifier must:
  1. Communicate the move to all caseworkers involved in case planning for children in the home.
  2. Notify the local office responsible for certification in the area where the family has relocated.
  3. Arrange with the new local office the logistics of completing the requirements to certify the family.
- The receiving certifier must:
  1. Provide the certified family a CF 1001 form, Foster Home Certificate Renewal or Change of Status Request if it has not already been completed;
  2. Complete a home visit and complete a cf 979 within 10 business days of the move, and assess the home to ensure it provides an environment that provides safety and well-being for a child in the home, prior to recommending a Certificate of Approval for the family to the supervisor.
  3. Document in Department's information system the circumstances of the family's relocation in provider notes.
  4. When the sending office (the area from which the family is moving) accepts the responsibility to complete the actions required in 2, the home provider record is not transferred until the required actions are complete.
  5. The receiving child welfare office issues a new certificate once certification is completed.

Role of the Supervisor

- The issuing Child Welfare office's certification supervisor must notify the certification supervisor in the Child Welfare office in the county to which the certified family is moving of a family's move.

Note: The certification file and ongoing Department responsibilities are transferred to the Child Welfare office in the county to which the certified family is moving, unless the district manager or designee in the county to which the certified family is moving has approved department certification responsibilities remaining in the Child Welfare office in the county from which the certified family is moving.

- Notify the certification supervisor in the receiving county to discuss the certification transfer.
- Review certification file, before transfer, to ensure file contains all necessary certification documents.

When a Certified Family Moves Out of State

- When a certified family wishes to move out of the State of Oregon with a child in the department's custody, refer to Child Welfare Policy I-B.3.4.2, "Interstate Compact on the Placement of Children," OAR 413-040-0200 to 413-040-0330, and to Chapter IV, Section 13, Placement in another state.
  1. The caseworker and certifier must work together to:
     - Assess whether it is in the best interest of the child or young adult to move out of state with the certified family.
     - Inform the court of the plan for the child or young adult to move out of state.
  2. The certifier:
     - Reviews the certified family's certification to determine whether there are approvals for criminal history records or founded child abuse history, which could prevent the certified family being certified in another state. If so, contact central office ICPC staff or a Foster Care Coordinator and request additional information on whether the state to which the certified family will be moving has administrative rules that would prevent the family from being certified.
     - Notify the certified family regarding foster care reimbursement. Certified families who receive approval to move out of state with a child in their home, may continue to receive foster care reimbursement for that child for up to 180 days or until licensed or certified in the receiving state, whichever is earlier per child welfare policy, I-E.5.1, Maintenance and Treatment Payments. In addition, if a family is receiving a level of care payment, the caseworker will need to work with child welfare for the annual CANS screening that determines the level of care payment. The annual CANS screening may be completed by phone. .
     - Notify the family their reimbursement rate will continue to be based on Oregon's rates.

Note: Personal Care Services do not transfer to another state. The caseworker and the family will need to work with that state's Medicaid providers to determine how personal care services are offered in that state.

Role of the Supervisor

- Ensure the certification file contains all necessary ICPC approvals and applicable paperwork.

When a Certified Family Moves Out of State with a Child in DHS Custody with Developmental Disabilities Child Whose Placement is Paid Through the Office of Developmental Disabilities (ODDS):

- The ODDS program does not have an ICPC process. The best way to ensure a smooth transition is to have child welfare take responsibility for the family's certification, as soon as approval has been given for the certified family to move out to another state.
- Notify the certified family they will have to enroll the child in the receiving state's Developmental Disabilities program, as soon as possible after moving to the other state. The certified family will need to explore whether they need to become certified by the receiving state's Developmental Disabilities Program or through the state's Foster Care Program, as this differs from state to state.
- Contact central office ICPC staff or a Foster Care Coordinator and request additional information on administrative rules and the most appropriate program for the certified family in the state to which the certified family is moving.

When a Certified Family Moves Out of State with a Young Adult, Ages 18 through 20:

- The caseworker and the certifier:
  1. Work with ICPC to determine whether or not the receiving state's child welfare program provides services to a child 18 years or older. Some states will issue a foster home license or certificate, but will not offer services such as face to face contacts or 90 day reports.
  2. Report this information to the court, to assist in determining whether or not it is in the child's best interest to move to another state.

Legal References

OAR

Division 14, Privacy of Protected Information, including Uses and Disclosures of Client or Participant Information, Client Privacy Rights, and Minimum Necessary Standards
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_014.html

DHS privacy policies and procedures
http://www.dhs.state.or.us/policy/admin/privacylist.htm

Division 040 Interstate Compact on the Placement of Children
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_40.pdf

Division 090 Foster Care Payments for a Child or Young Adult Living with a Certified Family or Living Independently
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_90.pdf

Child Welfare Policy, Division 200, Foster Care Certification: Standards for Certification of Foster Parents, Relative Caregivers, and Potential Adoptive Resources
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Forms

CF117 – Request for Management Approval of Specific Rules

CF100A – Interstate Compact Placement Request

CF100B – Report on Child's Placement Status

CF1044 – Interstate Compact Financial/Medical Plan

Risk Management Claims

The state of Oregon provides property and liability insurance for foster children through Risk Management Division. Claims should be made as soon after the loss or incident as possible, but generally must be made within 90 days of the incident. Payments do not exceed actual cash value for property losses or 'economic' losses for injury. Many factors determine payment reimbursement limits, such as the damage or injury being intentional or unintentional, A certified family's own medical or disability insurance pays first for the injury claims. Risk management generally pays first for property claims. More information can be obtained from calling 503-373-7475 and at the Oregon Risk Management site online.

Role of the Certifier

- The certifier:
  1. Educates and informs certified families of the risk management procedure during the certification process (refer to Appendix 7.5).
  2. Ensures risk management forms are available to certified families.
  3. Ensures the child's caseworker is aware of the claim and process to ensure completion in a timely manner, when a family calls a certifier about a possible risk management claim,
  4. Promptly shares information in order for the claim to be processed within the reimbursement time frames when risk management calls the certifier to verify claim information.
  5. Staffs the case with the supervisor and risk management, if there are concerns about fraudulent claims.

Role of the Caseworker

- The caseworker:
  1. Makes the risk management form, CF 0003, available to the certified family upon request.
  2. Explains the process of risk management claims to the certified family.
  3. Notifies the certified family's certifier of potential of a risk management claim.
  4. Promptly shares information in order for the claim to be processed within the reimbursement time frames when risk management calls the caseworker to verify claim information.
  5. Staffs the case with the supervisor and risk management, if there are concerns about fraudulent claims.

Legal References

OAR

Child Welfare Policy III – A.2.2 Tort and Foster Parent Liability
http://www.dhs.state.or.us/policy/childwelfare/manual_3/iii-a22.pdf

ORS 30.297 and 30.298
http://www.leg.state.or.us/ors/030.html

Forms

CF 0003 Foster Parents/Relative Caregivers Notice of Claim

Chapter 8

Section 6: Training and Support

Training and Support

Overview

- Child Welfare supports initial and ongoing training for foster parents, relative caregivers and potential prospective adoptive resources to provide children and young adults with caregivers who:
    1. Are provided opportunities for training and support to effectively parenting care for a child/young adult in a trauma-informed manner;
    2. Have an increased understanding of the perceived behavior difficulties presented when children and young adults externalize or internalize the emotion and experience of abuse, which is their reaction to trauma; and
    3. Realize the importance of self-care while also meeting the safety, health, and wellbeing needs of children and young adults.

Prospective caregivers, certified families and potential prospective adoptive resources participating in training continue to develop skills to parent effectively. Training provides information and tools to assist children and young adults in processing the experience of removal from their family and supporting family ties. Training also allows prospective and certified families to problem solve issues in a safe environment with support from individuals experiencing similar challenges.

These procedures cover Orientation, Foundations, and ongoing training requirements for applicants, certified families, and pre-adoptive parents.

This section also covers the biennial training plans developed through each District regarding utilization of Child Welfare Partnership classes and other training resources available through the Department.

All certified families are required to participate in training activities. These training activities include:

- Orientation to child welfare and the role of a certified family,
- Foundations training that includes information relating to caring for the population of children and young adults served by the Department, and
- Ongoing training to enhance skills and abilities during the course of certification.

Orientation and Foundations training is provided by Department staff in the branch offices around the state. Some private adoption agencies also provide the Foundations curriculum.

Ongoing training can be obtained through a variety of sources. Some ongoing training is provided by Department staff with knowledge in areas such as addiction, mental health, medication management, or department rules and procedures. Other ongoing training is obtained through various community resources, collaborative efforts between the local branch offices and community partners, regional or national conferences, support groups, books and articles, and other electronic resources available on line or through various libraries.

Procedure

Orientation

- Orientation is intended to provide a high-level overview of information related to the Child Welfare system. There are multiple ways to present Orientation information.
- A certifier can present the Orientation material during the application and assessment process. Orientation can be:
    1. Incorporated into a group meeting of prospective or currently certified caregivers; or
    2. Incorporated into the Foundations training schedule as a distinct, additional topic. When Orientation is incorporated into the Foundations training schedule, it should be the first topic covered.
- A certifier can also present Orientation on a one-to-one basis during an expedited assessment process (issuance of a Temporary Certificate). In these instances, the certifier must present the Orientation within 30 days of issuing the Temporary Certificate of Approval.
- A certifier conducting Orientation, whether in a meeting with a group of applicants or on a one-on-one basis:
    1. Provides an individual with the booklet "Foster Parent Orientation Basics" (form 9800), and
    2. Reviews content, emphasizes main points, answers questions, and provides specific local area information. Handing the booklet to an individual without conversation and review of the information is not considered an orientation.

Online Orientation can be accessed by prospective caregivers and currently certified foster parents from our public facing webpage: https://www.oregon.gov/dhs/CHILDREN/FOSTERPARENT/Pages/Training.aspx The Online Orientation is available in both English and Spanish and has an accompany Knowledge Check to ensure learning objectives are met.

Note: The Child Welfare Caregiver Training Intranet page offers an example Orientation PowerPoint in both English and Spanish that can be downloaded and modified for local use. This page also offers a suggestion of packet items that can be provided to families as a resource.

- When a certifier conducts a one-to-one Orientation during a Temporary Certificate, answer the caregiver's questions, and provide information regarding next steps in the assessment and certification process. Provide information on the caregivers role and the process of child welfare case management. When in doubt about case specific information,
- Connect with the child's caseworker to ensure you are providing the newly certified family with correct information about caseworker contact, any visitation plans that have been arranged, and other case-specific information.

Foundations Training

Foundations training is a series of in-classroom trainings based on a standardized curriculum. Families may enter Foundations training prior to applying for becoming a certified caregiver, or, can apply to become a certified caregiver and then participate in Foundations training. Foundations training must occur before or within 12 months of issuance of a Certificate of Approval.

As the certifier, discuss the plan for completing Foundations training within 12 months from the issuance of the initial certification (example: Temporary Certificate of Approval). If the family was not initially issued a Temporary Certificate

of Approval but was initially issued a Certificate of Approval and training was not previously completed, a plan needs to be made with the family to ensure they complete Foundations training within 12 months from that issuance. Provide the caregiver with Foundations training session dates and registration information. Note: If a Foundations offering in a different area of the state is more accessible to the caregiver due to schedule or location, provide them with the appropriate contact/registration information for that training. A full list of Foundations training offerings may be found on the Child Welfare Caregiver Training Intranet page.

Sometimes when a certified family has been certified for several years, it is appropriate to recommend taking one or more of the Foundations classes again as a refresher course.

NOTE: Foundations is not required if the applicant provides written documentation of completion of equivalent training content from Child Welfare or another licensed child-caring agency within two years of an applicant's dated application for certification, and the certification supervisor agrees to waive Foundations. Waiving Foundations training is documented on form 117. The waiver of participating in Foundations training does not indicate that the applicant does not have to do any training – a training plan should be developed to enhance the caregivers skills and abilities to care for the population they intend/are caring for that documents what training opportunities the caregiver will participate in. Utilize form 2831 "Training Plan for Child Welfare Certified Foster Parents and Relative Caregivers" to document the training plan.

- When a certifier issues a Temporary Certificate:
    1. Work with the certified family to enroll in Foundations training as soon as possible. The process of enrolling a certified family in Foundations training varies across the state in each district and local office. The certified family should be made aware of the training requirements as part of initial and subsequent conversations.
- Encourage participation and provide information about any available supports, such as child care or transportation that may be available.
- Support attendance by sharing the networking opportunities with other foster parents or relative caregivers that come with attendance.
- Facilitate contact with other certified families who may be able to offer assistance or other types of support during Foundations training.
    1. Provide the certified family a schedule information of Foundations training in bordering counties when training times or locations are more convenient in a nearby location, and assist in the process to enroll in Foundations training in a bordering county. Contacts for each county can be found on the training page. Or a schedule can be found on the Child Welfare Caregiver Training Intranet page.
    2. When efforts to facilitate completion of Foundations training are unsuccessful, consult with the certification supervisor and Foster Care Coordinator. Invite the caseworkers of any children placed in the home to participate in the consultation.
    3. During consultation with the supervisor, determine if the certified family's lack of Foundations training creates a safety or well-being concern for any children placed in the home and, if so, discuss the actions the Child Welfare needs to take to address the issue.
    4. Document the certified family's completion of Foundations training in the Home Provider Record

of OR-Kids.

NOTE: Inputting training credits: On the OR-Kids desktop, click on the provider name hyperlink; click on the Training tab; click insert to fill out the training information completed regarding the certified member.

- Individualized Training Plans:
- Individualized Training Plans are developed for all families, regardless of certificate type. There are specific outlines for developing an Individualized Training Plan for caregivers who hold a Temporary Certificate or Child Specific Certificate of Approval. Training Plans help develop a road map for the types of training opportunities and skill development caregivers can participate in to enhance their parenting capacity.
    1. Utilize form 2831 "Training Plan for Child Welfare Certified Foster Parents and Relative Caregivers" and document the information regarding ongoing training opportunities that the caregiver plans to engage in. The training plan should be co-developed with the caregiver and caseworker if children are currently placed in the home.
    2. The form should be signed by the family, certifier and certification supervisor.
    3. Provide a copy of the signed training plan to the family. Upload the signed training plan into OR-Kids.
    4. Update the training plan at time of renewal. It is a great opportunity to revisit the training plan at 180 day home visits.
- There are two types of individualized training plans developed for families in place of the required Foundations training. Individualized plans are considered when language barriers exist or when attending Foundations would cause a hardship for a child specific certified individual, and the child's needs can be address through other training options. Consult with the certification supervisor or with the Foster Care Coordinator when preparing an individualized training plan for this reason.
    1. Individualized training plans for families who have limited English proficiency and/or hearing or visual impairments.
        - Consider local Child Welfare resources such as interpreters, community resources, and written or audio books, videos, DVDs, internet resources or other resources which may be available in languages other than English or are available to the hearing or visually impaired. Interpreters can be accessed via the Language Access Guide.
        - Develop the individualized training plan with the certified family using form 2831 "Training Plan for Child Welfare Certified Foster Parents and Relative Caregivers".
        - Obtain approval of the plan from the certification supervisor.
        - Upload the Individualized Training Plan into the File Cabinet of the Provider Record.
    2. Individualized training plans for child-specific certified families are developed when the family:
        - Has a significant relationship with the child,
        - Would incur a hardship by attending the full Foundations training, and
        - Is able to meet the child's individual needs with less than the entire Foundations training, The plan must be developed within the first 90 days of the Temporary Child Specific

Certificate being issued. If the Individualized Training Plan was not completed within the first 90 days of the Temporary Certificate, it needs to be completed within 90 days of issuing the full Child Specific Certificate of Approval.

NOTE: In the Safety Tab in the Home Provider Page, the Temporary Certificate and/or Child Specific Certificate of Approval requires a date that the individualized training plan occurred. This is to remain in compliance with ORS 418.640.

- Plan must include training on the topics of the mental and emotional issues that occur in child victims of abuse and neglect, including sexual abuse and rape of a child, and
- Plan must include the reason why Foundations is not appropriate for the family and how the individualized training plan will strengthen the certified family's ability to understand and meet the safety and well-being needs of the child.

- Foundations training, or part of it, can be waived when an individualized training plan is in place.
- The training plan is not developed for the sole purpose of relieving the foster parent from attending Foundations training. Waiving Foundations for either instance noted above does not mean that the family should not participate in any training. Additional training opportunities and skill development should be discussed and planned with the family. For example, instead of attending Foundations training, the child specific family may participate in the child's counseling sessions which help the family understand and meet the specific needs of the child in their home. Consult with the Foster Care Coordinator when developing Individualized Training Plans.

Additional Training Requirements and Information Notification

In addition to Orientations and the Foundations curriculum, prospective and currently certified families need to be aware of two federal mandates and one state that impact them as caregivers: The Reasonable and Prudent Parenting Standard, Notification Requirements for Missing Children, and mandatory reporting training.

Reasonable and Prudent Parenting Standard

All applicants and certified families must receive training on the Reasonable and Prudent Parenting Standard (RPPS) and, how as providers, to apply the standard. The certifier should document in their initial assessment as well as ongoing assessment of the family how the family is applying the RPPS. There is also a video available regarding the RPPS. The digital version of the video is available on the Web in several locations.

For caregivers:
http://www.oregon.gov/DHS/CHILDREN/FOSTERPARENT/Pages/index.aspx

For children and young adults:
http://www.oregon.gov/DHS/CHILDREN/FOSTERCARE/ILP/Pages/rules-policy.aspx

For Child Welfare staff, Staff Tools (Foster Care Section):
http://www.dhs.state.or.us/caf/cw_stafftools.htm

* Versions of the video with captions in English and Spanish, as well as transcripts in English and Spanish, are also on the websites.

NOTE: When an applicant applies for adoption, training hours must be completed prior to approval for adoption.

Mandatory Reporting

Mandatory reporting is part of foundations training. All foster parents and relative caregivers are defined as mandatory reporters in Oregon statute. Foster parents and relative caregivers who have caregiver employees, including respite providers and non-licensed childcare providers, must train each person in the responsibility of mandatory reporting. Training requirements can be found here:

Computer Based Training: Reporting Suspected Abuse & Neglect of Children in Care

When a Child Goes Missing From the Department Certified Home

Certified families need to receive information on how to properly report if a child in their care goes missing from the home:

- Substitute caregivers must notify LEA and the National Center for Missing and Exploited Children (NCMEC) by calling the Hotline Number 1-800-THE-LOST (800-843-5678) when a child or young adult in their care is missing. This notification will often fall on the foster parent, as the caregiver is generally the first to know and the person with the most information surrounding the incident. It is already commonplace for foster parents to contact LEA when a child is missing.

NOTE: See Appendix 7.6, Missing Child/Young Adult

Other Resources

Citizen Review Board: Preventing Sex Trafficking & Strengthening Families Act 2014 Summary http://library.state.or.us/repository/2016/201606281043112/index.pdf

U.S. Department of Health and Human Services, Office on Trafficking in Persons: What is Human Trafficking at https://www.acf.hhs.gov/otip/about/what-is-human-trafficking

U.S. Department of Health and Human Services, Family & Youth Services Bureau, Publication: Recognizing and Assisting Youth Victims of Domestic Sex Trafficking at https://www.acf.hhs.gov/fysb/resource/bought-and-sold-0

U.S. Department of Health and Human Services, Office on Trafficking in Persons: Poster at https://www.acf.hhs.gov/otip/resource/sex-trafficking-poster

If you have questions, please contact:

Child's caseworker:_____ Phone:_____

Your certifier:_____ Phone:_____

Ongoing Training

Ongoing training provides certified families with current information on parenting trends and research, strengthens their skills, provides opportunities to stay connected to other certified families, and allows a sharing of knowledge. Ongoing training can be obtained in a variety of settings and methods. Each certified adult must obtain thirty (30) hours of ongoing training for each 24-month period of certification.

The thirty hours of required ongoing training can be obtained from various sources. All the hours of Foundations training the certified family completed during the first two-year certification period, count toward the required 30 hours of ongoing training during the first biennial.

Meet with the certified family to discuss the following:

- Discuss the parenting issues challenges that have been presented with the child(ren) or children young adult(s) in their home.
- Discuss topics or information that would be useful in further developing are-giving skills.
- Review any information from children/young adults who have been or are currently placed in the home and review and the supervision needs identified through a CANS screening, any medical issues that are being addressed through a Personal Care Services Plan, or other issues unique to the children/young adults in the home, including medical, mental health, educational or developmental issues the children/young adults may have.
- Take into consideration the developmental stages of the children in the home when recommending specific subject area interests.
- Provide information about local support groups and encourage attendance. Provide information on the ORPARC Lending Library which offers materials to be checked out and mailed directly to the caregiver, and materials that are available for direct download onto a mobile device.

- Encourage certified families to complete their ongoing training through training multiple interactive components. This includes: classroom training, online/webinar style training such as Foster Parent College, attending support groups, conferences, or seminars, and active participation in a child's counseling sessions. Additional training can be obtained through independent study, which includes reading books or articles, viewing videos or DVDs, or listening to audio recordings.
- Additional local resources can greatly expand the learning opportunities that might be available locally. Examples of possible community partners the training may be coordinated with can include, local school districts, educational service districts, Head Start, Early Intervention, local Indian tribes or tribal organizations, Oregon Post Adoption Resource Center, religious communities who may offer parenting or other appropriate training, mental health organizations, the local commission on children and families, hospital education programs, public health or WIC offices, public libraries and other
- Develop the written training plan with the foster parent or relative caregiver.
- Discuss the completion of training during regular contacts during the certification period.
- Approve ongoing training hours as described in Awarding Training Hours for Ongoing Training, described in the next section.

Awarding Training Hours

- Classroom Training

Training hours are awarded for the scheduled hours of the specific training. For example, if Managing Difficult Behaviors is scheduled from 6 to 9 p.m., attendance at this training is 3 training hours.

- NetLink Training

Training hours are awarded for the scheduled hours of the specific NetLink training. For example, if Transitioning Children with Sensitivity is scheduled from 8 a.m. to noon, attendance at this training is 4 training hours.

- Library Resources, Library books, DVDs, and audio recordings are another resource for certified families to obtain continuing education credit.
  1. Public Library:
     - Document the title of the library resource used and, whenever possible, have a conversation ensuring the materials were useful to the foster parent or relative caregiver.
     - Assign the number of training hours appropriate to the library resource. A certifier can use the training hours chart used for the Department lending library resources as a guideline.
  2. Oregon Post Adoption Resource Center (ORPARC) Lending Library
     - The ORPARC lending library has hundreds of resources available for training credit including books and videos as well as digital items that can be directly downloaded to a mobile device.
     - Certified Families can access the lending library directly at https://www.orparc.org/library-request-materials.php?tn=4. Families may call ORPARC directly for assistance, or order materials online.
- Training credit is given for reading books, viewing videos or listening to books or training materials. Certified Families may use form 34 to document their training credits.
  3. Training hours for library materials are allotted as follows:

Books, including books on tape or CD		**Training Videos (VHS or DVD)**	
Number of Pages	**Training Hours**	**Length**	**Training Hours**
100 – 170 pages	1.5 hours	75 – 90 minutes	1.5 hours
171 – 275 pages	3 hours	91 – 120 minutes	2 hours
276 – 375 pages	4 hours	Over 121 minutes	3 hours
Over 375 pages	5hours		

It is best practice for the certifier to have a conversation with the certified family about what they learned.

- A child's counseling or other therapeutic services
  - When a certified family is involved in a therapeutic service with a child, the length of the service may be counted as training credit. For example, the certified family may be involved in the first or last 15 minutes of the child's session; the 15 minutes may be counted as training credit.
- Support Groups
  1. The hands-on experience of being a certified family is an invaluable tool and can be used to help train and support others. The criteria of a support group include settings where attendees:
     - Receive support
     - Identify mentors
     - Get ideas from others
     - Participate in a forum to communicate with others

- Express emotions and frustrations with others
- Provide constructive support and guidance
- Network and build relationships with others.

2. Structured Support Group
   - In a structured support group, a professional, designated leader, or facilitator directs the meeting, and includes an agenda or outline of items discuss during the meeting. A structured support group could also provide a speaker/trainer on specific topics related to foster or adoption issues. Structured support groups have a regularly scheduled time and meeting location.
   - Some counties have a Foster Parent Association that provides support group meetings in their area. In some counties, there are multiple structured support groups, such as groups for foster parenting children with medical needs, a group solely for relative caregivers, a group for Spanish, or other non-English speaking certified families, or a group for those caring for teens. In some counties, Department staff leads the support group.
   - Child Welfare participation in support groups is based on resources, foster parent desire, and the focus of the support group. When Child Welfare staff participates in structured support groups, the personal connection between workers and support group members builds strong working relationships. In a support group setting, Child Welfare staff can provide updates on policy, changes in practice, answer general questions etc. but need to be sensitive to how and when support group members perceive Child Welfare involvement. Although part of a structured support group may include discussion about concerns or disappointments with Child Welfare, it is paramount that a structured support group be positive and supportive of certified families and the role with Child Welfare.
3. Unstructured Support Groups
   - An unstructured support group is more of a social gathering to provide support and connection without the structure of a regular or designated facilitator.
   - Unstructured support groups include social events such as Day at the Park where adults get together to talk while the children play or one-on-one mentoring situations. This could also include larger informal group gatherings.
4. Training Hours for Support Groups
   - Granting training hours are an incentive for participation in support groups. Either type of support group should be considered for training hours; however, the number of hours will vary depending on the event. A certifier makes the decision about the approval of hours for support group.
   - Base the decision on the length of the activity/group, if training was or was not part of the group, and the agenda of the group's meeting. Support group sign-in sheets should be completed at structured support group and individual essay/reports (similar to short book reports) be completed by certified families for unstructured meetings.

- A maximum of twelve training hours is the total allowed for any 24-month period from attending

support group activities or meetings.

- Approve a maximum of 3 training hours for a structured support group.
- Approve a maximum of 2 training hours for the unstructured support group.
- Approve up to 1.5 training hours for mentoring
- Approve up to 1 training hour for attending foster parent advisory committee or local foster parent association meetings.
- Approve .5 training hours for a social gathering

Note: Formal training or presentation of educational material that is part of a support group can be counted separate from support group hours. For example, when 30 minutes of a 2-hour support group is formal training this would be counted as 90 minutes of support group time and 30 minutes of in-person training time.

- For a quick reference to training hours awarded for various types of training, see Appendix 7.2.

Documentation

Certifiers and certified families can use the form CF 34 Report of Certified Caregiver Training for Credit to track ongoing training credit received during a certification period. Document all training for the current certification period in OR-Kids in the provider module training tab.

For some training, a certificate of completion is provided. The certifier can view the certificate of completion to verify training has been completed. Certifiers will document the training in OR-Kids in the Home Provider Record under the training tab.

I. Foster Parent College

- Foster Parent College is an online training resource for certified families. Foster Parent College has a variety of training topics that a certified family can use. Follow the link to the website, to view the subject areas provided through this resource(http://www.fosterparentcollege.com/?gclid=CNv6h6fE9KcCFeUbQgodBHVGbw) Each District is allotted a specified number of foster parent college training units each biennium. Each District has representative selected to monitor Foster Parent College utilization. The certification supervisor knows who in the District monitors and allocates Foster Parent College units.

II. Training provided through other community agencies

- When the district has engaged the local community in planning for training opportunities for certified families there may be opportunities to greatly expand classroom offerings. Working together with local partners, arrange for sharing training resources, cross-training groups of parents and caregivers, or ask that certified families can participate in trainings offered through these community organizations. The District or local offices can delegate staff to facilitate these discussions and provide regular contact and communication with the community partners.
- Under district or branch management approval, establish connections and relationships with the identified individuals through in-person meeting, phone calls, or email.
- Facilitate meetings during the year for the purpose of reviewing the trainings each community partner

has scheduled and those trainings appropriate for foster parent or relative caregiver attendance.

III. Develop Strategies to Promote Training Opportunities

- Develop strategies to share upcoming training information with foster parents and relative caregivers through newsletters, posting information on the foster parent website, sending information by email, or through visits or other in-person contact. When possible, make phone calls to foster parents and relative caregivers, to remind them of upcoming training opportunities and to personalize notification.
- Share your plan with all certifiers and certified families so everyone knows where to find information on upcoming training.

IV. Special Considerations

- Training for Spanish-Language Speakers (Spanish language training is available from various sources)
  - Foundations training is provided in Spanish in several branches throughout the state. Contact your Foster Care Coordinator if you do not know which branches provide training in Spanish. This may be a resource for a Spanish language family if travel is reasonable.
  - Child Welfare's lending library has materials in Spanish.
  - Spanish language training resources can also be found on the internet. One such resource is through the Child Welfare Information Gateway at http://www.childwelfare.gov/spanish/#tab=general.
  - Check with local community resources for Spanish or other non-English training opportunities. Community resources such as the Educational Service District, local school districts, community mental health agencies, and hospitals could be resources for training.
- Translation
  - Translation equipment is available for checkout in through Central Office. To use this equipment for bilingual training, the branch will need to have a translator in the classroom when an English-speaking trainer is teaching material. See Appendix 7.3 for more details about requesting this equipment.
  - There may be occasions where the certifier may use an American sign language interpreter. See Appendix 7.4 for more details.
- Special Accommodations
  - There may be occasions where other accommodations need to be made, for example a foster parent or relative caregiver who is blind, hearing impaired or has other needs for special accommodations. If the local branch office cannot arrange for these accommodations, contact the Foster Care Coordinator and see whether additional resources might be available.

V. Foster Parent Training Support Funds

- Each District is given a specified amount of flexible funds dedicated to support foster parent and relative caregiver training. These funds can be used to provide a variety of supports. The Department Training Unit staff support the distribution and expending of these funding resources. In the planning process for the biennium, be aware that funds can be used to support the following items and plan to use funds to best support ongoing training for your foster parents and relative caregivers:

- Child Care
- Refreshments
- Facility Rental
- Scholarships
- Travel to attend approved conferences
- Per-diem expenses related to approved conferences
- Training Supplies
- Contracted Training

- Staff in the Department's Training Unit are available to answer questions about these funds when needed.

VI. Training Incentives

- Incentives can be helpful to improve the participation of some certified families in the training process. Plan whether and how the District will support training through the use of incentives. There are many ways to support training efforts through incentives. Types of Incentives the Department can encourage and support include:
  - Award certificates to individuals that complete a training session,
  - Acknowledge individuals during support group meetings.
  - Provide child care services to the children of foster parents that attend training.
  - Provide snacks, highlight a foster parent or relative caregiver in local newsletters when certified families have attained a certain number of training hours i.e., 10, 20, and 30
  - Award a small gift to individuals that accomplish training milestones. For example, the certified family caregiver who achieves the greatest number of training hours or who completes the required training earliest could receive a small community donated gift.
  - Distribute donated goods and services through a drawing to a certified family who have has completed training.
  - Approach community partners and business for donations that can be given to certified families. Local offices can provide community businesses and partners with a letter containing information necessary for them to use the donation as a tax deduction.

Supervisors Role

- Discuss training with the certifier during regular case staffing.
- Review whether training plans are being followed or whether there are specific training topics from which a certified family could benefit.
- Confirm through a certifier's documentation that a family has completed the required training prior to approving renewal.
- Participate in the development of the District's biennial training plan.

Forms

CF 0034 – Report of Certified Caregiver Training for Credit
https://apps.state.or.us/Forms/Served/ce0034.doc

References

Child Welfare Policy, Division 200, Foster Home Certification: Responsibilities and Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources
http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Chapter 8

Section 8: Involvement in Case Planning Decisions

Involvement in Case Planning Decisions

Certified families are an integral part of successful case planning. As a participating and valued member of the child's team, the certified family needs to understand their role and responsibilities in the case planning process, and in meeting a child's needs while the child is in substitute care in their home.

Procedure

- During Foundations training and in regular contact with the certified family, the certifier informs them of their right to involvement in the case planning process for a child in the certified family's home.
- Inform the certified family it is likely there will be some contact with the child's family. Explain that a child's caseworker establishes the appropriate parameters for this contact and will monitor the child's contact with their family. Assist the certified family in establishing positive relationships with a child's birth family and understanding these positive relationships contribute to successful case plan outcomes.
- Establish early in the certification process the expectation that the certified family will work cooperatively with Child Welfare, with caseworkers, supervisors, and others who may be a part of the child's case plan.
- Assist the certified family in establishing good communication processes with a child's caseworker and others involved in the case. Offer options for communication processes, such as routine phone updates, weekly emails, or other forms of ongoing input to the caseworker
- Encourage the certified family's participation in planning meetings for the child, if not in person, then through providing information about the child that can inform good decision-making.
- When there are challenges or circumstances in which good communication between the certified family and the caseworker, seek input from the child's worker on ways to assist in improving this process.

Relative Caregiver Involvement in Initial Case Planning

- Because relatives frequently enter the role as a certified family through an expedited certification process, it is important to assist the provider in understanding the child welfare program. Inform the relative caregiver what to expect during the entire certification process, financial support they will receive, the role of the case worker, the development of a case plan, court involvement and court functions, and the certification rules that apply to their household and the care of their relative children. Let them know some of the unique specifics of relative involvement:
    1. Possible invitation to participate in meetings regarding the safety of the children,
    2. May be interviewed about the history of their own children (the parents involved in the case, and their protective capacities), and
    3. Invitation to court hearings and the opportunity to limited participation in the court process.
    4. Let them know of the Foster Parent Bill of Rights, the Oregon Foster Child Bill of Rights, and the Oregon Sibling Bill of Rights.

Inform Caregivers of Involvement in Case Planning

- Inform the certified family of the most common types of involvement in the child's case plan, beyond the day to day care of the child, which include:
  1. School involvement.
     - Registration after the caseworker or the court has approved the school or educational placement
     - Respond to inquiries from the school, monitor children's educational progress
     - Ensure regular school attendance
     - Keep records of report cards, school reports, educational testing and assessment results, disciplinary actions
     - Keep samples of the child's school work
     - Keep the caseworker informed of progress towards graduation by age 19
     - Encourage the child's participation in school activities, social and sporting events, cultural events, and field trips.
     - Participate as appropriate during assessment of a child's possible disability or impairment.
  2. Health care
     - Ensure the child receives regular medical and dental care.
     - Seek approval prior to any medical procedure other than regular medical care.
     - Mental health appointments.
     - Remind the certified family that they must allow vaccinations and immunizations unless specifically directed otherwise by the caseworker.
     - Notify the Department as soon as possible when a child needs emergency medical treatment.
     - Maintain accurate documentation of all medical, mental health and dental appointments.
     - Ensure the certified family's understanding of medication management rules.
     - Ensure the certified family knows how to use and submit medication logs, and takes these to medical appointments.
     - Ensure the certified family understands the specific rules around psychotropic medication.
  3. Transportation to the child's visits with parents, other family members, and others important to the child as approved by the caseworker
  4. Notice of the child's court hearings
  5. Right to limited participation in court hearings
  6. Right to involvement in the child's case planning process.
- The certified family may be invited to case planning meetings. Informing the certified family, in advance, of the purpose of the meeting and the types of decisions made helps the family prepare for the meeting.

- Advise the certified family to report any concerns about the child or any identified needs the child has which are not being addresses to the child's caseworker during monthly contacts with the caseworker.
- Advise the certified family when there are concerns to work with the child's caseworker to resolve the conflict or better understand the decision.
    1. Support the certified family by contacting the child's caseworker if a certified family has contacted the certifier with concerns or questions regarding a child's case plan or if the certified family has not received information about a child placed in the home.
    2. Contact the caseworker's supervisor if concerns or questions continue to be unresolved or unanswered.
- Advise the certified family that case plans are reviewed every 90 days, and that there may be occasions when the certified family is asked to participate in the case review.

Chapter 8

Section 9: Complaint Review for Certified Families

Complaint Review for Certified Families

Procedure

The certifier is most often the certified family's most consistent link to other staff in the office.

- Note: As an employee of the Department of Human Services, it is a professional responsibility to uphold Department rules and procedures related to complaints, investigations and hearings.
- When a family has requested an informal or formal Complaint Review, Contested Case Hearing, or Founded Disposition Review, a Department employee does not have an advocacy role in the process as this conflicts with Department rules.

NOTE: Certified families always have the option of bypassing local office review procedures by sending a written a letter of complaint directly to the DHS Director, the Child Welfare Director, or the Child Welfare Deputy Director as well as the Governor's Advocacy Office. In this event, the Governor's Advocacy Office will review and investigate the complaint. This may involve contacting all persons connected to the complaint. The Governor's Advocacy Office will issue a final determination n and the provider will have no further review rights. (OAR 407-005-0100 through 407-005-0120)

- Inform every certified family of the right to have a complaint reviewed when they disagree with an action or decision made by the Department or believe their rights have been violated under the Foster Parents Bill of Rights ORS 418.648.
- Inform the family of the four procedures available to certified families to have a specific issue resolved:
  1. Informal Complaint Review
  2. Written Complaint Review
  3. Review of a CPS Founded Disposition
  4. Contested Case Hearing Review

Procedure

Informal Complaint Review

- When a certified family notifies their certifier or the certifier's supervisor with a complaint for which they are seeking assistance for resolution inquire about the nature of the complaint. Discuss with the certified family steps that can be taken to resolve the issue on an informal basis.
  1. Frequently the issue that generated the complaint can be resolved when the family is able to meet with caseworkers and their supervisors and engage in a candid conversation geared towards resolution.
  2. When this process does not end in a satisfactory resolution provide the certified family with information clarifying the processes available for further review and resolution of the complaint.
     - Local Office review process;
     - Submitting a written request to the Governor's Advocacy Office by filing a Client Complaint

or Report of Discrimination Form (DHS 0170).

Written Complaint Review

A written complaint review is reviewed and investigated by the Governor's Advocacy Office. The Governor's Advocacy Office makes the final decision on a written complaint.

- Written Complaint Reviews do not apply to the following circumstances:
  1. The certified family is entitled to or has requested a Contested Case Hearing
  2. The complaint should be or is being reviewed by a judge
  3. An Adoption Committee decision
  4. A Child Protective Service disposition
  5. A Juvenile Court ruling
  6. Complaints filed anonymously
- When an informal review has not resolved a certified family's complaint, the certified family has five days from the receipt of the program manager's written notification to file a Client Complaint or Report of Discrimination (DHS Form 0170). This completed form is submitted to the local office. The local office is responsible to forward the completed form to the Governors Advocacy Office with 5 business days.
- The Governor's Advocacy Office will begin the review within 2 business days of receiving the written complaint request.
- The Governor's Advocacy Office, after reviewing the complaint may speak with the certified family and other parties in order to make an informed final decision. The Governor's Advocacy Office issues the final determination and the complainant will have no further rights to review.

NOTE: Client Complaint or Report of Discrimination (form 0170A) should be completed by the local office to document a complaint response, review process and results of each level of review: Supervisor review; Program Manager Review; District Manager and Governor's Advocacy Review. This three-page form is also a tool that includes procedures for review and documentation of the results for each level of review. Information contained in the completion of this form may prove to be important in the event a complainant seeks legal action.

Review of a CPS Founded Disposition

- When a certified family has been the subject of a CPS assessment which results in a Founded disposition, the CPS worker or supervisor, and the certifier or supervisor must meet with the provider within 10 business days of the completion of the assessment and explain the disposition and any certification actions which will be taken.
  1. When the disposition is Founded, the Department must notify the provider in writing using the "Notice of a Founded Disposition (CF 313). The notice contains instructions on how to request a review of the Founded disposition.
- When requested, review with the certified family the specific timelines and requirements connected with submitting a request for review as well as the parameters of the review.
  1. The certified family must submit a written request to the local Child Welfare Office for a Founded

disposition review within 30 calendar days of from the receipt of the Notice of a Founded Disposition. Exceptions to conducting a review are described below:

- Founded dispositions are not subject to review when there is a legal finding consistent with the Founded disposition or
- When there is a legal proceeding underway the local Child Welfare Office will not review a founded disposition until the legal proceedings are concluded.

2. Within 30 days after the legal proceeding has concluded, the certified family may submit a written request for review.
3. When the local office has concluded its review and upheld the Founded disposition; they must provide written notification to the certified family of the findings of the review within 30 days of the request for review and of the right to submit a written request to Central Office for further review of the Founded disposition.
4. The certified family may send a copy of the request for local office review or prepare a new request for Central Office review and submit the request to the local office within 30 calendar days of receiving the local office's decision to uphold the Founded disposition.
5. Within 10 calendar days the local office is responsible to forward the certified family's request to the Central Office CPS Program unit.
6. The CPS Program Office Review procedure is to be completed within 60 days of receiving the request for review.
7. CPS Program Review Committee will review the Founded disposition and provide their recommendation to the CPS Program Manager.
8. The CPS Program Manager or designee reviews the Committee's recommendation and makes the final decision to uphold the Founded disposition, change the disposition to Unfounded or Unable to Determine or change the type of abuse for which the Founded disposition was based.
9. A Notice of Central Office CPS Founded Disposition Review Decision is sent to the certified family.

Contested Case Hearing Review

A certified family has the right to file a Request for A Contested Case Hearing to review the following decisions made by the Department:

- Within a 30-day period of receiving notification by the Department a certified family may request a contested case hearing on behalf and as a representative of a child in their care when:
  1. The base foster care rate has been reduced or terminated;
  2. Level of Care rates have been denied, reduced or terminated;
  3. Level of Personal Care rates have been denied, reduced or terminated.
  4. Denial of an application to provide foster care or revocation of a Certificate of Approval
  5. A determination based solely on criminal history

- For details regarding a certifier's responsibilities in preparing for a Notice of denial and revocation, refer to Section 10 of this Chapter.

Supervisors Role

Informal Complaint Review

- Ensure the certifier has appropriate support when facilitating a meeting to resolve a certified family's complaint during the informal review process.
- Attend the informal meeting.
- Keep the program manager appraised of the resolution of informal review and whether subsequent meetings will be scheduled.

Founded Disposition Review

- Ensure the certifier has accurate information regarding the Founded Disposition review.

Contested Case Hearing

- Advise the certifier throughout the contested case hearing process.

References and Forms

Child Welfare Policies:
413-010-0400 thru 0480 Complaint Review

Oregon Administrative Review 407-005-0100 thru 407-005-0120
http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_407/407_005.html

413-200-0000 thru 0050 Department Responsibilities During Screening and Assessment of a Child Abuse or Neglect Report Involving the Home of a Department Certified Foster or Relative Provider.

I-A.6.1 Notice of Review of CPS Founded Dispositions
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a61.pdf

413-010-0500 thru 0535 Contested Case Hearings

Forms:

DHS 0170 Client Complaint or Report of Discrimination
http://dhsforms.hr.state.or.us/Forms/Served/DE0170.pdf

DHS 0170A Review of Client Complaint
http://dhsforms.hr.state.or.us/Forms/Served/DE0170A.pdf

Pam 1537 "What you Need to Know about a CPS Assessment"
http://dhsforms.hr.state.or.us/Forms/Served/DE1537.pdf

CF 0313 Notice of CPS Founded Disposition

CF 0314A Request for Review; Local Child Welfare Office Committee Decision

CF 0315A "RE: Request for Review; Central Office Committee Decision"

CF 0344 Child Welfare Administrative Hearing Request

Chapter 8

Section 10: Certification Actions for an Application or Certificate of Approval

Voluntary Withdrawal of an Application or Voluntary Termination of a Certificate of Approval

Procedure

- When an applicant requests to voluntarily withdraw their application for a Certificate of Approval, the certifier must document the communication regarding the applicant's request in a Provider Note in OR-Kids. The applicant can request to voluntarily withdraw their application verbally or in writing.

Note: If the applicant verbally withdraws their application, the certifier should follow up by letter to the applicant indicating the date the verbal withdraw was received. A copy of the letter should be uploaded into OR-Kids file cabinet. Utilize the Voluntary Withdrawal or Termination form CW 1007 for written withdraw.

- When a certified family requests, verbally or in writing, that its home be closed, the certified family may request that their Certificate of Approval be voluntarily terminated.

Note: There may be times when a certified family requests that its Certificate of Approval be voluntarily terminated; however, the Department is not required to accept the request. Circumstances include but are not limited to when allegations of abuse or neglect have been made against the certified provider or when the Department plans to issue a Notice of Revocation.

I. The certifier should discuss this request with the certification their supervisor. The Department may have decided to revoke the certification and therefore would not be accepting the family's request to terminate their certification.

   A. If the Department accepts the family's voluntary request to terminate their certificate, the certifier:

      - Documents a Closing Narrative with the information regarding the circumstances the family is closing in a provider note. The Certificate of Approval cannot be closed until all children placed in the home by the Department are no longer living in the home.
      - Once all children in substitute care have left the home, the Certificate of Approval may be closed.
      - Once the final foster care reimbursement has been received, close the Provider Record.

The Supervisor's Role

Review the certification file and ensure all documentation is complete.

When the Specific Child leaves the Home of a Certified Family that Holds a Child-Specific Certificate of Approval and When a Certified Family Requests to change their Certificate Type from Child Specific to General:

Procedure:

- When a certified family holds a Temporary Certificate or Child-Specific Certificate of Approval, the Certificate of Approval terminates 60 calendar days from the date the child leaves the certified family's

home.

NOTE: During the time the family holds a Temporary Certificate, their application for a Certificate of Approval is still "live" until they are issued a full/up to two-year certificate. If the child leaves the home during the Temporary Certificate, the certifier must terminate the Temporary Certificate 60 calendar days from the date the child leaves the home and ask the family if they are willing to voluntarily withdraw their application, or if the family is unwilling to voluntarily withdraw their application, the certifier will proceed to deny their application.

- If the certified family holding a Temporary Certificate or Child-Specific Certificate of Approval wishes to continue to provide substitute care as a regular foster home, they may submit their request to do so.
  - For a Temporary Certificate: The certifier will bring the family's application and allow the family to update their application to reflect the appropriate applicant type.
  - For a Child-Specific Certificate of Approval: The certifier will provide the family with a CF 1001, Certified Family Certificate Renewal or Change of Status Application.
- The Department will only accept this request for either certificate type if the address is the same and the applicants applying are the same as the applicants on the Child-Specific Certificate of Approval. No child or young adult shall remain in a home that does not have an active Certificate of Approval.

NOTE: If the certified family wishes to change their certificate type, their certificate in OR-Kids remains active until the assessment is complete or unless the family requests to voluntarily terminate their certificate and the Department agrees to terminate the certificate. There may be instances in which the Department removed the specific child due to the family's inability to meet the safety, health, or well-being needs and has violated one or more of the certification standards rules or the Department has decided to proceed to revoke the certificate. The certificate will remain active in the system until revocation is completed.

- The certifier reviews the updated application or the completed CF 1001 and the most recent home study documentation. Pay particular attention to any changes since the time of the original study as well as previous mitigations.
- Review provider staffing notes from Certification Safety, and Wellbeing Concerns Committees, caseworker feedback, Out of Home Care assessments, closed at screening reports, and any requests for management approval. If manager approval was given previously for criminal history, a new approval would be required in order to issue a Certificate of Approval as a regular foster home.
- Discuss with the family the age range, gender, types of needs, and number of children they plan to care for.

If the original training plan was created to address the needs of a specific child(ren) for whom the family was certified, consider updating the training plan to be inclusive of the new population they will be caring for.

NOTE: When utilizing this process, consider how long until the provider needs to be renewed, and if the renewal time frame is approximately 3 months away, you might consider utilizing the renewal process is instead.

- Evaluate all of the information gathered through the process above and consult with supervisor.
  - If the certifier recommends to proceed with changing the certificate type from Child Specific to General, document the assessment and recommendation in a provider note. Before changing the certificate type in OR-Kids, the supervisor must ensure all assessment activities have been

completed.

- If the supervisor decides to approve the certified family's request to change certification types, the certifier can issue a Certificate of Approval. The certifier will update the provider type in OR-Kids, and update the age range and capacity on the provider certificate. The certification time frame should remain the same as the certificate that is being updated from Child Specific to regular. Launch the new certificate, and receive supervisor approval; once signed, send the new certificate to the family.

- If the certifier recommends denial the change of status application with changing the certificate type from Child Specific to General and the supervisor also decides not to approve the certified family's request to change certification types, the Department can handle this two ways:
  - The certifier can contact the family and discuss voluntarily withdrawing their application due to the concerns or certification standards not met. If the family does indeed voluntarily withdraw their application, ensure the documentation in the OR-Kids system reflects the concerns the certifier/supervisor had. If the family is not willing to voluntarily withdraw, proceed toward denial.
  - The certifier and certification supervisor can proceed toward denial of the application. Contact your Foster Care Coordinator when proceeding toward denial and requesting a staffing with the AAG.

NOTE: A Notice of Intent to Deny regarding their application is provided to the family, outlining the reasons for proceeding toward denial, via the local branch process. The applicant has a right to request a case hearing to contest the Department's decision to deny. See Section E for further information regarding denial.

The Supervisor's Role

- Review the certification file to ensure all documentation is complete.
- Review all assessment activities.
- Assure the applicant meets the certification standards.
- Assure any required management approval has been made and obtained for any criminal history.
- Assure the Certificate of Approval includes all applicable information

Denial of an Application for a Certificate of Approval

When assessing an applicant for a Certificate of Approval, the certifier consults with the supervisor during the process. This is especially important if, during the assessment, the certifier becomes aware of information that may impact the Department in its assessment to issue a Certificate of Approval.

NOTE: Applicants have the burden of proof to demonstrate they meet the safety, health, and/or well-being needs of a child or young adult.

Procedure

If an applicant has applied for foster care, a Certificate of Approval, the Department may terminate the application process when one or more of the following applies:

- If an applicant falsifies information before the Certificate of Approval is issued, the department may deny an application.
- If the applicant fails to provide information regarding a disqualifying conviction and/or a member of the household or person who frequents the home has a criminal conviction in which an authorized designee makes a negative fitness determination.
- If an applicant(s) fails to meet one or more of the certification standards, the Department may deny an application.
- If an applicant fails to provide requested information within 90 days of written request by the Department.
- When an adult member of the household has been identified as a perpetrator or possible perpetrator of abuse or neglect in a child protective services assessment with a Founded, Unable to Determinate or similar disposition and a Management Approval has been denied.
- During the course of the assessment, the certifier discusses the information that indicates the applicant(s) does not meet one or more of the certification standards.

NOTE: If information regarding an applicant learned during the assessment is confidential, such as criminal history or child abuse and neglect information that one applicant does not already know, and cannot be shared with another applicant in the household, the certifier can indicate that they cannot move forward due to the applicant's history without providing specific information about the history.

I. If the matter can be resolved or the applicant's explanation or actions alleviate the concern, the certifier may proceed with the assessment.

   A. When the certifier and certifier's supervisor conclude from the information gained during the assessment that a Certificate of Approval should not be issued, the certifier may meet with the family to explain the certification standards that the applicant does not meet and which prevent the Department from issuing a Certificate of Approval. The certifier may also discuss with the applicant the process of denial, including the contested case hearing process, and the option of withdrawing the application.

NOTE: If the certifier and supervisor believe the applicant may be unwilling to voluntarily withdraw their application, schedule a meeting with the Foster Care Coordinator and AAG to discuss the legal sufficiency.

II. If an applicant should choose to withdraw the application rather than receive a notice of denial, provide detailed documentation of the circumstances under which the applicant withdrew the application in the certification file, section 10, part A of this section.

III. If the applicant makes a decision not to withdraw the application, the certifier and their supervisor must request an AAG staffing to discuss denial. If from the staffing the decision is made to pursue a denial, DOJ will draft a letter that documents the certification standards that the applicant(s) cannot meet and state the Department's intent to deny the application. The letter also includes information regarding the applicant's right to request a contested case hearing.

   A. Once DOJ has completed the drafted letter of Intent to Deny the application, the letter will be sent to the applicant through certified mail.

- If the certified family does not respond to the letter within 30 days with a written request to a program manager for a contested case hearing, the certifier prepares the final order and submits to the supervisor for approval.

NOTE:

- Be honest with applicants during the assessment process. If the supervisor determines enough information has been gathered, discontinue the assessment process.
- Do not certify a family if the Department does not intend to use them as a resource.
- If a family cannot be certified but has the ability to serve in other ways, refer them elsewhere. Perhaps a family could tutor, serve as a CASA, or volunteer in the schools, or work with the local foster parent association in some way.
- Slow down if it is determined that more information is needed to confirm the family's ability to provide safe and protective care for children in the Department's custody.

If an applicant has applied for adoption, the Department may terminate the application process when one or more of the following applies:

- If an applicant has lost permanent custody of a child, and the certifier and their supervisor would like to proceed with this applicant as an adoptive resource, the District Manager or designee must request an approval by the Adoption Program Manager.
- If an applicant fails to meet one or more of the adoption home study standards, the Department may deny an application.
- The applicant's license or certificate to provide services to children, elderly or individuals with disabilities has been or is currently being denied, revoked or suspended.
- The applicant has falsified information.
- The applicant does not respond to inquiries or requests for information as requested by the Department.
- The applicant is selected by another adoption agency to adopt a child.

When the Department terminates the adoption application process and proceeds toward denial, the certifier and supervisor should contact the Adoption Decision Specialist and their AAG. If from the staffing the decision is made to pursue a denial, the Department will draft a letter that documents the adoption home study standards which the applicant(s) cannot meet and state the Department's intent to deny the application. The certifier must send written notification to the adoptive applicant and document this information in a Provider Note in the Provider Record. The letter should be scanned and saved in the File Cabinet. Applicants for adoption are not provided a Contested Case Hearing process.

NOTE: Remember, if an applicant applies for both Foster Care and Adoption, the Department must provide a denial for each program area. If you are unsure of which denial to use or process, contact your Foster Care Coordinator.

Role of the Supervisor

- Review all documentation related to denying a Certificate of Approval and Adoption including the draft

copies of the letter of intent to deny and the final order.

- Seek AAG review of letters of intent to deny and final orders.
- When a Child Welfare Program Manager has received a request for a contested case hearing, follow procedures in Section 10 E of these procedures.
- Notify the AAG of a request for a contested case hearing when requested.

