ODHS Child Welfare Procedure Manual

OREGON DEPARTMENT OF Human Services

(Rev. 04/03/2026)

Child Welfare Procedure Manual

Chapter 1 – Introduction

Section 1: Purpose 12
Section 2: Vision, Mission and Values 14
Section 3: Oregon Safety Intervention Model 16
Section 4: Reporting Sensitive Issues 18
Section 5: Confidentiality 24
Section 6: Cultural Competency 45
Section 7: Rights 50
Section 8: Client Complaints and Reports of Discrimination 58
Section 9: Use of eSignatures 61
Appendix 1.1: Remote eSigning by Smart Phone 63

Chapter 2 – Screening

Section 1: Introduction and Glossary 65
Section 2: Overview and Purpose 68
Section 3: Screening Process and Practice 77
Section 4: Post Screening Interview Activities 151
Section 5: Screening Decision Making 171
Section 6: Notification at Screening 211
Section 7: Supervision (On Hold Until 2025) 217
Section 8: Release of Information and Confidentiality 218
Appendix 2.1 Indian Child Welfare Act (ICWA)/Oregon Indian Child Welfare Act (ORICWA) and the Role of Screening 228

Chapter 3 – Assessment

Section 1: CPS Assessment Procedures 236
Section 2: CPS Assessment Response Timelines 239
Section 3: Assessment Activities 243

Section 4: Initial Contact With The Family 259
Section 5: Determine the Safety Threat 270
Section 6: Identify the Impending Danger Safety Threat 286
Section 7: Safety Planning 288
Section 8: Family Stress Indicators 299
Section 9: Determine the Disposition of the CPS Assessment 309
Section 10: Early Intervention Referrals 325
Section 11: Make Child Safety Decision and Determine Whether to Open a Case 327
Section 12: Determine Moderate to High Needs 330
Section 14: Protective Custody 332
Section 15: Reasonable and Active Efforts 336
Section 16: Identifying Legal Parents 338
Section 17: Visitation 342
Section 18: Notifications 344
Section 19: CPS Assessment Documentation 355
Section 20: The Role of The Supervisor 357
Section 21: Special Considerations and Requirements for CPS Assessment 361
Section 22: Legal References 382
Section 23: Family Engagement 384
Section 24: Report of Abuse Involving a Resource Family or Respite Provider Certified by Child Welfare 388
Section 25: Infant with Prenatal Substance Exposure 404
Section 26 : Exception to Completing All CPS Assessment Requirements 412
Section 27: CPS Assessment and Founded CPS Disposition Review for Department Employees 416
Section 28: Non-Court Involved In-Home Case Management 425
Section 29: Recognizing and Responding to Parental Substance Use 431
Appendix 3.1: Extent of Maltreatment 445
Appendix 3.2: Present Danger Threats 451
Appendix 3.3: Present Danger Assessment 455
Appendix 3.4: Impending Danger Threats 457

Appendix 3.5: Justifying a Parent/Caregiver Can and Will Protect 474
Appendix 3.6: Protective Action 477
Appendix 3.7: State of Oregon Consular Notification Via Fax 480
Appendix 3.8: Domestic Violence and the Six Domains 482
Appendix 3.10: Present Danger 517
Appendix 3.11: Safety Threshold Criteria 520
Appendix 3.12: Safety Threshold Criteria 523
Appendix 3.13: Understanding How the Impending Danger Safety Threat Operates in the Family 525
Appendix 3.14: Criteria for Developing an In-Home Safety Plan 527
Appendix 3.15: Conducting Tandem Investigations 532

Chapter 4 – Managing Child Safety In and Out of Home

Section 1: Overview 536
Section 2: Introduction 539
Section 3: Transfer of a Case 542
Section 4: Confirm the Ongoing Safety Plan 550
Section 5: Conduct the Protective Capacity Assessment 554
Section 6: Conduct Facilitated Meetings 585
Section 7: Document the Child Welfare Case Plan 603
Section 8: Develop an Action Agreement 617
Section 9: Monitor the Child Welfare Case Plan Through Required Contacts 622
Section 10: Conduct a Child Welfare Case Plan Review 635
Section 11: Measure Progress 642
Section 12: Manage a New Safety Threat 653
Section 13: Revise an Ongoing Safety Plan 655
Section 14: Reunification 658
Section 15: Court-Ordered Return of Child 672
Section 16: Closing an In-Home Ongoing Safety Plan 674
Section 17: Closing The Case 678
Section 18: Missing Children and Young Adults 680

Section 19: Identification of a Sex Trafficking Victim 701
Section 20: Infant with Prenatal Substance Exposure 714
Section 21: All About Me Book Procedure 719
Appendix 4.1: Case Transfer Information Sufficiency Checklist 733
Appendix 4.1a: Is My Safety Plan Sufficient? 736
Appendix 4.1b: In-Home Criteria and Conditions for Return Guide 738
Appendix 4.1c: Criteria to Assess the Suitability of Safety Providers 746
Appendix 4.1d: Guide: Expectations for SSP Who Are Monitoring Family Time 749
Appendix 4.2: Face-to-Face Case Note Guide 755
Appendix 4.3: Protective Capacity Reference Guide 759
Appendix 4.3a: Expected Outcome Guide 768
Appendix 4.4: Caseworker's Role During the Protective Capacity Assessment 781
Appendix 4.5: Protective Capacity Assessment Decisions 786
Appendix 4.6: Protective Capacity Assessment Worksheet 788
Appendix 4.7: Stages of Change 796
Appendix 4.8: Criteria for Expected Outcomes 800
Appendix 4.9: Family Meeting Agenda 802
Appendix 4.10: Facilitator Role and Qualifications 805
Appendix 4.11: Domestic Violence and Sexual Abuse Considerations 808
Appendix 4.12: 90-Day Staffing Supervisor Guide 811
Appendix 4.13: Inter-County Case Responsibilities, Requirements and Oversight Procedures 814
Appendix 4.14: International Travel Procedures for Children in ODHS Substitute Care for the Purpose of Adoption 826

Chapter 5 – Services to Children

Section 1: Overview: Services to Children 830
Section 2: Placement Services Generally 833
Section 3: Working With Relatives 850
Section 4: Placement in Substitute Care 867
Section 5: Personal Care Services 871

Section 6: Child and Adolescent Needs and Strengths (CANS) 877
Section 7: Specialized Services and Settings 889
Section 8: Focused Opportunities for Children Utilizing Services (FOCUS Program) 918
Section 9: Placement In Another County 931
Section 10: Placement of a Child with HIV/AIDS 934
Section 12: Placement of a Refugee Child 938
Section 13: Placement in Another State 942
Section 14: Placement Planning for Children in The Custody of Child Welfare Who Require Substitute Care, Are Eligible for Intellectual or Developmental Disability (I/DD) Services, And Whose Needs Can Be Met in A Certified Family Setting. 961
Section 15: Placement of a Youth or Young Adult in an Approved Supervised Independent Living Arrangement 969
Section 17: Considerations Regarding a Multi-Ethnic Placement 994
Section 18: Voluntary Custody Agreements 997
Section 19: Voluntary Placement Agreements 999
Section 20: Change of Placement 1001
Section 21: Medical Care Services 1005
Section 22: Dental Care Services 1028
Section 23: Orthodontia Services 1030
Section 24: Mental Health Services 1034
Section 25: Working With Children & Families Who Have A Caregiver That Is Incarcerated, Nearing Release, Or Has Been Released 1039
Section 26: Family Time 1049
Section 27: Clothing Belongings 1062
Section 28: Travel 1065
Section 29: Youth Transitions 1071
Section 30: Behavior Intervention in a Home Certified by Child Welfare 1109
Section 31: Working With Injured, Critically Ill or Terminally Ill Children, and Families Who Have Experienced the Death of a Child 1115
Section 32: Legal Relationships to a Child 1121
Section 33: Obtaining a Driver's Permit and a Driver's License for Young People in Care Under Age 18 .

1129

Section 34: Reasonable and Prudent Parent Standard 1134

Section 35: Rights of Children and Youth in Foster Care 1142

Section 36: Sex Trafficking Services 1149

Section 37: Child Care Reimbursement Procedure for ODHS Child Welfare Resource Parents/Relative Resource Parents 1156

Section 38: Overview: Services to Families 1159

Section 38a: Strengthening, Preserving and Reunifying Families (SPRF) 1162

Section 39: Flexible Funds 1166

Section 40: In-Home Safety and Reunification Services (ISRS) 1179

Section 41: Sexual Orientation, Gender Identity and Expression (SOGIE) 1186

Section 42: Breast Milk for Infants in Foster Care 1198

Section 43: Initial Required Health Assessments and Screenings 1200

Section 44: Managing The Use of Medications 1202

Section 45: Obtain Medicaid Coverage 1204

Section 46: Pregnant and Parenting Children and Young Adults in Substitute Care 1206

Section 47: Alternative and Naturopathic Treatments & Medical Cannabis 1208

Section 48: Child Welfare Field Nurses Intake Nursing Assessment 1210

Section 49: Unaccompanied Minors 1215

Appendix 5.1: Ice Breakers 1225

Appendix 5.2: Foster Care Base Rates and Level of Care Rates 1227

Appendix 5.3: Special Rate Foster Care Authorization 1229

Appendix 5.4: ODHS Child/Adolescent Residential Treatment Service Continuum 1238

Appendix 5.5: Caseworker Tips for Best Practices when Placing a Child/Young Adult in a Behavior Rehabilitation Services (BRS) Program 1241

Appendix 5.6: Child Welfare Workforce Guide for Emergency Department Behavioral Health Presentations 1246

Appendix 5.7: Who is Responsible for What (When Placing a Child in SPD-Funded Foster Care and Residential Resources) 1251

Appendix 5.9: Adoption Home Study Prior to TPR 1254

Appendix 5.10: Medicaid Coverage for non-Title IV-E Children 1257
Appendix 5.11: Immunization Schedule 1260
Appendix 5.11a: Recommended Immunization Schedule for Persons Aged 0 through 6 Years 1262
Appendix 5.11b: Recommended Immunization Schedule for Persons Aged 7 Through 18 Years 1264
Appendix 5.12: Percentile Graphs 1266
Appendix 5.15: Youth Transition Services Availability 1271
Appendix 5.17: Preparation for ILP Housing Programs Screening Study Guide 1274
Appendix 5.18: Requirements at Independence: "Transition Tool Kit" Checklist 1279
Appendix 5.19: Notification of Pending Termination Sample Letter 1282
Appendix 5.29: Obtaining a Driver's Permit and a Driver's License for Young People In Care (Under Age 18) 1284
Appendix 5.30: Driver's Education Course Payment Form 1289
Appendix 5.33: Office of Deaf and Hard of Hearing Services Consultation 1291
Appendix 5.34: Worker-Specific Tasks for CCO Coverage in BRS 1294
Appendix 5.35: BRS and QRTP Referral Process 1298
Appendix 5.36: Court Approval Process for QRTP Placements 1300
Appendix 5.37: QRTP Extended Stay Approval Process 1302
Appendix 5.38: QRTP Assessment Process 1304
Appendix 5.39 STAT CANS 1306

Chapter 6 – Adoption, Guardianship and Other Permanency Plans

Section 1: Adoption Planning 1308
Section 2: Freeing a Child for Adoption 1331
Section 3: Sibling Adoption Planning 1361
Section 4: Preparing Children for Adoption 1369
Section 5A: Identifying and Assessing Families for Adoptive Placement: General Information for the Caseworker 1377
Section 5B: Relative Families: Considerations and Procedures for Adoption 1390
Section 5C: Current Caretaker and Relative Caregiver Considerations and Procedures for Adoptions 1408

Section 5D: Child Welfare Conflict of Interest and Employee Adoptions and Exceptions to the Conflict of Interest ODHS Policy 1417

Section 6: Recruitment for General Applicant Adoptive Families (and Occasionally for Long-Term Foster Families) 1423

Section 7: Selecting The Adoptive Resource 1434

Section 8: Mediation in Adoption 1472

Section 9: Activities Prior to Placement in Adoptive Home 1476

Section 10A: Making and Designating an Adoptive Placement 1497

Section 10B: Establishing Adoption Assistance 1507

Section 11: Affidavits in Support of Adoption 1519

Section 12: Supervising the Adoptive Placement and Adoption Disruption 1523

Section 13: Finalizing the Adoption 1540

Section 14A: Approving and Implementing Guardianship as a Permanency Plan 1547

Section 14B: Establishing Guardianship Assistance 1569

Section 15: Placement With a Fit and Willing Relative 1580

Section 16: Another Planned Permanent Living Arrangement 1588

Chapter 7 – Family Support Services

Section 1: Overview 1600

Section 2: Receiving The Case and First Face-to-Face Contact 1604

Section 3: Determine Service Needs Through a Family Support Services Assessment 1607

Section 4: Develop an Individualized Family Support Services (FSS) Case Plan 1621

Section 5: Arranging Services and Using a Service Agreement 1627

Section 6: Monitor the Family Support Services Case Plan Through Required Contacts 1631

Section 7: Measuring Progress 1641

Section 8: Conduct a Family Support Services Case Plan Review 1646

Section 9: Post Adoption and Guardianship Support and Services 1654

Section 10: Close a Family Support Services Case Plan 1662

Chapter 8 – Certification and Management of Applicants and

Certified Families

Section 1: Foster Care Program Overview, Acronyms and Terms 1665
Section 2: Inquiry Process 1670
Section 3: Assessment Overview 1675
Section 4: Assessment of Relative Applicants 1684
Section 5a: Assessment of General Applicants 1697
Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed 1702
Section 6: Assessing Criminal History 1711
Section 7: Assessing Child Welfare History 1720
Section 8: Assessing the Home Environment 1724
Section 9: Race, Ethnicity, and Culture; Sexual Orientation, Gender Identity, and Gender Expression 1732
Section 10: Assessing Child Welfare Employees as Applicants 1736
Section 11: Resource Parents as Part of Child's Team 1740
Section 12: Contact Requirements 1746
Section 13: Safety and Wellbeing Review 1749
Section 14: Placement Support Plan 1753
Section 15: Change in Household 1756
Section 16: Resource Parents Moves 1766
Section 17: Resource Parents Supports 1772
Section 18: Certified Respite Care 1779
Section 19: Informal Respite Care 1810
Section 20: Child Care 1813
Section 21: Resource Parent Training 1816
Section 22: Complaint Review for Certified Families 1824
Section 23: Certification Records 1826
Section 24: Updates to Certificates 1829
Section 25: Closure of a Provider Record 1842
Section 26: Management Approval for Specific Certification Rules 1848

Section 27: Partnering with Tribes 1867
Section 28: Partnering with the Office of Developmental Disability Services (ODDS) 1873
Section 29: OR-Kids for Certification 1876

Chapter 9 – Working with the Courts and External Partners

Section 1: The Courts 1882
Section 2: Legal and Other Fathers 1921
Section 3: Court Hearings, Legal Documentation, and Legal Requirements 1927
Section 4: Citizen Review Board 1936
Section 5: CASA: Court Appointed Special Advocate 1944
Section 6: Service Providers and Community Partners 1947
Section 7: Other Legal Matters 1951
Appendix 9.1: Disclosure to LEA When Individuals Have an Arrest Warrant 1958
Appendix 9.2: Fathers At a Glance and Search and Notice Requirements 1960
Appendix 9.3: Letter Request to Establish Paternity 1962
Appendix 9.4: Reasonable Efforts Principles and Expectations 1965
Appendix 9.5: Active Efforts Principles and Expectations 1971

Chapter 10: Eligibility

Section 1: Targeted Case Management (TCM) 1978

Chapter 11: Worker Safety and Well-Being

Section 1: Definitions of Staff Safety 1992

Index

Chapter 1
Introduction

Section 1: Purpose

Purpose

The Oregon Department of Human Services (ODHS), Office of Child Welfare (CW) Programs provides guidance in this manual for all ODHS 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 (ODHS)
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

ODHS

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

ODHS

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. Sensitive issue identification and reporting process.

The purpose of reporting sensitive issues is to:

I. Bring highly concerning issues to the attention of Central Office when there is no other established process to do so.

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

III. Prepare for potential inquiries, including from the public or media.

Procedure

I. What is a Sensitive Issue?

"Sensitive issue" means a situation that is:

A. Highly concerning,

B. May pose a potential liability or,

C. Is of emerging public or media interest.

There is some discretion in what a Child Welfare professional determines to be a "sensitive issue". A sensitive issue report may be completed when Child Welfare professionals in the local office determine a situation may require Central Office review or support. Situations that are always sensitive issues are categorized below and include the following:

A. Child or young adult fatality that comes to the attention of Child Welfare. This includes:

1. The death of a child alleged to be the result of abuse.
2. Any death of a child when the deceased child, the deceased child's siblings or a member of the deceased child's household was ever the subject of a closed at screening or CPS assessment. This includes a child on an open CPS assessment, open case, receiving in-home services (child protective services or family support services) or in substitute care, and it also includes a child not currently involved with Child Welfare and who may only have Child Welfare history from a very long time ago. The death may or may not be suspicious for abuse, as this includes circumstances when a child dies from a genetic disorder, illness, or accident.
3. The death of a young adult in the custody of ODHS, in substitute care, or receiving services from Child Welfare.

Note: When the sensitive issue involves the death of a child or young adult refer to the Child Fatality Protocol.

B. A serious physical injury or near fatality of a child or young adult that comes to the attention of Child Welfare. This includes a child or young adult who is the subject of a new CPS assessment or is a child

or young adult on an open CPS assessment, open case, receiving in-home services (child protective services or family support services) or in substitute care when the child or young adult requires medical attention/intervention due to the severity of the injury. A "suspicious physical injury" under Karly's Law, although requiring medical attention, is different and often is not a serious physical injury. Use the following definitions, from the Child Abuse Prevention and Treatment Act, below to distinguish between an injury and a serious physical injury or near fatality:

1. A serious physical injury refers to physical injury which involves substantial risk of death, extreme physical pain, severe and obvious disfigurement, or protracted loss or impairment of the function of a body part, limb, organ, or mental faculty. Protracted loss refers to serious physical injuries that run the risk of prolonged recovery periods, reduced quality of life, and in some cases run the risk of death.
2. Near fatality refers to an act that places the child in serious condition or critical condition as determined by a medical professional.

Note: *Contact the child safety consultant assigned to the local office for additional guidance.*

C. Allegations involving a resource family. This includes:
   1. Families certified by Child Welfare and Office of Developmental Disability Services (ODDS).
   2. Allegations of abuse against a resource parent or in the home of a resource parent.

D. Media attention.
   1. This includes a situation involving or likely to involve the public, the legislature, or any type of media such as books, magazines, newspaper, television, radio, internet, social media, and gaming.
   2. This is specific to media attention that brings attention to Child Welfare. This does not include each time a parent or child is identified in the media when there is no attention to Child Welfare. For example, when a child is recognized for their accomplishments on a sports team this would not be a sensitive issue unless the child was also identified as being in foster care.

E. An additional category of "other" is included for issues that happen less frequently. This includes:
   1. Legal actions, such as court orders or potential lawsuits.
   2. The death of an adult receiving services on an open CPS assessment or open Child Welfare case.
   3. Any significant client concern, such as when you anticipate a client will contact Central Office (advance notice is helpful).
   4. Any issue determined by the local office to require Central Office review and support that does not fit in one of the categories described above.

A sensitive issue does not include:

A. Abuse allegations by an ODHS employee when none of the categories described above apply. ODHS policy requires these issues be reported to Human Resources (HR). When the situation involving the ODHS employee falls within one of the sensitive issue categories a sensitive issue report then the sensitive issue report process must be followed.

B. Threats or other security concerns made to ODHS employees or facilities. Security threats must be

reported using the threat incident notification system (TINS).

II. Sensitive Issue Identification and Reporting Process

A. Child Welfare professionals or volunteers who become aware of a situation that meets the definition of a sensitive issue must:

1. Immediately notify a supervisor.
2. Immediately notify the Oregon Child Abuse Hotline (ORCAH) if the sensitive issue involves:
   - A new report of abuse; or
   - The death of a child or young adult.

Note: *Child Welfare professionals or volunteers may become aware of a sensitive issue through:*

- *A phone call*
- *An email*
- *In person contact*
- *A written document, such as a closed at screening or a letter.*

B. The supervisor or designee must immediately notify local office leadership as determined by the local office program manager.

C. The sensitive issue report, ODHS 0150a, is used for all categories of sensitive issues.

D. Responsibility for completing the sensitive issue report is as follows:

1. ORCAH, or the Office of Training, Investigation and Safety if applicable, is responsible for completing initial sensitive issue reports when there is a child or young adult fatality – this includes when more than one category of sensitive issue applies, such as when a fatality is likely to result in media attention.
2. The local office program manager or designee is responsible for completing all other initial and follow up sensitive issue reports.

E. Completing the Sensitive Issue Report

1. The Sensitive Issue Report, ODHS 0150a, can be found on the ODHS forms server.
2. Complete all applicable fields in the applicable form, making sure to:
   - Check whether you are completing an initial or follow up report.
   - Include any relevant links, such as to an article.
   - If there is a related screening report, attach a copy.
   - Include a brief description of the issue. For example:
     - Parent receiving services on an open CPS assessment died by suicide. Children remain in the home with another parent. Support being provided to family by extended family and Child Welfare.
     - Four-month-old infant in intensive care with injuries alleged to be non-accidental. Family was receiving services until six weeks ago. Sibling with grandparent as part of protective action.

- If the issue involves an ODHS employee, include the employee's name, agency and position.

- When completing the ODHS involvement section, "at time of incident" refers to the date the event took place. This may be a series of behaviors or events and not a singular behavior or event, in which case consider the earliest date in determining how to complete the section.

F. Emailing the Sensitive Issue Report. Email the Sensitive Issue Report as follows:

1. Attach the sensitive issue report, screening report form if applicable, and other relevant documents, such as a police report.
2. Modify the recipients prior to sending the email if:
   - There are confidentiality issues due to the content of the sensitive issue report.
   - The sensitive issue involves an ODHS employee. In this circumstance, regardless of what other sensitive issue categories may apply, send the sensitive issue report to the distribution list created specifically for employee reports in the Outlook address book: employee.sensitiveissue@odhsoha.oregon.gov
   - Notification by another means is indicated to ensure a more trauma aware approach.
3. Send the sensitive issue report, ODHS 0150a, to the Child Welfare Sensitive Issue Distribution List using the email group CW-Sensitive Issue Report Distribution in the Outlook address book (unless the issue involves an ODHS employee, then send to employee.sensitiveissue@odhsoha.oregon.gov).
4. Copy the following Child Welfare professionals on the email:
   - All applicable program managers. Consider what Child Welfare local offices are impacted by the issue.
   - All applicable district managers. Consider what districts are impacted by the issue.
   - Other relevant Child Welfare professionals.
   - Child safety consultant, permanency consultant and foster care coordinator assigned to the district when applicable.
5. Email subject line.
   - For the Sensitive Issue Report, ODHS 0150a, the subject line should read "Sensitive Issue Report:". After the colon, identify the category or categories of sensitive issue. Categories include:
     - Child or young adult fatality
     - Serious physical injury/near fatality
     - Allegation involving a resource family
     - Media attention
     - Other, if none of these categories apply.

G. Sensitive issue updates.

1. If there is an open CPS assessment related to the sensitive issue, at a minimum the program

manager or designee must complete and email an update to the sensitive issue report or Resource Family Sensitive Issue Report when the CPS assessment is complete.

2. Provide follow-up information when determined necessary or requested.

H. Sensitive Issue Reports are the responsibility of all recipients to review and determine next steps, if any, the tracking of Sensitive Issue Reports will occur as follows:

1. Child Fatality Prevention and Review Program tracks reports of fatalities and near fatality/serious injuries.
2. Communications Office tracks reports involving media attention.
3. ODHS Legal Unit tracks reports involving legal actions.

I. A Child Welfare professional with a trauma aware approach and trained in Critical Incident Stress Management provides information to leadership in the local office impacted by the sensitive issue to:

1. Acknowledge the circumstances
2. Identify support needs
3. Offer supportive resources
4. Coordinate a support plan if requested

J. Sensitive issue recipients must notify others as needed.

K. ODHS Director or designee must review sensitive issue reports involving child fatalities and assign a CIRT as outlined in administrative rule.

L. ODHS leadership will request a case review or action steps as determined necessary.

Chapter 1
Introduction

Section 5: Confidentiality

Confidentiality

Child welfare records, and the information contained in those records, are confidential under multiple federal and state laws. The Department cannot release or disclose those records or information except:

I. As specifically authorized by the client or other individual, in writing, pursuant to a release of information (ROI)

II. As required or authorized by federal law,

III. As required or authorized under state law,

IV. 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 ODHS site, or

   B. Have access to any:

      1. ODHS database,

      2. Case management software, or

      3. The Outlook email system for the state.

Note:

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 ODHS Privacy Office or your privacy coordinator for help.*

Procedure

I. **General**

   A. Many different federal and state 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. Get a signed authorization, MSC 3010, 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.

   C. In every way in which information is shared, with or without an authorization, inside or outside of ODHS, 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 ODHS 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 3010

A. A client gives written authorization for release of information by completing form MSC 3010, Authorization for Use and Disclosure of Information.

B. Completing the MSC 3010:

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 3010. 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 3010.

IV. **What if the Client Refuses to Sign the Authorization?**

A. Talk to the client to find out what specific objections or reservations 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.
5. Case note the method and date of revocation.

VI. **Revocation of Sexual Orientation, Gender Identity and Expression (SOGIE) Confidentiality Consent Form**

A. For any written or recorded statements made by the child revoking their SOGIE consent for disclosure, process the revocation by:

1. Case note the method and date of the revocation.
2. Complete a new SOGIE Confidentiality Consent Form to reflect we do not have the child's consent.
3. Upload the new SOGIE Confidentiality Consent Form to the OR-Kids file cabinet for the child. Select the Legal category and Other type using the following naming convention: YYYY.MM.DD. SOGIE Confidentiality Form.

I. Use of Information Within ODHS

Definition: "Program use" refers to:

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

B. Sharing of information between program staff and ODHS 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 ODHS 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. This information will likely be dependent on what records ODHS intends to share as certain records cannot be shared without a valid ROI or court order (such as drug and alcohol treatment records). Where cross-program use of records is needed, it may be necessary to confer with a supervisor or AAG prior to release.

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 or provider named on the authorization.

II. Further Disclosure (Redisclosure) of Information

A. Any program in ODHS, or

B. Person or entity outside ODHS 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 3010) 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 ODHS. 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.

III. Situations in Which a Written Authorization is Not Required

Here are some examples:

A. Disclosures of reports and records compiled under the provisions of ORS 419B.010 – 419B.050 if 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 of reports and records compiled under the provisions of ORS 419B.010 – 419B.050 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 ODHS 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 themselves.

E. Disclosure of information when ODHS 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 ODHS believes a person is suicidal, ODHS can release information without authorization to a mental health provider.

F. Disclosure of a Record of Sexual Orientation, Gender Identity or Expression as defined in OAR 413-010-0000:

1. Failure to disclose the record is reasonably likely to jeopardize the child's safety or well-being
2. The disclosure is necessary to provide services to the child or the child's family
3. When making a disclosure of SOGIE information without consent of the child, the basis for the disclosure must be documented in writing.

Other examples include:

- 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.
- Disclosure of health or treatment information is being released for the purposes of treatment, payment or health care operations.
- Information about a specific client released to that client or the client's personal representative.
- Disclosure of information to conduct any investigation, prosecution, or criminal or civil proceeding in connection with administering ODHS programs.
- Disclosure of information for any legally authorized audit or review by a governmental entity in relation to administering ODHS programs, including the Office of Children's Advocate (Governor's Advocacy Office).
- Disclosure to Department of Justice
- Disclosure of information needed to provide emergency medical treatment, including alcohol and drug or mental health treatment.
- Disclosure when ODHS has a court order signed by a judge. A subpoena is not a court order.
- Disclosure to DOJ Support Enforcement, to locate children or absent parents, and to establish support for children in substitute care.
- Disclosure to report suspected child abuse.

IV. 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 ODHS program whose information is being disclosed.

B. Alcohol and drug (A&D) and mental health (MH) providers, managed care plans and medical providers.

1. 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 including providing copies of meeting notes if appropriate authorizations are signed.

E. Law enforcement.

1. No authorization is required for mandatory child abuse reports and resulting investigations to make records available (except HIV status, substance abuse treatment information and SOGIE 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.

V. Withholding and Redaction of Client Records

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

B. Copy the original record, remove information (use redaction software) 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. Social Security numbers.
2. Drug and alcohol treatment records and vocational rehabilitation records of anyone other than the individual
3. Any records relating to domestic violence
4. Any Self Sufficiency records
5. Any written or recorded statement made by the child regarding their sexual orientation, gender identity or gender expression (SOGIE) unless:
   - The department determines, in written findings, that failure to disclose the record is reasonably likely to jeopardize the child's safety or well-being;
   - The department determines, in written findings, that the disclosure of the record is necessary to provide services to the child or the child's family; or
   - There is documented consent from the youth, 14 years and older to allow disclosure of this information, including to the court.
   - For children 13 years and under, ODHS will consult with the child's attorney, if one is appointed, when making the determinations regarding disclosure.
   - For children 13 years and under without an attorney, ODHS will proceed as though they do not have consent of the child and determine whether disclosure can be made based on the considerations outlined above.

VI. 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,
9. Other public records law exceptions, and
10. Record of SOGIE made by a child other than themselves.

ODHS 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. 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:
   - ODHS currently is the child's legal custodian or guardian, or ODHS was the child's legal custodian or guardian when ODHS authorized services.
   - ODHS 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 ODHS assessment following a protective service report, regardless of the child's legal status at the time.
2. A staff person must be present while the client or authorized representative has access to original documents from the case record.
3. If ODHS 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
   - ODHS 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.
4. 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,
   - Person who perpetrates domestic violence or intimate partner violence
   - Housemates, and
   - Half siblings.

   The exception is if the other person, in the list above, provides written consent that meets the requirements in policy.
5. 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.

6. ODHS should inform persons/entities to whom records are disclosed of the confidential nature of the information, however, it is the obligation of the person/entity receiving the records to ensure that they are following applicable statutes when considering redisclosure of any material provided to them by ODHS.

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,
   - Disclosure could be harmful to the person caring for the child, including foster parents, or
   - Disclosure would include a record of SOGIE.
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.
5. Obtain informed written consent from a child if the child is aged 14 or older before release of a record of SOGIE.
6. If written consent is not or cannot be obtained, or the child is 13 years or younger, ODHS may not disclose a record of SOGIE unless: (1) ODHS determines, in written findings, that failure to disclose would be reasonably likely to jeopardize the child's safety or well-being; or (2) ODHS determines, in written findings, that disclosure is necessary to provide services to the child or the child's family.

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.
3. ODHS may not disclose a record of SOGIE except as noted in prior sections.

VII. 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.

VIII. 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 ODHS staff handle them. A client has the right to authorize use and disclosure of A&D treatment information to:

A. ODHS, or

B. A specific program within ODHS, 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 3010. A client has the right to informed consent when filling out the MSC 3010. Federal laws prohibit redisclosure of A&D treatment information without the specific authorization of the client or youth 14 years old or older.

Procedure

A. Inform the client they may authorize the use of A&D treatment information to ODHS 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 ODHS 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. Local district attorney, or
2. Other legal representatives who represent the parities in other legal proceedings

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 3010 is required.

E. Confer with an AAG as needed regarding a request for disclosure of A&D treatment records for a client that is not accompanied by a signed and valid ROI from the client or a court order that finds good cause to disclose the records.

IX. Domestic Violence

Policy

ODHS 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 survivor of domestic violence

Any disclosure must be linked to:

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

B. Necessary for either ODHS 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 survivor 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 survivors 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. Restricted case designation should be used when cases involve an ODHS Child Welfare or ODHS Self-Sufficiency employee or contractor as an alleged perpetrator or participant. In addition, restricted case designation should be used when allegations of abuse, domestic violence, serious misconduct involve an ODHS volunteer, representatives of the Legislature, or political figures as alleged perpetrators. For further information see the OR-Kids Business Guide.

E. Follow legal and narrative guidelines to protect address confidentiality in case narratives and court

documents. Inform adult survivors what information will be included in the case file and what will be part of the court record the perpetrator may access.

F. 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.

X. 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 3010 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.

XI. Substitute Care – Information Going to Resource 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.

XII. Adoption and Adoption Assistance Cases

Policy

Adoption records are confidential. Finalized adoption records are sealed and can only be opened as described in ORS 109.289. 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. Pursuant to ORS 109.289(7)(b) ODHS may, without a court order, access, use or disclosure any records, documents or information retained by ODHS in its records of an adoption case, including records, papers and files in the court's record of an adoption case that are in the possession of ODHS for the purpose of providing adoption services or the administration of child welfare services that ODHS is authorized to provide under applicable federal or state law.

D. 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.

E. 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.

XIII. 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. ODHS 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.

XIV. 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 as well as all exhibits and materials offered as exhibits, regardless of whether received in evidence. In practice, this means that nearly all of the information that ODHS presents to the court is part of the juvenile court legal file.

Procedure

A. All information that is made a part of the juvenile court legal file is confidential and privileged. This is true even if ODHS also has the material in the Child Welfare record for the family. Determine if the requestor is a permitted recipient of the information.

B. ODHS can only use and disclose records, information and material that are also contained in the juvenile court's legal file in connection with that specific child and their parents or guardians if such use and disclosure is reasonably necessary to perform ODHS' official duties related to the involvement of the child with the juvenile court.

C. In all other circumstances ODHS must obtain court consent before use and disclosure of material in the Child Welfare record that is also contained in the juvenile court legal file for the child.

XV. 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. If the Department cannot or will not comply with the subpoena, there must be consultation with an AAG and 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 can require testimony or release of documents depending on the nature of the request. If needed, consult with an AAG regarding the response to the subpoena. If the subpoena is for testimony only and does not require the person subpoenaed to provide records, the ODHS employee who has been subpoenaed should confer with the attorney that issued the subpoena. If the subpoena is a 'duces tecum' that means it is also requesting that the person subpoenaed bring documents when they testify. Depending on the type of information that is contained in the Child Welfare record, it may be necessary to object to the subpoena if there is not a court order or valid written authorization from the client provided with the subpoena.

A. Follow 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 attorney that issued the subpoena and your assigned AAG 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.
   3. Another federal law or state statute authorizes the disclosure of 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 and contact an AAG when a worker or the case record is subpoenaed for a grand jury.

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 federal or state confidentiality laws related to disclosure of client information or could be contrary to 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, consult with your supervisor to determine the need for a consultation with the AAG.

M. Remember that records, material or information, other than records and information compiled pursuant to ORS 419B.010 – 419B.050, contained in the Child Welfare record that is also contained in the juvenile court legal file cannot be disclosed to a person outside of that child's juvenile court case without court consent.

N. Record of SOGIE cannot be disclosed pursuant to a subpoena without a court order unless:

1. A child aged 14 or older consents to the disclosure.
2. ODHS determines in written findings that failure to disclose the record would be reasonably likely to jeopardize the child's safety or well-being.
3. ODHS determines in written findings that disclosure is necessary to provide services to the child or the child's family.

XVI. Record of Sexual Orientation, Gender Identity or Expression (SOGIE):

SOGIE is the acronym for Sexual Orientation, Gender Identity or Gender Expression. Sexual orientation and gender identity are legally defined terms in Oregon that predate Senate Bill 209.

All children and young adults deserve to feel physically and emotionally safe. When young people enter substitute care, it is the responsibility of the state to ensure that safety. One way that Oregon Department of Human Services (ODHS) supports safety is by gathering accurate information about the sexual orientation and gender identity/expression (SOGIE) of young people in foster care. This information allows us to coordinate appropriate services and secure affirming placements for young people. But the possibility of disclosure may undermine a child's sense of safety and prevent them from sharing their SOGIE information with ODHS. This can prevent the collection of accurate information and limits our ability to provide young people with some of the critical supports they need while in care.

Children in ODHS' care needed enhanced assurance that their statements about their SOGIE will be protected, even in the courtroom, whenever possible. ODHS is required to release confidential Child Welfare records under certain circumstances under ORS 409.225, including, but not limited to, discovery in juvenile dependency or termination of parental rights proceedings. ODHS sought a change to the law under Senate Bill 209 which to protect the disclosure of a child's statements related to their SOGIE for discovery or in response to a subpoena served on or a records request made to ODHS. Note, if a record of a child's SOGIE statement is responsive to a court order, that record must be disclosed despite Senate Bill 209 and consistent with the order.

A Record of SOGIE is defined by ORS 409.225(9)(b) as a written or recorded statement made by a child, memoranda of an oral statement made by a child or any other documentation in a child's child welfare records of the child's statement, if the statement concerns the child's sexual orientation, gender expression or gender identity.

Definitions of Child, Sexual Orientation, Gender Identity and Gender Expression:

- "Gender identity" means an individual's gender-related identity, appearance, expression or behavior, regardless of whether the identity, appearance, expression or behavior differs from that associated with the gender assigned to the individual at birth.
- "Sexual orientation" means an individual's actual or perceived heterosexuality, homosexuality or bisexuality.
- "Gender expression" means the manner in which a person expresses gender through clothing, appearance, behavior, speech, etc. Gender expression is distinct from sexual orientation and gender identity.

- Per 419B.005, "Child" is defined as an unmarried person who:
  - (a) Is under 18 years of age; or
  - (b) Is a child in care, as defined in ORS 418.257.

A record of a SOGIE statement is exempt from discovery and disclosure and must be kept confidential unless:

- A child 14 or older consents to the disclosure OR
- A child 13 or younger has an attorney appointed as part of the dependency case and that attorney consents to the disclosure in consultation with their child client.

While the goal is to obtain consent from the child and/or their attorney, there may be certain circumstances where a child or their attorney does not consent to disclosure of the child's SOGIE record and ODHS determines that disclosure of the information is necessary. If consent cannot be obtained from the child or child's attorney, the record of SOGIE may only be disclosed using the following exceptions:

1. ODHS determines, in written findings, that failure to disclose the record would be reasonably likely to jeopardize the child's safety or well-being OR
2. ODHS determines, in written findings, that disclosure is necessary to provide services to the child or the child's family.
3. There is a court order to disclose.

Procedure for documenting consent or exception once a SOGIE statement has been made:

1. Using the SOGIE Confidentiality Consent Form Guide, the assigned caseworker should complete the SOGIE Confidentiality Consent Form (CE-436551).
   - The confidentiality form should be utilized when a child makes a SOGIE statement about themselves. The confidentiality form is meant to capture information about a child's SOGIE statement when a SOGIE statement has been made specifically by a child. Senate Bill 209 legislation does not require that SOGIE information is documented for all children but only those who share statements of SOGIE information. There is no new requirement to ask children about their SOGIE information, but the confidentiality form should be used if a statement of SOGIE is made by a child or a record of a child's SOGIE statement has been shared.
2. Document when a SOGIE statement has been made and is contained in the Child Welfare record.
3. Document if the child or child's attorney has provided consent or not. If consent is not provided, determine if disclosure is necessary to provide services to the child or the child's family or if failure to disclose the record would be reasonably likely to jeopardize the child's safety or well-being.
4. Document the date consent was obtained and method of consent.
5. Upload the SOGIE Confidentiality Consent Form to the child's record in the OR-Kids file cabinet. Select the '**Legal**' category with document type of 'Other 'and use the naming convention "YYYY.MM.DD.SOGIE Confidentiality Form".

Considerations for Disclosure of Record of SOGIE Without Child Consent In an Open Case:

1. Assemble a Team/Staffing to determine whether one of the bases for disclosure of a record of

SOGIE exists. The team should consist of caseworker, supervisor, and Program Manager and assigned AAG, as needed.

2. In the staffing, discuss:
    - Reason for why we were not able to get consent from the child or child's attorney.
    - What are the ramifications of not disclosing the information?
    - What, if any, are the concerns related to the child's safety or well-being?
    - Who would the information be disclosed to?
    - What services are being provided to the child and the child's family?
    - Is disclosure of the record of SOGIE necessary to provide those services?
3. After the staffing the caseworker takes the following steps:
    - Document the names of the staffing participants, which basis for disclosure was determined and why in a case note and complete the SOGIE Confidentiality Consent Form.
    - Notify the child and their attorney of the outcome.
    - If the record of SOGIE will not be disclosed, ensure proper redaction of the information.
    - If the record of SOGIE will be disclosed, allow for sufficient time prior to disclosure for child and their attorney to limit the disclosure pursuant to ORS 419B.881(6) unless an acute or immediate safety need for the child is present and disclosure necessary to respond to that issue.
4. Upload the SOGIE Confidentiality Consent Form to the child's record in the OR-Kids file cabinet. Select the '**Legal**' category with document type of 'Other 'and use the naming convention "YYYY. MM.DD.SOGIE Confidentiality Form".

Processing Subpoena and Public Records Requests on Closed Cases

In most instances, child consent or consent of the attorney for the child will only be possible and practical if there is an open dependency case. In responding to public records requests or subpoenas for records in a closed case, or in making disclosures pursuant to the Child Abuse Reporting statutes, ODHS will not be able to consult with the child who made the disclosure and the record of SOGIE. In those situations, ODHS should indicate that child consent was not obtained by completing the SOGIE Confidentiality Consent Form and redact the SOGIE statements prior to disclosure.

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 ODHS 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 2094, *Amendment of Health Record Request Form*
III. MSC 3010, *Authorization for Release of Information*

References

ODHS 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

Note:

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

Note:

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 ODHS 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:** ODHS 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, ODHS – Diversity Development Coordinating Council

Chapter 1
Introduction

Section 7: Rights

I. Client Rights

Clients involved with ODHS 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 ODHS Child Welfare,

B. To receive courteous and fair treatment by ODHS 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 ODHS 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

ODHS 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

ODHS recognizes the importance of preserving the family ties and relationships of children in the legal custody of ODHS. 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 ODHS legal custody within reasonable guidelines as set by the child's service plan and by the court.

ODHS 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.

V. Rights of Individuals with Disabilities

ODHS Child Welfare is required to adhere to the requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. This includes following non-discrimination policies, ensuring equal access and opportunity to services and providing reasonable modifications to services and procedures at all times while working with individuals with disabilities.