Revocation of a Certificate of Approval

- The Department can consider revocation of a Temporary Certificate or Certificate of Approval under the following circumstances:
  1. When the applicant or certified family does not meet one or more of the certification standards rules;
  2. When the Department determines that the applicant has not proven they are able to meet or the Department determines the certified family does not or cannot continue to meet the safety, health, or well-being needs of a child or young adult.
  3. When the Department learns the applicant or certified family has falsified information; or
  4. When the applicant or certified family fails to provide information or inform the department of a disqualifying conditions that arises after the Certificate of Approval has been issued.
  5. When an adult member of the household or someone who frequents the household is found to have a disqualifying criminal conviction or an authorized designee makes a negative fitness determination.
  6. When the certified family has failed to follow through with a Placement Support Plan.
  7. When the Department determines that a child was removed from the certified family's home due to the family being unable to meet the safety, health, or well-being needs of a child or young adult.
- The department must revoke a Temporary Certificate or Certificate of Approval when at the conclusion of a CPS assessment, the Department determines that there is an impending danger safety threat in the home.
  - In this situation, if the family makes a request to voluntarily terminate the certification, the Child Welfare Program Manager must agree to accept the voluntary termination of certification or else the Department will proceed to revoke to certification.

Procedure

- When a certified family has violated one or more of the Department's certification standards, and the environment in the certified family's home cannot maintain conditions that provide safety and well-being for children placed in the home, it may be time to consider revocation of the Temporary Certificate or Certificate of Approval. The decision to revoke must always be reached after thorough assessment of the circumstances in the certified family's home. The certifier's assessment includes, but is not limited to, consideration of the following:
  1. What is the nature of the certification violation and can efforts be made to remedy the situation?

Has the certified family been willing to remedy certification violations in the past?

2. Has the certified family demonstrated a pattern of certification violations or non-compliance with certification standards?
3. Does the certified family fully understand the nature of the certification violations and the impact on child safety and well being?
4. Is the certified family able and willing to provide safety and well being for children placed in the home?
5. Is the certified family able and willing to work with the department to mitigate the current situation?

- Consult frequently with the certification supervisor and with the caseworkers of children placed in the certified family's home when a certified family is violating certification standards.
- Consult with the AAG and with the Foster Care Coordinator when proceeding toward revocation.
- The AAG will need information surrounding the decision to revoke. Be prepared to discuss the situation in detail and provide information as to why the family is no longer able meeting certification standards. Some AAGs prefer a consult form — connect with the branch/district paralegal if this form is necessary.
- When it has been determined that a report of child abuse or neglect will initiate a CPS assessment, refer to section 7 of this chapter.
- When the assessment results in a decision to revoke a Temporary Certificate or Certificate of Approval, immediately notify the caseworkers and caseworkers' supervisors of any children placed in the home that the children will need to be placed elsewhere. Work with the caseworkers in the branch to determine a plan of moving children in the home that is trauma informed. Once children are moved from the home, place the certified family on Inactive Referral Status. Inactive Referral Status is discussed in further detail in part F of this section.
- When appropriate to do so, schedule a meeting with the certified family to explain the reasons the Temporary Certificate or Certificate of Approval is being revoked. Consult with the supervisor in making the decision to meet with the certified family.
- During the period of revocation, prior to the final order, by rule the family's certificate is not deemed to expire. If during the period the Department has initiated the revocation, and timeline of the certificate would have expired in other circumstances, the certifier will need to issue a new certificate in OR-Kids to comply with this rule. Once the final order of revocation is received, the certificate can be terminated and the Provider Record closed.
- The Department has the discretion to require a waiting period of up to five years before accepting another application from a certified family whose Certificate of Approval has been revoked and may include that information in the notice of revocation.
- Review the written notice of intent to revoke with the supervisor.
- Once the notice of intent to revoke is approved, deliver in person or send by registered or certified mail to the certified family.
- When the certified family does not request a contested case hearing within the 30 day period after

the written notice was sent to the family, the certifier prepares the final order and submits to the supervisor for approval.

- When the certified family requests a contested case hearing, follow procedures in Section G.

The Supervisor's Role

- Provide consultation and guidance to the certifier in the process of revoking a Certificate of Approval.
- Review all documentation prior to submission to any party.
- Contact the family and attend meetings with the certifier when scheduled whenever possible.
- Request AAG consultation from the child welfare program manager as appropriate.

Contested Case Hearing Process

A contested case hearing is a quasi-judicial hearing required by ORS183.310(2) before an impartial hearing officer in which the complainant and/or their representative may present all pertinent facts and evidence in order to show why the action or inaction of the department should be considered. As a result of the hearing, the hearings officer reports findings and recommendations to the Department Director, who makes a final order on the matter.

Procedure

- Requests for a contested case hearing must be forwarded to the DOJ within two working days of receipt of the request. When the DOJ provides DHS Child Welfare with the proposed order to deny or revoke, it often provides details of who to specifically send the request to within the department.
- Work with the Child Welfare Program Manager and the certification supervisor in preparing the documentation sent to the DOJ.
- When the DOJ receives a request for a contested case hearing, the request is submitted to an Administrative Law Judge (ALJ) to schedule a hearing.
- If additional information or documentation is requested prior to the hearing, submit the information to the DOJ in a timely manner.
- There may be occasions when a meeting with the AAG is warranted prior to the hearing. Consult with the certification supervisor regarding the request for this meeting as the child welfare program manager approves consultation with the AAG.
- The certifier and certification supervisor may be asked to have meetings with the AAG in preparation for the hearing.
- If, at any time during the preparation for a contested case hearing, the family withdraws its request for a hearing, the request must be in writing or documented and confirmed in writing. Two copies of the withdrawal of request must be sent to the Child Welfare Program Manager within three working days of receipt.

NOTE: The family requesting the contested case hearing has several options after requesting a contested case hearing, including withdrawing the request or requesting a postponement of a scheduled hearing. Department actions in these circumstances are guided by Administrative Rule in Child Welfare Policy 413-010-0500.

- When asked to testify at the hearing, prepare for the testimony and respond with the facts and to the

questions asked during the hearing.

- The certifier needs to be aware of the actions subsequent to the hearing.
  1. The ALJ will prepare a proposed order and will include the findings of fact and the conclusions, which will be sent to all parties. Parties will also be notified when written exceptions must be filed or oral arguments (if any) may be made.
  2. The proposed order will be reviewed by the DOJ, and
     - Will advise the Child Welfare Director to sign the order if the Child Welfare Program Manager agrees with the order, or
     - If the Child Welfare Program Manager disagrees with the findings of fact or conclusion of law section and the recommended action, the program manager will revise content for the section and prepare a memo explaining reasons for recommending overruling the ALJ.
     - If exceptions have been filed, the Child Welfare Program Manager will also consider the exceptions in the preparation of a memo to the Child Welfare Director.
     - The proposed order, the amended order, any exceptions filed and the memo are submitted to the Child Welfare Director.
     - A final order containing the elements outlined in the Attorney General's Model Role 137-003-0665 is issued by the director, along with the family's rights to judicial review of the final order.
- Once a final order is received, close the Certificate of Approval as revoked or denied, whichever is appropriate to the case.
- File a copy of the final order in the certification file, Section 1, Certification Actions, and scan a copy into the OR-Kids Provider Record File Cabinet.
- Document the denial or revocation of the application, Temporary Certificate or Certificate of Approval in OR-Kids, Provider Notes.

The Supervisor's Role

- Provide consultation and guidance to the certifier in the process of the contested case hearing.
- Review all documentation prior to submission to any party.
- Attend the contested case hearing whenever possible.
- Request AAG consultation from the child welfare program manager as appropriate.

References and Forms

OAR

Child Welfare Policy Division 200, Foster Home Certification: Department Responsibilities and Standards for Certification and Supervision of Relative Caregivers, Foster Parents, and Pre-Adoptive Parents

http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf

Child Welfare Policy, I-A.5.2.1 Contested Case Hearings

http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a521.pdf

Inactive Referral Status

Procedure

There are several reasons why a certified family may be on inactive referral status.

- When a report of child abuse or neglect meets the criteria for a CPS assessment, the family is automatically placed on inactive referral status.
- When a certified family requests that their home be placed on inactive referral status for any reason, the certifier must:
    1. Consult with the certified family to explain the reasons for the inactive referral status request and the length of time the certified family does not want additional children placed in the certified family's home.
    2. Notify child welfare staff responsible for placement that the certified home is unavailable using local branch protocol for notification.
    3. Send the certified family a letter within 30 days verifying the inactive referral status. This letter must contain reasons for and length of the inactive referral status. Scan this letter into the file cabinet in the Provider Record in OR-Kids.

NOTE: In OR-Kids, activating inactive referral status is done in the Additional Certification Actions by selecting "Placed on Hold." Note that if a family is placed on hold, and if any children remaining in their home during inactive status have a birthday that moves their age to the next birthday batch, the OR-Kids system will not recognize that. Manually, close the certificate, add the appropriate age service and issue a new certificate in order for proper reimbursement to occur. See Appendix 7.7, Example Inactive Referral Status Letter In OR-Kids, update the Provider Record by placing the certified family "On Hold."

4. The inactive referral status ends at the request of the family or up to 12 months. Contact the certified family within 30 days prior to the end of the inactive referral status to confirm the certified family will be available for placement at the termination of the inactive referral status.

NOTE: If a child or young adult is placed in the home during inactive referral status, all certification standards and responsibilities remain in effect, including 180-day home visits. Remind the family that all required notifications are still required. If no child or young adult are placed in the home during inactive referral status, the certifier may request management approval on form CF 117 to have the 180-day home visit requirements waived. If during the inactive referral status, the family is due for the renewal process, the home visit contact cannot be waived. Instead, have a conversation with the family about the requirements for renewal and need for home visit contact if the family would like to proceed to renew the Certificate of Approval. If the family is over capacity but on inactive referral status, there is no management approval to waive home visit requirements; 90-day home visits requirements are still required to ensure the safety, health and well-being of the children placed in the home.

5. When the inactive referral status ends:
    - Document the removal of the inactive referral status in the certification file in a provider note in OR-Kids and remove the certified family "On Hold" in the Provider Record;

- Within 30 days, send the certified family a letter confirming the end of the inactive referral status; and
- Notify child welfare staff responsible for placement that the certified home is available, using local branch protocol for notification.

- The Department may choose to place a certified family on inactive referral status for one or more of the following reasons:
  1. The special needs of a child placed in the home require so much of the certified family's care and attention that no additional children should be placed in the home;
  2. The certified family or members of the household are experiencing significant family stress; or
  3. The certified family does not meet one or more of the certification standards.
- When determining whether a certified family must be placed on inactive referral status, consider the following:
  1. If additional children were placed in the home, would child safety be compromised?
  2. What is the nature of the certified family or household member's stress? Is it likely that not placing additional children in the home would assist in resolving the issue?
  3. Does the certified family need a period of time to adhere to the department's certification standards?
  4. Will stabilizing the population of children in the household assist in resolving the issues within the family?
- Once it has been determined that the Department will place the certified family on inactive referral status, schedule a time to explain the reasons for the decision with the certified family.
  1. It is always best to visit the family in their home, but there may be occasions when a home visit is not possible. In those instances, make phone contact with the certified family to discuss the circumstances in the certified family that led to the department's determination.
  2. Send the certified family a letter within 14 days that contains the reasons for, any specific certification violations, actions the Department may take if the conditions resulting in the inactive referral status are not resolved, and length of the inactive referral status.
  3. There may be occasions that the reasons surrounding the inactive referral status may be addressed by developing a Placement Support Plan. Refer to Section 5.D of this chapter for procedures to develop a Placement Support Plan.
  4. Document in a Provider Note in OR-Kids the reason for inactive referral status, and scan a copy of the letter sent in the File Cabinet of the Provider Record. In the Provider Record, place the certified family "On Hold."
  5. It is the Department's responsibility to determine when the inactive referral status ends when the Department initiated the status. The certifier must determine that if additional children were placed in the certified family's home the certified family could maintain conditions in the home that provide safety and well-being for the children placed in the home.
  6. After the determination to end the inactive referral status has been made, the certifier:

- Notifies the certified family the inactive referral status has ended;
- Within 30 days, send the certified family a letter confirming the end of the inactive referral status;
- Document the removal of the inactive referral status in OR-Kids in a Provider Note and remove "On Hold" in the Provider Record; and
- Notify child welfare staff responsible for placement that the certified home is available using local branch protocol for notification.

The Supervisor's Role

- Review with the certifier the circumstances that are initiating an Inactive Referral Status.
- Review the written confirmation of the Inactive Referral Status letter sent to the certified family.
- Review with the certifier the circumstances that resolved the initiation of the Inactive Referral Status before reactivating the Certificate of Approval.

Chapter 8

Section 11: Conflict of Interest

Applying and Serving as a Foster Parent, Respite Care Provider, Guardian, Relative Caregiver or Adoptive Resource While a DHS Child Welfare Employee

DHS has determined that a DHS Child Welfare employee may serve as a foster parent, respite care provider, guardian, relative caregiver or adoptive resource. DHS has developed mandatory procedures to reduce the risk of any actual or perceived conflict of interest. These procedures apply to all DHS employees who work with Child Welfare programs, including staff with oversight for these programs.

Child Welfare programs will assess Child Welfare employee applicants by standard processes and rules, including OAR 413-200-0270 through 413-200-0298, Responsibilities for Certification of Foster Parents and Relative Caregivers and Potential Adoptive Resources. Other DHS employees must follow standard DHS Human Resources policies and procedures to ensure there is no conflict of interest.

Application Process

Any DHS employee interested in becoming a resource for a child or young adult in the care and custody of DHS may apply for any of the below certificates of approval (see Types of Applicants). DHS must ensure no preferential treatment is given to employees in the assignment of cases, the certification process, monitoring or reporting the employee's activities, and in the placement of children or young adults in an approved and certified home of an employee.

Caseworkers and certifiers will not communicate with employee applicants through their state email, work cell phone or desk phone or at the applicant's office during work hours.

An employee may have or may be perceived to have a conflict of interest when either of the following is true:

I. The employee's position allows them to have influence, decision-making power, approval ability or any type of authority for case management decisions for a child or young adult in their care, or

II. The employee's position within the agency may lead others to provide preferential treatment or consideration to the employee as a caregiver.

To address these potential or perceived conflicts of interest, all Child Welfare employees must comply with the following procedures.

Types of Applicants

Relative or child-specific

DHS recognizes the value of placing children and young adults in DHS custody with relatives and others with whom they have relationships. When an employee applies to be a relative or child-specific foster parent, DHS will process the application pursuant to OAR 413-200-0270, which includes the option to issue a Temporary Certificate of Approval for an expedient placement in the home, when appropriate.

General applicant or non-child specific

An employee who applies to become a foster parent and does not meet the criteria for a relative or child-specific placement will be considered as a non-child specific applicant (also known as a general applicant) per rule (OAR 413-

200), UNLESS there is an extraordinary circumstance.

Examples of extraordinary circumstances include, but are not limited to, the following:

I. An employee had responsibility or a decision-making role for the case or someone in the family, but that responsibility concluded far enough in the past (determined on a case-by-by-case basis by the employee's district manager or designee) and is not currently deemed a conflict (or the conflict is waived) by any party to the case.

II. A child or young adult needs a placement, and the employee is the only person available to be the placement resource. In this example, the employee must agree to give up any case-management responsibility or decision-making role for the case.

III. The employee's involvement in the case was so minor, it is not deemed a conflict of interest (or the conflict is waived) by any party to the case. Examples might include participation in a case staffing for the child or young adult, helping to supervise a visit or two, or having some involvement with a sibling or other member of the family in the past.

A Temporary Certificate of Approval must be processed and approved by the employee's district manager or designee. The district manager or designee may only approve processing a Temporary Certificate of Approval for a Child Welfare employee if it is in the best interest of the child or young adult requiring care.

Adoption

An employee who seeks to become an adoptive resource must follow the specific adoption home study process outlined in Adoption Applications, Adoption Home Studies, and Standards for Adoption (OAR 413-120-0190), and meet the standards in the Adoption Application Requirements (OAR 413-120-0220), in addition to the approval processes described above for general applicants.

Adoption placement selection must comply with OAR 413-120-0020, Adoption Placement Selection Options.

Respite care

If a certified foster parent or relative caregiver requests an employee's assistance with respite care, the employee must coordinate their request with the provider's certifier and supervisor. The certifier must document that the decision to allow the employee to provide respite care was made based on a determination that it is in the child's best interest.

There is no application for respite care; however, the certifier must comply with OAR 413-200-0281, Respite Care Providers, Child Care, and Babysitters. Pursuant to this rule, employees will be required to complete a Consent for Criminal Records and Fingerprint Check form (1011F) as well as a Child Welfare background check as part of the approval process. Once approved, the employee must review the Conflict of Interest Policy (MSC 060 002) before submitting the completed Conflict of Interest Review and Determination form (MSC 0104) to their immediate supervisor. The supervisor will then submit the completed MSC 0104 to Human Resources. Human Resources will notify the employee of their altered responsibilities.

Submission of Application and Assignment

The applicant will request an Application for Approval by DHS to Care for a Child in the Care and Custody of Public Child Welfare form (1260A) from the certification unit. The applicant will submit the completed form to the certification unit in

the DHS Child Welfare office nearest to the home of the applicant.

Once the branch receives the completed application, the certification supervisor will coordinate with a certification supervisor in the nearest branch outside of the receiving branch for assignment and coordination, if that employee works and resides in the same district.

No preferential treatment is allowed for the applicant. The application must fall in the normal order with all other applications received, and the employee's application and certification oversight must be managed by a branch other than the employee's branch of employment. In counties with only one branch, these applications will need to be routed to a neighboring county for processing.

Exception

If the district manager or designee determines that another branch within the district can assess the applicant without a conflict of interest, then the assignment and assessment may be determined by the district manager's or designee's written approval.

Certification Assessment Processes

Once assigned, the certifier will follow OAR 413-200-0270 through 413-200-0298, Responsibilities for Certification of Foster Parents and Relative Caregivers and Potential Adoptive Resources. All requirements of certification must be adhered to for an employee, including criminal history and child abuse background checks of the employee and others in the home, and the use of the SAFE home study process, including the psychosocial inventory. An employee must also meet all foundation training requirements, unless an exception is granted under OAR 413-200-0379, Education and Training for Applicants and Certified Families.

Upon approval

If the agency employee is approved as a certified provider, they must review the Conflict of Interest Policy (MSC 060 002) before submitting the Conflict of Interest Review and Determination form (MSC 0104) to their immediate supervisor. The supervisor will submit the MSC 0104 to Human Resources, and Human Resources will provide proper notification to the employee of their employee versus caregiver responsibilities.

Denial or Revocation of Certification

If there is a decision to deny an application or revoke a certification, adherence to OAR 413-200-0296, Responsibilities Regarding Denial or Revocation of a Certification, is mandatory. The certification supervisor and program manager supervising certification must be notified by the certifier, per rule. The certifier and certification supervisor may request an additional staffing with the district manager and foster care program manager or designee prior to requesting Department of Justice involvement. The decision to deny or evoke a Certificate of Approval must also be reported to Human Resources by district management.

Employee vs. Caregiver Responsibilities

The employee providing foster care must fulfill the caregiving responsibilities for a child or young adult placed in their home in the same manner that any other foster parent is required to fulfill these responsibilities.

The employee may not use DHS resources for caregiving responsibilities. This includes, but is not limited to, use of state email, state vehicles, or personal use of state equipment or work time.

The employee may not use work time for caregiving responsibilities, such as visits, children's medical appointments, court, attendance at family meetings, consultation with the caseworker, or visits with the certifier. The employee may use vacation, personal leave or sick time as is appropriate and approved by their supervisor. It's critical that the employee and their supervisor discuss and clearly delineate employee responsibilities versus caregiver responsibilities.

The employee must clearly delineate their role to others in any case-related meetings such as safety meetings, family decision meetings, committee meetings, court hearings, etc. (For example, stating, "I am here today as the foster parent of the child.")

Placement Matching

No preferential treatment or special consideration is allowed for general applicant employees during the placement matching process. For example, an employee on an availability list for a baby may not be called first for every baby who enters foster care. Likewise, no one may pressure the employee who is certified into taking a child or young adult into their home. The best interests of the child and standard considerations around placement with siblings, being close to home and school, etc., shall continue to remain our primary considerations.

The employee's certifier is responsible for notifying the certification supervisor or placement desk worker in the county in which the employee intends to provide care of the employee's availability for placement. If the employee is on "Inactive Referral Status," the certifier must exercise discretion in sharing that information on a need-to-know basis in order to remove the employee from any availability lists.

Confidentiality of Records

The certification supervisor for the certified employee must ensure the home provider (certification record) in OR-Kids is sensitized as soon as the home inquiry is completed.

The child or young adult's home branch must ensure the child or young adult's case is sensitized in OR-Kids as soon as placement with an employee is being considered.

The child's or young adult's home branch must ensure that the employee does not have access to the child's or young adult's physical case record or any other information that would not otherwise be available to any other foster parent.

When an employee accesses any case record, the employee must have a legitimate business need to access the case. If an employee accesses a case and does not have a legitimate business need, that access is a violation of DHS confidentiality policies and may result in disciplinary action.

Sensitive Issue Reports

All sensitive issue reports involving agency employees as caregivers will be handled pursuant to agency policies and include the certified employee's district manager or designee and supervisor.

Child Abuse Allegations and Out-of-Home Care Assessments

When a screening report involves a certified employee, the screener must immediately consult with a CPS or screening supervisor per OAR 413-015-0212.

Employees must comply with OAR 413-200-0404 through 413-200-0424, Department Responsibilities During

Screening and Assessment of a Child Abuse or Neglect Report Involving the Home of a Department Certified Foster Parent or Relative Caregiver.

When the decision is made to close at screening, pursuant to OAR 413-200-0414, Department Actions During Screening, all of the following staff must be notified of the screening report:

I. The employee's certifier

II. The child's case worker, and

III. Respective supervisors.

When the decision is made to assess, the CPS screening supervisor must:

I. Immediately refer the assignment to a program manager or designee in a nearby district to assign for assessment

II. Notify the following DHS staff of the assessment: the employee's supervisor, program manager, district manager, and assigned certifier and certification supervisor

III. Complete and submit a Sensitive Issue Report form (DHS 0150), and

IV. Sensitize the employee's CPS case in OR-Kids.

Human Resources Reporting

Any concerns related to an employee's ability to be a foster parent/respite provider should be staffed with a supervisor. The supervisor will notify the Office of Human Resources if appropriate.

In addition, the supervisor will report to Human Resources the certification decision and any subsequent decision to deny or revoke a Certificate of Approval. Examples of when reporting to Human Resources would be appropriate may include, but are not limited to:

I. Concerning criminal history that is discovered

II. Substance abuse

III. Abuse or neglect toward a child or other adult in the home, and

IV. Misuse of public money.

Examples of when the supervisor would not report certification concerns or a denial or revocation of a certified employee to Human Resources may include, but are not limited to:

I. The behaviors or conditions of another person in the employee's home, and

II. Conditions or circumstances that are not behavior related, such as a living environment that does not meet certification standards.

Chapter 8

Section 12: Certification Records

Certification Records

A. Hard Copy Certification Files

Procedure

Hard Copy Certification files are separated into six distinct sections (refer to Appendix 8.5).

The certifier files information according to the following sections:

I. **Section 1** contains information regarding certification actions. This includes:
   A. A copy of a Withdrawal of Application or Termination of a Certificate (CF 1007);
   B. Any Placement Support Plans (CF 1267);
   C. Documentation of Inactive Referral Status;
   D. Notice of Intent to Deny letter;
   E. Notice of Intent to Revoke letter; and
   F. Final orders.

Note: Certificates of Approval are system generated and do not need to be printed and filed in the paper file.

II. **Section 2** contains assessment information. The purpose is to have all documentation about the family's ability to provide a safe environment and meet certification standards in one section. This includes:
   A. Directions to the home (optional);
   B. Any photos of the family (optional);
   C. The initial and renewal applications (CF 1260A and CF 1001);
   D. The Safety Assessment; (CF 979)
   E. The Home Evacuation Plan (CF 0043);
   F. Medical Report A (CF 1257A) and Medical Report B (CF 1257B) (Medical B is optional);
   G. Mental Health Information (CF 1258) (Mental Health Information is optional);
   H. Family Financial Report (CF 1291); and
   I. Applicant references (CF 1255).

III. **Section 3** contains narrative information. The purpose of this section is to have narrative information related to the certified family. This includes:
   A. The SAFE Home Study Report and SAFE Home Study Update Report;
   B. Questionnaires I, II, and the update questionnaire;
   C. Psychosocial Inventory and Psychosocial Inventory update; and
   D. Compatibility Inventory (optional for foster care or current caretakers, mandatory for General Applicant Adoption only families).

IV. **Section 4** contains background checks and approvals. This includes:

A. Consent for Criminal Records and Finger Print Check form; See OR-Kids File Cabinet Guide, page 6 for details about entering this information into the Provider Record;

B. Criminal History Approval Request; (CF 1011D)

C. Request for Management Approval for Specific Rules; (CF 117)

D. OJIN/eCourt reports;

E. Police reports; and

F. Any child abuse and neglect history obtained during certification and renewal processes.

V. **Section 5** contains information regarding training the certified family has attended. This includes:

A. Report of certified caregiver training for credit. (CF 0034);

B. Training logs;

C. Training verifications and certificates.

VI. **Section 6** contains notes and general correspondence. This includes:

A. Letters and emails to and from the certified family;

B. Information received from caseworkers unrelated to a report of child abuse or neglect (which is in Section 1); and

C. Provider notes.

- Document in the Department's information system,Or-kids as a provider note, information related to the circumstances of the certified family whenever:
  1. The certified family is participating in a Placement Support Plan;
  2. The certified family has been placed on inactive referral status;
  3. Information regarding conversation with certified family regarding information received at screening but determined not to meet the criteria for a report of child abuse or neglect;
  4. A CPS assessment is underway;
  5. At the conclusion of a CPS assessment;
  6. There are specific conditions in the certified family's home that need additional oversight of Child Welfare staff;
  7. When the applicant has had a Certificate of Approval denied or revoked; and
  8. Other information that is important for ready access to other Child Welfare staff.
- Review the certification file regularly and, at least biannually, ensure all information is current and accurately reflects the status of the certified family.

B. Electronic Certification Files

- In addition to maintaining the paper certification file, the documentation needs to be electronically scanned into OR-Kids. Documents that are generated by the information system do not generally need

to be printed and placed into the paper file.

- The filing guide to where scanned documents are stored is located on the OR-Kids online website and can be found here.

The Supervisor's Role

- Regularly review certification files; and
- Ensure all certification staff are knowledgeable regarding accurate certification documentation requirements.

C. Request for certification records

Per Oregon laws, information retained by the Department for a certified family is confidential and not available for public inspection.

Procedure

- Records are released for federal and state audit purposes. The local office will be notified by central office staff when an audit is occurring.
- Prior to providing access or providing copies of any Department records, the certifier must have the supervisor review all records. Many local offices utilize the district paralegal to assist in records requests. If needed, contact the central office Foster Care Coordinator for questions. The following records may be made available to the certified family or certified family's attorney:
    1. The certified family's home study, after third-party confidential information has been redacted. The certified family or family's attorney may receive a copy of the redacted copy with a cover letter expressly describing the specific purpose of the home study was to determine the applicants' ability to comply with certification standards required by the Department.
    2. Information or forms the family has provided to the Department, such as the family financial form, Medical Report A, or letters and email correspondence the certified family has sent to the family.
    3. Medical information received from a medical provider, mental health information received from a mental health provider unless information contained in these records could cause harm to the individual or someone else.
- Third party confidential information including, Criminal History information, references, any Department database information, or CPS assessments is confidential and not to be released.
- Department certification records that are approved for access are made available within 10 working days of the request unless the time frame is not possible, in which case the certifier arranges a time convenient to the person authorized to have access to the certification records.
- When the reviewer who has requested access to the records views the records the Department ensures:
    1. The reviewer is provided a space to review the records; and
    2. There is a Department employee with the reviewer to assure records are not altered in any way.

- When the reviewer requests a copy of the records or designated parts of the record, only Department staff must make copies of the requested records.
- Department records that are approved for release are copied and made available within five working days of the request unless the time frame is not possible, in which case the certifier arranges another date for the release of copied records.
- When a request for disclosure of information in a certification file or electronic record is received from the certified family or the certified family's attorney the certifier:
    1. Staffs the request with the supervisor,
    2. Contacts the certified family to arrange receipt of a signed release of information when appropriate. For example, when a family requests information be sent to their attorney or when the requested documents include information about both foster parents
    3. Talks with the requestor to determine if the documents will be mailed, picked up in person, or delivered by other means.
    4. Prepares the documents from the certification file or electronic data system.
- When a certifier receives a request for disclosure of information regarding a certified family from a person outside of the Department other than certified family or the family's attorney, discuss the request with the certification supervisor, the assigned AAG, and the central office foster care coordinator.
- When a certifier receives a subpoena to release a certification record, discuss the request with the certification supervisor, the assigned AAG, and the central office foster care coordinator.
- When a prospective adoptive family's home study is requested, the certifier must follow Child Welfare Policy, I-A.3.3, Release of Adoption Home Study Reports

The Supervisor's Role

- Review all certification records when a request is received.
- Advise the certifier on the information that needs to be redacted from records that will be made available for access or release.
- Review and approve all redacted records prior to access or release.

References and Forms

OAR

Division 14, Privacy of Protected Information, including Uses and Disclosures of Client or Participant Information, Client Privacy Rights, and Minimum Necessary Standards
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_014.html

DHS Privacy Policies and Procedures
http://www.dhs.state.or.us/policy/admin/privacylist.htm

Child Welfare Policy III-F.1.6, Inspection and Copying of Records

http://www.dhs.state.or.us/policy/childwelfare/manual_3/iii-f16.pdf

Child Welfare Policy I-A. 3.3, Release of Adoption Home study Reports
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a33.pdf

Chapter 8

Section 13: Safety and Wellbeing Reviews

Safety and Wellbeing Reviews

This procedure is a formal review process for Foster Parent, Relative Caregiver and/or Adoptive Families, prospective or certified, by the Department when an issue of concern, closed at screening, allegations of abuse, or rule violation occurs. This review provides increased communication and collaboration among staff in ensuring the safety, health and wellbeing needs of children and young adults are being met on an ongoing basis. This process is a comprehensive review, not incident based, to support our foster parent and relative caregivers by understanding the complexity of current family circumstances and what interventions may be needed.

Safety & Wellbeing Review Procedure

Each district/local office is responsible for the development of a local protocol and scheduling to ensure that the Safety & Wellbeing Review structure for foster homes certified by Child Welfare (CW), is enacted when CW is made aware of the following regarding certified or prospective foster and adoptive homes:

- An issue of concern related to the home, members of the household, persons frequenting the home;
- Allegations of abuse;
- Rule violations relating Foster Home Certification; or
- Closed at Screening report.

The local Safety & Wellbeing Review includes a regularly scheduled review meeting at a minimum of two times per month in which the committee meets. The purpose of having a regular scheduled time is to minimize the workload of coordinating a review committee among multiple individuals. This schedule is not intended to replace current administrative rule requirements and timelines pertaining to Department Responsibilities When a Report Involves a Home Certified by Child Welfare (Out of Home Care Assessments). OHCA pre-staffings and post-staffings may take place during Safety & Wellbeing Reviews.

This review structure allows for a staff person to:

- Request a review of certified or prospective foster and adoptive homes;
- Prepare any materials that need to be presented, including but not limited to, provider chronologies, summary of concerns, summary of provider strengths, summary of needs and behaviors of children and young adults placed in the home; and
- Provide materials to the review committee prior to the scheduled meeting.

The standing members of the Safety & Wellbeing Review process:

- Child Welfare program manager or designee;
- Certification supervisor or designee;
- Certifier;
- Caseworker Supervisor or designee;
- Caseworker; and

- ICWA representative, if applicable.

Others to consider may include:

- Social service assistant;
- CPS or Screening supervisor or designee; and
- Program Consultants & Coordinators – Central Office consultants/coordinators (Foster Care, Safety, Adoption, Residential Treatment, ICWA, Interstate Compact on the Placement of Children {ICPC}, or Health and Wellness) should be used in complex cases, or cases reviewed previously, or when the district or branch requires additional review participants.

When Information is received through the Oregon Child Abuse Hotline (ORCAH) that does not require a CPS assessment (Note) See Chapter 3, section 24 for what the required actions are during an OHCA.

When a screening decision has been made that the information about a certified foster home will not be assigned for CPS assessment but will be Closed at Screening the following procedure applies.

- When the certifier is notified by a screener that information regarding one of the certifier's homes was Closed At screening, the certifier and certification supervisor must:
  - Assess the information and determine whether the information may be:
    - A certification concern;
    - A violation of certification standards; or
    - An indication that the certified family may need additional support.

      Ways of doing this may include:

      - Talking to caseworkers;
      - Discussing with the foster parent;
      - Arrange a home visit if a certification action will support the family toward mitigating concerns;
      - Reading the screener's notes;
      - Discussing with the screener; and
      - Other relevant collaterals.
- Assess and Determine if additional actions are necessary to ensure or support safety by way of a certification action, such as:
  - Initiating a placement support plan;
  - Invoking inactive referral status; or
  - Making the decision to send a notice of intent to revoke the certificate of approval.

Exception to CAS Staffing:

The Certification Supervisor must review CAS information and determine if the CAS must be staffed at a Safety &

Wellbeing Review or if the information does not require a formal review. The supervisor must document their decision and rationale in the Lighting Bolt (on the summary page).

When a certifier receives information, which is information only and is not a Closed at Screening or Out of Home Care Assessment the certifier must:

- Review the information;
- Identify any potential certification issues, training, or support needed; and
- Follow-up as appropriate to ensure the safety of the certified family's home environment.

Documentation in OR-Kids:

Documentation of the Safety & Wellbeing review must be entered in the OR-Kids Provider record under the Certification/ Licensing Issues (Lightning Bolt) expando:

1. From the OR-Kids Desktop, click the Providers expando.
2. Click the Provider icon.
3. Click the Certification/Licensing Issues icon (Lightning Bolt).
4. Click the Certification/Licensing Issues Summary hyperlink.
5. The Certification/Licensing Issues Summary page displays.
6. In the Issue Summary group box, click Insert.
7. The Certification/Licensing Issue Detail page displays.
8. In the Issue group box, click the Cert/Lic Stage list and select the appropriate choice.
9. Click the Type of Issue list and select the appropriate choice.
10. In the Date Reported text box, type the date.
11. Click the How Reported list and select the appropriate choice.
12. In the Detailed Narrative text box, enter the explanation.
13. In the Action group box, click the Action Taken list and select the appropriate choice.
14. If applicable, enter an Action Begin Date and an Action Due Date.
15. In the Detailed Narrative group box, enter additional explanations about the action taken.
16. Click Save.
17. Click the Options list and select Approval.
18. Click Go.
19. The Approval History page displays.
20. In the Approval Decision group box, select the Approve radio button.

21. Click Continue.

22. Click Save and Close to return to the Certification/Licensing Issues Summary page.

23. Click Close to return to the Desktop.

24. **If an Action Due Date was entered:

25. Follow steps 1-5 to return to the Certification and Licensing Issues page.

26. In the appropriate row, in the Action Completed Date field, enter the date the providers completed the Action Taken.

27. Save and Close.

Chapter 8

Appendix 8.1: Certification Approval Matrix

Certification Issue	Certifier	Supervisor	Program Manager	Central Office Foster Care Program	Form or Documentation Needed	OR-Kids
Applicant applies for certification through an office other than the office in the county in which the family resides.			X*		Form 117. Form 117. Certifier in branch where application is received submits 117 to PM* of the county where applicant(s) reside to seek approval to conduct an assessment	Upload 117 into File Cabinet and document in a provider note
Applicant or member of household is a perpetrator of Founded or Unable to Determine disposition (including CPS history in other states)					Form 117. Certifiers submits 117 to supervisor discussing assessment of CPS history and seeking management approval; Supervisor signs and sends to DM* See Proc. Manual Ch 7, Sect 3, pg 4 about assessment of CPS history	Upload 117 into File Cabinet and document assessment of this history in home study
Applicant or member of household has a disqualifying conviction as outlined in 413-120-0450(3)(4)(5) or the authorized designee makes a negative Fitness Determination	Review the disqualifying convictions within Criminal History rules for specific authorize designee/management approval level needed. 413-120-0400 - 413-120-0457				1011D. The assessment of the individual's criminal history, regardless of approval or denial, should be documented on the 1011D. See Proc. Manual Ch. 7, Sect 3, pg 3 about assessment of criminal history	Upload 1011D (approved or denied) into File Cabinet. If writing home study, document the assessment of criminal history.
The Department determines that the subject individual is unable to submit fingerprints due to a physical or mental condition that makes compliance impossible or presents an undue safety risk to the subject individual or staff					Form 1011D. Certifier submits 1011D to District Manager in the District where the criminal records check was initiated. The District Manager must provide written approval to forgo fingerprinting.	Upload 1011D (approved or denied) into File Cabinet. Write a provider note indicating the approval/denial and if approved, the reason for forgoing fingerprinting.

Agency response to an application or notice of intent to deny the application within 180 days of submission (unless the application is withdrawn, or an extension is approved)					If extending our response to the application, use Form 117. If intending to deny the application, the branch should consult with their FCC and AAG for further action	If extending the response, upload the 117 into the File Cabinet.
Extension of Temporary Certificate certification activities when not completed within 180 days of receipt of completed application		X			Form 117. Certifiers submit 117 to supervisor explaining efforts to complete assessment activities and request to extend Temporary Certificate by 30 days	Upload 117 into File Cabinet and document in a provider note. Using the Additional Certification Actions in the Certificate, select "Extend Temporary" to extend the certificate.
Extension of Temporary Certificate certification activities beyond the first 30-day extension when the reason is beyond the Departments control			X*		Form 117. Branch submits 117 regarding an extension beyond 30 days, reason for extension and plan to complete assessment activities to Program Manager	If approved, certifier will write a provider note indicating the circumstances and reason for extension, cite rule 413-200-0276(3). In OR-Kids, the certifier can select the Additional Certification Actions in the Certificate and select "Addtl Extend Temporary" to issue a new certificate for the period approved to complete the assessment steps, then complete all certification actions for Temporary Certification (moving toward full

						certificate) and begin the new certification period
Number of children or young adults placed in the home exceed the maximum number allowed			X*		Form 117. Certifier submits 117 to supervisor explaining the need for overfilling the home, plan for providing support to providers during the overfill and contacts. (Certifier to make face to face contact with the certified family every 90 days during time of overfill)	Once approved, certifier can update the provider capacity. See OR-Kids QRG Additional Certification Actions-modify provider capacity/gender/age range
Applicant or member of household is an in-home day care provider or foster care provider licensed by another child-caring agency (unless placement authorized under Interagency Agreement with DD)			X*		Form 117. Certifier submits 117 to supervisor indicating the assessment of the individual's ability to provide care for foster care as well as for the other agency; PM* signs	Upload 117 into File Cabinet and document in home study
Applicant or member of household is an adult foster care or in-home adult day care provider			X*		Form 117. Certifier submits 117 to supervisor indicating the assessment of the individual's ability to provide care for foster care as well as for the other agency; PM* signs	Upload 117 into File Cabinet and document in home study
If certified family wants to become in-home child care, adult foster care or in home adult day care provider			X*		Form 117. Certifier should assess with the family the implications of providing care for foster care and other agency, articulating plan for supervision and supports. If certifier and supervisor move to approve, certifier submits analysis on 117 to supervisor; PM* signs	Upload 117 into File Cabinet and document in home study

Applicant applying to become a relative caregiver is 18, 19, or 20 years old			X*		Form 117. Certifier submits 117 to supervisor indicating the assessment of the relative applicant; PM* signs	Upload 117 into File Cabinet and document in home study
Another agency wants to place a child or young adult in certified home (approval needed in order for placement to occur)			X*		Form 117. Certifier submits 117 to supervisor regarding the other agency's request to place children/young adults in certified home and plan for supervision, communication on incoming/exiting placements and if concerns or investigations occur in home; PM* signs	Upload 117 into File Cabinet. Document in home study when the other agency has placed a child, if the placement is still occurring
Approval to issue a Certificate of Approval		X			Certificate of Approval is approved and launched through OR-Kids; approval by supervisor	Once approved, certifier will print the certificate, have the certificate signed by their supervisor, and provide a copy to the family as well as uploading a copy into the File Cabinet
Certifier delays face to face contact with any member of the household (determine date and time for face to face contact with 7 days of when member becomes available. Prior to delaying contact, get email approval and document)		X			Supervisor to send email to certifier regarding approval. Approval should include the plan for contact and completing assessment activities	Upload the email into File Cabinet or write a provider note indicating supervisor approval and keep the email in the physical provider file
Reviews all assessment activities, exceptions, and required approvals		X			Assessment actives will be documented in the SAFE home study as well as forms associated in this document (117, 1011D); home study approval date should be on or	All assessment related activities should be documented in OR-Kids; forms that are not an OR-Kids generated form should be uploaded into

					before the issuance of the certificate	the File Cabinet (with the exception of LEDS)
Approval of Placement Support Plan		X			Form 1267 Placement Support Plan. Certifier should work in collaboration with supervisor in developing Placement Support Plan, prior to going over plan with the family; family, and both certifier and supervisor sign plan	Placement Support Plan should be uploaded into the File Cabinet; a provider note documenting the conversation with the provider regarding PSP should be documented
Approval for only one of two applicants who are married, in a domestic partnership or are a cohabitating couple to be certified when the reason is unique and is not due to one of them being in the military and stationed outside the state.			X*		PM* approval can be documented in an email or utilizing the 117. The approval should include rationale why this is a unique circumstance.	Upload the approval into the File Cabinet; document approval in home study
Waive Foundations training for an applicant previously certified with family's documented knowledge and skills.		X			Form 117. Certifier should document the applicant's documentation of completion of equivalent training; supervisor signs	Upload 117 into File Cabinet; document in home study any other training needs
Individualized training plan for family whose primary language is not English or who has a hearing or visual impairment or who holds a Child Specific Certificate and requires an individualized plan in lieu of Foundations in order to attain the skills required to meet the needs of the specific child/young adult placed in the home		X			Form 117. Certifier documents individualized training plan that includes training on mental, emotional, and physical impacts of abuse and neglect, including sexual abuse and rape of a child; plan is to be developed within 90 days of issuance of a Temporary Certificate or Child Specific Certificate of Approval	Upload 117 into File Cabinet; document individualized training plan and fill in training hours in the training tab on the provider hyperlink
Approval of respite provider (unless exceptions are required for criminal history or child welfare history)	X				OR-Kids Provider Note Upload Respite Provider 1011F into File Cabinet	Certifier document in a provider note whether the respite provider put

						forth by the family was approved or not and date the family was notified of the decision
Approval to provide respite and family exceeds certificate capacity during provision of respite care			X*		OR-Kids Provider Note	Certifier document in a provider note regarding the provider capacity exceeding; a PM should approve on a 117 if the respite provider exceeds maximum # of children
Approval for respite care to continue longer than 14 consecutive days.			X*		Form 117. Certifier will document the request for the family to have more than 14 consecutive days of respite care, the amount of time requested, and rationale.	Upload 117 into File Cabinet; document in a Provider Note that respite is occurring beyond 14 days
Approval to continue foster care payment beyond 180 days when certified family moves out of state and is not certified after 180-day timeframe.				X*	Certifier and child's caseworker to work with the Permanency Unit, FCC and ICPC office to orchestrate payment after a certified family leaves the state; this should be preplanned to ensure all necessary steps have been taken	ICPC office will provide the appropriate service entry
Homes with barred windows must have operable, quick release mechanisms unless home evacuation plan is approved not to have operable, quick release mechanism.			X*		Form 117. Certifier will discuss home evacuation plan with applicant. If its determined that quick release mechanism are not necessary, the PM* must approve.	Certifier upload the approved 117 into the File Cabinet. Certifier will discuss in home study assessment.
Behavior Intervention Training Approval other than BCMT				X*	Branch request this level of training to Foster Care Program/FCC by email; email	FCC will send email with approval; certifier to document in provider

					should indicate why the branch is requesting this for the provider	note and keep email for records
180 Day Home Visit Requirement Waived when Family is on Inactive Referral Status and no children remain in the home			X*		Form 117. Certifier will discuss rationale for not maintaining 180-day home visit with certified family and provide to PM* for approval	Upload 117 into File cabinet; document in a provider note that the 180-day home visit requirement was waived
Indicates Approval can be designated to designee						
Foster Care Program Manager or Designee (FCC)						

Chapter 8

Appendix 8.2: Foster Parent Training Credit Quick Reference Chart

Foster Parent Training Credit Quick Reference Chart

Type of training	Hours	Limits	Considerations
Books 100 – 170 pages	1.5		This also applies to audio books. Is subject matter appropriate for training credit? Credit would not apply to Pride and Prejudice.
Books 171 – 275 pages	3		
Books 276 – 375 pages	4		
Books 375 – 475 pages	5		
Over 475 pages	6		
College or University Courses	Varies	none	Credit for time in class and up to two hours credit (per class) for study.
Community Based in person education courses.	hour for hour	none	Credit for attendance in topic appropriate classes
Continuing education courses (formal).	Varies	none	Credit for completion of subjects from accredited programs, i.e., accepted by professional licensing body.
Counseling Sessions	Varies	none	Credit only for time engaged in the therapeutic process.
Early Intervention visits	Varies	none	Credit for time engaged with E.I. staff in learning to meet child's needs.
Faith based parenting classes	hour for hour	None	
Foster Parent College	Varies	none	Each course specifies the hours
Foundations	27	3 hr. per. Session	This time is for all 9 sessions
Hospital education class	hour for hour	none	Class topic
In classroom training	hour for hour	none	Training topic
Netlink	hour for hour	none	
Occupational Therapy appt. Physical Therapy appt.	Varies	none	Credit for time engaged with therapist in learning to meet child's needs.
Pod cast programs	hour for hour	none	Programs on appropriate topics
Professional conference	hour for hour	none	Credit for attendance in topic appropriate presentations.
Relationship enrichment seminar.	hour for hour	none	
Research articles	Varies	none	Certifier determines credit. Consider subject matter.
Support Group – advisory	1	Time is per occurrence. There is a cumulative limit of 12 hours in a 24 month period for these activities.	When formal training is included as part of the group, this training can be counted separate. For example 90 min of a 2 hr. group is training – only 30 min would count toward 12 hr. max support group limit.
Support Group - mentoring	1.5		
Support Group – social activity	.5		
Support Group - structured	3		
Support Group – unstructured	2		
Television educational programming.	hour for hour	none	Programs on appropriate topics, usually on OPB, Discovery, etc.

Type of training	Hours	Limits	Considerations
Video 75 – 90 min	1.5		
Video 91 – 120 min.	2		
Video 121 min. – and longer	3		
Web Based Training	Varies		Time to complete in one sitting, vs. time actually taken.

Chapter 8

Appendix 8.3: Interpretation Equipment Checkout and Return Chart

Translation Equipment Check Out and Return Process

I. Contact the central office Foster Care Program at 503-945-5750 or your foster care coordinator by e-mail or phone.

II. If the equipment is available for your event or when you need it provide the following information:

   A. Staff responsible for receiving and returning the equipment

   B. Type of event

   C. Date of your event

   D. Address of your event

   E. Number of participants needing translation

   F. Number of languages being translated

III. The equipment will be sent to your location via shuttle, USPS, FED-X, or UPS. Operational instructions are included.

IV. When the equipment arrives, check the included inventory sheet (in the case) to ensure it correctly reflects the equipment sent.

V. Before use, check the battery strength of the units you will need so you can replace the batteries if needed.

VI. When the event has concluded, secure each unit in the carrying case as it was when received.

VII. Ensure all of the other equipment is also placed back in the carrying case.

VIII. Review and check off the return section of the inventory sheet, signing where indicated.

IX. If equipment is damaged please provide an explanation. Place the inventory sheet in the carrying case.

X. Return all the equipment to:

   Department of Human Services
   Well Being Unit 2nd floor
   500 Summer St. NE, E-77
   Salem, OR 97301

Chapter 8

Appendix 8.4: How to Request Verbal Language Interpretation Including American Sign Language and Written Translation for Foster Home Certification

How to Request Verbal Language Interpretation Including American Sign Language and Written Translation for Foster Home Certification

Orientation handbook

I. Orientation booklets are available in Spanish for mono-lingual Spanish speaking applicants.

II. The Orientation can be translated to other languages when necessary. To have translation in another language considered, contact a central office Foster Care Coordinator to see if a translated version has already been completed.

   A. If the Foster Care Coordinator determines the need, then they will complete the DHS 1001 Project Request and send to DHS-OHA.PublicationRequest@dhsoha.state.or.us.

III. Foundations and ongoing training needs:

   A. Plan in advance when it is known language services will be needed.

      1. Arrange for in-person spoken language interpreters according to OEMS Language Access Service Guide and check out Simultaneous Interpretation Equipment through the Foster Care Program Office. Refer to Appendix 8.3 for reserving and equipment check out instructions.

      2. If there is a need for American Sign Language (ASL) or other services for Deaf and Hard of Hearing services, follow instructions below in the "Services for the Deaf and Hard of Hearing."

IV. SAFE Home Study Template:

   A. Upon completion of the SAFE Home Study (and any SAFE Home Study updates), if a family's primary language is not English and the family requests materials in their primary language, the certifier should provide a translated version of their study(ies) to them in the requested language.

      1. The certifier will submit a request to DHS-OHA.PublicationsRequest@dhsoha.state.or.us with a completed DHS 1001 Project Request and the Word version of the home study template. See the Publications Request webpage for other details. On the Consortium for Children Website/SAFE Templates are templates that have been translated into alternate languages.

         - If the family's primary language is one of the previously translated templates provided by the Consortium for Children: Include that translated template and the Word version of the narration in the project translation requests. Emphasize in the project request that the narration is the only portion that will need to be translated. Omit the Psychosocial Inventory page.

         - If the family's primary language is not one of the previously translated templates provided by the Consortium for Children: Provide the template and the narration, as all of the document will need to be translated. Omit the Psychosocial Inventory page. Publications will provide an email receipt of the project request, notify the sender of the

assigned Publications staff, and provide updates on how long the translation request may take for completion. If the cost is over $800, supervisor approval is required.

2. Upon receipt of the completed translated home study, provide the home study to the family and keep a copy in the OR-Kids Filing Cabinet of the Provider Record.

Services for the Deaf and Hard of Hearing

In-person interpretations

I. For in-person interpreters for American Sign Language (ASL) and Hard of Hearing communications assistance (with at least 48-hour notice), submit a Communication Service Request to Oregon Deaf & Hard of Hearing Services (ODHHS). Due to the limited availability of ASL interpreters, complete the online request as early as possible.

II. ODHHS will ask which type of interpreter is needed. If you are unsure, ODHHS will ask additional questions once the request is submitted to assist in locating the appropriate resource. Here are some common services ODHHS will schedule:

   A. American Sign Language (ASL) interpreters

   B. Certified Deaf Interpreters (CDI)

   C. Communication Access Realtime Translation (CARTs)

   D. Tactile interpreters

   E. Assistive listening devices (large group or small group)

   F. Other languages for sign language

   G. **Note:** IF ODHHS is unable to fulfill your request, the branch may look for available interpreters through the Oregon Association of the Deaf Interpreter directory.

Chapter 8

Appendix 8.5: Certification Filing Guide

Certification Filing Guide

Section 1: Certification actions	
CF 1008	State of Oregon, DHS, Certificate of Approval, General
CF 1008a	State of Oregon, DHS, Certificate of Approval, Child-Specific
CF 1002w	Withdrawal
CF 1267	Placement Support Plan
	Inactive Referral Status
	Notice of Intent to Deny
	Notice of Intent to Revoke
	Final Orders
CF 332F	Certified Family Certification/ Approval Information

Section 2: Assessment information	
	Family photo
	Directions to the certified family's home
CF 1260A	Application for Approval to Care for a Child in DHS Custody
CF 1001	Certified Family Certificate Renewal or Change of Status Application
CF 1255	Applicant references
CF 979	Safety Assessment – Home and Surroundings
CF 43	Home Evacuation Plan
CF 1257A	Medical Report A
CF 1257B	Medical Report B
CF 1258	Mental Health Information
CF 1291	Family Financial Report

Section 3: Narrative	
	Safe Home Study and Safe Home Study Updates
	Documents completed by the applicant for use in the home study process related to the family
	Questionnaires one and two and update questionnaire
	Psychosocial Inventory and Psychosocial Inventory Update
	Closing narrative
	Transfer narrative

Section 4: Background checks/Approvals	
1011f	Consent for Criminal Records and Fingerprint Check
1011d	Criminal History Exception Request
CF 117	Request for Management Approval for Specific Rules
	OJIN reports
	Police reports
	Any child abuse and neglect history obtained during the certification/recertification process

Section 5: Training	
CF 34	Report of Certified Caregiver Training for Credit
	Training logs
	Training verifications/certificates, etc.

Section 6: Notes and General Correspondence	
	Letters/e-mails to and from the certified family
	Information received from caseworkers, NOT related to a report of child abuse or neglect (which is in Section 1)
	Case notes

Chapter 8

Appendix 8.7: Example Inactive Referral Status Letter

Oregon

Kate Brown, Governor

Oregon Department of Human Services
Child Welfare
Branch/District Name
Address Line
City, State, Zip
Phone
Fax

DATE

PROVIDER NAME(S)
ADDRESS LINE
ADDRESS LINE

Dear NAME(S),

The Department of Human Services (DHS) has received a report that someone in your home abused a child or young adult in your care. You will be placed on inactive referral status pending the completion of Child Protective Services (CPS) Assessment of these concerns. Inactive referral status is a period, not to exceed 12 months, during which neither DHS nor any other agency may place an additional child or young adult in your home. During the CPS Assessment, the child(ren) or young adult(s) may remain in your home, or may be removed for safety, well-being or permanency needs.