Child Welfare recognizes that Disability is diverse. Individuals with disabilities must be treated on a case-by-case basis consistent with the facts and objective evidence of their particular circumstances. Individuals and cases involving individuals with disabilities must not be evaluated on the basis of stereotypes, bias, or discrimination.

Individuals with disabilities must be afforded meaningful access to all Child Welfare administered programs to the same extent as individuals who do not have disabilities. In order to provide meaningful opportunity, Child Welfare may be required to make reasonable modifications in its typical program delivery, design and procedures. individuals with disabilities must not be held to a different standard than individuals who do not have a disability. Extra barriers or processes must not be required for individuals with disabilities that are not placed on persons without disabilities. Some common examples include:

- CPS assessments or cases involving individuals with disabilities should not be kept open longer than those that do not involve an individual with disabilities once safety has been determined.
- Individuals with disabilities should not be assumed to be unsafe or incapable because they use accommodations or supports to perform tasks differently from individuals without disabilities.
- Existing supports the individual with disabilities uses, or could make use of, must be considered when evaluating the individuals functioning, abilities, and protective capacities.

Who is an Individual with a Disability?

This section applies to all individuals involved in the Child Welfare program including, but not limited to parents or caregivers, children, foster providers, and adoptive placements.

A qualified individual with a disability is any person who:

- Has a physical or mental impairment which substantially limits one or more of such person's major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

The ADA and Section 504 also protects family members or others associated with an individual with a disability. For example, an adult parent without a disability caring for a child with a disability must be accommodated so they are not penalized or do not suffer negative consequences for engaging in the necessary caretaking needs for a child with a disability.

What is a Major Life Activity?

Major life activities are those functions that are important to most people’s daily lives. This includes impairments that are episodic (come and go) or in remission but would substantially limit a major life activity when active.

Examples of major life activities include but are not limited to:

- Caring for one's self
- Walking
- Seeing
- Hearing
- Speaking
- Eating
- Breathing
- Working

- Going to school
- Performing manual tasks
- Learning

Major life activities also include major bodily functions such as immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Once known, reported, or regarded as having a disability, the individual may request reasonable modifications in order to allow for participation in Child Welfare programs and services.

Many physical and mental disabilities that may interfere with an individual's ability to participate in programs administered by Child Welfare may not be readily apparent without disclosure by an individual or an individual assessment. Some examples may include seizure conditions or mental health diagnoses.

Reasonable Modifications in Programs and Services, Removal of Barriers, and Auxiliary Aids and Services

ODHS must provide reasonable modifications to afford a qualified individual with a disability an equal opportunity to participate in, and receive the benefits of available services, programs, or activities. Through initial communication or ongoing engagement with an individual, the caseworker may offer support or assistance in the form of reasonable modifications. Reasonable modifications include but are not limited to:

- Modification of programs, deadlines, rules, policies, and practices.
- Removal of architectural, communication, or transportation barriers.
- Provision of auxiliary aids and services necessary for a person with a disability to obtain public services.
- Access to supports to allow meaningful participation in programs and services.
- Consideration of supports the individual with a disability already utilizes.

All disability related barriers or limitations and all reasonable and necessary modifications must be noted in the electronic case file in a location easily identified by any ODHS staff that accesses the file. This is to ensure modifications will be provided in all instances, including when cases are transferred, or the assigned worker is unavailable. This information must be reported when the individual or case is referred to another ODHS entity or staff person.

When an individual has provided a signed release of information, information about disabilities and reasonable modifications, this information must be shared by the caseworker when a referral is made to another agency or entity and modifications will be needed to ensure the client can access services from that agency or entity. If the other agency or entity is unable to make the necessary modifications for their services. The caseworker must assist with coordinating these requests and shall document if any modification request is unable to be met by the outside agency or entity without ODHS assistance.

Reasonable Modification Examples

The lists below are examples of reasonable modifications and are not all-inclusive.

General examples of reasonable modifications may include:

- Giving a person more time to meet deadlines or requirements, or to engage in time-limited activities,

when possible.

- Allowing a person to do an activity in another place, manner, or timeframe.
- Assisting a person in an activity or class, or ensuring the person receives information in a way that is accessible to them.
- Allowing a relative, friend, or support person to assist a person in an activity or program.
- Allowing a modification or additional supports in a class or program to allow the person to meaningfully participate.
- Allowing a person to get treatment or services before requiring a person to do an activity.

Specific examples of reasonable modifications include:

- Assisting a person in filling out an application.
- Assisting a person in getting documentation.
- Allowing for home visits or telephone contacts rather than in-office meetings, when possible.
- Rescheduling appointments for documented disability related reasons, when possible.
- Allowing a relative, friend, or support person to accompany and assist the person at an appointment, at meetings with ODHS caseworker, at court or other legal hearings, etc. with a signed release of information.
- Allowing additional time to get documents, attend training or complete services.
- Allowing relatives, friends, or support persons to receive copies of important notices or information, with a signed release of information.
- Providing support services to assist a person in participating in services or programs, such as trainings or class activities.
- Allowing for settings that are accessible to persons with mobility impairments.
- Allowing a different training or provider that can accomplish the same goals in a more accessible or appropriate manner for the individual.

Auxiliary Aids and Services

Auxiliary aids and services include, but are not limited to, qualified language or sign language interpreters, written material, translated material, note pad and pen, note-takers, materials in alternative formats (including Braille, large print, audio tape, CD, email, etc.) and video relay or TTY services for persons who are deaf or hard of hearing. Information about how to obtain alternative formats may be found in the Language Access Services Guide Page 12 for ASL, Video Relay Services and Page 13 for requesting alternate format through ODHS/OHA Publications. If you have additional questions reach out to the ADA Coordinator.

Notification of Right to Request Reasonable Modifications

If an individual discloses a disability, or if the worker feels a modification may be necessary for participation, the worker will inform the individual it is their right to request a reasonable modification. If an individual does not disclose a disability upon initial contact, ODHS staff, should ask individuals if they need assistance due to a disability in the form of a modification and provide examples of what assistance may look like. The caseworker will be responsible to follow up with the individual who requested the modification. If no disability is reported, no disability is otherwise obvious, no modification is requested, or a modification is refused,

ODHS may not be responsible for providing a modification.

Child Welfare staff are expected to inform individuals that disclosure of disability information is voluntary, and the information may be shared pursuant to the administration of the Child Welfare program. While all requested modifications will be considered on a case by case basis, Child Welfare is only required to provide extra help or services or modify procedures to accommodate a disability of any individual when the disability is disclosed or known. In instances when the disability may be obvious, the caseworker should inquire about whether or not the individual needs a reasonable modification.

Examples:

A. An individual may request a change in time of group meetings for which there is no alternative time. There is no obligation by the worker to identify an alternative option for the group meeting, until or unless the individual later reports the need for the change is for a disability. However, it would be best practice to inquire about the reason for such a request to identify any needed modifications, disability related or not, which may offer other alternative opportunities for attending a similar meeting.

B. An individual may request to have a relative, friend, or support person present during meetings and to assist with communication, information processing or retention. Unless there are safety reasons to deny the specific relative, friend, or support person to accompany the individual, this should be permitted as best practice, whether there is a reported disability or not, if a release of information has been signed.

Identifying Necessary Modifications

When a potential disability has been reported and the disability is unknown, the individual must be offered an in-depth assessment by a qualified professional to identify the nature and impact of the disability and need for the level of modification. Child Welfare staff will provide assistance with scheduling these appointments, which may include, but are not limited to, mental health assessments and medical specialists, occupational therapists, or others, depending on the potential disability.

Individuals who choose not to be screened or assessed cannot suffer any consequences for that choice and any reasonable modifications requests for these individuals must still be honored, unless Child Welfare staff can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

Any time an obvious barrier to successful program participation exists the caseworker will provide additional assistance, even if a disability has not been diagnosed. If documentation of a disability is required for a modification, assist the individual with obtaining the documentation when possible by scheduling appointments or providing additional reminders to attend if needed.

Many individuals with disabilities and/or their caregivers face multiple barriers and require interventions by a multiplicity of agencies and programs, ODHS will take necessary steps to ensure their disability is not a barrier to service delivery and coordination.

Each Child Welfare district office is responsible for identifying local available resources and ensuring all staff with public contact are aware of the resources available that may be offered to an individual with disabilities, together with local referral protocols and procedures. The date, time, and specifics of all referrals and assistance provided by ODHS must be recorded as a case note in the individual's case file.

Worker Responsibilities

Discuss individualized needs and requests for modifications at initial contact with case participants and again whenever there appears to be a barrier to a specific service or program, including ongoing communication. A request for modification is any verbal or nonverbal communication a reasonable person would interpret as a request for help, or a statement that a program requirement is difficult for the person to accomplish, because of an actual or potential disability.

Any individual who has a disability or is associated with an individual with a disability is not required to use specific words or phrases such as “reasonable modifications”, “ADA”, or “disability” to prompt a worker’s obligation to document, consider, and provide a reasonable modification.

ODHS workers, in consultation with their supervisor, are responsible for arranging for the modification to be fulfilled, when needed. If the worker is unable to accommodate an individual’s disability, the worker must request the assistance of their program consultant and/or the ADA coordinator. Reasonable modification requests must be fulfilled, or an alternative modification offered, and those modifications provided as soon as possible if accepted. This means in a reasonable time based on the modification being requested and in time to prevent an individual from being denied an equal and meaningful opportunity to participate in and benefit from the ODHS administered programs.

Workers may not deny a request for modification or provide a modification different than the modification requested without consulting their supervisor, program manager and the ADA coordinator.

If a request for a modification is denied or a different modification is approved other than the one requested, the worker must inform the client in writing (orally as needed) about the action taken on the request for modification, the reasons for the action taken, and the rights to file a complaint in accordance with the ADA. The notice shall include contact information for the Governor’s Advocacy Office. This decision, reasons, and information about the notice must be documented in the case file as a case note.

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.ODHS.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, ODHS-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.‖

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

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

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

‡ *See OAR* 413-070-0982*.*

§ *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 1

Section 9: Use of eSignatures

Use of eSignatures

Employees Use of eSignatures

Employees may use eSignatures via Adobe or the Surface Pro stylus to sign documents such as the Authorization for Disclosure (MSC 3010), court reports, letters and case planning documents. **Note:** If a court report or other document is eFiled, employees will type "s/" on the signature line then type their names following the forward slash. Also, documents that must be notarized may not be eSigned.

Client and Resouce Family Use of eSignature

Employees may have clients or resource families eSign documents in the worker's presence using the worker's Surface Pro stylus. Note: Documents that must be notarized may not be eSigned.

Remote Use of eSignatures With Clients and Resource Families.

While the preferred practice is to have eSignatures completed in the presence of the employee, clients or resource families may eSign remotely if reasonable steps are taken to ensure the identity of the person providing the eSignature and the accuracy and completeness of the document. When obtaining a signature from a client or resource family remotely take the following steps:

- Confirm the preferred email address of the client or resource family;
- Prior to sending the document requiring signature, send an email and request a reply to confirm receipt by the intended signer;
- Verbally describe the document, its purpose, how to complete it and provide an opportunity for questions;
- Prepare the document:
    - Complete most of the information the signer is not required to complete before emailing it to reduce the chance of needing to correct errors;
    - In addition to the signature line and places where we ask the signer to add information or initials (e.g. authorizing release of mental health and drug and alcohol treatment information on the MSC 3010), consider leaving the DOB for the signer to fill in to indicate the intended person is completing and signing;
    - Highlight the fields you want the signer to complete;
    - In the case of the MSC 3010 being eSigned by a client, Cc the client's attorney;
- Once in receipt of the completed and eSigned document review it to ensure it is accurately completed, the date of birth if requested is correct and the eSignature reflects the name of the intended recipient;
- Take one of the following two steps to further confirm the intended recipient signed the document:
    - Contact the intended recipient directly to confirm they signed the document; or
    - Send a confirmation email acknowledging receipt of the document and invite them to contact the employee with any questions.

***See Appendix 1.1: Remote eSigning by Smart Phone for a guide to using email and smart phones to eSign documents* remotely.**

Chapter 1

Appendix 1.1: Remote eSigning by Smart Phone

Remote eSigning by Smart Phone

This is a guide to demonstrate how to prepare a document for signature and the steps the recipient must follow to complete the document, eSign and return via email using a smart phone. The example below is specific to a request for a person to complete the Authorization for Disclosure (MSC 3010).

Note: *Documents that must be notarized can't be signed remotely and documents that will be eFiled are "signed" by typing "s/Firstname Lastname."*

Step 1- Fill out the Authorization for Disclosure (MSC 3010) with the person's name, person's provider information (or other information sharing entity) and ODHS contact information. Consider leaving the DOB for the signer to fill in to increase the likelihood the intended person is completing and signing the form. Be sure to indicate what specific information should be disclosed, if there is a time limit to obtain information, the purpose of the exchange and whether information will be mutually exchanged.

Step 2- Click the "Printer icon" or "Print" tab

Step 3- Click drop down tab next to "Printer" -> Seen below in Step 4

Step 4- Click "Microsoft Print to PDF"

Step 5- Click "Print" Note: The document will not actually print, but it will save as an editable PDF. Save to your desktop

Step 6- Open the saved authorization that you saved to your desktop

Step 7- Click "Fill and Sign" to add "x" marks and/or highlight text to indicate where you want the person to complete, initial or sign. Be sure to indicate you want the person to initial the "Mental Health" and "Drug & Alcohol Treatment" sections.

Step 8: Click "Save" and it will save all your changes

Step 9- Email MSC 3010 to the person following the steps laid out in Chapter 1 – Section 9: Use of eSignatures, Remote Use of eSignatures With Clients and Resource Families.

What the Person Will Receive:

There is a pen in the right corner, person taps the pen. They will be able to move the document in and out or up and down by using 2 fingers to expand on the screen of the smart phone.

Once the person taps on the pen in the right corner, they can choose the color and size of font they want to use.

Person then initials and signs the document using their finger to sign on their phone screen.

Click "Done" and it will prompt signer to "Reply all" it will then be emailed to all parties included in the original email.

Chapter 2
Screening

Section 1: Introduction and Glossary

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

ORS 418.257

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

OAR 413-015-0200 to 0230, Screening

OAR 413-015-0300 to 0310, Cross Reporting

Fatality Protocol

Glossary

Circumstances Surrounding the Maltreatment: Information concerned with what was going on when the maltreatment occurred. This information assists in addressing why maltreatment happened in a family.

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 employees while contributing to the safety and wellbeing of children and families.

Collateral Contacts: Individuals whom Child Welfare may contact regarding an allegation of abuse. 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.

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

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

Emancipated Minor: Legal emancipation does not relieve ODHS of its duty to investigate a report of child abuse involving a child, as defined in ORS 419B.005. It does not legally sever the parent child relationship however would terminate the relationship to the extent that there would no longer be child support or support enforcement.

Extent of Maltreatment: Information concerned with maltreatment and the immediate physical and psychological

effects it has on a child. The extent considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, or trauma). Extent explains who was involved, when the incident occurred, where the incident occurred, what abuse is being described, and the impact to the child.

Family Support Services (FSS): Calls are made to the Oregon Child Abuse Hotline to request placement of a child, independent living services (ILP), post legal adoption and guardianship services, or voluntary services.

Health Care Provider: 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.

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.

Medication Assisted Treatment (MAT): 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.

ORCAH Documentation Guide (ODG): The information collection tool screeners utilize to complete a screening report.

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

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, caregivers who reside outside the family home, etc.

Permanency 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 initial and ongoing Protective Capacity Assessments are components of the case plan in the intervention system that address the required changes and facilitate restoring caregivers to their protective role.

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.

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 within 24-hour, within 10-business days response or within 72-hour.

Substantial Impairment: A significant impact on the child's ability to function as they typically function. 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. Substantial impairment refers to degree, not duration.

Under the Influence: 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 environment or people, ability to physically move to protect a child from an impending situation can be reduced under the influence of substances.

Chapter 2
Screening

Section 2: Overview and Purpose

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 on Oregon Revised Statute. The safety intervention process formally begins with screening.

While there is overlap in the overall philosophy and approach to information collection, potential reports of abuse are handled by screeners differently than calls that are related to Family Support Services (FSS) or information and referral requests. It is expected that the screener carefully considers all information obtained and discussed during the screening interview and information collection process, and based on that consideration, screeners 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.

Knowledge of Safety Intervention Concepts: The screener will possess 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. The screener will recognize the importance of knowing and using essential safety concepts to perform effective practice and screening decision-making. The essential concepts applied during screening assessment are:

- Gathering sufficient information to determine if there is an allegation of abuse and, if so, allegation type.
- Understanding and documenting the family's unique characteristics and circumstances.
- Determining if information meets criteria to be assigned, and if so,
- Determining response time.

Thorough Documentation: The screener thoroughly documents reported information and identifies specific decisions. Screening documentation is the framework for CPS intervention into family life based on concerns for child safety. Screening documentation is sufficient when all information that can be known and is relevant is gathered from the reporter and clearly and fully recorded.

The standard for sufficient screening documentation is the same regardless of the screening decision (i.e., assigned for CPS assessment or closed at screening). These standards are explained, and examples provided throughout this procedure within each section.

Response Time: The screener collects and assesses information in order to recommend a justifiable response to a report, based on safety concepts and allegation definitions. Response Time refers to the designated amount of time within which initial face-to-face contact must be made by the CPS worker when a report meets criteria for assignment. This amount of time (within 24 hours, within 10 days, or within 72 hours) is dictated by information within the screening report suggesting a child's safety is being threatened. The time frame starts when the report is received by ORCAH. The initial face-to-face contact is required for the alleged victims, their siblings, and any other children living in the home.

Screening Objectives and Call Types

The Oregon Child Abuse Hotline (ORCAH) maintains primary responsibility for screening, with the following objectives critical to the screening process for each type of call received.

Potential Abuse Report:

- Determine if the reported concerns, if true, meet the criteria to assign the report for CPS assessment or be closed at screening.
- Determine the appropriate CPS response time.
- Cross report all reports of abuse to law enforcement.
- Complete notifications to federally recognized Tribes, if applicable.
- Complete notifications to external agencies, if applicable.

Requests for Family Support Services (FSS):

- Provide information to callers about other agencies and/or community resources that could be of assistance.
- Assign for assessment any requests for Family Support Services which include placement of a child, custody of a child, Youth Transition Services (YTS), post legal adoption services, post guardianship services, in response to a court order placing the child or young adult in ODHS care and custody, and voluntary custody.

Office of Training Investigation and Safety (OTIS) Report:

ORCAH receives and screens calls for OTIS, however, does not determine whether to maintain the information in OR-Kids. All information received regarding an individual or agency that is the responsibility of OTIS is pended immediately for a screening decision.

Case Note Documentation:

Case management information refers to any information received by a screener that is not a report of abuse and yet is connected to an open CPS assessment, open case or a Child Welfare certified resource home. Neither Adoption Assistance nor Guardianship Assistance service cases are included under the “open” consideration. These two types of cases are open for tracking of financials and/or provision of medical coverage only and are not case managed. Common examples of case related information include information regarding insufficient safety plans, notification a child is missing, requests for information from relatives and/or others close to the child, and treatment or service updates unrelated to safety. When case information is received at screening, notifications to workers and supervisors on open cases must only be sent when the OR-Kids Assignment is either Assessment, Permanency or Certification and the current open role is Primary, Secondary or Supervisor. Confidential reporter information will not be documented within a case note but will be included in the email notification to staff.

When a new report is determined to be duplicate to information previously documented by Child Welfare, and there is an open case, documenting a brief case note ensures the information has been received. When a screener evaluates the report, they are checking that all allegations have been captured in the current assessment. If additional allegations are needed, then this requires a new screening report. Notification of this case note must be emailed to the worker and supervisor. The reporter also requires notification that their report was duplicate to information already received by Child Welfare.

Delete/No Documentation:

All information initially received by a reporter or caller must be documented in a screening report. These reports may

be deleted if they are a duplicate of information previously received, already case noted as part of an open case, or do not contain safety related information. Examples of non-safety related information may include a reporter stating a child has missed a lot of school, a reoccurring lice issue with no other concerns, or a parent allowing their child to dye their hair. None of these concerns relate to safety. Deletion occurs only after a screener has consulted with a supervisor.

Request for Community Resource and Referral Information:

Screeners may direct callers to find local community resources by providing specific information, time permitting, or by guiding the caller to resources. It is not the screener's role to provide legal advice or interpretation. The following are possible resources.

- **Geographical Information System (GIS):** Through a search of the family's address, screeners have immediate access to phone numbers for mental health crisis support, domestic violence crisis support, Safe Families resource, Child Abuse Intervention Center, and schools.
- **211Info:** A private, community-based nonprofit organization that empowers Oregon and Southwest Washington communities by helping people identify, navigate, and connect with local resources they need. Dial 211 toll free; or Text their zip code to 898211; or Email to help@211info.org
- **FindHelp.org:** A website that connects individuals and families to support, financial assistance, food pantries, medical care and other free or reduced cost help.
- **Oregon State Bar Association:** Public legal information, including the lawyer referral service, is available at www.osbar.org/public/ or 1-800-452-7636.

Request to Clarify Child Welfare Involvement With a Family

ORCAH staff must establish a caller's identity before providing confidential information over the phone. Staff do not provide any confidential information over the phone to non-verifiable callers. To a verified caller, we give limited information. It would violate confidentiality laws to share any child identified SOGIE information over the phone. If unsure about sharing confidential information, please consult with your supervisor to determine if ORS 419B.035 Release of information (link) is permissible.

Information we can provide to the verifiable callers without a formal records request:

- Whether there is an open assessment or case.
- Name and number of the case worker, certifier, or case work/certification supervisor.
- If someone has history with Child Welfare, but no details about history.
- If someone is not in a rush or not one of our verifiable sources, forward them to the ODHS record request website or provide the state records request email. These resources will verify access other records and fulfill requests. DHS.RecordsRequest@odhsoha.oregon.gov

Our verifiable callers are limited to:

- Law Enforcement who can give you their DPSST number which must be verified by the screener. "Law enforcement agency" means:
    - A city or municipal police department.

  - A county sheriff's office.
  - The Oregon State Police.
  - A police department established by a university under ORS 352.121 or 353.125.
  - A county juvenile department.
- Child Welfare from other states who can email you from their state or county email address which identifies them as employed by their child welfare program (using our email for example: Your.Name@odhs.oregon.gov).
- Self Sufficiency staff who can instant message you through Teams to verify their identity.
- Child Assessment Centers who can also email us from their association address to verify their employment (for example: employees of Portland's CARES NW may have a @lhs.org for Legacy Health Systems or an OHSU.org for Oregon Health Sciences University, etc.).

In order to respond to the caller/reporter with high quality customer service, it is useful to understand their purpose in calling.

- **Is the reporter following up on a prior report made?** Search for the report and then verify the reporter's name, role, the name of the child or parent/caregiver, and the report ID.
- **A verifiable caller made the report, and their peer is following up on the outcome.** Search for the report and then verify the original reporter's name, role, the name of the child or parent/caregiver, and the report ID.
- **Caller, who is the parent/caregiver, wants to know about a previous case outcome.** Staff can respond with, "I'm not able to provide that information over the phone. Please contact the child protective services caseworker or their supervisor at the local Child Welfare office to request this information." (A list of the offices is at https://www.oregon.gov/odhs/pages/office-finder.aspx).
- **The caller heard through the grapevine that the family has an open case.** Try to determine why they want information, "Can you tell me more about purpose of your call today?" If they aren't a verifiable caller, generally speaking, "Thank you for your call, however we are unable to share or verify confidential information about a child or family over the phone" or "I'm not able to confirm or deny whether the family is known to Child Welfare." Any information shared by the caller about the child or family regarding an open case would be case noted and the current worker and supervisor notified of the information.

Courtesy Requests from Other States

ORCAH may receive a request from an out of state child welfare agency to conduct a "courtesy check" or to open a "courtesy case". Child Welfare only has authority to assign a report to CPS when there is an allegation of abuse as defined in Oregon statute. If there is no current allegation of abuse, Child Welfare cannot respond. An informal check on a child or family is outside the authority Child welfare is permitted to operate. The screener must then refer the other state to the Oregon law enforcement with jurisdiction to request a welfare check or walk through.

There may be varying circumstances prompting the other state to contact ORCAH, which is why it is crucial to gather and understand the motivation for their call. The other state may contact ORCAH because they are safety planning and need information to understand the home environment or family condition for the child in Oregon. In other situations,

the family may have fled a CPS assessment in another state and be in Oregon currently. The screener will capture the information that led to the CPS assessment in the other state and determine if the circumstances meet one of Oregon's definitions of abuse. If so, the report will be assigned to assess abuse and determine child safety through coordination with the other state.

Calls from another state may also relate to the Interstate Compact on the Placement of Children (ICPC). When another state has established jurisdiction for a child and placement planning is occurring, the state may contact ORCAH to request a courtesy case. The purpose of this type of case is to evaluate the safety of potential placement resources within Oregon. Under ICPC there are specific rules governing the placement of children across states. A state cannot legally send a child across state lines without going through the proper legal channels. The requestor must be referred back to their state's own ICPC program/division as these calls cannot be managed through a call to ORCAH.

The report requires documentation only when the information provided by the other state indicates behaviors, conditions or circumstances that may impact child safety. Otherwise, the report must not be documented and must be submitted for deletion to a supervisor.

Overview of the Screening Assessment Process:

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.

The screening information collection process generally occurs in the following manner when the screener:

- Gathers sufficient information including family demographic, the extent of maltreatment, the circumstances surrounding the maltreatment and child vulnerability.
- Enters information into the ORCAH Documentation Guide (ODG).
- Reviews Child Welfare history and completes other searches as required.

The screening process will conclude with one of the following outcomes:

- Determination of the screening and response time decisions using the Structured Decision Making (SDM) Tool and assign reports of alleged abuse to CPS.
- The report does not meet SDM criteria for CPS assessment then it must be determined if the report will be closed at screening.
- The information received does not constitute a child safety concern and the screening report will not be documented, supervisor consultation is required.
- The report is duplicate to a prior report and requires deletion, supervisor consultation is required.
- The information does not meet the criteria for assignment or for a closed at screening report but does contain information regarding case management, the screener must document a case note on an open case.
- The report is the responsibility of the Office of Information, Training and Safety (OTIS).

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, and 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 to callers and reporters.
- 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.
- All 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 when required, a screening supervisor to determine whether a report meets the criteria 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.

Reporting Sources

Reports of potential abuse fall into the following three types of reporting sources:

- Voluntary Reporters. Voluntary 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.
    - 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.
        - An employee of qualified victim services programs as defined in ORS 147.600 that provides confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking is also excluded from reporting.
- 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, however 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 information such as the reporter's relationship to the family, their last contact with the child of concern, and their motivation for calling even when the reporter decides to remain anonymous. If the reporter inadvertently discloses their name, relationship, or other identifying information about themselves, this information cannot be "unknown" once stated and must be documented. 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.

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.

Oregon Law and HIPAA allow for the disclosure of Protected Health Information (PHI) when it pertains to abuse.

Reporters who are concerned about sharing or refuse to provide detailed information regarding a child or adult's PHI can be referred to HIPAA Privacy Rule (5) Public Interest and Benefits Activities to understand why the information must be disclosed to Child Welfare:

- **Required by Law.** Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).
- **Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
- **Law Enforcement Purposes.** Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

The reporter will ultimately decide whether to provide the requested information, and if reluctance to share diagnosis information persists, move forward and refocus efforts around information gathering surrounding behavioral descriptors. For example, if the reporter doesn't want to share the child's diagnosis history around depression, you could ask about how the child presents, if they've experienced changes in mood, behavior, socialization, and for how long, etc. to understand the impact to the child.

Chapter 2
Screening

Section 3: Screening Process and Practice

Creating the Screening Report and Determining Participants

Screeners must complete the following activities when creating a screening report on a new or existing case.

- Determine if there is a basis for creating a record or adding to an existing record of an individual. There is a basis for if the screener needs to:
    - Document a report of abuse.
    - Document reports that meet criteria to close at screening.
    - Document a request for family support services. This includes requests for:
        - Voluntary Custody/Placement
        - Youth Transition Services (YTS)
        - Post Legal Adoption and Post Guardianship Services
        - Pre-adjudicated youth who is delinquent
        - Voluntary Services
    - Search for the alleged victim child, parent/caregiver, legal guardian and household members to determine if a record already exists. Include the following as report participants:
        - The alleged victim(s),
        - Persons who have a legally recognized parental relationship, guardianship or Indian custodian of each child,
        - The alleged perpetrators,
        - Related or unrelated individuals that live in the household as part of the family unit.
        - Immediate family members of each child who reside in their household(s).

When only partially identifying information is known about a person such a first name or only a last name, the screener should document the information on the Information Collection stepper of the ORCAH Documentation Guide (ODG). The ODG will not allow a participant record to be created unless a first and last name are documented. Even when a partial name is known, the screener should document all known details about the person such as address, phone number, etc. within the Information Collection stepper. If both first and last name of the person are known but other identifying details such as a date of birth are unknown, create a record in this person's name.

Do not include the following as participants:

- Adult siblings residing outside the household unless they are related to the alleged abuse.
- Renters or roommates within the home who do not have any relation to the family and who do not cohabitate in common spaces.
- Individuals who live on the property or have their own entrance will not be included as a participant unless they have a role in the family.
- Individuals who are deceased unless they are the alleged perpetrator, the alleged victim or is requested for case naming/linking purposes.

Use of names should be as follows:

- Full legal names for all report participants.
- Known aliases must be documented for adults.
- Participants will not be created for individuals whose names are unknown. For example, screeners will not create a person record such as "Unknown Father".
- Refer to the Unknown People ORCAH Documentation Guide to determine if a record should be created for an alleged victim.
- Never create a person record for an unborn child. Since an unborn child would never be named as an alleged victim, they do not require a person record.
- A child placed for adoption retains their birth name until the adoption is finalized. Once finalized, only the post-adoption name may be used. The pre-adoptive name should not be entered as an alias on the post-adoption name within the ORCAH Documentation Guide.

A thorough search of participants will decrease the likelihood of a duplicate person record, screening report or case. This ensures any individual history that could pose a risk to a child is reviewed and analyzed. Screeners should use the ORCAH OWL page OR-Kids and ORCAH Documentation Guide for examples, guides, and tutorials related to the topics above.

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.

There are ten interviewing techniques that are fundamental to effective interviewing skill during the screening assessment Interview. These techniques 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. Screeners are expected to develop skills with the techniques and then use them as needed during the interview. Some techniques may be used more than others and screeners may rapidly move from one technique to the next depending on the reporter and the situation. The sections below describe the interview techniques.

Open Ended Questions

Screeners should begin each new line of questioning or transition in topic with an open-ended question. Open-ended questions help establish a conversational quality to the interaction. They are questions that cannot be answered "yes" or "no" or in just a few words. Open-ended questions encourage the reporter to elaborate with a wider range of responses. These types of questions typically begin with words such as what, where, how and why.

Indirect questions are a form of an open-ended question. They 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-ended questions should be used to restrict or narrow the focus of a reporter's response. They should be used purposefully when precise detail is needed from the reporter. Demographic information collection requires closed-ended questions. For example, asking "What is their date of birth?" or "What is his relationship to the child?" requires an exact answer. During the screening interview, closed questions may be used more frequently when there is a need for interview time management. Also, when the reporter is a concrete thinker and communicator or when the reporter is having difficulty expressing themselves. Closed- ended questions can also be helpful when screeners want to verify information. The question is restated in the form of "yes" or "no" questions.

This skill is used to clarify vague or unknown terms and information. Screeners may need to qualify information regarding 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 or information. It is important to recognize that the meaning of words may be different between people or family systems. When slang, abbreviations, vague, or unknown words are used, screeners always ask what the term or phrase means to the reporter. Following up on subjective terms such as "dirty" or "intoxicated" is necessary. Terms that can lead to bias by both the reporter and screener require clarification by asking for behaviorally descriptive information.

Paraphrasing

The intent of paraphrasing during the screening interview is to facilitate the clarification of reporter statements, opinions, judgments and concerns.

Paraphrasing involves selecting and using the reporter's own key words. This enables screeners to better judge what is heard from a reporter and if it is accurate. Paraphrasing is not simply stating back to the reporter their comments verbatim.

Paraphrasing involves understanding what the reporter is conveying and then stating that message back in the screener's own words. When using paraphrasing, screeners should make sure to confirm the accuracy of their statement. This is done by concluding the paraphrase with a simple question such as, "Is that correct?" or "Does that sound accurate?"

Verbal Cuing and Encouraging

Verbal cuing and encouraging 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 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 the alleged abuse, and then stating an interpretation back to the reporter.

Screeners do not have the benefit of seeing the reporter and interpretation is based on their verbal responses only.

Screeners also listen for the quality of the responses through tone, emphasis, emotion, inflection, etc. Reflective listening statements begin with listening to what is being communicated by the reporter. The second part includes processing the information, then speculating on the meaning of what the reporter has stated. A statement is used to "reflect" back to the reporter. This gets the reporter to elaborate. Even if the screener makes an incorrect statement, it can prompt the reporter to correct what the screener heard.

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 keeps the information collection process on track. In a supportive manner, the screener accepts what the reporter is saying and 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 includes digging deeper. Screeners seek and uncover information to better understand. It is used when screeners encounter pertinent information or vague information that may be valuable to decision-making. Sometimes exploring sounds like repetitive questions of similar content. Questions are asked to gather supporting information about the concerns. For example, the reporter indicates there is drug use. The screener recognizes this is valuable information that could impact child safety. Since the information about drug use was vague, the screener must dig deeper into this reporter statement. A screener might ask, "You mentioned drug use. What drugs do you believe are being used?" If the reporter provides a vague answer, such as "meth I think", the screener knows they must still explore this further as there is uncertainty. They might ask other exploratory questions such as, "What makes you think it is meth?" or "Can you describe the behavior of the person?"

Exploration is very focused. The conversation should not drift into other reporter statements nor initiate questions related to different areas of inquiry.

Affirming

Affirmation reassures the reporter that they took the appropriate action to report. It supports them in that their concern is relevant for screening. Affirmation also confirms that what is being reported is believable and understandable. Screeners may say things such as, “You were right to call;” or “I believe what you experienced was difficult.” This technique provides encouragement to the reporter to continue to participate in the interview. Screeners use affirmation to help the reporter elaborate and to gain confidence in the action they have taken.

While affirming reporters, screeners must avoid making judgements about or aligning with the reporters concerns

about the family. Screeners don't participate in the bias of the reporter. The reporter might ask, "Don't you think that is just horrible?" and expect the screener to respond. The screener would not provide affirmation. Instead, the screener would use this opportunity to redirect the reporter back to their concerns by saying, "I hear that you are concerned this is a horrible situation (affirming) and I want to get more information about that". Screeners should also avoid making judgements about the screening decision or what future action Child Welfare might take.

Summarizing

Summarizing is a technique used during the screening interview intermittently. It helps to ensure the screener's understanding of what is being communicated and to "check" with the reporter. Summarizing is used in the closing stage of the screening interview. The screener must determine how specific that summary should be. For example, for reporters who are confused, emotional or highly concrete, screeners may want to go into more detail in the summary. Screeners might say: "I'd like to stop here for a minute, if you don't mind, and go over what I think we've been talking about." Then the screener reiterates the important topics. For example, "I hear that you are really concerned about the child's medical needs not being met and that the parents may be using substances. Did I understand that correctly?"

Creating a pause in the conversation is a useful tool to help with summarization. If time is needed to pause and think about the information, then the screener needs to communicate this to the reporter. It is not helpful to have stretches of silence as this is confusing to the reporter who may wonder if the screener is still connected to the call. Example communication could include, "That was a lot of information. Please give me a moment to catch up on my notes. Then I'd like to read to you what I've written so far." Or, for example, "Thanks for sharing all that information. I need a moment to review what I have and make sure I've asked all of my questions. Can you give me a moment please?"

Basic Call Handling

For all calls received at screening, there are basic call handling expectations for screeners. Screeners must do the following to address callers' most immediate needs:

- When a screener receives information that any person in any report requires immediate attention for their health and safety, the screener must immediately message their team or supervisor and request assistance with a call to 911. The screener should remain on the call with the person in crisis while sharing identifying and location information via message. A call to 911 is required when the report indicates any person is seriously injured and not receiving help already. If the circumstances are related to child safety the information must be documented in the screening report.
- Access Phone Interpretation Services if the reporter does not speak English or speaks limited English.
- Manage information related to vulnerable adults. ORCAH and adult abuse reporting are both included in the SAFELINE. A caller may reach the ORCAH believing they have contacted the adult abuse reporting system or hoping the ORCAH screener can accept the report about a vulnerable adult. The adult reporting system is not a 24/7 hotline and operates 8 am to 5 pm Monday through Friday. This creates challenges for mandatory and voluntary reporters who are concerned for the safety of an adult. To provide high quality customer service, the screener must consider the following:
    - When a caller is reporting concerns about a child and shares information about an adult with mental illness, a physical disability, developmental disability or who is over the age of 65, the screener must collect the information within their screening report. The screener must send notifications to relevant

community partners who serve the specific adult population as required in Section 6: Notifications.

- When a caller does not have child safety information, but needs to report about a vulnerable adult, the screener must guide the reporter to share the information with the correct agency. The screener must explain the call needs to be transferred to ORCAH reception where a staff person will ask more questions and determine the correct local county department and then provide the agency contact information.

Dropped Call

Screeners document the caller's name and contact information at the beginning of the call. This ensures that if a call is dropped the screener will have the information necessary to re-contact the caller immediately. The screener will also provide their name to the caller at the beginning of the call. In the event the call is dropped, the caller will know who to ask for when re-contacting the hotline. If concerns and identifying information have not been shared by the caller and the call drops, the next screener receiving the call should begin the screening process and not transfer the call to the original screener. This is done to mitigate frustration by the caller and reduce additional wait time.

Introductory Stage of the Interview

A well-structured interview yields sufficient information from reporters while supporting efficiency. The screening assessment interview process provides structure by guiding the reporter through the information collection process. Both this process and the ORCAH Documentation Guide reinforce a consistent professional approach to information collection. It also emphasizes reporter respect and diligent inquiry. There are three stages of process:

- Introductory Stage
- Exploratory Stage
- Closing Stage

These stages provide steps for conducting the interview, completing documentation, and processing the report. Effective screening depends on successfully gathering detailed, behaviorally specific, and relevant information to make a screening decision. It also supports consistent decisions for response timelines. If a reporter is believed to have relevant information, the screener attempts to collect it.

Trauma Informed Reporter Engagement

ODHS is committed to engaging staff, reporters and families on the presumption that they have experienced trauma. Trauma results from an event, series of events or set of circumstances experienced by an individual. The impact could be physically or emotionally harmful or life-threatening. These events have lasting negative effects. Impacts to mental, physical, social, emotional or spiritual well-being can occur. Another important aspect of trauma-informed interaction is recognizing the disparities present in Child Welfare and other systems. Screeners must use a trauma informed approach that is inclusive of all people. This is especially true with populations who experience historical and racial trauma. No one can fully know another's life experience, however there are biases and oppression built into many systems across Engagement seeks to balance professional expertise, empathy and kindness. This balance is achieved through Trauma Informed Oregon's mission by:

- Realizing the widespread impact of trauma knowing it can have profound effects on physical, mental and

behavioral health outcomes;

- Understanding the potential pathways for recovery;
- Recognizing the signs and symptoms of trauma such as shame, shutting down, becoming emotional, etc.;
- Integrating knowledge about trauma in screening practices such as giving people choices and letting them know what will happen next; and
- Actively resisting re-traumatization by recognizing each reporter is the expert of their own experience.

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 and demonstrates expertise. It also shows 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 activate emotional, behavioral, physical and cognitive impacts.

Reporter Assessment

Screeners have an active role in understanding what has been reported and initiating the safety decision-making process. Screeners assess the information reported in order to make critical decisions about next steps.

This includes evaluating the relationship between the caller and the family or child. The screener must also determine the depth of information the caller has regarding the child who is the subject of the concern. At times reporters have only incident based information. Other times reporters have significant knowledge about the child and family and how different factors influence safety. Depending upon the screener's analysis of what the reporter is "likely to know" or "could reasonably know", the interview will vary. This is based on the reporter's relationship with the family and how long they have known them.

Reporter Source and Motivation: Reporter information is essential to understanding the context of the report. Seek to understand the purpose of the call and the caller's motivation for making the call currently.

- Is there fear a child is being harmed now or will be in the future?
- Are there no concerns for safety but reporter is obligated to call as a mandatory reporter?
- Why did the reporter call today, at this time, to make the report?
- Was there a situation, disclosure or observation that prompted the call?
- What does the reporter believe should happen as a result of their call?

It is also critical to understand the reporter's source of information. This includes understanding from whom the information was gathered, how they know the information and when they learned the information being reported. It would be insufficient to document the reporter was told the information without further exploring. It is essential to know who specifically told the reporter the information, in what context and when the information was shared. Even when the reporter is anonymous, there is purpose in understanding how they know the information they are sharing. It is these details that help a screener understand how much the reporter knows and who they've had contact with. The reporter text boxes must include:

- The reporter connection or relationship to the participants.
- Reporter's contact information.
- The reporter's last known contact with the child(ren), with specificity as to which children when there is more than one.
- How the reporter became aware of the information.
- The reporter's motivation for calling the day they are reporting.
- The reporter's date of birth when they are a mandatory reporter.

Engagement and Rapport Building: 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
- Encouraging and Promoting Participation
- Providing Direction
- Providing Necessary Information

The screening interview combines skills that encourage reporters to fully reveal what they know about the alleged abuse. Engaging reporters in the process requires the screener to:

- Validate the decision to report;
- Provide support when reporters are upset and emotional; and
- 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 a 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 importance.
- 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 information matters.

Reporter Bias: Screeners minimize reporter bias and inference. This is done by gathering objective rather than subjective information. Objective information is based on facts or evidence whereas subjective means the information is based on feelings, opinions, or emotions. Bias may become apparent through the language used to describe the situation and the family. While it is not the screener's role to center the comfort of reporters providing biased information, we need their cooperation. If the conversation stops then screener can't collect the information needed.

Screeners create space for reporters to express their concerns for child safety. The screener actively seeks clarification when the reporter shares subjective statements. This is completed by digging deeper and gathering behavioral descriptors. This allows a reporter to use their memory to create detailed descriptions instead of wide sweeping generalizations. The details can be captured directly into the screening report documentation. The word "aggressive" can paint a picture of many different behaviors in a person's mind. Everyone applies meaning to that word based on their own experience. For example, some might picture physical violence or threatening behavior. Some may interpret this as a loud verbal interaction. Screeners seek objective information in these circumstances by asking, "Can you tell me what aggressive looked or sounded like?" By regularly attending to the potential bias in reporters and seeking objective information the screener can separate what is needed to make the screening decision and what is not helpful.

Screeners do not document reporter bias or oppressive language in reports. Part of ODHS values include reducing the perpetuation of harm. If the reporter's statement is directly related to the concern of abuse or safety, then screeners are obligated to document the information and use quotation if we are using their direct words. For example, referring to the parents as "idiots" in the report does not assist with making a screening decision. Instead, seek to understand what that term means to the reporter. It is not useful to document a term that many, but not all people, interpret as racist or oppressive. Instead, the screener will continue to seek an understanding of the alleged abuse and ask question that breakdown buzzwords behaviorally and how the behaviors impact the child.

To continue with our example, a screener might respond to the statement above with, "When you were talking about the parents, can you tell me what acting like an "idiot" means? How do those behaviors impact caregiving?" Or, in response to a potentially racist term used by the reporter, set it aside and focus on behaviors witnessed and statements made. By not attending to them and not documenting them, the screener halts the impact, and instead focuses on details that helps make a screening decision that is centered on child safety.

Reporter is an Alleged Victim Child: ORCAH accepts reports from anyone and cannot refuse a report. Screeners must gather enough information to make a screening decision. However, a different level of engagement, empathizing and trauma awareness is necessary when talking with a child who is an alleged victim. If a child is the reporter and discloses abuse, we need to gather the who, what, where, when, impact and circumstances. If more details are needed in order to make a screening decision, let them know you need to ask some difficult questions and ask if they are ready. Only gather as much detail as necessary to understand whether there is an allegation. The child does not need to recount every incident in detail. Sharing their story multiple times to different individuals is not trauma informed and can inadvertently create discrepancies. If the information shared includes an allegation of abuse the child will be interviewed as part of the comprehensive safety assessment.

If asked by the reporter to talk with a child directly or when the adult reporter has a child present when they call, screeners should:

- Communicate they need to talk with the reporter first without the child present.

- If the reporter disagrees with this process, explain that it can be traumatizing to the child to repeat or overhear details of the abuse. If the child has already shared the information with the reporter, then it is unnecessary to talk with the child also.
- After talking with the reporter, determine if there are gaps in the information which would make it necessary to talk with the child.
- If the child does not want to talk or is upset, but is still being forced on the phone, the screener can direct the conversation and not interview the child.
- The screener might generally ask the child if there is anything they want to share and give the child permission not to talk if they so choose (dependent upon the development of the child).

A child must not be pressured or persuaded into talking with a screener.

Requesting Mandatory Reporter Date of Birth (DOB): As part of our ongoing goal to capture accurate information, screeners will request the mandatory reporter's DOB to:

- Support accurate data collection
- Reduce duplicate mandatory reporter participants
- Make person identification within the ORCAH Documentation Guide (ODG) easier when participant matching is launched, and
- Increase accurate search capability for reports made by a specific reporter.

If the mandatory reporter has concerns or asks questions, the screener can provide the following information:

> *"We are making efforts to gather more precise information. This can also benefit you as a mandatory reporter. If you ever needed record of a report you made, the hotline can now easily track and locate this information."*

Reporter information is confidential and protected by Oregon Revised Statute 419B.015 and DOB is only collected for accurate record keeping. The reporter is not required to provide their DOB and may decline to share. The screener will reassure the reporter they are fulfilling their mandatory reporting obligation by calling and providing their name, and the request for their DOB is to accurately capture their unique identity and role. There may be other reporters with similar identifying information.

Law Enforcement Agency (LEA) as Reporter

Screeners are obligated under law to keep the identity of the reporter confidential, yet LEA is unique in their role. Both ORCAH and LEA are required to cross report information about child abuse to each other. ORCAH is not required to protect the fact that LEA made the report to ORCAH but is required to protect the identity of the individual LEA representative. It is acceptable to refer to a LEA as the reporter in the narrative of the report, however, never appropriate to include the name of the representative. Including the name of the LEA representative in the narrative violates confidentiality.

The screener must document the personal identifying information of the law enforcement representative such as first and last name, DOB (when possible) in the confidential reporter section of the report. The DPSST number must never

be documented in the ORCAH Documentation Guide (ODG) name field but may be documented within the Reporter Information Source and Motivation text box.

Demographic Information Collection

The Introductory Stage of the screening interview is focused on gathering a general orientation to the reporter and the information they want to share. It is also 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 (including DOB for mandatory reporters), contact information and email;
- Understand their source of information and motivation for making the call;
- Obtain information regarding family composition and demographics (identify family members, third party perpetrators and their roles and relation to each other);
- Briefly explain the screening process when needed by the reporter;
- 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 associated with gathering demographic information in these beginning stages. Screeners should be aware that basic demographic information needs to be collected and documented during the screening interview and time must be taken to gather complete and accurate information. Complete demographic information includes the following, when known by the reporter:

- Name and age of alleged victim, their race, ethnicity, language spoken,
- Whether either of the biological parents of the child(ren) or biological relatives have any American Indian or Alaska Native ancestry; Tribal affiliation or heritage.
- Name and age, race, ethnicity, and preferred language of all children living in the household.
- Whether the reporter had contact with the child, and if so, when and with which child(ren).
- Names of the parents, caregivers or guardians.
- The primary language of each family member.
- Limited English proficient status for any family member that is unable to fully understand English, either spoken or written.
- The race and ethnicity of the parents/caregivers.
- Name of the alleged perpetrator or perpetrators and their relationship to the child.
- Address and current whereabouts of all 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 the person defines themselves. In the case of a young child, parent/caregivers determine the Hispanic origin of the child.
    - Screeners must document "Unable to determine" in the ORCAH Documentation Guide (ODG) if the reporter is unable or unwilling to identify the child's Hispanic origin.
- 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 child and adult who is part of the report.
- Military status: When the screener knows a family member has or is serving in the armed services, the screener may collect and 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. ORS 419B.015 indicates the screening report may be shared with appropriate military authorities with the redaction of confidential reporter information and SOGIE information, if an exception does not apply (ORS 419B.035 (7)).
- 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 ODHS staff, threatening animals at the 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 select the Worker Safety Concerns Present box on the Decision Summary & Narrative page of the ODG and narrate safety related concerns.
- 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, directions to the home, etc.). 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).

Information Not Documented in a Screening Report:

U.S. Citizenship or Immigration Status of a Family: Demographic information collection excludes information related to a child or family's citizenship or immigration status. It is irrelevant to child safety. Oregon, a sanctuary state since 1987, prohibits state and local police and government agencies from enforcing and contributing to federal immigration laws. ODHS prioritizes protecting foreign national families from bias and discrimination. If the information was collected and documented, when cross reported to law enforcement, it may be sent to out of state agencies who do not have the same legal protections for foreign national families. This could cause harm to the children and families ODHS serves. Additionally, it is not the role of the screener to inquire about a child's refugee status. It is more helpful to understand the impacts to the child who may have been forced to flee their own country and seek safety in the U.S. If the child is

unaccompanied, refer to Chapter 2, Section 5 “Unaccompanied Minor” for further information.

HIV/AIDS: Information regarding an individual’s diagnosis of HIV or AIDS documented in a screening report or in a subsequent email to a caseworker would likely reveal the identity of the person, which is in violation of ORS 433.045(4)(a). Using a generic term in a screening report such as ‘autoimmune disorder’ may be a reasonable compromise, if it is necessary to include this information at all. An autoimmune disorder like HIV could make a child more vulnerable and may be a critical part of screening analysis of whether a child is at risk of harm and whether a report should be assigned. If the information, either related to an adult or a child, is not a component of the safety analysis then the information must not be captured in the screening report.

Complaints About Child Welfare Staff or Casework Activity: Statements about the quality of Child Welfare staff engagement with a family or system does not belong in a family’s screening report. Information about statements, conduct or behavior by local office staff that caused harm to a child or family will be forwarded via email to the staff person’s supervisor for consideration. The supervisor will determine what, if any, further action needs to be taken.

- Information related to child abuse by ODHS staff is unrelated to this section and all screening practices apply when abuse is alleged.

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 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. Proceeding with the interview as though their reactions are not relevant to information collection is not high-quality customer service. For example, the reporter is audibly crying. The screener should not ignore this observation. Asking the reporter, "It sounds like you are upset. Would you like to take a moment before we continue?" demonstrates empathy. Screeners recognize that the reporter is the primary source of information for screening decision-making. An 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.

People 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: At this stage the screener must consider whether the reporter is providing information that concerns abuse. By the end of the Introduction Stage, the screener should have a sense about the appropriateness of the report.

Reporters will have discussed why they are calling. They will have shared what the concerns are and the basis for that knowledge. Most reporters believe they are making a report of abuse. It is the screener's responsibility to decide if the information indicates that abuse or danger is a possibility. Screeners cannot make premature conclusions regarding the appropriateness of a report. The report may be appropriate, but a reporter has not fully explained their concern yet.

At this point in the interview, screeners 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 screener receives information that the report is likely the responsibility of the Office of Training, Investigations and Safety (OTIS), they must proceed to the Exploratory and Closing Stages of the interview to collect sufficient information and provide the reporter with required information.
- If a report is obviously not abuse related or the caller 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. If the caller has questions related to legal advice, mandatory reporter questions, request for case management information, to learn about the outcome of a report they made, records request information or other general questions, the screener may transfer the call to the reception queue after asking permission to do so. Please refer to the Reception Queue Decision Tree on the ORCAH OWL under Technical Guides for more information.

Date of Alleged Abuse

When the reporter provides the exact date for the most recent incident of alleged abuse, or the screener identifies it, the screener selects the Yes radio button within the ORCAH Documentation Guide (ODG). Then, the screener documents the exact date of the most recent incident of abuse.

If the reporter does not know the exact date of the most recent incident of alleged abuse, or the screener is unable to identify the exact date, the screener will select the No radio button, and no further documentation is required. The screening report examples on the ORCAH OWL provide guidance.

Sexual Orientation, Gender Identity or Gender Expression (SOGIE)

While receiving a call about a possible report of abuse, a screener may receive information about a child's sexual orientation, gender identity or gender expression (SOGIE). Oregon Revised Statutes 409.225, 419B.035, and 419B.881 were amended January 1, 2024, to protect a child's written or verbal statement about their SOGIE. The law applies to

any child's statement, not just children who identify as lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex, asexual or two-spirit (LGBTQIA2S+). For more information about these terms refer to the Equality Literacy 101 guide. In screening, these situations may arise:

- When the child is the reporter and makes a disclosure as part of their report that includes a statement relating to their SOGIE,
- If the reporter states that the child has specifically made a written or verbal statement directly to the reporter about the child's SOGIE, or
- The reporter overheard the child make the statement to someone, or was in some way present, to know the statement they are sharing was made by the child.

This information may require redaction from the screening report prior to the record being disclosed to partners outside of ODHS Child Welfare including required cross reporting to law enforcement, notification to Tribes and others. The screener should gather as much specificity as possible regarding the child's statement. This includes to whom the child made the statement and what was said. This information helps ODHS determine the need for redaction or an exception allowing disclosure.

Redaction requirements do not apply to an adult unless that adult individual is in the custody of ODHS Child Welfare.

ORCAH staff should refer to Chapter 2 Section 8: Release of Information and Confidentiality for complete SOGIE process and practice and the SOGIE Protocol on the ORCAH OWL.

Exploratory Stage of the Interview

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 the alleged abuse and information about family member functioning.
- **Collect thorough and detailed information based on the extent and circumstances of the abuse.** 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.
- **Understand the unique characteristics of the family and how they are directly related to the Child Welfare Vision for Transformation guiding principles.** We support families by making accurate and supported screening decisions about assignment and response times. Information about a family's culture can provide a more balanced view of the family by highlighting resources, protective capacities and family strengths.

The interview questions must focus on gathering information specific to the alleged abuse and relevant information about the vulnerabilities of the child(ren) to inform the screening decision and response timelines.

While it is possible that reporters may not be able to provide the screener with sufficient information, screeners are

required to pursue the information available and to help to provide a comprehensive understanding of family dynamics for use in screening decision-making.

Context of Culture and the Unique Characteristics of Family

We all come to this work with our own beliefs, values, coping skills and ways to process information and it is essential to have a shared meaning around culture and equitable screening. The Office of Equity and Multicultural Services definition indicates culture is:

> *A social system of meaning and customs a group of people develops to ensure its adaptation and survival. Cultures are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors and styles of communication.*

When evaluating the abuse definitions to identify and select abuse types, screeners must consider the impact of culture within family systems and family practices. This means screeners approach each report with cultural humility. Screeners must acquire knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values and family systems such as race and ethnicity; Tribal communities; 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 and unique characteristics of families. Simultaneously, screeners must operate with the understanding that Oregon Child Welfare is obliged to protect children from cultural practices when the practice meets the definitions of abuse.

Culture shapes our views on key issues such as family roles and goals, caregiving practices, learning, educational practices, child behaviors, communication styles, child safety and the nature of childhood itself.

Screeners demonstrate that Child Welfare values each family in the context of the screening interview when they ask questions that are human and family centered, employ cultural humility and understand how bias influences screening decisions. Human centered means placing the family and its members at the heart of everything we do. Screeners seek to know more than just the family's bad days. We seek to understand both strengths and area(s) of need where it is relevant to child safety. Information about a family's culture can provide a more balanced view of the family by highlighting resources, protective capacities and family strengths.

Culture is not exclusive to race. It is essential we seek to understand culture with effective questions that are not biased, asked in the knowledge that every family has culture. There is no "one way" to inquire about a family. We need to understand the reporter's relationship with the family. Also, the questions must be equitable and asked on all reports of abuse, not just on non-white families. Only asking non-white families perpetuates bias. Screening should not perpetuate harm and the information gathered must be purposeful. The screening interview helps to understand how families are impacted by their cultural context, to disrupt bias in both reporters and screeners and to make equitable screening decisions. By documenting gathered information that reflects the more complete picture of the person, we offer these same opportunities to view the family in a human way to everyone downstream of our screening decision.

Asking relevant questions related to the unique characteristics of the family first involves listening for cues from the reporter and then following up. When cues are not provided the screener will begin with a general question about the family's unique characteristics, then follow up with curiosity.

It is helpful to think of the model **Frame, Highlight, Ask** when inquiring:

- **Frame:** At screening, it's my job to understand what you are calling about and why. This information will help me with the next steps.
- **Highlight:** I will ask some questions about what is going on and how the family is dealing with it. Some of these questions will be about what's going well with the family. It's okay for you to tell me you don't know the answer to any of my questions.
- **Ask:**

  1. What is unique about the family?
  2. What is important to the family?
  3. Describe how the parents view their role in the family and/or parenting?
  4. What values or beliefs should we be aware of to better help us support the family?
  5. How do members of the family talk to each other?
  6. How does the family interact and engage with each other?
  7. In what ways does the family connect with others within their community? (may tell us who the family connects with, engages with, traditions and what is going well for the family.)
  8. What should we know about the gender roles within the family?
  9. Is there anything you think would be important to know about this family/these parents/these children?
  10. Do you know what supports this family has? **Seeking information about values, beliefs, and their support network.
  11. Does the family have beliefs that impact the safety of the child?
  12. What does the parent/caregiver do well as a parent? Are there things the parent/caregiver struggles with as a parent?
  13. Is there anything about this family that would explain your concern?
  14. Is there anything that has changed for the family that could be related to your concern?

Screeners consider how the unique characteristics of the family relate to the abuse being reported to support a screening decision. Examples of connecting these concepts include:

- A report about physical abuse and the reporter provides no cues regarding unique characteristics. The screener might ask, "Does the family have beliefs that impact the safety of the child? This information helps me understand if they have religious beliefs or family values around physically disciplining a child."
- A report of a parent mentally injuring their child, consider asking, "How do members of the family talk to each other?" to gain a sense of whether this is part of the way the whole family talks to each other and is actually a familial norm.

- A report of sexual abuse, ask, "Is there anything about the family that would explain your concern?" Maybe the reporter says the family is very physically affectionate which may clue a screener to follow up for more specifics.
- A report concerning neglect, consider asking, “Do you know what supports this family has?” Or “Is there anything about this family that would explain your concern?” This could lead to the reporter sharing information that the family has supports but lives rurally and has no transportation to get there.
- A report concerning threat of harm: Domestic Violence, consider asking, "How does the family interact and engage with each other?" or "Describe how the parents view their role in the family/and or parenting."

Pertinent information that should be collected and documented during the Exploratory Stage in the ORCAH Documentation Guide includes:

Extent of Alleged 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 is the allegation being reported?
- Which child(ren) are being allegedly abused? Use name and age.
- Who is responsible for the alleged abuse? Use name and relationship to the child.
- Where did the alleged abuse occur (geographic location)?
- When did the alleged abuse occur?
- What is the likely or known impact to the child(ren) due to the alleged abuse?
- What is the condition of the child(ren) at the time of the report?
- Are there physical signs of injury present on the child such as injuries on parts of the body that are not typical? Injuries to the back, neck, ears, buttocks or genitals are more likely to be associated with abuse.
- Is the child currently receiving medical care due to the alleged abuse or does the reporter believe the child needs medical care?
- Has the child attempted suicide, presented with suicidal ideation or displayed behaviors that self-injure?

To answer these questions and sufficiently document the extent of abuse, the screener may use the following additional questions or prompts:

- Can you tell me in detail the concerns you have regarding abuse or the child’s safety?
- Can you clarify why you think that the child is being abused?
- Describe the behavior of the person responsible for the alleged abuse.

- What has the child said about what is happening?
- Did the child have an injury? Describe size, location and color. Is the child in pain or have impact on mobility?
- How long has the child been in this condition?
- Is it your impression that the injury/condition is serious?

Documentation of Extent:

The narrative of the extent of the alleged abuse succinctly describes WHO was involved, WHEN it happened, WHERE it happened, WHAT abuse is being described and IMPACT to the child(ren).

- Camille (4) was reportedly spanked by her mother Jessie yesterday while they were at Target and today the child was observed to have a purplish hand shaped print on the back of her left thigh.
- Over the past four weeks both parents (Blanca and Ricardo) were observed impaired by alcohol to the point they couldn't stay awake while caring for Noah (1) and Sebastian (2). This happened at the family home during parties the parents hosted. Both children were heard crying in their room during one of the parties. No other impacts are known.
- On 03/10/2024, Christina (mother) and Mitch (her fiancé) were screaming and cussing at each other for hours. Christina grabbed Mitch around the neck and began to strangle him. Mitch pushed Christina away and she fell against the door frame. The children were awake in their bedroom while this was all happening. Joshua (6) was crying, and Rose (9) was silent. Christina slept in the children's room afterward and was moaning in the children's bedroom for three hours while the children were present.
- Imogene (16) disclosed she was sexually abused by her father Hector's ex-girlfriend "Chris" when she was "little". This took place in Heber Springs, Arkansas before the couple broke up and Imogen moved away with her father. Imogene has been experiencing suicidal ideation.

Circumstances Surrounding the Alleged Abuse:

Context is critical to ensure the reader understands the whole story. The context is mostly captured in the Circumstances narrative. It prepares the reader, providing clues about how to approach the individuals if interviews are required. The screener provides clear detail about what the reporter said, including quotations where appropriate. Questions are answered and clarifications are made as to any patterns of behavior identified to include mental health, substance use, relationship dynamics, context of culture and more. It establishes why allegations were or were not included and why timelines on assigned reports were selected.

The circumstances surrounding the alleged abuse tell the reader "Why" the concerns are occurring. It also describes whether the conditions threatening child safety are in the process of occurring, isolated or constant. Detailed information helps screeners determine whether threshold for an allegation of abuse is met and if so, the response timeline. Information is sufficient when it can describe the overall conditions that contribute to the safety concerns. This includes information as to how long they have occurred and what factors contribute to the concerns. It should also reveal the level of self-awareness of the caregivers and how they contribute to the concerns. These details matter because the screener paints a picture for the reader that supports the screening decision. The reason for the screening decision should be clearly understood because of the documentation in the extent and circumstances.

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 conditions surrounding the alleged abuse.

The Circumstances narrative should be clearly differentiated from the Extent and does not include duplicated narrative from the Extent. The Circumstances narrative provides context to better understand the information in the Extent narrative. Circumstances may include a variety of details depending on the knowledge of the reporter and what information is needed to better explain the Extent. 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.

At 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 considerations and questions detailed below:

- Events that led up to the reported concern.
- What happened at the conclusion of an incident or what has happened since?
- Descriptive behaviors associated with the reported concerns such as substance use, mental health, developmental issues, interpersonal skills, understanding of child development, etc.
- Behavioral descriptors of adult and child behaviors.
- Description of family dynamics.
- Disciplinary practices.
- Child development, child needs and any vulnerabilities. Refer to section "Child Development" for more information about the information gathering and documentation requirements.
- Caregiver's awareness of the concerns, protectiveness and their response to abuse, current or historic.
- Determine whether the issue described is new or whether it been going on for a while. Knowing the length of time an issue has been occurring or how a pattern of abuse cycles is imperative to understanding how a family condition impacts children and contributes to our screening assessment.
- Are safety concerns pervasive (widespread/occurring across multiple situations)?
- Do you know how the child is responding? Has the child made statements?
- What is the alleged perpetrator's accessibility to the child?
- Parenting practices that do or do not contribute to safety.
- Traditional or nontraditional support systems available to the parents or caregivers.
- Are there weapons in the home? What are they? Does their presence or use impact child safety?
- Was the abuse intentional or impulsive? What led to that conclusion?
- Does anyone in the home express fear of others in the home?
- An understanding of relationship dynamics for current and past intimate partners. Is there information about power and control dynamics?

- Current location of the child and other children at risk.
- Family beliefs, practices, values, patterns of thinking, behaviors and communication that inform the screeners understanding of family culture.
- Information provided by the current caseworker for reports on open cases or open assessments.



Digging Deeper

Domestic Violence, Substance use and Mental Health are often underlying conditions adults experience in cases of child abuse. They tend to be a major contributor to underlying family conditions and of multiple forms of abuse. Because of this, it is of utmost importance to dig deeper and ask further questions into the functioning of the adult participants in the report, in order to determine if any of these are factors in the circumstances surrounding the alleged abuse or co-occurring with it. The information collected at screening will inform and set the tone for future information collection being done by CPS. The family-specific manifestation of any of these conditions will impact response timeline.

Mental Health

Mental health includes emotional, psychological and social well-being (Centers for Disease Control). How people think, feel and act is impacted by mental health to the extent that 1 in 5 US adults live with mental illness and 1 in 25 are impacted by serious mental illness (e.g., schizophrenia, bipolar disorder or major depression). While we know there is no single cause for mental illness, there are factors that contribute to it. These include:

- Adverse Childhood Experiences or ACE's
- Experiences related other ongoing medical conditions
- Biology
- Substance use or misuse
- Social isolation
- Racism
- Poverty

Racism in the US is directly linked to systemic and generational poverty, creating a cycle influenced by various

intersecting factors. Mental health is a significant part of this cycle, and screeners must approach these issues with empathy and awareness. It is crucial for screeners to recognized and address their own biases, particularly those related to poverty and mental health, to prevent the perpetuation of stereotypes or misunderstanding. To address bias, both in the reporter and the screener, it is essential to gather sufficient and accurate information. Unbiased interviewing is fundamental for ensuring fair and comprehensive screening assessment.

Asking relevant questions helps the screener clarify assumptions being made by the reporter. For example, the reporter may indicate the parent is "disturbed" when describing their mental health. This word reveals no information about behavior, attitude or feelings of the parent. Sufficient information collection requires the screener to ask, "When you say the parent is "disturbed", what makes you think that?" Further questioning may be needed to understand what the parent doing or how the parent communicates with others. For example, "When the parent acts "disturbed" can you tell me what that sounds and looks like?"

Understanding the effects of mental health on behaviors is more important to analyze than a diagnosis alone. Information collection should focus on the adult behaviors, symptoms and impact on the family. When the allegation is linked to an adult's mental health, it's important to explore how that affects adult functioning. Adult functioning is directly related to how well a parent can act protectively when their child is unsafe. Sometimes mental illness is the reason the child is unsafe that that is strongly tied to a parent's inability to intervene for the child's safety. Because mental health symptoms can leave a parent/caregiver unable to provide consistent parenting or cause other stressors in the family, children may develop emotional and behavioral issues.

There is a continuum of behaviors associated with mental illness. The screener seeks to understand where the person is on that continuum by asking about behavior. There are also times when limited information is still sufficient because the type of mental illness is known to cause severe impacts on thoughts and behavior. For example, psychosis disrupts a person's thoughts and perceptions to the extent they may not know what is real or not. It can include delusions and hallucinations that create unpredictability with serious impacts to child safety. When indicators of psychosis are evident and there is not another safe caregiver ensuring child safety, a screener must consider allegations of abuse consistent with the danger to the child. The National Institute of Mental Health indicates the warning signs of psychosis include:

- Suspiciousness, paranoid ideas or uneasiness with others
- Trouble thinking clearly and logically
- Withdrawing socially and spending a lot more time alone
- Unusual or overly intense ideas, strange feelings or a lack of feelings
- Decline in self-care or personal hygiene
- Disruption of sleep, including difficulty falling asleep and reduced sleep time
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating
- Sudden drop in grades or job performance

The risk of violence and suicide by individuals impacted by psychosis decreases with professional treatment. Learning about whether the parent or caregiver is receiving treatment is part of overall sufficient information gathering.

Child Mental Health and Suicide Prevention

When a report contains information about a child who directly or indirectly is communicating that they are considering suicide, it may be important to gather information through a collateral to determine if there is an allegation of abuse. The collateral may be used to contact a source of information that knows about the parent/caregiver response to the child's behavior or has information on the child's current treatment for mental or behavioral health.

If, after collecting information from the reporter and collateral, concern persists for the safety of the child about potential suicide and there is not a clear allegation of abuse, staff the report with a supervisor who can then escalate the decision about assignment to a Program Manager or District Manager at ORCAH.

Questions to Consider

Child Behaviors:

- What behaviors does the child exhibit?
    - If the report involves "self-injury", does the reporter know if this is a coping mechanism unrelated to suicidal thoughts or harm reduction that is related to suicidal thoughts to keep the child from attempting suicide?
- Has the child said why they are harming and/or suicidal?
- Does the reporter know the child's triggers for self-harming behaviors or suicidal ideation/behaviors?
- Has this child or family experienced a recent loss or substantial change in circumstances?
- Is there a history of suicide attempt or death by suicide in this child's family?
- Is there a context behind behavioral changes or mental health issues?
- Do they have a mental or behavioral health diagnosis?
    - How/from who did the diagnosis come about?
    - Is there a current behavioral or mental health provider involved?
    - If so, does the reporter know the service engagement status of the child?
- Has the child experienced suicidal ideation or past attempts? What did that look like? What was/is the safety plan? Are the individuals involved in the plan following through?
- Does the child have a current plan to end their life? Are the parent's aware of this plan? Have the parents responded to knowledge of the plan with protective actions?
- Does the child have access to lethal means and have the parent/caregivers taken steps to prevent access or remove?

Caregiver Knowledge:

- Are the parents aware of the mental health and/or behavioral concerns?
- Are the parent/caregivers supportive of or engaged in the interventions, supports or services? What have they

said or done to convey this support?

- What has the family already tried in supporting the child?
- Are the parents or caregivers willing and able to restrict access to lethal means?
- Are there any barriers to getting support or services (formal or informal) for this child?

Medication:

- Is the child prescribed medication to support their mental health? If so, do they take it? Who administers the medication (the child themselves, parent/caregiver, school, etc.)?
- Has the child changed medication recently? What are the medications and are there any observed changes?

Services:

- What services and/or supports is the family or child receiving, from whom and are the services effective?
- What does the school know about the child's mental health and/or behavioral concerns? Are there any formal supports or plans in place to support the youth in an educational setting?
- What types of peer support does the child have access to through social media or other services?
- If the child is refusing services or not attending services already established, does the reporter know why?

Unique Characteristics of the Family:

- What does help and support look like in this family? What does this family find supportive and where do they go for help? If none, what are the barriers to accessing or receiving support for this family?
- What are the impact factors for this child?
    - Do they live in a rural community?
    - Are they and/or their family subjected to oppressive systems and/or communities?
    - Does this child and/or family identify with a historically marginalized or oppressed community?
    - Do they/their family have any belief systems that are influencing or mitigating their suicidal thoughts?

Responding to Reports Involving Suicide

Safety is the first priority when a screener identifies that information gathered is concerning for suicide. If a screener suspects that a reporter is actively suicidal or there is an immediate need for emergency services, it may be necessary for the screener to contact 911 and ask for assistance. Screeners must immediately obtain information about the reporter's whereabouts. While keeping the reporter on the phone, the screener can reach out to a supervisor or other available staff member to assist with calling 911 and requesting assistance for the reporter while the screener maintains their connection to the reporter.

Oregon has adopted the Question, Persuade and Refer (QPR) technique of suicide intervention. This strategy aims to decrease the number of suicides completed in Oregon. Screeners are encouraged to ask the reporter directly if they are thinking about suicide or if the person about whom they are calling is thinking about suicide. It is important to not ask

about “self-harm” but instead to ask if the person of concern is thinking about killing themselves, ending their life, or dying by suicide. If the reporter identifies suicide as risk, and it is not an emergency, screeners can provide reporters with a referral number for county mental health services located in the Geographic Information System (GIS), the National Crisis Line 988 or Lines for Life Suicide Hotline at 1-800-273-8255 or text HOME to 741741.

Fatality Guidance

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. Thorough screening of a report of a child fatality is important for: (1) ensuring safety of surviving siblings (2) trauma informed notifications (3) child fatality prevention and (4) state and federal reporting. A child fatality refers to a fatality of any child when:

- The fatality is alleged to be the result of abuse; or
- The deceased child, the deceased child’s sibling or a member of the deceased child’s household was the subject of a report regardless of:
    - The date of the report; or
    - The screening decision to close at screening or assign.

These requirements also apply to a fatality of a young adult in substitute care.

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.

Information Collection for a Report Involving a Fatality

All fatality reports require the screener to inquire of the reporter:

- Is abuse suspected and if so, why?
- Description of the environment and circumstances.
- Description of what law enforcement found leading up to and after the death.
- If reporter states there are “no signs of abuse”, ask the reporter what they mean by that statement and follow up with questions that elicit descriptors.
- Is a detective assigned?
- Are there other children in the home or within the family?
    - Ages of other children in the home
    - Where are the other children in the home now?
    - Were any surviving siblings at home at the time of death or during the incident leading to the death?
- What is the current capacity or availability of the caregiver to continue providing care to surviving children?

- Are supports available to assist the family?
- What is the current family functioning compared to the care needs of surviving children?

- Did Emergency Medical Services, Medical Examiner and/or law enforcement respond?
- If the reports is about a completed suicide, did the death occur outside the family home (school, friend's home), had the parent discussed or informed responsible others about the child/young adults mental health and safety needs, if known?
- Did the child/young adult identify as lesbian, gay, bisexual, transgender, queer, intersexual or two spirited and was unsupported or rejected by their parent/caregivers due to their gender/sexual identity?

Questions to Consider on Sleep-Related Infant Fatalities (Safe Sleep for Children 12 Months and Under):

- Did the reporter observe the location the child was put to sleep or sleeping?
- What kind of sleep surface was the infant put to sleep on? Can you describe it?
- Who put the baby to sleep?
- How was the baby put to sleep (on back, front, side)?
- If co-sleeping is referenced, clarify if the reporter means bed-sharing or room sharing and document the term used by the reporter.
    - Bed-sharing refers to sharing the same sleep surface whether a bed, couch, floor or other surface.
    - Room sharing refers to same room but different sleep surface.
- If the baby was bed-sharing, who else was with the baby? Include adults, children and pets.
- If the baby was room sharing, who else was sleeping in the same room?
- What was the baby wearing?
- What was the temperature in the room?
- What was the timeframe from when baby was put to sleep and when found?
- Did the baby have any preexisting medical issues/concerns?
- Had the child been given/had any medication prior to their death?
- Was there any evidence of substance use (i.e. empty bottles/cans, pipes or other paraphernalia)?
    - Do the parents take any medications?
    - Is there smoking in the home and if so, by whom and where does this occur?
    - Did parents appear under the influence?
    - If there is evidence of substance use, were the parents asked about it or did they provide information about their use?

- Were the parents/caregivers asked about exhaustion or any circumstance that may have impacted their sleep (why/why not)?

Questions to Consider Regarding a Child Suicide:

- Where did it occur?
- Was anyone at the location at the time?
- Where were the other family members?
- How long had it been since the child was last seen by someone?
- Did the child have current or historical mental health, or a substance use disorder?
- What did the family know/understand about the child's mental health and what was their response?
- What statements may have been made by the child to friends, family, educational providers, and/or medical/mental health providers?
- If there was some level of suicidality known, was there a safety plan or supervision plan recommended?
- Was the child engaged in services or have a mental health provider?
    - What services?
    - What was the parent's level of engagement in the services?
- Did the child have a history of past suicide attempts, regardless of the proximity to the current report?
- Was there a recent initiation or change in medication (psychotropic or otherwise) or treatment regimen?
- What was the method of suicide?
- Did the child have access to lethal means? (The presence of unsecured firearm, by itself, is not an allegation of neglect. We must consider all the other factors and the vulnerability of the child. Use the following questions to understand the family condition and whether neglect criteria are met.)
    - Firearm
        - Who owned the weapon?
        - Who was responsible for the storage and accessibility?
        - Where and how was the weapon and/or ammunition stored? Examples: Guns safe, trigger lock, loaded, unloaded, in an easily accessible place or was it difficult to find or hidden
        - What was the family's understanding of gun safety?
    - Overdose:
        - Where did the overdose occur?
        - Does the child have siblings that may be using substances?
        - Had the child shared information about their substance use with others?
        - What was the substance suspected to cause the overdose?

- What was the method for which the substance was administered?
- How did the child obtain the substance or who provided the substance to the child?
- Was the child using substances with others immediately prior to the overdose?
- What is the parent's understanding of and/or response to their child's substance use?
- Was the child engaged in treatment for mental health or substance use?
- Where was the substance kept and was it locked or secured?

The screener must complete a screening report form and determine the response in consultation with their supervisor. Utilize the Screening Fatality Protocol on the OWL for process. When the report does not meet the criteria to close at screening and the information is not the responsibility of the Office of Training, Investigation and Safety (OTIS), then the information must not be documented.

Notification of a Child Fatality

When a report of a child fatality is received, specific notifications are required and outlined in the Screening Fatality Protocol. Sensitivity and trauma awareness regarding notification must be considered, therefore the screener may only contact a caseworker or certifier after consultation with and approval by a supervisor.

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. If a report is assigned for assessment the screener must identify fatality in the subject line of the assignment email.

When the screener receives child fatality information that is the responsibility of the OTIS, the screener must immediately forward the information to the OTIS. It is the responsibility of the OTIS to complete a Sensitive Issue Report.

Domestic Violence and Universal Screening

Oregon Department of Human Services (ODHS) Child Welfare defines domestic violence as "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." This is important because the term "domestic violence" can unintentionally imply that domestic violence is only physical.

Domestic violence is not limited by relationship type, identity, gender, age, race, class, ability or socio-economic status. There isn't a "typical" survivor or abusive partner. However, implicit bias, including biases about domestic violence, are pervasive. Everyone possesses them. It is very common that bias impacts engagement with families experiencing domestic violence. It is critical we are carefully considering how racism, poverty and trauma impacts how a family presents and reacts. When engaging with reporters about families, implicit bias can surface as victim blaming, questioning credibility and varying levels of sympathy and empathy based on the likability of a survivor. When and if we recognize that someone may be carrying a bias, based on actions or words, lean on your ORCAH community agreements and reach out for support if needed.

Child abuse and domestic violence frequently occur in the same families. It is essential to screen for domestic violence in all reports of child abuse, not just those in which domestic violence is the presenting issue. While domestic violence is always a risk factor for children, it is only when there is an allegation of child abuse that a child protective services

intervention is warranted. The Department's focus is not just on whether the child witnessed an act of violence, but on how the child is affected by the batterer's behavior. At the time of screening, impact to the child may not be known, and will necessitate apply the logic of "reasonable cause to believe" abuse could be occurring based on the reported interactions, behaviors, and attitudes of parent/caregiver.

Domestic violence is different from an individual who is physically violent against his/her partner absent power and control dynamics. Harmful behaviors could stem from other issues such as mental health, impulse control issues or effects of a Traumatic Brain Injury. It is likely that this person is, or has been, physically violent against others as well. It is far less likely to be isolated to the partner. Learning more about the alleged perpetrator's adult functioning will help you to understand if the CPS worker needs to be tuned into look for dynamics of intimate partner power and control, or if there is reason to be on guard for more pervasive violence.

There is a second reason this differentiation is important. Incidental violence has a different impact on children than the pervasive pattern of power and control present in the family condition. While the cycle of violence may have less dramatic phases, such as the "honeymoon stage" where the batterer is attempting to reconnect with the survivor to convince the survivor to stay, all members of the family have heightened awareness for the next incident of exercising coercive control over the survivor.

Universal Screening for Domestic Violence

Universal screening is a model used to elicit information from the reporter about relationship dynamics between adults. Screeners ask about relationship dynamics to understand if there are elements of power and control and domestic violence. Domestic violence and child abuse co-occur at high rates and this is why we ask about domestic violence in all reports to ORCAH.

- It is estimated that over 15.5 million children in the U.S. are exposed annually to domestic violence.
- It is estimated that in 30 to 60 percent of the families where domestic violence is identified, some form of co-occurring child maltreatment is also present.

Domestic violence, whether physical, sexual, emotional or verbal, is one of the most direct and potentially harmful forms of violence exposure that children experience due to its unique nature. It may not be a sudden, isolated incident, rather it may involve years of emotional, psychological and physical trauma that can escalate over time. In other instances, the reporter is sharing information about a singular incident that still has indicators of domestic violence that may require assessment. A child can be directly or indirectly impacted by domestic violence as "a witness" and still face the serious consequences of the abuse. A reporter might have information about domestic violence and not even be aware.

Domestic violence impacts child fatalities in Oregon and is far under reported. It is reasonable to believe that the number of child fatalities with domestic violence concerns is much higher. When screeners analyze history with a lens for patterns of behavior, family functioning and family stressors, we are better able to identify on the family's circumstances, behaviors, etc.

Universal screening or asking about domestic violence in all reports of child abuse, is the most holistic, inclusive, equitable and safest approach to gathering sufficient information about domestic violence. Universal screening focuses on gathering information about relationship dynamics and not violence specifically, which provides holistic information about a family.

Abusive and Coercive Tactics of Abusive Partners

Each abusive partner is unique, and so is the pattern of tactics they use. The list below is intended to stimulate thoughts around common coercive tactics used by an abusive partner. It is not an exhaustive list. These may not be the only behaviors that occur. An abusive partner can use only one, or a variety of tactics to exert control over a survivor. Tactics of domestic violence can include:

- Physical and sexual violence
- Emotional and verbal abuse
- Using a child as a weapon or pawn to control the survivor
- Intimidation Isolation – physical and emotional
- Economic or financial abuse
- Coercion and threats of any kind
- Minimizing, blaming or denying
- Weaponizing societal privilege
- Weaponizing systems.
    - To weaponize something means to exploit it for the purpose of attacking a person or group, or for spreading discord. Weaponizing societal privilege could be an abusive partner exploiting existing LGBTQIA2S+ against a survivor by threating to "out" them to their family or place of employment. Weaponizing systems can be an abusive partner threatening, that if the police are called, the survivor risks deportation of themselves. An immigration issue could be used to control the survivor. At the hotline, a parent may use CPS intervention as a means of threat to control their intimate partner.

Visual representations of the tactics that an abusive partner uses to keep the survivor in a relationship can be better understood when looking at the Intimate Partner Violence Triangle (IPV Triangle). The triangle was originally created by "Sacred Circle: The National Resource Center to End Violence Against Native Women" to represent the unnatural power and control present in domestic violence. The IPV triangle also demonstrates that domestic violence is institutionalized systems of overlapping, continuous, purposeful and violent tactics used to maintain power and control.

Indications of Coercive Control

In calls with possible domestic violence, assessing adult behavior will help us identify patterns of coercive control and help us determine who is the predominant aggressor. Consider identifying domestic violence when a report identifies single incident that indicates:

- Access to or use of weapons, especially guns
- Threats to harm, especially homicide or suicide
- Threats to kidnap a child
- Isolated survivor

- Controlling freedom of movement
- Interfering with call for help (taking or destroying phone)
- Emotional abuse, yelling/name calling
- Assault of survivor, including strangulation, shoving, slapping, spitting, hitting
- Consider severity (increasing frequency and/or severity raises the level of danger)
- Violation of restraining order, no-contact order or parole/probation

Consider identifying domestic violence when a report identifies a pattern based on information from one or more sources including current and past relationships may include anything noted in the single incident list above and:

- Evidence of multiple incidents or types of controlling behavior
- Threats to defame or other threats meant to coerce/control
- Isolation from friends or family; work, school, church, clubs; taking/disabling the car, moving family away from support system
- Emotional abuse, like gas-lighting, deceiving; demeaning in public; using religious beliefs
- Sexual harassment, like accusations of infidelity, demeaning sexual comments in public, sexual humiliation
- Financial control, like putting someone on an allowance, or financial abuse such as denying basic needs
- Undermining parenting
- Coercing or taking advantage of a substance use disorder or mental illness; interfering with recovery
- Violent or abusive toward others – strangers, gangs, police

Impacts to Children Because of Domestic Violence

Young people are often called "witnesses" to domestic violence. The term implies a passive role, however, young people living with conflict and abuse are actively interpreting or assigning meaning to the situations they are exposed to. Children can't help but observe their surroundings and the interactions between their caregivers, it is how our brains are set up to learn.