The following is excerpted from policy found in 413-015-0601 thru 413-015-0608 regarding your certifier's role during the CPS Assessment:

> 413-015-0606(2) Child Welfare Certifier and Certification Supervisor Actions. When the assigned certifier is notified that information received by a screener involving a home certified by Child Welfare is referred for a CPS assessment—
>
> (a) Within one business day after the CPS worker has made initial contact, the certifier must contact and notify the certified family and provide them with the following information:
>
> (A) The certifier is available to answer questions related to certification but will not discuss the specifics of the CPS assessment;
>
> (B) The certified family is immediately placed on inactive referral status pending the completion of the CPS assessment;
>
> (C) The certified family has the option of having a consulting foster parent or relative caregiver available for support during the assessment; and
>
> (D) The names of foster parents and relative caregivers who have agreed to serve in this role.
>
> (d) Within 14 days of the notification required in paragraph (2)(a)(B) of this rule, the Department must provide written notification to the certified family that the home has been placed on inactive referral status and place a copy of the written notification in the certification file.

EXAMPLE

Safety, health and independence for all Oregonians

Oregon

Kate Brown, Governor

Oregon Department of Human Services
Child Welfare
Branch/District Name
Address Line
City, State, Zip
Phone
Fax

At the conclusion of the CPS Assessment you will be notified of the disposition. If it is determined you are responsible for abuse, you will receive a letter that explains your right to have the decision reviewed. There is only a review process if the results are "founded" or "substantiated."

If you have further questions about this matter please contact me.

Sincerely,

{Certifier Name}

Foster Home Certification

DHS Child Welfare {Office Location}

{Phone Number}

{Email Address}

EXAMPLE

Safety, health and independence for all Oregonians

Chapter 8

Appendix 8.8: Tips for Oregon Temporary Certificate

Tips For Writing the Oregon Temporary Certificate Narrative

Please note This is just a Tip Sheet and is not meant to be viewed as a complete list of what is needed to be addressed before issuing a Temporary Certificate. It may be appropriate to issue a Temporary Certificate prior to having an opportunity to gather all this information; the detail in this Tip Sheet is not meant to be a barrier to having children join the home of a family known to them. Conversely, there may be instances in which you need to address something which is not listed below.

The prompt in the Oregon Temporary Certificate narrative document reads: [-Summarize information known about the applicants and all members of the household, at the time the Temporary Certificate was issued, regarding safety, motivation, knowledge, skills, current functioning, and personal qualifications-]

Introduction:

Who is applying?

What is the family composition? Are there any other children in the home? Are there any other adults in the home?

Discuss any information you might have on the applicant(s) children who are already in the home. What are their needs? Discuss any information you might have on how they will react to the children being placed.

Who are the applicants applying for?

What is their motivation to apply for these children?

Describe the relationship between the applicants and the children. Describe any care that they have previously provided for these children.

Information About the Children:

Briefly describe the children, anything that you know about their emotional needs and behaviors. If you know, and find it important to mention, include any information you might have about why and how the children came into substitute care (include information about the child/ren's removal if this is important for the applicant(s) to know).

What do the applicants understand about the child/ren's needs? Talk about whether the applicants will be able to meet the child/ren's needs and whether there's any history of them previously meeting these child/ren's needs.

Talk about whether there are any case plan restrictions regarding safety of the children and how the providers were made aware of those safety issues. Will the applicant(s) be able to support the case plan and meet the child/ren's safety needs. Summarize whether the information you currently have supports whether they can successfully meet the specific needs of the child/ren (while we continue to assess).

Mention the child information the applicants received to prepare them to provide care to the child (e.g. child information form, previous CANS assessment, updated supervision plan, medical information, etc.). If none provided yet, mention plan for family to receive asap.

Home/Safety/Environment:

Talk about the home generically (how many bedrooms, etc.).

What is the plan for each child to have safe and age appropriate sleeping arrangements?

Talk about any other safety information about the home. You could refer to the safety assessment, such as when a safety assessment was completed (smoke detectors, fire extinguishers, carbon monoxide alarms, medication, water hazards and sporting equipment inaccessible). Refer to anything that is/was a potential concern and how it was or will be addressed. You could mention the Foster Child's Bill of Rights being posted, or Sibling Bill of Rights accessible, and age appropriate sharing of the evacuation plan.

Give a summary of any pets that are in the home and any information about their safety with children (demeanor, are they up to date on shots?).

Criminal and Child Welfare History:

Briefly mention the following (I state briefly mention, because this will be well documented in either the CF 117 or the 1011D):

What did the CW history check reveal? Were Management Approvals needed? Were they obtained in writing?

What did the Criminal History check reveal? Were any Management Approvals needed (aka fitness determinations made)? Were they obtained in writing?

Were they referred/given the information for finger printing?

Assure that all adults in the home are discussed.

*Alternately you can just indicate that Child Welfare History Management Approvals or Criminal History Management Approvals (fitness determinations) were signed off on and are discussed further in the CW 117 or 1011D.

Current Functioning/Personal Qualifications:

Describe anything you know about the applicant(s) current functioning and personal qualifications. What you know at this juncture may be somewhat limited. Discuss any medical or mental health, substance abuse information that you may have about the applicant.

Discussions with applicant(s):

(Suggestions for topics to discuss as part of Orientation and in recognition that Orientation may not occur immediately (policy allows Orientation within 30 days):

Discussed:

- Mandatory abuse reporting requirements for certified families & resources available to them to understand their responsibilities (e.g. website for foster parents that has training video links)
- Discuss child care, respite care requirements. Talk with Foster parents about who they'll use for child care or respite care.
- Foster parent responsibilities regarding educating anybody they utilize to help care for the children about their mandatory reporting requirements and child abuse information including statutory definitions of child abuse and abuse of children in care (website training resources)
- Discipline policy

- Additional Oregon law definitions of child abuse for a child in care
- Shared 211 Foster Parent support line information (and any other local resource information which is helpful for crisis or support needs).

References:

Gather information from two personal references for the applicant. If information from the references was not able to be gathered prior to issuance of a Temporary Certificate, then policy allows 24 hours to gather those.

If you have gathered this reference information, were the two references positive? What did they say about the applicant(s) current functioning and personal qualifications?

Recommendation:

Do you recommend that they be issued a Temporary Certificate for these children?

Again* This is just a Tip Sheet and is not meant to be viewed as a complete list of what is needed to be addressed before issuing a Temporary Certificate. There may be instances where you may need to address something that is not listed above. You may also not be able to address all the items above, and it still may be appropriate to issue the Temporary Certificate. This Tip Sheet is not meant to be a barrier to issuing a Temporary Certificate and continuing to assess the family.

Chapter 9

Working with the Courts and External Partners

Section 1: The Courts

To report errors, email CW.PolicyUnit@dhsoha.state.or.us

The Courts

This chapter will guide the caseworker and supervisor in working with the Oregon courts, attorneys, CASAs, the Citizen Review Board, service providers and community partners. The juvenile court system protects children when parental or guardian capacity is diminished. Caseworkers must have a strong, professional and respectful relationship with the courts and other partners to effectively serve children and families.

Overview

Child Welfare frequently interacts with the Oregon courts. Most often, Child Welfare caseworkers appear in juvenile court. But caseworkers also have involvement with criminal cases, domestic relations cases and other civil cases involving children and families. A law enforcement investigation into alleged child abuse related to a child protective services assessment may lead to criminal charges against a parent or caregiver. A CPS caseworker may be called upon to testify in the criminal proceeding. The outcome in the criminal case could affect the juvenile court proceeding. At times, Child Welfare caseworkers are involved in domestic relations proceedings to assist a protective parent in obtaining legal custody of his or her child. Caseworkers may also be asked to testify about Child Welfare's previous involvement with a family. This section explains the caseworker's role in the juvenile court process, discusses typical issues involving domestic relations cases, and explains how to respond to attempts to obtain testimony and records in court proceedings.

A. The Juvenile Court

The juvenile court has the authority to provide for the safety of a vulnerable child. The juvenile court has exclusive original jurisdiction in any case involving a person who is under 18 years of age, and:

I. Who is beyond the control of the person's parents, guardian, or other person having custody.

II. Whose behavior is such as to endanger the welfare of the person or of others.

III. Whose condition or circumstances are such as to endanger the welfare of the person or of others.

IV. Who is dependent for care and support on a public or private child-caring agency that needs the services of the court in planning for the best interests of the person;

V. Whose parent or any other person or persons having custody of the person have:

   A. Abandoned the person;

   B. Failed to provide the person with the care or education required by law

   C. Subjected the person to cruelty, depravity or unexplained injury; or

   D. Failed to provide the person with the care, guidance and protection necessary for the physical, mental or emotional well-being of the person.

An Indian tribe has exclusive jurisdiction over any child custody proceeding involving an Indian child who resides or is domiciled on the reservation of the tribe, unless federal law vests jurisdiction in the state. In Oregon, the Burns Paiute Tribe and the Confederated Tribes of the Warm Springs Reservation have exclusive jurisdiction. Even where

the tribe has exclusive jurisdiction or the child is a ward of the tribal court, the state may take emergency custody of a child temporarily off the reservation to prevent imminent physical damage or harm to the child. The caseworker must immediately contact the tribe to arrange for a return of the child to the tribe. Emergency custody must terminate when removal is no longer necessary to prevent imminent physical damage or harm to the child or when the tribe exercises jurisdiction. If termination of an emergency placement is not possible, the juvenile court must order continued placement of the child within 24 hours of the child's placement in protective custody.

1. When to Seek Court Intervention

When at the conclusion of the CPS assessment the CPS worker determines a child is unsafe and juvenile court intervention is necessary to assure child safety and that the child and family receive appropriate services, the CPS worker must make arrangements for a juvenile court petition to be filed. If there is concern about the safety of the child between the time the petition is filed and the shelter hearing takes place, the CPS worker, in consultation with the CPS supervisor, considers protective custody. See Chapter 3, section 14 "Protective Custody" for more information regarding when to take protective custody, how to take protective custody and related requirements.

Cases Involving an Indian Child

If the caseworker decides to seek juvenile court involvement, the caseworker initiates the process to determine if the child is an Indian child as defined by the Indian Child Welfare Act (ICWA) and notifies the child's tribe if ICWA applies or may apply. See Chapter II: Screening and Assessment, Assessment, Section 22.D, Determine and Respond to ICWA Status, for additional requirements for ICWA cases. The determination of the child's status should be made before the court process is initiated whenever possible so the tribe is involved at the start of the juvenile court's involvement with the family. DHS is required to make active efforts to provide remedial services and rehabilitative programs designed to prevent the break-up of the Indian family. For additional information regarding Active Efforts, See Chapter II: Screening and Assessment, Assessment, Section 16.

Procedure

I. The CPS caseworker completes the form CF 1270, "Verification of ICWA Eligibility," to assist in determining whether the child is or may be an Indian child.

II. If the child is enrolled or eligible for enrollment in a federally recognized tribe or Alaskan village, the CPS caseworker notifies the child's tribe when the child may be placed in protective custody or when a petition may be filed on behalf of the child.

III. The CPS caseworker consults with the local office ICWA liaison, a supervisor, or the ICWA manager if the CPS caseworker has questions about whether the child is an Indian child or the involvement of a tribe.

IV. Before placing an Indian child in protective custody, the state must be able to prove, by clear and convincing evidence, that continued custody of the Indian child by the parent or Indian custodian is likely to result in serious emotional or physical injury to the Indian child.

Cases Involving a Refugee Child

ORS 418.925 defines a refugee child as a "person under 18 years of age who has entered the United States and is unwilling or unable to return to the person's country because of persecution or a well-founded fear of persecution on account of race, religion, sex, sexual orientation, nationality, membership in a particular group or political opinion,

or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, sex, sexual orientation, nationality, membership in a particular group or political opinion." If the CPS caseworker decides to seek juvenile court involvement, the caseworker must initiate the process to determine the child's refugee status and notify the Refugee Child Welfare Advisory Committee if the child is a refugee child. See Chapter 2: Screening and Assessment, Assessment, Section 22.E, Determine and Respond to Refugee Status, for additional requirements if the child is a refugee child. This determination should be made before the court process is initiated to provide remedial or preventative services to manage the child's safety in the home whenever possible.

Procedure

I. If it appears the child may be a refugee child, the CPS caseworker consults with parents and other family members about the cultural heritage of the child as soon as the caseworker believes the child may be a refugee child.

II. If the child appears to be a refugee child, the CPS caseworker must proceed as though the child is a refugee child until the CPS caseworker is able to confirm the child is not a refugee child.

III. If child safety can be maintained, the CPS caseworker must provide remedial or preventative services to alleviate the possible harm to the child.

IV. The CPS caseworker may only place the child in protective custody if removal is necessary to prevent imminent, serious emotional or physical harm to the child and reasonable efforts to alleviate the harm through remedial or preventative services do not alleviate the harm, have failed, or are not practical in an emergency situation.

V. If the child is placed in protective custody, the CPS caseworker follows the placement preferences in ORS 418.937: natural parents, extended family members, members of the same cultural heritage, or persons with knowledge and appreciation of the cultural heritage of the child.

VI. The CPS caseworker notifies the Refugee Child Welfare Advisory Committee of the placement.

Role of the Supervisor

I. Consults with the caseworker prior to a decision to place a child in protective custody or after placement if consultation before placement will delay the safety intervention.

II. Consults with the caseworker prior to the worker initiating court action or after initiating court action if consultation before placement will delay the safety intervention.

III. Ensures the caseworker has initiated the process to determine if the child is an Indian child or a refugee child.

IV. Consults with the caseworker who is denied access to a child about the need for a protective custody order from the juvenile court.

Legal references

I. The Refugee Act of 1980 (P.L. 96-212)

II. The Indian Child Welfare Act (25 USC sec. 1901 to 1923)

III. ORS 418.925 through 418.945

IV. ORS 419A.004

V. ORS 419B.090

VI. ORS 419B.100

VII. DHS Office of Child Welfare Programs Child Protective Services Rules Chapter 413 Division 015. http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_15.pdf

Forms

I. CF 1270: ICWA Eligibility form
http://dhsforms.hr.state.or.us/Forms/Served/CE1270.pdf

2. Initiating a Juvenile Court Case

Once the CPS caseworker has determined, in consultation with a supervisor, that juvenile court intervention is necessary, a CPS caseworker may initiate a juvenile court case in one of three ways:

I. File a petition alleging the child falls within the jurisdiction of the juvenile court for one of the reasons outlined in ORS 419B.100.

II. Complete a declaration in support of a request for protective custody and present the declaration to a judge for one of the reasons outlined in ORS 419B.150(4)(a).

III. Take protective custody of a child without a protective order for one of the reasons outlined in ORS 419B.150(3)(a) and file a Protective Custody Report with the court the day the child was taken into protective custody or no later than the morning of the next business day (ORS.419B.171).

For procedure specific to protective custody, see Chapter 3 Section 14: “Protective Custody”.

Petitions

If the child is not placed into protective custody, the filing of a juvenile court petition starts the process of involving the juvenile court with the family. If the child is placed in protective custody, either with or without an order, the petition should be filed prior to the shelter hearing, which must be held within 24 hours of the child’s placement in protective custody.

If one of the circumstances described in ORS 419B.340(5) exists, such as the parent’s rights to another child have been terminated involuntarily or the parent has been convicted of murder of another child of the parent, and Child Welfare does not wish to provide reasonable efforts to the parent and can identify an appropriate permanency plan for the child, the caseworker should discuss with the Department of Justice whether to include in the petition an allegation that one of the circumstances in ORS 419B.340(5) exists. ORS 419B.340(5) is discussed in more detail in “Disposition Hearing,” Section 1.A.4.f of this chapter.

Special Requirements for filing a petition if the Child is a Refugee Child

If the child meets the definition of a refugee child in ORS 418.925, the caseworker must:

A. File the petition within one working day of the child's placement in protective custody.

B. Include in the petition a specific and detailed account of the circumstances which led Child Welfare to conclude the child was in imminent danger of serious emotional or physical harm; specific actions Child Welfare is taking or has taken to alleviate the need for removal; an assurance Child Welfare has complied with the placement preferences in ORS 418.937; and an assurance Child Welfare is making or has made diligent efforts to locate and to give notice to all affected refugee family members and to the Refugee Child Welfare Advisory Committee that a petition is pending.

C. Provide notice of the filing of the petition to the Refugee Child Welfare Advisory Committee.

D. Provide notice of the filing of the petition to all affected refugee family members (defined in OAR 413-070-0310 as biological and legal parents, extended family members, and any person within the fifth degree of consanguinity to the child) that the caseworker has been able to locate.

IV. **Special Requirements for Foreign Nationals**

If the child is a citizen of a foreign country and not a citizen of the United States, the child is a foreign national. The caseworker must provide a copy of the petition on a child that is a foreign national to the consulate for the child's country.

V. **Amendments**

If, during further CPS assessment of the parents or legal guardians, the caseworker finds one or more of the facts claimed in the petition cannot be proven or are different than originally believed, the petition may need to be amended to more accurately reflect why the child is unsafe. If the caseworker believes the petition should be amended, the caseworker should consult with his or her supervisor and the district attorney's office. Additionally, the court may order a petition be amended. If the amendment of the petition substantially changes the petition, the court may postpone the hearing on the petition to allow the parties additional time to prepare. If new facts come to light that were not included in a petition that has already been heard by the court and the facts raise additional barriers to reunification that must be addressed before the child can be safely returned home, the caseworker should consult with his or her supervisor and the assistant attorney general assigned to the branch about the need to file a new petition.

Role of the Supervisor

I. Consult with the caseworker to determine whether a child should be placed in protective custody, whether a court order for protective custody should be sought, and whether a juvenile court case should be initiated.

II. Review the protective custody report and the petition.

III. Ensure the caseworker has identified and notified all persons entitled to notice if a child has been placed in protective custody.

IV. Ensure the caseworker has identified fathers (both legal and putative) and has initiated a search for any fathers the caseworker has been unable to locate.

V. Ensure the caseworker has inquired about the child's Indian heritage and, if the child is an Indian child, the caseworker has notified the child's tribe and complied with the placement preferences of the ICWA.

VI. Ensure that, if the child is a refugee child, the caseworker has complied with ORS 418.925 to ORS 418.945.

VII. Consult with the caseworker regarding possible amendments to the petition.

Legal References

I. 25 USC §§ 1901 to 1963: Indian Child Welfare Act

II. ORS 418.925 to ORS 418.945: Refugee Child Welfare Act

III. ORS 419B.150

IV. ORS 419B.160

V. ORS 419B.165

VI. ORS 419B.171

VII. ORS 419B.183

VIII. ORS 419B.851(3)

IX. ORS 419B.872

X. DHS Child Welfare Policy I-A.4.3: Identifying Legally Recognized Parental Relationships http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a43.pdf

XI. DHS Child Welfare Policy I-AB.1: Introduction to CPS Rules http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab1.pdf

XII. DHS Child Welfare Policy I-AB.4: CPS Assessment http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab1.pdf

XIII. DHS Child Welfare Policy I-E.2.1: Placement of Indian Children http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e21.pdf

XIV. DHS Child Welfare Policy I-E.2.2: Placement of Refugee Children http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e22.pdf

Forms

I. CF 418 Father'(s) Questionnaire http://dhsforms.hr.state.or.us/Forms/Served/ce0418.pdf

II. CF 464 Protective Custody Report http://dhsresources.hr.state.or.us/WORD_DOCS/CE0464.doc

3. Parties to Juvenile Court Proceedings

Parties to the juvenile court case have the right to notice; to copies of any documents filed with the court; to request a hearing; to appear with counsel at any juvenile court proceeding; to call witnesses, cross-examine witnesses, and participate in juvenile court hearings; and to appeal.

Parties to juvenile court proceedings include:

I. The child.

II. The parents or legal guardians of the child.

III. A putative father to the child who has demonstrated a direct and significant commitment to the child by assuming, or attempting to assume, responsibilities normally associated with parenthood, unless a court found the man not to be the child's legal father or the man filed a petition for filiation that has been dismissed.

IV. The state.

V. The juvenile department.

VI. A CASA (court appointed special advocate), if appointed.

VII. DHS or other child-caring agency if the agency has temporary custody of the child or ward.

VIII. The child's tribe in cases subject to the Indian Child Welfare Act if the tribe has intervened pursuant to the Indian Child Welfare Act.

IX. A person who is permitted to intervene under ORS 419B.116.

If a child is a refugee child, any person within the fifth degree of consanguinity to the child may petition the juvenile court for standing in actions arising under ORS 419B.150 (protective custody) if the primary parenting family has been determined incompetent, missing, dead, or has had parental rights terminated as a result of judicial proceedings.

Unless a foster parent or grandparent has been granted intervenor status , foster parents and grandparents are not parties to juvenile court proceedings. However, when a child or young adult iscommitted to the Department's custody, the caseworker must notify foster parents and grandparents (who is the legal parent of the child or young adult's legal parent, as defined in ORS 109.119,) of court proceedings regarding the child or young adult. The foster parent and grandparents have the right to be heard at those proceedings.

Procedure

The caseworker:

I. Asks the available parent to identify any persons who may have legal rights to the child.

II. Identifies the child's fathers and ensures that all fathers with legal rights are notified of proceedings concerning the child (See Section 2 of this chapter, Legal and Other Fathers, for information about legal fathers and other fathers who have rights).

III. Provides information to the child's parents (including a putative father who has demonstrated a direct and significant commitment to the child) and legal guardians, consistent with local court practice, about the procedure for requesting court-appointed counsel.

Diligently searches for grandparents and when a child or young adult is committed to the Department's custody, provides notice of juvenile court proceedings to grandparents who are the legal parents of the child

or young adult's legal parent, as defined in ORS 109.119), unless 1) they have been present at court and have already been notified of the date and time of the hearing by the court or 2) the court has relieved the Department of the responsibility to provide such notice, after making a finding of 'good cause'.

IV. Provides notice of juvenile court proceedings to the child's foster parents.

Role of the Supervisor

I. Review the case with the caseworker to ensure all legal parties are identified and included in planning for the child.

II. Ensure the caseworker is providing notice of juvenile court proceedings to foster parents and any grandparent who is the legal parent of the child or young adult's legal parent, as defined in ORS 109.119, when a child or young adult is committed to the Department's custody.

Forms

I. CF 148 'Notice of Court Hearing'

Legal References

II. ORS 418.935

III. ORS 419A.004

IV. ORS 419B.116

V. ORS 419B.875

VI. DHS Child Welfare Policy I-A.4.3: Identifying Legally Recognized Parental Relationships http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a43.pdf

4. The Juvenile Court Process

The federal Adoption and Safe Families Act of 1997 (ASFA) requires child welfare agencies to consider child safety and a child's need for permanency as the guiding factors when working with families. In 1999, Oregon passed legislation to implement the requirements of ASFA. This legislation imposed timelines on juvenile court cases with the goal of achieving permanency for children in a timely manner.

The juvenile court process includes the following timelines:

I. Within 24 hours of the child's placement in protective custody, the court holds a shelter hearing and the caseworker or district attorney files a petition.

II. Within 30 days from the date the petition was filed, each party about whom allegations have been made must admit or deny the allegations.

III. Within 30 days from the date the petition was filed, the caseworker must provide discovery.

IV. Within 60 days of the date the petition was filed, the court holds a hearing on the petition and enters a disposition order.

V. Within 6 months of the child's placement in substitute care, the Citizen Review Board conducts a review of the child's case. Subsequent reviews are conducted every six months as long as the child remains in substitute care.

VI. Within 12 months of the date the child was found to be within the jurisdiction of the court or within 14 months of the child's placement in substitute care, whichever is earlier, the court conducts a permanency hearing.

VII. If the child has been in substitute care for 15 of the most recent 22 months, Child Welfare is required to file a petition to terminate the rights of the child's parents unless:

   A. The child is being cared for by a relative and the placement is intended to be permanent.

   B. There is a compelling reason, which is documented in the case plan, for determining that filing a petition would not be in the best interests of the child.

   C. DHS has not provided to the family of the child such services as DHS deems necessary for the child to safely return home, if DHS is required to make reasonable efforts to make it possible for the child to safely return home.

The juvenile court process may vary from county to county. The court may, for instance, schedule settlement conferences prior to a hearing on a petition or require admissions or denials on a petition to be in writing. What follows are the statutory requirements for the juvenile court process.

a. Shelter Hearing/Preliminary Hearing

When a child is taken into protective custody, with or without a court order, the CPS worker must schedule a shelter hearing. State law prohibits a child from remaining in shelter care more than 24 hours (excluding weekends and judicial holidays) unless the court enters an order, after a hearing, finding that the child should be removed or continued out-of-the-home. A shelter hearing can also be held before a child is actually placed into protective custody. A shelter hearing gives the parent or child the opportunity to present evidence the child can be returned home without further danger of suffering physical injury or emotional harm, endangering or harming others, or not remaining within the reach of the court process prior to adjudication. At a shelter hearing the judge must also determine: whether Child Welfare made reasonable efforts or, if the Indian Child Welfare Act (ICWA) applies, active efforts to prevent or eliminate the need for the child to be removed and to make it possible for the child to safely return home, whether removal from the home is in the child's best interests, and whether the child is an Indian child, as defined by ORS 419A.004. In some counties a shelter hearing may be called a preliminary hearing or an original hearing.

Procedure

The CPS caseworker or designee:

I. Follows local practice and files the petition and the Protective Custody Report (CF 464) with the court, providing copies of the documents to all parties (see Chapter 3 Section 14 on the Protective Custody Report).

II. Provides documentation to the court (either included in the Protective Custody Report or as a separate document) describing the reasonable or active efforts made to prevent the need to remove the child from the home and to provide services to make it possible for the child to return home, the diligent efforts Child Welfare has made to place the child with relatives or persons with a caregiver relationship to the child (as defined by ORS 419B.116(1)) and to place the child with his or her siblings, and the reasons why protective custody is in the child's best interests.

III. Notifies the child's parents, including any presumed legal fathers and Stanley putative fathers, and the child's legal guardians, if any, of the shelter hearing by providing information to the parent or legal guardian in person

or by telephone, by personally serving a summons on the parent or legal guardian, or by having a summons served on the parent or legal guardian (see the procedure on summonses in this section 1.A.4.b. for additional information about issuing and serving summonses).

IV. Notifies the child's tribe, if the child is an Indian child, of the shelter hearing and arranges for the tribe to appear by telephone if the tribe cannot attend the hearing.

V. Provides information verbally to the court about Child Welfare's prior involvement with the family and why the child currently needs the court's intervention, including details of the safety assessment made by the caseworker and the current safety threats and parental, or legal guardian, protective capacity.

VI. Discloses initial discovery materials to parties to the case or, if represented, their attorneys, and continues to disclose case file materials throughout the court process. Initial discovery materials include the CPS Assessment, other 307 information, case notes and other documents that support the petition allegations.

VII. Provides pamphlet 1536, "What You Need to Know about a Child Protective Services Assessment," if the shelter hearing is the first contact the CPS worker has with a parent,

At the shelter hearing the court is required to inform the parents and legal guardians of the child about the obligation to pay for compensation and reasonable expenses for counsel for the child, support of the child while the child is in state custody, and other financial obligations that might arise because the child is within the jurisdiction of the court; the assignment of support rights; the right of the parents or guardians to appeal a decision on jurisdiction or disposition; and the time for filing an appeal of a decision of the court. The court should provide the parents and guardians with a standard notice detailing this information.

The court's shelter hearing order will include the following:

I. A determination of whether the child should be removed from the home or continued in care.

II. A written finding describing why it is in the best interests of the child that the child be removed from the home or continued in care if the court orders removal or continuation in custody.

III. Written findings as to whether DHS made diligent efforts to place the child with relatives or persons with a caregiver relationship to the child and to place with child with his or her siblings and a brief description of the efforts made if the court orders removal or continuation in custody.

IV. Written findings as to whether DHS made reasonable or active efforts to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to safely return home and a brief description of the efforts made.

V. A determination of whether the child is an Indian child.

In addition, the court may:

I. Grant temporary custody of the child to DHS Child Welfare.

II. Appoint attorneys for the child and the parents or legal guardians of the child.

III. Appoint a court appointed special advocate (CASA) for the child.

IV. Receive admissions or denials to the allegations in the petition from the parents or legal guardians.

V. Schedule a jurisdiction hearing within 60 days.

If the court knows or has reason to know that the child is an Indian child, the court shall order DHS to notify the child's tribe of the proceedings and of the tribe's right to intervene. The caseworker should ask the court to include in the order permission for DHS to send a copy of the petition with the notice, as required by the Indian Child Welfare Act and the regulations interpreting the Act. The requirements for this notice are described in this section, part 1.A.4.e, "Jurisdiction Hearing." The case is to be treated as a case subject to the ICWA until the court determines that the case is not an ICWA case.

b. Issuance of a Summons

A summons notifies a person that a juvenile court proceeding has been initiated and directs the person to appear before the court in connection with the proceeding. A summons must provide specific information to the person, as specified in ORS 419B.815, including, but not limited to the following:

I. A petition has been filed to establish jurisdiction of the named child under ORS 419B.100.

II. If the person fails to appear as required in the summons, the court may establish jurisdiction without further notice to the person.

III. The person has the right to be represented by an attorney.

IV. The parent or other person legally obligated to support the child may be required to pay a portion of the support of the child.

V. If the petition alleges that the child has been physically or sexually abused, the court may enter an order restraining the alleged perpetrator from having contact with the child.

The summons may be issued by the petitioner, the petitioner's attorney, the juvenile department, the district attorney, the assistant attorney general, or DHS.

Procedure

Responsibility for issuing the summons depends on local practice. If DHS issues the summons, the caseworker:

I. Prepares a summons in substantially the form set forth in ORS 419B.818 and containing the information required by ORS 419B.815. The summons must contain the name and address of the person being served and must direct the person to do one of the following, depending on local practice:

   A. Appear personally before the court at the time and place specified in the summons for a hearing on the petition.

   B. Appear personally before the court at the time and place specified in the summons to admit or deny the allegations of the petition.

   C. File a written answer to the petition within 30 days from the date on which the person is served with the summons.

Note: If the court does not direct the type of response, the summons must require the person to file a written answer.

I. Issues a summons to the following people:

   A. The child if the child is 12 years of age or older.

   B. The parents of the child.

   C. The legal guardian of the child.

   D. The person that has physical custody of the child if the child is not in the physical custody of a parent.

   E. A putative father who has demonstrated a direct and significant commitment to the child by assuming, or attempting to assume, responsibilities normally associated with parenthood unless a court has found that the putative father is not the child's legal father or a petition for filiation filed by the putative father has been dismissed and no appeal from the judgment or order of dismissal is pending.

   F. A putative father if notice of the initiation of filiation or paternity proceedings was on file with the Center for Health Statistics prior to the initiation of the juvenile court proceedings unless a court has found the putative father is not the child's legal father or a petition for filiation filed by the putative father has been dismissed and no appeal from the judgment or order of dismissal is pending;

II. Signs and dates the summons and prepares a copy of the summons to be served on the person. The copy must contain a statement signed by the caseworker certifying the copy is an exact and complete copy of the original.

III. Attaches a copy of the petition to the summons. The copy of the petition must contain a statement signed by the caseworker certifying the copy is an exact and complete copy of the original.

IV. Follows local practice for serving a true copy of the summons and petition on the person named in the summons. The person may be served by the following methods:

   A. Personal service by handing true copies of the summons and petition to the person to be served.

   B. Substituted service by leaving true copies of the summons and petition with a person 14 years of age or older who resides at the same dwelling house or usual place of abode as the person to be served and by mailing true copies of the summons and petition to the person to be served with a notice explaining the date of service, time of service, place of service, and the person with whom the documents were left.

   C. Office service by leaving true copies of the summons and petition with a person apparently in charge at the office maintained for conducting business by the person to be served and by mailing true copies of the summons and petition to the person to be served with a notice explaining the date of service, time of service, place of service, and the person with whom the documents were left.

   D. Service by mail by mailing true copies of the summons and petition to the person to be served by first class mail and by certified or registered mail, return receipt requested, or by express mail.

V. Consults with a supervisor and contacts the district attorney's office for assistance if a person who must be served with a summons cannot be served with one of the above methods. If the person cannot be served, a summons may be served by publication. The caseworker should attempt to locate an absent parent by following the procedure outlined in Chapter II: Screening and Assessment, Assessment, Section 17.

VI. Follows local practice for filing the original summons and the proof of service with the court. Proof of service

or of mailing may be made by:

A. The sheriff or deputy sheriff certificate of service indicating the time, place and manner of service and, if the summons was not personally served, when, where and with whom copies of the summons and petition were left.

B. The certificate of the server, indicating the time, place and manner of service; that the server is a competent person of at least 18 years of age and a resident of this state or of the state where the summons and petition were served; and either stating the server reasonably believes the person served is the identical one named in the summons if the summons was personally served, or stating when, where, and with whom copies of the summons and petition were left if the person was served by substituted service or office service.

C. A written acceptance of service by the person to be served.

D. The certificate of the person completing the mailing or an attorney for any party detailing the circumstances of the mailing and attaching a copy of the return receipt. Service by mail is complete on the date the person to be served signs a receipt for the mail.

TIP: Consider using the "impending danger safety threats" language to articulate the family's behaviors, conditions and circumstances that cause the child to be unsafe.

c. Disclosure/Discovery

Disclosure: Information or documents provided to other persons:

I. If required or permitted by state law, federal law, federal regulations or state administrative rules (CASA, CRB, LAE, other child welfare agencies, hospitals, doctors, court reports).

II. Pursuant to a court order.

III. As required by Subpoena Duces Tecum.

IV. In response to a public records request.

V. As part of Discovery; see additional information below.

VI. To facilitate the provision of services to children, parents, or families.

VII. In other circumstances where DHS is required or authorized (release of information) to release information or documents.

Discovery: Ongoing statutory obligation to disclose specific types of information and documents to all parties in a juvenile court proceeding within mandated time lines.

Once a petition has been filed on a child, the parties to the case are entitled to information from the case file. ORS 419B.881 outlines the specific information that must be provided to all parties:

I. The names and address of all persons the party intends to call as witnesses at any stage of the hearing, together with relevant written or recorded statements or memoranda of any oral statements of such persons.

II. Any written or recorded statements or memoranda of any oral statements made either by the parent or by the

child to any other party or agent for any other party. In addition to what we routinely provide in this category, any informal complaints, any DHS 0170 Client Complaint or Report of Discrimination Form submitted by a parent or child, and any request for a review of a CPS assessment founded disposition as well as related notification letters to the requestor should be included in discovery.

III. Any reports or statements of experts who will be called as witnesses, including the results of any physical or mental examinations and of comparisons or experiments that the party intends to offer in evidence at the hearing.

IV. Any books, papers, documents, or photographs that the party intends to offer in evidence at the hearing, or that were obtained from or belong to any other party.

Disclosure of case file materials is an ongoing responsibility of Child Welfare. In addition to the material that Child Welfare is required to provide to the parties under ORS 419B.881, in certain circumstances Oregon law requires Child Welfare to disclose additional information. For instance, ORS 409.225 requires Child Welfare to disclose records that contain information about an individual child, family, or other recipient of services to the juvenile court in proceedings regarding the child, and ORS 419B.035 requires Child Welfare to disclose records compiled under the child abuse reporting law to attorneys of record for the child or the child's parent or guardian in any juvenile court proceeding. In cases of domestic violence, the caseworker should be cautious about providing information that may put either the non-abusing parent or the child in an unsafe situation. If good cause is shown, the court may order that an otherwise required disclosure be denied, restricted, or deferred. Thus, in the case of domestic violence, the court may restrict the disclosure of the nonabusing parent's address. Consult with your supervisor for additional information regarding this procedure. Should there be remaining questions regarding discovery, your supervisor may approve a consultation with the AAG assigned to your case.

Disclosure applies to most all case management activities, including collateral information included with letters and referrals to schools, providers, service coordination, etc.

Drug and alcohol information may not be disclosed without either a release of information from the parent whose records are being disclosed or a court order that complies with federal regulations at 42 CFR part 2. The caseworker should attempt to get a signed release authorizing DHS to provide drug and alcohol records to the Citizen Review Board, the juvenile court, and all parties to the juvenile court case.

In addition to drug and alcohol information, there may be other information in the file which should not disclosed to other parties; protected mental health and medical records, communications between Child Welfare and DOJ, and information that may pose a safety threat to victims of domestic violence. Documents or case notes consisting of attorney-client privileged information should be clearly marked as ATTORNEY CLIENT PRIVILEGED COMMUNICATIONS and should not be disclosed. All of these types of information should be

removed from the Child Welfare file before a party is given access to the case file.

Procedure

A standardized procedure for identification, preparation and distribution of Disclosure/Discovery documents is in the process of being developed and will be provided as a separate document in early January 2010. This will include guidelines on redacting confidential information from documents.

d. Hearing to Admit or Deny Allegations in the Petition

No later than 30 days after a petition alleging jurisdiction is filed, each party about whom allegations have been made must admit or deny the allegations. Admissions and denials may either be made orally in court or in writing. Some courts may schedule a hearing for the purpose of receiving admissions and denials to the allegations in the petition. If a person admits each of the allegations in the petition, the court may enter an order directing the disposition of the case or may schedule a disposition hearing. If allegations in the petition are denied, the court may issue an order directing the person to appear at the jurisdiction hearing. Allegations that are not admitted are deemed denied.

e. Jurisdiction Hearing

The jurisdiction hearing is the hearing at which the parties present evidence to prove or disprove the facts alleged in the juvenile dependency petition. State law requires this hearing occur within 60 days of the date the petition is filed, unless the court has entered an order finding good cause to continue the hearing beyond the 60-day time limit. Each allegation in the petition not admitted must be proved by a preponderance of competent evidence. The court may dismiss one or more allegations in the petition after the proponent of the petition (usually the State) has presented its evidence if the court finds the petitioner has failed to prove the allegations or the allegations do not constitute a legal basis for jurisdiction. The court may not dismiss the petition prior to the jurisdiction hearing unless every party has been given the opportunity to investigate and present a case supporting the petition or has waived the opportunity to investigate and the right to present a case. If the court finds it has jurisdiction under ORS 419B.100, the court has jurisdiction over a party who has been properly served with a summons, a child under 12 years of age who is the subject of the petition, and any other party in ORS 419B.875(1).

I. Prior to the jurisdiction hearing, the caseworker should discuss the caseworker's testimony with the district attorney's office. In cases involving an Indian child, the caseworker should meet with the district attorney's office and the child's tribe to discuss the need to have an expert witness testify regarding the petition allegations, the child's safety, and the risk the parents present to the child. The court must find, by clear and convincing evidence, including the testimony of an expert witness, that the continued custody of the Indian child by the parent or Indian custodian is likely to result in serious emotional or physical injury to the Indian child. A qualified expert witness must be someone who possesses special knowledge of social and cultural aspects of Indian life.

II. In cases involving an Indian child, the caseworker must notify the child's tribe, in writing, of the date, place, and time of the hearing at least 10 days prior to the hearing date.

III. Prior to the hearing, the caseworker should review the CPS assessment, case notes and other documentation to prepare to testify at the hearing.

The Indian Child Welfare Act requires the party seeking the foster placement of an Indian child in any involuntary proceeding in state court, where the court knows or has reason to know that an Indian child is involved, to notify the parent or Indian custodian and the Indian child's tribe of the pending proceeding and of the tribe's right to intervene in the proceeding. 28 USC § 1912(a). See Chapter I; Section 8: Indian Child Welfare and Working with Native Families, for notification requirements in compliance with the Indian Child Welfare Act.

f. Disposition Hearing

After the evidentiary hearing, the court will enter an order directing the disposition of the case. If the court determines the petition allegations were not proven by a preponderance of the evidence, the court will dismiss the petition. If the court finds one or more of the petition allegations were proven, the court may conduct a disposition hearing immediately following the jurisdiction hearing or may set a separate hearing. The disposition hearing must occur within 28 days of the court assuming jurisdiction unless the court finds good cause to hold the hearing later.

Procedure

At this hearing the caseworker:

I. Presents a court report to the court and all parties providing information about the family and the case plan. The contents and format of the court report are discussed in depth in "Court Reports," Section 1.A.5. of this chapter.

II. Provides information to the court showing Child Welfare has made reasonable efforts or, if the child is an Indian child, active efforts to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to safely return home. A description of the efforts made by Child Welfare must be included in the court report. A more thorough description of reasonable and active efforts is found in Section 3.B of this chapter.

III. Provides information to the court, in a case involving an Indian Child, that Child Welfare has made active efforts to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that those services were unsuccessful.

IV. Provides information to the court that the placement for an Indian child is consistent with the placement preferences of the ICWA, which include, in order of preference:

   A. A member of the Indian child's extended family.

   B. A foster home licensed, approved, or specified by the Indian child's tribe.

   C. An Indian foster home licensed or approved by an authorized non-Indian licensing authority.

   D. An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the Indian child's needs.

V. Provides information to the court showing Child Welfare has made diligent efforts to place the child with relatives or persons who have a caregiver relationship with the child (as defined by ORS 419B.116) and diligent

efforts to place the child with his or her siblings.

VI. Provides information to the court that the placement for a refugee child is consistent with the child's culture and tradition and is with one of the following, in order of preference, unless such a placement is inappropriate or inconsistent with the child's best interests:

   A. Natural parent.

   B. Extended family members.

   C. Members of the same cultural heritage.

   D. Persons with knowledge and appreciation of the child's cultural heritage.

If the court has found one or more of the petition allegations proven by a preponderance of the evidence, the court must make the child a ward of the court. The court's order may direct the child be placed under protective supervision or the child be placed in the legal custody of DHS for care, placement, and supervision.

I. **Protective supervision:** If the court finds it is in the best interest and welfare of the child to be under protective supervision, the court may direct the child remain in the legal custody of the child's parents or other person with whom the child is living, be placed in the legal custody of a relative or a person maintaining a foster home that is approved by the court, or in a child care center or youth care center authorized to accept the child. The court may also grant guardianship of the child to the suitable person, entity or agency to which the court granted legal custody. The court may specify particular requirements, including but not limited to restrictions on visitation by the child's parents; restrictions on the child's associates, occupation and activities; restrictions and requirements on the person having legal custody; and requirements for visitation by and consultation with a juvenile counselor or other suitable counselor.

II. **Commitment to the custody of DHS:** If the court finds it is in the best interest and welfare of the child to be placed in the legal custody of DHS, the court may, but is not required to, grant guardianship of the child to DHS. The court may also specify the particular type of care, supervision, or services to be provided by DHS to the child and to the parents or guardian of the child. The court may make an order regarding visitation by the child's parents or siblings.

A court order removing a child from the home or continuing the child in care must include written findings as to whether:

I. Removal of the child from the child's home or continuation of care is in the best interest and for the welfare of the child.

II. Reasonable efforts, considering the circumstances of the child or parent, have been made to prevent or eliminate the need for removal of the child from the home or to make it possible for the child to safely return home.

III. Diligent efforts have been made to place the child with relatives or persons with a caregiver relationship to the child and to place the child with his or her siblings.

The court must give a preference to placement of the child with relatives or persons with a caregiver relationship with the child. If the child is an Indian child, the placement preferences of the ICWA must be followed. If the child is a refugee child, the placement preferences in ORS 418.937 must be followed.

If the court places the child in the legal custody of DHS, the court's order must include the following:

I. A determination whether DHS has made reasonable efforts or, if the Indian Child Welfare Act applies, active efforts to prevent or eliminate the need for removal of the child from the home.

II. A determination of whether DHS has made reasonable or active efforts to make it possible for the child to safely return home if the child was removed prior to entry of the disposition order.

III. A description of the preventative and reunification efforts made by DHS and why further efforts could or could not have prevented or shortened the separation of the family.

In addition, the court's order may include the following:

I. Recommendations regarding the primary and concurrent permanency plans for the child.

II. An order requiring the parent to participate in specific treatment or training if the court finds in an evidentiary hearing that treatment or training is needed by the parent to correct the circumstances that resulted in wardship or to prepare the parent to resume the care of the child and participation by the parent in treatment or training is in the child's best interests.

III. An order setting the permanency hearing for the child, which must be held either 12 months from the date the child was found within the jurisdiction of the court or 14 months from the date the child was placed in substitute care, whichever is earlier.

Note: *In the case of substituted service or office service, proof of service may include both the certificate of the server and a certificate from the person who mailed the statement of service and true copies of the summons and petition to the person to be served. Service by substituted service or office service is not complete until the statement explaining when, where, and with whom the documents were left and true copies of the summons and petition are mailed to the person to be served. Proof of service by substituted service or office service should include a copy of the statement that was mailed to the person to be served.*

Finally, if the court finds that certain circumstances exist, the court may make a finding that DHS is not required to make reasonable efforts to make it possible for the child to safely return home.

Those circumstances include:

I. Aggravated circumstances, which may include but are not limited to:

   A. The parent has caused the death of any child by abuse or neglect.

   B. The parent has attempted, solicited, or conspired to cause the death of any child.

   C. The parent has caused serious physical injury to any child by abuse or neglect.

   D. The parent has subjected any child to intentional starvation or torture.

   E. The parent has abandoned the child as described in ORS 419B.100(1)(e).

   F. The parent has unlawfully caused the death of the other parent of the child.

II. The parent has been convicted in any jurisdiction of one of the following crimes:

   A. Murder of another child of the parent.

B. Manslaughter in any degree of another child of the parent.

C. Aiding, abetting, attempting, conspiring, or soliciting to commit murder of another child of the parent or manslaughter of another child of the parent.

D. Felony assault that results in serious physical injury to the child or another child of the parent.

III. The parent's rights to another child have been terminated involuntarily.

If the court makes a finding that DHS is not required to make reasonable efforts to prevent or eliminate the need for removal of the child from the home or to make it possible for the child to safely return home and DHS decides it will not make such efforts, the court must hold a permanency hearing no later than 30 days after the finding.

g. Review Hearing

The juvenile court has the authority to review the child's situation at any time. Each party has a right to request a hearing. In addition, the court may hold a hearing after receiving a report filed under ORS 419B.440 to review the child's condition and circumstances and to determine if the court should continue jurisdiction and wardship or order modifications in the care, placement and supervision of the child. The reports that are required by ORS 419B.440 are discussed in more detail in "Court Reports," Section 1.A.5. of this chapter. The court must hold a hearing in the following situations:

I. When parental rights have been terminated and Child Welfare has not physically placed the child for adoption or initiated adoption proceedings within six months of the termination.

II. Not later than six months after the court received a report from Child Welfare because it placed the child with the child's parent or a person who was appointed the child's legal guardian prior to the child's placement in the legal custody of DHS.

III. Within 30 days of the court receiving a report from Child Welfare because, for six consecutive months, the child has been in the physical custody of the child's parent or a person who was appointed the child's legal guardian prior to the child's placement in the legal custody of DHS.

IV. If requested by the child, the child's attorney, the parents, or Child Welfare within 30 days of receiving from the court a report filed pursuant to ORS 419B.440.

Procedure

I. If the court will hold a review hearing and the caseworker has not prepared a report under ORS 419B.440, the caseworker should prepare a court report providing updated information to the court and the parties. The court report should follow the format in "Court Reports," Section 1.A.5 of this chapter. The caseworker should follow local practice requirements for submission of court reports.

II. If the caseworker has already prepared a court report as required by ORS 419B.440, the caseworker need not prepare an additional court report unless the caseworker has updated information to provide to the court and the parties.

III. No later than 3 days prior the hearing, the caseworker must disclose to all parties any information that must be disclosed under ORS 419B.881 (see "Disclosure/Discovery," Section 1.A.4.c of this chapter for information on required disclosures).

If the court was required to conduct a review hearing as explained above or the court exercised its discretion to hold a review hearing after receiving a report required under ORS 419B.440 and the court continues the child in substitute care, the court's findings must state:

I. Why continued care is necessary and the expected timetable for return or other permanent placement.

II. Whether Child Welfare has made diligent efforts to place the child with relatives or with persons having a caregiver relationship with the child (as defined by ORS 419B.116) and to place the child with his or her siblings.

III. The number of placements made, schools attended, face-to-face contacts with the assigned caseworker, and visits with parents or siblings since the child has been in the guardianship or custody of DHS, and whether the frequency of each of these is in the best interests of the child.

IV. If the child is 14 or older, whether the child is progressing adequately toward graduation from high school and, if not, the efforts that have been made by Child Welfare to assist the child to graduate.

In a review hearing, the court should consider the efforts made to develop the concurrent case plan, including but not limited to identification of appropriate permanent placement options for the child both inside and outside of Oregon and, if adoption is the concurrent case plan, identification and selection of a suitable adoptive placement for the child. The court may order DHS to consider additional information in developing the case plan or concurrent case plan.

If the child is in the legal custody of DHS but has been placed in the physical custody of the child's parent or a person who was appointed the child's legal guardian prior to the child's placement in the legal custody of DHS, and the decision after the review hearing is to continue the child in the legal custody of DHS and the physical custody of the parent or guardian, the court's findings must state:

I. Why it is necessary and in the best interests of the child to continue the child in the legal custody of DHS.

II. The expected timetable for dismissal of DHS' legal custody and for termination of wardship.

h. Permanency Hearing

The court must conduct a permanency hearing:

I. If a child is in substitute care, no later than 12 months after a child is found to be within the court's jurisdiction or 14 months after the child was placed in substitute care, whichever is earlier.

II. No later than 30 days after making a finding that DHS is not required to make reasonable efforts to make it possible for the child to safely return home, if DHS determines it will not make reasonable efforts to reunify the family.

III. No later than 3 months after the date a child is removed from court-sanctioned permanent foster care.

IV. No later than 30 days after receiving a report from Child Welfare if Child Welfare has not physically placed the child for adoption or initiated adoption proceedings within six months of the date the child's parents surrendered the child for adoption or an order terminating parental rights was entered.

V. No later than 90 days after vacating a guardianship order under ORS 419B.368.

VI. As soon as possible after receiving a request to conduct a permanency hearing from Child Welfare, the child's parents if parental rights have not been terminated, an attorney for the child, a court appointed special

advocate (CASA), a citizen review board, or a tribal court, unless good cause otherwise is shown.

VII. Upon the court's own motion.

If a permanency hearing is conducted because a child has not been physically placed for adoption or because adoption proceedings have not been initiated within the required timeframe, subsequent permanency hearings must be held every six months until the child is physically placed for adoption or adoption proceedings have been initiated. In other cases, permanency hearings must be held every 12 months for as long as the child remains in substitute care.

Procedure

To prepare for the permanency hearing, the caseworker:

I. Gathers information regarding the parents and the child from service providers.

II. Staffs the family situation with the supervisor, other appropriate Child Welfare staff, and the assistant attorney general assigned to the local office to determine the appropriate case plan for the child.

III. Prepares a court report using the format described in "Court Reports," Section 1.A.5. of this chapter.

IV. Includes in the court report a list of the efforts made by Child Welfare to make it possible for the child to safely return home or, if the permanent plan is something other than return to parent, the reasonable efforts made to place the child in a timely manner in accordance with the permanent plan and to complete the steps necessary to finalize the permanent placement.

V. Includes in the court report the comprehensive plan for the child's transition to independent living if the child is either 16 or older or the child is at least 14 and there is a comprehensive plan for the child's transition to independent living.

VI. Includes in the court report the efforts made to develop the concurrent permanent plan, including but not limited to, identification of appropriate permanent placement options both inside and outside of Oregon.

VII. Includes in the court report Child Welfare's recommendation of the plan that should be adopted at the permanency hearing.

VIII. Provides the court report to the court and all parties following local practice.

IX. Discloses to all parties, at least 3 days prior to the hearing, any information that must be disclosed under ORS 419B.881 and has not previously been disclosed (see "Disclosure/Discovery," Section 1.A.4.c of this chapter).

The court shall enter an order within 20 days of the permanency hearing, which must include the following:

I. If the case plan at the time of the hearing was to reunify the family, the court's determination as to whether DHS has made reasonable efforts or, if the ICWA applies, active efforts to make it possible for the child to safely return home and a brief description of the efforts made.

II. If the case plan at the time of the hearing was to reunify the family, the court's determination as to whether the parent has made sufficient progress to make it possible for the child to safely return home.

III. If the case plan at the time of the hearing was something other than to reunify the family, the court's determination as to whether DHS has made reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete the steps necessary to finalize the permanent plan and a

brief description of the efforts made.

IV. If the case plan at the time of the hearing was something other than to reunify the family, the court's determination as to whether DHS has considered permanent placement options for the child, including options both inside and outside of Oregon.

V. The permanency plan for the child, including whether and, if applicable, when the child will be returned to the parent, the child will be placed for adoption and a petition for termination of parental rights will be filed, the child will be referred for establishment of a legal guardianship, or the child will be placed in another planned permanent living arrangement.

VI. If the permanent plan for the child is return home because further efforts will make it possible for the child to safely return home within a reasonable time, the court's determination of the services in which the parents are required to participate, the progress the parent's are required to make, and the period of time within which the specified progress must be made.

VII. If the permanent plan for the child is adoption, the court's determination as to whether there exists an exception to the mandate in ORS 419B.498 that DHS file a petition to terminate parental rights.

VIII. If the permanent plan for the child is establishment of a legal guardianship or placement with a fit and willing relative, the court's determination as to why neither placement with the parents nor adoption is appropriate.

IX. If the permanent plan is a planned permanent living arrangement, the court's determination of a compelling reason, that must be documented by DHS, why it would not be in the best interests of the child to be returned home, placed for adoption, placed with a legal guardian, or placed with a fit and willing relative.

X. If the court decides to continue the child in substitute care, the court's findings as to why continued care is necessary as opposed to returning the child home or taking prompt action to secure another permanent placement, the expected timetable for return or other permanent placement, and whether DHS has made diligent efforts to place the child with relatives or persons with a caregiver relationship with the child (as defined by ORS 419B.116) and to place the child with his or her siblings.

XI. The number of placements made, schools attended, face-to-face contacts with the assigned caseworker and the visits with parents or siblings since the child has been in the legal custody of DHS and whether the frequency of each of these is in the best interests of the child.

XII. If the child is 14 years of age or older, the court's determination as to whether the child is progressing adequately toward graduation from high school and, if not, the efforts that have been made by DHS to assist the child to graduate.

XIII. If the child is 16 years of age or older, or if the child is at least 14 and there is a comprehensive plan for the child's transition to independent living, the court's determination as to whether the comprehensive plan for the child's transition to independent living is adequate to ensure the child's successful transition to independent living, whether DHS has offered appropriate services pursuant to the plan, and whether DHS has involved the child in the development of the plan.

XIV. If the child is an Indian child, the tribal affiliation of the child.

XV. If the child has been placed in an interstate placement, the court's determination of whether the interstate placement continues to be appropriate and in the best interest of the child.

If the court order establishes a timetable for return home or for placement in another planned permanent living arrangement because the current placement of the child is not expected to be permanent and Child Welfare does not meet the timetable set forth in the order, the caseworker must notify the court and all parties that the timetable was not met.

At the hearing the court may:

I. Determine whether DHS has made reasonable efforts or, if the Indian Child Welfare Act applies, active efforts to make it possible for the child to safely return home if the case plan changed during the period since the last court hearing or review by the Citizen Review Board and a plan to reunify the family was in effect for any part of that period.

II. Determine whether DHS has made reasonable efforts to place the child in a timely manner in accordance with the case plan and to complete the steps necessary to finalize the permanent placement if the case plan changed during the period since the last court hearing or review by the Citizen Review Board and a plan other than to reunify the family was in effect for any part of that period.

III. Determine the adequacy of and compliance with the case plan and the case progress report.

IV. Review the efforts made by DHS to develop the concurrent permanent plan.

V. Order DHS to develop or expand the case plan or concurrent permanent plan and provide a case progress report to the court and the other parties within 10 days after the permanency hearing.

VI. Order DHS to modify the care, placement and supervision of the child.

VII. Order the Citizen Review Board to review the status of the child prior to the next court hearing.

VIII. Set another court hearing at a later date.

i. Hearings to Implement the Permanent Plan (Guardianship/ Termination)

Once the case plan changes from a plan to reunify the family to adoption, establishment of a legal guardianship, placement with a relative, or a planned permanent living arrangement, the court may conduct one or more hearings to implement the permanent plan. The caseworker should consult with his or her supervisor and, if appropriate, the assistant attorney general assigned to the local branch or the Multnomah County deputy district attorney handling the termination case, for information about how to prepare for a hearing to implement the permanent plan for the child.

Role of the Supervisor

I. Consult with the caseworker to ensure that each child's case follows the timelines required by Oregon law and the Adoption & Safe Families Act.

II. Ensure that diligent efforts have been made to place the child with relatives or persons having a caregiver relationship with the child and that diligent efforts have been made to place the child with his or her sibling.

III. Ensure that the caseworker has complied with the Indian Child Welfare Act requirements.

IV. Ensure that the caseworker has complied with ORS 418.925 to ORS 418.945 (Refugee Child Welfare Act).

V. Ensure that the caseworker is knowledgeable about the juvenile court process and is in compliance with court procedures.

VI. Ensure that a summons and petition are served on all persons that are required to be served.

VII. Consult with the caseworker if a person cannot be served with a summons.

VIII. Consult with the caseworker regarding the disclosure of case file materials to the parties and ensure that relevant information that may be disclosed is provided to the court and the parties.

IX. Staff the case with the caseworker to determine the permanent plan for the child and accompany the caseworker to internal staffings or staffings with the assistant attorney general.

X. Give approval for AAG consultation in legal matters related to contested hearings.

XI. Accompany the caseworker to complicated court proceedings when requested and accompany or arrange for someone else to accompany a new caseworker to his or her first court hearing to provide training and support.

Legal References

I. 25 USC §§ 1901 to 1963: Indian Child Welfare Act

II. Public Law 105-89: The Adoption and Safe Families Act

III. 42 CFR Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records

IV. ORS 418.925 to ORS 418.945: Refugee Child Welfare Act

V. ORS 409.225

VI. ORS 419A.004

VII. See ORS 419B for the following:

VIII. ORS 419B.035

IX. ORS 419B.100

X. ORS 419B.116

XI. ORS 419B.117

XII. ORS 419B.185

XIII. ORS 419B.192

XIV. ORS 419B.305

XV. ORS 419B.310

XVI. ORS 419B.325

XVII. ORS 419B.328

XVIII. ORS 419B.331

XIX. ORS 419B.337

XX. ORS 419B.350

XXI. ORS 419B.343

XXII. ORS 419B.349

XXIII. ORS 419B.368

XXIV. ORS 419B.370

XXV. ORS 419B.385

XXVI. ORS 419B.387

XXVII. ORS 419B.440

XXVIII. ORS 419B.443

XXIX. ORS 419B.446

XXX. ORS 419B.449

XXXI. ORS 419B.452

XXXII. ORS 419B.470

XXXIII. ORS 419B.476

XXXIV. ORS 419B.498

XXXV. ORS 419B.803

XXXVI. ORS 419B.812 ORS 419B.815

XXXVII. ORS 419B.818

XXXVIII. ORS 419B.823

XXXIX. ORS 419B.824

XL. ORS 419B.875

XLI. ORS 419B.830

XLII. ORS 419B.833

XLIII. ORS 419B.839

XLIV. ORS 419B.869

XLV. ORS 419B.878

XLVI. ORS 419B.881

XLVII. ORS 419B.890

XLVIII. UTCR 11.050

XLIX. State ex rel Juv. Dept. of Multnomah County v. Charles, 70 Or App 10 (1984).

L. DHS Child Welfare Policy I-AB.4: CPS Assessment http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4.pdf

LI. DHS Child Welfare Policy I-B.1.1: Authority for Providing Services http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b11.pdf

LII. DHS Child Welfare Policy I-B.3.1: Developing and Managing the Case plan http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b31.pdf

LIII. DHS Child Welfare Policy I-B.3.2.1: Substitute Care Placement Reviews http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b321.pdf

LIV. DHS Child Welfare Policy I-E.3.6: Achieving Permanency http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e36.pdf

LV. DHS Child Welfare Policy I-I.3: Court Reports http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-i3.pdf

Forms

I. CF 464: Protective Custody Report https://apps.state.or.us/Forms/Served/CE0464.doc

5. Court Reports

A court report is a written report prepared by a caseworker that provides the judge and the parties with information about the case, including: a summary of the situation that clearly articulates the identified safety threats, present or impending; the analysis of those threats; actions taken to manage and control the threats; discussion of caregiver capacity to protect or not, and how all of this information informs the safety decisions and intervention recommendations of Child Welfare. If the child is out of the home, the report clearly articulates the conditions for return, that is, what exactly has to happen in order for the family to be reunited. These conditions must be directly related to eliminating or decreasing safety threats and increasing the parent's or caregiver's protective capacities. They are behaviorally stated, not task oriented (i.e., not parent will go to counseling). If the protective capacity assessment has not been completed at the time of the first report, the first report will contain an initial assessment, which can be completed and further explained in later court reports.

The length and format of the court report depend on the purpose of the report and the preferences of the court. If the caseworker is preparing a court report for a shelter hearing, the caseworker prepares the Protective Custody Report. The caseworker prepares a 333 Case plan for a disposition hearing and a permanency hearing.

For most hearings, the court report is to include some or all of the following information:

I. Date of the hearing, name of the caseworker, juvenile court case number, and Child Welfare case number.

II. The child's full legal name and date of birth.

III. The parents' full legal names, addresses, and dates of birth.

IV. The full legal name, address, and date of birth of the child's legal guardian, if any.

V. The legal status of the child's father or fathers.

VI. Whether jurisdiction has been established over the child.

VII. The child's residence, except when the child is in foster care, the caseworker does not provide the exact address and instead indicates that the child is in a DHS Child Welfare certified foster home.

VIII. The names of the attorneys for the parties.

IX. If applicable, whether the child is an Indian child or a Refugee child.

X. A history of Child Welfare contacts with the family, which includes the most recent referral to Child Welfare, the protective action taken, the identified safety threats, the safety analysis, and the CPS assessment disposition.

XI. Information about each parent or legal guardian, including: family social history, enhanced parental protective capacities (cognitive, emotional, and behavioral), diminished parental protective capacities (cognitive, emotional, and behavioral), relationship with the child, and other parental factors that bear on the parents' ability to provide for the safety, permanency, and well-being of the child.

XII. A list of visits the child has had with the child's parents and siblings since the child has been in the legal custody of Child Welfare, including the place and date of each visit.

XIII. Information about the child, including: family history; school history, including, if the child is 14 or older, the number of high school credits the child has earned; placement history, including a list of all placements made since the child has been in the legal custody of Child Welfare and the length of time the child spent in each placement; vulnerability; strengths; problems; talents; relationships with others; disabilities; physical health; and mental health.

XIV. The type of care, treatment and supervision that Child Welfare is providing to the child and an analysis of the effectiveness of the care being provided.

XV. A description of the ongoing safety plan currently in place and whether or not the child is able to return to the parent's home at this time.

XVI. A list of dates of face-to-face contacts the caseworker has had with the child since the child has been in the legal custody of Child Welfare and the place of each contact or, if the child is placed outside the state, whether the child has been visited no less frequently than once every six months by a state or private agency.

XVII. The diligent efforts being made by Child Welfare to identify and locate relatives and to place the child with a relative or a person with a caregiver relationship to the child.

XVIII. The diligent efforts being made by Child Welfare to place the child with his or her siblings.

XIX. A description of the parents' involvement with planning as well as that for other relatives, community partners and service providers.

XX. A description of the action agreement developed with the parent, the services the parent was referred to, and

parental involvement with services.

XXI. A description of the conditions for return of the child, the expected outcomes and the actions that will be taken to achieve the outcomes.

XXII. An outline or summary of the reasonable, or if the Indian Child Welfare Act applies, active efforts made by Child Welfare to return the child to the parent, or to complete the steps necessary to finalize the permanency plan.

XXIII. A description of the parent's progress on achieving the outcomes set out in the conditions for return.

XXIV. A description of the alternate or concurrent permanency plan and efforts made with regard to the plan, such as identification of a permanent placement for the child.

XXV. Recommendations for court orders, including orders regarding:

A. Visitation between the parent and the child.

B. Expected outcomes for the parent related to eliminating or decreasing the identified safety threats, as outlined in the action agreement and which are rationally related to the basis for juvenile court jurisdiction.

C. Services for the child, as outlined in the safety plan.

D. Safe and stable housing.

E. Contact with unsafe people.

F. Providing relative information to Child Welfare for possible placement if the parent has been unwilling to do so.

G. Conditions for return home.

H. Reasonable or active efforts.

I. Changing the case plan for the child.

J. Relieving the Citizen Review Board.

K. Terminating Child Welfare's legal custody and, if applicable, guardianship of the child and terminating wardship.

Where appropriate to do so, if consistent with local practice, the caseworker should attach documentation to the court report (i.e., a copy of the action agreement or a psychological evaluation).

Most courts prefer that subsequent court reports not repeat the same information in prior court reports, except information that is pertinent to the current situation of the child and the parent. Each district has developed a court report format in conjunction with that district's juvenile court, so the caseworker should follow local practice on the structure and content of the report.

Required Court Reports (No Hearing Identified)

Oregon law requires Child Welfare to file reports with the court or the Citizen Review Board even though no hearing is scheduled in the case.

I. A report to the court is required when a child is moved from one substitute care placement to another, or a child is placed in the parent's home. The caseworker will:

A. Inform the court of the child's move prior to the move or as soon as practicable after the child is moved.

B. Use the 333 form as the court report when possible. A report is not required if the court has received a report or treatment plan indicating the actual physical placement of the child.

Depending on local practice, notification may be done at a hearing, through a letter, or with the assistance of the assistant attorney general assigned to the local branch, with supervisor approval. The caseworker should see his or her supervisor for direction.

I. Prepare a court report using the 333 form. The report must include the information required by ORS 419B.443(1) but need not contain information in prior reports. If the child's case is being regularly reviewed by the Citizen Review Board, the report after the initial report shall be filed with the Citizen Review Board rather than the court.

II. A report to the court is required when a child has been surrendered for adoption or the rights of the child's parents have been terminated and Child Welfare has not physically placed the child for adoption or initiated adoption proceedings within six months. The caseworker will:

A. Prepare a court report using the 333 form. The report must include the information required by ORS 419B.443(1) but need not contain information in prior reports.

III. A report to the court is required when a child is in the legal custody of Child Welfare but has been placed for six consecutive months in the physical custody of a parent or a person who was appointed the child's guardian prior to the child's placement in the legal custody of Child Welfare. The caseworker will:

A. Prepare a court report using the 333 form. The report must include the information required by ORS 419B.443(1) but need not contain information in prior reports. In addition, the report must include a recommended timetable for dismissal of Child Welfare's legal custody and termination of wardship and a description of the services that Child Welfare will provide to the child and the physical custodian to eliminate the need for Child Welfare to have legal custody. The report shall be filed with the court even if the Citizen Review Board is regularly reviewing the case.

IV. A report to the court is required when a child in the legal custody of Child Welfare needs medical care or other special treatment. The caseworker will:

A. Prepare a plan for the child's care or treatment within 14 days after assuming custody of the child.

B. Provide the court with a copy of the plan, including a time schedule for implementation.

C. Provide progress reports to the court as requested, and at least annually.

D. Notify the court when the plan is implemented.

E. Notify the court of any revisions to the plan and the reasons for the revisions.

See Chapter IV: Section 21 for more information on a medically needy child.

Role of the Supervisor

I. Review the caseworker's court report to see if it is professionally done and provides the court with needed information about the family.

II. Assist the caseworker, when needed, in determining appropriate recommendations for the court to order.

III. Ensure a report is made to the court prior to or as soon as practicable after the caseworker moves a child in foster care or returns a child home and consult with the caseworker about the appropriate format for the report.

IV. Ensure the caseworker files a medical plan for a medically needy child according to the appropriate timelines.

V. Ensure other required reports are completed and contain the necessary information.

Legal References

VI. ORS 419B.346

VII. ORS 419B.440

VIII. ORS 419B.443

IX. DHS Child Welfare Policy I-I.3: Court Reports
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-i3.pdf

Forms

I. CF 0333: Case plan
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333a.doc

6. Court Orders

The caseworker will:

I. Obtain a written copy of the order filed by the court.

II. Read the order thoroughly to ensure that the order reflects the caseworker's recollection of the court's statements at the hearing and to ensure that the caseworker understands the order.

III. Consult with his or her supervisor if the caseworker has any questions about the order, if the order raises a legal issue that requires mandatory consultation with an assistant attorney general, or if the caseworker disagrees with the order.

IV. Comply with the order.

If there is an error in the order (i.e., the order is incorrect or the order fails to contain a required finding), the caseworker will immediately inform his or her supervisor and get permission to contact the assistant attorney general assigned to the branch. The order remains in effect until it is modified, so the caseworker must comply with the existing order during this time. The caseworker should discuss compliance with the order with his or her supervisor and the AAG. If the juvenile court has ordered a parent to complete a specific service, the caseworker should refer the parent to the appropriate service, especially when Child Welfare pays for the service. See Chapter VI: Family Support Services for service referral procedures.

Role of the Supervisor

I. Give approval for an AAG consultation in cases where mandatory consultation with an assistant attorney

general is required or for assistance with orders that are incomplete, inaccurate, or with which the agency disagrees.

B. Domestic Relations Cases

Overview

Child Welfare caseworkers have only limited contacts with domestic relations cases. Typically, domestic relations cases deal with issues regarding marital dissolution, separation, family abuse prevention, and parent and child rights and relationships.

Child Welfare caseworkers may be served with a subpoena to appear as a witness in cases of marital dissolution or child custody if the caseworker had involvement with the family, either as part of a Child Protective Services investigation or an open Child Welfare case. If the caseworker is served with a subpoena, requiring the caseworker to testify, to provide records, or to provide records and testify, the caseworker:

I. Consults with his or her supervisor about the confidentiality of DHS records.

II. Refers to Section 1.C of this chapter for information on responding to subpoenas.

When a parent has made significant progress in achieving the expected outcomes of a case, child safety is being sustained in the parent's home, the safety threats have been eliminated or mitigated, and child safety can be sustained without ongoing Child Welfare involvement, but the parent needs an order granting the parent custody and control of the child in order to protect the child, the caseworker:

I. Refers the parent to his or her attorney to discuss options for obtaining legal custody of the child.

II. Requests the juvenile court maintain wardship of the child, place the child under the protective supervision of the court with legal custody to the parent, and terminate Child Welfare's legal custody and, if applicable, guardianship, until that parent can obtain a circuit court order granting the parent legal custody of the child.

III. Closes the Child Welfare case as outlined in Chapter III: Section 17, "Closing the Case," after the court vacates Child Welfare's legal custody and guardianship.

Role of the Supervisor

I. Consult with the caseworker regarding a subpoena, the confidentiality of DHS records, and testifying.

II. Assist the caseworker in preparation of testimony.

III. Approve consultation with the assistant attorney general assigned to the local office in cases where there are legal questions about a subpoena, records, or testimony.

C. Responding to Subpoenas, Summonses, and Court Orders

1. Overview

Any department employee, case record or a child in the department's legal custody can be the subject of a subpoena, summons or court order. A subpoena is directed to a person and may require the person to testify as a witness at a

particular time and place on behalf of the party issuing the subpoena or may require the person to produce books, papers, documents or other things and permit inspection of them at a particular time and place. A subpoena may require appearance and testimony under oath at a location outside of the courtroom, called a deposition. A summons notifies a person that a court action has been initiated against them and requires the person to appear before the court either in person, at a designated time and place, or by filing a document with the court.

If the department or an employee is not able to legally comply with the subpoena, summons or court order, or if there are questions about whether the department can or should comply (i.e., a subpoena compels a child in the custody of the department to testify and testifying may not be in the child's best interests), the department must seek assistance from an assistant attorney general (AAG) to protect client rights and to ensure that the department follows state and federal laws regarding the confidentiality of client and department records. This section guides department staff to properly respond to subpoenas, summonses, or court orders.

Procedure

The department employee receiving the subpoena, summons, or court order must:

I. Date stamp the document and note the method by which the document was received (by mail, by hand delivery, by facsimile, etc.).

II. If the document is a summons or subpoena directed to a specific department employee and the employee receiving the document is not the named employee, immediately deliver the summons or subpoena to the named employee.

III. If the document is a summons or subpoena directed to a child in the legal custody of the department, immediately deliver the document to the assigned caseworker for the child.

IV. If the document is a court order directing a specific department employee to take a particular action and the employee receiving the document is not the named employee, immediately deliver the court order to the named employee.

V. If the document is a court order in a juvenile court proceeding or in another proceeding involving a child in the legal custody of the department, a family member of a child in the legal custody of the department, or a family with whom the department is working voluntarily, immediately deliver the court order to the assigned caseworker for the child or family.

VI. If the document is a summons or subpoena that is not directed to a specific department employee but rather is directed to the department generally or to the "custodian of records," immediately deliver the summons or subpoena to the caseworker assigned to the case or, if a caseworker is not assigned to the case, to the local employee designated to review records requests.

VII. If the document is a court order requiring the production of department records, immediately deliver the court order to the caseworker assigned to the case or, if a caseworker is not assigned to the case, to the employee designated to review records requests.

Note: Due to the unusually short timeframe within which the department must typically comply with a subpoena,

summons, or court order, the employee receiving the document may not leave the document for an employee who is absent. If the employee to whom the document should be delivered is gone, the employee receiving the document must deliver it to the designated employee's supervisor or to staff providing coverage for the designated employee.

Once the subpoena, summons, or court order is received by the department employee named in the subpoena, summons, or order, by the caseworker or by the employee designated to review records requests, the named employee, the caseworker, or the employee designated to review records requests, examines the subpoena, summons, or court order to determine:

I. What type of proceeding is involved (criminal, domestic relations, paternity, juvenile dependency, etc.).

II. What court issued the subpoena (state, federal, out-of-state, etc.).

III. What the document requires and when.

Note: If payment for witness fees or copying costs accompanies a subpoena or subpoena duces tecum, the named employee, caseworker, or the employee designated to review records requests, must notify his or her supervisor of the payment. The payment may need to be returned to the attorney issuing the subpoena if the department objects to the subpoena. If the payment can be kept, it must be surrendered to the department.

2. Responding to Summonses, Subpoenas, or Court Orders in Juvenile Dependency Cases

In a juvenile dependency proceeding, a summons may be issued to require the appearance of any person whose presence the court deems necessary. A subpoena may be issued by an attorney for any party, by the clerk of the court, or by a judge. Under ORS 419B.884, before a subpoena in a juvenile case may command a person to appear for a deposition, the deposition must be authorized by the court. In addition, department employees are expected to comply with an informal notice to attend a juvenile court hearing.

Procedure

Once the caseworker assigned to the juvenile court case receives the document and reviews it, the caseworker:

I. If the document is a court order, follows the procedure in this chapter, Section 1.A.6, Court Orders.

II. If the document requires the caseworker's presence at a court hearing, through either a summons or a subpoena, complies with the command. If the caseworker has any questions about his or her ability to comply, the caseworker should consult with his or her supervisor and seek approval to consult with an AAG.

III. If the document requires the testimony or appearance of a child in the custody of the department, provides a copy of the document to the child's attorney and, if appropriate, arranges for the child to appear. If the caseworker has any questions about whether it is in the child's best interests to appear, the caseworker should consult with his or her supervisor and discuss the concerns with the child's attorney. If questions remain, the caseworker should seek approval to consult with an AAG.

IV. Notifies his or her supervisor of any order that requires the disclosure of department records. If there are any questions regarding the disclosure of records, the caseworker should seek approval to consult with an AAG.

V. Consults with his or her supervisor and seeks approval to consult with an AAG if a subpoena requires the

caseworker to appear for a deposition.

VI. Consults with his or her supervisor if the time to respond to the subpoena, summons, or court order is less than 24 hours or is otherwise unreasonable.

VII. Consults with his or her supervisor and seeks approval to consult with an AAG if the order requires the caseworker to appear and show cause why the caseworker should not be held in contempt of court.

VIII. Consults with his or her supervisor if the caseworker has any questions about his or her ability to testify.

3. Responding to Summonses and Court Orders (Not Involving the Disclosure of Department Records) in Civil Cases

The department may receive a summons or a court order in a civil case. For instance, if the department is sued, the department may be served with a copy of the complaint and a summons requiring the department to respond to the complaint within 30 days. In addition, the department could receive a court order, other than orders requiring the disclosure of records, in a civil case. Sometimes, a court will issue an order called an Order to Appear and Show Cause in order to bring a person before the court. A court may issue an order to appear and show cause directing a person to appear before the court to show cause why he or she should not be held in contempt of court.

Procedure

Once the document is reviewed, the named employee, the caseworker, if the document involves a child in the legal custody of the department, or the employee designated to review records requests:

I. If the document is a summons directed to a named employee or to the department generally, forward the summons to the Department of Justice immediately.

II. If the document is a summons directed to a child in the legal custody of the department, consults with his or her supervisor and provides a copy of the document to the attorney for the child, if any. If there are any questions about how to respond to the summons, seeks approval to consult with an AAG.

III. If the document is a court order, consults with his or her supervisor to determine if the department can or should comply with the order. If there are questions about whether the department can legally comply or should comply, seeks approval to consult with an AAG.

IV. If the document is a court order directed to a child in the legal custody of the department, consults with his or her supervisor and provides a copy of the order to the child's attorney, if any. If there are any questions about how to respond to the order, seeks approval to consult with an AAG.

V. If the response time is less than 24 hours or is otherwise unreasonable, consults with his or her supervisor and seeks approval to consult with an AAG if the response time for an order or summons is less than 24 hours or is otherwise unreasonable.

VI. If the summons or court order is from an out-of-state court, notifies his or her supervisor and seeks approval to consult with an AAG.

4. Responding to Subpoenas and Court Orders to Disclose Records or to Testify in

Civil Cases or Administrative Proceedings

Information held by the department regarding a child or family is confidential under a number of state and federal laws. Even if a subpoena or court order requests testimony and does not seek the disclosure of records, testimony about confidential records is protected by the public officer privilege. To protect the confidentiality of information about a child or family, the Department must seek assistance from an AAG whenever a subpoena or court order in a civil case or administrative proceeding requires the department to disclose information that is confidential.

Procedure

The employee named in the subpoena, the caseworker, or the employee designated to review records requests:

I. Reviews the subpoena or court order to determine what records are being requested.

II. Determines whether the department has the records (this includes determining whether the records are at any department location, including central office, at an offsite storage location, or stored on someone's computer). If there are questions about whether the department has custody or control over the requested records, consults with his or her supervisor and seeks approval to consult with an AAG.

   A. If the department does not have the requested records, contacts the attorney that issued the subpoena and explains that the department does not have the records. Telephone contact with an attorney should be followed with a letter confirming the conversation. NOTE: Notifying an attorney that the department does not have records does not relieve the department of its responsibility to comply with a subpoena to appear and testify. If the attorney does not withdraw the subpoena, the employee should consult with his or her supervisor and seek approval to consult with an AAG.

   B. If a court order requires disclosure of records that the department does not have, consults with his or her supervisor and seeks approval to consult with an AAG.

III. Reviews the records requested in the subpoena to determine what kinds of records are being sought (i.e.,: CPS records, drug and alcohol records, medical records, juvenile court records), whether the department has a written authorization that permits it to disclose the requested records, and whether the department may legally comply with the subpoena or court order and provide the records. Even if the subpoena is for testimony only, department records should be reviewed to determine if questions might be asked about confidential information.

IV. Notifies his or her supervisor about any court order requiring the testimony of a department employee or the disclosure of a department record.

V. Notifies his or her supervisor and seeks approval to consult with an AAG if:

   A. A subpoena requires testimony at a deposition.

   B. A subpoena or court order requires a response in less than 24 hours or is otherwise unreasonable.

   C. A subpoena or court order is from an out-of-state court.

VI. If the department is legally required to comply with the subpoena or court order, discloses the records pursuant to the subpoena or court order and keeps a copy of the records that are disclosed for the file. If the employee has any question about whether the department can or should comply with the subpoena or court

order, the employee should consult with his or her supervisor and seek approval to consult with an AAG. If the disclosure includes protected health information, the disclosure must be logged on the DHS 2097.

VII. If the department has the discretion to disclose the records and decides that it is appropriate to exercise that discretion in this case, discloses the records pursuant to the subpoena or court order, keeps a copy of the records that are disclosed for the file, and documents in the file the reasons why the department has determined that it is appropriate to exercise its discretion.

VIII. If the department may not legally comply with the subpoena or court order or determines that it is not appropriate to exercise its discretion in this case, consults with his or her supervisor and seeks approval to consult with an AAG.

IX. If the department is legally required to comply with the subpoena or court order but it would be harmful to a child if records were disclosed to certain persons, consults with his or her supervisor and seeks approval to consult with an AAG.

X. If the department may provide some of the records requested but may not provide all the records or may provide records if certain information in the records is redacted, consults with his or her supervisor and seeks approval to consult with an AAG.

5. Responding to Subpoenas and Court Orders Requiring Testimony or the Disclosure of Department Records in Criminal Cases

Based on local practice and case law regarding the disclosure of department records in criminal cases, parties may seek department records for purposes of an in camera inspection by the court.

Procedure

The caseworker or the employee designated to review records requests:

I. Notifies his or her supervisor that a court order was received for in camera review of department records.

II. Reviews the court order to determine the records that must be disclosed.

III. Determines whether the department has the records (this includes determining whether the records are at any department location, including central office, at an offsite storage location, or stored on someone's computer). If there are questions about whether the department has custody or control over the requested records, consults with his or her supervisor and seeks approval to consult with an AAG.

IV. If the department does not have the records, consults with his or her supervisor and seeks approval to consult with an AAG.

V. Reviews the records to be provided for in camera review to determine what kinds of records are being sought (i.e., CPS records, drug and alcohol records, medical records, juvenile court records).

VI. If the court order seeks drug and alcohol records, consults with his or her supervisor and seeks approval to consult with an AAG. The court order must contain specific findings to permit the release of drug and alcohol records under federal law.

VII. If the court order does not require the disclosure of drug and alcohol records or the department does not have drug and alcohol records, provides the records to the court by making a complete copy of the records, certifying that the copy is a true and complete copy of the department's file, sealing the records and the certification in a manila envelope, attaching the court order to the outside of the envelope with a cover sheet (a copy of a cover sheet is included in the appendix), and delivering the documents to the court. If protected health information was disclosed, the employee logs the disclosure on the DHS 2097.

VIII. If the court order requires the disclosure of drug and alcohol records, consults with his or her supervisor and seeks approval to consult with an AAG.

IX. Consults with his or her supervisor and seeks approval to consult with an AAG if disclosure of the records to certain persons would be harmful to a child.

X. Notifies his or her supervisor and seeks approval to consult with an AAG if the order is from an out-of-state court.

XI. Notifies his or her supervisor and seeks approval to consult with an AAG if the order requires a response within 24 hours or is otherwise unreasonable.

Responding to Subpoenas Requiring the Department to Disclose Records to the Court for In *Camera* Review

Procedure

The caseworker or the employee designated to review records requests:

I. If the subpoena is accompanied by a court order to produce the records to the court for an in *camera* review, follows the procedures above for court orders for in *camera* review.

II. If the subpoena is not accompanied by a court order to produce the records to the court for an in camera review, consult with his or her supervisor and seek approval to consult with an AAG. Drug and alcohol records and protected health information may not be disclosed without a court order or a written authorization.

III. If the subpoena demands a response within 24 hours or is otherwise unreasonable, notifies his or her supervisor and seeks approval to consult with an AAG.

IV. If the subpoena is from out-of-state, notifies his or her supervisor and seeks approval to consult with an AAG.

Responding to Subpoenas for Testimony or Disclosure of Records in a Criminal Case

Procedure

If a subpoena does not request in camera review by the court, the employee named in the subpoena, the caseworker, or the employee designated to review records requests:

I. Determines if the court has conducted an in camera review of department records and, if so, whether records were released to the parties pursuant to the court's in camera review. If records were already released pursuant to an in camera review and the subpoena requests testimony only, the employee should consult with his or her supervisor. The employee can testify as to matters that the court has disclosed pursuant to its in camera review. If there are any questions, the employee and the supervisor should consult with an AAG.

II. If the court has not conducted an in camera review of the records or the subpoena seeks records in addition to records that were released pursuant to an in camera review, follows the procedures for responding to subpoenas in civil cases.

III. If the subpoena requests testimony before the grand jury, contacts the deputy district attorney that issued the subpoena to discuss the scope of the testimony. If the caseworker or employee has any concerns about the testimony after contacting the deputy district attorney, the employee consults with his or her supervisor.

6. Information to Provide to the Department of Justice

Because of the often short timeframe within which to respond to subpoenas, summonses, and court orders, an assistant attorney general should be consulted as soon as possible and must be provided with specific information during the initial consultation.

Procedure

Once a supervisor has approved consultation with an AAG, the caseworker, the employee to whom the summons, subpoena, or court order is directed, or the employee designated to review records requests:

I. Contacts the AAG assigned to the local branch. If possible, this contact should be made by the DHS paralegal.

II. Provides the AAG with copies of the court order, summons, or subpoena and any written authorizations to disclose records; notifies the AAG of the date the document was received and how the document was received (i.e., hand-delivery, by certified mail, by fax); identifies the type of documents that are requested by the subpoena or court order (drug and alcohol records, CPS records, etc.); and, if possible, provides the AAG with copies of any documents requested.

III. Consultation with an AAG on a predisposition/jurisdiction must be approved by the CAF assistant administrator and the assistant attorney in charge for the branch AAG.

Role of the Supervisor

I. Review any orders served on the caseworker.

II. Review any court orders for department records.

III. Review any non-juvenile court orders for department records, the testimony of a department employee, or the presence of a child in the legal custody of the department.

IV. Consult with the caseworker about the disclosure of department records, the testimony of a department employee, or other questions involving summonses, subpoenas, or court orders.

V. Give approval to consult with an AAG on issues involving the confidentiality of department records; the legal sufficiency of a subpoena, summons, or court order; a subpoena, summons, or court order issued in an out-of-state case; the timeline for a response to a subpoena, summons, or court order; or the need to protect a child in the legal custody of the department.

VI. Assist the caseworker in preparing to testify in court.

Drug and alcohol information regarding a parent cannot be disclosed without a court order or an authorization from the parent permitting the department to disclose the records to the court and the parties to the juvenile court case. Under

federal law, a court order authorizing the disclosure of drug and alcohol records must contain specific findings. The disclosure of protected health information must be required by law or made pursuant to a written authorization. The caseworker must log the disclosure of protected health information on the DHS 2097. Refer to DHS Child Welfare Policies I-A.3.1 and I-A.3.2; Section 1.A.4.c, Disclosure/Discovery, of this chapter; and Chapter I: Section 5, Confidentiality, for more information on the confidentiality of department records.

If the subpoena or court order requires disclosure of "all DHS records" relating to a specific person and is not specifically directed to Child Welfare, the employee reviewing the subpoena or court order should contact Central Office for assistance. The subpoena may demand production of records held by other DHS programs, such as Self-Sufficiency.

If a document contains both information that is subject to a subpoena or court order and information that is not subject, and the information that is subject to the subpoena or court order can legally be provided, the document must be redacted before it can be disclosed. The document should be redacted to remove information that is not subject to disclosure. The person responding to the subpoena or court order should note in a cover sheet the general information that was redacted (i.e., information regarding a third party). If the document cannot be redacted, a supervisor should be consulted.

Legal References

VII. ORS 40.270

VIII. ORS 419B.839

IX. ORS 419B.884

X. ORS 419B.893

XI. ORS 419B.896

XII. DHS Child Welfare Policy I-B.1.2 Responding to Subpoenas, Summonses and Court Orders
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b12.pdf

XIII. DHS Child Welfare Policy I-A.3.1 Procedures for Maintaining Confidentiality
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a31.pdf

XIV. DHS Child Welfare Policy I-A.3.2 Confidentiality of Client Information
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a32.pdf

Chapter 9

Working with the courts and external partners

Section 2: Legal and Other Fathers

Legal and Other Fathers

A. Overview

Identifying legal relationships to a child is an important task for the caseworker. The caseworker must identify the child's father and his legal relationship to the child. It is extremely important for the caseworker to identify the child's father and the father's legal status when beginning to work with the family for a number of reasons:

I. 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.

II. As a parent, the father has certain legal rights to participation in the court process.

III. The legal father may have relatives who can be a resource to the child.

IV. Policy I-AB.4, CPS Assessment directs the worker to contact and interview the father as part of the CPS assessment process.

V. The father's parental protective capacity is assessed during the Protective Capacity Assessment.

VI. Policy I-A.4.3, Identifying Legally Recognized Parental Relationships, 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.

VII. It is best casework practice and the law to include the father and his family in planning for the child. The caseworker cannot do a thorough safety assessment without including the father.

B. Who is a Father?

The legal father of a child is defined as:

I. The man who has established his parental rights to a child in one of the following ways:

   A. The man who was married to the child's mother at the time of the child's birth and is presumed to be the child's legal father even if he is not the biological father. This presumption can be challenged.

   B. The child's biological father who established legal paternity by marrying the child's mother after the child's birth.

   C. The biological father who, with the child's mother, filed a voluntary acknowledgement of paternity with the Oregon Center for Health Statistics (Vital Statistics).

   D. The biological father whose legal paternity has been established by filiations proceeding.

   E. The father whose legal paternity has been established by some other judicial order, including adoption of the child.

   F. If the child was born in a state other than Oregon, legal paternity may have been established by other means according to the laws of that state (e.g., common-law marriage).

   G. In Indian Child Welfare cases, a man who is the father under applicable tribal law.

The putative father of a child is defined as:

I. A Stanley putative father is a party to the juvenile court case and is the biological father of a child who has never legally established paternity as outlined above, but who has assumed or attempted to assume the responsibilities normally associated with parenthood (e.g., has lived with the child, financially supported the child, established significant psychological ties to the child) and has legal rights to the child.

II. A Pagan putative father who is an alleged biological father who has not assumed or attempted to assume parental responsibilities.

III. An "other" putative father includes a man who is the biological father and who has had or has attempted to have some contact and attempted to provide some for the child, or a named biological father of a child placed immediately in foster care, or a man claiming or alleged to be the biological father and paternity is being addressed in court.

See Appendix 2.1 for the chart Fathers at a Glance and Search and Notice Requirements for additional information regarding fathers. This tool is also available at the DHS website: http://www.dhs.state.or.us/training/caf/paternity_tools/

Procedure

I. Complete the form CF 418 with the mother of the child at the start of working with the family. This form, called the Father's Questionnaire, provides information to confirm the father's status or to determine if he is a father with legal rights to the child.

II. Identify the legal status of the named father of a child by naming him on the petition if legal or Stanley, describe how he is the legal or putative father, and document this status in a case note in FACIS. Do not name a man on the petition if you are unsure of his legal status.

III. Consult with your supervisor or an AAG (with your supervisor's approval) if you have questions regarding the legal status of a father, including the possibility of having two legal fathers for a child.

There are many resources to help you find information regarding a putative or legal father. Child Welfare screens accessed through FACIS and IIS, Birth Browse, Division of Child Support (DCS) screens and Self Sufficiency Program (SSP) screens may be used. Check with your CMC for assistance if you do not know how to access those screens. Remember to document your search results in the case notes section in FACIS.

The State Recovery Central Unit (SRCU), a unit within DCS, can assist caseworkers in identifying if and how paternity has been established. Contact SRCU to inquire about the status of establish- ment proceedings when DCS has an open case. Provide updated information to DCS to assist in their efforts to establish paternity. Find their contact information on the DHS paternity tools website: http://www.dhs.state.or.us/training/caf/paternity_tools/ at State Recovery Central Unit (SRCU).

The caseworker uses Form CF 5600-Child Welfare Parentage Testing and Division of Child Support Notification to notify SRCU about a paternity issue.

Procedure

I. Obtain supervisor approval for DHS to facilitate parentage testing through LabCorp (Box 3).

II. Complete case information fields (Box 1) and fax a copy of the CF 5600 to LabCorp, DCS and central office using the numbers provided on the form (Boxes 2 & 3).

III. Notify DCS any time paternity is addressed as an issue in a juvenile court proceeding (Box 2).

IV. Forward to DCS a Voluntary Acknowledgement of Paternity or a certified copy of an order establishing or dis-establishing paternity (Box 2).

C. During the CPS Assessment

The CPS worker completing a CPS assessment identifies and contacts the father with rights to a child. The father with rights is interviewed by the CPS caseworker to gather information relevant to determining child safety. The father is entitled to receive Pamphlet 1536, regarding the CPS process; the assessment disposition; and Pamphlet 9027 regarding notice if the child is placed in foster care. The caseworker receives an exception for some notification in cases of domestic violence but must provide notice to the father with rights if the child is placed out of the home and the juvenile court is involved with the child.

Procedure

The caseworker will:

I. Locate the father when it has been determined the named father is a father with rights.

II. Ask the child's mother and other maternal and paternal relatives to assist in locating the father.

III. Initiate an Absent Parent Search in open cases if the father's whereabouts are unknown. Initiate this search by the 60th day of any open case with court involvement. See Chapter II: Screening and Assessment sections on Identifying Legal Parents and Absent Parent Search for the detailed procedures to follow when searching for the father.

IV. Provide notice to and include the father who has rights in case planning. A legal father or a Stanley father is a party to any court action taken on behalf of a child. The father has the right to notice of hearings; copies of petitions, answers, motions and other papers; request counsel be appointed to represent him; call witnesses, cross-examine witnesses and participate in hearings; appeal; and request a hearing.

V. Determine how a father has established paternity or is considered a legal party and document that information in a case note in FACIS.

VI. The Indian Child Welfare Act applies if the named father of a child is a member of or eligible for membership in a federally recognized tribe and the named father acknowledges he is the father consistent with tribal law. This father is considered the legal father even if he has not legally established paternity through the state of Oregon. He is a father with rights. Provide active efforts to the family and discuss with the father ways to establish legal paternity. This includes providing information about the local Division of Child Support office, including the address and phone number. Contact the DCS State Recovery Central Unit for assistance.

VII. List a legal father and a Stanley father on any dependency petition filed and provide notice of the hearing to this father.

VIII. Provide information to the court regarding the status of the legal father and how he was established as the legal father. Provide this information either orally to the judge or in a court report.

IX. Assist a Stanley putative father who has not established paternity but has assumed or attempted to assume parental responsibility for the child to establish legal paternity. Provide information about the local Division of Child Support, including the address and phone number or contact DCS State Recovery Central Unit for assistance.

X. Treat the Stanley father as a parent in case practice; however, his relatives will not be considered as relatives to the child unless he establishes legal paternity.

XI. Include the Stanley father in a dependency petition filed with the juvenile court, as the juvenile court recognizes this Stanley putative father as a father with rights in the juvenile dependency matter with the same rights as listed above for a legal father.

XII. The caseworker is not obligated to contact a father who fits the definition of a Pagan father, as this father has not assumed or attempted to assume parental responsibility, does not have a legally recognized relationship with the child and has no rights in the juvenile court dependency case. If a Pagan father contacts you, consult with your supervisor about his potential legal status and including the father in case planning.

XIII. Consult with your supervisor and an AAG (with supervisor approval) regarding the legal status of an "Other" type of father if you are unsure of his standing.

XIV. If a Stanley father is not present at the time of the initiation of a court proceeding, write the Stanley putative father a letter using the same local procedure as you would to notify a legal father.

XV. Send notification in the form of a "Randolph Jones" letter to the "Other" category of putative fathers, including named father of an infant placed in protective custody from the hospital following the child's birth. See Chapter V: Adoption, Determination of Legal Parties for more information regarding this letter. See Appendix 2.2 for an example of a "Randolph Jones" letter. The caseworker is not obligated to provide the putative father of a child with additional notice if he does not respond to the "Randolph Jones" letter within the time frames outlined in the letter. If this father contacts you after the timelines, consult with your supervisor about his potential legal status and including this father in case planning.

See Appendix 2.1 for the chart *Fathers at a Glance and Search and Notice Requirements* for additional information regarding fathers. This tool is also available at the DHS website: http://www.dhs.state.or.us/training/caf/paternity_tools/

D. When to Consult

I. Review the putative father's status with your supervisor to verify the father's status if you are unsure of a father's status.

II. Consult with Central Office program consultants, a paralegal or the general counsel assistant attorney general (AAG) if there continues to be questions about a father's status between you and your supervisor. Uncertainty may exist when a father has had some contact with the child but has not had a significant relationship with

the child.

III. Consult with your supervisor and the general counsel AAG for assistance when it is possible there are two fathers with a legally recognized relationship to the child.

IV. Consult with your supervisor on fathers who fall between the category of "Stanley" and "Pagan" fathers to insure consistency of practice within the department.

V. Consult with your supervisor if a question regarding paternity arises in a case and consult with the general counsel AAG when a hearing regarding paternity may be needed. ORS 419B.395 gives the juvenile court authority to address issues of paternity when there is no legal father or there is a legal father but his paternity is in dispute.

VI. Contact and consult with the Division of Child Support/State Recovery Central Unit on issues regarding paternity using the CF 5600 form.

VII. Contact the legal assistance AAG and the legal assistance specialist on paternity questions if pursuing termination of parental rights. See Chapter V: Adoptions for a more detailed description of this procedure.

Role of the Supervisor

I. Consults with a caseworker regarding the paternity status of fathers and reviews the Father's Questionnaire to confirm fathers with rights of participation.

II. Consults with the caseworker and the Central Office program consultants, paralegals and the general counsel AAG about any questionable status of a named father of a child.

III. The supervisor consults with the caseworker to ensure appropriate partnering with DCS/ SRCU occurs, including approval of funds for paternity testing.

Legal References

I. ORS 109.070

II. ORS 109.096

III. ORS 419B.875 (1) (a) (B)

IV. ORS 419B.875 (2) (a) through (e)

V. ORS 419B.875 (1) (a) (C)

VI. ORS 419B.395

VII. DHS policy I-A.4.3: Identifying Legally Recognized Parental Relationships
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a43.pdf

VIII. DHS policy I-AB.4: CPS Assessment
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4.pdf

Forms

I. CF 418 Father's Questionnaire
https://apps.state.or.us/Forms/Served/ce0418.pdf

II. CF 5600 Child Welfare Parentage Testing and Division of Child Support Notification http://www.dhs.state.or.us/training/caf/paternity_tools/

III. Pamphlet 1536: What You Need to Know about a Child Protective Service Assessment http://dhsforms.hr.state.or.us/Forms/Served/ce1536.pdf

IV. Pamphlet 9027: If Your Child is in the Custody of DHS

Chapter 9

Working with the courts and external partners

Section 3: Court Hearings, Legal Documentation, and Legal Requirements

Court Hearings, Legal Documentation, and Legal Requirements

The Adoption and Safe Families Act

The Adoption and Safe Families Act stresses the need to include parents, other family members and community support people in safety planning, developing increased parental protective capacity and planning for reunification of the child with a parent. ASFA stresses the need for Family Meetings as a tool to the caseworker in developing the Child Welfare Case plan that meets the safety, permanency and attachment needs of the child. The Family Engagement Meeting (FEM) is used, in part, to discuss the ASFA timelines with families. The Family Engagement Faciliator (FEF), or if a FEF is not available, the caseworker, schedules a Family Engagment Meeting to be held between the 30th to 60th day of the child's placement in out-of-home care or the identification of safety threats on a cooperative in-home case.

I. In consultation with the parent, family members and others, the caseworker develops an alternate or concurrent permanent plan for the child should the parent be unable to address the safety threats and diminished parental protective capacities to safely parent the child.

II. The caseworker considers exceptions to the mandate to file a petition for termination of the parent's rights if:
   A. The child is being cared for by a relative.
   B. There is a compelling reason that is in the best interests of the child not to file a termination of parental rights petition.
   C. Child Welfare has not provided the family with services Child Welfare has determined are necessary for the safe return of the child to the parent.
   D. Another permanent plan is better suited to meet the health and safety needs of the child.

References

I. DHS Child Welfare Policy I-B.3.1 Developing and Managing the Case plan http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b31.pdf

II. DHS Child Welfare Policy I-E.3.6 Achieving Permanency http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b36.pdf

Reasonable and Active Efforts

The federal Adoption and Safe Families Act (ASFA) and Oregon law require Child Welfare caseworkers to make efforts to prevent the need to remove a child from his or her home prior to placing the child in protective custody, to return the child to a parent, and to achieve permanency for a child who cannot be returned to his or her home. The efforts must be reasonable if the child is not an Indian child. If the Indian Child Welfare Act (ICWA) applies, efforts to provide rehabilitative or remedial services to the Indian family prior to removing an Indian child and efforts to return the child to his or her home must be active. This section describes the concept of reasonable and active efforts.

A CF 0127 No Reasonable Efforts (NRE) No Active Efforts (NAE) Tracking Form must be submitted by the caseworker

or supervisor whenever the court or the Citizen Review Board makes a NRE or NAE finding. The form is submitted to: Salem-Summer.CAFNoReasonableEffortsNotifications@dhsoha.state.or.us (address is also on the tracking form).

Reasonable Efforts

Reasonable efforts are not specifically defined by law. Reasonable efforts include providing appropriate services to assist the parents in adjusting their circumstances or conditions to allow the child to either remain in the home or to be returned to the home. What is reasonable depends on the circumstances of each individual case. The safety assessment and safety analysis can assist the caseworker in determining what efforts are reasonable in a particular case by:

I. Identifying the specific safety threats to a child.

II. Determining how the child is vulnerable to those safety threats.

III. Determining what behavioral, emotional, and cognitive characteristics of the parent make the parent unable to protect the child from the safety threats.

IV. Determining what needs to change to enhance the parent's ability to keep the child safe and to minimize or eliminate the safety threat.

V. Determining the assistance that Child Welfare can provide to minimize or eliminate the safety threat and to enhance the parent's ability to keep the child safe.

Reasonable efforts must be made to prevent or eliminate the need to remove a child from the home, to make it possible for the child to safely return home and, if the case plan is something other than to reunify the family, to place the child in a timely manner in accordance with the permanent plan and to take the steps necessary to finalize the permanent placement.

When a CPS worker is assessing a report of child abuse or neglect, during the investigation he or she may find that a safety threat exists, a child is vulnerable, but a parent can and will protect the child with referrals to community services. Reasonable efforts to prevent or eliminate the need to remove the child from the home might include:

I. Making a referral to the program or service designed to enhance the parent's ability to protect the child and to eliminate or minimize the safety threat.

II. Asking the parent to sign a release of information for the program or service so the caseworker can communicate with the service provider.

III. Contacting the service provider to assess the parent's participation in the program or service and whether the parent has made changes necessary to enhance the parent's ability to protect the child or to eliminate or minimize the safety threat. The caseworker must document the successful changes, and if appropriate, close the assessment.

If the child is removed from the home despite these efforts, the efforts must be documented in the Protective Custody Report (the requirements for the Protective Custody Report are discussed in Section 1.A.2. of this chapter).

If a child is removed from the home and a juvenile court case is initiated, Child Welfare must document the reasonable efforts made to make it possible for the child to safely return home, unless certain circumstances are present and the court has found that Child Welfare is not required to make efforts to reunify the family. (See "Disposition

Hearing," Section 1.A.4.e. of this chapter for more information on circumstances that might relieve Child Welfare of the requirement to make reasonable efforts to reunify.) The efforts that should be provided in a specific case depend on the circumstances of the case. The efforts must include appropriate services to allow the parent the opportunity to adjust the parent's circumstances, conduct, or conditions to make it possible for the child to safely return home within a reasonable time and must bear a rational relationship to the jurisdictional findings that brought the child within the court's jurisdiction. DHS must describe the efforts made to make it possible for the child to safely return home at the shelter hearing, disposition hearing, Citizen Review Board review of the case, permanency hearing, and in any court reports that must be filed under ORS 419B.440. (Information on the requirements for particular hearings is located in Section 1.A.4. of this chapter. Information about required court reports can be found in Section 1.A.5 of this chapter.)

Efforts that Child Welfare might have made in a particular case include, but are not limited to the following:

I. Safety threats to the child were identified.

II. A Protective Capacity Assessment was conducted that identified the specific behavioral, cognitive and emotional characteristics that make the parent unable to protect the child.

III. Conditions for return home were identified, which are the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home.

IV. A Family Engagment Meeting was held with parents, family members, and safety service providers to develop and support the ongoing safety plan for the child.

V. All persons with a legal relationship to the child were identified.

VI. If applicable, a blood test to determine paternity of an alleged biological father was arranged.

VII. A search for an absent parent was conducted and the parent was contacted.

VIII. Inquiry was made regarding possible Indian heritage of the child.

IX. A search for the child's relatives was conducted.

X. The child's relatives and, if applicable, persons with a caregiver relationship with the child were identified and contacted to determine their willingness to be a placement resource for the child.

XI. Action Agreements were developed with each parent.

XII. A visitation plan was developed between the child and the parents and visits were facilitated and supervised by Child Welfare (describe dates of visits and any additional support, training, or advice provided during the visit).

XIII. A visitation plan was developed between the child and his or her siblings.

XIV. The parent was referred to appropriate services to assist the parent in adjusting the circumstances that endangered the child, to enhance the parent's ability to protect the child, and to eliminate or minimize the safety threats to the child, which may include:

   A. A drug and alcohol assessment and treatment.

   B. Domestic violence treatment.

C. A mental health assessment and treatment.

D. Parenting classes.

E. Individual counseling.

F. Family counseling.

G. A psychosexual evaluation and treatment.

H. A psychological evaluation.

I. Any other services recommended by service providers.

XV. Evaluations were reviewed and follow-up contacts were made with evaluators to determine treatment and services necessary to assist the parent in enhancing the parent's ability to protect the child, minimizing or eliminating safety threats to the child, and adjusting the parent's circumstances to make it possible for the child to safely return home.

XVI. Contacts were made with service providers to determine the parent's progress in enhancing the parent's ability to protect the child, minimizing or eliminating the safety threats to the child, and meeting the conditions for return home.

XVII. Face-to-face contact with the child, the parent and the foster care provider was made at least monthly (list dates of contact).

XVIII. The child's safety in his or her current placement was assessed at each face-to-face contact with the child.

XIX. Health and school information was obtained regarding the child.

XX. Services were provided to the child (describe the services).

XXI. Health information was obtained regarding a parent.

A description of the efforts made should include dates of contacts and meetings. Depending on local court procedure, the caseworker may want to include documentation of the efforts made by Child Welfare, such as: Action Agreements, any evaluations, case notes detailing contact with the parent and service providers, visit notes, and inquiries made to tribes to determine if the ICWA applies to the child and responses received from tribes.

Once the case plan for a child is changed from reunification, the caseworker must make reasonable efforts to place the child in accordance with the permanency plan and to take the steps necessary to finalize the permanency plan. Possible plans include:

I. Adoption.

II. Guardianship.

III. Another Planned Permanent Living Arrangement, which might include Permanent Foster/Kinship Care.

Reasonable efforts to achieve the alternate or concurrent permanency plan are clearly outlined in each plan's administrative rule. In addition to the rule, a useful guide is found in Appendix 3.1 titled "Reasonable Efforts Principles and Expectations." This guide was developed between DHS and the Oregon Citizen Review Board and assists caseworkers and CRB members in considering reasonable efforts to finalize the permanent plan when the plan is other

than reunification.

Active Efforts

Active efforts are not specifically defined by law. Active efforts include providing appropriate remedial services and rehabilitative programs designed to assist the parents or Indian custodians in adjusting their circumstances or conditions to prevent the break-up of the Indian family. Whether efforts are active will depend on the circumstances of each case. Active efforts are efforts above and beyond what is reasonable in a particular case and should be culturally appropriate. The caseworker should involve extended family members, tribal social service programs, other tribal organizations, and tribal community therapy practices in determining the appropriate case plan for an Indian family.

Both ICWA and Oregon law require Child Welfare to make active efforts to provide remedial or rehabilitative services to the Indian family prior to removal of an Indian child. These services must be tried before the removal of an Indian child. As part of making active efforts to provide remedial or rehabilitative services, when the CPS caseworker knows or has reason to know that a child is or may be an Indian child, the CPS caseworker:

I. Immediately contacts the child's tribe to give verbal notification of Child Welfare involvement with the family.

II. Discusses the family situation with the tribal social worker or tribal representative of the family's tribe and documents the conversation in case notes.