Exposure to domestic violence occurs when children see, hear, are directly involved in or experience the aftermath of physical or sexual assaults that occur. Children might respond to the violence in different ways such as:

- Predicting or calculating what will be coming next;
- Assessing their roles in causing a "fight," taking or assigning blame;
- Worrying about the consequences and the safety of themselves, their siblings and/or their survivor parent;
- Engaging in problem solving, trying to appease the abusive partner, running interference or deciding to align themselves with the stronger or more dangerous parent; and/or

- Taking measures to protect themselves, siblings and/or survivor parent, both physically and emotionally, intervening in the violence or creating safety plans, like running away.

Screeners actively gather observations and details from the reporter. These include behavioral descriptors. An example might include a reporter stating, "The parents were fighting." We must gather what this looks like, sounds like, how the child was impacted and really dig in to developing a picture for the reader instead of a vague, potentially biased word such as "fight." Questions to ask the reporter to better understand what "fight" means could include:

- Can you tell me what the fighting looked like?
- When you say "fight", what does that mean?
- What did the fighting sound like?

Each child has a unique response to trauma and toxic stress. This can range from resilience to serious impairment of their daily functioning.

Due to the pervasive nature of domestic violence, a child does not have to be present to experience the impact of the power and control dynamic in their family. 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.

Promoting Safety for Survivors and Children

Universal Screening for domestic violence in all reports of child abuse promotes safety for survivors and children by:

- Informing and guiding initial contact when the reporter is likely to know this information. Examples include:
  - Collecting contact information for the survivor that is safe for the CPS worker to use.
  - Determining when and where contact should be with the survivor.
  - Asking when the abusive partner is at work/out of the home.
- Providing a better understanding of lethality. Examples include:
  - Collecting behavioral descriptors regarding the levels of physical violence.
  - Control and stalking increasing in frequency and severity (i.e., strangulation, use of weapons, threats of homicide or suicide, etc.).
- Informing the Department's response to the reported concerns. Ultimately, screeners need to know whether the information gathered meets criteria for an allegation of abuse.

Worker Safety Documentation

Universal Screening for domestic violence also promotes safety for co-workers by informing and guiding planning for worker safety and making decisions to partner with law enforcement and co-located advocates when contacting families. It also improves understanding regarding access to weapons, any threats that have been made about outside intervenors and/or other non-household members. When there are concerns about worker safety these must be documented in the screening report. This step is completed on Stepper 6 of the ORCAH Documentation Guide by checking the Worker Safety Concerns Present box.

Universal Screening: The How

When the call of child abuse involves domestic violence as the presenting concern, it is easier to know how to gather information. Direct questions are expected by the reporter. However, it can be challenging to gather information about domestic violence when it isn't the specific concern of the reporter. Using universal screening for domestic violence increases the ability of screeners to gather sufficient information with the Frame, Highlight, Ask model.

- **Frame:** Framing the questions is when screeners explain that they talk with all reporters about relationship dynamics in the family home. Framing sets the stage for asking the questions about power and control and domestic violence. Here is an example of how to frame or explain that ORCAH talks with all reporters about relationship dynamics in the family home. Examples include:
    - "We talk with every reporter about the relationship dynamics between adults in the family home."
    - "We gather information from every reporter about how adults interact with one another."
    - We use a holistic approach and gather information about relationship dynamics in a family's home from every reporter."
- **Highlight:** Highlighting is explaining that the relationship dynamics of adults in the home effects both the parent's and the child's overall health and safety. When we highlight effects, we are also providing education about violence, which helps dispel myths about domestic violence. Here is a way to indirectly highlight the effects of relationship dynamics, including violence. Examples include:
    - "Relationship dynamics can affect both the parent/caregiver's and child's health and safety."
    - "Because power and control has so many effects on a child's health and safety, we ask all reporters about relationship dynamics in the home."
- **Ask:** Have a variety of questions ready to ask reporters about relationship dynamics that are indicators of domestic violence. The Domestic Violence ORCAH Screening Questions Tool/DV Screening Questions Examples on the OWL offer a variety of example questions for both universal screening and more specific questions when there are allegations of domestic violence. Examples include:
    - "Tell me about the relationship between the adults."
    - "Has either adult prevented or made it difficult for the other to work, attend school or meet the child's needs?" If yes, "Tell me about that."
    - "Who makes the rules for the family? How are they enforced?"
    - "Is anyone in the family afraid of or intimidated by another family member?" If yes, "Tell me about that."
    - Questions about weapons examples include:
        - "Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Describe what, if any, weapons are in the house."
        - "Has anyone used a weapon to threaten or harm someone in the family?" If yes, "Tell me about that."

When domestic violence is the basis for the report, seek the following information from the reporter:

- Describe what makes you concerned about the situation. Has the violence changed or increased over time? How often does it happen?
- Tell me about any recent injuries or accidents.
- If the police are or were involved, what happened?
- Where were the children during the abuse? Describe what the children do during the abuse.
- Do you know if anyone has made any threats? If so, who made the threat and what was it?
- Has anyone threatened to hurt or kill any family members, including pets?
- Has anyone used a weapon to threaten or harm someone in the family? If yes, describe what, if any, weapons are in the house.
- Has any family member stalked (harassed, followed, tracked, menaced) another family member? Has anyone taken a family member as a hostage? If yes, tell me about that.
- Has the abusive partner threatened to leave with the children? If so, tell me about that.
- Describe any contacts the survivor has with family members or community members.
- Describe any assistance that has been given by people or agencies (e.g., family members, friends, churches or social service agencies).
- Tell me what you think will happen if we contact the family. Do you think the family will be safe if we contact them? Will the worker be safe?
- Where is the abusive partner? Is there a time the abusive partner is not at home?

Every screener has their own unique style and approach. Have a variety of examples at hand to stimulate critical thinking instead of a script. Think about which of these universal screening questions feels most genuine to how you ask reporter's questions to gather sufficient information. Remember it is not the expectation to ask every single question on all calls. Consider which questions to use depending on the reporter type and what information they might reasonably know. Best practice is to start with open-ended questions and then ask follow-up questions that are more direct and specific.

Documenting Relationship Dynamics

Documentation of the relationship dynamics is dependent on the information the reporter shares. A reporter who knows the family well will have more insights about the dynamics than someone who hasn't met them. The following are examples of sufficient documentation within circumstances of the alleged abuse:

- It was reported that Ashley is the only person who makes money and she buys the baby formula, but Adam stated that they struggle with buying food. Adam was very concerned about Ashley being arrested because he stated he has no way to afford food and can't buy formula.
- Reporter did not know about relationship dynamics between the parents or the mother and the new partner. Reporter has had limited contact and has not heard any information.

- The reporter was asked about how the parents interact with each other along with how they parent the children, but the reporter did not have any information.
    - Follow up questions would be asked here such as, “Have you seen the parents together?”, “Has the child expressed fear of anyone in the home?”, etc. in order to reach this conclusion.
- When asked about parent/caregiver relationship dynamics, the reporter said they have not seen the parents interact or what their relationship is like. Per the reporter, they are not together anymore, but did not know anything about their relationship beyond that.
- The mother and father verbally fight often and don’t seem to get along, however, reporter has no concerns for power and control or domestic violence.
    - What does “not getting along” look like?
- When the parents argue about money, they go into their bedroom and make sure they are not arguing in front of the children. Both parents seem to respect each other and work together to problem solve.
- The parents seem to be on the same page about parenting despite being divorced. They appear to coparent successfully and avoid conflict. The reporter has never heard either parent threatening the other or talking negatively about each other. Parents equally communicate in conversations and allow each other space to speak.
- Nicholas and Jose argue often and are reported to have heated conversations but are not known to be screaming arguments or involve physical violence.
- When asked about parent/caregiver relationship dynamics, the reporter said that the mother and father are no longer in a relationship due to differences in values, but they co-parent well together. It is reported that they are respectful of each other during drop offs and work together to solve problems regarding their children. It is reported that they do not talk about subjects outside of their children. The reporter is not aware of the mother being in a relationship at this time, however the father is in a new relationship and the reporter has observed that his new partner is supportive of the father being in the children’s lives. The reporter believes the father’s new relationship is going well and they do not argue often.
- It was reported that, despite Donald trying to prevent her from getting their son the services he needs, Tracy is still connected and navigating his services. Tracy states that there are certain times that providers are able to call or text after Donald goes to work so that she can delete information from her phone before he sees it.
    - If the reporter is saying this, then there are more questions to be asked and then documented.

When documenting the extent, circumstance or child welfare history, screeners avoid language or terminology that mutualizes the violence. An act of domestic violence is perpetrated by one person, it is not “between” individuals, nor is there a “history of fighting” or “domestic violence between” individuals. This phrasing implies the adult survivor has a role in their victimization. Our language must be clear as to who is exerting power and control and the tactics they are using to do so.

Trafficking or Prostitution of an Adult

When learning about relationship dynamics between adults, the reporter may share concerns about trafficking or

prostitution of the adult caregiver. To understand possible impacts of the adult behavior on the child, we need to ask questions. Seek to understand:

- Is the alleged victim in a relationship where they are being forced to do anything that they do not wish to do?
- Is the alleged victim in a job, or being forced to make money in a way that they do not wish to make money?
- Is anyone managing or taking the alleged victims money?
- Has anyone made threats to the alleged victim if they do not make a certain amount of money in a certain time frame?
- Is the alleged victim working in the commercial sex industry (stripping, lingerie modeling, prostitution, Only Fans) and being forced, tricked, or coerced into it?
- Is the alleged victim able to leave a relationship freely or do they feel trapped? Why?
- Where is the child when the acts are occurring?
- How is the parent/caregiver meeting the child's needs while engaged in sex acts?

The screener's role is to understand the connection between the behavior and whether it is or could be impacting the child's well-being.

Substance Use

The form, method or legality of a substance does not decrease the dangerous effects their use can have on both parental impairment and child safety. Whether a substance is legal or illegal, prescribed or not prescribed is not the issue. When assessing safety of a child with a parent or caregiver, the focus is on the impact the substance has on the parent or caregiver functioning and whether the child's exposure to the substance impacts safety. According to The Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home. Any reference to substance is using the following definition from the Child Welfare rules: "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.

Having a substance use disorder (SUD) is not a crime and a parent with a substance use disorder is not automatically a perpetrator of child abuse. However, a SUD may affect their ability to function effectively in a parental role. Ineffective or inconsistent parenting can be due to the following:

- Physical or mental impairments caused by alcohol or other drugs.
- Reduced capacity to respond to a child's cues and needs.
- Difficulties regulating emotions and controlling anger and impulsivity.
- Disruptions in healthy parent-child attachment.
- Spending limited funds on alcohol and drugs rather than food or other household needs.

- Spending time seeking out, manufacturing or using alcohol or other drugs.
- Incarceration, which can result in inadequate or inappropriate supervision for children.
- Estrangement from family and other social supports.

When screening, the focus is consistently on the behaviors of the alleged perpetrator and how those behaviors create harm or risk of substantial harm. Seeking behavioral indicators, the type of substance use, the duration of use, frequency, access by the child to the substance or paraphernalia, etc. all help in understanding the connection between use and impacts on child safety. This logic applies to both legal and illegal substances, prescribed or not. An individual may have a prescription for a medication but misuses it. Seeking information about the type of prescription, how it is used and for what purpose is all part of gathering details that help clarify whether the use could impact child safety.

Substance Use Screening Questions

- What type of substance(s) are used?
- How much/quantity?
- How often do they take the substance?
- Why is it being used?
- When is it being used?
- What is the effect on the person using (behavioral descriptors)?
- Does use affect supervision of the children? How?
- Where is it stored? Are there access concerns for children?
- Has the parent/caregiver continued to use drugs/alcohol longer than they intended?
- Has the parent/caregiver neglected their usual responsibilities due to use?
- Has the parent wanted to cut down on their use?
- Has the family, friend or anyone else objected to the use of drugs or alcohol?
- Has the parent used alcohol or drugs to relieve emotional discomfort?

Safe Sleep for Infants Aged Birth to One Year

Understanding how safe sleep reduces the risks for sudden infant death syndrome (SIDS) and other sleep-related deaths is key to engaging reporters, parents and caregivers in conversations and planning that may save a child's life. The reporter may be a parent or caregiver but is often a community member that is not the parent or caregiver. Once a child reaches one month of age, the most common cause of death is Sudden Unexplained Infant Death (SUID) which is a sudden and unexpected death of a seemingly healthy infant under 12 months of age in which cause of death is not immediately obvious.

A parent, caregiver or reporter who interacts with the family can take actions to lower the risk of SIDS. Most of

these actions relate to the infant's sleep environment. The goal of education is to improve the outside stressors that may contribute to infant deaths. Some examples of outside stressors include bumper pads, too much clothing, loose bedding, being placed on the stomach and exposure to cigarette or other types of smoke. For purposes of screening, the outside stressors focused on in screening are:

- Sleep position. Decreased risk of death when infant is placed on their back to sleep.
- Sleep surface and area. Decreased risk when the infant sleeps on a firm, flat surface with no loose bedding or other materials.
- Sleep location. Decreased risk if the infant shares a room with their parent/caregiver within a crib or bassinet that is close by. Bed sharing is not recommended.
- Smoke free environment. Exposure to second-hand smoke doubles an infant's chances of dying from SIDS. Children exposed to secondhand smoke are also at higher risk of other diseases such as asthma, the common cold and other viruses. To reduce infants' risk of exposure to thirdhand smoke, parents and caregivers can cover their clothing with a jacket or sweater, pull back long hair or wear a hat while smoking. After smoking, it is important to wash hands and face and change clothing that will come into direct contact with the infant.
- Sleep temperature. Decreased risk when the room temperature is comfortable for a lightly clothed adult. The infant should be in a maximum of one layer more than what would typically be comfortable for an adult to wear.

Inquiring About Safe Sleep

Screening responsibilities include engaging the reporter about safe sleep or supporting reporters in engaging families about safe sleep. Screeners educate and engage in authentic conversations about safe sleep. Think about safe sleep improvements in terms of supporting and building parents' and caregivers' sense of competency and control in a purposeful positive way. That means partnering with families or reporters to build their capacity. When screeners are talking directly with a parent or caregiver, avoid situations that make them feel judged, talked down to or overwhelmed. Instead, focus on opportunities to help them feel like they are in control of the infant's health. This approach can also be shared with the reporter as a tool to increase the likelihood of successful engagement with the family.

When the reporter resists education or support, it is the role of the Child Welfare professional to make efforts to reduce as much risk as possible. The following information is aimed at preparing screeners to engage reporters and support reporters in engaging families in conversations about safe sleep. Consider starting the safe sleep conversation with an open-ended question such as:

- "What do you know about how the infant is put to sleep?"
- "Do you know if the family has heard about safe sleep?"

Sharing Safe Sleep Information with Reporters

Reporters, parents and caregivers of infants look to ORCAH for guidance and support. There are many opportunities when working with families and the community to share information about safe sleep practices. It is important to make sure the information is shared with all the individuals in a family who have a role in laying the infant down to sleep. Reporters, parents and caregivers should be encouraged to share this information with family members, friends and

others who also provide care for infants, such as babysitters.

Consider the family's culture or heritage when providing information. For example, American Indian/Alaska Native families have traditional sleep surfaces that have been around a long time. These include cradleboards, baskets or moss bags. It is important to provide information in a way that does not confront or question the knowledge within a family about Tribal traditions. Also, consider recommending engaging Elders from Tribal communities and doing so in a manner that does not question their authority as important community members with much knowledge and expertise that could benefit families.

If there is resistance to this line of questioning, focus on a strength-based approach by explaining risks without shame or fear. With empathy and care, explain the worst-case scenario and focus on risk reduction. It may also be helpful to encourage the reporter to follow up with a medical provider about safe sleep. No matter the reasoning for the resistance, the screener's role is to encourage the reporter to start a conversation with the family to support small changes that can have lifelong impacts.

The screener will also identify when to offer safe sleep resources such as Cribs for Kids.

Safe Sleep for Infants and Substance Use by Parents/Caregivers

While it is recommended by the American Academy of Pediatrics to avoid bed sharing, there are parents and caregivers who will make the choice to continue to share a sleep surface with their infant. When this is reported, it is the responsibility of screener to engage in conversations with the reporter, to the extent possible, to reduce risks. A parent/caregiver may continue to bed share, but the same parent/caregiver may agree to remove the comforter from the bed and have the other adults or children typically in the bed sleep elsewhere. Harm reduction is an important approach for the Child Welfare professional. However, if the parent or caregiver has consumed alcohol, used cannabis or used any other substance that may impair them and there is a chance they will not awaken in an emergency, the screener must assess whether an allegation of abuse exists.

The form, method or legality of a substance does not decrease the dangerous effects their use can have on both parental impairment and child safety. Whether a substance is legal or illegal, prescribed or not prescribed is not the issue. When assessing safety of a child with a parent or caregiver, the focus is on the impact the substance has on the parent or caregiver functioning. When a parent uses sedating substances such as cannabis, the probability they are going to go to sleep faster and sleep deeper than usual is extremely high. Being sedated or impaired can make a parent or caregiver unresponsive to an infant. A parent may not be aware they have rolled onto the infant and may not feel the infant or hear the infant's distress sounds. For this reason, it is even more crucial for screeners to have conversations and provide information to reporters, parents and caregivers about infant safe sleep practices where the parents or caregivers use substances. It is unsafe for a parent or caregiver to bring an infant into their bed if they have used any substance that could interfere with their normal sleep patterns.

The Child Welfare professional's focus is on articulating how the presence or use of cannabis or any substance that causes impairment has impaired the functioning of the user and made, or is likely to make, the child unsafe.

Child Development

Understanding child development is essential for understanding the possible or likely impact of child abuse and trauma. While a child's age does not determine everything about their functioning related to vulnerability, it is a starting point

for considering what questions to ask the reporter about a child. When screeners do not ask questions beyond a child's age, this is a disservice to the screening assessment. Of all the factors that contribute to our thinking about abuse, a child's vulnerability is one of the most important considerations included in all aspects of the screening decision.

As a child grows, milestones are the set goals to measure whether the child is developing in a healthy way. Ages and Stages is a tool that gives detailed information on the common standards set for specific age ranges. We know children are unique and development happens at an individual pace, however most children reach developmental milestones at or about the same chronological age. These are categorized by play, learning, speaking and moving. These will be explained further in subsequent sections.

Knowledge of developmental signs and symptoms give clues to understanding the impact, or likely impact, of possible abuse. There are numerous reasons a child may not meet developmental milestones that are unrelated to abuse, therefore child development overall takes into consideration chronological age and any disabilities or vulnerabilities of the child.

There may be cultural, cognitive or disability considerations for children who are struggling to meet developmental milestones. When a reporter identifies concern for abuse, understanding the impact to the child can be understood through the reporter's observations about the child's development. When the reporter doesn't know the child well or hasn't had contact with the child directly, the screener relies on age-related developmental milestones to understand possible impacts.

Ages and Stages of Child Development

Typical child development is best understood according to Ages and Stages outlined by the American Academy of Pediatrics.

Infancy: Birth to 12 months. Babies are taking this time to learn and tell caregivers how they like to be treated, held and comforted. Communication is less often through words and more through actions, facial expressions and crying.

- Age 0-3 months
    - Raising head and legs while on their stomach.
    - Stretch and kick when on their back.
    - Open and shut hands.
    - Imitate movement and expressions.
    - Be more expressive with face and body, though smiles might not always mean they are happy, and cries can mean a variety of needs like being hungry, hurt or sick.
    - Eyes and head follow moving objects.
    - Recognizing familiar objects and people.
- Age 4-7 months
    - Rolling from belly to back and back to belly.
    - Support whole weight on legs.
    - Reaches with one hand.

- Transfers object from hand to hand.
- Appears joyful often.
- Enjoys social interaction.
- Responds to expressions of emotions.
- Finds partially hidden objects.
- Explores with hands and mouth.

- Age 8-12 months
  - Movement: Gets to sitting position without help, crawls forward on belly, pulls self-up to stand, walking while holding on to hands or furniture, finger feeds self.
  - Language: Babbles, says single words such as “dada” or “mama”, responds to “no”, pays attention to speech.
  - Cognitive: Curious about everything and has a short attention span. Puts everything in their mouth to learn what is edible and what is not.
  - Social/emotional: Shy with strangers, cries when parents leave, prefers certain people and toys. Repeats sounds or gestures for attention.
  - Possible indicators of developmental delay include:
    - Does not crawl.
    - Drags one side of body while crawling (for over one month).
    - Cannot stand when supported.
    - Does not search for objects that are hidden.
    - Says no single words (“mama” or “dada”).
    - Does not learn to use gestures, such as waving or shaking head.
    - Does not point to objects or pictures.

Infants and Medical Care: During the first year of life, seven well-child visits are recommended by the American Academy of Pediatrics (AAP). This number of visits is recommended to prevent diseases and track growth and development during this critical period. These appointments also provide an opportunity for parents and/or caregivers to discuss any concerns they might have for the child, while building a trusting relationship with their child’s provider. Parents and caregivers with authorization have the right to make medical choices for their child, including whether they utilize well-child visits. However, if the child has a diagnosed medical condition and the well-child visits are necessary to ensure the child’s medical needs are being met, then missing those appointments may represent a child safety concern. There should be ongoing recommendations for the child’s medical care when there is a specific medical diagnosis.

When a child safety concern relates to a lack of participation in well-child visits or recommended medical care for an infant, and the reporter is likely to know the following information, the screener must ask the reporter:

- What is the child’s height and weight?
- What is the physical condition of the child?

- Does the child have a diagnosed medical condition? What is the recommended care for the condition?
- What is the impact to the child if the medical care recommendations are not followed?
- Is the parent and/or caregiver aware of the issue? If so, how have they responded now and in the past?
- Do you know if there any barriers contributing to the issue? What kinds of supports have been offered to overcome those barriers?

When the reporter is not a medical professional, the screener must ask whether the reporter knows the name or contact information for the child's primary care provider. If medical consultation is deemed necessary by ORCAH staff, the information gathered above and the provider name/contact information is helpful to the advising ODHS Nurse Administration Team. Refer to section "Medical consultation" for more information.

Toddler: 1-3 years. Physical growth and motor development will slow, but this is countered with tremendous intellectual, social and emotional changes.

- Movement: Walking independently, beginning running, pulls toys when walking, kicks ball, walks up and down stairs holding on to support.
- Language: Points to object or picture when it's named, recognized names of familiar people, objects and body parts. Says several single words (by 15-18 months) and simple phrases (by 18-24 months). Repeats words.
- Cognitive: Finds hidden objects, sorts shapes and colors, make believe play.
- Social/emotional: Imitates behavior, enthusiastic about company of other children, increased independence, defiant behavior, increasing separation anxiety. Plays make-believe.
- Possible indicators of developmental delay include:
    - Cannot walk by eighteen months.
    - Does not speak at least fifteen words by eighteen months.
    - Does not use two-word sentences by age two.
    - Does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon) by fifteen months.
    - Does not imitate actions or words by the end of this period.
    - Does not follow simple instructions by age two.
    - Cannot push a wheeled toy by age two.

Pre-School: 3-5 years.

- Movement: Walking up and down stairs, climbing, bends over without falling, kicks ball forward, pedals tricycle. Learning to care for own toilet needs and may be able to use independently.
- Language: Understands "mine" and "his/hers", concepts of "same" and "different", uses 3 or more word sentences, uses words that are 75% understandable by strangers, tells stories.
- Cognitive: Correctly names colors, understands concept of counting, follows three part commands, engages in

imaginative play. Learning concept of time.

- Social: Shows affection for familiar playmates, imitates adults and playmates, dresses and undresses self, eats independently, interested in new experiences. Interest in basic sexuality and how bodies are different. Includes play with own genitals and may demonstrate interest or curiosity in genitals of other children.
- Emotional: Imagines "monsters" and often cannot distinguish between fantasy and reality.
- Possible indicators of developmental delay include:
    - Extremely fearful or timid behavior
    - Extremely aggressive behavior
    - Unable to separate from parents without major protest
    - Little interest in playing with other children, avoids or seems aloof
    - Doesn't express a wide range of emotions
    - Refuses to respond to people in general, or responds superficially
    - Rarely uses fantasy or imitation play
    - Seems unhappy or sad much of the time

Grade-School: 5-12 years. Children in this age range are still learning about what safety and danger are. They require others with more maturity and awareness to be in charge of their safety. Skills include:

- Reading and writing.
- Desire to form peer relationships.
- Developing esteem and sense of self.
- Testing adult guidelines.
- Increasing independence and puberty.

Early Adolescents: 10-13 years. Many physical, sexual, cognitive, social and emotional changes occur during this time of development.

- Cognitively, early adolescents have concrete thinking; things are right or wrong, great or terrible, without room for the in between.
- There is also an increased need for privacy which means seeking independence and time away from family.

Middle Adolescents: 14-17 years.

- Physical changes continue through puberty and teens become interested in romantic and sexual relationships. One of the ways they explore sexuality is through masturbation. Another is through relationships with similarly aged peers.
- As independence from family continues, this may lead to arguments with parents or caregivers.
- Brain development doesn't end until mid-20's therefore complex decision making, impulse control, and being

able to weigh multiple options and consequences is ongoing.

Late Adolescents: 18-21 and beyond.

- Generally physical development is complete.
- Impulse control is improved, and they may be better able to gauge risks and rewards accurately.
- They have a stronger sense of individuality and can identify their own values.
- Friendships and romantic relationships become more stable.

When Developmental Milestones are Not Met

Children who do not meet typical developmental milestones may or may not be suffering abuse but could be experiencing a predisposed developmental disability. Gathering information about who the child is, how they function in their world and how their caregivers do or do not meet their individual needs is critical to knowing whether abuse may be occurring.

Asking the reporter about the services the child is receiving can be an indication of whether the parent/guardians already know of and are treating a developmental issue and that the concerns are not a report of abuse. If the reporter can to identify these services are being sought out or received, it is an indicator that the right paths to treatment are already being done.

Individualized Education Plan (IEP) or 504 Plan

Individualized Education Plan (IEP) is a legal requirement for schools to have for each child who qualifies for special education. It provides program specialized instruction and supports for children to help them learn the curriculum. A Section 504 of the Rehabilitation Act of 1973 is a federal civil rights plan to support children impacted by disabilities. When a child has an IEP or a 504 plan, it means the child may not be meeting developmental or educational goals. It is developed by the school along with parents/caregivers, services personnel such as speech pathologists, teachers and other personnel. The goal is to improve educational results for children and is essential to quality education for each child with a disability. Asking questions to a school professional around if the child is showing improvements with modifications can give insight into what is happening for that child. Given IEP's include protected information, typically only the special education teacher or school psychologist have specific information about the IEP. If the reporter cannot access the IEP, then they may only be able to share what services are being offered to the child. If the reporter is the special education teacher, they would be able to provide more specific details, to include tracked data about how the child is progressing toward their goals.

Parents are not required to allow their children to get tested nor do they have to support or agree with the services offered by a school. A child can receive services without an IEP when this happens. This is important because parents may disagree with schools on what services (if any) are needed for their child. According to the 9th circuit court, parents are the most important part of the IEP Team. So much so that the court has ruled that schools will collaborate with parents to schedule a meeting that works with their schedules and needs. Sometimes this process can take years.

An IEP is only eligible to children with one of thirteen conditions that is determined through the testing process from the school professionals. A child may also become ineligible for services once they have met the goal associated with the IEP. Knowing these conditions is helpful to understanding the behaviors that the child is exhibiting:

- Autism
- Deaf or hard of hearing
- Deaf blindness
- Developmental delay
- Emotional Disturbance
- Intellectual disabilities
- Multiple Disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual Impairment

These diagnoses can be both specific and broad. They each encompass different possible impairments that can impact the learning of a child.

504 Plans are like IEP plans where they allow for accommodations to ensure the child has equal access to their education, but it does not require an evaluation and does not include changes to instruction and other services. This is often used when a child does not qualify for a disability. They are also used for short-term accommodations, such as a child with a broken leg who requires accommodation with a wheelchair while they recover. 504 Plans may also be used for other purposes such as a child impacted by attention deficit hyperactivity disorder (ADHD).

An IEP or 504 Plan may provide the screener insight about the child and the unique characteristics of the family. Beliefs and values about the concept of disability, whether testing and evaluation are seen as important and how the family navigates systems all provide information useful for determining a screening decision.

Adverse Childhood Experiences (ACEs)

Studies show that children who experience Adverse Childhood Experiences (ACEs) have long lasting impacts on their health and development as they get older. Witnessing or experiencing the abuse in home, parents struggling with mental health concerns or substance abuse issues and situations such as divorced parents, removal from parents or parents being in jail can cause developmental issues in children.

Trauma experiences, such as abuse, can have an impact on development of a child. The Center for Early Childhood Mental Health Consultation at Georgetown University describes the varying ways trauma signs and symptoms may appear in children. These signs and symptoms must always be considered in the context of the child's history, caregiving system, supports, etc. with awareness that they may also be symptoms unrelated to trauma.

Signs and Symptoms of Trauma:

Birth to 3 years:

- Eating disturbance
- Lack of growth
- Sleep disturbances
- Somatic complaints
- Clingy/separation anxiety
- Feeling helpless/passive
- Irritable/difficult to soothe
- Constricted play, exploration, mood
- Repetitive/post-traumatic play
- Developmental regression
- General fearfulness/new fears
- Easily startled
- Language delay
- Aggressive behavior
- Sexualized behavior
- Talking about the traumatic event and reacting to reminders/trauma triggers.
- Children aged 3 to 6 years:
- Avoidant, anxious, clingy
- General fearfulness/new fears
- Helplessness, passive, low frustration
- Restless, impulsive, hyperactive
- Physical symptoms (headache, etc.)
- Difficulty identifying what is bothering them
- Inattention, difficulty problem solving
- Daydreaming or dissociation
- Irritability

- Aggressive behavior
- Sexualized behavior
- Loss of recent developmental achievements
- Repetitive/ post-traumatic play
- Talking about the traumatic event and reacting to reminders/trauma triggers
- Sadness/depression
- Poor peer relationships and social problems (controlling/over permissive)

Complex trauma may affect all domains of a child's development and functioning. The table below (National Child Traumatic Stress Network's White Paper, 2003) identifies each domain of development and possible signs of impairment. It is also important to recognize that impairment may be unrelated to child abuse. The screener must avoid assumptions about cause and seek to gather sufficient information from the reporter to understand the context of the reported concerns.

Domain of Development	Signs of Disruption or Impairment
Attachment	• Difficulty trusting others • Uncertain about the reliability/predictability of others • Interpersonal difficulty • Social isolation • Difficulty seeking help • Clingy, difficulty with separations
Physical	• Sensorimotor development problems • Hypersensitivity to physical contact • Somatization • Increased medical problems • Problems with coordination and balance
Affect Regulation	• Problems with emotional regulation • Easily upset and/or difficulty calming • Difficulty describing emotions and internal experiences • Difficulty knowing and describing internal states • Problems with communicating needs

Domain of Development	Signs of Disruption or Impairment
Behavioral Control	• Poor impulse control • Self-destructive behavior • Aggressive behavior • Oppositional behavior • Excessive compliance • Sleep disturbance • Eating disorders • Reenactment of traumatic event/past • Pathological self-soothing practices
Cognition	• Difficulty paying attention • Lack of sustained curiosity • Problems processing information • Problems focusing on/completing tasks • Difficulty planning and anticipating consequences • Learning difficulties, developmental delays • Problems with language development
Self-Concept	• Lack of continuous/predictable sense of self • Poor sense of separateness • Disturbance of body image • Low self-esteem • Shame and guilt

Some of the ways that ACEs impact development can be shown in children is through attention, decision making and learning. Asking more information to delve into why the child is showing behavioral or developmental concerns can be helpful to understanding. Questions to consider:

- How do you see the parent/guardian interact with the child?
- Does the child show attachment to their parent through their interactions?
- Does the child seem shy around new people?

Documentation of Child Development and Vulnerabilities

Information regarding child development and vulnerability informs if a child may be unsafe, regardless of their age. Child vulnerability can be determined by asking questions about a child's behaviors, emotional well-being, resiliency, socialization, sexual and physical health and development. Vulnerabilities must be qualified by the age and development of each child. It is important that screeners know and consider child development as they interview a reporter and again when documenting the information received.

When considering child vulnerability, these warning signs are helpful to consider:

- 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
    - Ask the reporter about the child's height and weight and whether there have been recent changes in growth
- 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
- 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
- Direct statements about experiencing abuse

Behavioral signs or statements made by the parent or caregiver may include:

- 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 and documented about child vulnerability is sufficient when it can describe if and how the child is susceptible to the overall abuse conditions. Screeners should be able to document the child vulnerabilities and 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?
- Does the child have a medical diagnosis? If so, what are the recommendations for their care?
- How does the child communicate or express their needs?
- How does the child get along with their caregivers?
- Does the child have any unique care needs, disabilities or diagnosis? Describe how this impacts their behavior.
- Are they receiving any services? If so, what are they?
- Does the child have any mental health needs? Describe their behavior.
- 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 recent changes in the child's behavior? Describe what has changed.
- Does the child have friends?

Children Exhibiting Problematic Sexual Behavior (PSB)

Children with problematic sexual behavior are children first.

Children with sexual behavior problems are defined as those aged 12 and younger who initiate sexualized behaviors that are developmentally inappropriate or potentially harmful to themselves or others. These behaviors fall outside of acceptable social limits and can vary in terms of severity and potential to cause harm (Association for the Treatment & Prevention of Sexual Abuse, 2023). The intentions and motivations for sexual behaviors vary and can be related to curiosity, anxiety, imitation, attention, seeking, self-calming, sexual stimulation or other reasons. Many children experiencing PSB have no known history of sexual abuse. Traumatic events, being exposed to physical abuse or domestic violence and disruptive behavior disorders may influence PSB. There is no single factor that causes the development of PSB. Factors that may contribute to PSB include:

- Curiosity and difficulty respecting the personal boundaries of others.
- Difficulty following rules.
- Social problems including difficulty making friends their own age.
- Anxiety and challenges with self-soothing.
- Developmental delays or disability.
- Struggle to control impulses.

Excessive exposure to adult nudity or sexual activity in the home or viewed in media may also be a contributing factor. If the screener is narrowly focused on the child, they may miss opportunities to learn more about behaviors impacted by caregivers, peers, community, and media influences.

There may also be factors related to neurological processing, attention deficit disorder, learning delays, unstable home life, lack of adequate supervision and lack of appropriate knowledge about bodies. The language used to describe children who initiate PSB impacts how the screener, the reporter, law enforcement and others perceive a child who is the initiator of behaviors. Awareness around documentation can stop the perpetuation of negative stereotypes and bias.

Sexual behavior problems are not limited to any particular group and occur across all age ranges, socioeconomic levels, cultures, living circumstances and family structures. Behaviors are not related to a child's sexual orientation either.

Children and Technology/Media

There are sociocultural factors that influence sexual knowledge, development and behavior. Most children get much of their sexual education from peers, television shows, music, movies, video games and what they see online or in social media. The images and relationships depicted in these settings are far from accurate and give children unrealistic and unhealthy expectations about sex. Those over the age of 12 typically have increased access and exposure to the Internet, social media and peer influence that increase their advanced sexual knowledge. Those under 12 are also exposed as social media is commonplace, and accidental, frightening, and confusing exposure can occur. Most young people have some form of social media and when not receiving sexual education at school or home they seek out websites, social media and pornography to educate themselves. The exposure can also be accidental when surfing sites or completing searches that are unintentionally sexual. Studies indicate between 68% and 73% of teens have seen pornography, with 54% viewing porn by the age of 13, and 15% before the age of 11 (Teens are watching pornography, and It's time to talk, Common sense media, 2023). Many children interpret pornography as a realistic view of a sexual relationship with 54% believing pornography gives helpful information about sex. There are a wide range of negative impacts on sexual attitudes, beliefs and behaviors (Pornography use among adolescents and the role of primary care, National Library of Medicine, 2023) including an absence of information about the importance of consent.

Healthy Sexual Development

Healthy sexual development includes play and exploration that is spontaneous, mutual, noncoercive and does not cause emotional or physical harm. Sexual exploration is a normal part of development that begins at birth. Further exploration of one's body and bodies of other children is expected as a child grows and interacts with other children more. Common sexual behaviors in childhood include:

Preschool children under 4 years old or developmentally similarly aged:

- Exploring and touching private parts in public and in private; rubbing private parts against objects or with hands.
- Showing private parts to others.
- Trying to touch an adult's breasts.
- Removing clothes and wanting to be naked.
- Asking questions about bodies and bodily functions.

Children aged 4 to 6 years old or developmentally similarly aged:

- Touching private parts on purpose (masturbation), sometimes in front of others.
- Trying to see other people when they are undressing or naked.
- Copying adult dating behavior (kissing, holding hands).
- Exploring private parts with children their own age (such as "playing doctor," "I'll show you mine if you show my yours," etc.)

School-age children 7 to 12 years old or developmental similarly aged:

- Masturbating, usually in private.
- Playing games with children their own age that involve sexual behavior (such as "truth or dare," "playing family" or "boyfriend/girlfriend").
- Looking at pictures of naked or partially naked people.
- Viewing sexual content in media.
- Beginnings of sexual attraction/interest in peers.

Unhealthy Sexual Behavior

Per the guidelines outlined in Association for the Treatment & Prevention of Sexual Abuse 2023 report, in determining whether the sexual behavior is problematic, consider:

- Whether the behavior is common or rare for the child's developmental stage (e.g., age, gender, cognitive, learning) and culture;
- Understanding if the behavior violates shared cultural norms/expectations;
- The frequency of the behavior;
- The extent to which sex and sexual behavior has become a preoccupation for the child; and
- Whether the child responds to guidance and correction from adults or continues unabated after healthy corrective efforts.

In determining whether the behavior includes potential for harm, consider:

- The age/developmental differences of the children involved;
- The relationship between the children, whether ongoing or recent;
- Preoccupation with sexual content and topics;
- Any use of force, aggression, intimidation or coercion;
- The presence of any emotional distress in the child(ren) involved, including strong upset feelings, such as anger or anxiety;

- Whether the behavior appears to be interfering with the child(ren)'s social development; and
- Whether the behavior causes physical injury (Araji, 1997; Hacket, 2014; 1998; Johnson, 2015).

It is also important to recognize that culture's view childhood sexual development differently, however "harmful or intrusive sexual behavior is not normative in any culture" (ATSA, 2023). Both intercourse and oral sex are advanced sexual behavior and are not considered healthy for children 12 and under.

Parent/Caregiver Awareness, Protection, Intervention and Prevention of Abuse

When the report includes information about problematic sexual behavior, screeners must intentionally seek and document the awareness and protection, intervention or prevention by the parents/caregivers of the child initiating problematic sexual behavior (PSB). Screeners will directly ask reporters whether the parents/caregivers know about the behaviors and are acting protectively. Gathering this information from the reporter and a collateral if needed, is an important step so Child Welfare does not become unnecessarily involved with families who are protective and responding appropriately to their child's PSB.

If the reporter does not have information regarding the parents/caregivers' awareness and protection, intervention and prevention of abuse, screeners next consider who else might have this information:

- A school, childcare provider or other professional providers may be considered resources whereas a relative or household member cannot. It is outside the scope of screening to contact family members.
- Gathering collateral information is encouraged and is also nuanced. We must also consider the privacy and confidentiality of the family when seeking collateral information. We would never want to contact a collateral and directly ask if they are aware of the child exhibiting problematic sexual behaviors. We must carefully navigate by asking questions about relationships, interactions, peers, etc.
    - Example collateral questions include:
        - Are you aware of any recent stressors within the family?
        - Has anyone reporting anything of concern to you about _____ (the child exhibiting PSB)?
        - Has the child had any problems at school and how did the family respond?
        - Has the child had any conflicts at school with others?
        - Has anyone in the family talked with you about concerns for _____ (the child exhibiting PSB)?
        - Have you ever had concerns about how the child interacts with other children?
        - Can you describe any circumstances where the parents/caregivers responded to keep their children safe during stressful situations?

There will be times when reporters and collaterals do not have any information about the parents/caregivers. However, screeners must still seek it out because the absence of information will require a CPS assessment for children with Problematic Sexual Behavior (PSB) who are NOT identified as an alleged perpetrator. The report must be assigned for a subcategory within Neglect by parents/ caregivers when there is no information that the parents/caregivers (of the child exhibiting PSB) are aware and protective, intervening and preventing abuse.

Screening Practice for Problematic Sexual Behavior (PSB)

The screener must determine if there is information indicating a child initiating behavior is the alleged perpetrator of abuse, and if not, whether the parent/caregiver is aware and protective, intervening or preventing abuse. Child behaviors that are harmful to other children is a serious concern, and there are times when information received by ORCAH indicates the family needs support and resources due to one child's alleged harmful behavior towards another child. This may include a need for assessment to ensure the safety and well-being of all children, those who are initiating harmful behavior and those who are harmed by the behavior of other children.

A child may only be named as an alleged perpetrator of child abuse when:

- A child uses force, threats, weapons, trickery or coercion to sexually abuse another child.
    - Descriptors of impact to the child victim are not required to determine a sexual abuse allegation exists.
    - Age of the child cannot be a determining factor in decision making as we must assign based on the above definition.
- When a child reports rape by another child.
    - In the absence of information about what rape means, ORCAH screening must assign.
    - If child discloses rape but then describes contact that does not indicate rape or behaviors that meet the definition above, use professional discretion and/or consult with an ORCAH supervisor.
- When the child is also the parent of the alleged child victim all allegations under ORS 419B.005 apply.

Abuse Type Decision Considerations/Decision Tree for PSB

1. Does the behavior by the child meet the definition of sexual abuse?
    - **Yes.** Are the criteria met to name a child (of any age) an alleged perpetrator of sexual abuse?
        - Yes. Determine the applicable sexual abuse subcategory in the SDM.
            - Also consider if #3 applies.
        - No. Consider #2
    - **No.** Consider #2
2. Is a child displaying unhealthy sexual behaviors that fall outside of acceptable social limits?
    - **Yes, and the child is under the developmental or chronological age of 12.** When there are no other reasonable explanations or contributors to the behavior, consider whether the child is a suspected victim of Sexual abuse: Physical or behavioral indictors consistent with sexual abuse by an unknown perpetrator.
        - Also consider #3.
    - **Yes, and the child is developmentally or chronologically between the ages of 12 and 17.** Consider #3.
    - **No.** Consider whether the report contains behaviors, conditions or circumstances requiring documentation. If so, close the report at screening. If not, delete.
3. Are the parents/caregivers aware and protective, intervening and preventing abuse?