III. Verifies the child's tribal membership.

IV. Asks the tribe for assistance in identifying culturally appropriate resources to assist the parent or Indian custodian in adjusting his or her behavior, conditions or circumstances to enhance the parent or Indian custodian's ability to keep the child safe and to minimize or eliminate safety threats to the child.

V. Helps arrange for the parent or Indian custodian to access culturally appropriate services identified by the caseworker and the tribe.

VI. Contacts family members and other tribal resources for assistance in planning for the child's safety needs and providing assistance to the family.

VII. Provides culturally appropriate services to all household members who have a caretaker role with the child.

VIII. Arranges Family Engagement Meetings to involve the parents, Indian custodians, and extended family members in case planning.

If the Indian Child Welfare Act (ICWA) applies to the child and the child is removed through a protective action, the caseworker will need to describe the active efforts made to provide remedial or rehabilitative services to the Indian family and why those services were unsuccessful in preventing the need to remove the child in the Protective Custody Report and at the shelter hearing. See Section 1.A.4.a of this chapter for more information about the shelter hearing.

Child Welfare must make active efforts to eliminate the need for continued out-of-home placement for the child. The efforts made by Child Welfare will be reviewed at the shelter hearing, the disposition hearing, the Citizen Review Board review of the case, the permanency hearing, and any review hearings conducted by the juvenile court. Reports to the court must include a description of the active efforts made by Child Welfare. For more information about the specific hearings, see Section 1.A.4. of this chapter. For more information about court reports, see Section 1.A.5. of this chapter.

A description of active efforts to make it possible for the child to safely return home might include, but is not limited to information showing:

I. The placement preferences of the ICWA were followed.

II. Safety threats to the child were identified, taking into account the prevailing societal and cultural conditions and way of life of the child's tribe.

III. A Protective Capacity Assessment was conducted that identified the specific behavioral, cognitive and emotional characteristics that make the parent unable to protect the child, taking into account the prevailing societal and cultural conditions and way of life of the child's tribe.

IV. Conditions for return home were identified, which are the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home.

V. A Family Engagment Meeting was held with the parents, family members, tribal social worker, and safety service providers to develop the ongoing safety plan for the child.

VI. All persons with a legal relationship to the child were identified.

VII. If applicable, a blood test to determine paternity of an alleged biological father was arranged.

VIII. A search for an absent parent was conducted and the parent was contacted.

IX. A search for the child's relatives was conducted.

X. The child's relatives and, if applicable, persons with a caregiver relationship with the child were identified and contacted to determine their willingness to be a placement or a supportive resource for the child.

XI. Action agreements were developed with each parent.

XII. A visitation plan was developed between the child and the parents and visits were facilitated and supervised by Child Welfare (describe dates of visits and any additional support, training or assistance provided during the visit).

XIII. A visitation plan was developed between the child and his or her siblings.

XIV. Parents were assisted in accessing culturally appropriate services, identified by the tribal social worker and the caseworker, including:

   A. A drug and alcohol assessment and treatment.

   B. Domestic violence treatment.

   C. A mental health assessment and treatment.

   D. Parenting classes.

   E. Individual counseling.

   F. Family counseling.

   G. A psychosexual evaluation and treatment.

   H. A psychological evaluation.

I. Other services as recommended by the tribe and community resources.

XV. Evaluations were reviewed and follow-up contacts were made with evaluators to determine treatment and services necessary to assist the parent in enhancing the parent's ability to protect the child, minimizing safety threats to the child, and adjusting the parent's circumstances to make it possible for the child to safely return home.

XVI. Contacts were made with service providers to determine the parent's progress in enhancing the parent's ability to protect the child, minimizing or eliminating the safety threats to the child, and meeting the conditions for return home.

XVII. Regular contact was made with the tribal social worker regarding the case plan.

XVIII. Face-to-face contact with the child, the parent and the foster care provider was made at least monthly (list dates of contact).

XIX. The child's safety in his or her current placement was assessed at each face-to-face contact with the child.

XX. Health and school information was obtained regarding the child.

XXI. Services were provided to the child (describe the services).

XXII. Health information was obtained regarding a parent.

A description of the efforts made should include dates of contacts and meetings. The caseworker should describe in detail the efforts made to assist the parents with appropriate services. While making a referral to a service might be reasonable, additional efforts to engage the parent might be necessary to demonstrate an active effort. Depending on local court procedure, the caseworker may want to include documentation of the efforts made by Child Welfare, such as: Action Agreements; any evaluations; case notes detailing contact with the tribal social worker, the parent, and service providers; and visit notes.

Once the case plan for a child is changed from reunification, the caseworker makes active efforts to achieve another permanency plan. Possible plans include:

I. Adoption, although many tribes do not agree with termination of parental rights.

II. Guardianship.

III. Another Planned Permanent Living Arrangement, which may include Permanent Foster/Kinship Care.

A useful guide is found at Appendix 3.2 titled Active Efforts Principles and Expectations. This guide was developed by the nine Oregon tribes, DHS, and the Oregon Citizen Review Board, and assists caseworkers, tribal social workers, and CRB members in considering active efforts.

Role of the Supervisor

I. Consults with the caseworker to ensure the worker is providing reasonable efforts in working with families and appropriately describes those efforts in court reports.

II. In consultation with the ICWA liaison in the district, ensures the caseworker carrying an ICWA case is

actively communicating with the tribal social worker or tribal representative and complying with the ICWA.

III. Reviews the Child Welfare Case plan of the worker paying particular attention to services being provided to the family.

References

Laws and Oregon Revised Statutes

I. 25 USC §§ 1901 to 1963: Indian Child Welfare Act

II. ORS 419B.185

III. ORS 419B.337

IV. ORS 419B.340

V. ORS 419B.343

VI. ORS 419B.387

VII. ORS 419B.443

VIII. ORS 419B.476

Oregon Administrative Rules

IX. OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanency Plan

X. OAR 413-070-0655 to 0670, Guardianship as a Permanency Plan

XI. OAR 413-030-0400 to 0460, Youth Transitions

XII. OAR 413-070-0520 to 0565, Another Planned Permanent Living Arrangement

XIII. OAR Chapter 413, Division 115, Application of the Indian Child Welfare Act (ICWA)

Forms

XIV. CF 0333a

XV. CF 0464 Protective Custody Report

Chapter 9

Working with the courts and external partners

Section 4: Citizen Review Board

Working with the courts and external partners

Citizen Review Board

The 1985 Oregon Legislature created citizen review boards (CRB or board) to assist the courts. CRBs review substitute care cases to ensure permanency and examine the appropriateness of placements.

Each board has three to five members. Members know about and are interested in foster care and child welfare. They represent various socioeconomic and ethnic groups in the area served.

The presiding judge (or designee) of each circuit court recommends members for the CRB to the Oregon Supreme Court. The chief justice appoints the members. Each member participates in 16 hours of orientation training and an additional eight hours of training annually.

Boards review case plans for children in substitute care, including children who are under the jurisdiction of the juvenile court. They also review cases of children who are placed voluntarily through a Voluntary Custody Agreement or Voluntary Placement Agreement. Each board member must keep confidential the information reviewed by the board and its actions and recommendations.

Board reviews occur:

I. No more than six months from the date the child was placed in substitute care and every six months thereafter

II. Until the child is no longer in substitute care

III. Until the child is no longer within the juvenile court's jurisdiction, or

IV. Until an adoption proceeding is final.

The juvenile court may relieve the board of its responsibility to review a case if a full judicial review has occurred within 60 days prior to the next scheduled board review. The caseworker reviews local practice before asking the court to relieve the CRB of its first review.

The State of Oregon Judicial Department, Citizen Review Board and DHS have signed a Memorandum of Understanding (MOU). A copy of the MOU is in Chapter 9: Interagency and Intergovernmental Agreements. The agreement acknowledges the importance of effective and efficient service delivery to the children and families of Oregon. Both departments agree the MOU supports this goal.

After each review, the CRB provides the caseworker, court and other interested parties with findings and recommendations that address:

I. Reasonable efforts to avoid placement and reunify the family

II. Continued need for appropriate placement

III. Compliance with the case plan

IV. Progress toward alleviating need for placement

V. A tentative date for return home or adoption, if applicable, and

VI. Other solutions or alternatives.

If the caseworker asks the court to relieve the CRB of its review, the caseworker must still complete the case plan to comply with federal and state requirements. The caseworker provides the completed plan to the juvenile court as part of the DHS Court Report.

Procedure

Before a CRB review, the caseworker or the CRB coordinator:

I. Receives a Request for Case Information notifying them of an upcoming review within approximately 45 days.

II. Compiles applicable documents, scans them, along with the completed Request for Case Information, and sends an electronic copy to the CRB at least 21 days prior to the review.

The caseworker asks interested parties to participate, including the:

I. Mother

II. Father

III. Foster care provider

IV. Attorneys for the parties

V. CASA (if one is appointed)

VI. Significant relatives

VII. Adopting parent (if the child is in a designated adoptive placement)

VIII. Child's tribe (if applicable), and

IX. Child (if developmentally appropriate).

The caseworker notifies the CRB:

I. If an interpreter is needed, and

II. Of any special circumstances, such as a "no contact" order or cultural considerations of the parent.

For a Child Welfare Case plan or a Family Support Service Case plan, the caseworker:

I. Documents information about their work with the child and family

II. Provides information about child safety, permanency and well-being, and

III. Updates the parent's or child's progress.

IV. Is notified of the time of the CRB review 15 days prior to the review

V. Notifies the adoption worker of the date and time of the review if the case is an adoption case so the adoption

worker may attend the CRB review, and

VI. Reviews prior CRB recommendations to determine whether DHS has carried out the board's recommendations.

During CRB review of a **Child Welfare Case plan,** the caseworker discusses:

I. Safety threats

II. Safety analysis

III. Indian Child Welfare Act eligibility

IV. Legal basis for jurisdiction

V. Ongoing safety plan

VI. Current action agreement

VII. Reasonable or active efforts made by Child Welfare to prevent placement

VIII. Reasonable or active efforts made by Child Welfare to reunify the family

IX. Visitation plan

X. Progress on relative search

XI. Appropriateness of the current placement

XII. Parent's progress in meeting conditions for return and achieving the expected outcomes, and

XIII. Permanency planning.

During CRB review of a **Family Support Services Case plan,** the caseworker discusses:

I. Service goals developed with the parents

II. Type and reason for substitute care

III. Visitation plan,

IV. Indian Child Welfare eligibility, and

V. Conditions under which DHS will close the case.

VI. The caseworker describes the child, child's needs, and the services the child and family are receiving, and

VII. Addresses how DHS is implementing the board's prior recommendations or the reasons why DHS has not implemented the recommendations.

During a CRB review, *the board* focuses on whether:

I. Proper notice of the review was given to parents and guardians

II. DHS made reasonable or active efforts prior to placement to prevent or eliminate the need to remove the child from the child's home

III. DHS made reasonable or active efforts to provide services for the child to safely return home, if the case plan is return to parent

IV. DHS made reasonable efforts to place the child with relatives or persons known to the child in a timely manner, or active efforts, if ICWA applies

V. DHS completed steps necessary to finalize the concurrent plan, if the case plan is something other than return to parent

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

VII. Parents are engaged with the case plan and court orders

VIII. Parents have made sufficient progress for the child to safely return home

IX. Out-of-home placement is still necessary

X. Current placement is the most appropriate and least restrictive

XI. Progress has been made to alleviate the need for placement

XII. Progress has been made on the concurrent plan

XIII. DHS expects the child to return home, be placed in a guardianship or be placed for adoption, and the likely date, and

XIV. Other problems, solutions, or alternatives have been explored.

After a CRB review, the caseworker:

I. Within 21 days of the review, receives written CRB findings and recommendations.

II. Immediately reviews the findings and recommendations and consults with their supervisor if the caseworker disagrees with one of the findings or if the CRB found that DHS did not make reasonable or active efforts.

III. Within 10 days of receiving written findings and recommendations, requests a hearing, with the assistance of the assistant attorney general assigned to the local office, if DHS wishes to challenge any CRB finding or recommendation.

IV. Within 17 days, notifies the CRB in writing if DHS does not intend to implement the recommendations of the board.

Role of the supervisor

I. Reviews and approves the completed case plan prior to submission to the CRB.

II. Consults with the caseworker when the worker disagrees with the findings or recommendations of a CRB, or

when the CRB finds no reasonable or active efforts and ensures timelines for a response are met. Discusses with the caseworker that if there is a dispute over any CRB findings or recommendations, a court hearing is needed to resolve the dispute.

Legal references

I. ORS 419A.090 to 419A.128: Local Citizen Review Board

II. Supreme Court Operating Rules for Administration of the Citizen Review Board

III. Oregon Judicial Branch Citizen Review Board Resources

Forms

I. Child Welfare Case plan – OR-Kids

II. Family Support Service Plan (Child in Substitute Care) – OR-Kids

III. Request for Case Information

Guidance and FAQs:

Out of Home Care Assessments (OHCA) and Closed at Screening (CAS) Reports in Citizen Review Board (CRB) packets

Senate Bill 243 and related legislation now require OHCA and CAS reports pertaining to the child(ren) under review be included in CRB packets. Although this legislation includes information pertaining to assessments conducted by OTIS, there is no current mechanism for DHS employees outside of OTIS to access those assessments. The field will be updated when a resolution is reached.

The Request for Case Information (blue sheet) from the CRB has been updated to indicate the inclusion of the following materials:

I. Any OHC CAS or Assessment completed since the last full judicial review

Where to locate assessments and reports and what to print:

Reminders:

I. All the assessments and reports must be redacted

II. Only print the assessments and reports since the last full judicial review

III. Be sure to uncheck the date-restricted box when looking for assessments and reports

IV. Only print **approved** pieces of work, not pending work

CAS Report

These reports are located under the foster parent's name in OR-Kids in the CASE tab. Be sure to look under both foster parent's names if there is more than one. When located, expand the icon's dropdown. If there is an icon for Screening

Reports (CAS), click on the icon, and look at the report dates to determine if any CAS reports occurred since the last full judicial review. If so, print those reports to include in the CRB packet.

OHC Assessments completed by DHS

These assessments are located under the foster parent's name in OR-Kids in the CASE tab. Be sure to look under both foster parent's names if there is more than one. When located, expand the icon's dropdown. If there is a Case icon, look at them to determine if any assessments occurred since the last full judicial review. If so, print those assessments to include in the CRB packet.

Note: *The board has also been given the following instruction by DHS: Board members should not attempt to gather information during a CRB review to assess the quality of an OHCA assessment.*

FAQs

Q: Will caseworkers be asked about OHCA and CASs at the CRB review?

A: Yes and no. Yes, the CRB reviewers will be asking workers about *approved* OHCAs that have occurred since the last full judicial review. They will not be asking about *pending* OHCAs or CASs. The CRB has been partnering closely with DHS on this process. The reviewers have been given guidance to ***consider* the following questions regarding** OHCAs before the review:

I. Does the child need additional supports?

II. Do previous reports and assessments raise any red flags?

They have been given guidance to ***ask* the following questions** at the review (if there has been an OHCA):

I. Ask the child's attorney, CASA, and parent(s) if they were notified of the OHCA. If not, they will recommend DHS notify those parties following the review.

II. Ask the DHS worker if there is a placement support plan (CW 1267) in place. If there is a placement support plan in place, they will ask for a broad summary of the plan and if the plan has been implemented.

III. Ask the CRB attendees if they think the child needs any additional supports.

Q: Why does the CRB want this information?

A: The assessments are an important part of the case file. The CRB's job is to make findings about DHS meeting the child's needs. Reviewers, therefore, need to know about all experiences the child has during the review period, including whether anyone has alleged the child has been abused, and how DHS assessed safety. They will not be making findings directly regarding the OHCA.

Q: Is there policy that supports DHS notifying parents about OHCAs?

A: Yes, ORS 419B.015(3)(a) states that when a report alleging a child or ward in substitute care may have been subjected to abuse is received by DHS, **DHS shall notify the attorney for the child or ward, the child's or ward's court-appointed special advocate, the parents of the child or ward and any attorney representing a parent of the child or ward** that a report has been received, unless the caseworker has documented supervisor approval of an exception under ORS 419B.035(3)(d).

DHS values and is committed to using trauma-informed practice. **It is extremely important that parents whose children are in the custody of DHS be informed when there has been a concern about those providing care for their child, regardless of whether that concern has been substantiated.** We are partners with parents and share the same goal of safe and timely reunification. Transparency is paramount to successful engagement, respectful communication, and timely permanency.

Q: How do we prepare for a CRB where this topic may be talked about?

A: As stated above, trauma-informed practice would support preparing everyone for the CRB and all topics that will be discussed. OHCAs can be upsetting for both parents and foster parents; therefore, it is best practice to let them know this topic will be discussed to avoid surprises at the review. Listening to parents and foster parents' questions and concerns ahead of the review is paramount to understanding how they may react to discussing this topic at the CRB. When parents and foster parents feel heard by their caseworkers, the chance of a supportive and productive discussion increases.

It is also helpful to give the CRB reviewers information that this may or will be a difficult topic, and they need to be prepared for parents and foster parents to be emotional. Caseworkers have skills to support families and foster parents through difficult conversations; nevertheless, they should expect the support of all the review team members.

Chapter 9

Working with the courts and external partners

Section 5: CASA: Court Appointed Special Advocate

CASA: Court Appointed Special Advocate

In every court case under ORS 419B, the court is required to appoint a court appointed special advocate. The court appointed special advocate (CASA) is a party to the proceeding and has specific duties to perform:

I. The CASA is an advocate for the child and ensures all relevant facts are brought before the court.

II. The CASA investigates all relevant information about the case.

III. The CASA facilitates and negotiates to ensure that the court, DHS/CWP and the child's attorney, if appointed, fulfill their obligations to the child in a timely fashion.

IV. The CASA monitors all court orders to ensure compliance and brings to the court's attention any change in circumstances that requires a modification of the court's orders.

Child Welfare must permit the CASA to inspect and copy records related to the child involved in the case. Records related to other persons and not the child may be protected by other laws and may not be disclosed to the CASA. Records reviewed by the CASA are confidential under ORS 419A.255. The CASA appointment remains in effect until the court vacates the appointment or until the petition is dismissed.

TIP: Each DHS/Child Welfare district has a memorandum of understanding (MOU) with the CASA program in its district. Although some differences may appear in different memorandums, the basic agreements are similar across the state. Each memorandum outlines the roles and responsibilities of the CASA and CASA supervisor as well as the Child Welfare caseworker and supervisor. In each memorandum, there is a protocol for resolving conflicts. There is also a state memorandum of understanding with the CASA program which is found in Chapter IX: Interagency and Intergovernmental Agreements.

The Memorandum of Under- standing outlines ways for the caseworker and CASA to resolve disputes that may arise. This includes the caseworker and CASA first talking openly about the issue. If this discus- sion does not resolve the issue, then the CASA supervisor and the caseworker's supervisor are contacted for assistance. If an issue remains, the Child Welfare program manager and the CASA executive director are notified and may participate in resolving the problem.

Procedure

To work co-operatively with the CASA, the caseworker:

I. Reads and follows the memorandum of understanding between the local CASA program and the DHS Child Welfare district office.

II. Recognizes the party status of the CASA and provides the CASA with copies of information in the Child Welfare case file relating to the child and any other information in the file the caseworker is legally permitted to disclose to the CASA, including the location of the child, pertinent information about the child, and contact information about the family.

III. Provides the CASA with copies of correspondence to the court and materials subject to disclosure.

IV. Notifies the CASA of upcoming hearings, family meetings, staffings, changes in the child's placement, and any cancellations or changes to upcoming hearings, meetings or staffings.

V. Talks with the parents, guardians and substitute caregivers regarding the CASA's role and responsibilities and the CASA's right to contact the child on a monthly basis. These contacts may occur in the child's home, the substitute caregiver's home or the adoptive placement. The CASA may have private conversations with the child, but the CASA will always be within ear and eyesight of another adult.

VI. Makes an appointment to meet with the CASA as soon as the CASA is appointed.

VII. Exchanges contact information with the CASA and preferred modes of communication (i.e., telephone call, e-mail).

VIII. Reviews the case with the CASA, including the case history, the safety plan, the conditions for return and expected outcomes, the permanency plan, and the concurrent plan, making sure not to disclose information that cannot legally be shared with the CASA.

IX. Discusses how the CASA and caseworker can work together to achieve safety, permanency and well being for the child.

X. Returns a communication from a CASA within 48 hours.

XI. Shares the caseworker's court reports with the CASA and receives the CASA court report prior to the court hearing according to local court practice.

XII. Notifies the CASA of any report alleging that a child in substitute care may have been subjected to abuse or neglect, within 3 days of the report being received by Child Welfare. The name, address, and identifying information of the person that made the report may not be disclosed with the notification.

XIII. Shares with the CASA Child Welfare's determination of a CPS assessment involving an allegation of abuse or neglect in the foster home of the child within 10 days of the determination.

XIV. Notifies the CASA of the following: DHS/Child Welfare staffings, provider staffings and family meetings relevant to the child; sibling planning conferences; current caretaker committee meetings; and adoption committee meetings. The CASA has the right to participate in these meetings at differing levels as defined by administrative rule. See Chapter V: Adoption and Guardianship for specifics regarding CASA participation in sibling planning, current caretaker committee and adoption committee meetings.

See Chapter V: Adoption and Guardianship for specifics regarding the procedure for CASA review of adoption home studies.

Role of the Supervisor

I. Provides each caseworker with a copy of the district's memorandum of understanding between DHS/Child Welfare and the CASA program and ensures the caseworker has read and understands the memorandum.

II. Ensures that the caseworker notifies the CASA of any new allegations of abuse and neglect regarding the child and of Child Welfare's determination of a CPS assessment involving a child's foster home within the required timelines.

III. Assists the caseworker in resolving a conflict or dispute between the caseworker and the CASA, including seeking assistance from the program manager when necessary.

Legal References

IV. ORS 419A.170 Court Appointed Special Advocate

V. ORS 419B.015(3)

VI. DHS Child Welfare Policy I-B.2.2.3: Department Responsibilities During Screening and Assessment of a Child Abuse Report or Neglect Report Involving the Home of a Department Certified Foster Parent or Relative Caregiver
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b223.pdf

Chapter 9

Working with the courts and external partners

Section 6: Service providers and community partners

Service providers and community partners

A. Overview

Service providers and community partners are essential allies in keeping Oregon children safe. Service providers offer treatment programs to help a parent increase their protective capacity and overcome barriers that prevent them from being a safe resource for their child. In addition, they provide Child Welfare and the courts with information regarding a parent's attendance and progress in treatment. Service providers also help children heal after suffering abuse and neglect.

Community partners assist families by providing options and opportunities for children and parents to develop safe and healthy relationships. Community partners assist Child Welfare by providing information about a family to help caseworkers and the courts make informed decisions about the family.

B. Confidentiality

Much of the information about an individual family in a Child Welfare case file is confidential under state and federal law. The caseworker must protect family information and ensure that service providers and community partners also keep the information confidential.

When working with community partners and service providers, the caseworker will:

I. Obtain a signed authorization from the parent prior to discussing confidential information with a service provider or community partner. DHS form 2099, found at: http://dhsforms.hr.state.or.us/Forms/Served/DE2099i.pdf, must be properly completed by the caseworker and signed by the parent to authorize Child Welfare to share information with a service provider or community partner. By law, domestic violence agencies cannot honor mutual releases and must follow their own release of information process.

II. Obtain a signed authorization from the parent allowing Child Welfare to disclose information provided to Child Welfare by a service provider or community partner to the court, all parties to the juvenile court proceeding and their attorneys, and the Citizen Review Board.

III. Remind all community partners and service providers to keep confidential the information disclosed by the caseworker or discussed at any:

   A. Family Engagement Meeting (FEM),

   B. Family Decision Meeting, or

   C. Youth Decision Meeting,

   See Chapter 1, Section 4 for more detailed information about confidentiality.

C. Team players

Service providers and community partners are important team members supporting the family and partnering with Child Welfare. By obtaining releases of information, service providers may give valuable information to the caseworker about the parent's attendance and progress in treatment, and provide updates about the parent's increased protective capacity. In regard to domestic violence, this is relevant to services for batterers, who are the sources of harm, rather than for the adult victims of domestic violence.

It is important for the caseworker to:

I. Work with the parents to identify any people in the community who have knowledge of the parent and can contribute to the Protective Capacity Assessment.

II. Invite the service providers and any community partners identified by the parent to:

   A. Family Engagement Meetings, and

   B. Family Decision Meetings.

III. Consult with the family about inviting (to the above meetings) other service providers and community partners who may have valuable information and can help identify the needs of the child and parent.

IV. List service providers and community partners in the DHS electronic information system, including names, addresses and phone numbers.

V. Document phone conversations with service providers and community partners in case notes in the DHS electronic information system.

Domestic Violence (DV) Co-located Advocate Program

I. Local Child Welfare will meet regularly with the domestic violence agency to plan for the program, implement it effectively and evaluate its success, resolving issues as they arise.

II. Local Child Welfare will designate a primary contact for the DV co-located advocates. This person will orient the DV co-located advocate, educate them about DHS policies and procedures, answer questions and resolve issues as they arise.

III. New staff should be introduced to the co-located advocate as soon as possible after being hired.

IV. Co-located advocates should be included in staff meetings.

V. Local Child Welfare will make every effort to provide private meeting space where DV co-located advocates can meet confidentially with victims.

VI. Local Child Welfare will create a referral process that best reflects local business practices. Domestic violence victims may be identified and referred by screeners and supervisors during the case assignment process, or may be identified and referred by caseworkers from their existing caseloads. Referrals can come from a variety of sources in Child Welfare, including protective services supervisors, protective services workers, permanency supervisors, permanency workers, and Family Meeting facilitators. The earlier in the case, the better.

VII. During weekly case reviews, focus on the batterer with the relevant community partners and co-located advocate.

Role of the supervisor

I. Ensure caseworkers know confidentiality rules and laws, particularly those related to providing information to community partners and service providers.

II. Encourage caseworkers to gain information about local service providers and community partners.

III. Encourage caseworkers to develop professional working relationships with service providers and community partners who are working with Child Welfare families.

IV. Ensure caseworkers document partner and provider information in the DHS electronic information system.

Chapter 9

Working with the courts and external partners

Section 7: Other legal matters

Other legal matters

A. Emancipation of a minor

The caseworker rarely encounters instances when a minor requests emancipation. Since the process of emancipation is a legal process, if a youth requests information regarding the process of emancipation, you:

I. Refer the youth to their attorney to discuss the legal process.

II. Consult with your supervisor about the youth's request to consider whether the request is in the child's best interest.

III. Consult with the youth about the feasibility of the plan for emancipation.

Role of the supervisor

I. Consult with the caseworker regarding the best plan for the youth.

Legal reference

I. ORS 419B.550

B. Criteria for legal review by Department of Justice general counsel

A caseworker can access assistant attorney general (AAG) counsel for questions related to legal issues. Assistant attorney general and paralegal support have been initiated to relieve caseworkers from legal responsibilities, allowing more time to work directly with children and families.

Department of Justice (DOJ) general counsel attorneys advise and consult on pre-jurisdictional matters on specific issues, but do not attend hearings except with DOJ and DHS Central Office approval. These attorneys do not consult on termination of parental rights cases.

The following are the criteria for general counsel legal review of cases:

I. One-hundred percent legal review

   A. Disagreement of parties: Parties disagree about any law, policy, rule or uniform law and the disagreement keeps the case from moving forward.

   B. Problems with permanency plans: If no one else can facilitate the implementation, if another party opposes or offers a plan that puts a child at risk, or if there are significant legal issues that prevent implementation of the permanency plan.

   C. Contested post-jurisdictional review hearings or permanency hearings.

   D. Contested certification and licensing actions.

II. Discretionary legal review

   A. Transition plan to return to parent and the child is under six years old: Where a child in foster care is under six and the plan is to return the child home to the parent when the jurisdictional basis is parental

substance abuse, mental illness, domestic violence or other serious family stressor.

B. Visitation/intervention/reasonable efforts issues: If these issues threaten child safety or prevent the case from moving forward.

C. Certification/licensing/adoption issues: Complex legal or factual issues involving contested matters of certification, licensing and adoption.

D. Alleged agency problems: Allegations of agency misconduct, liability or issues about the scope of agency authority. This may include sensitive cases, high profile cases, complex cases or tort claims.

E. DHS records or information: If DHS records or information are subpoenaed or otherwise ordered or requested and DHS is unable to determine whether the disclosure or testimony is permitted by federal, state or administrative law.

Cases not meeting the above criteria may still be referred to an assistant attorney general at your request with the approval of the Child Welfare program manager and DHS Central Office.

Procedures

When faced with an unresolved legal issue, you:

I. Consult with your supervisor to request assistant attorney general consultation.

II. Meet and consult with the paralegal initially, where available, to provide specific case file information regarding the legal issue. If paralegal services are not available, provide case file information directly to the assistant attorney general.

III. Meet with the assistant attorney general to consult on the legal issue.

IV. Follow the recommendations of the assistant attorney general after consultation to resolve the legal issue.

Role of the supervisor

I. Consult with the caseworker to discuss the legal issue and approve assistant attorney general consultation.

II. Accompany caseworker to consultation with assistant attorney general.

III. Support the caseworker in following the assistant attorney general's recommendations.

C. Intervenor status

Persons who have emotional ties that create a child-parent relationship may qualify for standing in the juvenile court process initiated by Child Welfare on behalf of the child. Because formally establishing this relationship with the court is a legal process, you must:

I. Advise the person to seek legal counsel about their rights to the proceedings, and

II. Consult with your supervisor and the assistant attorney general to prepare for the hearing should the person file a Motion to Intervene.

If a person files a Motion to Intervene and the juvenile court grants the Motion, the person becomes a party to the case.

As a party, the intervenor may request the court place the child with the intervenor and may request visitation. Other rights the intervenor has are outlined in ORS 419B.875 Parties.

Once the juvenile court has allowed a person intervenor status, you:

I. Meet with the intervenor to assess their suitability if they are requesting the child be placed in their custody.

II. Develop a visitation schedule if the intervenor is requesting visitation with the child, within reasonable guidelines set by the child's service plan and the court's order.

III. Consult with your supervisor about any concerns you have about the intervenor's status and participation in the Child Welfare case plan.

TIP: Remember relatives of a Stanley putative father are not considered legal relatives in Child Welfare Administrative Rule.

Role of the supervisor

I. Consult with the caseworker regarding intervenor status and requirements listed in rules and statutes.

II. Authorize AAG assistance in legal matters concerning an intervenor.

Legal references

III. ORS 419B.116 Intervention; caregiver relationship

IV. ORS 419B.875 Parties to proceedings

V. I-A.4.6 Rights of Persons Who Have a Child-Parent Relationship
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a46.pdf

D. Rights of grandparents

When you determine there is a present or impending danger and a protective action or safety plan is initiated, you assess relatives, including grandparents, as participants in safety management or as a placement resource for the child. You also consider other family members, including grandparents, as a part of services and activities related to the Child Welfare case plan, which manages child safety.

DHS is required to make diligent efforts to identify and obtain contact information for a child or young adult's grandparents, when a child or young adult is in DHS custody. Furthermore, DHS is required to give grandparents (meaning the legal parent of a child or young adult's legal parent, as defined in ORS 109.119) notice of every juvenile dependency court hearing regarding their grandchild from the point of shelter hearing forward, unless 1) they have been present at court and have already been notified of the date and time of hearing by the court, or 2) the court has relieved DHS of the responsibility to provide such notice, after making a finding of 'good cause.' Child Welfare recognizes the importance of preserving the family ties and relationships of children in our legal custody.

Procedure

To help preserve these relationships and meet statutorily required obligations (419B.875), you will:

I. Diligently search for grandparents and obtain their contact information.

II. Notify grandparents (those who are the legal parent of the child or young adult's legal parent, as defined in ORS 109.119) of each juvenile dependency court hearing regarding a child or young adult in DHS custody, from the point of the shelter hearing forward, (whenever the grandparents' contact information and identity are known, *unless* 1) they have been present at court and have already been notified of the date and time of the hearing by the court, or 2) the court has relieved DHS of the responsibility to provide such notice, after making a finding of 'good cause.'

III. Give grandparents who express an interest in the child information about the child's background and recommendations about the child's future. (Note: for this and below bullet points, 'grandparents' may also include the legal parent of a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood).

IV. Discuss visitation and communication with the child within reasonable guidelines set by the child's service plan and the court's order.

V. Discuss placement of the child with the grandparents if the grandparents want to be a resource and are able to adequately provide safety for the child.

VI. Refer to Chapter 5, Sections 2 and 3 for additional procedures when working with a child's relatives, including grandparents.

Grandparents who have established a child-parent relationship with a child may qualify for standing in the juvenile court process initiated by Child Welfare on behalf of a child. If you learn this relationship may exist, you:

I. Refer the grandparents to seek legal advice about their rights to the proceedings regarding their grandchild.

II. Consult with your supervisor and the AAG should the grandparents file a Motion to Intervene to prepare for the hearing on the Motion.

Role of the supervisor

I. Consult with the caseworker regarding rules and statutes related to grandparents.

II. Approve consultation time with the AAG to discuss intervention by the grandparents.

Legal References

I. I-A.4.5 Rights of Relatives
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a45.pdf

II. I-E.1.1 Search for and Engagement of Relatives
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e11.pdf

III. ORS 109.119 (1)-(7) Rights of Grandparent, Child-Parent Relationship, Ongoing Personal Relationship

IV. ORS 419B.116 Intervention; caregiver relationship

V. ORS 419B.875

E. Approval Process for Legal Change of a Minor's Name Outside of the Adoption Process or Change of a Minor's Sex Designation

Legal changes of this significance should be well considered. Adoption provides an established process for making legal name changes, and we want to ensure that legal name changes outside of the adoption process and legal changes of sex designation also follow a thoughtful process. To that end, we have established a process for these changes that incorporates the expertise and firsthand knowledge of casework staff, the support of supervisors and final approval by the local Program Manager.

Please note that DHS must have guardianship of a child or youth before it's appropriate for us to act regarding significant legal matters on behalf of a child or youth, and legal changes of name or sex designation are among these.

Consider whether it is appropriate and workable to make a practical change. For example, regarding a name change: gaining the support of foster parents, school staff and providers to call the child or youth by a different name, even though we're not changing it legally. A practical change does not require Program Manager approval, but should be done in consultation with the supervisor responsible to oversee the case.

DHS does not take direct actions to effect a legal change of name or sex designation for young adults even if DHS does have guardianship of them. DHS can, of course, support young adults through the process.

Note: If these legal changes are being requested in regard to a transgender youth, please also see Chapter 5, Section 41: "Sexual Orientation, Gender Identity and Expression" for additional information and direction.

How to Support Young Adults During These Changes

I. The following are ways DHS can support the young adult without acting directly to effect these changes:

   A. We can have respectful conversations to ensure the young adult is making an informed decision and understands the significance of the change. A meeting with the young adult and young adult's attorney to discuss the ramifications would be prudent.

   B. We should not complete the paperwork on behalf of the young adult, but we may want to encourage the young adult's attorney to assist them in completing the forms and guiding them through the legal process.

   C. We may want to consider filing a motion for waiver of fees on behalf of the young adult, similar to the agency's request when seeking a name change for a minor child. The motion, affidavit and order for fee waiver should be drafted and filed by the AAG on behalf of the agency as the young adult would not be in a position to seek a fee waiver without DHS, unless the young adult's attorney is willing to draft and file the pleadings.

Procedure

I. When seeking approval for legal changes of name or sex designation of a minor, you must:

   A. Consult with your supervisor to determine whether to request Program Manager approval for the change.

B. Complete any prep work that's needed to respond to the questions listed on the *Request for Legal Change of Name or Sex Designation* (de2706) form and then complete.

C. Be certain to consult with the Tribe when the child is affiliated with a Tribe.

D. Email the completed form to program manager and supervisor with the email box identified on the form in the Cc line.

E. Respond to any requests for additional information.

F. Document the response from the Program Manager in a case note to provide case file documentation of the decision.

G. Email the form, with approval section complete if approved, to the email box identified on the form and also scan the completed request form into the statewide electronic data system.

H. Move forward — if the change is approved — with efforts to effect the change or notify those concerned if the change is not approved.

Role of the Supervisor

I. Consult with the caseworker and determine whether to support the request to the Program Manager for approval of the proposed change.

II. Consult with the Program Manager regarding the request before authorizing the caseworker to proceed.

III. Ensure the caseworker completes the request process.

IV. Authorize the worker to contact DOJ for assistance, following approval, if the child's or youth's attorney is unable or unwilling to proceed with the change process.

Chapter 9

Appendix 9.2: Fathers at a glance and search and notice requirements

FATHERS AT A GLANCE AND SEARCH AND NOTICE REQUIREMENTS

TYPE OF FATHER	DESCRIPTION	Included in PETITION	SEARCH if whereabouts unknown	NOTICE that child in care; DHS contact info	NOTICE of expectation to establish paternity	NOTICE of juvenile court proceedings re: paternity
LEGAL – fathers for whom paternity has been established by one of the methods described below						
1. Marriage prior to birth	• If married to each other at time of birth, the man is presumed to be the legal father even if not bio (presumption may be challenged) • If married to each other and child is born within 300 days after the marriage is terminated by death, annulment or dissolution or after entry of judgment of separation, the man is presumed to be the legal father even if not bio (presumption may be challenged)	Yes	Yes	Yes	N/A	Yes
2. Marriage after birth	• Biological father who marries mother after birth and parents file a Voluntary Acknowledgment of Paternity with the Center for Health Statistics (AKA Vital Stats)	Yes	Yes	Yes	N/A	Yes
3. Voluntary Acknowledgment of Paternity	• Must be signed by bio parents, notarized (unless signed at healthcare center within 5 days of birth), and filed w/ Center for Health Statistics • May be established through a voluntary acknowledgment of paternity process in another state.	Yes	Yes	Yes	N/A	Yes
4. Judgments of Paternity entered as a result of filiation proceedings	• Judgments resulting from Judicial Proceedings (including juvenile court paternity proceedings) • Judgments resulting from DCS Administrative Proceedings (default paternity judgment or judgment entered consistent with paternity testing).	Yes	Yes	Yes	N/A	Yes
5. Acknowledgment of paternity consistent with tribal law	In ICWA cases, a man who has acknowledged or established paternity consistent with tribal law is a legal father under Oregon law.	Yes	Yes	Yes	N/A	Yes
6. Adoption of the child	A man who adopts a child is the child's legal father.	Yes	Yes	Yes	N/A	Yes
7. Other operation of law	Examples include: custody order, divorce decree, declaratory actions regarding deceased fathers	Yes	Yes	Yes	N/A	Yes
PUTATIVE – alleged biological fathers who have not established paternity; fall within one of the categories described below						
1. *Stanley* putative fathers *TREAT LIKE PARENT*	Alleged biological fathers who have assumed or attempted to assume responsibilities of parenthood. Parental responsibility can include: living with the child, financially supporting the child, or establishing a psychological, parental relationship with the child. *See* ORS 419B.875(1)(a)(C).	Yes	Yes	Yes	Yes; but treat as "parent" even w/o est. paternity	Yes
2. *Pagan* putative fathers	Alleged biological fathers who have not assumed or attempted to assume parental responsibilities – *NO LEGAL STANDING*	No	No	No	No	No
3. "Other" putative fathers Three examples/sub-categories of these alleged biological fathers:	A. Had or attempted to have some contact and/or provided or attempted to provide some gifts, necessities, support (but actions did not rise to level of "Stanley") **OR** conflicting information about level of involvement with child	No	Yes	Yes	Yes	Yes
	B. Child into care at time of birth (alleged biological father had no opportunity to take on parenting role)	No	Yes	Yes	Yes	Yes
	C. Man claiming or alleged to be the biological father and paternity is being addressed in Juvenile Court	No	Yes	Yes	Case by Case	Yes

Chapter 9

Appendix 9.3: Letter request to establish paternity

Oregon
Kate Brown, Governor

Department of Human Services
Children, Adults and Families Division

{DATE}

{CaseNum}
{PrimaryWorker}
{WorkerPhone}
{WorkerStrAddr}
{WorkerCityStZip}

{ALLEGED FATHER'S NAME}
{ALLEGED FATHER'S STREET ADDRESS}
{ALLEGED FATHER'S CITY, STATE, ZIP CODE}

Dear {ALLEGED FATHER'S NAME}:

The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}, born {DATE OF BIRTH}. You have been named by the child's mother, {MOTHER'S NAME}, as The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}'s biological father. It is our understanding that you have not established paternity, which means to make yourself The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}'s legal father.

DHS is responsible for permanency planning for The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}'s future. If you want to be involved in planning, or if you wish to visit with The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}, you must take steps to establish paternity. Please contact me right away and let me know what you want to do. We urge you to immediately contact an attorney, legal aid office or the Oregon Division of Child Support (DCS) for information and help about establishing paternity. You can contact DCS at:

Child Support Program
PO Box 14680
Salem OR 97309
Telephone: 800-850-0228

Unless you establish paternity or respond to this letter, DHS will move forward with permanency planning forThe Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}without further notice to you. This planning may include Juvenile Court involvement in

CF 417 (10/18)

establishment of paternity; placement of The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}with mother or placement of The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME} in a home for guardianship, adoption or another permanent arrangement. The law requires DHS to obtain a safe, stable and permanent home for The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME} as soon as possible so it is very important that you respond to this letter right away.

You need to contact me immediately to discuss the information in this letter. It is important for me to know if you have already established paternity of The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}, if you will be or are working to establish paternity of The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME} or if you do not believe that you are The Oregon Department of Human Services child welfare program (DHS) is currently the legal custodian of {CHILD'S FULL NAME}'s biological father.

You can contact me at the phone number or address listed above. This letter is being mailed to you once by certified mail (Restricted Delivery, Return Receipt Requested), and once by regular mail.

Sincerely,

{PrimaryWorker}, Caseworker

Chapter 9

Appendix 9.4: Reasonable efforts principles and expectations

Oregon Citizen Review Board - Judicial Department and State of Oregon's Department of Human Services

Reasonable efforts principles and expectations

In implementation and finalization of the permanent plan, when the plan is other than reunification.

I. **Definitions***

Reasonable: logical; rational; sensible; not extreme or excessive

Effort: conscious exertion of energy or serious attempt (to produce a result or accomplish a goal).

Permanency Plan Goal: i.e. Achieve Adoption; Arrange Guardianship or Legal Custody; Achieve and Maintain Permanent Foster Care; Independence and Emancipation; Other Planned Permanent Living Arrangement.

Plan: the resource services and steps needed to finalize the identified action.

Expectation: expected activities necessary to implement the plan and finalize the permanency goal in a timely manner.

***Definitions are for the purpose of this document only.**

II. **Creation and purpose of this document**

This document is a mutually agreed upon guideline for determining a reasonable efforts finding related to implementation and finalization of a permanent plan other than reunification. It was developed jointly by the State of Oregon's Department of Human Services and the Oregon Judicial Department's Citizen Review Board. State and Federal Law requires reasonable efforts be made to implement and finalize the permanent plan whenever children are in substitute care. ORS 419B.476; 42 USC § 671(a)(15)(C). This document is to be used as a tool for training and guidance for child welfare field staff and Citizen Review Board members. Application of these principles and expectations depends on the facts and circumstances of the case.

III. **Application**

The Reasonable Efforts Principles and Expectations outlined in this document apply to the federal requirement for the child welfare agency to make reasonable efforts to place the child in a timely manner and complete the steps necessary to finalize the permanent plan, when the plan is other than reunification. 42 USC § 671(a)(15)(C). This Reasonable Efforts finding shall be based on the permanent plan in effect for the period under review, not a concurrent plan. Application of these principles and expectations depends on the specific facts of the case, needs of the child and family, and the relationship between the services provided and implementation of

the permanent plan.

Only the services and activities that affect the permanent plan will be evaluated in making the reasonable efforts determination. The adequacy of services will be judged by whether DHS appropriately addresses the steps necessary to complete the permanent plan and place the child in a timely manner. While some services may be a good idea and some are very important, the reasonable efforts finding is determined based only on the actual services necessary to finalize the permanent plan.

IV. **Principles**

A. Children need safety, permanency, and well being.

B. Continual effort and a sense of urgency toward finalization of the permanency goal should be evident throughout the life of the case.

C. The appropriateness of the permanency goal will continually be evaluated in relation to the safety, permanency, well being, and attachment of the child.

D. When implementing a permanency plan, focus should include the child's educational, physical, health, and emotional needs.

E. Reasonable efforts must be made throughout the entire review period. Findings will be based on the timeliness and appropriateness of the efforts made. This reasonable efforts finding must be made for any part of a review period in which the goal was other than reunification.

F. The reasonable efforts finding is made on the documented efforts made by DHS and is not based on the actions and /or timeliness of another person or organization.

G. Reasonable efforts to implement and finalize the permanent plan requires the case plan to specify the child's permanency goal and the actions/services that DHS has provided in order to achieve the permanency goal. Federal and state laws specify that "in making such reasonable efforts, the child's health and safety shall be the paramount concern." (DHS Policy I-E.3.6) DHS must provide written documentation of the efforts made to provide such necessary services. These efforts must be timely.

V. **Permanency Goals** (as stated on DHS form CF305-IIS code sheet)

A. Permanency Plans/Goals for Substitute Care

Achieve adoption: Use this goal when the child is in substitute care and the child cannot be safely placed with or returned to a parent and the designated review body has approved an adoption plan. This goal is appropriate when: 1) The Legal Assistance Specialist has given the worker approval to submit a Legal Assistance Referral; 2) The child is in an officially approved legal risk placement; and/or 3) The child is legally free for adoption and efforts are underway to locate an adoptive home. (DHS/CAF Policy I-F.2)

_____ Not all steps below are necessary in every adoption case, nor do they necessarily occur in any sequential manner.

_____ Don't wait for "legally free" status to begin/take other steps towards achieving adoption.

Expectations:

I. Legally Freeing (DHS/CAF Policy I-F.3)
   A. Complete and submit Legal Assistant Referral Packet (LAR) within 30 days of approval.
   B. File TPR Petition within 30 days (DHS/CAF Policy I-F.3.2,) or secure the Relinquishments (DHS/CAF Policy I-F.3.)

II. Recruitment /Selection
   A. Fully explore any relative with whom the child has a relationship, the current caregivers, or other adults with whom the child has a significant relationship or bond.
   B. Complete child summary packet (DHS/CAF Policy I-F.3.)
   C. Write and submit the Recruitment Bulletin (DHS/CAF Policy I-G.1.2.)
   D. Convene Sibling planning committee (DHS/CAF Policy I-F.6/OAR 413-110-0110 to 413-110-0140.)
   E. Complete the Adoption Home Study (DHS/CAF Policy I-G.1.3/OAR 413-120-0190 to 413-120-0240.)
   F. Complete the Committee process (DHS/CAF Policy I-G.1.5/OAR 413-120-0000 to 413-120-0080.)

III. Designation
   A. Submit all documents listed on Designation of Placement for the Purpose of Adoption Policy to CAF Adoptions Unit (DHS/CAF Policy I-G.1.9.)
   B. CAF Adoption Unit issues Designation letter (DHS/CAF Policy I-G.1.9.)
   C. After a child is placed in a legal risk or a designated adoptive placement, complete and submit Putative Father Affidavit (DHS/CAF Policy I-A.4.3.)

IV. Placement & Supervision
   A. Determination of Adoption Assistance (DHS/CAF Policy I-G.3.1/OAR 413-130-0000 to 413-130-0130.)
   B. Develop and implement Transition plan (DHS/CAF Policy I-G.1.5/OAR 413-120-0000 to 413-120-0080.)
   C. Supervise placement until finalization (DHS/CAF Policy I-G.1.10/OAR 413-120-0800 to 413-120-0830.)

V. Finalization (DHS/CAF Policy I-G.1.12/OAR 413-120-0100 to 413-120-0115)
   A. Request finalization.
   B. CAF Adoptions Unit issues consent.
   C. Complete and submit affidavit, if applicable, in support of adoption.

ARRANGE GUARDIANSHIP OR LEGAL CUSTODY: Use this goal when the DHS designated review body has determined or is likely to determine that the child cannot be safely placed with or returned to a parent and adoption is not in the best interest of the child and either:

I. A significant child-parent relationship already exists between the child and a prospective guardian or legal custodian and that person shows interest in assuming legal responsibility for raising the child; or

II. The plan is for a relative(s) to assume legal guardianship or custody of the child.

Expectations:

I. Discuss the plan of guardianship and the various options available to achieve guardianship with the prospective guardian(s). Discuss the plan with the child, child's attorney, the CASA, and the parent(s) to determine agreement.

II. Staff the prospective guardianship plan with the appropriate SDA committee.

III. Discuss financial considerations and determine if the guardianship is to be subsidized. If so, complete a guardianship assistance application and sign a guardianship assistance agreement. (DHS/CAF Policy I-E.3.6.2/ OAR 413-070-0900 to 413-070-0975.)

IV. Determine how the legal process of finalizing the guardianship will proceed and complete the necessary steps.

B. Planned permanent living arrangement plans/goals

ACHIEVE AND MAINTAIN PERMANENT FOSTER CARE: Use this goal when a relative provider or a foster care provider, paid or unpaid, is specifically named or it is anticipated that they will be named as the permanent caretaker in a court order. The permanent caretaker must agree to raise the child to the age of majority. Permanency goals of return home, adoption or guardianship must be ruled out and documented before this goal can be used. Explain why these goals were ruled out. (DHS/CAF Policy I-E.3.6.1/OAR 413-070-0700 to 413-070-0750)

Expectations:

I. Identify a resource.

II. Review the requirements, benefits and approval process for permanent foster care with the foster parent(s), and with the child separately.

III. Discuss and give written notification to the legal parent(s).

IV. Discuss permanent foster care with the child's attorney and CASA.

V. Obtain approval by the permanent foster care review committee.

VI. Develop and obtain a signed agreement between DHS, the foster parent(s), and the foster child.

VII. Request a court hearing to review and approve the permanent plan and name the permanent foster care parent(s) in a court order.

VIII. Provide any services necessary to support and maintain the placement.

_____ Once Permanent Foster Care is established, face to face contact is every 90 days. (DHS/CAF Policy I-E.3)

INDEPENDENCE AND EMANCIPATION: Use this goal for a child 16 or older if all other permanency goals have been determined to be inappropriate, a child enrolled in the Department's Independent Living Subsidy Program (SIND) or a child in the Independent Living Program (YILP and ILPC). Goal justification by documentation is required. (DHS/CAF Policy I-B.2.3.5/OAR 413-030-0400 to 413-030-0455)

Expectations:

I. Make a referral for independent living services.

II. Complete an independent living assessment.

III. Develop and implement a plan based on the assessment.

OTHER PLANNED PERMANENT LIVING ARRANGEMENT: Use this goal for planned permanent living arrangements other than Achieve and Maintain Permanent Foster Care, Independence and Emancipation.

_____ Goal justification by documentation is required.

_____ Outline steps to achieve a more permanent plan for the child.

Practice options may include:

I. Outline a plan for developing a relationship between the child and adults who can provide continued support to the child.

II. Develop support structures for the child.

III. Document how the child's special needs are being met.

IV. There is no current policy in regard to PPLA. CRB and DHS will collaborate to develop policy to identify steps toward achieving permanency. An example would be children in residential care.

Chapter 9

Appendix 9.5: Active efforts principles and expectations

Oregon Tribes and Oregon Citizen Review Board — Judicial Department and Department of Human Services

Active efforts principles and expectations

I. **Creation and purpose of this document**

This document was developed in consultation with the federally recognized Tribes of Oregon by the Department of Human Services (DHS) and the Citizen Review Board (CRB). The Indian Child Welfare Act (ICWA) mandates that DHS make active efforts to provide remedial and rehabilitative services to the family before the removal of an Indian child from his or her parent or Indian custodian, except to prevent imminent damage or harm to the child and to reunify an Indian child with his or her parent or Indian custodian.(1) DHS, the Judicial Department and Oregon's nine recognized Tribes came together to create this tool to implement the active efforts mandate of the ICWA. We seek to better serve Indian children and their families through improved collaboration between the State of Oregon and the Tribes.

The following guidelines are offered for use by courts, DHS staff and local CRBs in evaluating whether of active efforts have been made in ICWA cases.

Both ICWA and Oregon law require that any party seeking to remove an Indian child from his or her home must establish that remedial or rehabilitative services were provided to the family to avoid removal of the child. (2) This means that DHS must make active efforts to provide services subsequent to a CPS investigation and before a decision is made to place an Indian child out of the home.(3) This does not supercede the need for emergency removal to prevent imminent physical damage or harm to a child.(4) Case records should document factual evidence that the conduct or condition of the parent(s) and/or custodian will result in serious physical or emotional harm to the child, and that efforts were made to counsel and change the parent's harmful behavior and these efforts did not work.(5) The services offered must demonstrate that prior to petitioning the Court for removal of an Indian child, active efforts were made to alleviate the need for removing the child. While active efforts to provide services to prevent the removal of an Indian child are required in all eligible cases, this document directly applies to the active efforts requirement to provide services to allow a child to safely return home AFTER they have been placed in substitute care. Nothing in this document is meant to imply that DHS is not also required to make active efforts prior to the placement of an Indian child.

The Adoption and Safe Families Act (ASFA) does not supercede the Indian Child Welfare Act. The ICWA has not been modified, limited, or diminished by the ASFA. States are still required to comply with the mandates of the ICWA and ASFA.

The document is to be used as a training tool and a guideline for agency staff, courts and review board members to use in making active efforts findings. This document should not be read as a definition of active

1: 25 USC § 1911 (d); 25 USC § 1922. 2: 25 USC § 1911 (d); ORS 419B.50(2); 419B185(1)(d); ORS 419B.340. 3: OAR 413-070-0160. 4: 25 USC § 1922; OAR 413-070-0140. 5: OAR 413-070-0190

efforts.

II. **Goals**

Every effort made with an Indian child and family will be measured against these goals:

A. Commitment to the requirements and the spirit of the Indian Child Welfare Act;

B. Early contact with and active engagement of the child's tribe. Active efforts does not require or imply agreement on case issues but does create an expectation that the agency and tribes will work closely together in an atmosphere of mutual respect and honesty to achieve understanding;

C. A more vigorous and higher level of effort than those that typically constitute reasonable efforts--Casework which goes beyond

1. referring for services to arranging services and helping families engage in those services
2. managing a case to proactively engaging in diligent casework activity
3. meeting the minimum requirements set by policy to creatively meeting the needs of children and families;

D. Using methods and providing services that are culturally appropriate.

III. **Application**

The Active Efforts Principles and Expectations outlined in this document apply to the federal and state requirements that DHS must make active efforts to "make it possible for the child to safely return home" in each case determined to be ICWA eligible. If it is yet to be determined by a tribe whether a child is eligible for membership, according to Oregon law, when a court conducts a hearing, the court shall inquire whether a child is an Indian child subject to the Indian Child Welfare Act .(6) If the court knows or has reason to know that an Indian child is involved, the court shall enter an order requiring DHS to notify the Indian child's tribe of the pending proceedings and of the tribe's right to intervene and **shall enter an order that the case be treated as an Indian Child Welfare Act case until such time as the court determines that the case is not an Indian Child Welfare Act case.** The court's determination that a case is or is not an Indian Child Welfare case will be based on information provided by a Tribe.(7)

Only the services and activities that affect the reunification plan are the services/activities to be evaluated in determining whether active efforts have been made. The adequacy of services will be judged by their appropriateness in addressing the needs that caused the child(ren) to be removed from the home.

This active efforts standard applies to the DHS obligation to provide reunification services to the eligible Indian child and his or her parents or Indian custodians. Oregon law requires that allegations be filed in regard to all legal parents and guardians before the court can assume jurisdiction.(8) The ICWA requires DHS to provide services and make efforts with biological parents or Indian custodians.

In addition, since the federal and state law mandate that DHS must make active efforts "to make it possible for the child to safely return home," services will be made available to all other household members who will

be in a caretaker role with the child, whether they have custodial or parental rights or not, since this is the "home" to which the child will be returned.

IV. **Principles**

A. The cornerstone of active efforts is active and early participation and consultation with the child's tribe in all case planning decisions.(9) Each tribe has its own expectations for active efforts. The facts of each case dictate the level of active efforts required.

B. DHS should inquire about the applicability of the Indian Child Welfare Act immediately upon a child being taken into protective custody.(10) These efforts must be documented. If the information is not available at that time, on-going inquiries need to be made as the case progresses and more information becomes available.

C. Active efforts cannot be excused under state law definitions for aggravated circumstances or extreme conduct.(11) The health and safety of the child are of paramount concern in every case. (12) In some cases, the return of the child to the biological parent or Indian custodian may result in serious physical or emotional damage to the child.(13) However, every case must receive active efforts, which should include at a minimum, a diligent assessment of the reasons for removal of the child, the risk for further harm of the child, and the ability of the parent or Indian custodian to safely care for the child. Consultation with the Indian child's tribe is critical to determining what and how active efforts should be provided.(14)

D. Active efforts determinations apply to the entire time period covered by the CRB or court review. DHS is obligated to make active efforts throughout the review period or until the plan changes to something other than return to parent. Findings will be made based on the timeliness and appropriateness of the services offered. This active efforts finding may be made for any part of a review period in which the goal is Return to Parent.(15)

E. In all ICWA cases, prior to the adjudication of the petition, DHS is obligated to provide active efforts to offer services to make it possible for the child to safely return home.(16) The parents' or Indian custodians' obligation to participate begins when the court makes a finding on the allegations of abuse/neglect and takes jurisdiction. For example, if an adjudication of a petition is delayed because a criminal matter is pending, DHS has the obligation to offer services to the parents or Indian custodians even though the parents or Indian custodians may choose not to engage in services. When parents or Indian custodians agree to participate in services prior to adjudication of the petition, an active efforts finding will be based on the services provided. When the parents or Indian custodians refuse to participate prior to adjudication, the active efforts finding will be based on the offer of services. Consultation with the Tribe is important in these circumstances. Efforts to engage the child's tribe should be documented.

F. If DHS has made the effort to provide a service and another person or entity has not fulfilled their responsibility to provide the services, the active efforts finding should be made based on DHS's effort to provide the service in a more creative manner. For example, if DHS has referred a parent or Indian

7: OAR 413-070-0170(4); see also Bureau of Indian Affairs Guidelines for State Courts, 44 Fed. Reg. 67568 (1979). 8: ORS 419B.100. 9: OAR 413-070-0160(2). 10: OAR 413-070-0150; OAR 413-070-0170. 11: ORS 419B.340(5); ORS 419B.502. 12: See, e.g., 419B.340(1); ORS 419B.476(2)(a) & (3)(a). 13: OAR 413-070-0190.

custodian to parent training and a waiting list has kept the parents or Indian custodian out of the class, DHS, in spite of the failure of the other person or entity, should make active efforts to find another class, contract with a provider to make the service available, or use some other effective method to make the service available to the parents or Indian custodian.

G. Utilizing Family Decision models (FDM), or other culturally relevant approaches, for case planning creates unique family specific service plans. These plans often specify certain tasks to be done by family members. If those tasks directly affect the reunification and a family member has not completed the task, DHS will actively assist and support the family in completing the task and document all efforts to do so.

H. Given that a child's health and safety are the paramount concerns, DHS has an obligation, in consultation with the child's tribe, to offer relevant services to all members of the household who will have responsibility to provide care for the child even if the person does not have legal rights to the child. If any household member refuses to participate in services offered the active efforts finding will be made on the offer of services. The child's tribe should be kept informed of the status of the case on an on-going basis regardless of whether the child's tribe chooses to intervene or not.

I. In making active efforts to reunify families, if services needed are not readily accessible, DHS will make active efforts to develop, modify, and coordinate services that will address the conditions and circumstances that are the bases for juvenile court jurisdiction. Access to cultural and tribal services, and frequent face-to-face contact between the worker and the child and family needs to occur.

J. Documentation of all casework activity is important. While this document specifically mentions documentation in certain areas, the best course of action is to document all casework done to achieve a positive active efforts finding.

V. Expectations

There are required steps that must be taken to determine whether or not a child is Indian as defined under the ICWA when in protective custody. Workers must follow the procedures outlined in OAR 413-070-0160 & OAR 413-070-170 and document such steps, in an expeditious manner. Proper notification to the child's Tribe is required and must be documented. The caseworker is expected to maintain on-going and frequent contact with the child's tribe.

The following is a list of expected activities in the first six months of a typical case. An effort has been made to place the activities in chronological order beginning with expectations/activities that occur at or before placement and progressing through the 30-day and 60 day points in the life of the case. Some activities are on going. This format is intended for the convenience of the reader only.

A. All legal parties must be identified early in the case. Petitions shall include allegations in regard to all persons having parental or custodial rights to the child. Case plans shall bear a rational relationship to the jurisdictional findings of the court and shall be designed to resolve the issues that prompted the court to take jurisdiction and remove the child from the parents' or Indian custodian's home. (17)

14: OAR 413-070-0160(2). 15: ORS 419A.116(2); ORS 419B476(3). 16: ORS 419B.185; 419B.340(1).

B. A DHS Form 1270 shall be completed by all persons with custodial or parental rights to a child. Relatives shall also be asked about Indian ancestry if one or both parents are unavailable or unwilling to provide the needed information.(18) If any indication of Indian ancestry is made, a diligent search for the child's tribal affiliation shall be done immediately. If a specific tribe has been named, the child's tribe should be contacted within 24 hours. Document efforts made to contact the child's tribe(s).

C. In order to retain an Indian child in foster care, the court must make a determination supported by clear and convincing evidence, including the testimony of an expert witness, or witnesses, that the continued custody of the Indian child by the parent or Indian custodian is likely to result in serious emotional or physical injury to the child.(19) A higher standard of proof is also required at termination of parental rights hearings.(20) The child's tribe should be consulted as to the selection of the expert witness. If the child's tribe does not respond, efforts to engage the child's tribe should be documented.

D. Absent parent searches shall be conducted and documented in a timely manner, beginning as soon after placement as possible.

E. All tribal or ICWA placement preferences shall be followed unless documented good cause to the contrary exists.(21) Every effort shall be made to locate relatives and to support utilization of relative placements. Consultation with the child's tribe is critical but does not, in and of itself, meet the requirements for a diligent search. Efforts should be clearly documented in the case record.

F. Assessments and services need to be provided in the clients' primary language.

G. DHS shall consider the use of a family decision meetings in each case in which a child is placed in substitute care.(22) When DHS determines that the use of a family decision meeting is appropriate the meeting shall be held, whenever possible, before the child has been in substitute care for 60 days. (23) The child's tribe should be engaged in this process by receiving notice and by being consulted to determine other potential invitees to the FDM. If DHS elects not to conduct a family decision making meeting, the reasons for that decision shall be clearly documented in the written case plan of the child. (24) If a meeting is held, DHS shall incorporate the family plan developed at the family decision making meeting into the DHS case plan for the child to the extent that the family plan protects the child, builds on family strengths and is focused on achieving permanency for the child within a reasonable time.(25) If the family plan is not incorporated into the DHS case plan for the child, the worker shall document the reasons in the case plan.(26)

H. Initial service plans and visitation plans should be developed in conjunction with the tribe. The initial service plans shall be written within 60 days of the placement and should include a written visitation plan.(27) Frequent contact among the child, parents, and siblings is imperative to maintain cultural and family ties; unless there is a safety risk or threat of harm to the child.

I. A service agreement or letter of expectation should be done in consultation with the child's tribe in every ICWA case. Consultation with the child's tribe and the tribe's recommendations for services should be documented in the case plan. Simply mailing the service agreement or a copy of the letter of expectation to the child's tribe will not be considered as active efforts; unless the child's tribe has not responded to diligent requests. Service referrals should be made immediately upon the entry of the court order or upon parents' agreement with the service agreement, whichever comes first. In order to achieve active efforts, workers should actively engage with families to help them connect to the services, including but not limited to, providing transportation to those services. Services must be

culturally appropriate. Mere referrals to, and monetary expenditures for, services will not constitute an active efforts finding. The worker should check and document the status of service participation and progress and notify the child's tribe regularly.

J. A culturally appropriate assessment of the child's treatment needs should be done within 60 days of the placement. DHS shall consult with the child's tribe in selecting the assessment resource is critical to ensure a culturally appropriate assessment. The case plan should include clear documentation of any assessment conducted by DHS.

K. The worker shall make and document efforts to expedite receipt of assessment results. After consulting with the child's tribe, referrals to culturally appropriate services recommended by assessments and evaluations should be made, in best practice, as soon as possible. As with services to parents outlined in section"V.I," workers shall actively engage the child in the services.

L. In all child welfare cases managed by DHS, at a minimum the worker shall have face-to-face contact with the family, the child and the provider in accordance with DHS policy. However, in ICWA cases, because active efforts involves intensive engagement with Indian children and their parents and/or Indian custodians, more frequent contact above and beyond the policy requirements is expected. Documentation of the contacts is required by policy.

17: ORS 419B.343(1)(a). 18: OAR 413-070-0170. 19: 25 USC § 1912(e); OAR 413-070-0200(1).
20: 25 USC § 1912(f); OAR 413-070-0200(2). 21: 25 USC § 1915; OAR 413-070-0220(3) & (4).
22: ORS 417.365 to ORS 417.375. 23: ORS 417.368(2).
24: ORS 417.368(3). 25: ORS 417.375(3). 26: ORS 417.375(4)

Chapter 10: Eligibility

Section 1: Targeted Case Management procedures

Targeted Case Management (TCM) Procedure Manual and Training Guide

Overview and Introduction

What is Targeted Case Management?

Targeted Case Management (TCM) is a Title XIX (Medicaid) program (OAR 413-050-0600 to 0670). The program provides federal matching funds to states that provide qualifying case management services to their clients.

TCM services are activities performed by the caseworker to assist children to obtain necessary medical, social, educational, counseling or other services. TCM services are only those services that link the child to a resource that meets an identified need for medical, social, educational, counseling or other services.

Caseworkers provide case management services daily. By recording the TCM activity in a format that meets federal billing and documentation requirements, we qualify to receive reimbursement for a significant portion of the cost of providing these services.

Who is eligible for TCM services?

Caseworkers provide case management services to all clients on their caseloads. This does not mean, however, that all clients are eligible for TCM. For example, children eligible for Title IV-E funding are not eligible for TCM. To be eligible for TCM, the client must meet the criteria specified below from the State Plan Amendment (SPA):

Targeted case management services are provided to all Medicaid eligible recipients under age 21 and who are currently residing in an in-home setting; foster home; group home; residential care facility, or independent living under the responsibility of the Child Welfare division of the Department of Human Services (DHS) or the Oregon Youth Authority (OYA).

I. Clients eligible to receive TCM funded services include children or young adults who meet the following criteria:
   A. Non-Title IV-E eligible;
   B. Under age 21;
   C. Medicaid eligible and enrolled into Oregon's Medicaid;
   D. Citizen or legal permanent resident;
   E. Reside in the state of Oregon;
   F. In substitute care; this includes: children in shelter care, foster care, group homes, residential treatment centers, subsidized independent living, and paid relative placements; and
   G. Living in an in-home setting and receiving services from DHS Offices of Child Welfare Programs.

II. Children or young adults who are NOT eligible for TCM services include:
   A. Those who are IV-E eligible;
   B. Age 21 and over;

C. Not Medicaid eligible and not enrolled into MMIS;

D. Non-citizens;

E. Living outside the state of Oregon;

F. Those receiving services prior to an open case;

G. Children residing in Institutions for Mental Disease and Public Institutions as defined in 42 CFR 435.1010. Residing in a Public Institution refers to an individual who is admitted to reside and receive treatment or services in a Public Institution, provided they are appropriate to their requirements; and

H. Children who are in both an APD/DD paid placement and enrolled in APD/DD medical.

Tip

APD/DD Services will be completing TCMs for children in an APD/DD Placement. If CW inadvertently completes a TCM and APD/DD has also completed a TCM, one will be denied, so we won't incorrectly claim federal funding.

Why Medical Eligibility is Important

Our TCM State Plan requires that we provide and document TCM services to all children in the Target Population, regardless of their medical eligibility.

A child must be Title XIX eligible and enrolled in Medicaid to qualify for federal reimbursement. For this reason, we've made our system of determining Title XIX eligibility as efficient and effective as possible to accurately identify and enroll all children who qualify. Because medical eligibility for in-home children is determined by the Oregon Health Authority, we should encourage parents to apply for Oregon Health Plan coverage for their uninsured children by calling the Oregon Health Plan at 1-800-699-9075 or applying online at: http://www.oregonhealthcare.gov.

I. There are several important points to remember as you think about TCM.

A. TCM and Random Moment Sample Survey (RMSS) are connected. Whenever a caseworker documents an RMSS hit as "case management," they should go into the TCM page in OR-Kids for that child and enter the same information into a TCM. Auditors look for (and expect to find) a match of the RMSS hit in the TCM documentation for that child.

B. We cannot document TCM activities on children who are Title IV-E eligible because we are already receiving IV-E funding for the services we provide, and the system will not allow it. Once the date is entered, a pop-up window comes up with a message stating, "This child is Title IV-E eligible on the TCM Activity Date and therefore ineligible for TCM notes. Please contact your FRS for Assistance."

C. To be able to document a TCM service, the date of the activity must fall on or after the worker's TCM Certification Date.

D. Activities provided by the caseworker must be for linking the child with the appropriate resource to qualify as a TCM activity.

E. Provision of a service is not considered linking and is not eligible for Targeted Case Management reimbursement. For example, arranging for transportation of a child to a therapy appointment is a TCM activity. Driving the child to the therapist's office is not a TCM activity.

II. TCM services are activities performed by the caseworker to assist children to obtain necessary medical, social, educational, counseling or other services. TCM services are only those services that link the child to a

resource that meets an identified need for services.

For this reason, a list of acceptable TCM services was developed and coded into the OR-Kids TCM page. When completing a TCM, the worker selects a category and an activity from drop-down menus and adds case note narrative to support that selection. TCM case note/narrative must include:

A. Date of service
B. Name of provider/person providing the service
C. Nature, extent or units of services
D. Place of service delivery
E. The first name and person ID of the child/client is required but the TCM and Case Note pages capture this information, so it does not need to be entered into the case note pages.

The following information is provided for information purposes to help the Federal Revenue Specialist and Caseworker understand the TCM program.

Tip

If multiple children are included in the case note, you need to name the specific children in the case note.

Resources

I. A resource is defined as an individual or organization that acts to provide medical, social, educational, counseling or other services needed by a child. Characteristics of a TCM resource may be:
   A. Public or private.
   B. Formal or informal. For example:
      1. Neighbors
      2. Family friends
      3. Volunteer programs
      4. Recreational services
      5. Church/religious organizations
   C. Fulfilling the child's specific necessities, such as:
      1. Job training
      2. Employment
      3. Medical/dental care
      4. Educational assistance
      5. Financial assistance
   D. Addressing the needs of an abused/neglected child or a child from a dysfunctional family. Such services may include, but are not limited to:
      1. Counseling services
      2. Drug and alcohol services

3. Support groups
4. Child/parent interaction groups
5. Psychological evaluations

E. Providing community support services to the child, including but not limited to:

1. Child/parent aide
2. Interpreter
3. Recreational activities
4. Court Appointed Special Advocate (CASA)
5. Big Brother/Big Sister
6. Tutor
7. Visiting nurse

Tip

The child's family cannot be identified as a resource because the Department is required by federal law to make reasonable efforts to return a child home after being placed in substitute care and is reimbursed under the Title IV-E funding program for those activities. We cannot "double bill" Title IV-E and Title XIX (TCM) for the same set of activities. Therefore, any activities that are related to reuniting the child and family cannot be billed as a TCM activity and the "family" cannot be considered a "resource." (We face significant audit exceptions if we bill activities to TCM that properly belong under the Title IV-E umbrella of services.) Extended family members (aunts, uncles, grandparents, etc.) often act as a resource for a child and can be identified as a "resource" for TCM purposes. They may provide placement, day care, respite care and such for the child(ren).

Visitation

Visitation can be documented as a TCM service only under specific circumstances. Interviews and contacts with the child, family or substitute care provider qualify as TCM activities when they are directly related to the process of identifying, accessing, or evaluating the service needs of the child and linking the resources available to meet those needs.

Because the child's parent(s) cannot be considered a "resource," visitation between the child and the parent(s) can only be claimed as a TCM service if the worker can clearly document that the purpose of the visit meets the above criteria. Routine visitation does not meet these criteria.

I. Visitation-related activities that may be documented as a TCM service include, but are not limited to:

A. Contact, consultation or written referrals (to foster parent, SSA, volunteer program, etc.) to arrange for the child to be transported to a visit with

siblings or extended family members.

B. Reserving the meeting room for a visit with siblings or extended family members.

C. Scheduling the time and date of the visit with sibling or extended family members.

TCM Service Categories

The description of each TCM service category below is from our federally approved State Implementation Plan. Following each State Plan definition is a brief clarifying statement of the service as it relates specifically to a phase in the TCM process. Each of these service categories can be thought of as a phase in the linkage between the child and the resource needed. These phases are not sequential. They can happen at any time and in any order in the linkage (TCM) process.

TCM Service Category: Assessment & Evaluation Related Services

Description: At assessment and evaluation, the case manager makes preliminary decisions about needed medical, social, educational, or other services. Service activities may include contacting parent(s) to gather family information, referral of child(ren) to developmental evaluation and requesting child's/ren medical records.

TCM Service Category: Counseling/Treatment Related Services

Description: The case manager identifies counseling and/or treatment services needed. Service activities may include consulting supervisor to reassess plan, contact child to discuss counseling or arranging transportation for counseling.

TCM Service Category: Medical/Dental Related Services

Description: The case manager will link the client with appropriate medical and dental related services. Service activities may include consulting hospital regarding a child's progress, contacting caretaker regarding dental needs, or requesting child's medical records.

TCM Service Category: Permanency and Adoption Related Services

Description: The case manager will work with the client and other interested parties to develop a case plan to obtain permanency. Service activities may include contacting caretaker regarding permanency options, consult with AG's office or attending sibling staffing.

TCM Service Category: Placement Activities

Description: The case manager will coordinate placement activities necessary to provide the most appropriate placement for the client. Service activities may include consulting with Interstate Compact on the Placement of Children (ICPC) program for child's transition, contact relative to gather family information and review child's special needs with provider.

TCM Service Category: School/Education Related Services

Description: The case manager will identify school and education needs and coordinate parents, providers, teachers and other interested parties to connect the client with needed services necessary that are the most appropriate for the client. Service activities may include consulting with school regarding behavioral and emotional issues, contact child for progress in ILP or consulting with a speech therapist.

TCM Service Category: Miscellaneous Services

Description: The case manager will connect the child with other services identified that are needed and appropriate for

the client. Service activities may include consulting with tribe to reassess safety plan, contact caretaker and child to reassess safety plan or contacting child regarding maintaining job.

TCM Service Activities

TCM activities are the specific tasks a caseworker performs to link the TCM child with the resources needed. There are approximately 14 to 22 service activities for each service category.

TCM Certification Procedures

I. All workers documenting TCM services for children must complete TCM certification training. The TCM training includes:
   A. Completing the computer-based training (CBT): DHS-CW -Targeted Case Management (TCM) for Caseworkers C02518; and
   B. Receiving one-on-one training from your federal revenue specialist (FRS) or another designated person in your branch.

II. Upon Completion of Training:
   A. Caseworkers should meet with the FRS or branch designated TCM person for individual instruction, as needed.
   B. The FRS should provide and review with the caseworker a copy of the TCM Training Guide for Caseworkers and answer questions.
   C. Office manager, upon request, will enter your certification into the OR-Kids Maintain Worker page, effective on the date training was completed.

OR-Kids will not allow a TCM activity to be recorded or verified by an “uncertified” worker or for a date prior to the worker’s TCM certification date.

Documenting TCM Activities

Caseworkers are responsible for entering TCMs provided they have a TCM certification date prior to the date of the TCM activity. When workload makes this difficult, a federal revenue specialist or social service assistant/case aid may record the activity based on case notes. After the TCM has been saved, the caseworker will need to open the TCM and verify it.

TCMs and Random Moment Sample Survey

If the caseworker documents a TCM activity on the Random Moment Sample Survey (RMSS), they must also document the same TCM activity for the same date they reported in RMSS. This should be done on the TCM page or as a case note if a TCM has already been documented for the child in the same month. If documented as a case note, the TCM checkbox must be marked to help identify the activity.

If someone other than the caseworker who performed the TCM activity enters the TCM, the caseworker must still go to the TCM and mark the “TCM Activity Verified” check box.

Managing TCMs

OR-Kids provides functionality under the Utility menu to assist the worker in managing their TCMs.

TCM Service Category	Service Activities
Assessment & Evaluation Related Services	30-day staffing to assess child's needs
	Case staffing to assess child's needs
	Consult court staff Re service needs
	Consult family builders to assess services
	Consult Juvenile Department Re service needs
	Consult public health nurse
	Consult supervisor to reassess plan
	Consult therapeutic developmental service
	Contact caretaker/child to reassess safety plan
	Contact caretaker/healthcare to reassess infant
	Contact caretaker Re service needs
	Contact caretaker to assess infants need
	Contact CASA to review plan
	Contact caretaker/child in home to assess
	Contact resource consultant Re service
	Family decision meeting to assess
	Family decision meeting to reassess
	Participate in SOC meeting to request funds
	Refer to mental health professional
	Requested child's medical records
	Reviewed child's psychological evaluation
	Transition meeting to assess child's needs
Counseling/Treatment Related Services	Arrange transportation for counseling
	Consult caretaker Re res treatment
	Consult caretaker Re counseling progress
	Consult IHBS to assess child's progress
	Consult IHBS to identify needs of child
	Consult mental health professional Re services
	Consult therapist Re counseling progress
	Consult therapist sex abuse victim progress
	Consult therapist sex offender tx progress
	Contact caretaker Re counseling
	Contact CASA to review plan
	Contact child development program
	Contact child to discuss counseling
	Contact early inter services to assess child
	Contact EIS to reassess child's progress
	Contact therapist Re behavior problems
	Contact therapist behavior management progress

TCM Service Category	Service Activities
	Refer child for developmental evaluation
	Refer for D&A evaluation
	Refer for sex abuse victim counseling
	Refer for sex offender counseling
	Refer to day treatment program.
	Refer to mental health professional
Medical/Dental Related Services	Arrange medical transportation
	Consult caretaker re medication
	Consult caretaker Re the medical ID
	Consult hospital Re child's progress
	Consult provider to assess development needs
	Consult provider for child's motor skill
	Consult SS/DHS to obtain medical coverage
	Consulted medical professional
	Contact caretaker Re dental needs
	Contact caretaker Re medical needs
	Contact caretaker Re Oregon Health Plan
	Contact caretaker Re selection of Doctor
	Contact child to assess dental needs
	Contact child to assess medical needs
	Contact caretaker/health for req immunizations
	Contact dentist Re dental condition
	Contact provider to reassess develop needs
	Contact provider to reassess motor skill
	Review child's medical report
	Set up dental appointment
	Set up dental transportation
Permanency & Adoption Related Services	Approval of current caretaker staffing
	Attend perm staffing to present needs
	Attend sibling staffing
	Case staffing to assess child's needs
	Consult AG's office
	Consult adoption council re special needs
	Contact adoptive caretaker Re finalization
	Contact caretaker Re adjustment
	Contact caretaker Re permanency options
	Contact caretaker to monitor placement
	Contact child to gather family info
	Contact mediator to initiate mediation

TCM Service Category	Service Activities
	Contact parent to gather family info
	Contact relative to gather family info
	Prep/submit request for sub guardianship
Placement Activities	Assess child's need f/emergency housing
	Assess child's need for respite care
	Consult caretaker Re placement &counseling
	Consult court staff Re service needs
	Consult ICPC for child's transition
	Consult res tx re child's progress/needs
	Consult tribal rep re resources avail
	Consult with CW Re current level service
	Contact caretaker re child's adjustment
	Contact caretaker re stable environment
	Contact caretaker RE certification renewal
	Contact relative evaluate involvement
	Contact res staff review tx needs/plan
	Contact res tx re child's behavior problems
	Contact tx center review counseling need
	Prepared residential care packet
	Review child's special needs w/provider
	Subcare committee Re continued placement
School/Education Related Services	Consult caretaker Re current Ed services
	Consult caretaker to assess language needs
	Consult early education prof for evaluation
	Consult school Re behavioral & emotional needs
	Contact caretaker to eval progress in lang program
	Contact speech therapist to evaluate progress
	Contact caretaker progress in ED program
	Contact child to evaluate education progress
	Contact early education to evaluate progress in EP
	Contact Head Start Re progress.
	Contact Head Start to refer for preschool
	Contact school Re attendance & progress
	Contact school Re progress in Ed program
	Refer to summer school program.
Misc. Services	Arrange visit with siblings/extended family
	Assess for day care services & resources
	Consult Tribe Re services
	Consult Tribe to reassess the case plan

TCM Service Category	Service Activities
	Contact caretaker Re travel out of state
	Contact caretaker reassess daycare need
	Contact child for progress in ILP
	Contact child for progress in job search
	Contact child RE maintaining job
	Contact ILP Re child training needs
	Contact mentor Re continued involvement
	Contact the Tribe Re needs & placement
	Contact with child to discuss ILP
	Contacted caretaker Re clothing needs
	Contacted ILP staff to evaluate progress
	No TCM performed (Mandatory text entry)
	Prepare case transfer narrative
	Refer to program for social development
	Referral to volunteer program for mentor

I. To find a list of TCMs needing to be verified, the caseworker will:

A. Log in to OR-Kids

B. Select the Utility menu on the OR-Kids desktop

C. Select the TCM Search menu item

D. Select the Worker tab

E. Enter the dates you want to search

F. Select "Unverified" from the Billing Status drop-down

G. Select the Search button for a list of TCMs that meet your criteria

The TCM search can be conducted using the child's name or by the worker. For a caseworker looking for unverified TCMs, use the Worker tab on the TCM search page (see next page).

Tip

The computer-based training (CBT) became a part of the new caseworker training program in January 2018. This is the single training option and can be taken from any computer.

H. Enter the worker's last name and first name, or worker ID. Deselecting the Sounds Like checkbox narrows your search. Click the Search button.

I. Click the radio button next to the correct worker displayed and select the Continue button.

J. Back on the TCM search page, leave the date range blank and change the billing status selection to Unverified, and click Search. OR-Kids will display all unverified TCMs for that worker.

K. OR-Kids will display a list of the caseworkers' TCMs that need to be reviewed and verified. Click the edit hyperlink to open the TCM and click the TCM Activity Verified check box, and then save.

L. The caseworker would mark the "TCM Activity Verified" check box and save the TCM.

M.

The caseworker would be returned to the list of unverified TCMs to repeat the process, as needed.

Voiding a TCM

There may be times when a TCM needs to be voided. A common example is when a caseworker needs to close a case immediately and the TCM has not been processed, which prevents case closing.

I. A caseworker or FRS may void a TCM. Here are the steps:

A. Click on the case file expando

B. Click on the TCM expando

C. Click on the TCM hyperlink that you want to void

D. Go to the options drop-down box (bottom left corner)

E. Select the drop-down box

F. Select "Void"

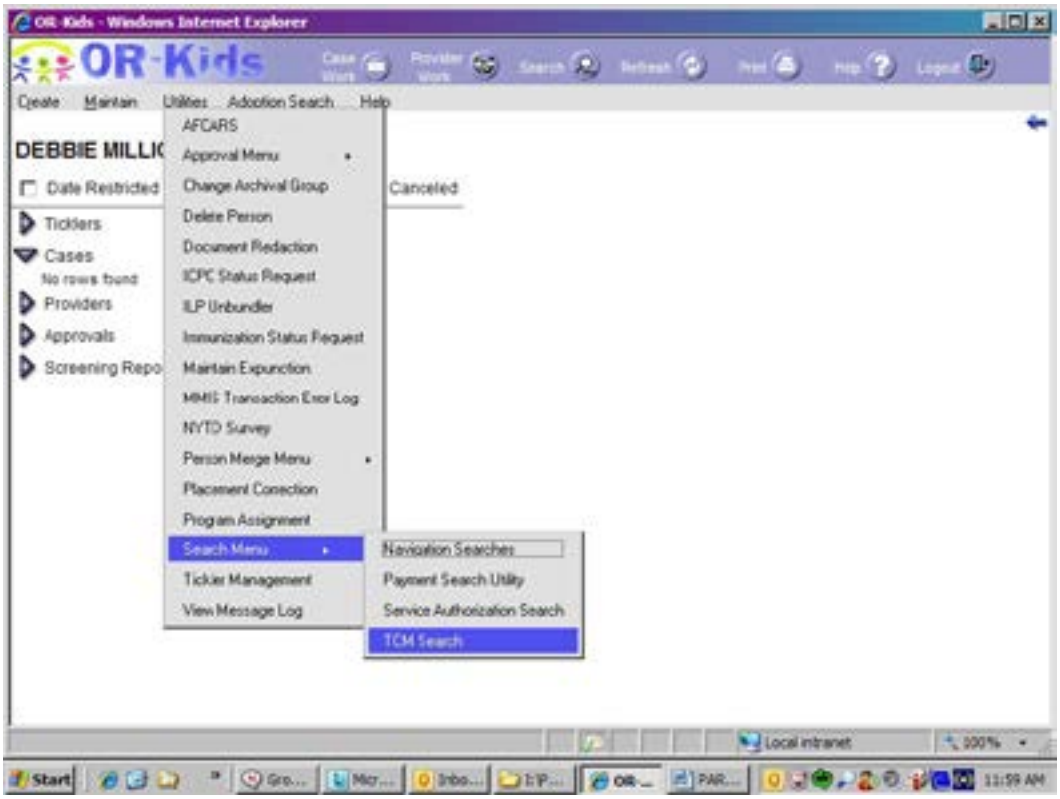
G. Select "Go"

H. Select "Close"

You should refresh the case so you can verify that the TCM has been voided.

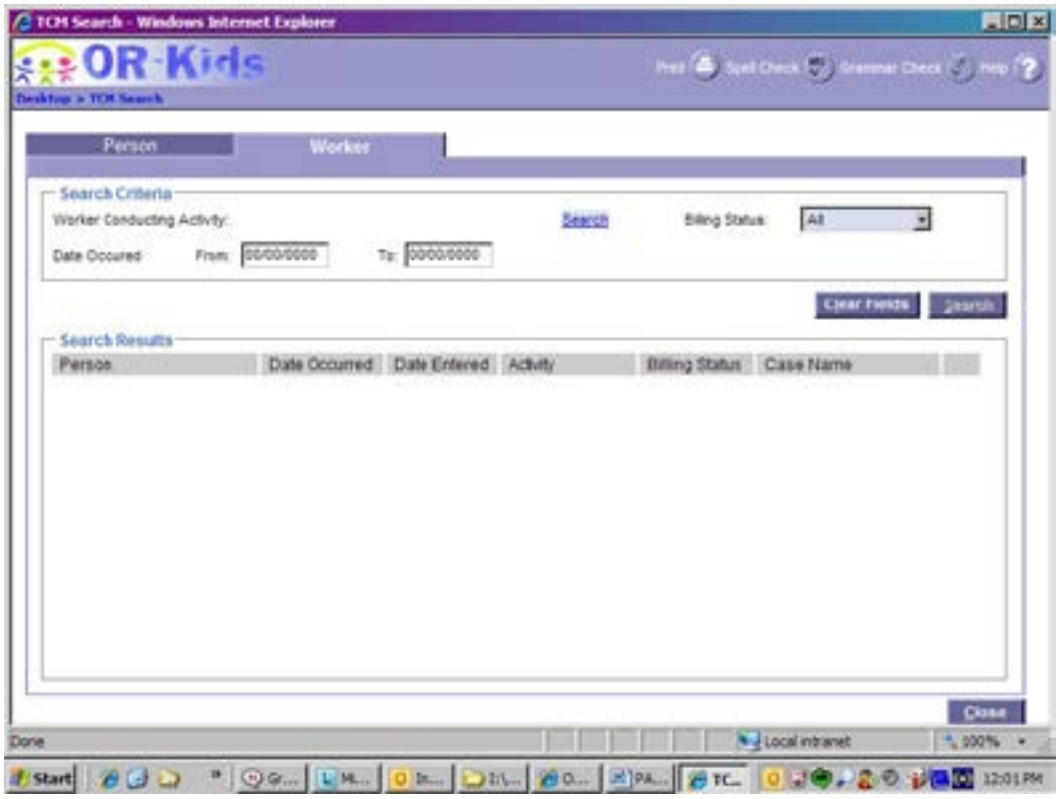
Tip

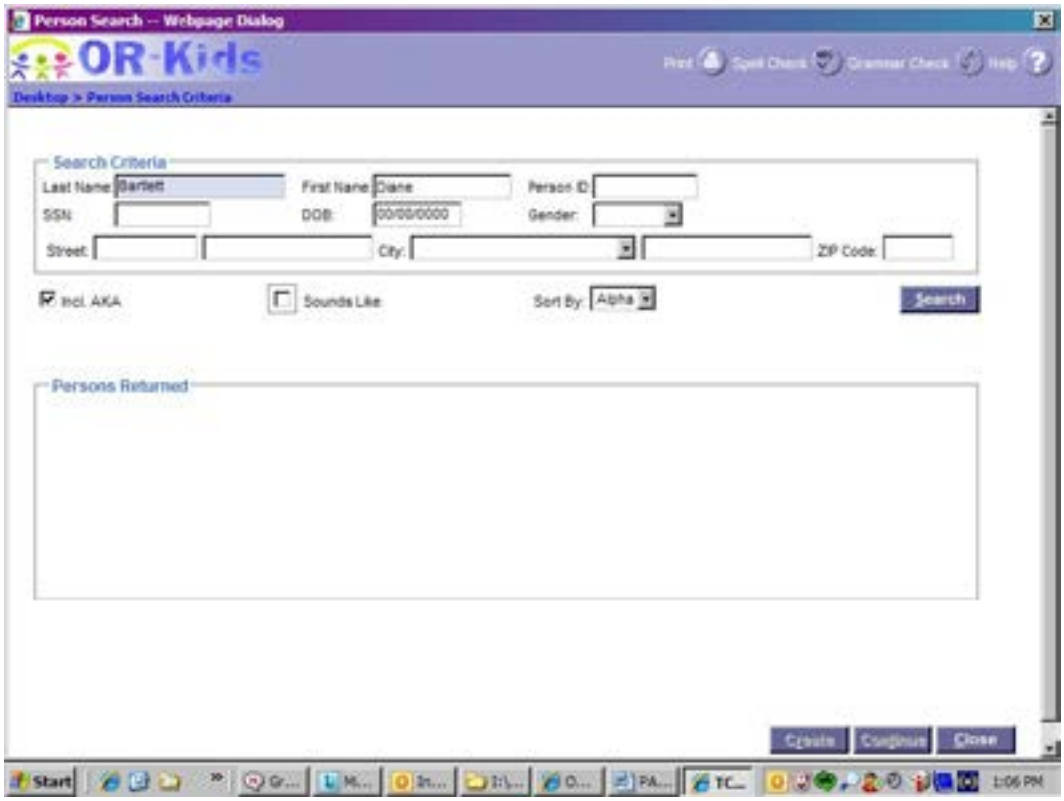
Your options for searching TCMs includes: All, Denied, Expired, Ineligible, Paid, Ready to Submit, Submitted, Unverified, Void and Void Submitted.



TCM error codes and the error reason in MMIS

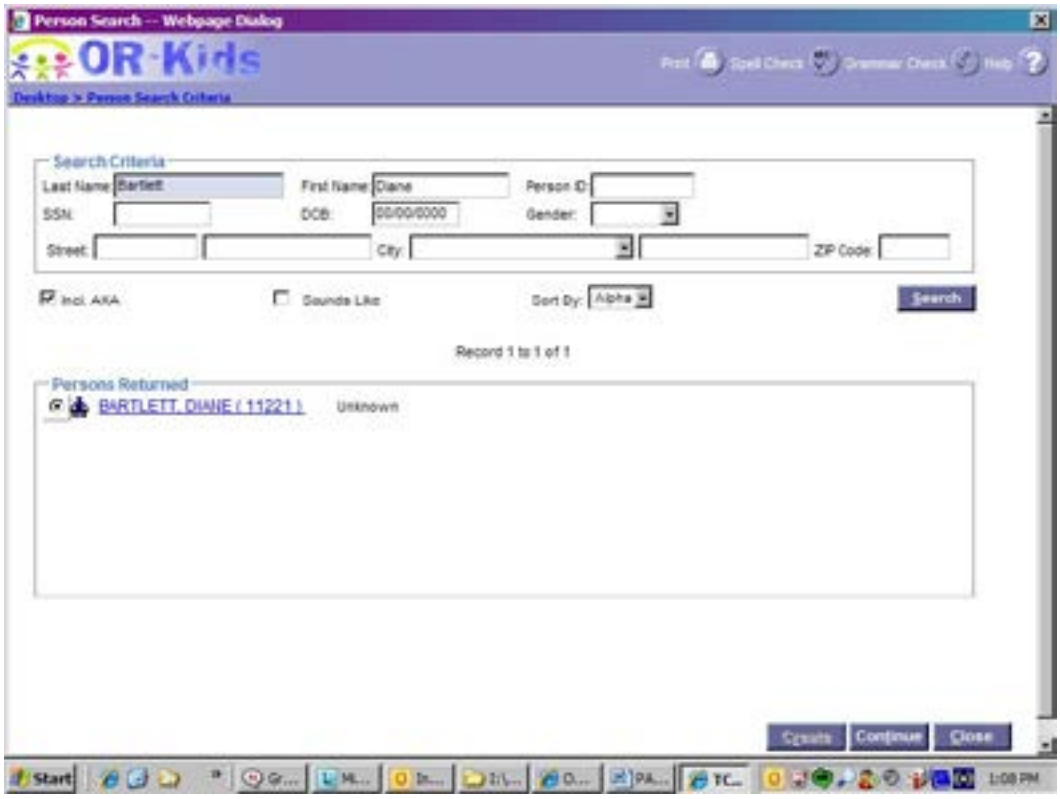
How to look up an error reason code in MMIS





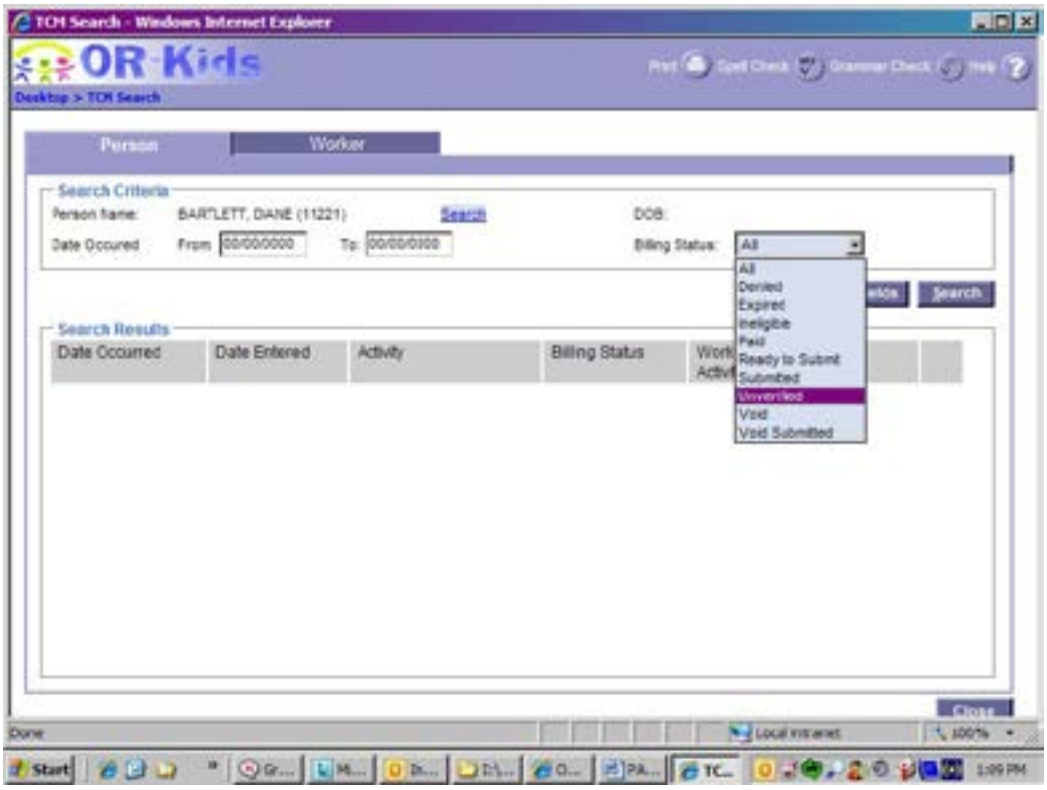
Known OR-Kids Bugs/Issues related to Targeted Case Management:

I. Date Occurred: When completing a TCM the worker fills in the box for "Date Occurred." But when it is processed in OR-Kids, the "Date Occurred" will

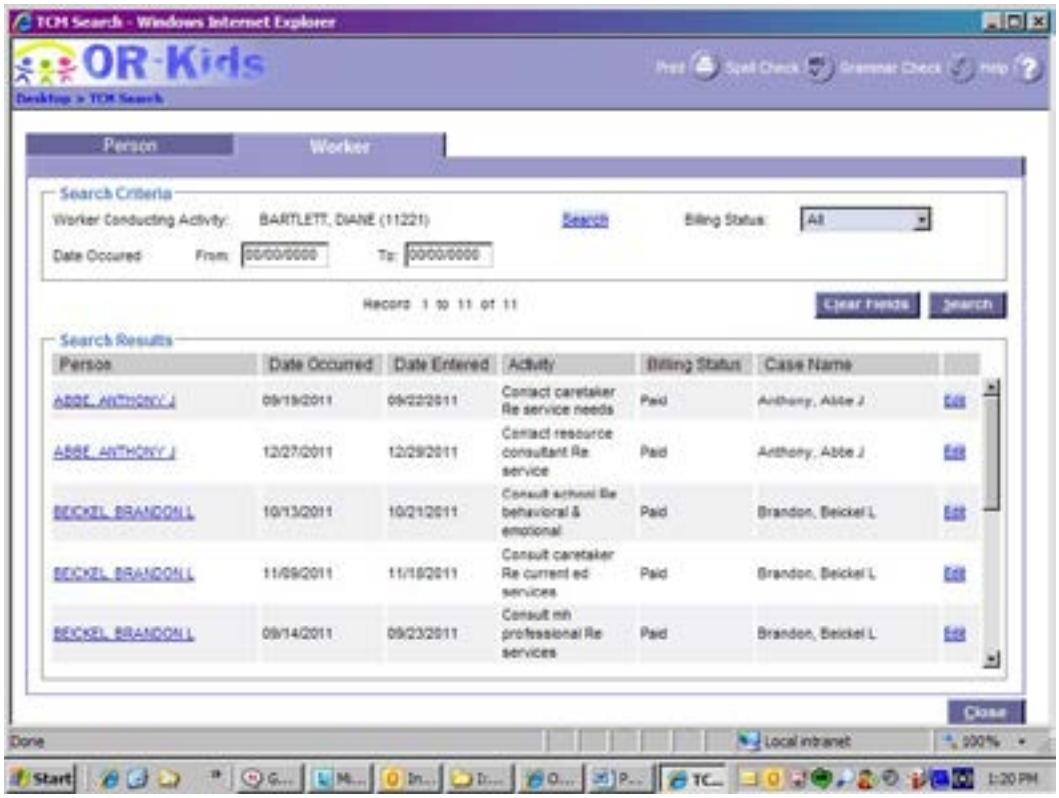


change to the date the TCM was sent to MMIS.

Action: The caseworker needs to enter the date the activity took place in the TCM narrative.

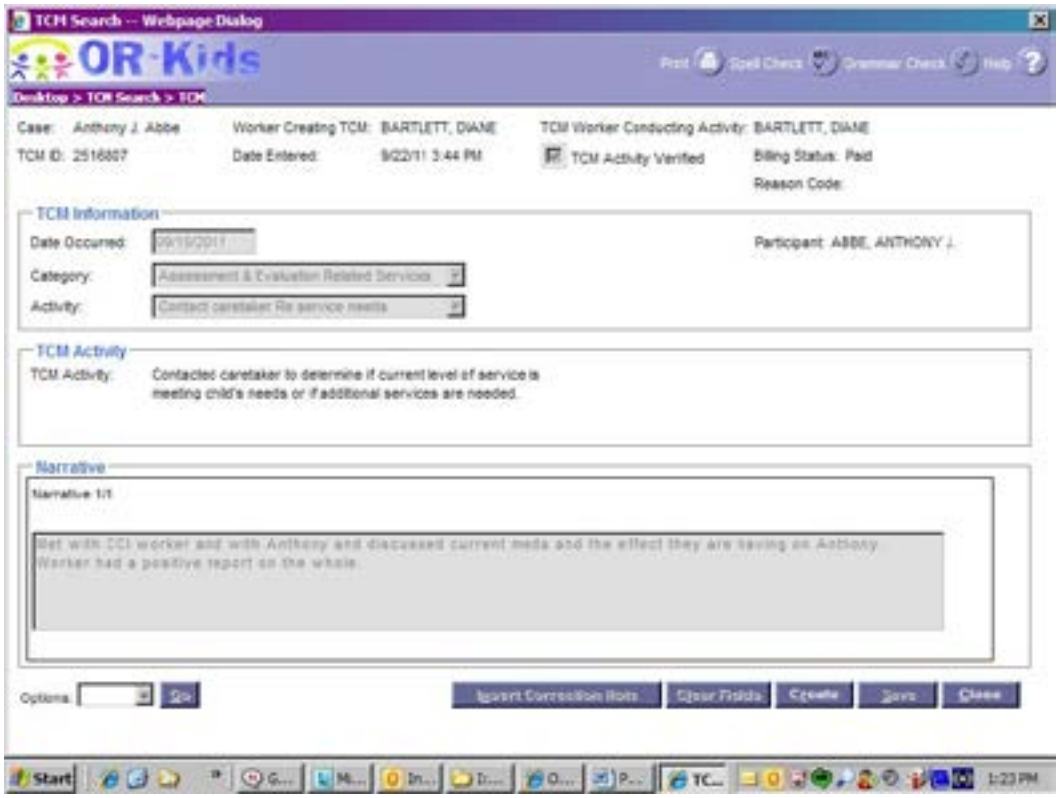


II. When a TCM is created and submitted, it also creates a duplicate case note indicated by TCM-TCM. This is an unnecessary duplicate and a federal violation.



Action: There is no workaround for this issue. Continue to complete TCMs.

III. There is a need for modifications to the Case Note Search Criteria to include



TCMs (and Face to Face contacts).

TCM ERROR CODE	ERROR REASON/DESCRIPTION – MOST COMMON
64	A TCM has been denied as the exact TCM was sent to MMIS twice
200	Child is residing OOS and does not have XIX coverage from OR
211	TCM billed greater than once per month
359	The "Age is not allowed for diagnosis" - The TCM was denied due to an age restriction and the ICD-10 code
500	A TCM has been denied as the exact TCM was sent to MMIS twice
513	Recipient name and prime number disagree
0669	Coverage/rule not found for the procedure/BP
1004	A TCM has been denied as the exact TCM was sent to MMIS twice
2001	Recipient ID number not on file/no records
2003	Ineligible on date of service
2077	Recipient not eligible on all dates of service
2038	Exact duplicate
1004	A TCM has been denied as the exact TCM was sent to MMIS twice.
2804	Case number not on file
2808	Date of birth missing
2809	Date of birth invalid
2811	Recipient ineligible on detail date of service
4030	Age not allowed for diagnosis
4031	Coverage/rule not found for the procedure
5001	Exact duplicate
5011	Exact duplicate
6491	TCM billed for more than one in one month

	ERROR REASONS – OTHER
	<u>Other denial reasons</u>
	IV-E Eligible in converted data – Not showing IV-E eligible in current data
	Child is not enrolled in Medical in MMIS

TCM claims are always $668.00 billed and $0.00 Paid

Click between the Current ID and the Provider ID

Error

View: All | Current | Historical

Detail Number	Error Disposition	Error Code	Line Number	EOB Code	Financial Payer	Benefit Plan	Status	Origin	Date	Time	Print Request	Alert Indicator	MCO Resubmission
1	Denied	2003	1	0003			Current	System Generated	02/23/2012	12:04:17	Do not report		No

Type changes below.