- **Unknown.** Is there a collateral that could be contacted to help provide the information about the parents/caregivers? If so, gather their information and include in your decision making.
- **Yes,** then close the report at screening. If the child is under age 12, consider a referral to a problematic sexual behavior committee.
- **No.** Assignment for Neglect required.

At times there may be an assignment for a child as an alleged perpetrator and an assignment for neglect by the parents/caregivers of this child. Screening practice includes a consideration of all the information to determine whether criteria is met for an allegation.

It is also necessary to consider the SDM definition of Sexual abuse: Physical or behavioral indicators consistent with sexual abuse when the child's behavior is outside the realm of age or developmentally appropriate behavior. This consideration is only to be applied to children who chronologically or developmentally are under the age of 12.

Infant With Prenatal Substance Exposure

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 use 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 with prenatal substance exposure or a report of an expectant individual using substances. It is critical that reporters provide as much information regarding concerning issues/behaviors, risk factors and positive supports that were observed during the interaction with the family.

Specific substance uses and infant care questions include the following:

- Whether the reporter suspects abuse or is only making a notification of an infant with prenatal substance exposure.
- 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 parent had prenatal care.

- The name of the infant and the parent's health care provider.
- The nature and extent of the parent's current drug or alcohol use and that of the other parent and other caregivers.
- The nature and extent of any history of mental illness, intimate partner violence or cognitive limitations.
- Whether the birthing parent is receiving medication assisted treatment.
- The nature and extent of the impact of the use on the parent'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.

When prenatal substance exposure 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 infant with prenatal substance exposure. 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 a pregnant individual, with no other children in the home, gathering information about adult functioning and potential caregiver strengths 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 parent.

Plan of Care

When a child is identified as having prenatal substance exposure 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 utilizing the radio button selections.

If the reporter is unfamiliar with what a Plan of Care is, refer the reporter to the form OHA 1394 Plan of Care on the ODHS/OHA forms server. The Plan of Care template and instructions, including background information about Plans of Care, are included on the site. If a Plan of Care has been developed, ask for information about the plan and referred services. When a screener receives a notification of an infant with prenatal substance exposure the screener must always:

- 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. Providers may 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 infant with prenatal substance exposure and their family were referred to any services identified in the Plan of Care.
- The CARA Plan of Care documentation selections in the ORCAH Documentation Guide (ODG) only display when:
    - A person on the report is aged 12 months or less -and-
    - The Role of Alleged Victim is selected for the person.

Identifying infants with prenatal substance exposure 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.

Hospital Alert

A hospital alert letter may be used in limited circumstances to notify area birthing centers when an expectant parent is exposed to or is impacted by circumstances that may endanger a child at or after birth. These circumstances may include behavior by other family members, the living situation, domestic violence, substance use, etc. Information must be gathered about the risks or concerns for safety and the estimated delivery date. If a report is received about a family with an open case, it is often made by the current caseworker. If so, the screener will want to understand if the worker and their supervisor have discussed planning and recommendations. This information is documented in a screening report. Use the Hospital Alert Letter Protocol on the ORCAH OWL.

When information is received on a closed case, or the family does not have a child welfare case, consultation with a supervisor is required. The screener must use the Hospital Alert Letter Protocol on the ORCAH OWL.

Commercially Sexually Exploited Children (CSEC)

Victims of sex trafficking are often unrecognized and therefore underreported. The true scope of the problem is unknown. Screeners have a unique role in understanding the misunderstood abuse and exploitation of children. The impacts to children, families and social systems are serious and long-lasting. Screeners must be aware of the signs and indicators of possible commercially sexually exploited children (CSEC) even when the reporter may not be educated about CSEC. Child Welfare has a role in increasing awareness and advancing understanding so we can recognize these

acts as abuse and intervene.

Sex trafficking and commercial sexual exploitation definitions are used interchangeably if the person is under 18. If a child in care is over 18, it is the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a child for the purpose of a commercial sex act by using force, fraud or coercion. For example, an 18-year-old child in care is being coerced into dancing at a local strip club by their boyfriend. There could be threats to the victim that meets the coercion part of the definition. The commercial part of the definition involves the exchange of something of value, which may be money, food, drugs and shelter. A child cannot consent to being involved in a commercial sex act.

Intersecting Vulnerabilities of Children Who are Exploited

- Ninety percent of the child victims of CSEC have had child welfare interaction and a history of abuse, with some studies indicating younger children who have been physically or sexually abused at higher risk of trafficking.
- Youth experiencing houselessness and those who have runaway are also at risk and could be traded for housing or shelter. In 2019, the National Center for Missing & Exploited Children (NCMEC) estimated that one in six endangered runaways reported to them were likely sex trafficking victims.
- LGBTQIA2S+ identifying children and children in care are more susceptible and traffickers approach these children with offers of support, family or community that makes them feel loved.
- Over thirty-two percent of American Indian or Alaska Native children live in poverty and are disproportionally placed in resource care. Female Native American or Alaska Native children are victimized at a higher rate than any other U.S. population group. Exploiters are often non-Native intimate partners who provide emotional and economic security. This marginalized group does not receive the resources needed to overcome poverty, which is a large contributor to all the other vulnerabilities.

The Process of Exploitation and Control

There are three phases of exploitation and control that include targeting and recruiting, grooming and then turning out (exploiting). Exploiters target and recruit their victims with lures of love, affection, money, safety and a feeling of family. This intentional emotional manipulation can happen in person or online. An abuser is willing to take the time to build, target and recruit their victim. It is viewed as a return on their "investment" of time and attention. Recruiters look for children who are isolated from others and who look like they have needs unmet (clothing, educationally, special needs, etc.). This tactic then moves into grooming which includes spending time with the child, giving gifts, building trust and a sense of belonging, even though it is false. Then it moves into isolation, control, breaking down the confidence of the child and then rebuilding the identity of the victim.

Manipulation and testing of sexual boundaries comes next. Pushing sex acts, that include violence, that aren't previously known to the child. The final phase of "Turning out" can take so many forms depending upon whether the child is in rural or urban setting, or the age of the child. This is the stage where the relationship fully shifts, and the child is exploited through a commercial sex act. The abuser promises the sex act will be limited in duration and targets what the child wants and desires.

Trauma Bonding includes an imbalance in power along with intermittent abuse and rewards to the victim. The victim never knows whether the abuse will end in abuse or reward for their acts. For example, after many nights of abusing

the victim for not bringing in enough money, on the final night the abuser brought gifts. This process can create trauma bonding. This process is similar to a gambling situation, where a big payout is hoped for. The brain tells the victim they will get a reward, even though it involves negative or neutral experiences the remaining part of the time. The person may refuse to talk about the trafficker, or acknowledge they are being trafficked as they are attached to this abusive person. Victims may deny or rationalize the behavior by the trafficker by blaming themselves. A minor in relationship with an adult may even appear consensual, when it may actually be a trauma bonding situation.

Forms of Commercial Sexual Exploitation

- Pimp/trafficker ("boyfriend/girlfriend") involves a clear designated third-party trafficker. This person builds a relationship and trust and then exploits the child.
- Gang controlled trafficking. Gangs may work together to cover up trafficking. If a child is in a gang, the screener needs to be curious about trafficking.
- Family-based trafficking includes a family member who is a perpetrator of trafficking.
- Survival sex includes a sex act that is used for access to food, clothing, shelter or other needs. A person who is patronizing or soliciting sex with a child with a trade for these goods is an abusive act.
- Peer to peer trafficking is learned from peers or an adult. Children don't typically have access to credit cards or money to purchase a hotel room where the sex act will occur. They are collaborating with an adult to traffic a peer.

Traffickers in Contact with Other Community Children

Traffickers could have their own children, coach youth sports, go to church or be involved in some other way with children in the community. When there is a report about sex trafficking, it is essential for a screener to consider who else might this alleged perpetrator have contact with in the community. This includes their own children.

Possible Indicators of Sex Trafficking

One or two, or even four or five indicators doesn't definitively mean someone is being trafficked, nor are any required to indicate trafficking. They should act as red flag for the screener who then evaluates the overall picture. The reporter may not be reporting trafficking but is not equipped to understand what the indicators are. The screener needs to see the indicators.

- Unexplained money or possessions that do not match the financial status of a person (e.g., hair or nails being done, clothing, jewelry, tanning, etc.).
- Hotel keys. In some trafficking scenarios, a trafficker will set up an encounter in a hotel room.
- Multiple cell phones/new cell phones or new technology. A trafficker may not want their interactions with the victim going to a phone that a parent/caregiver has access.
- Increase in explicit language or wearing lingerie.
- Knowledge of sexual topics beyond age-appropriate information.

- Missing or runaway child who is unable to be reached for periods of time.
- Skipping classes or work.
- Using language associated with "the life" or "the game". These are terms describing the situation of being trafficked and/or under the control of a pimp. It is the responsibility of screeners to know what to ask about, listen for and then put the pieces together.
    - Lot lizard. A victim who is forced to traffic at a truck stop. This is very difficult situation to observe or monitor as the act is taking place in a truck.
    - Automatic. Describes the continued exploitation of a child when a trafficker/pimp is out of town or in jail.
    - Bottom. Person appointed by the trafficker/pimp to recruit and train new victims, supervise and sometimes even help inflict punishment and report rule violations on others within the stable.
    - Daddy/boyfriend. Terms used to refer to a male trafficker/pimp.
    - Family or Folks. A group of victims under the control of the trafficker/pimp who is attempting to recreate the family environment.
    - Gorilla pimp. A pimp who uses violence to recruit and control victims.
    - Out of pocket. Term used when an individual under the control of a trafficker/pimp is not following the rules or is disobeying or being disrespectful to the trafficker/pimp.
    - Posting. The process of taking pictures and posting them to a social networking or online classified ad site to advertise trafficking.
    - Quota. An amount of money that prostitute victims must provide to their trafficker/pimp every night.
    - Stable. A group of victims who are under a pimp's control.
    - Track/Blade/Stroll. An area known for trafficking.
    - Branding. When a trafficker tattoos their name or insignia on the victim. These may look low quality or homemade. They may include commonalities across victims. It is not out of the question to ask someone about their tattoo or the meaning behind it. The placement of tattoos are purposeful, such as on thighs near the pubic area, or visible where the victim or trafficker can see them.

Unaccompanied Minor

An unaccompanied minor (UAM) is a child who entered the United States as a child without legal immigration status and unaccompanied by a parent or legal guardian. Working with these children requires specific actions be taken by the Oregon Child Abuse Hotline (ORCAH), child protective services (CPS), the International Case Consultant (ICC), and permanency to ensure all legal parties are informed and multiple court processes (dependency and immigration) are well-coordinated. It takes a team within and outside of Child Welfare to ensure that the safety, well-being and permanency needs of these vulnerable children are met, and they have the support to achieve their goals.

Most unaccompanied minors come to the attention of Child Welfare when a private petitioner contacts ORCAH and files a petition requesting that ODHS take custody of the child prior to age 18 years based on a history of abuse and to meet their basic needs. Unaccompanied minors may also come to the attention of Child Welfare due to community reports

of abuse when they are living with relatives or other families with sponsor care agreements through the US Office of Refugee Resettlement (ORR).

Most of unaccompanied minors in Oregon are located and/or served in Multnomah County (District 2) and may become involved with Child Welfare once they are no longer eligible to remain in their ORR-funded placement after age 18. Community advocacy organizations, such as Youth, Rights & Justice (YRJ), may file a petition requesting that custody of these unaccompanied minors be granted to ODHS to meet their needs, prevent detention as a young adult and enable them to receive immigration relief.

Historically, unaccompanied minors have originated from Mexico and Central American countries, like Guatemala, Honduras, El Salvador and Nicaragua. Some unaccompanied minors have also come from other countries such as Turkey or countries in Africa. These children may have experienced significant trauma that caused them to flee their country of origin, including witnessing and/or being subjected to:

- Child abuse, violence and sexual assault;
- Extreme poverty, warfare and/or gang affiliation;
- Human trafficking (sex, forced labor, domestic servitude);
- Targeted violence or abuse based on their sexual orientation or gender identity; or
- Coercion into participating in violent criminal acts.

It is important to gain an understanding of the circumstances of each child who enters the US as an unaccompanied minor. Many of them come to the US to seek a better life and, because many have had to survive on their own, they are accustomed to functioning independently with little adult supervision. These children have layers of trauma that originate from their experiences in their home country as well as during their often-dangerous journey to the US and that is further heightened through ongoing separation from their family of origin.

Since petitions on behalf of unaccompanied minors contain historical allegations of abuse that may or may not have occurred in their country of origin, calls by private petitioners to ORCAH are screened as potential CPS and not FSS (Family Support Services) assignments. Additionally, because juvenile court involvement is necessary to qualify for SIJS, opening an FSS case would not be appropriate.

When a screener receives a call concerning an unaccompanied minor, the screener will:

- Complete the screening activities described in OAR 413-015-0200 to 0230 (Screening Rules).
- Inquire if a private petitioner has already filed or plans to file a petition and document the date when the petition was or will be filed.
- Determine if the report includes an allegation of abuse and if so, if the report requires assignment to CPS.
- Complete notifications. If the report contains information about past abuse in a country outside the US, cross reports to the law enforcement agency in the country where the alleged abuse occurred, unless the country where the alleged abuse occurred is unknown.

Reports of Abuse Involving a Child Welfare Certified Resource

Home or Child Welfare Certified Respite Provider

Screeners must complete the following activities when creating a screening report form on a new or existing provider/facility.

- Accept the report, gather information, and immediately document the information in the ORCAH Documentation Guide (ODG).
- Determine if there are substitute care and/or familial allegations.
    - When the resource 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 resource provider must not be retrieved as participants on the foster care report.
    - When no familial allegations exist for the provider's own children, no companion report should be created.
- Documentation in the narrative should include screener's attempts to contact each child's caseworker, the certifier, and their supervisors. Include their names and what information was sought and/or gathered.
- The child's current whereabouts and contact information.
- For household settings, case participants should also include:
    - The providers; and
    - Other children in resource care;
    - 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.

Tribal Ancestry and Abuse by a Child Welfare Resource Provider or Child Welfare Respite Provider

When a child participant on the report is identified as having Tribal ancestry that required a notification to a Tribe, all other information about other participants or abuse unrelated to the child with ancestry must be redacted prior to notification to the Tribe. It is essential we maintain confidentiality of unrelated children by removing their information from the report prior to sending to the Tribe. Screeners should refer to the Notification Protocol on the ORCAH OWL.

Family Support Services (FSS)

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 (FSS) is not a report of alleged abuse and does not include information that a child is unsafe.

A parent, caregiver (e.g., guardian, legal custodian, Indian custodian, or other person acting in loco parentis) or young

person formerly in foster care may call to request Family Support Services. To qualify for a FSS assessment, the individual and family will meet certain screening criteria as outlined in the sections below. It is the role of the local office to determine if the family meets eligibility criteria for a family support services case, which they determine through a FSS assessment. Screeners are not responsible for determining whether the request qualifies for supportive services.

Screeners must collect, document and forward information to the local office in the county where the primary custodial parent resides. A caseworker will complete a FSS assessment to determine eligibility for services. If the request includes Youth Transition Services (YTS) services, information will then be forwarded to the county where the young person formerly in foster care resides.

When a request is made for Family Support Services and there is an open CPS assessment the screener must make efforts to confirm whether the safety determination has been made, and the child is safe. If the CPS assessment is open and safety threats are identified, the Family Support Services report will be closed at screening as services will be offered to the family for safety management on the open CPS assessment. If the case worker confirms the child is safe and no further CPS action will occur, the request for FSS may be referred for FSS assessment.

When a request is made for Family Support Services and the screener determines the family or individual does not meet criteria for the assignment of an FSS referral, the report must be closed at screening.

For every type of FSS report, the screener should gather and document information about the request for services:

- The events that prompted the call today;
- Whether the family was prompted to call, by who and why;
- Seek information about the type of supports being sought;
- Obtain the names, ages and relationship of the children or young adults living in the household or requesting services;
- Obtain the names of the parents or caregivers;
- Obtain the addresses for the child or young adult, including current whereabouts if different from parents/ caregivers;
- Inquire as to whether the child or young adult may have Native American or Alaska Native ancestry.

Request for Voluntary Placement or Custody

Information falls within this category when a parent or legal guardian requests out-of- home placement of their child or for Child Welfare to take temporary legal custody 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 behaviorally descriptive information about the child's needs, vulnerability, diagnosis or disability and how they are impacted in their daily functioning. Seek to understand frequency and duration of the issues.
- Include dates of treatment, if known, and efforts the family has made to remediate the situation. Include provider names, contact information if available, type of service, duration of service, etc.

- Inquire as to what supports (formal or informal) have been sought, what helped, what didn't help, and what else might be needed to support the child.

Request by a Young Adult for Voluntary Placement

The passage of Senate Bill 202 allows for young adults (ages 18 to 20) previously in substitute care with Oregon Child Welfare to request a voluntary placement (FSS case). There are times when the young adult calling will need support and guidance from the screener, therefore please be on the alert to clarify their need. They may indicate they were told by their former worker to call or they want to be in resource care again or are transitioning to a different case (from CPS to FSS).

A young adult over 18 formerly in foster care may request a FSS case and should always meet screening criteria. It is the screener's role to understand what supports the young adult is seeking and whether it is an YTS request or a request to open a FSS voluntary placement case. Once assigned, an FSS assessment will determine how to support the young adult.

After gathering this information and completing the call, the screener will need to review OR-Kids to ensure screening criteria is met. Directions for completing the review are located on the ORCAH OWL.

- Verify the young adult was previously placed in a substitute care placement while in the legal custody of the Department for at least one day while between the ages of 16 and 18, or
- Was in placement through a Voluntary Placement Agreement (VPA) for at least one day during the 12 months immediately preceding the date the young adult turned 18 years of age.

Request for Youth Transition Services (YTS) and Criteria

Information falls within this category when a young person formerly in foster care is eligible for Youth Transition Services (formerly known as Independent Living Program or ILP), is not a participant on an open case, and requests to enroll in the program. Given that YTS services are federally funded, a young person exiting substitute care in any state is eligible for YTS services. Screeners use trauma informed communication skills to talk the young person through the choice to share the information with a screener and write a screening report or self-refer to the YTS programs.

- An eligible child formerly in foster care who is under age 18 must have an FSS- YTS case to access services and are not eligible to self-refer.

If someone other than the young person is requesting services on their behalf (former caseworker, YTS program employee, former resource parent, advocate, etc.) document the request in the screening report and gather the contact information for the young person formerly in care. An attempt should be made to confirm the request with the young person and document these efforts. If unable to confirm, continue with assignment of the FSS request.

In order to be eligible for YTS services:

- The young person must be between the ages of 14 - 23, spent at least 180 days (six months) in a Child Welfare substitute care placement sometime after age 13, and exited the foster care system at age 14 or older. The 180 days is cumulative and does not have to be consecutive.
- These young people may return to Child Welfare at any time prior to their 21st birthday to request Voluntary

Placement or prior to their 24th birthday to request YTS services.

- Verify the substitute care placement information as described above when a young person exited substitute care in Oregon. If the young person was in substitute care in another state, collect dates of care from them.
    - Time on “Trial reunification” and "Missing: Runaway" count as time in substitute care if the young person ran away from their substitute care provider.

Screeners must inform the young adult formerly in foster care (age 18 through 23 years) that there are two ways they can access YTS services:

1. Self-Referral to a local YTS office

Eligible young adults aged 18 to 23 are not required to have an open Child Welfare FSS-YTS case to access YTS Services.

YTS supports such as Chafee Housing, Chafee Educational Training Voucher, discretionary funds, skill building, etc. are available by calling their local YTS office and requesting an open case. The YTS referral goes directly to the Youth Transitions Team with no need to open a Child Welfare FSS-YTS case. Please click the link for self-referral information.

2. Request an FSS-YTS Case for Voluntary YTS Services.

An eligible young adult who is age 18 through 20 (up to 21st birthday) may open an FSS-YTS case with Child Welfare if they want additional support provided by the assignment of a caseworker.

The screener should first share information with the young person about self-referral. If the young person declines self-referral, the screener will learn from the youth why specifically they want a caseworker and document this response in the ORCAH Documentation Guide (ODG). The screener must inquire about the specific services requested and the circumstances surrounding the request (e.g., Skill-building, funding, Chafee Housing Program or Chafee Education and Training Grant).

In some situations, exceptions exist for those older than age 21.

Refer to the Case Naming/Linking Guide to determine case name.

Court Ordered Referral for a Youth Who is Pre-Adjudicated for Delinquency

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:

- What are the child’s current charges?
- What is the child’s release date?
- What is the date of the next court hearing? Was Child Welfare ordered to be present?
- When is placement needed?

- Does the child have familial supports? Who is a resource for this child? What is the parent/caregiver's response to the court ordered placement?

Receipt of the court order is not required to assign the report for FSS assessment.

Request for Post Legal Adoption and Post Guardianship Services

Information falls within this category when family requests post legal adoption or post guardianship services, if the adoption or guardianship occurred through Oregon Child Welfare and the family currently resides in Oregon. 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:

- Document whether the family is currently receiving either adoption assistance (AA) or guardianship assistance (GA) from Oregon Child Welfare.
    - Review the OR-Kids Provider Record Placement & Services icon for either Adoption or Guardianship hyperlinks to confirm.
    - The child's resource care placement and exit from resource 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.
- Include in the referral whether the family is receiving guardianship or adoption assistance from Child Welfare. It is critical that this documentation occur.
    - If assistance is open to Central Office, document in the screening referral "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."

Request for Voluntary Services

Information falls within this category when a parent or caregiver requests assistance with a child in the home because the parent/caregiver has a medical or mental health diagnosis that makes them temporarily unavailable to fulfill parental responsibilities.

If in-home services are being sought for an adopted/guardianship child, refer to Request for Post Legal Adoption and Post Guardianship Services/criteria above.

The screener will inquire about the nature of the request for services and whether there are other services the family is using to address the child's needs. A voluntary service request must include information about the parent/caregiver medical or mental health diagnosis or impacts that make them temporarily unavailable to fulfill their parental role and all the following criteria apply:

- Other community resources have been used and determined to be ineffective. Determine which services have been attempted, when, for how long and why they were 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. Determine why they are not available as this may lead to further information gathering about the child's needs.

- Understand whether the parent's inability to fulfill parental responsibilities are temporary, immediate and could be alleviated with short-term services.

If the screening criteria are not met, the screener will share with the parent/caregiver alternative options such as contacting 211, contacting their insurance carrier for coordinated care management or providing applicable resources available in the Geographical Information System (GIS) based on the family's address.

When a local office requests voluntary services on behalf of a former client and the information does not meet the criteria above, the screener must staff with a supervisor to determine assignment.

Office of Training, Investigation and Safety (OTIS)

When any information gathered by the screener includes the following settings, regardless of the type of information shared, screeners will immediately forward information to OTIS for additional screening. For reports that are the responsibility of OTIS to screen, the screener does not determine if the information meets the criteria to assign, close at screening or document as a case note. Contacting collaterals, researching history, Tribal ancestry searches, cross reporting and other notifications are the responsibility of OTIS. However, if the day and time the report is pended falls outside OTIS business hours of 8 am to 5 pm Monday through Friday and the information indicates a child is in immediate danger, the screener must contact law enforcement. Additionally, the screener must consult the Immediate Attention and Communication Notification Guide on the ORCAH OWL to determine if afterhours notification to is required. The OTIS Protocol provides after hours and holiday contact information.

OTIS has the responsibility for determining the screening decision for childcare programs, Office of Developmental Disabilities (ODDS) group or foster homes, child caring agencies, Oregon Youth Authority (OYA), school or education providers, some third-party individuals and contracted providers when the abuse occurs outside of the CW Certified resource or respite provider's home. Screeners must utilize the Third party and OTIS guide on the ORCAH OWL to determine report category type and view the responsibility guide.

Information Collection for Reports That Are the Responsibility of the OTIS

The screener will accept the report and gather information including all of the following:

- Demographics
- Extent of the maltreatment to include when the incident occurred, who was involved, what happened, where the alleged abuse occurred and impact to the child;
- Circumstances surrounding the maltreatment including what led up to the event, what happened afterward, etc.;
- Parent/caregiver demographic information and legal custody information;
- Relationship dynamics between current or past intimate partners of the parents/caregivers;
- Information related to the unique characteristics of the child or family;

- Child functioning and supervision requirements;
- Witness information;
- Full name and date of birth of staff on shift, if applicable;
- Full name or description of the alleged perpetrator and whether they have contact or access to other children (e.g., biological, adopted or household members).
- Facility contact information including name, address, phone number, if applicable; and
- Current contact information for alleged victim including address and phone number.

Documentation of Reports That Are the Responsibility of OTIS:

- Report participants only include alleged victim(s), alleged perpetrator and mandatory reporter. Only one screening report is required regarding an incident of abuse, even when multiple children or young adults are alleged victims.
- When incidents are spread over time with multiple children, additional screening reports will be generated for each incident.
- When there is more than one alleged victim (who are unrelated to one another) and the alleged perpetrator of suspected abuse is unknown, this will require separate screening reports.
- If a companion report for which Child Welfare is responsible was considered, document the rationale in the Screening Decision text box. For example, "A companion report was considered regarding neglect of the child Zoe by their father Jack, however there was insufficient information to generate a report."
- If a companion report for which Child Welfare is responsible is documented, the case name and number must be narrated in the Screening Decision text box as described in the OTIS Example Report. For example, "The reported information is also documented on a companion report that will be linked to case Joan Brown #123456."

Once the reported information is documented, the screener will immediately pend the report to the designated OTIS screener (refer to Third Party and OTIS Guide within ORCAH OWL) and send an email to OTIS (OTIS.Screening@odhsoha.oregon.gov) indicating a report has been pended. The email must include the screening report PDF and any documents (e.g., police report, incident report, etc.). The subject line of this email must include "New report, Screening ID#".

Childcare Reports

The ORCAH screener will accept the report, gather information and immediately document the information in the ODG to include:

- The child or young adult's current whereabouts and contact information.
- The child or young adult's legal parents, address and contact information when known.
- The name of the facility, the owner or manager, contact information and location.

- The hours of operation and the next time the child will be in the care of the program.
- Information as to whether parent/guardian is aware of the concerns and their response.

When a childcare 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 Screening Decision narrative box of the childcare report prior to pending to OTIS.

Child-Caring Agency (CCA)

A child-caring agency (CCA) is defined in Oregon Revised Statute 418.257 and pertains to a person who is under 21 years of age who is residing in or receiving services from any private school, private agency, private organization or county program providing services including:

- Day treatment for children with emotional disturbances.
- Adoption placement services.
- Residential care including, but not limited to, foster care or residential treatment for children.
- Residential care in combination with academic education and therapeutic care, including, but not limited to treatment for emotional, behavioral or mental health disturbances.
- Outdoor youth programs.
- 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.
- A child- caring facility as described in ORS 418.950:
    - ODDS licensed group home.
    - ODDS licensed host home.
    - ODDS certified foster home.
    - OYA certified foster home.
    - Proctor foster home.
- A secure transportation services provider as described in ORS 418.205.

Screeners must utilize the Third party and OTIS Guide on the ORCAH OWL and the Child Abuse Report Responsibility QRG (quick reference guide) for more details.

Third Party OTIS Reports

OTIS is responsible for reports when the adult alleged perpetrator is in a position or occupation in which the person has

access to, responsibility for, authority over or trust of the child. These include adults who are not the alleged victim's parent, caregiver, guardian or other member of the alleged victim's household, and who is not responsible for the alleged victim's care, custody and control. Examples include, but are not limited to:

- Neighbor
- Relative who is not close (emotionally) and does not have frequent/regular contact in the child's household
- Friend's parent or friend's adult sibling
- Stranger/acquaintance
- Former significant other to household member or the child (excluding an ex of the parent/caregiver). "Former" means no indication of a close personal relationship or frequent and regular contact with the alleged victim.

Screeners must utilize the Third party and OTIS Guide on the ORCAH OWL and the **Child Abuse Report Responsibility QRG** (quick reference guide) for more details.

Report Involving an Education Provider or School

An education provider under ORS 339.370 includes:

- 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 student's kindergarten through grade 12; or
- A private school.

It also includes an employee, contractor, agent or volunteer of an education provider. When the report involves an education setting or provider, screeners will ask the reporter the following and document:

- The name and address of the educational setting.
- The location of the alleged abuse, if it did not occur in the setting but a provider is the alleged perpetrator.
- If there is a supervision plan for the children and the details of the plan.
- Specialized needs of the child or children involved.
- If prior incidents were known to the provider and if so, the duration and frequency of the incidents.
- If the family was previously contacted and their response to the concern.
- Whether the reporter has safety concerns regarding the child in their home setting (for which Child Welfare would be responsible). (See OTIS and Child Welfare Companion Reports section.)

OTIS and Child Welfare Companion/Tandem Reports

There may be times a report is the responsibility of both Child Welfare and OTIS. If information provided by the reporter indicates possible CPS concerns in addition to concerns about a report for which OTIS is responsible, these will be addressed by Child Welfare in a separate screening report. These reports are referred to as a companion or tandem reports. The screener must determine if the report for which Child Welfare is responsible meets criteria for response or closed at screening.

When there is a report that is the responsibility of Child Welfare, document the name and case number of the companion familial report in the Screening Decision narrative box of the report prior to pending to the OTIS. In these instances, the screener creates a report for Child Welfare and a report for the OTIS indicating 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.

Notification to OTIS Afterhours or In an Emergency

When information gathered meets criteria under Immediate Attention and Notification, utilize the OTIS protocol on the ORCAH OWL for the On-Call number. OTIS has designated staff who will respond to afterhours or weekend crises.

The Closing Stage of the Interview

The closing stage of the screening interview is focused on ensuring that all the gaps and discrepancies in information collection have been noted and, when possible, discussed and addressed.

Ensure That All Essential Information Has Been Collected From The Reporter:

Prior to concluding the interview, make sure that all gaps in demographic information have been addressed and noted. If necessary, return to seeking necessary identifying information regarding all the individuals named in the report. 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. For example, “Is there anything else you think is important to share with me today before we end the call?”

The Screener Must Inform The Reporter of The Next Steps:

The screener must tell the reporter whether the information will be documented, and if so, the outcome of the report. If the screening decision has not be made by the conclusion of the call, the screener must explain this to the reporter and inform them they will be notified of the screening decision.

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 later 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.

Prior to concluding the call, the screener must provide their name if they haven't already done so, and the screening report identification number to the reporter.

Seek to Understand How The Family Might React to Child Welfare Intervention:

The screener should seek to understand what the response by the family might be if the report is assigned for assessment. The reporter may be prompted to think about how the family engaged during prior contacts with Child Welfare or law enforcement and what made this successful or unsuccessful. The screener might learn about the family's philosophy or beliefs about government intervention or whether there are worker safety concerns.

Photos Provided by the Reporter:

Photos of alleged abuse are accepted by screeners as a part of the report as long as they do not depict child sexual material or images of genitalia. A written description of each image must be documented in the screening report, including but not limited to:

- Identification of the individuals in the photo.
- The location of the injury on the body and description of the size, shape, color or pattern.
- Who took the picture or image? When was it taken?
- Where did the reporter get the photo?

Once the screening report is complete the screener will forward the photos to business support staff for upload to the case file. The screener must alert the business staff when images depict significant physical trauma to a child. Business support staff will upload the image with a file naming convention that alerts the OR-Kids user of an image that is sensitive in nature. Although ORCAH staff frequently come into contact with sensitive material, a trauma warning is required and is in the best interests of staff.

Child Sexual Abuse Material (CSAM) Images:

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 reporter indicates there are child sexual material images, screeners must not accept the images. The caller can be directly connected to a live CyberTipline call taker at 1-800-843-5678. If the caller is unwilling to contact the CyberTipline, the ORCAH screener must make contact through the above number or at www.cybertipline.com. This task is in addition to a cross report to law enforcement. Many local law enforcement agencies cannot send or receive the images, therefore sending the information and images to the Cyber Tipline is the fastest and most effective way to report. Representatives can receive links to profile pages or websites with the images and triage a response more quickly. Child sexual abuse material (CSAM) is also typically under federal jurisdiction to investigate because it is often sent or received over the internet. When the images and links are sent to the Cyber Tipline first, they are able to quickly get preservation requests for any images online and investigate faster.

Chapter 2
Screening

Section 4: Post Screening Interview Activities

Child Welfare History Review

The purpose of Child Welfare history review is to inform the current screening decision. When the decision is to assign to CPS, it also contributes to determination of response time. History review may reveal patterns such as chronic neglect, frequency, prior decisions by the family to flee CPS intervention, or the progression of a family condition. Decisions about what to review are made after all the information is collected from the reporter within the ORCAH Documentation Guide (ODG) and individuals are searched and matched through participant matching.

In some situations, reported abuse information is so clear that a brief history review ensuring the information has not been reported before is sufficient. In other circumstances, when the reporter's information is insufficient, screeners must review history to understand patterns, severity of behavior, child or family member functioning, and gather insights regarding family dynamics.

Screeners first seek to know whether the concerns have been previously reported and/or assessed and whether the current report is therefore duplicate information Child Welfare has already documented. When the information is believed to support Immediate Attention and Notification criteria, review of history is limited to verification that the report was not previously documented and/or assessed. Beyond these considerations, screeners are selective in their analysis of when further historical information is necessary for screening decision-making.

On the History Review stepper of the ORCAH Documentation Guide (ODG) the screener reviews prior screening reports, and/or recent assessment narratives. This provides screeners information as to whether a historical incident of abuse may have already been reported or assessed. When historical reports and/or CPS assessments are visually displayed, the screener can sort the information by Case ID, Case Name, Report ID, (report) Type/Category, Decision, Assessment date, (assessment) Disposition and Allegations. When an assessment disposition is Founded, only the Founded allegations will display in the Allegations column. When an assessment concludes with a disposition of Unable to be Determined or Unfounded, all assigned allegations will display.

Seek Information in History that is Unknown to the Reporter

When pieces of information are not known by the reporter, reviewing sections of a prior assessment may help the screener understand how the alleged perpetrator's behavior has impacted or reasonably could impact a child. For example, a reporter shares information related to the mental health of a parent and there is quality documentation in the recent assessment about their diagnosis, resulting behavior, treatment and medication management. This information may lead to a better understanding of how the condition is managed, the supports to which the adult has access and information about behaviors associated with the condition. In another example, information about child functioning may not be known to the reporter. The screener then locates this section of a prior recent assessment to understand who the child is, their developmental stage, and how the adult behavior may or may not impact them.

The term "recent' when understanding Child Welfare history is relative. In general a two-year period preceding the current report could provide information important to the current analysis. There are exceptions, such as patterns of domestic violence or chronic neglect, that may need a longer timeframe of analysis. If the current report relates to abuse during a specific historical time frame, the screener must search history of that period to ascertain if the abuse was documented and/or assessed. For example, the child is now 15 years old and reports when they were 7 years old, they experienced an oval shaped bruise on their buttocks by their parent. The screener must calculate the year this may have occurred and seek out reports that describe similar or duplicate abuse.

Reviewing for prior allegations and maltreatment findings for adults/caregivers involved with the family may reveal concern to the current child(ren), even if there is not a new incident of alleged abuse. This information may reveal conditions which coincide with the threat of harm abuse type. For example, a parent has a new partner in the household. In searching that individual, it is found they had been "Founded" for sexual abuse to another child previously. If the threat to the current child(ren) had not been assessed before, the threat of harm must be considered.

Sometimes when the reported information does not meet a definition of an allegation of abuse, it may be the totality of the report, including Child Welfare history and the current information combined, that meets the definition of an allegation of abuse. Chronic neglect may not be fully understood if minor safety concerns over time are not fully understood from a broad perspective. Repeated reports regarding neglect or threat of harm can indicate unresolved family conditions, even if those reports were closed at screening or assessed with dispositions such as Unfounded or Unable to Determine. It is the pattern of these concerns that is critical to understand, not the results of the individual reports.

History Review on an Open Child Welfare Assessment or Case:

Screeners determine if the allegations are currently being assessed or are the basis for the current open case. This requires reviewing the screening report and the related CPS assessment. A CPS worker may learn of similar circumstances to those in the new screening report and may have already added the allegation to their open assessment. When it is unclear from the documentation, the required outreach to all open Primary, Secondary and Supervisor assignments for Assessment, Permanency or Certification in OR-Kids can help to clarify if the information is already known and being assessed. The contact must occur via a group message, followed by an email. If a similar incident of abuse that previously happened is discovered but the reported incident involves a new alleged perpetrator, new alleged child victim, new date of the incident occurring and/or new allegation type, this is a new allegation.

Prior "Unable to Locate" Disposition Review:

History review may reveal an allegation of abuse that has not been assessed by CPS due to the inability to locate the family. The screener must reference it within the History Review section and include the:

- Date of the assessment,
- Prior allegations,
- Alleged victim's identity, relationship and role, and
- The alleged perpetrators relationship, role and identity.

When the "Unable to Locate" has not been assessed, Child Welfare is required to complete an assessment of any prior allegations when the family's current location is known. The prior "Unable to Locate" allegations must be added to the current report and assigned for a CPS assessment. The extent of the alleged abuse narrative in the screening report must be updated to include who was involved, when the alleged abuse occurred, where it occurred, what abuse is alleged and the impact to the child(ren).

If the current report meets the definition of abuse, include the prior "Unable to Locate" allegation(s) in the current report. However, do not duplicate allegations in the allegation row. For example, the current report includes an allegation of neglect, and the prior "Unable to Locate" abuse type was neglect, within the ORCAH Documentation Guide select all

SDM abuse subcategories that apply, but do not insert two rows of neglect with the screening report on the decision stepper. If the prior abuse was by one person, and the new report includes an allegation by another person, an allegation row is inserted for each alleged perpetrator.

Documentation of Child Welfare History Review:

Within the History Review Summary of the ORCAH Documentation Guide, a screener must document:

- If there is no Child Welfare history.
- Whether the concerns have been previously reported and/or assessed.
- Any patterns of adult behavior and how they relate to current report.
- If report is on an open case/assessment:
    - The case name and number, if different from the current report/case,
    - Alleged perpetrator,
    - Alleged victim,
    - Date of report and
    - The abuse alleged in the prior screening report or the outcome of the CPS assessment, if documentation is available in OR-Kids.
- If a participant has a duplicate person record with associated child welfare history:
    - Document the duplicate person record ID and describe relevant history of each record. This includes the role of the person in the report, date of prior reports, type of abuse, screening decision and if assessed, a summary of the disposition.
    - Complete Service Desk Ticket Person Merge Request

History review documentation examples:

- History 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.
- History review indicates the information has not been assessed. There is a prior founded CPS assessment in 2022 for sexual abuse of Sam by parent Annie.
- History dates back to 2018 relating to mental injury and neglect of Chris by his mother. He was placed in resource care from 2019-2021 and then reunified with mother. The current concerns have not been previously assessed.
- The current concerns of threat of harm for domestic violence have not been previously assessed. One prior report in 2023 indicated concerns about violence however no indication of power and control or injuries were reported at that time.
- Child Welfare history review indicates this has not been previously reported or assessed. A 2019 assessment was founded for physical abuse to Asher by his mother, Abigail, when she threw a shoe intentionally at him which caused a gash to his eye. There have been two closed at screenings since then in which Asher was

afraid to go home but had no injuries and made no disclosures about why.

- There is an open assessment with similar concerns to today's report. There is an assessment open since 10/01/24 for physical abuse to Ty by adult sibling Jack and Threat of Harm by Jack to Ty's siblings. Ty intervened when Jack assaulted Ty's mother Jada. Ty sustained a black eye and swollen lip. There is a duplicate person record for Jada with Child Welfare history (#123456). It includes Jada as a child participant and there were no assessments.

History review and documentation is not a chronology with copied and pasted information from a prior screening report or CPS assessment disposition. If there has been a prior CPS assessment, the outcome of that assessment may be valuable information however the screening decision to assign the report is not. The disposition provided the "answer" to the "question" as to whether abuse occurred.

Collateral Contact

It may be relevant for the screener to make efforts to gather information from collateral contacts and law enforcement when there is insufficient information from the reporter and Child Welfare history to understand whether there is an allegation of abuse, 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 information could include law enforcement, school, medical provider, Tribal representatives, or others who may have direct knowledge of the child or circumstances. Collaterals do not include family or household members.

Before making a collateral contact, the screener must determine what information is missing from the report and whether the person they are seeking a collateral from is likely to have the information. For example, the reporter states they have not had contact with the child of concern. However, they vaguely indicate the child may have intellectual delays. It would be important to understand what this means for the particular child in their ability to care for themselves, understanding of safety, how they communicate their needs, etc. A person who may have regular contact with the child, such as a pediatrician, treatment provider, school staff, or childcare staff, could potentially speak to these characteristics because they know the child. In another example, the reporter is a neighbor who does not know the family but is aware there was violence by an adult in the home and police were called. A collateral to law enforcement may provide details about why police were called, who they had contact with, whether there were arrests, and observations about the home condition.

Once it has been determined a collateral is necessary to understand whether there is an allegation of abuse, the screener will ask relevant questions of the collateral while sharing as little confidential information as possible. The screener should refer to the Questions to Consider sections of the Structured Decision Making (SDM) tool to understand what the gaps are in their information, and what questions may be relevant for the collateral contact.

During outreach, the screener must first identify they are a screener with the Oregon Child Abuse Hotline by sharing their name, and if requested, ORCAH reception contact information. The collateral source may need to verify the identity of the screener. Depending on the collateral contact, verification of the screener may also be completed through the screener sending an email to the individual from their state email address. Once identities are confirmed, the screener provides the collateral with the child or adult's name, date of birth (if needed), and explains the purpose of the collateral call is to gather more information regarding a report made to the hotline. For example,

"Hello Abby, my name is [First] [Last] and I'm calling from the Oregon Child Abuse Hotline about a student of yours named Sam Smith. I am reaching out because I received a report of concern about Sam. Do you have a few minutes to talk with me?"