Detail Number	1	Status	Current
Error Disposition	D - Forced Denied	Origin	System Generated
Error Code	2003	Error Code Description	RECIPIENT INELIGIBLE ON DETAIL DATE OF SERVICE
EOB Code*	0003	EOB Code Description	OUR RECORDS SHOW RECIPIENT NOT ELIGIBLE ON DAT
Line Number	1	Financial Payer	
Date	02/23/2012	Benefit Plan	
Time	12:04:17	Clerk	
Print Request	Do not report	Alert Indicator	
MCO Resubmission	No		

Wednesday, April 18, 2012

Home | Claims | Financial | Managed Care | MAR | POC | Prior Authorization | Provider | Recipient | Reference | TPL | CTMS | Site | EDMS | Help

home | search | information | adjustments | data corrections | assignments | related data | independent choices | reports | drug profile search

Next Search By: ICN

search | clear | adv search

Physician Claim

ICN	2012054007704	Claim Type	PROFESSIONAL CLAIM	Status	DENIED	Details	1
		Provider ID	1093955767 NPI	FDOS	10/05/2011	Billed	$668.00
Prev ICN		Ref Prov1 ID		TDOS	10/05/2011	Net Billed	$0.00
Current ID*	GX600V1A	Ref Prov2 ID		Hosp FDOS		Total TPL	$0.00
Last Name	HART	Signature	Yes	Hosp TDOS		TPL	$0.00
First Name	LINDSAY	Accident		Date Billed	02/23/2012	Spenddown	$0.00
DOB	08/03/1996	Accident Date		Date Paid	02/24/2012	Copay Amount	$0.00
Cert #		ClaimDiagnosis	1 - 99559	TPL Rec Amt	$0.00	Paid	$0.00
Attachment	No	PAN	000002521609	Reimbursed	$0.00	MRN	
RA Number	10764029	Submitter ID	M0000007	Total Patient Liability	$0.00	TPR Code	
		Plan Payment	$0.00	TPL Non-Plan	$0.00		

Physician Claim — Select an area to add or modify

PhysicianClaim
DetailInformation

Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry
Case Descriptors	Cash Disposition	Check	Claim Batch File
Claim Image	ClaimCheck Audits	Contracts	Data Correction Note
Decision Rules	Diagnosis	Display TCN	EOB
Error	Expecting Date	Health Program	Link Image
Location	Medicare Information	Misc Information	Other Payers

Claim Detail

Detail Number	1	Status	DENIED	FDOS	10/05/2011	Billed Amt	$668.00
Adjust 1st		Diagnosis 1st	1	TDOS	10/05/2011	Allowed Amt	$0.00
Procedure	T2023	POS	11	Units Billed	1.00	Copay Amt	$0.00
Modifier1	U5	Rend Prov ID	1093955767 NPI	Units Allowed	0.00	OI Amt	$0.00
Modifier2		Ref Prov1 ID		Emergency		System	No
Modifier3		Ref Prov2 ID		EPSDT Ref	None	EPSDT/Fam Plan	
Modifier4		Patient Liability	0	NDC			
Plan Payment	$0.00	TPL Non-Plan	$0.00				

search by: Current ID | Case ID | Search

ecipient Information

Current ID	GX600VLA	Name	HART, LINDSAY	Active	Active
		Prev Name	HART, LINDSAY	Linked ID	
Medicare ID		Address	41 YORKSHIRE DRIVE	Benefit Plan	BMH 09/23/2008 - 08/31/2010
SSN	625-92-9851	Address 2		Medicare Coverage	
Gender	FEMALE	Address 3		Managed Care	DCO 10/20/2008 - 08/31/2010
Birth Date	08/03/1996	City	HACKETTSTOWN	TPL	No
Death Date		State	NJ	TPL Good Cause	
Age	15	Zip	07840-5609	Lockin	
Race	W	Phone		Level of Care	
Other Race		Phone Type	No Phone	Patient Liability	
Ethnicity	09 Unknown	Add Phone		Medicare Buy-in	
Citizen	U	Add Phone Type	No Phone	Case/Certification	HN95126CSO E LB 0070 09/01/2
Language	ENG	County	027 - Hood River	Pregnancy Due Date	
spondence Language	ENG	County Office ID	C	Medical Case Management	No
Worker ID	LR	Alternate Contact Name		Disease Case Management	No
Branch ID	0070	Living Arrangement	XX	Print Format	NOT APPLICABLE
Material Suppress	No	Priority Notes	No Notes	Premium Arrearage	No
Company Name					

Index

Index

A

Absent — *289*, *1227*, *1851*, *1912*

Abuse — *18*, *19*, *20*, *25*, *26*, *27*, *28*, *29*, *30*, *32*, *33*, *35*, *37*, *41*, *42*, *198*, *205*, *207*, *208*, *210*, *212*, *214*, *218*, *219*, *221*, *222*, *223*, *224*, *225*, *226*, *232*, *236*, *238*, *240*, *242*, *243*, *244*, *254*, *255*, *256*, *258*, *259*, *261*, *262*, *263*, *264*, *265*, *266*, *267*, *268*, *269*, *270*, *271*, *280*, *295*, *296*, *297*, *302*, *308*, *309*, *310*, *316*, *317*, *319*, *321*, *322*, *323*, *325*, *335*, *336*, *340*, *341*, *342*, *343*, *344*, *353*, *355*, *461*, *462*, *481*, *485*, *490*, *491*, *494*, *503*, *547*, *551*, *592*, *593*, *624*, *625*, *626*, *627*, *628*, *639*, *640*, *654*, *662*, *687*, *690*, *705*, *711*, *729*, *753*, *767*, *804*, *877*, *880*, *890*, *896*, *917*, *923*, *1008*, *1009*, *1037*, *1039*, *1040*, *1041*, *1042*, *1051*, *1066*, *1068*, *1070*, *1220*, *1304*, *1365*, *1383*, *1459*, *1467*, *1470*, *1531*, *1545*, *1553*, *1554*, *1560*, *1564*, *1566*, *1569*, *1587*, *1649*, *1710*, *1729*, *1735*, *1749*, *1771*, *1791*, *1792*, *1878*, *1892*, *1893*, *1946*

Action — *20*, *55*, *197*, *209*, *213*, *214*, *215*, *216*, *221*, *231*, *233*, *254*, *260*, *266*, *275*, *280*, *281*, *293*, *297*, *312*, *318*, *323*, *338*, *339*, *348*, *349*, *350*, *351*, *357*, *462*, *476*, *487*, *496*, *506*, *508*, *510*, *531*, *536*, *539*, *540*, *541*, *542*, *546*, *548*, *552*, *554*, *567*, *575*, *578*, *590*, *596*, *617*, *646*, *688*, *689*, *690*, *692*, *694*, *702*, *713*, *716*, *735*, *750*, *755*, *762*, *776*, *810*, *824*, *825*, *894*, *895*, *913*, *924*, *927*, *944*, *959*, *1006*, *1057*, *1068*, *1195*, *1204*, *1220*, *1224*, *1230*, *1266*, *1277*, *1567*, *1570*, *1571*, *1573*, *1574*, *1639*, *1640*, *1711*, *1859*, *1860*, *1862*, *1863*, *1947*

Active Efforts — *286*, *287*, *312*, *508*, *526*, *534*, *714*, *729*, *1553*

Adoption — *30*, *36*, *37*, *54*, *351*, *462*, *530*, *721*, *812*, *876*, *877*, *937*, *989*, *1009*, *1028*, *1034*, *1191*, *1192*, *1193*, *1198*, *1199*, *1200*, *1201*, *1202*, *1203*, *1209*, *1210*, *1211*, *1212*, *1213*, *1214*, *1215*, *1217*, *1218*, *1219*, *1220*, *1221*, *1223*, *1224*, *1225*, *1228*, *1229*, *1230*, *1231*, *1232*, *1236*, *1238*, *1239*, *1240*, *1241*, *1242*, *1244*, *1245*, *1246*, *1248*, *1250*, *1251*, *1252*, *1261*, *1262*, *1263*, *1265*, *1271*, *1272*, *1280*, *1285*, *1287*, *1292*, *1295*, *1300*, *1304*, *1305*, *1306*, *1307*, *1310*, *1311*, *1312*, *1316*, *1318*, *1323*, *1324*, *1328*, *1329*, *1330*, *1335*, *1336*, *1338*, *1339*, *1340*, *1341*, *1350*, *1352*, *1353*, *1354*, *1355*, *1356*, *1357*, *1358*, *1359*, *1360*, *1361*, *1362*, *1363*, *1364*, *1366*, *1367*, *1368*, *1369*, *1370*, *1371*, *1372*, *1375*, *1376*, *1377*, *1378*, *1380*, *1383*, *1384*, *1385*, *1391*, *1392*, *1393*, *1394*, *1395*, *1396*, *1398*, *1400*, *1402*, *1403*, *1404*, *1405*, *1406*, *1407*, *1410*, *1411*, *1412*, *1413*, *1414*, *1415*, *1420*, *1421*, *1422*, *1424*, *1425*, *1426*, *1427*, *1428*, *1429*, *1430*, *1431*, *1432*, *1434*, *1435*, *1436*, *1437*, *1449*, *1450*, *1451*, *1452*, *1453*, *1457*, *1460*, *1461*, *1462*, *1466*, *1467*, *1468*, *1470*, *1472*, *1473*, *1474*, *1475*, *1476*, *1477*, *1478*, *1479*, *1480*, *1482*, *1508*, *1517*, *1594*, *1595*, *1685*, *1686*, *1734*, *1756*, *1767*, *1768*, *1773*, *1776*, *1810*, *1828*, *1829*, *1852*, *1856*, *1860*, *1863*, *1877*, *1889*, *1900*, *1902*, *1903*, *1908*, *1948*, *1966*, *1967*

Agreement — *31*, *211*, *300*, *485*, *487*, *488*, *490*, *495*, *496*, *500*, *501*, *502*, *506*, *507*, *531*, *539*, *540*, *541*, *542*, *546*, *574*, *588*, *656*, *677*, *679*, *687*, *688*, *690*, *699*, *700*, *702*, *713*, *714*, *721*, *727*, *788*, *790*, *792*, *795*, *796*, *800*, *802*, *804*, *806*, *811*, *824*, *825*, *863*, *880*, *882*, *888*, *891*, *893*, *896*, *897*, *898*, *905*, *907*, *909*, *912*, *918*, *919*, *937*, *951*, *953*, *968*, *973*, *975*, *976*, *1010*, *1013*, *1015*, *1016*, *1017*, *1018*, *1021*, *1055*, *1058*, *1192*, *1195*, *1203*, *1205*, *1210*, *1219*, *1242*, *1243*, *1244*, *1245*, *1246*, *1275*, *1276*, *1295*, *1296*, *1299*, *1370*, *1394*, *1395*, *1399*, *1404*, *1420*, *1427*, *1474*, *1475*, *1478*, *1486*, *1512*, *1514*, *1515*, *1519*, *1525*, *1527*, *1528*, *1530*, *1531*, *1538*, *1540*, *1543*, *1544*, *1545*, *1546*, *1547*, *1550*, *1553*, *1554*, *1556*, *1559*, *1560*, *1561*, *1562*, *1564*, *1572*, *1577*, *1580*, *1591*, *1602*, *1867*, *1947*, *1959*, *1965*, *1966*, *1967*, *1970*, *1972*, *1974*, *1975*, *1977*

Alleged — *20*, *211*, *219*, *270*, *1648*, *1885*

Assessment — *18*, *19*, *21*, *31*, *33*, *35*, *48*, *196*, *197*, *198*, *199*, *200*, *204*, *205*, *206*, *207*, *208*, *209*, *210*, *211*, *212*,

213, *214*, *215*, *216*, *217*, *218*, *219*, *220*, *221*, *223*, *224*, *225*, *227*, *228*, *230*, *233*, *234*, *245*, *247*, *253*, *254*, *255*, *256*, *257*, *258*, *259*, *271*, *272*, *274*, *275*, *276*, *277*, *278*, *279*, *280*, *281*, *283*, *286*, *287*, *288*, *292*, *294*, *295*, *296*, *297*, *301*, *302*, *303*, *307*, *308*, *309*, *310*, *312*, *314*, *315*, *316*, *317*, *318*, *319*, *320*, *321*, *322*, *323*, *325*, *326*, *328*, *330*, *334*, *335*, *336*, *337*, *338*, *339*, *340*, *341*, *342*, *343*, *344*, *345*, *346*, *347*, *348*, *352*, *355*, *357*, *461*, *462*, *465*, *466*, *477*, *479*, *480*, *481*, *482*, *483*, *487*, *488*, *489*, *491*, *492*, *493*, *494*, *500*, *501*, *503*, *525*, *526*, *527*, *532*, *534*, *536*, *538*, *541*, *554*, *557*, *582*, *589*, *591*, *608*, *616*, *621*, *636*, *640*, *642*, *646*, *654*, *677*, *678*, *679*, *680*, *682*, *684*, *685*, *687*, *690*, *693*, *694*, *697*, *706*, *711*, *712*, *716*, *717*, *735*, *736*, *737*, *739*, *742*, *743*, *744*, *745*, *749*, *751*, *753*, *754*, *755*, *758*, *763*, *766*, *767*, *770*, *771*, *788*, *790*, *791*, *800*, *801*, *804*, *805*, *806*, *808*, *817*, *825*, *829*, *860*, *884*, *885*, *898*, *900*, *902*, *912*, *916*, *917*, *919*, *921*, *925*, *927*, *944*, *945*, *946*, *947*, *950*, *951*, *955*, *957*, *958*, *959*, *961*, *1000*, *1013*, *1038*, *1039*, *1041*, *1051*, *1052*, *1053*, *1055*, *1056*, *1058*, *1061*, *1067*, *1070*, *1240*, *1258*, *1274*, *1276*, *1281*, *1282*, *1285*, *1286*, *1291*, *1292*, *1295*, *1296*, *1297*, *1298*, *1299*, *1300*, *1301*, *1303*, *1310*, *1316*, *1322*, *1327*, *1328*, *1379*, *1381*, *1412*, *1416*, *1421*, *1462*, *1464*, *1467*, *1470*, *1483*, *1484*, *1489*, *1492*, *1511*, *1519*, *1522*, *1530*, *1536*, *1537*, *1538*, *1539*, *1540*, *1541*, *1542*, *1543*, *1544*, *1545*, *1546*, *1547*, *1548*, *1549*, *1550*, *1552*, *1553*, *1557*, *1562*, *1582*, *1583*, *1588*, *1598*, *1608*, *1614*, *1621*, *1623*, *1624*, *1628*, *1630*, *1634*, *1639*, *1659*, *1662*, *1692*, *1699*, *1706*, *1711*, *1712*, *1717*, *1718*, *1749*, *1771*, *1773*, *1791*, *1799*, *1800*, *1801*, *1802*, *1804*, *1812*, *1815*, *1848*, *1851*, *1858*, *1862*, *1872*, *1878*, *1880*, *1881*, *1948*, *1949*, *1951*, *1952*, *1953*, *1954*, *1956*, *1962*, *1963*, *1964*, *1966*, *1967*, *1969*, *1970*, *1974*

B

Behavior — *45*, *47*, *208*, *214*, *215*, *228*, *229*, *231*, *232*, *233*, *235*, *236*, *237*, *238*, *239*, *240*, *241*, *242*, *254*, *255*, *259*, *260*, *261*, *263*, *264*, *265*, *267*, *268*, *269*, *312*, *319*, *320*, *322*, *324*, *325*, *326*, *327*, *347*, *356*, *359*, *484*, *498*, *501*, *503*, *507*, *510*, *560*, *568*, *585*, *592*, *627*, *643*, *644*, *653*, *654*, *655*, *656*, *657*, *659*, *680*, *692*, *693*, *694*, *697*, *742*, *781*, *782*, *783*, *784*, *785*, *786*, *788*, *790*, *794*, *798*, *799*, *805*, *809*, *815*, *817*, *818*, *822*, *897*, *899*, *901*, *929*, *1014*, *1017*, *1038*, *1041*, *1067*, *1234*, *1256*, *1260*, *1265*, *1459*, *1530*, *1538*, *1541*, *1555*, *1562*, *1572*, *1577*, *1578*, *1579*, *1585*, *1588*, *1654*, *1734*, *1797*, *1861*, *1947*, *1950*, *1955*, *1956*, *1961*, *1965*, *1967*, *1968*, *1972*

C

Capacity — *14*, *207*, *229*, *234*, *239*, *240*, *241*, *270*, *302*, *324*, *356*, *357*, *461*, *462*, *465*, *466*, *474*, *475*, *477*, *479*, *480*, *482*, *483*, *484*, *487*, *488*, *489*, *490*, *491*, *493*, *494*, *495*, *496*, *500*, *501*, *502*, *503*, *504*, *505*, *506*, *507*, *510*, *511*, *525*, *526*, *529*, *530*, *531*, *535*, *541*, *542*, *544*, *545*, *547*, *550*, *553*, *556*, *557*, *558*, *560*, *566*, *570*, *571*, *572*, *573*, *590*, *591*, *602*, *641*, *646*, *677*, *680*, *682*, *684*, *685*, *686*, *687*, *690*, *693*, *694*, *697*, *699*, *700*, *725*, *729*, *738*, *739*, *904*, *925*, *947*, *966*, *967*, *1000*, *1048*, *1067*, *1070*, *1196*, *1198*, *1226*, *1275*, *1279*, *1280*, *1281*, *1284*, *1381*, *1512*, *1523*, *1530*, *1552*, *1566*, *1569*, *1584*, *1588*, *1659*, *1797*, *1805*, *1812*, *1830*, *1848*, *1858*, *1862*, *1880*, *1881*, *1956*

Caregiver — *197*, *208*, *209*, *211*, *215*, *219*, *220*, *221*, *222*, *223*, *224*, *225*, *229*, *232*, *234*, *235*, *236*, *237*, *238*, *239*, *240*, *241*, *243*, *244*, *254*, *259*, *260*, *261*, *263*, *264*, *265*, *266*, *267*, *268*, *269*, *293*, *312*, *318*, *319*, *320*, *323*, *325*, *335*, *342*, *343*, *344*, *357*, *483*, *508*, *525*, *527*, *528*, *531*, *533*, *544*, *546*, *547*, *548*, *549*, *550*, *551*, *556*, *557*, *558*, *559*, *560*, *572*, *573*, *587*, *590*, *608*, *609*, *615*, *616*, *618*, *620*, *641*, *647*, *655*, *656*, *685*, *690*, *693*, *694*, *697*, *725*, *726*, *730*, *731*, *732*, *733*, *734*, *735*, *737*, *738*, *739*, *740*, *741*, *742*, *743*, *744*, *745*, *747*, *749*, *751*, *752*, *753*, *754*, *755*, *756*, *757*, *758*, *759*, *760*, *763*, *769*, *770*, *777*, *791*, *795*, *797*, *798*, *799*, *801*, *804*, *805*, *806*, *807*, *815*, *816*, *818*, *824*, *828*, *829*, *861*, *862*, *884*, *885*, *886*, *889*, *890*, *891*, *892*, *893*, *895*, *897*, *898*, *901*, *903*, *904*, *905*, *916*, *917*, *918*, *927*, *931*, *932*, *933*, *935*, *938*, *945*, *946*, *948*, *960*, *961*, *962*, *963*, *999*, *1000*, *1001*, *1002*, *1005*, *1014*, *1015*, *1016*, *1021*, *1022*, *1023*, *1025*, *1026*, *1027*, *1034*, *1042*, *1048*, *1055*, *1061*, *1063*, *1064*, *1194*, *1195*, *1196*, *1197*, *1198*, *1201*, *1203*, *1204*, *1205*, *1227*, *1231*, *1233*, *1234*, *1235*, *1236*, *1256*, *1266*, *1271*, *1304*, *1314*, *1322*, *1328*, *1329*, *1398*, *1399*, *1401*, *1402*, *1403*, *1406*, *1407*, *1409*, *1411*, *1424*, *1431*, *1457*, *1482*, *1483*, *1484*, *1485*, *1486*, *1487*, *1488*, *1489*, *1490*, *1508*, *1509*, *1510*, *1511*, *1512*, *1513*, *1514*, *1518*, *1519*, *1520*, *1521*, *1522*, *1523*, *1524*, *1525*, *1526*, *1527*, *1530*, *1532*, *1540*, *1542*, *1544*,

1545, *1552*, *1555*, *1560*, *1561*, *1564*, *1565*, *1566*, *1567*, *1568*, *1569*, *1570*, *1573*, *1582*, *1583*, *1584*, *1585*, *1588*, *1692*, *1711*, *1733*, *1739*, *1771*, *1792*, *1797*, *1811*, *1812*, *1820*, *1821*, *1823*, *1826*, *1828*, *1830*, *1832*, *1859*, *1862*, *1877*, *1878*, *1946*, *1947*, *1950*, *1951*, *1952*, *1953*, *1957*, *1962*, *1964*, *1966*, *1970*, *1974*, *1975*, *1976*, *1977*

Case plan — *45*, *51*, *214*, *266*, *302*, *343*, *461*, *462*, *463*, *479*, *484*, *487*, *493*, *494*, *495*, *497*, *498*, *499*, *501*, *502*, *504*, *506*, *508*, *509*, *512*, *524*, *525*, *526*, *528*, *530*, *532*, *533*, *534*, *535*, *537*, *538*, *540*, *541*, *542*, *543*, *544*, *547*, *551*, *553*, *555*, *556*, *557*, *560*, *561*, *562*, *563*, *565*, *566*, *567*, *570*, *573*, *576*, *584*, *586*, *598*, *604*, *606*, *637*, *642*, *649*, *677*, *682*, *690*, *694*, *697*, *699*, *700*, *713*, *717*, *745*, *754*, *755*, *756*, *761*, *762*, *763*, *777*, *805*, *807*, *810*, *817*, *818*, *820*, *824*, *825*, *829*, *861*, *863*, *880*, *882*, *888*, *889*, *891*, *911*, *912*, *913*, *916*, *921*, *922*, *924*, *926*, *929*, *936*, *938*, *944*, *950*, *952*, *956*, *962*, *970*, *986*, *1005*, *1006*, *1008*, *1009*, *1010*, *1022*, *1025*, *1026*, *1027*, *1032*, *1048*, *1055*, *1056*, *1058*, *1193*, *1194*, *1195*, *1196*, *1197*, *1198*, *1199*, *1216*, *1222*, *1223*, *1231*, *1254*, *1264*, *1318*, *1455*, *1460*, *1485*, *1488*, *1489*, *1510*, *1511*, *1512*, *1513*, *1514*, *1515*, *1520*, *1521*, *1522*, *1523*, *1527*, *1530*, *1532*, *1546*, *1550*, *1551*, *1552*, *1553*, *1554*, *1555*, *1556*, *1557*, *1558*, *1560*, *1561*, *1562*, *1563*, *1564*, *1565*, *1566*, *1570*, *1572*, *1573*, *1574*, *1577*, *1578*, *1579*, *1580*, *1581*, *1582*, *1583*, *1586*, *1587*, *1588*, *1590*, *1591*, *1810*, *1819*, *1824*, *1825*, *1826*, *1827*, *1828*, *1830*, *1832*, *1835*, *1857*, *1860*, *1863*, *1864*, *1867*, *1868*, *1869*, *1870*, *1871*, *1886*, *1887*, *1947*, *1948*, *1951*, *1953*, *1957*, *1972*

Certification — *213*, *263*, *264*, *297*, *335*, *338*, *339*, *340*, *341*, *344*, *345*, *346*, *347*, *348*, *349*, *350*, *549*, *618*, *716*, *734*, *745*, *751*, *755*, *757*, *758*, *766*, *767*, *825*, *828*, *829*, *833*, *861*, *862*, *935*, *1001*, *1021*, *1022*, *1028*, *1042*, *1061*, *1063*, *1064*, *1204*, *1276*, *1278*, *1282*, *1285*, *1299*, *1300*, *1301*, *1309*, *1310*, *1318*, *1320*, *1321*, *1322*, *1323*, *1346*, *1381*, *1384*, *1404*, *1456*, *1459*, *1465*, *1510*, *1568*, *1596*, *1598*, *1614*, *1622*, *1623*, *1624*, *1631*, *1635*, *1637*, *1639*, *1640*, *1644*, *1650*, *1666*, *1669*, *1673*, *1676*, *1677*, *1682*, *1683*, *1684*, *1687*, *1689*, *1690*, *1691*, *1692*, *1699*, *1701*, *1707*, *1708*, *1714*, *1716*, *1739*, *1750*, *1751*, *1753*, *1761*, *1762*, *1766*, *1769*, *1772*, *1773*, *1791*, *1843*, *1885*, *1949*, *1952*, *1955*, *1967*

Child-caring agency — *264*, *265*, *296*, *550*, *711*, *1213*, *1247*, *1251*, *1568*, *1808*, *1953*, *1957*, *1958*, *1963*, *1965*, *1967*, *1968*, *1971*, *1973*, *1976*

CIRT — *18*, *21*, *1954*

Citizen Review — *562*, *956*, *1031*, *1192*, *1195*, *1435*, *1477*, *1586*, *1797*, *1810*, *1817*, *1827*, *1828*, *1832*, *1833*, *1834*, *1858*, *1860*, *1861*, *1864*, *1866*, *1867*, *1871*, *1872*, *1880*, *1900*, *1907*, *1953*, *1963*

Closed — *19*, *37*, *209*, *265*, *276*, *308*, *309*, *336*, *337*, *338*, *344*, *480*, *602*, *603*, *606*, *616*, *695*, *705*, *712*, *962*, *1320*, *1477*, *1492*, *1554*, *1591*, *1612*, *1639*, *1649*, *1872*

Closing — *209*, *590*, *601*, *602*, *604*, *605*, *606*, *631*, *820*, *1052*, *1071*, *1477*, *1492*, *1591*, *1592*, *1791*, *1836*

Collateral — *208*, *222*, *259*, *355*, *529*, *533*, *1295*, *1817*, *1949*

Complaint — *37*, *54*, *833*, *1018*, *1259*, *1744*, *1745*, *1746*, *1749*, *1840*, *1949*

Confidential — *23*, *24*, *26*, *30*, *32*, *36*, *37*, *38*, *40*, *41*, *219*, *296*, *830*, *897*, *906*, *917*, *984*, *1001*, *1042*, *1228*, *1272*, *1274*, *1283*, *1324*, *1370*, *1377*, *1378*, *1382*, *1479*, *1817*, *1841*, *1842*, *1867*, *1876*, *1880*, *1949*, *1953*

Contact — *39*, *208*, *209*, *212*, *219*, *222*, *223*, *290*, *293*, *298*, *308*, *310*, *311*, *318*, *336*, *343*, *346*, *472*, *476*, *493*, *508*, *527*, *529*, *544*, *548*, *550*, *551*, *552*, *578*, *581*, *591*, *593*, *596*, *603*, *613*, *617*, *620*, *622*, *629*, *644*, *705*, *735*, *739*, *740*, *756*, *761*, *777*, *780*, *792*, *795*, *799*, *801*, *803*, *810*, *811*, *812*, *817*, *820*, *861*, *862*, *888*, *896*, *903*, *904*, *920*, *921*, *922*, *924*, *925*, *926*, *929*, *948*, *961*, *981*, *986*, *1000*, *1008*, *1031*, *1033*, *1034*, *1195*, *1198*, *1211*, *1214*, *1215*, *1236*, *1237*,

1239, *1241*, *1243*, *1244*, *1246*, *1248*, *1257*, *1261*, *1266*, *1271*, *1276*, *1292*, *1293*, *1294*, *1295*, *1296*, *1297*, *1298*, *1301*, *1319*, *1360*, *1375*, *1376*, *1384*, *1393*, *1401*, *1403*, *1412*, *1415*, *1421*, *1424*, *1451*, *1455*, *1458*, *1461*, *1463*, *1534*, *1540*, *1560*, *1564*, *1565*, *1567*, *1568*, *1570*, *1571*, *1572*, *1587*, *1623*, *1626*, *1627*, *1687*, *1694*, *1695*, *1696*, *1699*, *1701*, *1713*, *1718*, *1719*, *1720*, *1726*, *1737*, *1743*, *1754*, *1759*, *1762*, *1786*, *1832*, *1850*, *1851*, *1853*, *1953*

Court-ordered — *599*, *600*, *714*, *716*, *825*, *1799*, *1953*, *1958*

Critical — *18*, *218*, *223*, *226*, *255*, *266*, *302*, *314*, *324*, *325*, *338*, *461*, *479*, *503*, *508*, *569*, *597*, *608*, *610*, *613*, *619*, *620*, *651*, *694*, *716*, *717*, *725*, *729*, *734*, *738*, *742*, *755*, *756*, *762*, *771*, *797*, *808*, *893*, *904*, *922*, *948*, *984*, *999*, *1000*, *1048*, *1049*, *1192*, *1207*, *1224*, *1233*, *1299*, *1333*, *1362*, *1366*, *1514*, *1527*, *1659*, *1954*

Cross-report — *211*

Cultural — *43*, *44*, *48*, *198*, *314*, *756*, *775*, *778*, *961*, *1037*, *1663*, *1954*

Custody — *213*, *721*, *723*, *727*, *761*, *880*, *896*, *897*, *905*, *907*, *937*, *942*, *1530*, *1531*, *1538*, *1544*, *1545*, *1553*, *1554*, *1556*, *1560*, *1561*, *1564*, *1577*, *1580*, *1587*, *1591*, *1768*, *1791*, *1802*, *1803*, *1805*, *1808*, *1811*, *1830*, *1854*, *1858*, *1861*, *1867*, *1900*, *1975*, *1977*

D

Danger — *233*, *684*, *685*, *687*

Determination — *198*, *636*, *800*, *801*, *888*, *1206*, *1248*, *1329*, *1331*, *1427*, *1429*, *1532*, *1768*, *1769*, *1852*, *1903*

Discrimination — *54*, *1745*, *1746*, *1749*

Disposition — *341*, *1745*, *1747*, *1801*, *1804*, *1819*, *1858*, *1951*, *1954*, *1963*, *1971*

Disruption — *1467*, *1470*, *1472*, *1955*

F

Facility — *1738*, *1952*, *1955*, *1957*

Fatality — *18*, *20*, *309*

Father — *213*, *1206*, *1208*, *1228*, *1232*, *1242*, *1249*, *1250*, *1252*, *1334*, *1344*, *1450*, *1451*, *1453*, *1534*, *1543*, *1545*, *1804*, *1808*, *1848*, *1849*, *1853*, *1868*, *1903*

Foster home — *1031*, *1042*

Foster Parent — *981*, *1023*, *1028*, *1063*, *1064*, *1261*, *1329*, *1614*, *1624*, *1699*, *1715*, *1726*, *1732*, *1736*, *1742*, *1771*, *1783*, *1878*

Founded — *258*, *295*, *348*, *1612*, *1626*, *1630*, *1648*, *1649*, *1666*, *1668*, *1670*, *1745*, *1747*, *1748*, *1749*, *1754*, *1951*, *1963*, *1971*

H

Hearing — *562*, *803*, *1745*, *1748*, *1756*, *1804*, *1809*, *1811*, *1813*, *1818*, *1819*, *1822*, *1824*, *1833*, *1858*, *1965*

I

Independent — *561*, *618*, *714*, *789*, *941*, *942*, *957*, *961*, *963*, *964*, *965*, *968*, *969*, *970*, *977*, *978*, *1024*, *1031*, *1042*, *1043*, *1518*, *1531*, *1552*, *1587*, *1904*, *1961*

In-Home — *19*, *651*, *653*, *657*, *659*, *714*, *892*, *1049*, *1055*, *1961*

Interstate — *31*, *351*, *591*, *598*, *617*, *811*, *820*, *837*, *929*, *951*, *1202*, *1205*, *1327*, *1400*, *1406*, *1412*, *1413*, *1419*, *1425*, *1431*, *1486*, *1609*, *1719*, *1961*

L

Legal — *19*, *20*, *289*, *328*, *329*, *360*, *491*, *509*, *527*, *538*, *644*, *812*, *830*, *929*, *950*, *1003*, *1004*, *1023*, *1041*, *1042*, *1192*, *1193*, *1203*, *1205*, *1206*, *1207*, *1212*, *1213*, *1216*, *1218*, *1220*, *1221*, *1222*, *1225*, *1228*, *1229*, *1231*, *1232*, *1238*, *1239*, *1242*, *1246*, *1248*, *1249*, *1250*, *1251*, *1252*, *1261*, *1308*, *1311*, *1324*, *1329*, *1331*, *1365*, *1371*, *1380*, *1395*, *1405*, *1408*, *1450*, *1468*, *1469*, *1478*, *1479*, *1480*, *1547*, *1721*, *1723*, *1801*, *1804*, *1807*, *1809*, *1829*, *1834*, *1846*, *1847*, *1848*, *1851*, *1852*, *1854*, *1855*, *1856*, *1864*, *1869*, *1871*, *1878*, *1884*, *1886*, *1888*, *1889*, *1890*, *1900*, *1902*, *1962*, *1963*

M

Mandatory — *30*, *1729*

Medical — *198*, *254*, *260*, *261*, *318*, *353*, *357*, *491*, *497*, *595*, *597*, *636*, *641*, *723*, *726*, *792*, *815*, *816*, *887*, *888*, *889*, *891*, *893*, *894*, *895*, *898*, *901*, *902*, *905*, *906*, *917*, *919*, *953*, *955*, *966*, *977*, *978*, *983*, *1037*, *1041*, *1049*, *1205*, *1230*, *1238*, *1244*, *1245*, *1251*, *1256*, *1324*, *1361*, *1365*, *1366*, *1408*, *1409*, *1412*, *1431*, *1466*, *1539*, *1544*, *1607*, *1608*, *1624*, *1629*, *1633*, *1652*, *1653*, *1655*, *1658*, *1674*, *1716*, *1773*, *1775*, *1791*, *1951*, *1959*, *1964*

Mental — *26*, *28*, *30*, *198*, *219*, *254*, *259*, *260*, *319*, *321*, *354*, *356*, *357*, *481*, *490*, *493*, *497*, *613*, *620*, *641*, *756*, *775*, *794*, *800*, *801*, *803*, *816*, *898*, *902*, *915*, *916*, *917*, *918*, *944*, *948*, *949*, *955*, *1037*, *1039*, *1040*, *1041*, *1070*, *1373*, *1539*, *1547*, *1607*, *1608*, *1624*, *1629*, *1633*, *1646*, *1658*, *1674*, *1715*, *1716*, *1742*, *1773*, *1791*, *1946*, *1969*

N

Neglect — *260*, *265*, *316*, *1729*, *1749*, *1771*, *1878*, *1946*, *1947*

O

ODDS — *19*, *208*, *209*, *210*, *263*, *264*, *265*, *269*, *275*, *296*, *297*, *335*, *336*, *337*, *340*, *341*, *342*, *343*, *344*, *346*, *859*, *860*, *861*, *862*, *863*, *1602*, *1603*, *1604*, *1720*, *1946*, *1947*

P

Payment — *970*, *973*, *982*, *1057*, *1061*, *1063*, *1064*, *1641*, *1690*

Perpetrator — *1966*

Placement — *51*, *213*, *311*, *351*, *538*, *549*, *591*, *598*, *622*, *715*, *727*, *728*, *729*, *730*, *741*, *745*, *765*, *766*, *767*, *782*, *788*, *792*, *795*, *796*, *800*, *802*, *804*, *806*, *807*, *815*, *823*, *824*, *827*, *828*, *830*, *831*, *832*, *835*, *836*, *837*, *861*, *862*, *863*, *864*, *876*, *877*, *882*, *885*, *888*, *891*, *893*, *896*, *897*, *905*, *907*, *909*, *912*, *918*, *919*, *929*, *937*, *951*, *983*, *999*, *1006*, *1008*, *1027*, *1055*, *1058*, *1202*, *1203*, *1205*, *1210*, *1212*, *1215*, *1228*, *1229*, *1232*, *1242*, *1250*, *1261*, *1287*, *1289*, *1306*, *1311*, *1324*, *1327*, *1352*, *1355*, *1358*, *1361*, *1364*, *1371*, *1372*, *1380*, *1385*, *1391*, *1397*, *1398*, *1400*, *1402*, *1403*, *1404*, *1405*, *1406*, *1411*, *1413*, *1419*, *1420*, *1423*, *1424*, *1425*, *1430*, *1431*, *1466*, *1468*, *1470*, *1486*, *1490*, *1493*, *1507*, *1508*, *1512*, *1513*, *1514*, *1515*, *1517*, *1519*, *1525*, *1527*, *1528*, *1530*, *1538*, *1539*, *1542*, *1543*, *1544*, *1545*, *1546*, *1547*, *1553*, *1554*, *1556*, *1560*, *1561*, *1564*, *1568*, *1577*, *1580*, *1587*, *1601*, *1602*, *1603*, *1609*, *1625*, *1659*, *1687*, *1696*, *1699*, *1711*, *1712*, *1714*, *1715*, *1719*, *1768*, *1770*, *1773*, *1774*, *1791*, *1802*, *1867*, *1903*, *1961*, *1965*, *1967*, *1977*

Plan — *213*, *215*, *231*, *233*, *264*, *320*, *354*, *356*, *357*, *360*, *472*, *477*, *482*, *483*, *489*, *496*, *527*, *529*, *532*, *545*, *546*, *549*, *551*, *582*, *588*, *621*, *622*, *640*, *641*, *646*, *649*, *651*, *652*, *653*, *657*, *659*, *661*, *686*, *692*, *717*, *735*, *740*, *745*, *770*, *771*, *788*, *792*, *796*, *798*, *799*, *800*, *805*, *807*, *815*, *859*, *860*, *885*, *911*, *912*, *916*, *919*, *923*, *924*, *944*, *945*, *946*, *947*, *950*, *955*, *956*, *958*, *959*, *966*, *987*, *1016*, *1025*, *1027*, *1028*, *1033*, *1034*, *1056*, *1058*, *1062*, *1195*, *1205*, *1232*, *1272*, *1337*, *1417*, *1459*, *1472*, *1481*, *1482*, *1483*, *1484*, *1488*, *1489*, *1491*, *1492*, *1523*, *1540*, *1544*, *1555*, *1560*, *1568*, *1570*, *1572*, *1584*, *1586*, *1587*, *1602*, *1659*, *1671*, *1672*, *1678*, *1689*, *1692*, *1696*, *1711*, *1712*, *1714*, *1728*, *1730*, *1738*, *1773*, *1774*, *1791*, *1828*, *1871*, *1900*, *1967*

Preserving — *19*, *558*, *714*, *1049*, *1051*, *1055*, *1583*

Protective Action — *213*, *231*, *233*, *1711*

Provider — *215*, *350*, *661*, *926*, *927*, *945*, *985*, *988*, *1604*, *1605*, *1610*, *1628*, *1634*, *1636*, *1640*, *1641*, *1673*, *1694*, *1714*, *1717*, *1726*, *1727*, *1728*, *1734*, *1749*, *1751*, *1758*, *1761*, *1762*, *1763*, *1764*, *1774*, *1968*

R

Rate — *1620*

Referral — *51*, *258*, *308*, *491*, *779*, *804*, *818*, *821*, *822*, *958*, *959*, *1034*, *1052*, *1053*, *1071*, *1222*, *1225*, *1228*, *1229*, *1231*, *1232*, *1242*, *1250*, *1252*, *1304*, *1339*, *1342*, *1344*, *1393*, *1394*, *1395*, *1396*, *1410*, *1411*, *1544*, *1691*, *1758*, *1762*, *1770*, *1773*, *1791*, *1902*, *1962*, *1970*

Relative — *213*, *298*, *527*, *729*, *752*, *767*, *1055*, *1063*, *1248*, *1252*, *1255*, *1275*, *1288*, *1289*, *1301*, *1312*, *1329*, *1358*, *1363*, *1459*, *1512*, *1515*, *1609*, *1686*, *1708*, *1711*, *1714*, *1723*, *1741*, *1749*, *1761*, *1766*, *1767*, *1769*, *1771*, *1878*, *1952*, *1967*, *1970*

Report — *18*, *19*, *20*, *21*, *39*, *54*, *212*, *335*, *341*, *608*, *609*, *624*, *781*, *888*, *932*, *959*, *961*, *962*, *985*, *1021*, *1205*, *1341*, *1356*, *1360*, *1361*, *1364*, *1370*, *1371*, *1372*, *1413*, *1424*, *1425*, *1431*, *1486*, *1629*, *1653*, *1692*, *1716*, *1721*, *1733*, *1739*, *1745*, *1746*, *1749*, *1771*, *1773*, *1774*, *1775*, *1791*, *1792*, *1803*, *1808*, *1811*, *1830*, *1858*, *1861*, *1867*, *1872*, *1878*, *1971*

Reporter — *310*, *1971*

Return — *313*, *622*, *651*, *659*, *685*, *793*, *834*, *1069*, *1228*, *1242*, *1250*, *1517*, *1786*, *1910*

Reunification — *19*, *583*, *584*, *618*, *714*, *782*, *1042*, *1049*, *1055*, *1065*, *1066*, *1508*, *1971*

Rights — *31*, *42*, *49*, *51*, *52*, *296*, *753*, *877*, *1007*, *1011*, *1029*, *1030*, *1031*, *1032*, *1218*, *1237*, *1248*, *1311*, *1614*, *1615*, *1624*, *1721*, *1742*, *1745*, *1777*, *1886*, *1887*, *1888*, *1974*, *1975*

Risk — *48*, *775*, *961*, *1203*, *1205*, *1405*, *1721*, *1722*, *1971*

S

Safety — *14*, *19*, *21*, *35*, *208*, *210*, *213*, *214*, *215*, *219*, *229*, *244*, *278*, *287*, *336*, *343*, *346*, *462*, *477*, *479*, *490*, *508*, *538*, *545*, *554*, *556*, *582*, *584*, *585*, *586*, *588*, *622*, *644*, *646*, *649*, *651*, *652*, *653*, *657*, *658*, *659*, *661*, *684*, *685*, *687*, *714*, *733*, *736*, *739*, *741*, *755*, *761*, *762*, *767*, *782*, *916*, *924*, *926*, *927*, *966*, *968*, *1007*, *1008*, *1048*, *1049*, *1055*, *1058*, *1059*, *1060*, *1062*, *1065*, *1066*, *1067*, *1195*, *1239*, *1261*, *1365*, *1394*, *1403*, *1457*, *1459*, *1467*, *1601*, *1608*, *1614*, *1620*, *1623*, *1624*, *1626*, *1634*, *1639*, *1640*, *1647*, *1651*, *1652*, *1653*, *1655*, *1663*, *1664*, *1669*, *1680*, *1689*, *1694*, *1695*, *1697*, *1699*, *1700*, *1701*, *1707*, *1710*, *1711*, *1712*, *1717*, *1718*, *1727*, *1743*, *1753*, *1773*, *1791*, *1858*, *1861*, *1869*, *1880*, *1881*, *1953*, *1965*, *1972*

Screener — *1972*

Screening — *59*, *71*, *87*, *179*, *183*, *336*, *636*, *785*, *969*, *1040*, *1612*, *1649*, *1749*, *1771*, *1799*, *1800*, *1804*, *1815*, *1851*, *1872*, *1878*, *1951*, *1972*

Sensitive Issue — *18*, *19*, *20*, *21*, *1771*

Services — *12*, *14*, *19*, *48*, *54*, *207*, *208*, *210*, *211*, *213*, *214*, *223*, *224*, *225*, *296*, *299*, *300*, *312*, *314*, *327*, *332*, *350*, *357*, *492*, *494*, *503*, *527*, *529*, *540*, *546*, *636*, *637*, *641*, *714*, *718*, *719*, *724*, *725*, *726*, *737*, *739*, *743*, *768*, *769*, *770*, *771*, *772*, *782*, *785*, *788*, *790*, *792*, *794*, *795*, *796*, *799*, *800*, *801*, *802*, *810*, *816*, *817*, *818*, *820*, *822*, *858*, *859*, *861*, *880*, *882*, *888*, *891*, *892*, *902*, *905*, *906*, *908*, *909*, *916*, *918*, *919*, *939*, *944*, *945*, *946*, *947*, *950*, *951*, *952*, *954*, *957*, *958*, *959*, *961*, *962*, *963*, *966*, *967*, *974*, *985*, *989*, *990*, *991*, *998*, *999*, *1033*, *1042*, *1047*, *1048*, *1049*, *1051*, *1055*, *1058*, *1063*, *1064*, *1065*, *1066*, *1068*, *1192*, *1194*, *1198*, *1199*, *1200*, *1201*, *1202*, *1203*, *1207*, *1209*, *1213*, *1214*, *1215*, *1220*, *1222*, *1223*, *1224*, *1229*, *1230*, *1231*, *1232*, *1235*, *1236*, *1238*, *1239*, *1240*, *1242*, *1244*, *1245*, *1246*, *1248*, *1250*, *1251*, *1271*, *1318*, *1327*, *1328*, *1329*, *1330*, *1394*, *1395*, *1400*, *1410*, *1414*, *1415*, *1416*, *1417*, *1424*, *1427*, *1428*, *1429*, *1430*, *1431*, *1432*, *1434*, *1435*, *1450*, *1451*, *1452*, *1453*, *1456*, *1468*, *1470*, *1474*, *1476*, *1477*, *1478*, *1479*, *1512*, *1523*, *1529*, *1530*, *1532*, *1533*, *1536*, *1539*, *1542*, *1543*, *1544*, *1546*, *1547*, *1548*, *1549*, *1550*, *1551*, *1552*, *1553*, *1555*, *1559*, *1560*, *1561*, *1563*, *1564*, *1572*, *1576*, *1577*, *1581*, *1582*, *1586*, *1587*, *1590*, *1591*, *1592*, *1602*, *1603*, *1613*, *1618*, *1650*, *1664*, *1671*, *1672*, *1673*, *1679*, *1692*, *1715*, *1729*, *1730*, *1786*, *1804*, *1832*, *1835*, *1836*, *1860*, *1863*, *1869*, *1892*, *1900*, *1907*, *1913*, *1950*, *1951*, *1953*, *1955*, *1958*, *1975*

Substance — *26*, *198*, *322*, *352*, *353*, *354*, *355*, *357*, *358*, *481*, *490*, *638*, *639*, *640*, *641*, *642*, *1037*, *1042*, *1070*, *1771*, *1973*, *1974*

Substantiated — *1612*, *1649*, *1666*

Substitute — *207*, *556*, *615*, *622*, *725*, *745*, *757*, *795*, *796*, *818*, *937*, *949*, *957*, *961*, *1021*, *1023*, *1048*, *1067*, *1195*, *1270*, *1485*, *1561*, *1597*, *1729*, *1871*, *1902*, *1974*

Support — *16*, *28*, *51*, *222*, *261*, *289*, *290*, *291*, *462*, *526*, *549*, *559*, *576*, *604*, *606*, *745*, *750*, *757*, *788*, *791*, *795*, *796*, *807*, *815*, *860*, *880*, *882*, *885*, *888*, *891*, *906*, *928*, *929*, *966*, *990*, *1002*, *1017*, *1018*, *1055*, *1068*, *1194*, *1207*, *1296*, *1323*, *1342*, *1398*, *1402*, *1449*, *1450*, *1457*, *1465*, *1477*, *1478*, *1484*, *1517*, *1529*, *1530*, *1532*, *1533*, *1536*, *1544*, *1546*, *1547*, *1548*, *1549*, *1550*, *1551*, *1552*, *1553*, *1559*, *1561*, *1563*, *1564*, *1568*, *1572*, *1576*, *1581*, *1582*, *1585*, *1586*, *1590*, *1591*, *1592*, *1632*, *1645*, *1653*, *1671*, *1694*, *1696*, *1699*, *1700*, *1711*, *1712*, *1714*, *1732*, *1743*, *1773*, *1774*, *1783*, *1791*, *1835*, *1850*, *1851*, *1852*, *1853*, *1869*, *1871*, *1885*, *1953*

T

Termination — *811*, *905*, *962*, *1006*, *1193*, *1218*, *1232*, *1237*, *1240*, *1248*, *1300*, *1514*, *1526*, *1751*, *1773*, *1828*, *1975*

Threat — *244*, *262*, *479*, *687*, *1946*

Threshold — *197*, *228*, *229*, *233*, *578*, *1961*, *1972*

Transfer — *467*, *646*, *715*, *1199*, *1205*, *1717*, *1791*

Transition — *532*, *803*, *941*, *943*, *944*, *945*, *946*, *947*, *949*, *950*, *955*, *956*, *957*, *958*, *959*, *960*, *968*, *970*, *980*, *982*, *983*, *984*, *985*, *986*, *1016*, *1017*, *1024*, *1398*, *1399*, *1401*, *1546*, *1547*, *1575*, *1885*, *1903*

U

Unable to Determine — *1612*

Unfounded — *258*, *295*, *1612*

V

Victim — *621*, *627*, *636*

Visit — *472*, *529*, *551*, *589*, *735*, *740*, *772*, *922*, *926*, *929*, *1033*, *1034*, *1195*, *1364*, *1537*, *1560*, *1570*, *1572*, *1587*, *1648*, *1976*

Voluntary — *36*, *37*, *574*, *727*, *788*, *792*, *795*, *796*, *800*, *802*, *804*, *806*, *879*, *880*, *881*, *882*, *888*, *891*, *893*, *896*, *897*, *905*, *907*, *909*, *912*, *918*, *919*, *937*, *1055*, *1058*, *1193*, *1209*, *1210*, *1211*, *1212*, *1214*, *1215*, *1241*, *1244*, *1431*, *1478*, *1479*, *1530*, *1531*, *1538*, *1543*, *1544*, *1545*, *1546*, *1547*, *1553*, *1554*, *1556*, *1560*, *1561*, *1564*, *1577*, *1580*, *1587*, *1591*, *1594*, *1751*, *1799*, *1850*, *1867*, *1976*, *1977*

Glossary

Glossary

A

Abuse: (a) For purposes of screening a report of "abuse" of a child subject to ORS 419B.005, "abuse" means any of the following, except that "abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in this subsection.

(A) Mental Injury. Any mental injury to a child, which includes only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(B) Neglect. (i) Negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child. (ii) Buying or selling a person under 18 years of age as described in ORS 163.537. (iii) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured. (iv) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a substantial risk of harm to the child's health or safety.

(C) Physical Abuse. Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given for the injury.

(D) Sexual Abuse. (i) Rape of a child, which includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest, as described in ORS chapter 163. (ii) Sexual abuse, as described in ORS chapter 163. (iii) Sexual exploitation, including, but not limited to: (I) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and (II) Allowing, permitting, encouraging, or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to patronize a prostitute as described in ORS 167.008.

(E) Threat of harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare. (b) For purposes of screening a report of abuse of a child or young adult living in a home certified by Child Welfare or ODDS, unless the abuse alleged is familial, "abuse" means any of the following: (A) Abandonment, including desertion or willful forsaking of a child or young adult, or the withdrawal or neglect of duties and obligations owed a child or young adult by a home certified by Child Welfare or ODDS, a caregiver, or other person. (B) Financial exploitation. (i) Financial exploitation includes: (I) Wrongfully taking the assets, funds, or property belonging to or intended for the use of a child or young adult. (II) Alarming a child or young adult by conveying a threat to wrongfully take or appropriate moneys or property of the child or young adult if the child would reasonably believe that the threat conveyed would be carried out. (III) Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult.

(IV) Failing to use the income or assets of a child or young adult effectively for the support and maintenance of the child or young adult.(ii) Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of privileges. (C) Involuntary seclusion. Involuntary seclusion means confinement of a child or young adult alone in a room from which the child or young adult is physically prevented from leaving. (i) Involuntary seclusion includes: (I) Involuntary seclusion of a child or young adult for the convenience of a home certified by Child Welfare or ODDS or a caregiver; (II) Involuntary seclusion of a child or young adult to discipline the child or young adult; (ii) Involuntary seclusion does not include age appropriate discipline, including but not limited to a time-out. (D) Neglect, which includes: (i) Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child or young adult; or (ii) The failure of a home certified by Child Welfare or ODDS, a caregiver, or other person to make a reasonable effort to protect a child or young adult from abuse. (E) Physical abuse, which includes: (i) Any physical injury to a child or young adult caused by other than accidental means, or that appears to conflict with the explanation given of the injury; or (ii) Willful infliction of physical pain or injury upon a child or young adult.

(F) Sexual abuse, which includes: (i) Sexual harassment, sexual exploitation as described in ORS 419B.005(1)(a) (E), or inappropriate exposure to sexually explicit material or language; (ii) Any sexual contact between a child or young adult and an employee of a home certified by Child Welfare or ODDS, a caregiver, or other person responsible for the provision of care or services to a child or young adult; (iii) Any sexual contact between a person and a child or young adult that is unlawful under ORS chapter 163 and not subject to a defense under that chapter; or (iv) Any sexual contact that is achieved through force, trickery, threat, or coercion. (v) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.467, or 163.525.

(G) Verbal abuse. (i) Verbal abuse includes threatening severe harm, either physical or emotional, to a child or young adult, through the use of: (I) Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or (II) Harassment, coercion, threats, compelling or deterring conduct by threats, humiliation, mental cruelty, or inappropriate sexual comments. (ii) Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges.

(H) Wrongful use of restraint. Wrongful use of a physical or chemical restraint of a child or young adult, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order. (i) “Physical restraint” means the act of restricting a child or young adult ‘s voluntary movement as an emergency measure in order to manage and protect the child or young adult or others from injury when no alternate actions are sufficient to manage the child or young adult ‘s behavior. “Physical restraint” does not include temporarily holding a child or young adult to assist him or her or assure his or her safety, such as preventing a child or young adult from running onto a busy street. (ii) “Chemical restraint” means the administration of medication for the management of uncontrolled behavior.

Action agreement: means a written document between the Department and a parent or guardian that identifies one or more of the services or activities provided by the Department or other community partners, in which the parent or guardian will participate to achieve an expected outcome.

Active efforts: means affirmative, active, proactive, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. Active efforts must involve assisting the parent or parents or Indian custodian through the steps of a case plan and with accessing or developing the resources necessary to satisfy the

case plan.

Adoption agency: means an organization providing the services under any one of the following subsections: (a) Identifying a child for adoption and arranging an adoption. (b) Securing the necessary consent to relinquishment of parental rights and to adoption.(c) Performing a background study on a child or a home study on a prospective adoptive parent and reporting on such a study. (d) Making determinations of the best interests of a child and the appropriateness of adoption placement for a child. (e) Monitoring a case after placement until final adoption. (f) When necessary because of disruption before final adoption, assuming custody and providing child care or other social services for a child pending an alternative placement.

Adoption assistance payment: means a monthly payment made by the Department to the pre-adoptive family or adoptive family on behalf of an eligible child or young adult.

Adoption assistance: means assistance provided on behalf of an eligible child or young adult to offset the costs associated with adopting and meeting the ongoing needs of the child or young adult. “Adoption assistance” may be in the form of payments, medical coverage, reimbursement of nonrecurring expenses, or special payments.

Adoption home study: means a written report documenting the result of an assessment to evaluate the suitability of an individual or individuals to adopt and make a lifelong commitment to a child or children, conducted by a licensed adoption agency, the Department, or -- when authorized by under the law of another state, country, or territory -- another public agency, private individual, or entity.

Adoption home study: means a written report documenting the result of an assessment conducted by the Department, a licensed adoption agency, or another public agency to evaluate the suitability of an individual or individuals to adopt and make a lifelong permanent commitment to a child or children.

Adoption records, papers, and files: means all documents, writings, information, exhibits, and other filings retained in the court’s record of an adoption case pursuant to ORS 109.319 and includes but is not limited to the Adoption Summary and Segregated Information Statement described in ORS 109.317 and exhibits attached to the statement, the petition and exhibits attached to the petition pursuant to ORS 109.315, and any other motion, judgment, document, writing, information, exhibit, or filing retained in the court’s record of the adoption case.

Adoption transition: means activities related to the placement of a child or sibling group under consideration in the home of the family selected as the adoptive resource.

Adoption: means a legal or administrative process that establishes a permanent legal parent-child relationship between a child and an adult who is not already the child’s legal parent and terminates the legal parent-child relationship between the adopted child and any former parent.

Adoptive family: means an individual or individuals who have legalized a parental relationship to the child through a judgment of the court.

Adoptive parent: means an adult who has become a parent of a child through adoption

Adoptive placement: means the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Adoptive resource: means an individual or individuals selected by the Department, another public child welfare agency, or a licensed adoption agency as the adoptive family for a child where no administrative review was

requested within the timeframe allowed for such a request, or if a review was requested, the selection has been sustained by that review and the review is complete.

Adult: means a person 18 years of age or older.

Affected family members: means biological and legal parents, extended family members, and any person within the fifth degree of consanguinity to the child.

Age-appropriate or developmentally appropriate activities: means: (a) Activities or items that are generally accepted as suitable for children in care of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child in care based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and (b) In the case of a specific child in care, activities or items that are suitable for the child in care based on the developmental stages attained by the child in care with respect to the cognitive, emotional, physical, and behavioral capacities of the child in care.

Agency: means a public or private organization licensed or authorized under Oregon laws to place children for adoption.

Antipsychotic medication: means a medication, specified in class 28:16:08 by the American Hospital Formulary Service, used to treat psychosis and other conditions.