The collateral is not entitled to know all of the details of the original report and the screener must never disclose the original reporter's name, reporter's role or other identifying information to the collateral. The only exception is when the collateral is law enforcement. Notification to law enforcement is required under ORS 419B.015 that includes the entire screening report. Child Welfare shares the identifying information of the reporter with law enforcement as it is needed for investigation of possible crimes and public safety. If asked by a collateral who is not law enforcement about who made the original call, the screener can indicate that reporter information is confidential and then redirect the collateral back to the questions. For example,

"I'm not able to share who made the initial report, but I am interested in how long you have been working with Sam and how you would describe them."

The information received by the collateral source is documented at the bottom of the circumstances surrounding the alleged abuse section. Documentation includes the name, role or position of the collateral, when the contact was made, their contact information (for CPS if the report is assigned) and a summary of the information shared by the person. The identifying information of the collateral contact is not confidential in the same sense as the reporter's identifying information.

Medical Consultation

Medical consultation with the ODHS Health and Wellness Nursing and/or the child's medical provider may be utilized to inform whether a report includes an allegation of abuse. If a child is impacted, or reasonably could be impacted, by a medical condition or potentially suspicious injury then it is in the best interest of the child to gather expert advice. The consultation might provide critical insight about what is, and what is not, considered suspicious for child abuse. Screeners and screening supervisors may have awareness of medical information through their personal and professional experiences, and this should first be relied upon during report staffing. However, if the inclination is to use Google or use a medical website to learn more about the information provided, this is a good indicator a medical consultation is needed. When a reporter uses medical terms or descriptions, diagnosis or test results that ORCAH staff does not have the expertise to interpret, the screener and supervisor will use discretion as to whether they consult with the child's medical provider or the ODHS Health and Wellness Nursing team.

The ODHS Health and Wellness nursing team recommends reaching out to their team first to advise whether a collateral to the child's provider, prior to contacting the child's doctor, nurse, etc. They can advise whether a collateral to the child's medical provider is necessary.

Contacting a child's medical provider may be most useful when the providers:

- Identity and contact information are known,
- Are likely to have specific and relevant information about the condition, and
- Are available for consultation within the screeners shift

Refer to the Medical Consultation Protocol on the ORCAH OWL page.

Collateral Contact and Report of Child Fatality

When someone other than law enforcement makes a report about a child fatality, a collateral is required to law enforcement to gather additional details. When gathering information from law enforcement, it is imperative to remember that there is a difference between law enforcement's determination of whether a crime has been committed and screener's role in determining whether there is an allegation of abuse. Therefore, a law enforcement agency representative indicating "there is no concern for abuse or neglect" is not the same determination as child welfare's determination of whether an allegation definition is met. These are separate considerations, and more questions need to be asked. Screeners are seeking objective observations and descriptors from law enforcement about the home condition, sleep surfaces when the fatality involves an infant, interviews with parents/caregivers, and contributors or cause of the fatality. It is not the screener's role to document subjective statements based on the responder's own beliefs or bias. A family experiencing trauma and loss may not respond how others think is "typical". People in crisis respond in various ways.

Screeners may reference Chapter 2 Section 3 **Fatality Guidance** "Information Collection for a Report Involving a Fatality" for more information regarding information collection.

Information Received on an Open Assessment or Case

When there is an open CPS assessment or open Child Welfare case screeners must attempt contact via messaging system with all individuals with open Primary, Secondary, or Supervisor assignments for Assessment, Permanency, or Certification. Contact will be attempted with all individuals in a single instant message regardless of the date or time of the receipt of the report. Following an instant message, the screener will email the same parties.

The goal of these communications is to ensure details of circumstances are captured related to the overall report of abuse. It is an opportunity to understand the child, the family, their unique characteristics and the situation more fully. The screener will determine what gaps exists in the information provided by the reporter and then seek out this information from the worker. In addition, the screener will determine if the worker, certifier for the provider, or supervisor is already aware of the situation and managing child safety. The screener will ask questions to understand whose safety is managed, by whom, and how. The conversation may also reveal there is a new allegation of abuse that requires assignment. The outreach could reduce the necessity for a new report and enhance information sharing between programs.

The questions screeners ask the current caseworker or supervisor will depend on many factors. Screeners should consider what information is needed to inform the screening decision and attempt to gather additional information. They also take into consideration the role of the caseworker (e.g., CPS, Permanency, etc.), the date of their last contact with the family, and the length of time the caseworker has been involved with the family.

Understanding OR-Kids Safety Plans

Screeners access OR-Kids Guides on the ORCAH OWL to understand whether an open assessment or case has a safety plan. These include:

- Safety Plan Status Guide
- Locate Initial Safety Plan Video

- Locate Protective Action Plan Video

Questions to Consider Asking a Case Worker After Reviewing OR-Kids for Safety Plan Information:

- Is there an up-to-date safety plan or protective action plan already in place?
- What is known about the child and adult participants that may not yet be documented in OR-Kids? (Focus questions to the caseworker on the areas where the reporter offered little information.)
- Is the parent demonstrating a new behavior or parenting practices that impacts child safety?
- If the information provided by the reporter is concerning for abuse, what information has the caseworker gathered that might inform a report about child safety?
- If the report involves a resource parent, respite provider or safety service provider as alleged perpetrator, what information does the caseworker have about those persons responsibility for the child's care, supervision, and/or safety of the child that could inform the screening decision?
- Where are the children right now and where will they be in the next 24 hours?
- Do any of the family members have American Indian or Alaska Native heritage? If yes, does the caseworker know which Tribe(s) or Alaska corporation(s)?
- What is the preferred language of communication for the family members?
- Are there unique characteristics of the family the screener should incorporate into the screening report?

This list is not intended to be an exhaustive list of questions to consider. Nor is the list intended to indicate that the questions are required. Screeners will analyze the information gathered from the reporter and through the history search to determine what information is still needed to make a screening decision or to better explain the circumstances of the report.

What to Consider When Deciding a Report Is a New Allegation of Abuse:

- Is there an impact to the child by this new information?
- Has Child Welfare assessed prior or is currently assessing the current reported concerns?
    - 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 if the prior assessment is within 60 days of the current report.
- Is this a new incident of abuse?
    - Did the abuse happen in a different way?
    - Did the abuse happen outside the time frame of the last allegations (60 days)?
    - Is there a different perpetrator?

- Is there a different victim?
    - If yes to any of the above, consider a new allegation.

- If a safety plan is in place, review the most recent OR-Kids Safety Plan to determine if the concern is a new allegation or if there is indication of an insufficient safety plan:
    - 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? Does it include:
    - Same victim
    - Same perpetrator
    - Same time/date
    - Same allegation
        - If so, then this is not a new incident of abuse.

- When the alleged perpetrator's identity was not previously known to screening, but was learned through the CPS assessment, a new report and assignment is required to document the name of the alleged perpetrator, the allegation of abuse and to fulfill cross reporting requirements. CPS will link the current report to the open assessment. This documentation ensures the identity of the alleged perpetrator is correctly identified and there is evaluation as to whether any additional reports are required.

- When the "Unknown perpetrator" is being assessed under the alleged victim's familial OR-Kids case and is later identified as a Third-party alleged perpetrator, the screener must document a new report and submit to their supervisor to close at screening. The screening supervisor must either create a new Third-party case in the name of the alleged perpetrator or link to an existing Third-party case of the alleged perpetrator. Notification to the current caseworker and supervisor is required and they will determine how to proceed with the existing assessment.

Timing Considerations for Outreach to Caseworker by Screener:

Screeners on all ORCAH work shifts should allow up to three hours for the caseworker to respond before completing the report. This provides an opportunity for staff on alternate shifts to respond and allows for consistent screening practice.

Document these efforts at the end of the circumstances surrounding the alleged abuse section of the report.

If caseworkers or supervisors do not respond within the three hours or by the end of the screeners shift, complete the report without the caseworker information.

- If the report meets the criteria to assign for a within a 24-hour response and the caseworker or supervisor is not available, the screener will proceed immediately with the assignment and not wait for caseworker

response.

- Extensions cannot be granted for gathering additional information from a caseworker, certifier or supervisor.

Documenting Contact Attempts With the Caseworker, Certifier or Supervisor:

Document these efforts to contact the caseworker, certifier, or supervisor at the end of the circumstances surrounding the alleged abuse section. When information is learned from the worker or supervisor, it must be narrated in a way that summarizes the information. It is not acceptable to copy and paste a message or email message directly from the worker into the narrative. Only information that is relevant to the report requires documentation and bias or personal opinions about a child or family do not belong in a screening report.

Screeners should use the following language based on the outcome of their contact attempts:

- If the screener reaches the caseworker: "Contacted caseworker [caseworker name] on [date] at [time]". The screener must summarize the information received from the worker.
- If the caseworker does not respond to the screener contact attempt within the time allowed: "Attempted contact with caseworker [caseworker name, date and time] but was unsuccessful at reaching them."

Backdating a Report Made by a CPS Caseworker

During a CPS assessment the caseworker may identify additional unreported abuse and address the new abuse allegations in the open CPS assessment, without a new screening report, when all of the following conditions are met:

- This occurs within the 60 days of original report;
- Involves the same or similar circumstances as the original report;
- Involves alleged perpetrators and victims who live in the household currently being assessed; and
- The new abuse or new abuse details are not believed to be a crime or law enforcement was present when the child disclosed

When the above criteria are met, the screener will discuss with the caseworker that a new screening report is not required, and the information must be added to the current CPS assessment. The screener is required to document a case note detailing the contact with the caseworker (e.g., name, role, date/time, and decision to include the new abuse in the open CPS assessment) and complete email notification. Within the email to the caseworker and their supervisor, the screener includes the case note narrative and a reminder that CPS is required to document their call to the hotline and the plan to add the allegation to the open CPS assessment.

If one or more of the conditions are not met, a new screening report is required. The screener may backdate the Report Received date and time within the ORCAH Documentation Guide (ODG) to coincide with the date and time just prior to actual CPS contact with the family. Doing this allows CPS to capture their already completed face-to-face contact within the new report and thus meet contact requirements. It is also a trauma informed approach, as a new report requires face-to-face contact with the child. If the child was previously contacted about the abuse, CPS duplicating contact may subject the child to additional trauma.

Determining Whether Reported Information is Duplicate to Information Previously

Documented

Understanding whether a new screening report is required first involves a review of Child Welfare history. If more than one report is received on the same family referring to the same incident, with the same incident date, regarding the same alleged perpetrator and victim, and the same allegation type, ORCAH considers these to be a duplicate report.

When a screener receives duplicate information, 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 via email.
- Case note the information provided by the reporter, omitting the name and role of the reporter from the narrative.

Determining Whether Additional Information Requires Assignment

Children may disclose additional details of abuse after an assessment is closed that may or may not require a new assessment. Screeners analyze whether the details are additional information that have already been assessed or whether they constitute a new allegation. Generally, if the same abuse type is reported to have occurred during the time period previously assessed, toward the same victim, by the same perpetrator, it is reasonable to conclude a new assessment is not required. However, if the prior assessment was either "Unfounded" or "Unable to determine" a new assessment is required when the additional information:

- Meets criteria for assignment, and
- Was unknown to the CPS worker at the time of the disposition.

Example 1:

Sexual abuse was assessed in the past for the same child and alleged perpetrator. The screener will determine:

- Whether the child and alleged perpetrator have had contact since the closure of the assessment. If there has been no contact, the screener could conclude no new abuse has occurred.
- If abuse is described in a different way, but the overall allegation of sexual abuse was previously assessed, ORCAH would not consider this a new allegation.
- If there has been contact between the child and alleged perpetrator, the screener must seek information from the reporter to determine whether this is a new incident of abuse.

Example 2:

Toxicology screening for an infant is received two months after the original report that was assigned and assessed. A review of the original allegation and assessment is needed to understand whether the concern related to substance exposure. If the information was known to CPS and was part of their consideration for disposition and safety analysis,

a new assessment would not be required. However, if the original assessment was unrelated to concerns of substance use, the toxicology screening information may indicate a new allegation.

Example 3:

An adolescent describes neglect to include access and exposure to controlled substances by a parent when they were 10-years old. The child has not seen this parent since the abuse, which was assessed by CPS with a Founded disposition. A few months later, the adolescent remembers a different aspect of the neglect to include the parent encouraging the child to inject drugs. This behavior by the parent occurred within the same time frame already assessed. Because the allegation of neglect was already assessed and relates to additional details of neglect, the new information would not require a new assessment.

Reassessing Prior Abuse

A report of abuse may have been previously assessed with a CPS disposition of "Unfounded" or "Unable to determine" and yet a new report indicates unresolved safety concerns. A review of the disposition is necessary to understand why the disposition was "Unfounded" or "Unable to be determined". When a disclosure was not made by a child or there is additional information being disclosed now that may have impacted the prior CPS disposition, the screener may need to consider re-alleging abuse depending on the circumstances of the disposition. Trauma awareness is necessary to understand that the child may not have been ready to make a disclosure during the original assessment. While these new reports can appear as though the abuse is being "reassessed", screening must consider whether new information meets criteria for abuse regardless of a previous disposition.

Additional Information Received on a Pending Report

If a reporter calls ORCAH to add additional information to a report they already made, are requesting to speak with a specific screener (who they may have made a report with), or a second reporter providing additional information, the screener who answers the phone must handle this call in its entirety. This call counts as a contact for the new screener and it is trauma informed practice to meet the caller's needs and not transfer them. Additional information includes exact address, spelling of names, a new collateral contact, or additional details surrounding the extent or circumstances of the abuse. These situations may be managed by the screener in a few different ways depending on the circumstances below:

Combine the Information Into One Report:

It may be appropriate to combine two reports when:

- The second report does not have information that changes the initial close at screening decision and the second report is received within 72 hours of the original report.
- The second report has information that changes the pending closed at screening to an assignment AND the screener or supervisor of the first report is on shift or currently working. A screening decision cannot be delayed, therefore the merging of reports within the same shift improves efficiency. The second report is merged with the first report to preserve the date and time the first contact was made with the hotline. The second report is deleted.

If the screener or supervisor are not on shift, a new report must be generated.

When the decision is made to merge two or more reports , a supervisor will pend the first report to the screener who received the additional information.

- The receiving screener will add the second reporter's contact information to the Reporter Details box as "Reporter #2" and copy/paste the Reporter narrative below this heading.
- Similarly, a heading is necessary within the Screening Narrative Circumstances to identify which information came from Reporter #2. Create a header, for example, "Reporter #2 contacted ORCAH on 12/25/22 at 1:32 p.m. and spoke with screener XXX" and then copy/paste the additional information below the heading. This makes it clear to the reader who shared what information. This is a critical need, especially for law enforcement, who may need to contact witnesses.
- Once the reports are combined, the second screener must pend the report to their supervisor for approval of the closed at screening or complete the tasks associated with assignment to the local office.

Awaiting Additional Information on a Current Report:

If a screener has a pending report for which they are awaiting an additional call or call back for information, they will document at the beginning of their Extent what information is needed from the reporter/collateral and what questions should be asked. When the screener who handles the subsequent call that appears to be additional information on a pending report or the reporter has provided a report ID that they want to add to, the screener will review the pending report and check the Extent for any notes regarding what information may be needed to ensure it is gathered during the call.

Additional Information Does Not Require Documentation:

When a report has been approved for closed at screening, and the additional information is not a new report and does not change the close at screening decision, no documentation is required unless there is an open assessment or case. The only exception is when a law enforcement report is sent as a follow up to a call as this information will be case noted and uploaded.

Information received for a family that has an open case and the information is not required to be documented in a screening report, the screener must:

- Email each worker and supervisor with the assignment of Assessment, Certification, or Permanency with a current open role of Primary, Secondary or Supervisor.
- 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.

Screening Reports on Children in Legal Guardianship or in Legal Custody of a Non-Parental Caregiver

When a legal guardianship or legal custody is established through the court with a non-parental caregiver, all casework, including but not limited to screening report, CPS assessment, placement or services, eligibility, ongoing safety plan, family reports and legal work must be documented on the familial case of the child. This ensures that all federal eligibility findings and work can be completed.

If the reported information indicates that the legal guardian/legal custodian is the alleged perpetrator of abuse to their own or other children, screeners must document these concerns on a separate CPS-Familial report and link to the applicable case. It is not appropriate to document allegations of abuse to the child in guardianship/legal custody on that report.

When an assigned report of abuse or request for services assessment is required for a child in legal guardianship -and- the alleged perpetrator or person requesting family support services is a legal guardian, a report must be created, called the Familial Report for Eligibility.

A Familial Report for Eligibility must be created when:

- Child is in a legal subsidized guardianship, legal unsubsidized guardianship, a legal probate guardianship, or in the legal custody of a non-parental caregiver and either;
  - The guardian(s) request Family Support; or
  - There is a report of abuse and the guardian or someone in the guardian's household is the alleged perpetrator of abuse.

When a Screening Report is required, use the Business Process Guide for Youth in Legal Guardianship to determine to which case the Familial Report for Eligibility should be linked. This allows all placements, services, safety planning, and eligibility findings for the child(ren) in the guardianship to be documented on the child(ren)'s applicable bio-familial case.

When the alleged perpetrator of abuse, or the person requesting services is NOT the guardian or someone in the guardian's household, refer to the Case Naming/Linking Guide, as no Familial Report for Eligibility is required.

If the Screening Report includes biological or adopted children of the guardian, services for those children will continue to be documented under the guardian case.

Case Naming and Linking

Screeners utilize the Case Naming and Linking Guide on the ORCAH OWL to assist with consistency in report naming and linking. There are three sections to the guide:

- Familial Reports
- Independent Living Request
- Non-Familial Abuse

As with any guide, there will be exceptions and variables that will impact naming or linking. There are reminders, tips and links within the document to assist the screener with following some basic principles for Familial Reports:

- An alleged victim may only be captured as a victim on a legal parent or guardian case when the report involves a familial report of abuse. Children with different legal parents may need a companion report.

- Avoid unnecessary companion cases. If there is a shared legal parent between the alleged victims, consider using the common parent as case name.
- Never link a screening report to a Pre-Adoptive or Adoptive Home case type. The purpose of a pre-Adoptive case is to capture all work leading up to a completed adoption. After an adoption is complete, a new person record is created for the child. This new person record is used to create the child's Adoptive case where all funding/post adoptive administrative work is documented.
    - These cases are specifically created to be used only for pre-adoptive and adoptive activities which must be separated from Abuse reports or requests for Family Support Services. Linking reports to either case type will prevent the Assessment worker from being able to complete the assessment with all required participants.

Restricted Case Criteria

If information in an OR-Kids case record meets the restricted case criteria, then access to the information must be restricted. For further information see the OR-Kids Business Guide.

Cases are restricted in OR-Kids with the following criteria:

- Cases subject of lawsuits, allegations of agency misconduct, liability, or issues about the scope of agency authority. This may include high profile cases, complex cases, or tort claims.
- Child fatalities, near fatalities, and cases subject of Critical Incident Review Team (CIRT).
- Allegations of abuse, domestic violence, serious misconduct by ODHS volunteers, representatives of the Legislature or political figure.
- Cases which involve an ODHS Child Welfare or ODHS Self-Sufficiency employee or contractor as an alleged perpetrator or participant.
- Tribal cases that are open due to IV-E. (A case may be restricted due to the Sovereignty issues related to Tribal membership. This is further outlined in each Tribal/State IV-E Agreements.)

A Sensitive Issue Report (SIR) form ODHS 0150a is not required on employee cases unless the report involves a fatality. If the report involves a fatality, complete SIR ODHS 0150a as per the fatality protocol and submit to Employee. SensitiveIssue@odhsoha.oregon.gov

Report Involving an Oregon Child Abuse Hotline (ORCAH) or Oregon Department of Human Service (ODHS) Employee

A report about an ODHS employee may require specific considerations and steps for assignment (if criteria are met) to ensure protection of confidential information. Supervisor consultation is required. ODHS employees include:

- Self-sufficiency Programs (SSP)
- Office of Aging and People with Disabilities (APD)
- Office of Developmental Disabilities (including Stabilization and Crisis Unit (SACU))

- Office of Training, Investigation and Safety (OTIS)
- Vocational Rehabilitation Services (VR)
- Child Welfare (CW)
- Human Resources (HR)

ODHS employees do NOT include county employees, contracted employees, or Oregon Health Authority.

When the report involves an ORCAH employee or a family personally known or related to the screener, the screener must 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 or their designee.

Oregon Department of Human Services (ODHS) Employee as a Report Participant

When a screener learns that any report participant with any role is an Oregon Department of Human Services (ODHS) Employee, the Person card within the ODG must be updated to reflect this. This is true even when the person is only acting as a Reporter. Furthermore, if the employee participant has roles of alleged victim (AV), alleged perpetrator (AP), case name (CN), household member (HM), non-household member (NM), the system automates Case restriction. When the ODHS Employee checkbox is not selected, the case moves forward without the required restricted status and protections. Steps associated with completing reports that include any participant who is an ODHS Employee can be reviewed in the ODG Frequently Asked Questions (FAQ) Guide and the ORCAH and ODHS Employee Restricted Report Protocol on the ORCAH OWL.

Sensitive Employee Assignment List (SEAL)

An Oregon Department of Human Services (ODHS) employee or their family's information may require unique handling if the report is assigned for CPS assessment to avoid any perceived or real conflict of interest and to ensure privacy and confidentiality. A Child Welfare manager is required to complete the CPS assessment when:

- An ODHS employee is the named alleged perpetrator, or
- A Child Welfare employee's child is an alleged victim of abuse by an unknown perpetrator where there is reasonable cause to believe the perpetrator may be a family or household member, or
- There are concerns about failure to make a mandatory report by an employee, or
- Other situations where human resources and a program manager was consulted and determined a manager is required to complete the assessment.

If the report results in an assignment it requires branch notification using the sensitive employee assignment list (SEAL) which is accessed through the ORCAH and ODHS Employee Restricted Report Protocol on the ORCAH OWL.

System Searches

Tribal Ancestry Search

The role of the ORCAH screener is to locate and identify any indicators in OR-Kids that the child or parent has possible Tribal ancestry. Screeners are required to search multiple locations in OR-Kids and interpret the information found. The purpose of these searches is to understand whether notification to a federally recognized Tribe is required. These steps ensure a Tribe is informed and can prepare to support the child or parent who may have Tribal ancestry. For complete information related to OR-Kids Tribal ancestry search process, screeners use the ORCAH OWL OR-Kids American Indian/Alaska Native Ancestry Searches. Within this OWL page are resources related to the Tribal ancestry search order of operations, step by step instructional and video guides.

Refer to Chapter 2, Appendix 2.1 Indian Child Welfare Act (ICWA)/Oregon Indian Child Welfare Act (ORICWA) and the Role of Screening for instructions related to OR-Kids search and documentation information.

Oregon Vital Events Registration System (OVERS)

The Oregon Vital Events Registration System (OVERS) is used by screeners to identify the legal parents of alleged victims of abuse when it has not been previously documented in OR-Kids. It is also used to identify any other unreported children of the legal parents. The screener is required to search for the alleged victim and their legal parents only when it has not been documented in OR-Kids. If OVERS information is available in a prior screening report it may be copied with a statement, "OVERS information copied from screening report dated [date]."

When there are three previous closed at screening reports within the past two years, a new OVERS search must be completed by a screener. This helps ensure children, who had not previously been identified in the prior reports, are added as participants. If a child was located within OVERS and is a household member, the screener and their supervisor must consider whether the four closed at screening with a child under the age of five ("4 under 5") rule applies.

Other information accessible (but not required for report completion) within OVERS includes marriage, divorce and death records.

Accurint Database

Accurint is a records database used to find identifying or contact information for adults when the information cannot first be located in OR-Kids. Accurint provides reverse phone number checks, addresses (including those out of state), other adult legal parent or adult household members, and criminal history (if necessary for screening and the crime or abuse occurred in another state). Each screener is provided a unique log in for this database.

Department of Motor Vehicles (DMV)

Department of Motor Vehicles (DMV) records are accessible to screeners through the IIS System WVIR screens within the DHR System. Screeners use WVIR when there is conflicting information about a person's legal name, or the only information provided by the reporter is an Oregon license plate number. If aliases are learned through the search of WVIR these should be documented within the ORCAH Documentation Guide (ODG). This will ensure all possible records within OR-Kids are located and updated with the correct legal name.

Use of eCourt

When information is needed to inform the screening decision, eCourt can be accessed by the screener to locate:

- Criminal history,
- Custody and visitation information that is unknown to the reporter but necessary to determine the branch of assignment, or
- Guardianship or legal custody when the reporter indicates that the alleged victim is being cared for by someone other than a legal parent.

Other information available in eCourt, but not required for report completion, includes legal name change information.

Criminal History of Children

Juvenile delinquency records under ORS 419A.255 are considered public and limited information may be included in the screening report to include:

- The name and date of birth of the child;
- The basis for the juvenile court's jurisdiction over the child;
- The date, time and place of any juvenile court proceeding in which the child is involved;
- The act alleged in the petition that if committed by an adult would constitute a crime if jurisdiction were based on ORS 419C.005;
- That portion of the juvenile court order explaining the legal disposition, such as the sentencing, parole or probation;
- The names and addresses of the child's parents or guardians; and

However, public information does not include specific details regarding the case plan for the child, the conditions of probation, restrictions, recommendations, details regarding services, etc., therefore, this information should not be included in the screening report.

Social Media Use

Screeners will not use social media, either through their own personal account or a fictitious account, to verify information received by a reporter or to locate information about a family. If the reporter has images from a social media post, they can either be described in detail within the report or forwarded to the screener via email. Images depicting child sexual abuse material must never be emailed or sent electronically by any other method as this could constitute a crime.

Missing or Runaway Child on an Open CPS Assessment or Child Welfare Case

When a screener receives a report of a missing child on an open CPS assessment or open Child Welfare case, the screener must:

- If the child is in substitute care and the reporter is the resource parent/ caregiver, they must report information about the missing child 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.

Safe Haven

Laws across the country were enacted beginning in 1999 to address infant abandonment and endangerment in response to infants being left at unsafe locations. ORS 418.017 allows a birth parent to anonymously leave a newborn infant (aged 0-60 days) at an authorized facility with someone who can provide immediate care to the child. A child with any indicators of abuse does not fall under Safe Haven. The screening criteria for Safe Haven include:

- The infant is 60 days of age or younger as determined to a reasonable degree of medical certainty; and
- The infant has no evidence of abuse; and
- The infant is left at an authorized facility to include a hospital, freestanding birthing center, physician's office, sheriff's office, police station or fire station.

While the parent is not required to provide any identifying information about the infant or the parents, when this information is known to the reporter it should be collected by the screener. The more information known about the infant's health, birth experience, and prenatal care will result in the best short term and long-term outcomes for attending to wellness, safety, and medical needs of the infant. When the reporter does not know the date of birth of the infant, and the reporter is not a medical provider who could ascertain the child's age, the screener will rely on the reporters' judgement and reasonable conclusion that the infant is under 60 days of age.

Questions to consider:

- What information is known about biological parents?
- Is the reporter aware of the parents' intended plan for the infant?
- When and where was the baby left?
- Was there anything traumatic about the birth? Did the birth parent receive any prenatal care? If so, were there any concerns for child's growth or development in utero?
- What was baby's birth weight, if known?
- Did birth parent use ANY substances including medications, marijuana, cigarettes or alcohol during pregnancy?
- Was baby born in a hospital? If so, was baby screened for issues related to hearing, or jaundice? Did the baby received vitamin K, hepatitis B vaccination? Was a newborn screen sent?
- Are there issues with feeding such as poor latching, difficulty with bottle feeding, or poor weight gain?

A new report of abuse is required that alleges abuse when there are indicators such as:

- Withdrawal symptoms,

- Injuries,
- Failure to thrive, etc.

The selection of the SDM Abuse Type must reflect the current abuse alleged. It is only when there are no indicators of abuse that a safely surrendered child is eligible in the SDM tool as abandoned. If information is learned during the CPS assessment that conflicts with information learned at screening regarding the infant's age at the time of surrender being beyond 60 days old, or the child was not left at an authorized facility, or the infant has been subject of abuse, a new report is required that alleges abuse.

Safe Haven Resources

A reporter requesting information about the Safe Haven law, adoption resources, safe surrender locations or other supports can be provided the Safe Surrender for Newborns web site. If the reporter has questions or concerns about legal repercussions for the parent, it may be helpful to convey and clarify that a parent surrendering their child under the Safe Haven law may be criminally charged with abandonment however has the right to provide the defense of Safe Haven. If all the conditions of surrender were met, then the criminal charges (not dependency) could be dismissed. CPS assessment is a separate process and is required to investigate the abuse selection of abandonment and determine a disposition. CPS will also make a determination about child safety and whether legal intervention is required.

Chapter 2
Screening

Section 5: Screening Decision Making

Report Documentation, Screening Decision and Structured Decision Making

Report Sufficiency and Documentation

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.

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
- Not perpetuate oppression by including racist, oppressive or harmful words
- Use appropriate grammar and punctuation
- Check for spelling, especially names
- Spell out names, titles and words rather than using acronyms or abbreviations
- Use trauma-informed language
- Use identity or disability first language when it is known how the person identifies. If unknown how the person identifies, use person first language
- Use positively framed information about individuals that is human centered
- Use names throughout the narrative
- Ensure 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 a 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, written in plain language to support understanding by the reader
- 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 and when it happened. 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

Often what is unknown to the reporter is as informative as what is known to them. The reader is alerted to the gaps in a reporter's knowledge when screeners clearly articulate in the narrative that a question critical for sufficiency 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.

This practice is relevant when the information sought was to understand safety and the reporter didn't have the behavioral descriptors or details needed. For example, the reporter indicates the parent is using a substance that impacts their ability to supervise their child. To gather sufficient information the screener would ask about what substance is being used, when, where, how much was being used, impact to the child, etc. If the reporter did not know where the substance was being used or the child's access to the substance, the reader needs to know this information. Documentation would indicate, "The reporter wasn't aware where the parent is using or if it is accessible to the child." This information has value because it communicates details to support a screening decision.

Participants

The demographic information helps to set the stage for the report narrative by defining who is involved. It provides a description of the participants and information about their current location. Please consult the ORCAH Screening Order of Operation for system searches to determine the need for and sequencing of external searches within Accurint, OVERS or eCourt. The Order of Operations infographic is located on the ORCAH OWL. Required demographic documentation must include, if known:

- Participants' names including each member of the household and their date of birth or approximate age
- 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
- Relevant scheduling information to explain participant location (e.g. work schedules, school schedules, parenting plans, visitation schedules or childcare information, etc.)
- Preferred language for each participant
- Information about participants' race, ethnicity and cultural heritage
- Participant's binary sex (sex assigned at birth)

- Current location and whereabouts within the next 24 hours of each alleged child victim
- When provided by the reporter, information regarding:
    - Gender identity
    - Military status of the parent or caregiver of the child.

Anti-Racism and Reducing Harm

Screeners approach with a reporter is to ask questions to facilitate descriptions of behaviors, seek clarification, and provide objective descriptors in our documentation. This facilitates anti-racist screening practice. A screener's analysis of the reporter's information includes deciding which parts are valuable and which are not. Quoting racist, oppressive, harmful words in reports perpetuates bias. Screeners need to recognize this information is not valuable and set aside racist or oppressive language. In addition, intentionally not documenting potentially harmful or clearly harmful language removes subjectivity by future readers of screening reports.

Pre-Structured Decision Making (SDM) Considerations

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.

- 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 Time Decision: The screener must then determine the timing of the CPS response if a report of alleged abuse is assigned.

To make these decisions, screeners must apply a set of criteria to the information that has been collected.

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. Sufficient information gathered includes:

- The extent of the alleged abuse
- The circumstances surrounding the alleged abuse
- Vulnerabilities of the child
- Child Welfare history on individuals in the family, household and report
- Information is received regarding an open assessment or open case, contact with the current caseworker or supervisor
- Collateral sources of information, when needed
- If relevant, criminal history.

There may be circumstances to consider prior to moving to the Structured Decision Making tool. These are detailed as follows.

Inter-State Assignment Considerations When Custody is Shared Between Caregivers

ORCAH sometimes receives reports regarding children whose "residence" is not clearly understood. ODHS has the authority to conduct a CPS assessment if a child is currently located in Oregon and there is an allegation of abuse, even if they are not an Oregon resident. If a child experiences abuse in Oregon, but is no longer located in Oregon, consult with a screener supervisor. Further conversation is necessary to understand the specific dynamics of the report (as described below in "Questions to assist in decision making") and future impact on child safety.

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. 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 amount 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? This may be learned from the reporter or through a collateral contact to the ODHS Self-sufficiency Program.
    - 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 the child is a resident of both Oregon and another state, and the other state is responding, the report can be closed at screening.

Consider an extension to fully understand 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.

Report That Is The Responsibility of the Office of Training, Investigation and Safety (OTIS)

Screeners must refer to the Third party and OTIS Guide on the ORCAH OWL to determine if OTIS is responsible for completing the screening decision. The screener does not utilize the Structured Decision Making (SDM) tool within the ORCAH Documentation Guide (ODG). Once the reported information is documented as outlined in Section 3 Screener Process and Practice, the screener immediately pends the report to the designated OTIS screener (refer to Third Party and OTIS Guide within ORCAH OWL) and sends an email to OTIS (OTIS.Screening@odhsoha.oregon.gov) indicating a report has been pended. The email must include the attached screening report PDF. The subject line of this email must include "New report, Screening ID#".

Abuse By a Person Who Is Deceased

Abuse by someone who is deceased may not always require a CPS assessment. Child Welfare focuses resources on children who may need safety intervention while also recognizing and respecting the circumstances in which a child's safety is ensured by caregivers. These existing connections and natural supports may be sufficient to manage safety for the child. When the threshold for an allegation of abuse is met, and there is a surviving parent, guardian, legal custodian or Indian custodian, a screener may, in consultation with their supervisor, utilize a screening override to close the report at screening.

Alternatively, if Child Welfare determines intervention is needed to assure child safety because there is no one known or available in the child's life able to fulfill that role, then it is the responsibility of the Department to conduct a CPS assessment. The screening report will be assigned when a report involves the death of the person who allegedly abused the child, and one of the following applies:

- There is no known surviving parent, guardian, legal custodian or Indian custodian;
- There is no known plan for the child's care;
- The surviving parent, guardian, legal custodian or Indian custodian is incapacitated or unable to plan for the child; or
- The report includes information about a child fatality due to alleged abuse or if the deceased child, the deceased child's sibling or a member of the deceased child's household was the subject of a prior report.

Family Support Services (FSS) Request

A request for Family Support Services (FSS) does not include an allegation of abuse. The screener does not utilize the Structured Decision Making (SDM) tool as a result.

Structured Decision Making (SDM) Tool in Screening

Making the Screening Decision

Once the screener has gathered, documented, and reviewed the screening information in the ORCAH Documentation Guide, the screener applies the Structured Decision Making tool to the information to determine the screening decision. It is at this point the screener considers the information in the context of the criteria to assign and the criteria to close at screening.

Oregon's Child Welfare Structured Decision Making system was developed to use at screening with the objectives of making an accurate screening decision, addressing safety through choosing the applicable response time and considering unique factors in each report. The SDM tool is used in conjunction with the ORCAH Documentation Guide to guide screeners through decision making process with each report of abuse.

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 same household as the alleged victim;
- The information reported does not meet the first two criteria of this section but is the responsibility of Child Welfare and the alleged perpetrator is:
    - A person who has access to the child based on their relationship to the child's parent, caregiver, or household member;
    - A relative with a close personal relationship and frequent/regular contact with the household;
    - A minor (currently or at the time of abuse), who does not fall into the familial category;
    - A third party contractor providing services in the Child Welfare certified resource home or Child Welfare certified respite provider's home;
    - A sex trafficker who does not fall into the familial category;
    - A person whose access and relationship to the alleged victim is unclear but their relationship cannot be ruled out was being the responsibility of Child Welfare.

  Note: *There may be additional circumstances that arise, that do not fall under the above criteria that must be assigned. If unclear, the screener should consult a screening supervisor.*
- 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 as defined in OAR 413-015-0115(1)(b); and involves a home certified by Child Welfare.
- 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, even though abuse criteria is not met, and a screening supervisor agrees that assistance from CPS is appropriate.

Abuse Type Considerations

All information received at the Oregon Child Abuse Hotline is evaluated to identify if it is a report of abuse by evaluating 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.

First, Oregon Revised Statute (ORS) 419B.005 defines a "child" as an unmarried person who:

- Is under 18 years of age; or
- Is a child in care, as defined in ORS 418.257.

Although the definition indicates "unmarried", there may be circumstances that would require an intervention for a married minor. The agency has the ability to do more than statute requires when in the best interest of child safety. For example, an 11 year old married to a 17 year old, even with the permission of their parents, may require an assessment.

The definitions of abuse within ORS 419B.005, apply to all children under age 18 and a child in care under age 21. These definitions include 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 rule and procedure, the types of abuse as defined below are considered abuse in Oregon. A child in care is a person under the age of 21 who is living in or receiving services from a:

- Child-caring agency (CCA),
- Proctor foster home (a foster home certified by a child-caring agency);
- An Office of Developmental Disabilities Services (ODDS) residential facility;
- Resource homes certified by Child Welfare or the Office of Developmental Disabilities Services (these may include relative caregivers); or
- Contracted provider.

"Child in care" does not include a person under 21 years of age who is residing in any of the entities listed when the care provided is in the home of the child by the child's parent.

When determining whether the report contains an allegation of abuse for a child in care, the screener first evaluates whether the definitions within ORS 419B.005 apply. If criteria are not met, then the screener moves to consider whether the expanded definitions described in ORS 418.257 apply. The expanded definitions ensure that providers responsible for a child in care are held to a higher standard than ORS 419B.005 definitions. Definitions that apply to a child in care include:

- Abandonment.

- Any physical injury to a child in care caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.
- Willful infliction of physical pain or injury upon a child in care
- Neglect of a child in care.
- An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467 or 163.525.
- Financial exploitation.
- Sexual abuse.
- Verbal abuse.
- Involuntary seclusion.
- Wrongful use of restraint.

	Types of Abuse That Apply to Children Under the Age of 18.	Types of Abuse That Apply to a Person Under The Age of 21 Who Is a Child In Care. OAR 413 015 0115
Parent, Caregiver, Household Member	**ORS 419B.005**	**Definition Does Not Apply.**
Third Party Perpetrator	**ORS 419B.005**	**419B.005 Up To Age 18.**
Resource Homes and Respite Providers Certified by Child Welfare	**1. ORS 419B.005** **2. ORS 418.257 When The Alleged Perpetrator Is a Child Welfare Certified Resource Parent or Respite Provider.** ****418.257 does not apply to a resource or respite provider's own child.**	

When evaluating the abuse definitions to identify and select abuse types, screeners must consider the impact of culture within family systems and family practices. All information is considered within the context of culture and must be approached with cultural humility.

It is essential for screeners to acquire knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems such as race and ethnicity; 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 and unique characteristics of families. Simultaneously, screeners must operate with the understanding that Oregon Child Welfare is obliged to protect children from cultural practices when the practice meets the definitions of abuse.

The following is divided by abuse type and includes the statutory definition and then types of abuse that fall under that definition. Within each abuse type are suggested questions that can be asked to better understand if the abuse type exists in the report (these are not all inclusive lists). 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.

Neglect

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

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-in other words, an act or omission. Chronic neglect is a persistent pattern of family functioning in which the caregiving adult 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.

Failure to Provide for Child's Basic Needs

The child's basic needs are unmet to the extent that their daily activities are or will be severely impacted, they develop or suffer worsening injury or illness, and/or their physical health and development are impacted.

- The child is not provided with the necessary food to sustain physical health and development. 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, or other means of sustenance (e.g., eating at school, with family) before deciding that lack of food is creating or likely to soon create a significant threat to child safety.
- The child's basic needs for clothing and/or hygiene are unmet to the extent that the child's daily activities recurrently are or will be severely impacted without intervention, and/or to the extent that the child to develop or suffer a worsening of injury or illness.
- The child's living conditions are unsanitary and/or contain hazards that either have or likely will lead to a child's injury or illness if not resolved and the adult has not attempted to resolve the conditions. Consider the age and developmental status of the child and to what extent the specific living conditions pose a danger to the child. Examples may include but are not limited to:
    - Housing that is an acute fire hazard or has been condemned;
    - Exposed heaters that a young/vulnerable child has access to and could be easily burned;
    - Significant gas fumes that have been affecting the child;
    - Unsafe electrical wiring that could result in fire or shock;
    - Human, or animal excrement; or
    - Accessible hazardous chemicals.

Abuse Specific Questions:

- Can you tell me what you think this child is lacking that they need? How long has this been occurring?
- Is there a barrier outside of the adult's control impacting their ability to meet this need? Are there any supports in place that help meet this need? If those aren't working, why?
- Has the person reached out for help with this child's need?
- Can you tell me about a time when the child has had this need met and by whom? Are there vulnerabilities for the child that cause this lack of what they need to be more impactful?
- If the children are different ages, how does the condition of the home impact each of them? Is there a difference in how they are impacted or in how their safety is threatened?
- Do the parents have control over this housing condition? Is it the responsibility of the landlord if renting?

Lack of Supervision

An adult does not provide and/or arrange for supervision appropriate to the child's age, cognitive ability, and physical condition. Consider the abilities of the person left responsible for the child AND the child's age and developmental status.

Abuse Specific Questions:

- Do you know how the child responds when something new, unexpected or emergent happens to them?
- How do they respond to crisis?
- Tell me about the child's behaviors and needs that lead you to believe they need a different level of supervision than that they are getting?
- Tell me about the person left in charge. Is there anything about them that concerns you?

Lack of Protection

An adult is unable or unwilling to protect the child from abuse or exploitation caused by the acts of another person. A lack of protection occurs when the adult does not intervene or remove the child from a situation where that child is being abused by another person, despite knowledge or reasonable expectation of knowledge that the child is being harmed. Examples include but are not limited to the following.

- Leaving a child with a person they know or reasonably should know has physically injured a child previously.
- Leaving a child with a person with active or uncontrolled substance misuse or substance use disorder, including situations in which the child is in a car driven by someone other than the parent who is under the influence of substances.
- Involves a child in the commission of a crime (stealing, drug purchase or selling) directly or by indifference. Exposure of a child to criminal activities should include information of adverse impact on the child.

Abuse Specific Questions:

- What is the relationship between the parent/caregiver/adult and who was taking care of the child?

- How long have they known them?
- Have they said or done anything that makes you think they aren't safe caring for the child? What?
- Did the parent/caregiver know about these concerns? What makes you think they did/didn't know?
- How long was the child left with the person?

Note: *If there is an allegation of abuse directly related to domestic violence, the alleged perpetrator is the parent/caregiver who is committing DV. The adult subjected to domestic violence should not be identified as an alleged perpetrator of child abuse with an allegation of lack of protection.*

Medical Neglect

The delay, refusal, or failure to seek, obtain, and/or maintain necessary medical, dental, or mental health care when person responsible knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child. Failure to provide the child with immunizations or routine well-child medical appointments does not constitute medical neglect in and of itself. Medical neglect may include but is not limited to the following.

- Frequently missed appointments, therapies, or other necessary medical and/or mental health treatments that cause or likely will cause a worsening of an illness or injury to the child.
- The person responsible took child out of or terminated treatment against medical advice, and their removal is likely to cause the child harm or have a negative impact on the child.
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical or mental health conditions.
- Withholding medically indicated treatment from disabled infants with life-threatening conditions.

Abuse Specific Questions:

- What is the condition of the child and is there a medical diagnosis?
- What is the recommended care for the medical diagnosis? If there have been missed appointments, do missed appointments harm the child?
- What is the child's height and weight?
- Is the caregiver aware of the issue? If so, how have they responded now and in the past?
- Do you know if there any barriers contributing to the issue? Have supports been offered to overcome those barriers?

Access or Exposure to a Harmful Substance

An adult has knowingly, intentionally, or negligently exposed the child to a harmful or controlled substance that has or will likely impact that child's health or life. When thinking about alcohol use, consider the active or passive behavior of the adult, the amount of alcohol and frequency of use to understand the impact to the child. Examples include but are not limited to the following:

- Allowing or encouraging the child's use of substances. By law, a parent/caregiver cannot allow access to controlled substances unless prescribed by a physician or under the direction of a physician. Intentionally or negligently allowing access to cannabis edibles, or other products containing THC, particularly those that are enticing to children (gummies, brownies, chocolate, sodas, etc.)
- Exposing a child to high concentration of THC through secondhand smoke directly blown into child's face or active smoking in the presence of a child in a small, enclosed space.
- Exposing a child to an environment or residence that is toxic or hazardous due to controlled substance production, use or sale (e.g., methamphetamine, fentanyl, or cannabinoid extract).

**Consider Threat of harm and when a newborn has been exposed prenatally to substances. **

Abuse Specific Q!uestions:

- What kind of substance was the child exposed to?
- How often does the adult use the substance, in what quantity? If prescribed, for what condition?
- Can you describe the behavior of the adult when they are under the influence? What about afterward?
- How is the child being impacted by the use of the adult?
    - Are they directly exposed? How?
    - Where is the substance used?
    - Where is it stored?
- What do interactions between the child and adult look or sounds like when the adult is under the influence?

Child Selling

An adult buys, sells, barters, trades, or offers to buy or sell the legal or physical custody of a person under 18 years of age.

Abuse Specific Questions:

- Do you know if they've done this before or attempted to?
- What led up to this happening? (ex. Parent in debt, doesn't want to parent)
- If already exchanged, do you know what has happened to the child since then?
- Does the person who sold their child have other children? Does the person who bought the child have other children?

Abandonment

An adult willfully abandons a child without making adequate arrangements for the child's basic needs or continuing care.

Abandonment may be indicated by but is not limited to:

- Leaving the child or has left the child in the care of another for an indeterminate length of time or significantly longer than the planned length of time, and the current person (non-parent/caregiver) who is providing care seeks to discontinue care.
- Kicked the child out of the home or refuses the child entry to the home AND has not provided a safe alternative.
- Establishes another residence without the child and does not make appropriate arrangements for the child's care and custody and there are severe impacts to the child.
- Child is being discharged from a facility, and the adult refuses to accept the child back into the home. The adult has failed to cooperate or identify an alternative placement to provide care/custody and there are no systemic barriers to locating an alternative placement for the child.
- The responsible adult is unknown or unlocatable by the child and others involved in the current care of the child.
- The child meets criteria as a Safe Haven Infant.

Abuse Specific Questions:

- Does the adult know where the child is and communicate with them?
- Does the child know where the adult is? Can they communicate with them?
- Who is providing food, shelter and other supports? Do you think this person is safe? Why or why not?
- What did the adult do or say to prevent the child from returning?
- Does the adult want the child back in the home? Why or why not? What have they said or done to make you think this?
- Is there information about why the adult is abandoning the care of the child?

Physical Abuse

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.

In some circumstances, an allegation of physical abuse does not result in a visible injury. This includes circumstances where there was never a visible injury, circumstances where the severity of the action was likely to have resulted in a physical injury, but one is not visible, and circumstances when there was a visible injury that has since healed.

Alleged Perpetrator Intentionally, Knowingly, or Recklessly Caused or Reasonably Could Have Caused Physical Injury.

Alleged perpetrator regardless of expressed intention, inflicted a physical injury on the child. Include allegations of corporal punishment that result in the following examples of injuries, as well as dangerous behavior toward or near the child that shows reckless disregard for the child. Examples of alleged perpetrator behavior include but are not limited to

the following:

- Corporal punishment in which the child is injured;
- Shaking an infant or toddler;
- Shoving, pushing, or slamming a child into a wall, the ground, or other solid surface or object;
- Interfering with the child's breathing (e.g., choking, strangling, smothering);
- Electric shock; or
- Forced ingestion of dangerous substances.

In addition, consider:

- Child's age, development, and vulnerability;
- Location of the injury; and
- Severity of injury.
- The child's injuries may be internal or external.

Injuries may include but are not limited to:

- Burns or scalds;
- Bruising,
- Swelling,
- Cuts, or abrasions;
- Oral injuries;
- Punctures or bite marks;
- Fractures, sprains/strains, or dislocations;
- Internal injuries;
- Head injuries; or
- Loss of consciousness.

Injuries may be on various parts of the body and in various stages of healing.

Abuse Specific Questions:

- Has the child made statements about the injury or pain?
- If there are siblings you have contact with, have they said anything? Did the parent/caregiver/adult provide an explanation? Does it make sense? Did anyone say why the child was hurt?

- Does the child seem to be afraid? What did they say or do?
- How is the child disciplined? By whom, how and for what are they disciplined?

Injury That Is Unexplained or At Variance With Given Explanation

A physical injury to a child, consistent with the definition above, is not explained or the explanation given is not plausible or consistent with the injury, and the injury itself suggests that it is non-accidental. Injuries may be new or in different stages of healing. When the person who caused the injury is unknown, include all injuries that a medical professional describes as consistent with abuse.

Abuse Specific Questions:

- If you think the injury is suspicious, why?
- How does it seem inconsistent with the explanation?

Torture or Cruel Treatment of Child

Torture or cruel treatment includes actions toward the child that exhibit intentional or reckless disregard for the child's health and well-being. The alleged perpetrator is deliberately and/or systematically inflicting unusual, bizarre, brutal, or cruel treatment and/or severe physical pain on the child. This may be a one-time act or a pattern of actions. Examples include the following:

- Locking child in cage, closet, or confined space;
- Use of restraints not intended for human use (e.g., duct tape, chains);
- Kneeling on stones, holding index cards between fingers with arms extended, maintaining a position until pain is felt; or
- Actively and intentionally withholding or restricting the child's access to basic needs such as food, clean drinking water, clothing, shelter, toilet, and hygiene facilities to the extent that the child endures pain, illness, or injury.

Abuse Specific Questions:

- Tell me about the behavior that makes you concerned for this child. Does the adult behave differently toward this child than with others?
- Does the behavior toward the child seem bizarre or brutal? Why? Does the child have access to basic needs?

Medical Abuse

Medical child abuse occurs when a child receives unnecessary and harmful medical care at the instigation of an adult.

Abuse Specific Questions:

- What does the adult believe is the health issue for their child?
- What does the reporter think is motivating this caregiver to seek care?

- How often is medical care sought? From the same or different providers?
- What does the child think is going on? Do they think they are ill?
- Does anyone else have contact with this family and what do they think is happening?

Sexual Abuse or Sexual Exploitation

Sexual abuse includes rape, sodomy, unlawful sexual penetration, incest, fondling or voyeurism, 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 also includes 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.

Sexual Contact

Any sexual contact with a child by alleged perpetrator, including 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 with a body part or an object.

Sexual contact includes but is not limited to the following:

- Rape, sodomy, unlawful sexual penetration, incest, fondling, voyeurism;
- Any sexual physical contact between the child and the alleged perpetrator, whether directed, coerced, encouraged, allowed, forced, etc.; or
- For typical vs. atypical sexual behaviors see Section 3 Children Exhibiting Problematic Sexual Behavior

Abuse Specific Question:

- Did the child believe they would be hurt, or that family, pets, or others would be hurt if they didn't comply?

Physical or Behavioral Indicators Consistent With Sexual Abuse

Basis exists for concern that a child has been sexually abused. Indicators include but are not limited to the following:

- The child has initiated or participated in sexual actions with any individual that are outside the realm of age and developmentally appropriate behavior. Consider the child's age, developmental status, and any power or age differential between alleged perpetrator and alleged victim when assessing this item.
- A child presents with a sexually transmitted Infection, symptoms of a sexually transmitted infection and/or other injuries to the genital or anal area that are unexplained, including when the child is pre-adolescent or unable to consent to sexual activity.

Abuse Specific Questions:

- How would you describe the child's developmental level?

- Are they similar socially and verbally with peers?
- Do they have cognitive, physical or developmental delays? Tell me more about how they function in their day.
- Would you say there is a difference in the age or developmental level of the child being harmed and the person who harmed them? What do those differences look like? Why would this difference concern you?
- Do you believe the child has access to materials/websites/social media on their own?

Exposure To Sexually Explicit Conduct or Materials

The alleged perpetrator knowingly permits or provides a child access to pornographic or harmful sexual material or to witness sexual acts. This includes engaging in sexually explicit communication with the child, sending a child or requesting a child send sexually explicit photos or videos.

Abuse Specific Questions:

- How were the materials described?
- What platform or technology was used to share?
- Do you know anything about the device that has the original materials?
- Is there information about why the person shared materials with the child?
- What did the child think about the sexual material?

Sexual Exploitation

Sexual exploitation includes but is not limited to the following:

- Engaging a child in sexually explicit communication including soliciting or sending explicit images for personal or financial benefit
- 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 (or vice versa) for the purpose of sexual arousal or gratification of either person or forcing a child to watch sexual acts.

Abuse Specific Questions:

- If the exchange happened over text or social media, what platform? How many messages were sent and over what period?
- Did anyone take screenshots of the messages? What did the messages say?
- Were images shared with others? With whom?
- What did the images depict? What was the child's response to the messages?
- Are the parents/caregivers aware of what is going on? What is their response?

Sex Trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act. This includes the exchange of something of value, which may be money, food, drugs, and shelter.

Abuse Specific Questions:

- Has the child been "missing" or has “runaway”? How many times and how long are they gone? Where do they say they’ve been? Is it known where they are staying?
- Does the child have an unknown source of money, expensive clothes, new phone, etc.?
- Are you concerned about drug use by the child? Can you describe their behavior? How has it changed?
- Does the child indicate they have a romantic partner, boyfriend, girlfriend, etc.? How old is this person?
- Is the adult concerned about the child? What have they done to try and protect the child?
- Does the child have tattoos or body art indicating branding by a trafficker? Does the child have gang affiliation?

Mental Injury

Mental injury includes only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements or threats result in severe harm to the child’s psychological, cognitive, emotional, or social well-being and functioning.

Adult actions have led to or create conditions that are consistent with substantial impairment of the child’s psychological, cognitive, emotional, or social well-being and ability to function.

For an allegation to meet the definition of mental injury at screening, there need only be a reasonable cause to believe that the adult’s behavior is, intentionally or unintentionally, the cause of the child’s impaired functioning.

The adult’s actions include but are not limited to the following:

- Isolating, rejecting and/or degrading the child.
- Victimizing the child by means of psychologically cruel, unusual, or excessive discipline.
- Harm or threatened harm to child, family members or others including homicide.
- Harm or threatened harm to animals.
- Threats of self-harm, including suicide.
- Statements of disregard for child’s safety and well-being, including statements that the child should leave home, life would be easier without the child, or encouraging the child’s acts of self-harm.
- Consistently blaming, berating, belittling, targeting, or shaming the child.
- Exposure to other brutal or intimidating actions or statements.

The child's impairment may be observed as extreme behaviors (e.g., overly compliant or demanding, extremely passive or aggressive, hyper-social or isolating). Such extremes are best understood in the context of the child's baseline behavior or, if baseline behavior is not known, developmental norms. Extreme behaviors may include but are not limited to the following:

- Fire setting, self-harm, suicidal ideation, harming animals.
- Developmental regression (e.g., sudden incontinence, verbal child becomes nonverbal).
- Child expresses credible fear that they will experience any abuse.
- Child may isolate themself, be preoccupied with their body, or become withdrawn or shut down.
- Child may become hyper-compliant, and intensely focused on seeking approval through over achievement in school, at home or in other settings.

Abuse Specific Questions:

- What statements are being made to the child? Is anyone trying to protect the child? Who?
- If threats are being made, what is implied or stated?
- When did you first notice a change in the child either behaviorally, socially or emotionally? How would you have described the child prior to this time?
- What do you know about this child's development level? Are they similar or different than peers? How so?

Threat of Harm

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

Threat of harm is reserved for use at screening when the reported information does not identify another abuse type, but does meet the definition of Threat of Harm. When the abuse to the primary victim results in harm, a threat of harm to other children in the home should not be assumed but must be considered.

Physical Abuse

Based on the alleged perpetrator's reported actions, there is a real and plausible threat to the child's physical safety. This includes but is not limited to the following.

- Alleged perpetrator's violence towards others in the presence of the child or violent outbursts in the presence of the child; or
- Driving while intoxicated with children in the vehicle when no injury to the child occurred. If child was injured due to another's driving while intoxicated, consider an allegation of Physical Abuse: Intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury.

Sexual Abuse or Exploitation

Based on alleged perpetrator's reported actions, there is a real and plausible threat that the child will be the victim of sexual abuse or exploitation, specifically including grooming behaviors. 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/or 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.

When "Threat of Harm: Sexual abuse or exploitation" has previously been assessed, a new report for this allegation does not require assessment unless new information indicates an assessment is required. Examples include but are not limited to:

- New child in the home;
- New incident of sexual offending; or
- Change in household composition.

Do not select this item 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 or living with children.

Neglect

There are no injuries or circumstances to support that another abuse type has occurred or is occurring but based on the adult's failure to act, there is a real, and plausible threat to child safety.

Consider "Threat of Harm: Neglect" when the information in the report indicates that there is behavior, condition, or circumstance that poses a real and plausible threat to child safety in that the child is likely to experience neglect (see neglect definition). Examples include:

- An adult has current or recent child welfare involvement as an alleged perpetrator of a founded/ substantiated neglect allegation that resulted in the child/ren remaining placed outside of their care due to the circumstances not being ameliorated.
- An adult's substance use is unmanaged, or substance use disorder is untreated, leading to recent or current behavior that poses a threat to the child's safety or welfare or that could do so, in consideration of the vulnerability of the child. This may include circumstances in which an infant or birthing parent test positive for substances at birth or the infant experiences withdrawal symptoms at birth.

Domestic Violence

Oregon Child Welfare defines in Oregon Administrative rule (OAR) 413-015-0115 as "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."

Domestic violence itself is not an abuse allegation, but the circumstances it subjects the child to may be. Fundamentally, screening does not select two allegations for the same circumstance. Instead, we must consider what harm is being caused by the violence. This might include:

- Physical abuse when the child is physically harmed by the batterer during the violence.

- Mental injury when the batterer's behavior includes threats of harm to animals, threats of self-harm, targeting or exposure to other brutal or intimidating actions or statements, etc., and there is an observable and substantial impact to the child.
- Neglect by the batterer (not the adult survivor) when the pattern of domestic violence results in neglect of the child.
- Threat of Harm when the domestic violence doesn't result in any other abuse type and there is a substantial risk of harm to the child's health or welfare. (When the abuse to the primary victim results in harm, a threat of harm to other children in the home should not be assumed but must be considered.)

In deciding to select "Threat of Harm: Domestic Violence", consider more than whether the child witnessed or was in the same room as the domestic violence; consider whether there is a real and plausible threat to the child. 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. Indicators of power and control includes isolation, intimidation, threats of homicide or suicide, stalking, weapons, violence increasing in frequency or severity, and other types of abuse. These may be single incidents that resulted in injury to or arrest of a parent/ caregiver or involved the use of a weapon, or there may be a pattern of behavior that would be of lesser concern if it was a single incident.

This pattern of behavior may continue after the end of a relationship or when the partners no longer live together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family,

There are also times when both Threat of Harm: Domestic Violence and another abuse type are selected because there are more than one set of circumstances being reported that require consideration of multiple abuse types. For example, Threat of Harm: Domestic violence may exist due to the pattern of domestic violence occurring AND the child experienced physical abuse separate from the domestic violence. In this example, both abuse types would be selected.

Child in Care Abuse Types at Screening

When considering the child in care abuse types, first determine whether the above definitions in accordance with ORS 419B.005 are met. If the threshold outlined in the above SDM definitions are not met, then consider the following expanded definitions for a child in care who is under the age of 21.

Select these items only for a child identified as living with a resource parent or respite provider certified by Child Welfare; this includes children living with certified relative caregivers. The person alleged to be responsible for the behaviors described must be a resource parent or respite provider.

Child in Care: Neglect

Neglect of a child in care is the failure to provide the child with care, supervision, or services necessary to maintain the physical and mental health. This specifically includes the resource parent not following through with an expectation in the case plan, treatment plan, and/or supervision plan, such as:

- Missed therapy or medical appointments; or
- Noncompliance with the visitation plan.

Neglect also means the failure to make a reasonable effort to protect a child in care from abuse.

Abuse Specific Questions:

- How is the provider not meeting the child's needs? Behavioral descriptors needed.
- What is the current case plan, treatment plan, or supervision plan? How isn't it being met? Gather dates/times, who was responsible and what happened.
- Is the provider aware of the case plan, treatment plan or supervision plan? How do you know?
- What is the reason a plan wasn't followed?
- If the child in care been abused by someone outside the resource home, was the provider aware of the risk this person posed? How do you know? What did the provider say or do that makes you think so?

Child in Care: Abandonment

Abandonment includes "desertion or willful forsaking of a child in care or withdrawal or neglect of duties and obligations owed a child by a Child Welfare certified resource parent, Child Welfare certified respite provider, a caregiver or other person" (ORS 413-015-0115). When considering abandonment as an abuse type, also consider Neglect: Lack of Supervision. Neglect may be more appropriate if there is some indication that the alleged perpetrator intended to return.

Abuse Specific Questions:

- What makes you believe the child has been abandoned?
- Are their needs being met elsewhere?
- Is the provider aware of where the child is? Are they in contact with each other?
- What makes you think the provider doesn't want to care for the child in care? Include descriptors of statement, attitudes, or behaviors.
- Does the provider intend to return to care for the child? What is the plan?

Child in Care: Financial Exploitation

Financial exploitation includes the following:

- The wrongful taking of the assets, funds, or property belonging to or intended for the use of a child in care, including misuse of the child's social security number. A child's assets, funds, or property may include Tribal trust funds, Social Security Income, employment income, etc. Conveying a threat, directly or indirectly, to wrongfully take or appropriate the child's moneys or property, which results in the child being intimidated, distressed, or fearful and the child 's reasonable belief that the threat will be carried out.
- Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child in care.
- Failing to use the income or assets of a child in care effectively for the support and maintenance of the child.

Appropriate limits on the child in care to access to their assets, funds, or property may include the following.

- Age- or developmentally appropriate withholding, or stated consequences that include withholding, of assets, funds, or property that belong to the child in care for the purpose of discipline or behavior management.
- Taking a child 's phone away and restricting access to electronics are both examples of temporarily withholding access to their property, which can be reasonable discipline. Consider the child's age, development, and behavior when evaluating the reasonableness, as well as how this may impact planned communication with the child 's support/treatment team and family.
- Teaching the child financial skills, such as saving or budgeting, by limiting immediate access to funds or setting up dedicated saving for future use by the child.

Abuse Specific Questions:

- What makes you think the child 's resources are being used inappropriately? What have you observed?
- What are they lacking that the provider should be providing? Do they know the provider is using their resources?
- Has the provider provided an explanation for their actions? Does the response indicate they are limiting the child s' access for a logical reason, such as a consequence for behavior?

Child in Care: Physical Abuse or Willful Infliction of Physical Pain

Physical abuse includes any physical injury to a child in care caused by other than accidental means, or that appears to conflict with the explanation given of the injury, or willful infliction of physical pain or injury upon a child in care. The use of physical punishment or discipline that induces pain or discomfort and potentially compounds the child 's trauma experience. Willful infliction of physical pain does not need to result in an injury or if it does, the injury does not need to be visible. Consider discipline in the context of current development or that involves physical contact or physical action on the part of the child. This may include but is not limited to the following:

- Flicking;
- Pulling Ears;
- Pinching;
- Sitting in one position without relief; or
- Running laps.

Also select for any non-accidental physical injury to a child in care inflicted by the resource parent or other member of the resource household, or that appears to conflict with the explanation given the injury. Physical abuse also includes the willful infliction of physical pain or injury upon a child in care.

Abuse Specific Questions:

- What did the child/child or provider say about the incident and how did they respond during the incident?
- Did the child say anything about the frequency or duration of the providers behavior?

- What was the reaction of the child to the provider's behavior?
- Do you think the action was intentional by the provider? Why or why not? What makes you think so?

Child in Care: Involuntary Seclusion

Involuntary seclusion means confinement of a child in care alone in a room or an enclosed space from which the child in care is prevented from leaving by any means. A resource parent or respite provider certified by Child Welfare may not put a child in care into involuntary seclusion. Involuntary seclusion is abuse when used as a form of discipline, punishment, retaliation, or for the convenience of the resource parent.

Abuse Specific Questions:

- If threats are being made by the provider, what do they say? What does the child think will happen to them if they leave the space?
- Why is the provider putting the child in confinement? What have they said or done to make you believe this?
- How long or often is the confinement?

Child in Care: Wrongful Use of Restraint

Child Welfare–certified resource home or respite provider may not place a child in care in a restraint.

Wrongful use of restraint does not include:

- Holding a child in care's hand or arm to escort the child in care safely and without the use of force from one area to another; or
- Assisting the child in care to complete a task if the child in care does not resist the physical contact.

A provider may use physical intervention if:

- The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact;
- The physical intervention uses the least amount of physical force and contact possible.
- The physical intervention is not a prohibited restraint, as described in ORS 418.519 and 418.523.

Abuse Specific Questions:

- Did the provider explain why they restrained the child? What did they say?
- How did the child in care respond to the restraint?

Child in Care: Sexual Harassment or Coercive Conduct

For a child in care, select any of the sexual abuse or exploitation items defined above apply. In addition, select for reports of a child in care who experienced:

- Sexual harassment or inappropriate exposure to sexually explicit material or language; or

- Any sexual contact between the child in care and their resource parent or other person in the home, achieved through force, trickery, threat, or coercion.

For a child in care, sex trafficking is defined as 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.

If the sexual contact occurred between a child in care and another child in care, consider an allegation of neglect by the resource parent.

Abuse Specific Question:

- Was anyone else present when the incident occurred?
- Who else might have information about what happened?

Child in Care: Verbal Abuse

The resource parent threatened severe harm, either physical or emotional, to a child in care, using:

- Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
- Harassment, coercion, threats, humiliation, or mental cruelty.

The language was directed at the child in care, either directly or indirectly, AND contains an explicit or implicit/implied threat to the child in care. The harm threatened must be so severe that it would result in an acute or significant injury to the child's functioning. The child responds with a belief of the threat, a fear of it occurring, or another emotional reaction in response to the belief that the resource parent will physically or emotionally harm them. When considering verbal abuse, also consider "Child in care: Neglect."

Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges. Using profanity in the presence of but not directed toward the child is not verbal abuse.

Abuse Specific Questions:

- Has the provider said how they feel about the child? Do they express frustration, negativity, or dislike?
- How did the child in care interpret the statements?

Screening Recommendation Overrides

A Screening Recommendation Override is used by the screener within the Structured Decision Making (SDM) Tool embedded within the ORCAH Documentation Guide (ODG) for one of two reasons; to close a report at screening even though an allegation of abuse has been identified, or to assign a report that does not meet the definition of abuse. The reasoning for each of the overrides is explained below and supported by Oregon Administrative Rules.

One or more allegations are selected; however, the report will be closed at screening because:

- Allegation is a historical report of abuse, and the screener determines that alleged perpetrator is deceased, and the death of the alleged perpetrator was unrelated to the report of abuse.
- Alleged child victim is not an Oregon child.

- Alleged perpetrator is a child and resides in another jurisdiction.
- The report of abuse indicates that the alleged abuse occurred in another country and the alleged perpetrator is located in another country.
- Report does not include an allegation of abuse; however, the report will be assigned based on request from a Tribe, law enforcement agency, or OTIS.
- Report does not include an allegation of abuse and does not contain information that describes behaviors, conditions, or circumstances that pose a risk to a child. The report will be deleted.

Circumstances When Abuse Threshold is Met but an Allegation is Not Selected in the SDM Tool

There are certain circumstances when the abuse definition threshold is met however a selection within the ORCAH Documentation Guide of "Report does not include an allegation of abuse" is appropriate. This is true when:

- The alleged victim is within the exclusive jurisdiction of the Confederated Tribes of Warm Springs: ODHS does not have authority to intervene on reports of abuse, even when they meet threshold. A report of abuse must be closed at screening and immediately forwarded to the Tribe. The Tribe will screen the report and determine if assessment is required.
- Abuse occurred when the alleged victim was a child, and they are now an adult: Abuse in Oregon under ORS 419B.005 and 418.257 only apply to a current child.
- Another state's child protection system either historically or is currently assessing the abuse: Child Welfare does not re-assess abuse or duplicate the assessment efforts being made in another state. To do so would not be trauma informed for the child and family.

Response Time Criteria

For all assigned CPS reports, screeners must determine an appropriate CPS response time. Response times of within 24-hour, within 10 business days or within 72-hour response time are chosen based on the information in the screening report applied to the response time criteria in the Structured Decision Making tool. This is a process of elimination beginning with reports needing an urgent response and progressing until a response time has been established. **All response time criteria must consider the child's age, development, vulnerabilities, health-related conditions, pattern of recent unsafe or harmful circumstances, parental response to child behaviors, and presence or absence of other responsible adults.**

Within 24-hour Response Time Criteria

Failure to respond within 24 hours could result in death of or severe injury to child.

Considering age and developmental status of the child, any abuse allegations, and presence or absence of protective adults, there is concern that the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful if response takes longer than within 24 hours. This includes reports of a suspicious child death when there are other children in the home and allegations are being assigned for the other children in the home.

Child of any age requires urgent medical or mental health evaluation or care for injury, pain, or illness.

This includes parent/caregiver refusal to treat diagnosed medical conditions that require prescribed regimens to ensure safety and allegations include concern that regimens are not being followed, behavior that could have resulted in serious injury that is not immediately visible (e.g., blows to the head, kicks or punches to the stomach or groin, shaking a child under 3), suicidal threats or attempts by child or alleged perpetrator, or other behavior dangerous to self or others.

Child or reporter expresses fear that child will experience harm if the response does not occur within the next 24 hours.

Child is exhibiting behavioral indicators of fear, and this fear is attributable to any allegation of abuse; and/or the reporter provides credible evidence of a threat to the child's safety if response takes longer than within 24 hours.

Children express fear through different, sometimes contradictory, behaviors. These may include the following.

- Kicking, screaming, biting, spitting, throwing things, etc.
- Shaking, quivering, crying uncontrollably.
- Running away/hiding/trying to escape the predicted dismissal or departure time. Zoning out, emotionally distancing from others.
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching.
- Physically distancing self from others. Finding a space to hide (e.g., under table/desk/bed where visual and auditory input are decreased) and avoiding being touched or making eye contact.
- Covering ears, closing eyes, and tucking arms and legs in as much as possible.
- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

Fear of parental response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety. Consider age and developmental status of the child, historical parental response to the child, and concerns or incidents of any abuse.

Tribal partner, law enforcement or OTIS requests immediate assistance.

A law enforcement agency, OTIS, or Tribal partner has requested that a caseworker respond immediately to assess a child's safety.

Family may leave their current location and/or caseworker may not be able to locate or access the child if response does not occur within the next 24 hours.

There is concern that the family may flee, the child may become inaccessible, or caseworkers will be unable to locate the family. Examples include but are not limited to the following.

- Home address is unknown and parent/caregiver and/or child is currently at school, hospital, police station, or other known location.

- The parent/caregiver and/or child threaten to flee or have a history of fleeing from Child Protective Services (CPS) or police.

There is a sexual or physical abuse allegation, AND there is reason to believe the alleged perpetrator will have access to the child if the response does not occur within the next 24 hours, or the alleged perpetrator is unknown.

The current allegation involves physical or sexual abuse, and there is reason to believe that the alleged perpetrator will have access to the child if the response is not within 24 hours, or the alleged perpetrator is unknown.

Child is currently in an unsafe, unsanitary, or hazardous setting or will be if the response does not occur within the next 24 hours.

There is reason to believe that the situation will likely deteriorate and become unsafe or harmful to the child without a 24-hour response. Consider the child's age, development, vulnerabilities, any health-related conditions, pattern of recent unsafe or harmful circumstances, and presence or absence of other responsible adults.

Child has a current injury due to alleged abuse.

Reports that include a description of current injury require a response within 24 hours to ensure the caseworker can accurately assess whether Karly's Law applies.

Within 10-day Response Time Criteria

Alleged perpetrator is deceased.

The alleged perpetrator is deceased, and the reported abuse is related to the alleged perpetrator's death.

Alleged perpetrator is not a parent, legal guardian, or Child Welfare–certified resource parent and has no current contact with the alleged victim.

Report of abuse involves a child currently in resource care disclosing past abuse in their family of origin, and no children are currently in the care of the alleged perpetrator.

Report of abuse involves a child currently living with their family of origin disclosing past abuse in resource care, the resource home is closed, and the resource parent does not currently provide care to children.

Report of abuse involves a child disclosing past abuse by a parent/caregiver, and the parent/caregiver has no contact with the child; or there are no current concerns, and the parent/caregiver is not an alleged perpetrator on an open assessment or case.

Report of child fatality with no other children in the home.

Select if the child fatality is determined to be the result of abuse or considered suspicious.

Closed at Screening Criteria

If the screener determines the report is required to be documented in a screening report and not referred 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.

The screener must close the report at screening when:

- The information does not constitute a report of abuse and the screener determines that the information describes behaviors, conditions or circumstances that pose a risk to a child
- It is a report is of abuse and the information indicates the alleged abuse occurred in another country and the alleged perpetrator is located in another country
- The alleged perpetrator is a child who resides in another state
- The child is a resident of another state, unless the abuse occurred in Oregon
- The child is a resident of both Oregon and another state, and the other state is responding
- The alleged victim is within the exclusive jurisdiction of The Confederated Tribes of Warm Springs
- The screener receives any of the following notifications and the screener determines the information reported would not be assigned:
    - Notification of an expectant parent 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 parent, the screener may consider sending a hospital alert letter if the expectant parent is on an open CPS assessment or open Child Welfare case. Considerations include:
            - A request by the Child Welfare office where the assessment or case are open.
            - The level of potential harm identified by the report details
        - When sending a hospital alert letter:
            - Include information to identify the pregnant individual;
            - State that the pregnant individual'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.
    - Notification from a caseworker that a child 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.
    - Involves an alleged perpetrator who is deceased, and it is not a report of a child fatality due to alleged abuse; and
        - There is a surviving parent, guardian, legal custodian or Indian custodian; or
        - The Department determines a CPS assessment is not required to assure child safety.
- For reports received regarding a child residing outside of Oregon, the screener must close the report at screening and forward to the appropriate jurisdiction.

Assigning Reports to the Local Child Welfare Office

The screener must refer all reports that meet the criteria to assign for CPS assessment to a local Child Welfare office as follows:

- The screener must refer the CPS assessment to the local office assigned to the address where the alleged victim resides, and that county is responsible for completing the CPS assessment.
    - The child's residence is determined by where the child and their 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 CPS 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/child 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.
- When the alleged abuse involved a resource family or respite provider certified by Child Welfare, the screener must refer the CPS assessment to the local office assigned to the address where the alleged abuse occurred, and that local office is responsible for completing the CPS assessment.
- When the alleged victim is placed in a Behavioral Rehabilitation Service or other residential program, the screener must refer the CPS assessment to the local office where the familial case is currently open.
- If the parent of a child in ODHS 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 in accordance with procedure Chapter 4: Appendix 4.13 "Inter-County Case Responsibilities, Requirements and Oversight Procedures."
- Any exception to the guidance in this section must be made in consultation with the Child Welfare program managers in the affected local offices.

Assignment Email

Preparing an assignment email to the local office requires distinct steps to ensure all parties are notified and information is sent to approved recipients.

- The email must only be generated utilizing the template within the Geographic Information System (GIS) link on the ORCAH OWL. After entering the address where the alleged victim resides, the screener selects the blue hyperlink for the **ODHS Email**. Once the email template is opened, prepopulated email addresses are included for the local Child Welfare office of assignment, LEDS Ops (Law Enforcement Data System) and Oregon Child Abuse Hotline inbox.
    - The screener will remove the ORCAH inbox email from the pre-populated recipients when the report involves an ORCAH employee. (Refer to **Section 4 Report Involving an ORCAH or ODHS Employee**

for directions.)

- If SOGIE protections apply, screener will consult the SOGIE Protocol on the ORCAH OWL and complete notifications as required.
- The screener will include the GIS identified **Send Cross-Report By LEA** email address in the Branch assignment email when LEA receives cross reports via email. The screener can right click to copy and paste the email address into the **ODHS Email** template. This consolidates emails from two to one. It also reduces duplication for business support staff.
    - When a cross report is required, the only acceptable documentation is within the **Cross Report Jurisdiction Location** section of ODG. Then a Notification must be entered with the method, name and date/time of the cross report. Documentation of the Notification is required by law and Oregon Administrative Rules. Narration of a cross report is not appropriate and may be missed if not entered within the **ODG Cross Report Jurisdiction Location** box.
    - Business staff will discard notification emails when the report indicates the method is via email or when it is left blank.

Subject Line Additions

The subject line for assignments must include: #secure# CPS, response timeline, case number, and a special circumstance label when required. To ensure confidentiality, do not include identifying information such as names or dates of birth in the subject line.

If there is no existing case to link the current report, create a case first (in order to generate a case number) prior to sending the assignment email.

When the report will be linked to an existing case, select the radio button for that existing case on the Link Report to Case card before launching the screening form, but do not click the Link Report button. When sequenced this way the case number will appear at the top of the form. Otherwise, the case number will display as “Undetermined” when a case already exists.

Special circumstances include:

- **OHC**: Out of home (or substitute care) assessment
- **ICWA:** After determining a notification is required to a Tribe add ICWA to the assignment notification email.
- **American Indian/Alaska Native Identified:** In circumstances where ancestry is reported but a specific federally recognized Tribe is not named, or OR-Kids indicates multiple Tribal Affiliations on 1270's or Tribal contact searches, add American Indian/Alaska Native Identified to the subject line.
- **Restricted:** If the report or a case involves a participant or situation that requires sensitivity or is a restricted case.
- **Worker Safety Issue:** When the information provided indicates there may be a concern related to weapons, prior threats by a participant toward ODHS representatives, dangerous animals, etc.
- **Infant:** When a child under age 12 months resides in the home.

- **Employee as Participant:** When an ODHS employee is NOT the alleged perpetrator but is a report participant (Parent/caregiver/guardian, household member, Indian custodian).
- **Language:** When the primary spoken language of the family is other than English, name the language.
- **Unidentified Family:** When the identifying information for the child and family is unknown however the information meets criteria for assignment.

Narration within the body of the email is only required when:

- A compromised response time requires narration in the body of the email. For example, "*Compromised response time: If a screening decision was made more than 10 hours after the report was received by the Oregon Child Abuse Hotline. **"
- A companion report was generated. Include the other case name and number. For example, "The reported information is also documented on a companion report that will be linked to case Joan Brown #789654."
- An Unidentified family report is awaiting identifying information before ORCAH Documentation Guide assignment can be made. The screener will include, "ORCAH assigned a pended report regarding unidentified family. Please notify ORCAH once this family has been identified to complete assignment in ORKIDS. If the branch is unable to identify the family after exhausting all efforts, please contact ORCAH and the report will be pulled back and deleted."

The screening report PDF must be attached to the email. The report should only be saved to PDF, instead of printing to PDF, otherwise the report may be corrupted and unreadable to caseworkers who access the screening report from their state issued mobile phone.

Example assignment emails are located on the ORCAH OWL OR-Kids and ORCAH Documentation Guide page under Report Examples.

Immediate Attention and Notification to the Local Child Welfare Office

When ORCAH determines a report requires assignment as a 24-hour response and the report contains any of the following factors it should be considered an emergency report requiring immediate branch response. This guide is to be used for reports where imminent harm is alleged. Examples include:

- Serious physical injuries suspected to be resulting from abuse which create a substantial risk of death, disfigurement, or impairment. Serious injuries include significant head/facial injuries, fractures, subdural hematoma, dislocation, sprains, internal injuries, and burns.
- A young child or a child with exceptional needs for care and supervision is currently 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.
- Alleged abuse involves a serious or life threatening medical or mental health condition and the child's safety is immediately threatened.

- Serious illness or life-threatening health or medical conditions and the parent/caregiver refusal to treat or follow regimens could result in death or severe harm if not immediately addressed.
- Cruel, unconscionable, intimidating, or terrorizing acts or statements by parent/caregiver with current and direct access to the child (e.g., deliberate threats to the child's life, or intimidating acts with firearms or animals).
- Situation compromises child's safety and may reflect a real and immediate potential for harm. Consider lethality of the reported information and if LEA must be contacted immediately when there is:
    - Use of deadly weapons.
    - An infant with prenatal substance exposure discharging from hospital.
    - Behavior that could have resulted in serious injury that is not immediately visible (e.g., blows to the head, kicks or punches to the stomach or groin, shaking a child under 3).
    - Current access or exposure to life threatening substances, including fentanyl.
    - The child or the reporter express fear that the child will experience severe harm if the response does not occur immediately. Child/child or parent/caregiver actively suicidal or homicidal and requires immediate intervention.
    - There is no protective caregiver available.
    - Sexual abuse believed to be occurring now or is imminent.

No Report of Abuse: Additional Considerations for Immediate Notification

- Police request immediate response.
- When immediate assistance is required due to a safety plan, or case planning decision needs to be made on an open case, or there is a disrupted placement for a child in care.
- Child in the custody of the Department needs urgent or acute medical attention.
- Child in the custody of the Department is located and in need of immediate assistance.

Notification During Business Hours 8 am to 5 pm Monday through Friday

Instant message or call the GIS contact for the local office/district. When unable to connect with this individual, the screener must contact reception at the local office for assistance contacting a CPS supervisor or designee.

After-hours Communication with the Branch: A Collaborative Approach

After-hours ORCAH staff have unique circumstances to problem solve. Once a decision is made that the reported information requires ORCAH to notify/call the branch, certain steps are set in motion. The On-Call worker needs specific information to begin their assessment process. Screening and CPS have distinct roles. Once screening has made a screening decision to assign, it is up to CPS to manage further action. Screeners should provide the necessary information and give no further direction about what should happen with the report. In the event of a specific request from a Child Welfare partner or law enforcement about timing of response or action to be taken this must be conveyed to On-Call as it supports On-Call collaboration with this partner.

Utilize the following tips to ensure information is conveyed accurately, timely and with sensitivity.

- First, Empathize. After-hours work is challenging, unpredictable and required. Being faced with a call that requires immediate attention or planning is hard when you are groggy, just falling back to sleep from the last crisis and sleep deprived. Screeners are expected to be sensitive to these dynamics and deliver high quality customer service.
    - "Hi Cora, this is Angel from ORCAH. I need to notify you of a situation. Do you need a minute, or can I share it with you now?"
    - "Hi Cora, this is Angel from ORCAH. I know it is difficult being woken up, so let me know when you are ready to take the information."
- Why is On-Call being contacted?
    - Convey how this situation fits within the criteria above. Keep it succinct and provide relevant information. The On-Call worker needs to know the most critical pieces of information, not the whole story. Share why they are being contacted (how it met criteria), where and to who they are being asked to respond, and what response the reporter is requesting. The On-call worker is responsible for contacting the reporter, if they are requesting a response or assistance, with next steps. Example explanations:
        - "We have information from a hospital social worker that a 3-year-old has a serious unexplained head injury. I told the reporter I would notify you and they are requesting a call back."
        - "LEA is requesting assistance. They are investigating domestic violence that involved a weapon and there are three children in the home they need help with. The deputy is asking to connect with on call and they said it was urgent."
        - "We were just notified that the child is being released from the hospital/jail/detention in two hours and needs support making a plan."

ORCAH Communication With The Reporter/Caller

While screeners have clarity about the differing roles of ORCAH and CPS On-Call, our reporters may not see a distinction. Screeners will explain to the reporter/caller:

- The information meets ORCAH criteria to reach out to the local office.
- It is the role of the On-Call worker to determine the next steps.
- And, if the reporter has requested contact from the branch, the screener will convey this request to On-call.

Assigning a Report Involving an Unidentified Family

In some situations, the reporter and the screener may not be able to identify the child 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 local office of assignment must be notified.