APPLA: means Another Planned Permanent Living Arrangement, a permanency plan for a stable secure living arrangement for a child who has reached the age of 16 or young adult that includes building relationships with significant people in the child or young adult's life that may continue after substitute care. APPLA is the least preferred permanency plan of the five permanency plans for a child or young adult and is appropriate only after the permanency plans of reunification, adoption, guardianship, and placement with a fit and willing relative have been determined not in the best interest of a child or young adult. (a) "Planned" means the arrangement is intended, designed, and deliberate. (b) "Permanent" means enduring and stable.

Applicant: means any individual who applies: (a) To become or remain a certified family; (b) To change certification type; or (c) For approval through the Department as a potential adoptive resource.

Approved family: means a family that has been selected for a child in accordance with OAR 413-120-0010 to 413-120-0060.

Approved proctor foster parent: means an individual approved by a foster care agency to provide care to children in a proctor foster home.

Assessment: means the determination of a child or young adult's need for mental health services through interviewing the child or young adult and obtaining all pertinent medical and psychosocial history information from the individual, family, and collateral sources. The "assessment:" (a) Addresses the current complaint or condition presented by the child or young adult; (b) Determines a diagnosis; and (c) Provides treatment direction and individualized services and supports.

Assisted search: means the work carried out to locate and make confidential contact with a sought for individual upon the application of an authorized requester.

Authorized designee: means a Department employee who is designated and authorized by the Department to receive and process criminal records check request forms from subject individuals, receive criminal records information

from the Background Check Unit, and make fitness determinations as described in these rules.

B

Background Check Unit (BCU): means the Department of Human Services Background Check Unit.

Base rate payment: means a payment to the foster parent or relative caregiver for the costs of providing the child or young adult with the following: (a) Food, including the special or unique nutritional needs of the child or young adult; (b) Clothing, including purchase and replacement; (c) Housing, including maintenance of household utilities, furnishings, and equipment; (d) Daily supervision, including teaching and directing to ensure safety and wellbeing at a level appropriate for the age of the child or young adult; (e) Personal incidentals, including personal care items, entertainment, reading materials, and miscellaneous items; and (f) Transportation, including gas, oil, and vehicle maintenance and repair costs for local travel associated with providing the items listed above, and transportation to and from extracurricular, child care, recreational, and cultural activities.

Battery: means the use of physical force to injure, damage, or abuse or to cause offensive physical contact.

Behavioral Therapy: means therapy that attempts to decrease deviant sexual arousal and gives the offender tools for self-control.

Birth parent: means each person who holds a legally recognized parental relationship to the child, but does not include the adoptive parents in the adoption arranged by the adoption agency.

Birth parent: means the woman or man who holds a legally recognized parental relationship to the child.

Birth parent: means: (a) The woman or man who is legally presumed, under the laws of this state, to be the mother or father of genetic origin of a child; and (b) A putative father of the child if the birth mother alleges he is the father and the putative father, by written affidavit or surrender and release executed within three years of the relinquishment of the child by the birth mother or the termination of parental rights of the birth mother, acknowledges being the biological father of the child.

BRS: means Behavior Rehabilitation Services, a Medicaid-funded program that provides behavioral intervention, counseling, or skill building services in a professional, shelter, or residential (including therapeutic foster care formerly referred to as proctor care) placement setting.

C

CANS screener: means an individual, who performs CANS screenings under the supervision of the Level of Care Manager or designee, and who annually completes the training in the use of the Oregon CANS Comprehensive Screening Tool with a documented reliability score of 0.70 or greater.

CANS screening: means Child and Adolescent Needs and Strengths screening, a process of gathering information on the needs and strengths of a child or young adult: (a) To identify case planning, service planning, and supervision needs of the child or young adult in substitute care with a certified family; (b) To determine the level of care payment while in substitute care with a certified family; and (c) To determine if a child or young adult qualifies for a level of care payment for the purpose of negotiating or renegotiating an adoption assistance or guardianship assistance payment.

Care: Services provided to meet the needs of a child, i.e. food, shelter, clothing, medical care, schooling, protection, supervision, etc.

Caregiver relationship: means a relationship between a person and a child or young adult that meets all of the following requirements: (a) 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 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. (b) The person had physical custody of the child or young adult or resided in the same household as the child or young adult 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. (c) The child or young adult depended on the relationship to meet the needs of the child or young adult.

Caregiver: means a guardian, legal custodian, or other person acting in loco parentis, who exercises significant authority over and responsibility for a child or young adult.

CASA: means a court appointed special advocate: a volunteer who is appointed by the court, is a party to the juvenile proceeding, and advocates for the child pursuant to ORS 419B.112.

Case Manager: An employee of a provider organization who has completed the Division of Medical Assistance Programs (DMAP) approved case manager training.

Case plan: means a written, goal oriented, and time-limited individualized plan for the child and the child's family, developed by the Department and the parents or guardians, to achieve the child's safety, permanency, and well-being.

Caseworker: means a Child Welfare employee assigned primary responsibility for a child or young adult served by Child Welfare.

Central Office CPS Founded Disposition Review Committee: means a group of two child welfare employees who make a recommendation or recommendations to the Child Protective Services Program Manager or designee regarding the CPS founded disposition. No one may serve on the "Central Office CPS Founded Disposition Review Committee" who participated in or observed the Local Child Welfare Office CPS Founded Disposition Review or had a role in the CPS assessment, including having participated in a staffing, that resulted in the CPS founded disposition under review. Further requirements of the "Central Office CPS Founded Disposition Review

Committee" are found in OAR 413-010-0745 and 413-010-0746. The two child welfare staff on the committee must include any two of the following: (a) Either the Program Manager for CPS or a designee; (b) A CPS program coordinator; (c) A CPS consultant; or (d) A Department supervisor

Certificate of approval: for the purpose of an adoption home study is a document that: (a) Is issued by an Oregon licensed adoption agency, and (b) Approves an adoption home study and certifies that the prospective adoptive family has met the requirements of OAR 413-140-0033.

Certificate of Approval: means a document that the Department issues to approve the operation of a child-specific relative caregiver home, child-specific foster home, pre-adoptive home, or a regular foster home.

Certifier: means a Department employee who: (a) Conducts assessments of applicants, members of the household, home and surroundings; (b) Determines whether to recommend approval of a potential applicant for foster care, or adoptive resource, or that a Certificate of Approval or Child-Specific Certificate of Approval be approved or renewed; and (c) Monitors the compliance and ongoing assessment of a certified family, home and surroundings with OAR 413-200-0301 to 413-200-0396.

Chafee housing payment: means a payment to assist in covering the costs of room and board made to an eligible individual between 18 and 20 years of age who was discharged from the care and custody of the Department or one of the federally recognized tribes on or after reaching 18 years of age.

Chafee housing: means a payment to assist in covering the costs of room and board made to an eligible young adult who was discharged from the care and custody of the Department or one of the federally recognized tribes on or after reaching 18 years of age.

Child Care Facility: means each of the following: Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive (a) A Registered Family Child Care Home, which is the residence of a provider who has a current Family Child Care Registration at that address and who provides care in the family living quarters. (b) A Certified Family Child Care Home, which is a child care facility located in a building constructed as a single-family dwelling that has certification to care for a maximum of 16 children at any one time. (c) A Certified Child Care Center, which is certified to care for 13 or more children, or a facility that is certified to care for 12 or fewer children and located in a building constructed as other than a single-family dwelling.

Child care: means the supervision of a child in the care or custody of the Department by a licensed, approved, or listed provider during the working hours of the foster parent or relative caregiver.

Child in care: means a person who is under 21 years of age who is residing in or receiving care or services from a child caring agency or proctor foster home

Child protective services: (CPS) means a specialized social service program that Child Welfare provides on behalf of children or, when applicable, young adults who may be unsafe after a report of abuse is received.

Child protective services assessment: (CPS assessment) means an investigation into a report of abuse pursuant to ORS 419B.020 or Oregon Laws 2017, chapter 733 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning.

Child Safety Meeting: means a meeting held at the conclusion of a CPS assessment for the purpose of developing an ongoing safety plan.

Child support: means any voluntary or court-ordered contribution by an absent parent. Support includes, but is not limited to, money payments, education, and necessary and proper shelter, food, clothing, and medical attention.

Child: means a person under 18 years of age.

Child-caring agency: is defined in ORS 418.205 and means a "child-caring agency" that is not owned, operated, or administered by a governmental agency or unit.

Child Welfare: means the Oregon Department of Human Services, Child Welfare

Client file: means an electronic or paper file that the Department marks with the names of one or more clients, into which the Department places all of the named clients' records. A "client file" may contain confidential information about other clients and persons who are not clients.

Client information: means confidential information about a client or identified with a client.

Client record: means any record that includes client information and is created, requested, or held by the Department. A "client record" does not include general information, policy statements, statistical reports, or similar compilations of data which are not identified with an individual child, family or other recipient of services.

Clinical supervisor: means an individual who meets the clinical supervisor qualifications in OAR 309-022-0125.

Clothing replacement allowance: means an allowance included in the substitute care maintenance payments to a provider to cover the cost of maintaining adequate clothing for each child or young adult in the substitute care maintenance payments to the provider.

Compelling reason: means a reason meeting specific criteria and documented in the case plan by the local Department staff for not to file a petition to terminate parental rights of the parents of a child where the Department would otherwise be required to do so under state and federal law.

Complete judicial review: means a hearing that results in a written order that contains the findings required under ORS 419B.476 or includes substantially the same findings as are required under ORS 419A.116.

Conditions for return: means a written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.

Contact: means any communication between Child Welfare staff and a child, young adult, parent or guardian, foster parent or relative caregiver, provider, or other individual involved in a Child Welfare safety plan or case. "Contact" includes, but is not limited to, communication in person, by telephone, by video-conferencing, or in writing. "Contact" may occur, for instance, during a face-to-face visit; a treatment review meeting for a child, young adult, parent, or guardian; a court or Citizen Review Board hearing; or a family meeting.

Contested case hearing: means a hearing conducted under ORS chapter 183 and applicable administrative rules.

Contracted adoption agency: means an Oregon licensed adoption agency holding a current contract with the Department to conduct placement reports for independent adoptions and to file those reports with the court.

Counseling: means group and individual counseling, emotional support groups, one-on one emotional support, AIDS education, and/or information services.

Court Appointed Special Advocate (CASA): means a volunteer who is appointed by the court, is a party to the juvenile proceeding, and advocates for the child pursuant to ORS 419A.170.

CPS assessment: means an investigation into a report of abuse pursuant to ORS 419B.020 or Oregon Laws 2017, chapter 733 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning

CPS Disposition: means a determination that completes a CPS assessment. Dispositions are discussed in OAR 413-015-1000 and include founded, unfounded, and unable to determine.

Criminal records check: means obtaining and reviewing criminal records as required by these rules and includes any or all of the following: (a) An Oregon criminal records check in which criminal offender information is obtained from the Oregon State Police (OSP) using the Law Enforcement Data System (LEDS). An Oregon criminal records check may also include a review of other criminal records information obtained from other sources. (b) A national criminal records check in which records are obtained from the Federal Bureau of Investigation (FBI) through the use of fingerprint cards sent to OSP and other identifying information. A national criminal records check may also include a review of other criminal records information. (c) A state-specific criminal records check where records are obtained from law enforcement agencies, courts, or other criminal records information resources located in, or regarding, a state or jurisdiction outside Oregon

Critical Incident Response Team (CIRT): means a designated committee, appointed by the Department director, to conduct an executive review of a critical incident.

Critical incident: means a child fatality where the Department determines that the fatality was likely the result of abuse.

Cultural heritage: means the language, customary beliefs, social norms, and material traits including, but not limited to, the dress, food, music, and dance of a racial, religious, or social group that are transmitted from one generation to another.

Current caretaker: means a foster parent who: (a) Is currently caring for a child in the care and custody of the Department and has a permanency plan or concurrent permanent plan of adoption; and (b) Has cared for the child or at least one sibling of the child for at least 12 months or for one-half of the child's or sibling's life if the child or sibling is younger than two years of age. Time spent caring for the child or sibling under this definition is calculated cumulatively.

D

Day Care: means each of the following: (a) A Registered Family Child Care Home, which is the residence of a provider who has a current Family Child Care Registration at that address and who provides care in the family living quarters. (b) A Certified Family Child Care Home, which is a child care facility located in a building constructed as a single-family dwelling that has certification to care for a maximum of 16 children at any one time. (c) A Certified Child Care Center, which is certified to care for 13 or more children, or a facility that is certified to care for twelve or fewer children and located in a building constructed as other than a single-family dwelling. (d) A Listed Facility, which is a child care provider that is exempt from Office of Child Care licensing and that receives subsidy payments for child care on behalf of clients of the Department.

Denial: means the refusal of the Department to approve an application for certification and issue or renew a certification.

Department: means the Oregon Department of Human Services.

Designee: means a person who the designator directly and immediately supervises or a person with equal or greater management responsibility than the designator.

Disruption: means an approval by the Child Permanency Program Manager to end an adoption process after adoption placement selection but before the adoption is legally finalized.

Domestic violence: means a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship.

E

Emergency proceeding: means any court action that involves an emergency removal or emergency placement of an Indian child. An "emergency proceeding" is not a child custody proceeding.

Emergency removal: means a removal of an Indian child that occurs because removal is necessary to prevent imminent physical damage or harm to the child.

Enhanced shelter care payment: means a limited term payment provided to a certified family when a child or young adult in the care or custody of the Department moves to a certified family's home from a placement with a BRS provider and there is no current level of care determination applicable to the child or young adult.

Enhanced supervision: means the additional support, direction, observation, and guidance necessary to promote and ensure the safety and well-being of a child or young adult when the child or young adult qualifies for a level of care payment.

Expected outcome: means an observable, sustained change in a parent or guardian's behavior, condition, or circumstance that, when accomplished, will increase a parent or guardian's protective capacity and reduce or eliminate an identified impending danger safety threat, and which, when accomplished, will no longer require Child Welfare intervention to manage a child's safety. It is a desired end result and takes effort to achieve.

Expert evaluation: means a written assessment prepared by a professional with specialized knowledge of a particular subject matter such as physical health, psychological health, mental health, sexual deviancy, substance abuse, and domestic violence. The assessment provides information regarding an individual's functioning in the area of the professional's specialized knowledge, and when the expert is evaluating a parent or guardian, whether the individual's functioning impacts his or her protective capacity.

Extended family member: is defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, is a person who has reached age 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in law, niece or nephew, first or second cousin, or stepparent.

Extended family member: means a person ordinarily recognized as the refugee child's parent by the custom of the child's culture, or a person 18 years of age or older who is the child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.

F

Face-to-face: means an in-person interaction between individuals

Facility: means the physical setting, buildings, property, structures, administration, and equipment of a child-caring agency

Family member: means a person related to the child.

Family member: means any person related to the child or young adult by blood, marriage, or adoption, including, but not limited to the parents, grandparents, stepparents, aunts, uncles, sisters, brothers, cousins, or great-grandparents. Family member also includes the registered domestic partner of a person related to the child, a child 12 years of age or older, and when appropriate, a child younger than 12 years of age. In a case involving an Indian child under the Indian Child Welfare Act (ICWA), a "family member" is defined by the law or custom of the child's tribe.

Family plan: means a written document developed at the OFDM that includes family recommendations on planning for the child and may include a permanency plan, concurrent permanent plan, placement recommendations, or service recommendations. The "family plan" also includes expectations of the parents of the child and other family members; services the Department will provide; timelines for implementation of the plan; benefits of compliance with the plan; consequences of noncompliance with the plan; and a schedule of future meetings if appropriate. The "family plan" described in ORS 417.375(1) is incorporated into the case plan to the extent that it protects the child, builds on family strengths, and is focused on achieving permanency for the child within a reasonable time.

Family support services case plan: means a goal-oriented, time-limited, individualized plan for a child and the child's family or a former foster child. The Department and the family or former foster child jointly develop a "family support services case plan" that addresses the service goals and the identified needs of the child and the child's family or the former foster child.

Family Violence Prevention Program: means the program within the Department funded by the Domestic Violence Fund and other related funds as available to provide shelter and related services to victims of domestic violence.

Family: means related members of a household, among whom at least one adult functions as a parent to one or more minor children.

Fit and willing relative: means an individual who meets the eligibility criteria in OAR 413-070-1010.

Fitness determination: means the decision made by an authorized designee, with regard to information obtained through a criminal records check, to either approve or deny a subject individual under these rules. A subject individual who is approved following a criminal records based "fitness determination" may still be denied approval to be a relative caregiver, foster parent, adoptive resource or an other person in the household if the subject individual does not meet other requirements contained in Department rules governing relative care, foster care, and adoption.

Foster care payments: means one or more of the following payments to a certified family, authorized at rates established by the Department, for the board and care of a child or young adult for whom the Department has placement and care responsibility: (a) The base rate payment; (b) The level of care payment, if any; (c) Shelter care payment or enhanced shelter care payment; (d) Mileage reimbursement, paid at the current Department mileage reimbursement rate to child welfare staff, for transportation of a child or young adult remaining in the same school he or she was attending prior to placement in substitute care; and (e) The board and care of the child of a dependent parent, unless the dependent parent receives cash benefits under a program administered by the Department of Human Services under chapter 461 of the Oregon Administrative Rules.

Foster care placement: means any action removing, or which could result in the removal of, a child from his or her parent or Indian custodian, such as court-ordered supervision in the home, for placement in foster care, with a guardian, or in an institution where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated.

Foster care: means 24-hour substitute care for children placed away from their parents or guardians and for whom the Department, or another public agency, has placement and care responsibility. This includes but is not limited to placements in foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child or young adult is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the Department or local agency responsible for the care of the child, whether adoption subsidy payments are being made prior to the finalization of the adoption or whether there is federal matching of any payments that are made.

Foster child: means a child who is in the legal custody of the Department pursuant to the provisions of ORS chapter 418 or 419B and who is placed in substitute care, including but not limited to care with a foster parent or a child-caring agency as defined in ORS 418.205.

Foster parent: means a person who operates a home that has been approved by the Department to provide care for an unrelated child or young adult placed in the home by the Department.

Full-time activity: means a child or young adult is engaged in any combination of Department-approved productive activities for a minimum of 36 hours per week.

G

GED: means a General Educational Development certificate issued pursuant to ORS 351.768.

General applicant: means an individual who: (a) Is neither a relative or current caretaker; and (b) Has submitted a completed application to adopt a child

Genetic and social history: means a comprehensive report, when obtainable, of the health status and medical history of the birth parents and other individuals related to the child. (a) The "genetic and social history" may contain as much of the following as is available: (A) Medical history. (B) Health status. (C) Cause of and age at death. (D) Height, weight, eye and hair color. (E) Ethnic origins. (F) Religion, if any.

Grandparent: for purposes of notification, visitation, contact, or communication ordered by the court under ORS 419. B876 means the legal parent of the child or young adult's legal parent, regardless of whether the parental rights of the child or young adult's legal parent have been terminated under ORS 419B.500 to 419B.524.

Guardian: means an individual who has been granted guardianship of a child through a judgment of the court.

Guardianship assistance agreement: means a written agreement, binding on the parties to the agreement, between the Department and the guardian of an eligible child or young adult setting forth the assistance the Department is to provide on behalf of the child or young adult, the responsibilities of the guardian and the Department, and the manner in which the agreement and amount of assistance may be modified or terminated.

Guardianship assistance agreement only: means a written agreement, binding on the parties to the agreement, between the Department and the potential guardian or guardian of an eligible child or young adult, when the potential guardian or guardian is not receiving a guardianship assistance payment or medical coverage at the time of the agreement but may request it at a later date.

Guardianship assistance payment: means a monthly payment made by the Department to the guardian on behalf of the eligible child or young adult.

H

Hague adoption certificate: means a certificate issued by the Secretary of State in an outgoing Convention adoption certifying that the child has been adopted in the United States in conformity with the Convention and IAA.

Hague custody declaration: means a declaration issued by the Secretary of State in an outgoing Convention adoption declaring that custody of the child for purposes of adoption has been granted in the United States in conformity with the Convention and IAA.

Harm: means any kind of impairment, damage, detriment, or injury to an alleged victim's physical, sexual, psychological, cognitive, or behavioral development or functioning. "Harm" is the result of abuse and may vary from mild to severe.

Health history: means a comprehensive report, when obtainable, of the health status and medical history of the child at the time of placement for adoption, including neonatal, psychological, physiological, and medical care history.

High risk behaviors: means the following: (a) Having shared a needle with an intravenous drug abuser since 1977; (b) For a man, having had sex with another man or men since 1977; (c) Having been sexually active in an area where heterosexual transmission is believed to be high; (d) Persons with hemophilia; (e) Having been the sexual partner of a person in one of the previous categories; (f) Being born to a woman whose history has put her in one of these other categories.

Home Study: means a written evaluation of the prospective adoptive parent's suitability to adopt and parent a child who may be placed for adoption. The "home study" is completed prior to the filing of a petition to adopt, in accordance with the Department's reporting format and standards, and states whether or not the prospective adoptive parents meet the minimum standards for adoptive homes as set forth in OAR 413-120-0190 to 413-120-0246.

Home study: means a document containing an analysis of the ability of the applicant to provide safe and appropriate care of a child or young adult.

Homeless or runaway youth: means a child in care who has not been emancipated by the juvenile court; lacks a fixed, regular, safe, and stable nighttime residence; and cannot immediately be reunited with his or her family.

Household: means all individuals living in the home.

I

ICPC: means the Interstate Compact on the Placement of Children (see ORS 417.200).

ICWA: means the Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901-63.

ICWA: means the Indian Child Welfare Act.

ICWA: or "the Act" means the Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901- 63.

ILP: means the Independent Living Program services provided by the Department to an eligible foster child or former foster child.

Imminent physical damage or harm: means impending and certain physical harm will occur to the Indian child unless a protective action plan can be put in place or an emergency removal is initiated.

Impending danger safety threat: means a family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.

Incapacity: means a physical or mental illness, or impairment that reduces substantially or eliminates the individual's ability to support, care for, or meet the needs of the child and is expected to be permanent.

Independent living housing subsidy: means a payment to assist in covering the cost of room, board, or other monthly expenses made to an eligible individual who is at least 16 years of age and is in the care and custody of the Department and living independently.

Indian child: means an unmarried person who is under 18 years of age and who is either a member of an Indian tribe or is eligible for membership in an Indian tribe and who is the biological child of a member of an Indian tribe

Indian child: means any unmarried person who is under age 18 and either: (a) Is a member or citizen of an Indian tribe; or (b) Is eligible for membership or citizenship in an Indian tribe and is the biological child of a member or citizen of an Indian tribe.

Indian child's tribe: means the Indian tribe in which an Indian child is a member or eligible for membership. In the case of an Indian child who is a member or eligible for membership in more than one Indian tribe, it is the Indian tribe with which the Indian child has the most significant contacts.

Indian foster home: means a substitute care placement where at least one of the licensed or approved foster parents is an Indian.

Indian tribe: means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaska Native village as defined in 43 U.S.C. § 1602.

In-Home Setting: the home of the child's parent or legal guardian.

Initial contact: means the first face-to-face contact between a CPS worker and a family. The "initial contact" includes face-to-face contact with the alleged victim, his or her siblings, parent or caregiver, and any children and adults living in the home; accessing the home environment; and gathering sufficient information on the family conditions and functioning to determine if present danger safety threats or impending danger safety threats exist.

Initial safety plan: means a documented set of actions or interventions sufficient to protect a child or, if applicable, a young adult from an impending danger safety threat to allow for completion of the CPS assessment.

Intercountry adoption: means an adoption in which a child who is a resident and citizen of one country is adopted by a citizen of another country.

Involuntary proceeding: means a child-custody proceeding in which the parent does not consent of his or her free will to the foster-care, pre-adoptive, or adoptive placement or termination of parental rights or in which the parent consents to the foster-care, pre-adoptive, or adoptive placement under threat of removal of the child by a state court or agency.

J

Juvenile: means a person younger than the age of 18 years who is identified as a perpetrator. OAR 413-010-0716 provides specific requirements regarding application of these rules to juveniles.

L

LEDS: means Law Enforcement Data System, the computerized criminal history information system maintained by the Oregon State Police.

LEDS notice: means a written statement hand-delivered to the subject individual or sent via U.S. mail to his or her last known address informing the subject individual of subsections (a) and (b) of this section. "LEDS notice" does not imply consent or permission of the subject individual. (a) Child Welfare may conduct, or has already conducted, criminal records checks. (b) The subject individual has the right to obtain a copy of his or her LEDS record and challenge the accuracy of the information in the record through the Oregon State Police procedures outlined in OAR 257-010-0035.

LEDS representative: means the staff person in the local Child Welfare office who has been designated under OAR 257-015-0050(5) and who has completed the training required by the Oregon State Police to train other employees to be LEDS users.

LEDS user: means a staff person in the local Child Welfare office who has been trained by a LEDS representative and has been certified by the Oregon State Police to access LEDS information.

Legal Assistance Referral: means an attorney-client privileged document used to prepare the termination of parental rights petition and or trial preparation work.

Legal assistance specialist (LAS): means a central office Department staff who provides a vital link in the execution of the technical and legal processes of the alternative permanent plans for children whose best interests are not served by returning to their families of origin.

Legal custodian: means a person, agency, or institution with legal custody of a child and all of the following duties and authority: (a) To have physical custody and control of a child. (b) To supply the child with food, clothing, shelter, and incidental necessities. (c) To provide the child with care, education, and discipline. (d) To authorize ordinary medical, dental, psychiatric, psychological, and other remedial care or treatment for the child and, in an emergency where the child's safety appears urgently to require it, to authorize surgery or other extraordinary care. (e) To make such reports and to supply such information as the court may require. (f) To apply for any benefits to which the child is entitled and to use them to pay for the child's care.

Legal custody: means a legal relationship between a person, agency, or institution and a child that imposes on the person, agency, or institution the duties and authority of the child's legal custodian.

Legal proceeding: means a court or administrative proceeding that may result in a legal finding.

Legal risk placement: means a placement that occurs when the Department believes that an adoption is in the best interests of the child; that the child is placed in an approved adoptive home; and the agency intends to approve this placement for adoption if the child becomes legally free for adoption.

Legally emancipated: means a person under 18 years of age who is married or has been emancipated by the court in accordance with the requirements of ORS 419B.558.

Licensee: means a child-caring agency that holds a license issued by the Department.

Local Child Welfare Office CPS Founded Disposition Review: means a process wherein a Local Child Welfare Office CPS Founded Disposition Review Committee reviews a founded disposition, makes recommendations to a Child Welfare program manager or designee, and the Child Welfare program manager or designee makes a decision to uphold, overturn, or change the abuse type of the founded disposition.

Local Child Welfare Office CPS Founded Disposition Review Committee: means a group of two child welfare employees who make a recommendation or recommendations to a Child Welfare Program Manager or designee regarding a CPS founded disposition. One of the members must be a manager and one must be staff trained in CPS assessment and dispositions. No one may serve on the "Local Child Welfare Office CPS Founded Disposition Review Committee" in the review of an assessment in which he or she had a role in the CPS assessment, including having participated in a staffing, that resulted in the CPS founded disposition under review. Further requirements of the "Local Child Welfare Office CPS Founded Disposition Review Committee" are found in OAR 413-010-0735 and 413-010-0738.

Local Citizen Review Board (CRB): means a board of not less than three nor more than five members appointed by the Chief Justice of the Supreme Court of the State of Oregon to review the cases of all (Amended 08/06/17) children in the custody of the Department and placed in an out of-home placement (ORS 419A.090-419A.094).

M

Medical neglect: means the failure to provide adequate medical care, including the withholding of medically indicated treatment, from a disabled infant with life-threatening conditions.

Medication: means any drug, chemical, compound, suspension, or preparation in suitable form for use as a curative or remedial substance either internally or externally by any person.

Member of the household: means any adult, young adult or child living in the home, including the applicant, foster parent or relative caregiver.

MMIS: The Division of Medical Assistance Programs' (DMAP) Medical Management Information System.

Monthly face-to-face contact: means in-person interaction between individuals at least once each and every full calendar month.

Multi-disciplinary team: (MDT) means a county child abuse investigative team as defined in ORS 418.747.

N

Need standard: means the income limit for an eligibility unit as set by the Department's AFDC standards in effect on July 16, 1996.

O

Observable: means specific, real, can be seen and described. Observable does not include suspicion or gut feeling.

OFDM: means the family decision-making meeting as defined in ORS 417.365, and is a family-focused intervention facilitated by professional staff that is designed to build and strengthen the natural care giving system for the child. These meetings may include family group conferences, family unity meetings, family mediation, or other professionally recognized interventions that include extended family and rely upon the family to make decisions about planning for its children. The purpose of the family decision-making meeting is to establish a plan that provides for the safety, attachment, and permanency needs of the child. The role of the "OFDM" is described in ORS 417.365 to 417.375.

Ongoing safety plan: means a documented set of actions or interventions that manage the safety of a child or, when applicable, a young adult after Child Welfare has identified one or more impending danger safety threats at the conclusion of a CPS assessment or anytime during ongoing work with a family.

Ongoing safety plan: means a documented set of actions or interventions that manage a child's safety after the Department has identified one or more impending danger safety threats at the conclusion of a CPS assessment or anytime during ongoing work with a family.

Ongoing safety plan: means a documented set of actions or interventions that manage the safety of a child or, when applicable, a young adult after the Department has identified one or more impending danger safety threats at the conclusion of a CPS assessment or anytime during ongoing work with a family.

OSP: means the Oregon State Police.

OTIS: means the Office of Training, Investigations and Safety within the Department.

Out of control: means family behaviors, conditions, or circumstances that can affect safety of a child or, when applicable, a young adult are unrestrained, unmanaged, without limits or monitoring, not subject to influence or manipulation within the control of the family, resulting in an unpredictable and chaotic family environment.

Outdoor youth program activity: means an outdoor activity, provided to children in care for the purpose of behavior management or treatment, which requires specially trained staff or special safety precautions to reduce the possibility of an accident or injury. Outdoor youth activities include, but are not limited to, hiking, adventure challenge courses, climbing and rappelling, winter camping, soloing, expeditioning, orienteering, river and stream swimming, and whitewater activities.

Outdoor youth program: means a program that provides, in an outdoor living setting, services to children in care who are enrolled in the program because they have behavioral problems, mental health problems, or problems with abuse of alcohol or drugs. "Outdoor youth program" does not include any program, facility, or activity operated by a governmental entity, operated or affiliated with the Oregon Youth Conservation Corps, or licensed by the Department as a child-caring agency under other authority of the Department. It does not include outdoor activities for children in care designed to be primarily recreational.

Over the counter medication: means any medication that does not require a written prescription for purchase or dispensing.

OYA: means the Oregon Youth Authority.

P

Paid Placement: The home or facility utilized by SOSCF to provide care for a child where there is a cost to the agency

Participating tribe: means a federally recognized Indian tribe in Oregon with a Title IVE agreement with the Department.

Parent: means the biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.610, or by a juvenile court. In cases involving an Indian child under the ICWA, parent means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include an unwed biological father where paternity has not been acknowledged or established. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.

Parties: means those participants whose signatures are necessary for the PACA to be implemented and are subject to enforcement of ORS 109.305.

Party: means a person entitled to a contested case hearing under these rules.

Permanency hearing: means the hearing that determines the permanency plan for the child. The "Permanency Hearing" is conducted by a juvenile court, another court of competent jurisdiction or by an authorized tribal court.

Permanency plan: means a written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent resources with the parents, relatives, or other people who may assume responsibility for the child or young adult during the remaining years of dependency and be accessible and supportive to the child in adulthood.

Permanency plan: means a written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent family resources with the parents, relatives, or other people who will assume legal responsibility for the child or young adult during the remaining years of dependency and be accessible and supportive to the child or young adult in adulthood.

Permanency plan: means a written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent family resources with the parents, relatives, or other people who will assume responsibility for the child or young adult during the remaining years of dependency and be accessible and supportive to the child or young adult in adulthood.

Permanency plan: means a written course of action 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 family resources with the parents, relatives, or other people who will assume legal responsibility for the child during the remaining years of dependency and be accessible and supportive to the child in adulthood.

Permanency/Adoption Council: (Council) means a council consisting of field management staff, permanency and adoption staff, and community partners from several districts, except that the Council in District 2 consists only of representatives from Multnomah County. A Council makes decisions for children whose county of jurisdiction is within their geographic area about appropriateness of adoption as a permanency plan, sibling planning, recruitment, adoption disruptions, and adoption selections referred by the local office. It also may provide permanency staffings to decide whether to place a child with an out-of-state relative resource prior to receipt by the Department of an approved adoption home study.

Permanent custody: means legal custody of a child: (a) Who has been permanently committed to the Department by the juvenile court after parental rights have been terminated under ORS 419B.527; or (b) Who has been released and surrendered to the Department by the parents under ORS 418.270.

Permanent foster care: means the out of home placement of a child or young adult in which there is a long-term foster care agreement between each substitute caregiver and the Department approved by the juvenile court under which the substitute caregiver commits to raise a child in substitute care until the age of majority and be accessible to and supportive of the child into adulthood, until the court determines that APPLA - “permanent foster care” is no longer the appropriate permanency plan for the child or young adult.

Perpetrator: means the person the Department has reasonable cause to believe is responsible for child abuse in a CPS founded disposition.

Personal care services assessment: means an evaluation by a registered nurse of a child or young adult’s ability to perform the functional activities required to meet the child or young adult’s daily needs.

Personal care services plan: means a written plan to provide personal care services for the child or young adult documenting: Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources (a) The determination that the individual is a qualified provider; (b) The frequency or intensity of each personal care service to be provided; and (c) The date personal care services begin.

Personal care services: means the provision of or assistance with those functional activities described in OAR 413-090-0120 consisting of mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication management, and delegated nursing tasks that a child or young adult requires for his or her continued well-being.

Personal representative: means a person who is at least 18 years of age and is selected to be present and supportive during the CPS assessment by a child who is the victim of a person crime as defined in ORS 147.425 and is at least 15 years of age at the time of the crime. The personal representative may not be a person who is a suspect in, party or witness to, the crime.

Petition for Adoption: means a petition, filed in circuit court by any person, for leave to adopt another person.

Petitioner: as used in this rule, means an individual person who has filed an adoption petition in an Oregon court.

Physical custodian: means a person or agency, including a child's legal or biological parent, a relative, foster parent, adoptive parent, or a licensed child-caring agency who is authorized by the Department to provide a residence and day-to-day care for a child who is in the legal custody of the Department.

Physical restraint: means the act of restricting a child or young adult's voluntary movement as an emergency measure to manage and protect the child or young adult or others from injury when no alternate actions are sufficient to manage the child or young adult's behavior. "Physical restraint" does not include temporarily holding a child or young adult to assist him or her or assure his or her safety, such as preventing a child from running onto a busy street.

Placement support plan: means a documented set of actions or resources that is developed to assist a certified family to maintain conditions that provide safety and wellbeing for a child or young adult.

Placement: means when the child is placed in the physical or legal custody of prospective adoptive parents.

Plan of care: means a written plan for a substance-affected infant and the infant's family, focused on meeting health needs and substance disorder treatment needs and developed in collaboration with the family, the healthcare provider, community agencies and Child Welfare when appropriate.

Post Adoption Communication Agreement (PACA): means a written agreement for post-adoptive communication, signed by birth parents and adoptive parents and is based on an informed decision-making process by the mediation participants. The content of the agreement is based on the best interest of the child.

Post-placement supervision: means the supervision of a child following placement with an adoptive resource.

Potential guardian: means an individual who:

(a) Has been approved by the Department or participating tribe to be the guardian of a child or young adult; and
(b) Is in the process of legalizing the relationship to the child through the judgment of the court.

Pre-adoptive family: means an individual or individuals who:
(a) Has been selected to be a child's adoptive family; and
(b) Is in the process of legalizing the relationship to the child through the judgment of the court.

Pre-Adoptive Status: Trial placement of a child with a prospective adoptive applicant.

Present danger safety threat: means an immediate, significant, and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, a young adult. The family behavior, condition, or circumstance is happening now and it is currently in the process of actively placing a child or, when applicable, a young adult in peril.

Primary care giver: means a person who is responsible for providing care and supervision of a child.

Private agency adoption: means an adoption of a child that is being finalized in Oregon in which consent in loco parentis from a licensed adoption agency is required.

Proctor foster home: means a foster home certified by a child-caring agency that is not subject to ORS 418.625 to 418.645.

Protective action plan: means an immediate, same day, short-term plan, lasting a maximum of 10 calendar days, sufficient to protect from a present danger safety threat.

Protective custody: means custody authorized by ORS 419B.150.

Provider: means an employee of a child-caring agency approved to provide care for a child or young adult or a proctor foster parent.

Provider: means an individual approved by a licensed private child-caring agency to provide care for a child or young adult, or an employee of a licensed private child-caring agency approved to provide care for a child or young adult.

Psychotropic medication: means medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications. The classification of a medication depends upon its stated intended effect when prescribed because it may have many different effects.

Psychotropic medication: defined in ORS 418.517, means medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed because it may have many different effects.

Putative father: means a man who, under the laws of this state, is not legally presumed to be the father of genetic origin of a child, but who claims or is alleged to be the father of genetic origin of the child.

Q

QEW: means qualified expert witness. A qualified expert witness is a person who is qualified to testify regarding whether the child's continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child, and should be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe. A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social and cultural standards of the Indian child's Tribe.

Qualified Mental Health Professional (QMHP): means an individual who meets the QMHP qualifications in OAR 309-022-0125.

Qualified mental health professional: means an individual who meets the requirements of both of the following subsections:

(a) Holds at least one of the following educational degrees:

(A) Graduate degree in psychology;

(B) Bachelor's degree in nursing and is licensed by the state of Oregon;

(C) Graduate degree in social work;

(D) Graduate degree in a behavioral science field;

(E) Graduate degree in recreational, art, or music therapy; or

(F) Bachelor's degree in occupational therapy and is licensed by the State of Oregon.

(b) Whose education and experience demonstrates the competencies to:

(A) Identify precipitating events;

(B) Gather histories of mental and physical disabilities, alcohol and drug use, past mental health services, and criminal justice contacts;

(C) Assess family, social, and work relationships;

(D) Conduct a mental status examination;

(E) Document a multiaxial DSM diagnosis;

(F) Develop and supervise a treatment plan;

(G) Conduct a mental health assessment; and

(H) Provide individual, family, or group therapy within the scope of his or her practice.

R

Race: means American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White.

RCWAC: means the Refugee Child Welfare Advisory Committee.

Reasonable and prudent parent standard: means the standard, characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child in care while encouraging the emotional and developmental growth of the child in care, that a substitute care provider shall use when determining whether to allow a child in care to participate in extracurricular, enrichment, cultural, and social activities.

Reasonable and prudent parent standard: means the standard, characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child or young adult while encouraging the emotional and developmental growth of the child or young adult, that a substitute care provider shall use when determining whether to allow a child or young adult in substitute care to participate in extracurricular, enrichment, cultural, and social activities.

Reasonable medical judgment: means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

Reasonable suspicion: means a reasonable belief given all of the circumstances, based upon specific and describable facts, that the suspicious physical injury may be the result of abuse. Explanation: The belief must be subjectively and objectively reasonable. In other words, the person subjectively believes that the injury may be the result of abuse, and the belief is objectively reasonable considering all of the circumstances. The circumstances that may give rise to a reasonable belief may include, but not be limited to, observations, interviews, experience, and training. The fact that there are possible non-abuse explanations for the injury does not negate reasonable suspicion.

Record: means a record, file, paper, or communication and includes, but is not limited to, any writing or recording of information including automated records and printouts, handwriting, typewriting, printing, photostating, photographing, magnetic tapes, videotapes, or other documents. “Record” includes records that are in electronic form.

Referral: means a report that has been assigned for the purpose of CPS assessment.

Refugee child: has the meaning given that term under ORS 418.925.

Relative caregiver: means a person defined as a “relative” under OAR 413-070-0000 who operates a home that has been approved by the Department to provide care for a related child or young adult placed in the home by the Department.

Relative: has the same meaning as in OAR 413-070-0000.

“Removal” or “Removed”: means either the physical act of a child being taken from his or her normal place of residence by court order or a voluntary placement agreement and placed in a foster care setting, or the removal of custody from the parent or relative guardian pursuant to a court order or voluntary placement agreement which permits the child to remain in a foster care setting.

Report: means an allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733.

Reporter: means an individual who makes a report.

Request for a Central Office CPS Founded Disposition Review: means a written request for a Central Office CPS Founded Disposition Review from a requestor who has received a Local Child Welfare Office CPS Founded Disposition Review Decision (Form CF 314) to retain a founded disposition. The specific requirements for a request for review by Central Office are described in OAR 413-010-0740.

Requester: means an individual duly registered on a voluntary adoption registry who requests an assisted search, and who has filed an application and paid the applicable fee.

Residential: means care or treatment services provided on a 24-hour per day basis to children. For the purpose of these rules, "residential care or treatment" does not include services provided in family foster homes or adoptive homes.

Residential care agency: means a child-caring agency that provides services to children 24 hours a day.

Resource: means any personal or real property that is or can be made available to meet the need of the eligibility unit that the Department does not specifically exclude from consideration.

Respite care: means a formal planned arrangement to relieve a certified family's responsibilities by an individual temporarily assuming responsibility for the care and supervision of a child or young adult in the home of the respite provider or certified family. "Respite care" must be less than 14 consecutive days.

Respite care: means a formal planned arrangement to relieve a certified family's responsibilities by a person temporarily assuming responsibility for the care and supervision of a child or young adult, in the home of the person or certified family.

Reunification: means placement with a parent or guardian.

Revocation: means an administrative act by the Department that rescinds an existing Certificate of Approval, Child-Specific Certificate of Approval, or Temporary Certificate of Approval.

Risk: means the potential for reoffending and for resisting or failing in treatment.

S

Safe: means there is an absence of present danger safety threats and impending danger safety threats.

Safety service provider: means a participant in a protective action plan, initial safety plan, or ongoing safety plan whose actions, assistance, or supervision help a family in managing a child's safety.

Safety services: mean the actions, assistance, and supervision provided by safety service providers to manage the identified present danger safety threats or impending danger safety threats.

Safety threshold: means the point at which family behaviors, conditions, or circumstances are manifested in such a way that they are beyond being risk influences and have become an impending danger safety threat. In order to reach the "safety threshold" the behaviors, conditions, or circumstances must meet all of the following criteria: be imminent, be out of control, affect a vulnerable child or young adult, be specific and observable, and have potential to cause severe harm. The "safety threshold" criteria are used to determine the presence of an impending danger safety threat.

SAIP: means Secure Adolescent Inpatient Program.

School administrator: means the principal, vice principal, assistant principal, or any other person performing the duties of a principal, vice principal, or assistant principal at a school, as defined in the Teacher Standards and Practices Commission (TSPC) OAR 584-005-0005.

SCIP: means Secure Children's Inpatient Program.

Screener: means a Child Welfare employee with training required to provide screening services.

Screening: means the process used by a screener to determine the response to information received.

Seclusion: means the involuntary confinement of a child alone in a specifically designed room from which the child is physically prevented from leaving.

Service Agreement: means a written document between the Department and a parent, guardian, or former foster child that identifies one or more of the service goals in a family support services case plan, and the services and activities that are necessary for the parent, guardian, or former foster child to achieve the goal.

Service goal: means the observable, sustained change in behavior, condition, or circumstance that, when accomplished, achieves the desired effect.

Service plan: means an individualized plan of services to be provided to each child in care based on his or her identified needs and designed to help him or her reach mutually agreed upon goals. The service plan must address, at a minimum, the child in care's physical and medical needs, behavior management issues, mental health treatment methods, education plans, and any other special needs.

Service: means assistance that the Department provides clients.

Severe harm: means: (a) Significant or acute injury to an alleged victim's physical, sexual, psychological, cognitive, or behavioral development or functioning; (b) Immobilizing impairment; or (c) Life threatening damage.

Shelter care payment: means a payment provided to a certified family during the first 20 days of substitute care for a child or young adult in the care or custody of the Department.

"Shelter home" or "shelter facility": means a place of temporary refuge, offered on a 24 hours a day, seven days a week basis to survivors of domestic violence and their children.

Shelter: means a facility operated by a child-caring agency that provides services for a limited duration to homeless or runaway youth.

Sibling: means one of two or more children or young adults who are related, or would be related but for a termination or other disruption of parental rights, in one of the following ways:

(a) By blood or adoption through a common parent;

(b) Through the marriage of the legal or biological parents of the children or young adults; or (c) Through a legal or biological parent who is the registered domestic partner of the legal or biological parent of the children or young adults.

Sibling: means one of two or more children or young adults who are related, or would be related but for a termination or other disruption of parental rights, in one of the following ways: (a) By blood or adoption through a common parent.

(b) Through the marriage of the legal or biological parents of the children or young adults. (c) Through a legal or biological parent who is the registered domestic partner of the legal or biological parent of the children or young adults.

Social service assistant: means a Department employee with training required to provide services to assist a caseworker on an open case.

Subject individual: means an individual described in OAR 407-007-0030(30)(a).

(a) For the purposes of these rules, a "subject individual" also includes: (A) An individual who provides respite care (see OAR 410-170-0020) for an approved provider parent (see OAR 410-170-0020); (B) An individual who volunteers with or is employed by an approved provider parent to assist with the care of a BRS client, other than an individual who provides babysitting unless paragraph (D) of this subsection applies; (C) An individual 18 years of age or older who is living in the home of an approved provider parent; (D) An individual under 18 years of age who is living in the home of an approved provider parent if there is reason to believe the individual may pose a risk to a BRS client; (E) An individual who provides babysitting or an individual who frequents the home of an approved provider parent if there is reason to believe the individual may pose a risk to a BRS client; and (F) An individual who has access to a BRS client in the home of an approved provider parent if the contract administrator has requested a criminal records check on the individual.

(b) The following individuals are not subject individuals:

(A) A child or young adult in the care or custody of the Department who lives in the home of the approved provider parent; and (B) A BRS client.

Substance: means any legal or illegal drug with potential for misuse, including any controlled substance as defined by ORS 475.005, prescription medications, over-the-counter medications, or alcoholic beverages.

Substance affected infant: means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth and subsequent assessment by a health care provider identifies signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that is associated with prenatal substance exposure. Prenatal substance exposure is determined by a positive toxicology screen from the infant or the mother at delivery or credible information the mother had an active untreated substance use disorder, during the pregnancy or at the time of birth.

Substitute care: means the out-of-home placement of a child or young adult who is in the legal or physical custody and care of the Department.

Substitute care: means the out-of-home placement of a child or young adult who is in the legal or physical custody and care of Child Welfare.

Substitute care: means the out-of-home placement of a child or young adult who is in the custody and care of the Department.

Substitute caregiver: means a relative caregiver, foster parent, or provider authorized to provide care to a child or young adult in the legal or physical custody of the Department.

Supervised visit: means a child-family contact that includes a designated third party to protect the emotional and physical safety of a child or young adult.

Supervision plan: means a documented set of strategies that is developed to assist a relative caregiver or foster parent in providing the additional support, observation, direction, and guidance necessary to promote and ensure the safety and well-being of a child or young adult.

Surrogate mother: means an adult woman who: (a) Agrees to become pregnant with the intention of gestating, bearing, and giving birth to a child of another individual or couple who are the intended parents; and (b) Intends and agrees to assert or retain no parental rights or obligations with regard to the resulting child.

Surrogate: means an individual who has been appointed to safeguard a child's rights in the special education decision-making process. The individual may be appointed pursuant to applicable Department of Education administrative rules and statutes or by the juvenile court.

Suspicious physical injury: (as defined in ORS 419B.023) includes, but is not limited to: (a) Burns or scalds; (b) Extensive bruising or abrasions on any part of the body; (c) Bruising, swelling, or abrasions on the head, neck, or face; (d) Fractures of any bone in a child under the age of three; (e) Multiple fractures in a child of any age; (f) Dislocations, soft tissue swelling, or moderate to severe cuts; (g) Loss of the ability to walk or move normally according to the child's developmental ability; (h) Unconsciousness or difficulty maintaining consciousness; (i) Multiple injuries of different types; (j) Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ; or (k) Any other injury that threatens the physical well-being of the child.

"System-of-care contractor" or "SOC contractor": means an individual or business that has contracted with the Department and is paid with flexible funds allocated by the Department as part of the Department's system-of-care settlement agreement with the Juvenile Rights Project, Inc.

System-of-care settlement agreement: means the agreement between the Oregon Department of Human Services and the Juvenile Rights Project, Inc., which includes provisions for the use of flexible funds in meeting the individual needs of children and their families to promote safety, permanency, and well being.

System-of-care short-form personal-services contract: or "SOC short-form contract" means a class of personal services contracts funded by flexible funds allocated by the Department as part of the Department's system-of-care settlement agreement with the Juvenile Rights Project, Inc., and developed by the Department to provide expedited service delivery to children and families as allowed by these rules.

T

Target Population: Children under 21 who are currently residing in an in-home setting, a shelter home, foster home, group home, residential care facility, independent living situation financially supported through Child Welfare or the Oregon Youth Authority (OYA). Exception: Children placed outside the geographical boundaries of the State of Oregon or children in non-Child Welfare-paid relative placements are not eligible to receive Title XIX reimbursement for targeted case management services under the current state plan.

Targeted Case Management (also referred to as TCM): Activities performed by the case manager to assist children in the Target Population to obtain necessary medical, social, educational, counseling, or other services.

Teacher: means (as defined in TSPC OAR 584-005-0005) a licensed or registered employee in a public school or charter school, or employed by an education service district, who has direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers; and who is compensated for services from public funds.

Temporary Certificate of Approval: means a document the Department issues to a certified family to approve the operation of a home to provide care for a specific child or young adult in the care and custody of the Department. The "Temporary Certificate of Approval" is valid for up to 180 days unless an extension is granted under OAR 413-200-0276(3).

Termination of Custody: Relinquishment of SOSCF custody as a result of a court order, emancipation through attaining legal age, marriage, retraction of voluntary commitment or legal adoption.

Termination of parental rights: means any action which results in the termination of the parent-child relationship.

Termination of parental rights: means that a court of competent jurisdiction has entered an order terminating the rights of the parent or parents, pursuant to ORS 419B.500 through 419B.530 or the statutes of another state. The date of the termination order determines the effective date of the termination even if an appeal of that order has been filed (ORS 419A.200).

Third party abuse: means abuse by a person who is not the alleged victim's parent, caregiver, or other member of the alleged victim's household, and not a person responsible for the alleged victim's care, custody, and control. Examples of persons who could be considered as a third-party under this definition include school personnel, coaches, and church personnel.

Title VI of Civil Rights Act of 1964: prohibits discrimination on the basis of race, color or national origin under programs receiving federal assistance through the United States Department of Health and Human Services.

Title IV-E: means Title IV-E of the Social Security Act, which provides federal payments to states for foster care maintenance, adoption assistance, and guardianship assistance on behalf of certain eligible children and young adults.

Transitional living program: means a set of services offered by a child-caring agency that provides supervision and comprehensive services for up to 18 months to assist homeless or runaway youth to make a successful transition to independent and self-sufficient living.

Transitional visit: means an overnight visit by the BRS client to another placement for the purpose of facilitating the BRS client's transition.

Trial reunification: means that a child has been in a foster care placement under continuing state agency supervision and is returned to the primary caregiver the child was removed from, for a limited and specified period. The child must be considered reunified with parent at the point at which the trial reunification reaches six months or no later than the last day of a court ordered extension.

Tribal Affairs Unit: means designated staff who monitor Department policy and procedures for compliance with the ICWA, investigate complaints of non-compliance from tribes, provide consultation to caseworkers and Department staff regarding related law and administrative rules, and provide ICWA materials and training.

Tribal court: means the court which holds jurisdiction over Indian child custody proceedings and is either a Court of Indian Offenses, a court established and operated under code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings.

Tribal court: means the court which holds jurisdiction over Indian child-custody proceedings and is either a Court of Indian Offenses, a court established and operated under code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child-custody proceedings. Tribal court may also include a tribal council, if so designated by the tribe.

U

Unearned income: means all income that does not directly result from an individual's employment or self-employment.

Unsafe: means the presence of a present danger safety threat or an impending danger safety threat.

V

"Violence: means the use of physical force to injure, damage, or abuse.

"Visit: means planned, in-person contact between the child or young adult and one or more family members.

"Voluntary adoption registry: means a voluntary registry operated by the Department or licensed adoption agency:

(a) Where birth parents, putative fathers, and adult adoptees may register their willingness to the release of identifying information to each other; (b) That provides for the disclosure of identifying information to birth parents and their genetic offspring; (c) That provides for the transmission of non-identifying health and social and genetic history of specified persons; and (d) That provides for the disclosure of specific identifying information under certain circumstances to Indian tribes, governmental agencies, or to an individual settling an estate.

Voluntary custody: means legal custody given to the Department, by written agreement, by a parent or guardian of a child.

Voluntary Custody Agreement: means a written agreement between the Department and the parent or guardian of a child, which transfers legal custody to the Department; the Department assumes all parental authority and responsibilities that the agreement does not specifically reserve to the parents or guardians, as permitted by state law; and the Department provides the child substitute care or treatment, or both, if the family falls within a circumstance described in OAR 413-020-0010(2)(a)-(c).

Voluntary Placement Agreement: means a binding, written agreement between the Department and the parent or guardian of a child that does not transfer legal custody to the Department but that specifies, at a minimum, the legal status of the child and the rights and obligations of the parent or guardian, the child, and the Department while the child is in placement.

Voluntary services: means services that the Department provides at the request of a person or persons and there is no open and related juvenile court proceeding.

Vulnerable child or young adult: means a child or, when applicable, young adult who is unable to protect him or herself. This includes a child or young adult who is dependent on others for sustenance and protection. A "vulnerable child or young adult" is defenseless, exposed to behaviors, conditions, or circumstances that he or she is powerless to manage, and is susceptible and accessible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size, and dependence.

W

Weighing test: means the process in which an authorized designee considers available information to make a fitness determination when a subject individual has potentially disqualifying convictions, arrests, or conditions.

Withholding of medically indicated treatment: means the failure to respond to an infant's life-threatening condition.

Y

Young adult: means a person 18 through 20 years of age.

Young adult: means a person aged 18 through 20 years.