The screener must narrate in the ORCAH Documentation Guide (ODG) Decision Narrative text box the:

- Allegation(s) of abuse,
- Alleged victim(s) of the specific allegation(s),
- Alleged perpetrator,
- Date of assignment,
- Response Time decision, and
- Name of the district or local office of assignment.

A PDF of the incomplete screening report must be attached to the assignment email to the office with jurisdiction. The subject line must include "CPS, Response Time Decision, screening report ID#, Unidentified family. The body of the email must include:

> *ORCAH assigned a pended report regarding an unidentified family. Please call ORCAH once this family has been identified to complete assignment in OR-Kids. If the branch is unable to identify the family after exhausting all efforts, please contact ORCAH and the report will be pulled back and deleted.*

The screener must then send the email to the local office/branch and appropriate law enforcement jurisdiction (for cross reporting purposes) but remove from the Cc: both the LEDS and the Oregon Child Abuse Hotline addresses.

See Chapter 2, Section 5 "Assigning Reports to the Local Child Welfare Office" for additional subject line instruction.

If no response is received by CPS after five business days, the screener must email the branch via the GIS email to request the identifying information for the CPS supervisor and caseworker. The screener then sends an email to the supervisor and caseworker, including the following in the body of the email:

> *ORCAH assigned a pending report [REPORT ID#] regarding an unidentified family on [DATE] (see attached screening report). If this child/family have been identified, please provide this information. It is required to assign the report in OR-Kids. If the caseworker has made sufficient attempts and/or has exhausted all options to identify the participants, please let ORCAH know if you agree with this report being deleted.*

Screeners may find it useful to add a Teams/Calendar reminder to check with the branch on the assignment weekly. If no response is received from CPS after 10 business days, the screener will resend the email via "Reply all" to the email sent to the CPS supervisor and worker and Cc the screening supervisor. When a supervisor is Cc's on the email sent by the screener, the supervisor will wait an additional two days for the receiving supervisor and worker to reply. If no response is received, the screening supervisor then "Reply all" and ask:

- Whether the family has been identified;
- Whether sufficient attempts have been exhausted to locate the family;
- If it is agreed the report should be deleted.

A screening supervisor will need to consider whether it is appropriate to Cc their program manager if no response has been received by the assigned local office/branch.

Assigning a Report When the Family Has Been Identified:

When a report requires assignment after the local office has identified the participants and notified ORCAH, the screener who receives the information is responsible for assigning the report. An assignment cannot be delayed once the information is received. The screener receiving the information then completes the report by:

- Matching the correct participants,
- Completing Oregon Vital Events Registration System (OVERS) when necessary,
- Completing OR-Kids searches for American Indian/Alaska Native ancestry,
- Child Welfare history search and analysis,
- Update the LEA Cross Report information to indicate the report is a "Follow-up" cross report, and
- Add any required notifications.

Once the report is updated with this information, the screener will assign to the local office using the GIS Email contact, including the appropriate LEA email and the caseworker and supervisor as Cc. Within the email body include:

> *This report was initially assigned to [branch name, e.g., Oregon City] for assessment on [DATE] as an unidentified family report.*

Deleting a Report When Family Is Unable To Be Identified:

When a report requires deletion, the screener has a role in notifying the reporter, law enforcement, and others who were notified of the assignment. The reporter must be contacted either by email or phone, if their contact information is known, to be told the family could not be identified and the information was deleted. Help the reporter understand the information is unable to be documented without identifying information. Prior to pending the report to a supervisor for deletion, the screener will document in the ODG Stepper 6, in the Decision Narrative text box:

> *CPS exhausted efforts to identify family. Delete report.*

The screener then sends a "Follow-up" copy of the report to the appropriate LEA cross reporting agency. This helps our law enforcement partners understand the outcome of the attempts by CPS to identify the family.

The screener must select in the ODG the delete reason dropdown of "No/incomplete identifying info from reporter" and pend to their supervisor for approval and deletion.

Post Structured Decision Making (SDM) Considerations and Special Circumstances

Once the SDM tool has been utilized, there may be additional situations or circumstances that required consideration.

Reports that Involve both Oregon and Another State

Oregon Department of Human Services Child Welfare (ODHS) works collaboratively to share timely and relevant information for the purpose of conducting child abuse assessments/investigations. The ORCAH screener must attempt to understand how another state hotline/CPS is responding to the situation to determine Oregon's response. Duplication of assessment efforts is not necessary, nor trauma informed for families.

If the screener determines there is an allegation of abuse using the SDM tool, they must attempt phone contact with the other state to determine their response. The other state's decision may inform ORCAH's screening decision. If the screener determines using of the SDM tool that threshold is not met for an allegation of abuse (but not due to an override) then the report may be forwarded to business support to complete notifications to the other state's CPS.

In general, the guidance above is contingent upon whether ORCAH can verify whether the other state intends to assign a report of abuse. Consultation by screeners and screening supervisors with ORCAH Program Manager or Safety Program Manager may need to occur to understand what is in the best interest of child safety.

Four Closed at Screening with a Child Under the Age of Five (4 under 5)

While reviewing the Child Welfare history for a family, the screener must determine if 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 setting who is less than five years of age. The requirement under this rule indicates if any of the children in the home setting is under age 5, even if they are not the child of concern in the report, the screener must evaluate the number of prior closed at screening reports. An assignment to CPS is required under Oregon Administrative Rule (OAR) 413-015-0211 unless an exception has been approved by a supervisor.

- An exception cannot be requested by the screener or granted by a supervisor when there is a child under 12 months of age. Knowing the vulnerability of infants and that they may have limited contact with those outside the home or mandatory reporters, multiple reports may highlight areas of need for the family or possible abuse

To improve equitable practices and align with antiracist principles, ORCAH screeners will staff all eligible reports that fall under this rule with a supervisor. Eligible reports include:

- All four consecutive closed at screening reports must fall within 24 months prior to the most recent closed at screening.
    - Assessments that occurred within the previous 24 months that resulted in a Close/No Allegation disposition will be considered a Closed at Screening for the purposes of this rule.
    - An open Family Support Services (FSS) case does not count as a "report". The 4 under 5 rule only applies to CPS reports.

An allegation will not be selected for a report that is closed at screening. If an exception to assignment to CPS assessment is not approved, the screener will select the allegation in the SDM Tool that most closely aligns with the reported concern. Overrides within the SDM Tool are not used for a "4 under 5" assignment.

When an exception has been utilized for a fourth report, if subsequent reports are received then each must be reviewed as though it is the "fourth" report. The count of reports does not restart.

If the fourth report is received regarding an open assessment or case, the screener and supervisor will need to consider whether safety for the child who is under age five is being managed through the open case. For example, a case is open to manage safety for an older child however there are repeated reports regarding the young child who is under age 5. If there has never been a safety threat identified for the younger child, and no safety plan in place for the younger child, the spirit of the 4 under 5 rule still applies. In this situation the 4 under 5 may apply if another reason for exception is not granted.

Supervisor considerations regarding whether to grant an exception are outlined in Section 7 Supervision: Requests for

Consultation.

Consultation with a 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.
- 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.
- When a screener has reasonable cause to believe the alleged perpetrator is an employee of any program, office, or division of the Oregon Department of Human Services or OYA.
- A report is received involving a child fatality.
- 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.
- If a Tribe, law enforcement or OTIS requests assistance with an assessment, and criteria is not met for an allegation of abuse.

Documentation of the consultation is completed in the Decision Summary & Narrative section of the ORCAH Documentation Guide (ODG). The screener must indicate the name of the supervisor who consulted.

Requesting an Extension

Information received by a screener may not be sufficient due to the reporter's lack of information or knowledge about the family and the safety concern. Anyone may make a report of child abuse, but they may not have the details necessary for the screener to understand whether there is an allegation of abuse. The timelines for documentation of a screening report are outlined in Oregon Administrative Rule (OAR) 413-015-0210(4) and indicate all documentation must be completed within 10 hours from the date and time the report was received at the Oregon Child Abuse Hotline (ORCAH). However, upon consultation by the screener with a supervisor, the screening supervisor may grant a one-time extension to the deadline, not to exceed 24 hours from the date and time the report was received at ORCAH. This permission is only allowed when the screener has determined a collateral contact is needed and the additional information has not been received within the 10 hour timeline.

An extension cannot be used to:

- Delay a screening decision when enough information is known to make a decision,
- Wait for a response from a worker or supervisor when completing outreach on an open case,
- Seek consultation,
- Extend face-to-face contact requirements for CPS when a report is assigned, or
- Delay documentation of a report.

The extension must be narrated within the ODG Decision Summary & Narrative stepper. The screener must document the name of the screening supervisor, the 24-hour extension, the date it was approved and the purpose for the extension. For example, "Supervisor Joan Brown granted a 24-hour extension on 6/6/2024 for the purpose of collateral contact to the child's pediatrician."

When an extension is added and the report is determined to meet criteria for assignment, it extends the face-to-face contact requirements for CPS.

Chapter 2
Screening

Section 6: Notification at Screening

Federally Recognized Tribes

If the reporter or OR-Kids research indicates a parent or child has identified Tribal ancestry or affiliation with a federally recognized Tribe, then notification is required to that Tribe. Confirmation of Tribal affiliation is not required. This process ensures Tribes are aware when children are involved in a report closed at screening or when a report is assigned for a Child Protective Services (CPS) assessment. A confidential copy (excluding the confidential reporter information) must be forwarded to a named Tribe within 24 hours of the screening decision. Oregon Child Abuse Hotline (ORCAH) staff utilize the process of inquiry and OR-Kids research outlined in Appendix 2.1 and the Notification Protocol on the OWL to ensure Tribes receive communication.

Cross Reporting

Child Welfare and law enforcement agencies (including Tribal police) are required to notify one another through a cross report when a screening report is documented as directed in ORS 419B.015. The identity of the confidential reporter is shared with law enforcement. The entire screening report must be sent unless redactions are necessary to comply with Oregon Revised Statutes 409.225, 419B.035, and 419B.881 involving a child's sexual orientation, gender identity or gender expression (SOGIE) information. Determination of the law enforcement jurisdiction is made as follows; 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; in which case,
- To the law enforcement agency in the county where the alleged victim resides unless the county where the alleged victim resides is unknown; in which case,
- To the law enforcement agency in the county where the reporter had contact with the alleged victim or the alleged perpetrator.

When incident of abuse occurs across multiple locations, more than one cross report may be required. Screening is required to send a cross report to each jurisdiction in which a crime may have been committed.

Timelines for Cross Reporting

The Oregon Child Abuse Hotline (ORCAH) must cross report to a law enforcement agency on the same day a screener determines that information in a screening report meets criteria to assign. When the response time is determined to meet criteria for a 24-hour response or immediate notification to law enforcement, then the cross report must be completed immediately. If a report includes a child's SOGIE information that requires redaction, then the report will be cross reported without delay once redaction is complete. Additional circumstances requiring a cross report within 24-hours includes any reports of:

- A child or young adult who is identified by a caseworker as a sex trafficking victim;
- When a crime is suspected to have occurred, even if unrelated to child abuse, to a child or young adult in Child Welfare Certified Resource care or receiving services from a Child Welfare Certified Respite provider;
- At a home of a Child Welfare Certified Resource parent or respite provider.

A report documented as a closed at screening must be cross reported within 10 calendar days after receiving the report. There should be no delay in sending the cross report if the screening report is complete.

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 that was 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.

It is essential law enforcement have all the information relating to the alleged abuse, even if it does not change the screening decision to assign or close at screening. Screeners will utilize the **Follow-Up Cross Report** check box within the **Cross Reporting & Notifications** stepper within the ORCAH Documentation Guide (ODG) to alert law enforcement the report is being sent and is associated with a prior report. The documentation of the supplemental cross report depends upon whether the report is awaiting (pending) approval:

- For any reports that are pending approval by a supervisor, the screener must document the date the original report was sent to law enforcement on the LEA Cross Report card, Follow-up Cross Report date line, of the pending report.
- For any reports that are already linked to a case, the screener must create a new report and document the date that the original report was sent to law enforcement on the LEA Cross Report card, Follow-up Cross Report date line, of the new report.

During a law enforcement investigation, it may be learned that abuse occurred in another law enforcement jurisdiction and information must be sent to the additional jurisdiction. Law enforcement may contact ORCAH requesting the screener send the screening report to an additional jurisdiction. The screener may ask the representative if they have the contact information for the other jurisdiction, and if not, share it with them so that the information can be shared directly by law enforcement to the other jurisdiction. We want to be helpful, but also avoid being in the middle of a simple forwarding of the existing information. It also saves both parties time, in that they can send the information, along with their own investigatory material to the new jurisdiction.

Cross Report Verification Requirements

When a cross report is required, the only acceptable documentation is within the **Cross Report Jurisdiction Location** section of ORCAH Documentation Guide tab 7. Screeners document the date, time, method and recipient(s) of the cross report within the ORCAH Documentation Guide **Cross Reporting & Notification** stepper. When the report method determined by the receiving law enforcement agency is fax, the copy of the fax transmittal cover sheet must be documented within OR-Kids by ORCAH staff.

Other Notifications

Notifications to other partners may be required. Screeners must use the Notifications Protocol located on the ORCAH OWL.

Notifications to Child Welfare Staff

Information learned through screening related to an open Child Welfare assessment or case requires a notification to be made for all workers with OR-Kids assignments of Primary, Secondary, Supervisor roles in Assessment, Permanency or Certification. Screeners should refer to **Section 4: Post Screening Interview Activities** to determine the type of documentation required.

When a screening report is documented on an open Child Welfare assessment or case, the screener must insert a Notification within the ORCAH Documentation Guide. The documentation must include the name of the staff being notified and their role. The names may be listed or summarized within one Notification text box.

Notifications to Child Caring Agency (CCA)

Similar to how a certifier on a Department Certified Resource Home is notified of a report by ORCAH, the same is true for the Office of Training, Investigation and Safety (OTIS) certifier/licensor. For example, if a child in a Child Caring Agency was the initiator of behaviors that cause harm to another child, the licensor of the home must receive notification of the completed screening report. This ensures the licensor is aware and providing supports or education to the program responsible for the children. This communication is required for reports assigned or closed at screening. The screener must add CCA.Reports@odhsoha.oregon.gov to the cross report/notification email in order to complete this task.

Notification to OTIS of Child Welfare Report Consideration

When a report is determined to be the responsibility of OTIS, there are often situations that also require consideration of a Child Welfare report. To support communication between OTIS and Child Welfare programs, screeners must explain (in the **Screening Decision** text box of the ODG) whether there was consideration of an allegation for which ORCAH was responsible to screen. For example, the reporter indicates concerns for a child due to behavior at school. A screener must clarify with the reporter whether they have familial, school, or concerns or both. For example, “Are you worried about what is happening at school or at home?” The response to this inquiry helps the screener understand if two reports are required or one. The screener documents whether a report for Child Welfare was considered and if a report was generated. This statement about the consideration of a report that CW is responsible for reduces confusion, improves communication and efficiency for both programs. Without this documentation, OTIS will not consistently know if ORCAH considered whether a report for Child Welfare is appropriate.

Notification to CPS in Another State

ORCAH will notify a CPS agency in another state when there is information that a child may have been abused or is at risk of abuse, or a person who may have harmed a child, resides in that state. This cross communication is an important part of our role in ensuring protection for all children, not only those in Oregon. The screener will insert a Notification within the ODG of “Child Welfare” and describe in the Agency text box which agency requires notification. Screeners will utilize the Notifications Protocol on the ORCAH OWL to request business support staff complete the notification.

If the notification is needed urgently due to an imminent threat to child safety, then the screener will make the notification via phone call. The other state is not legally entitled to the confidential reporter’s information.

Notification to Office of Developmental Disability Services (ODDS)

The Office of Developmental Disabilities Services (ODDS) strives to support the choices of individuals with disabilities

and their families within communities by promoting and providing services that are person-centered and directed, flexible, community inclusive, and supportive. A Community Developmental Disability Program (CDDP) is designated within each county. Communication to ODDS is required when a report involves a child or young adult receiving services from ODDS. The CDDP caseworker assigned to the child is part of the system of protection and must be aware of the report.

The notification to ODDS is different from a child or young adult who is placed in a child-caring facility such as an ODDS licensed group home, host home or certified resource home. When a child is in placement with an ODDS provider, the report is the responsibility of OTIS and ORCAH does not complete any notifications.

Notification to Community Mental Health Program, Community Developmental Disabilities Program, or Adult Protective Services

Information may be learned during the screening interview about persons with mental illness or disabilities who may require intervention. A report, excluding confidential reporter information, must be made by ORCAH to a Community Mental Health Program, Community Developmental Disabilities Program, or Adult Protective Services when:

- A person with a mental illness, developmental disability or a physical disability who is 18 years or older is suspected to have been abused;
- A person with a mental illness, developmental disability or a physical disability who is 65 years or older is suspected to have been abused;
- The reporter had contact with someone who has abused a person 18 years or older with a mental illness, developmental disability, or physical disability; or,
- The reporter had contact with someone who has abused a person 65 years or older with a mental illness, developmental disability, or physical disability.

Communicating with these partners allows other protection systems to be activated. Screeners utilize the Notifications Protocol on the ORCAH OWL to request business support staff complete the task.

Notification of a Missing or Runaway Child or Young Adult on an Open CPS Assessment 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:

- Tell the reporter, when the reporter is the resource parent/caregiver of a child or young adult in substitute care, they must report information about the missing child or young adult to law enforcement and the National Center for Missing and Exploited Children (NCMEC) at 1-800-843-5678. The reporter will be asked to provide the child's name, date of birth, height, weight, and descriptions of any other unique identifiers such as eyeglasses, braces, tattoos, etc. In addition, they will want to know when the child was last seen, where, and what clothing they were wearing.
- 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.

Reporter Notification

Informing the reporter of the outcome of their report is required by statute and is one of the ways ODHS facilitates transparency and support with community partners. Screeners must make diligent efforts to contact the reporter (if contact information was provided) via the No-Reply Email Protocol on the ORCAH OWL or by phone.

When a screener determines a report will be assigned, the screener must notify the reporter:

- 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 of Unfounded, Unable to be determined, or Founded will not be made; and
- Whether services will be provided.

If a report received is duplicate to information already documented or assessed, it cannot be maintained in OR-Kids. The screener will tell the reporter the information has already been documented or assessed, which helps them understand the agency is aware and has responded. The reporter does not have the right to know the outcome of the prior report.

When reporters share information with ORCAH that isn't indicative of child safety, they may need support understanding why. Individuals have their own beliefs about parenting roles and how children should be cared for. The screener will listen to understand, briefly explain definitions of abuse, and provide the reporter with education about how they can learn more about abuse types in Oregon. When a reporter is distressed by the outcome of the report, the screener will empathize, give ideas for resources or supports, and encourage the reporter to maintain connection (personal or professional) with the child and family they are concerned about.

Chapter 2
Screening

Section 7: Supervision (On Hold Until 2025)

Chapter 2
Screening

Section 8: Release of Information and Confidentiality

Sexual Orientation, Gender Identity or Gender Expression (SOGIE)

While receiving a call about a possible report of abuse, a screener may receive information about a child's sexual orientation, gender identity or gender expression (SOGIE). Oregon Revised Statutes 409.225, 419B.035, and 419B.881 were amended January 1, 2024, to protect a child's written or verbal statement about their SOGIE. The law applies to any child's statement, not just children who identify as lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex, asexual, and two-spirit (LGBTQIA2S+). In screening, these situations may arise when:

- The child is the reporter and makes a disclosure that includes a statement about their SOGIE as part of their report, or
- The reporter repeats a statement that the child has specifically made in writing (e.g., text, email, letter, etc.) or verbally to the reporter about the child's SOGIE, or
- The reporter overheard the child make the statement to someone, or was in some way present, to know the statement they are sharing was made by the child.

This information may require redaction from the screening report prior to the record being disclosed to partners outside of Oregon Department of Human Services (ODHS) Child Welfare when an exception allowing the disclosure does not apply. This includes cross reporting to law enforcement, notification to Tribes, and other parties requiring notification. The more specificity the screener can obtain as to the nature of the statement of the child, to whom the child made the statement and what the statement consisted of, the better ODHS will be able to make accurate determinations about the need for an exception allowing disclosure of the information or redaction, as discussed later in this section.

The role of screeners in this process is to clarify with the reporter the source of the SOGIE information, document information in a screening report and identify SOGIE information that may require an exception allowing disclosure or redaction. Redaction requirements do not apply to an adult unless that individual is in the custody of ODHS Child Welfare.

SOGIE Defined

This section will define SOGIE and provide examples of SOGIE statements. Remember, only if the written or verbal statement was made by child themselves, was made to the reporter directly by the child, or when the reporter has direct knowledge of the child's SOGIE do protections apply.

Sexual orientation and gender identity are defined in ORS 174.100.

- "Gender identity" means an individual's gender-related identity, appearance, expression or behavior, regardless of whether the identity, appearance, expression or behavior differs from that associated with the gender assigned to the individual at birth. Examples of gender identity statements:
  - Child or young adult shares they are transgender, gender fluid, non-binary, etc.
  - "Jorge shared they are transgender."
  - "Charlotte said she doesn't want her family to know that she doesn't feel male or female right now and is trying to figure it out."
-

- "Sexual orientation" means an individual's identity in relation to the gender or genders to which they are sexually attracted; identification as being cisgender, LGBTQIA2S+, etc. Examples of sexual orientation statements:
    - Child or young adult shares they are gay, lesbian, bisexual, transgender, queer, intersex, heterosexual, two-spirit, polysexual, pansexual, asexual, etc.
    - Child shares they have a boyfriend, girlfriend, significant other, or other physical/emotional relationship.
    - "Sarah states that the only things important to her are her girlfriend and her job."
    - "Gabriel told the reporter that Clara, his girlfriend, scratches his face with her nails and bites him when she is upset."

Gender expression is not defined by statute, but ODHS Child Welfare has defined the term to be consistent with Oregon Youth Authority's (OYA) rule definition. That definition is as follows:

- "Gender expression" means the manner in which a person expresses gender through clothing, appearance, behavior, speech, etc. Gender expression is distinct from sexual orientation and gender identity. What a child chooses to wear for clothing or other items, in and of itself, is not a statement of SOGIE; it's the "what" combined with the "why" that become a statement of SOGIE. Examples of gender expression include:
    - Child or young adult makes a statement about their external appearance (the "what") and how it relates to their gender identity/orientation (the "why").
    - "Derrick shared he likes to wear wigs and makeup because it makes him feel more feminine."
    - "Sammi was heard telling their friends they are going to continue to present as a male, even if their parents won't support them."

Recognizing SOGIE Information

For a statement to be considered a SOGIE record protected by statue, it must be a statement made by a child themselves relating to their own sexual orientation, gender identity or gender expression. Statements by reporters about their perception of the child is not SOGIE information. SOGIE statement example, "Michael told the reporter that his sex at birth was male. He identifies with he/him pronouns and his sexual orientation is heterosexual."

Pronouns or a preferred name are not necessarily SOGIE information. Katherine who wants to be called Kody may be unrelated to sexual orientation, gender identity or gender expression. For example, the child says they want to be called "Kody". Unless there is information that this name is an expression of SOGIE it would not require identification for redaction. Individuals use nicknames and preferred names without having any connection to SOGIE. Or, if reporter states Diana identifies with "they/them" pronouns and there is no other context to that identification or that it was stated by the child, this is also not a SOGIE statement. It could become a SOGIE statement if Diana said to the reporter they identify with "they/them" pronouns because their gender identity is "complicated right now". The pronoun is then tied to an expression of gender identity. Similarly, if the child indicates they want to be called "Alex" because they identify with being gender fluid then this becomes a SOGIE statement.

Information Collection

Screeners inquire of the reporter the child's sex assigned at birth, which is labeled as "Gender" in ORCAH Documentation guide dropdown. Further inquiry as to whether the sex assigned at birth is associated with SOGIE is not required. However, when the reporter, who is someone other than the child, shares information regarding a child's

SOGIE, the screener will follow up with specific questions as to how the information was learned and what the source of the information is. However, intentional clarification with the reporter is critical to understanding the context. SOGIE information does not include the reporters' assumption, intuition, or personal beliefs.

Responses to the questions below must be documented in the confidential reporter section only.

Questions to ask the reporter include:

- Is this the child's statement?
- How do you know the child identifies this way?
- Can you tell me exactly what the child said or documented about the gender they identify with, how they express their gender or their sexual orientation?
- Has the child shared this information with peers or family? Do you known why or why not?
- If the SOGIE information is not from a child's statement, then who is providing the information to you about the child's gender identity, sexual orientation or gender expression?

Recognizing the trauma impact of a child making a report of abuse about themselves, it is not the role of the screener to ask the child whether they consent to their SOGIE information being disclosed.

Documentation of SOGIE

Documenting information regarding a child's SOGIE requires the screener to utilize an order of operations. Screeners first collect information from the reporter and decide after the call what needs to be included in the report. Second, a decision is made to either include or omit the information depending upon its relevance to the overall information. If it is determined the SOGIE information must be documented because it relates to child safety and could be important to understanding personal, family or other system dynamics during a CPS assessment or law enforcement investigation, then the screener must follow requirements of statute. The intent of statute is to protect a child's information if they have not given permission for disclosure. It must first be deemed necessary and relevant to document the information at all.

Order of operation:

1. Collection information from reporter.
2. Determine if the SOGIE should be included or omitted in the report.
    a. If included, use the terminology shared by the reporter. Example: Reporter said her "boyfriend" is the alleged perpetrator. Use the term "boyfriend".

A statement directly from the child or a reporter's repeat of a child's statement made to them about the child's SOGIE must be contained in the confidential reporter section of the screening report. When narrating the extent and circumstances of the alleged abuse, or updating the child's Person Management Record, the screener may only document the child's current, legal binary sex and the child's legal name to protect potential SOGIE information from being disclosed to external partners. This includes information related to gender, even when not directly connected to SOGIE information. The documentation of all the information in one place, regardless of whether a potential SOGIE statement, will avoid unintentional disclosure to external parties.

When the reported concern of abuse relates to the child's gender identity, sexual orientation, or gender expression, the screener must alert the ORCAH paralegal an exception to disclosure is required. Details of the abuse such as language used and behaviors by the alleged perpetrator or other individuals named or described as part of the report, are not subject to redaction as they reflect the interpretation and view of that person, and not the child's statements about their own SOGIE.

Exception allowing disclosure is necessary when reports of alleged abuse contain explanation of relationships between participants. For example, "My girlfriend attacked me" is SOGIE information because it contains sexual orientation and is important to the allegation of abuse and screening decision. Similarly, when an alleged victim is in an intimate relationship with the alleged perpetrator, this is SOGIE information; and is critical information for law enforcement. Exemption allowing disclosure would be essential for circumstances like these when the very nature of the report requires explanation of the relationships.

Exception Allowing Disclosure or Redaction of SOGIE Records

An exception allowing disclosure of the child's SOGIE information may apply when the nature of the report relates to the child's identified SOGIE statement. An analysis by the screener and supervisor is required to determine if one of the exceptions that allows for disclosure of a child's SOGIE statement exists. Those exceptions are:

(1) Failure to disclose is reasonably likely to jeopardize the child's safety or well-being and/or

(2) Disclosure is necessary to provide services to the child or child's family.

If it is determined the entire screening report (including SOGIE information) requires release to external parties, the ORCAH paralegal completes the SOGIE Confidentiality Consent Form (CW436551). This process is necessary to document the exception decision allowing the information to be shared with external partners as part of Notifications. This form will be documented and kept with the OR-Kids File Cabinet. If the screener determines there is no exception found, the information in the confidential reporter section of the reporter pertaining to the child's SOGIE must be redacted and not shared externally, even in a cross report. The redacted report must be saved in the OR-Kids File Cabinet per the SOGIE protocol on the ORCAH OWL. At times there may be some SOGIE information requiring redaction and some requiring an exception to disclosure. Each report must be analyzed independently to make this determination.

Following the redaction or exception to disclosure, the screening report must be either verbally or in writing be forwarded as part of an external notification, including cross reporting. When the notification is verbal, due to urgent cross report or notification, ORCAH staff will omit the child's SOGIE information unless an exception applies.

When a report is the responsibility of OTIS, OTIS will determine whether an exception allowing disclosure or redaction is required.

Correcting a SOGIE Disclosure Made in Error

If there was an error and an inadvertent but improper disclosure of SOGIE information, it needs to be corrected. For example, if a report that was closed at screening was not appropriately analyzed with SOGIE parameters before it was released and it contained information that would be protected under law, the proper course of action for ODHS is to prevent any future redisclosure in violation of disclosure law. If the disclosure to law enforcement was recent enough (within the past 24-48 hours) that it is unlikely they have redisclosed the report, consult the SOGIE Protocol on the ORCAH OWL for next steps.

Information Sharing 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:
  - The disclosure is to a law enforcement agency (LEA) for purposes of investigating the report.
  - The disclosure is required because the reporter may need to testify as a witness in court.
  - 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, Oregon Administrative Rule (OAR) 413-015-0211(9) requires that reporters are told whether contact will be made with the family, whether abuse occurred and whether services will be provided. When a report must be assigned, the screener must notify the reporter (when contact information is provided). The CPS worker will make efforts to inform the reporter later:

- 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, notify the reporter they will receive an email with the screening decision, if contact information is provided. If the reporter prefers a return call instead of an email, the screener will make diligent efforts to do so.

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 within the call or via the No Reply Email Protocol on the ORCAH OWL. If the reporter requests the screener's full name, the screener must provide their first and last names to the reporter. As an employee of a transparent state agency the screeners name is not private and may be publicly disclosed. The sharing of names also allows the reporter to have identifying information as reference.

Limits to What is Shared Verbally with Reporters or Callers

ORCAH staff do not provide any confidential information to reporters or callers, through any form of communication written, verbal or electronic without a formal records request. In specific circumstances, screeners and reception staff may share limited information, however, must first verify a reporter's or caller's identity. Once their identity is verified, information sharing is limited to:

- Whether there is an open assessment or case.
- Name and number of the case worker, certifier, or case work/certification supervisor.
- If an individual has history with Child Welfare, but no details about the history.

Verifiable Caller's or Reporter's Include:

Law Enforcement Agency (LEA) who can give you their Department Public Safety Standards and Training (DPSST) number which must be verified by the screener. (Per statute, law enforcement does NOT include adult probation officers.) Law enforcement agency means:

- A city or municipal police department.
- A county sheriff's office.
- The Oregon State Police.
- A police department established by a university under ORS 352.121 or 343.125.
- A county juvenile department.
- Tribal law enforcement

Child Welfare from other states and Tribal Child Welfare Departments who can email the screener from their state or county email address which identifies them as employed by their child welfare program (using our email for example: Your.Name@odhs.oregon.gov).

Self Sufficiency Program (SSP) staff who can instant message the screener through Teams to verify their identity.

Child Assessment Centers (CAC's) who can also email a screener from their association address to verify their employment (for example: employees of Portland's CARES NW may have a @lhs.org for Legacy Health Systems or an OHSU.edu for Oregon Health Sciences University, etc.)

If the request for information is not time sensitive or is being made by a non-verifiable caller or reporter, direct them to the state's record request website or provide the state records request email. These resources will verify access to records and fulfill requests.

- DHS.RecordsRequest@odhsoha.oregon.gov
- https://www.oregon.gov/odhs/pages/records-requests.aspx

If unsure about sharing confidential information over the phone consult with your supervisor.

Information Sharing With Programs Who Support Children and Young Adults Experiencing Houselessness

Occasionally ORCAH receives requests for information from programs asking to verify ODHS case involvement for youth experiencing houselessness that are requesting their services. These programs provide prevention, early intervention, and 24/7 crisis line and supportive services to youth ages 9-17 who are at-risk of or experiencing housing instability. Information sharing with representatives from these programs is limited and allowed only for the purposes outlined in ORS 419B.035(3) to include "…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…". The screener will consult with a supervisor to determine the appropriateness of disclosure.

Once the caller's identity is verified by the screener or business support staff assigned to reception and it is determined the disclosure is allowable under ORS 419B.035, ORCAH staff may only share the following information:

- Confirm if child has an open assessment/case
- Confirm if a child is in our custody
- Provide the caseworker's name and direct (or main office) number

If a report of suspected abuse is required, or if there is an after-hours situation where they might need assistance from an On-Call worker, these callers will be connected to a screener by reception staff.

Houselessness Programs Include:

The Alba program (serving Multnomah County youth only) contact is 971-754-4350. Alba Collaborative is a Multnomah County funded joint venture of multiple organizations including NAFY, Latino Network, Youth Progress, and National Safe Place Network. Alba staff should identify as Alba staff (but are employed by either New Avenues for Youth or Latino Network). All will have email address from either New Avenues for Youth or Latino Network.

Agencies who have programs that are licensed by ODHS' Children's Care Licensing Program (CCLP) with Homeless, Runaway or Transitional Living Shelters include:

- Boys and Girls Aid Society of Oregon (BGAID)
- Cascadia
- Catholic Community Services of Mid-Willamette Valley and Central Coast, Inc. (CCSMWV)
- Community Counseling Solutions (New Roads)
- Hearts with a Mission (HWAM)
- Integral Youth Services (IYS)
- J Bar J Youth Services (JBJYS)
- Jackson Street Youth Shelter, Inc. DBA Jackson Street Youth Services (JSYS)
- Janus Youth Programs (JYP)
- Kairos

- Lifeworks Northwest
- Lincoln County Juvenile Dept. They operate a shelter in Newport.
- Looking Glass Community Services (LGCS)
- Mid-Willamette Valley Community Action (MWVCA)
- Mother Teresa Home (MTH)
- New Avenues for Youth (NAFY)
- Youth Empowerment Shelter (YES)

Requests for Records or Information

Screeners may receive requests from the community for information concerning specific cases and active or completed CPS assessments. The Oregon 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 staff 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. The screener will provide the requestor the email RecReq.ORChildHot@odhsoha.oregon.gov and inform the requestor that the ORCAH paralegal will respond to their request.

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.

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@odhsoha.oregon.gov 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 provides 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 screener receives requests from others concerning families who are, or have been, involved with child welfare, the screener must inform the caller that they cannot confirm or deny that there is any CPS involvement. When the family of concern has an open case, the screener must document any information received in a case note and email the name and telephone number of the caller to the current caseworker and their supervisor, 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/odhs/pages/records-requests.aspx.

Media Inquiry:

When ORCAH staff receive a request from the media for information, the following responses are supported:

- "We appreciate your interest in our department and/or the hotline, but I am unable to answer your questions. Please call the Oregon Department of Human Services media office at 503-871-4828 and they will be able to assist you."
- "Thanks for your interest in our agency/the hotline. I can't answer your questions, but I can refer you to the Oregon Department of Human Services media office at 503-871-4828. They will be able to assist you and answer any questions you may have."
- "Thanks for calling. Unfortunately, I am not authorized to speak on this topic, but I can direct you to the Oregon Department of Human Services media office. Communications staff will be able to assist with your request. The number is 503-871-4828."

Is important to respond with the above examples, even if the caller persists, to include repeating the statements if necessary. It is never acceptable to speak "off the record" or to engage in conversation about a specific family or child. If the ORCAH staff have been helpful by providing the media office contact information and the caller is rude, belligerent or disrespectful, it is acceptable to inform the media representative that the call must be ended and then hang up. When possible, have a supervisor contact the communications office to inform them an inquiry may be received, provide the topic asked about, and the TV station/radio station/newspaper/magazine/blog the caller is affiliated with.

Chapter 2
Screening

Appendix 2.1 Indian Child Welfare Act (ICWA)/Oregon Indian Child Welfare Act (ORICWA) and the Role of Screening

Indian Child Welfare Act (ICWA)/Oregon Indian Child Welfare Act (ORICWA) and the Role of Screening

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 or resource homes and institutions away from Tribal communities. Oregon enacted the Oregon Indian Child Welfare Act (ORICWA) in 2021. The purpose of the Indian Child Welfare Ace (ICWA) and ORICWA is to "protect the best interest of Indian children and promote the stability and security of Indian Tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which reflect the unique values of Indian culture…" (24 U.S.C. 1902). ICWA provides guidance to States regarding the minimum standards for handling of child abuse and adoption cases involving Native children.

ICWA and ORICWA 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 regarding Tribal placement preferences and active efforts.
- Acknowledges and integrates Tribal social and cultural practices/customs when working with Tribal children and families.

Every call could be an opportunity to collect critical information that helps Screeners and Child Welfare caseworkers connect a child and family to their Tribe where the ICWA/ORICWA protections may apply. A notification to a Tribe, even when a report is closed at screening, brings awareness to the federally recognized Tribe that a member or citizen has risk factors that may need support. Below is the process on how screeners can ensure this happens.

Inquiry & Engagement

One of the most critical first steps is to inquire of the reporter whether the family may have Tribal membership or ancestry, which includes asking about both biological parents of the child as well as the biological relatives. If the Reporter identifies that the child has any Tribal ancestry this information must be documented in the screening report. This includes if reporter indicates that:

- Child or parent is a Member or Eligible for Membership in a federally recognized Tribe.
- Child or parent has an affiliation with an ancestral group.
- Child or parent has American Indian/Alaska Native ancestry without naming a Tribe or ancestral group.

Determining if it is known or if the Department has reason to know that ICWA/ORICWA applies begins by asking the reporter about a family's Tribal affiliation, Tribal enrollment or membership:

- Do you know if the family has American Indian or Alaska 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 the screener is requesting information pertaining to Tribal affiliation or membership; the screener will explain the purpose of the inquiry:

"If we know or have reason to know that ICWA /ORICWA applies, it helps protect from unwarranted removals that emphasizes keeping children in their Tribal community and connected to their Tribal culture. ICWA/ORICWA also provides the opportunity for Tribes to be involved."

Conducting OR-Kids Search and Use of OR-Kids Radio Buttons

Screeners must document both what the reporter described about the child's Tribal ancestry and whether information was located in the OR-Kids File Cabinet, Person Management page, and when the ODG ICWA icon  or OR-Kids ICWA case label display, the Tribal Contact Search page, for all parents and the child(ren). Document when there is no Tribal ancestry information located on the CF 1270 forms or Person Management page. There is no requirement for the screener to document results of the Tribal Contact search when no ODG ICWA icon or OR-Kids ICWA case label display. Instructional videos may be accessed on the Oregon Child Abuse Hotline (ORCAH) OWL under the ICWA/ORICWA page.

Identify Required Cases Through OR-Kids Person Search

The screener must complete an OR-Kids Person search for the parents of each child participant on the screening report. The screener must identify all CPS/FSS-Familial cases on which the parent has a Role of Parent/Caregiver. These are the cases that must be reviewed for indicators of Tribal ancestry.

Review Verification of American Indian/Alaska Native Membership or Enrollment CF 1270 Forms

When a Verification of American Indian/Alaska Native Membership or Enrollment form (CF1270) has been completed and indicate "Yes" to "Are you a member of a federally recognized Indian Tribe or eligible for enrollment/membership in a federally recognized Indian Tribe?" or "Do you have any American Indian or Alaska Native ancestry?" and name a federally recognized Tribe, the screener must document:

- The name of the parent to whom the ancestry information relates and
- The name of the Tribe and/or ancestral group in quotations.

The screener is not required to include the dates for any CF1270 forms, whether they include affirmative information, or the parent denies ancestry. The screener may summarize multiple affirmative responses.

Anyone who has information pertaining to the family's Tribal affiliation may complete the CF 1270 form, not just the biological parents. Screeners may notice that a relative or other person known to the family provided ancestry information on the CF 1270 form. Their response is valid and must be considered.

Review Person Management Page of Each Parent and Child

The screener must review the Person Management page of each parent and child to determine whether:

- A Tribe name is selected under the Enrollment/Membership/Citizenship group.

- Race/Ethnicity of American Indian/Alaska Native is documented.

The screener must document these findings in the Screening Report. The screener must document when there is no Tribal ancestry indicated on Person Management page, or when there are no OR-Kids person records for a parent or child.

Review Tribal Contact Search Inquiries

Screeners are required to review the Results of the Tribal Contact Search only when the ODG ICWA icon displays for a participant or case or when the OR-Kids ICWA case label displays. The screener must review the Results of the Tribal Contact Search to determine if a child participant on this screening report has been identified as Member and/or Eligible for Membership with a Tribe. The screener must document the name of the child(ren) and the name of the Tribe(s) that identified the child as Member or Eligible.

- When the ODG ICWA icon or OR-Kids ICWA case label display for a child who is not a participant on this screening report, document that no children on this report were identified as Member/Eligible.

When a Tribe identifies as child as Member/Eligible on the Tribal Contact Search, the screener must notify this Tribe.

Unless the Tribe was already named by the Reporter, on the CF1270 or Person Management page, the screener should NOT notify any Tribes for which there is an Outcome of Not Eligible, No Response, Action Needed or Info Required.

Radio Button Selection

The screener will select the "YES" radio button when:

- The reporter or OR-Kids identifies American Indian/Alaska Native ancestry, even if a Tribe is not named.
- A Tribe or ancestral group is named on the Verification of American Indian/Alaska Native Membership or Enrollment form (CF1270).
- "Yes" is selected on the CF 1270 for any Ancestry question and/or Unknown is documented for Tribe name.
- Tribe Named on Person Management page.
- Race of American Indian/Alaska Native selected on Person Management page or 1270 form.
- Tribe identified child(ren) as Member/Eligible on Tribal Contact search.

The screener will select the "UNKNOWN" radio button when:

- The reporter isn't aware of Tribal ancestry and there is no Tribal ancestry information known from OR-Kids.

Inquiry & Documentation Examples

1. Reporter is not aware of Tribal affiliation or ancestry. There are no OR-Kids records for any participant besides Kristina and there are no required cases to review. No Tribal ancestry indicated on her Person Management page.
    - Select "Unknown" radio button, no notification required as a Tribe is not named.

2. Reporter said the family has Tribal affiliation but isn't aware of the specific Tribe. There are no 1270 forms uploaded to this case. Possible Tribal ancestry indicated for Jessica on Person Management page, none identified for any other participants.

- Select "Yes" radio button, no notification required as Tribe is not named.

3. Reporter did not provide information as to whether the family has American Indian/Alaska Native Tribal affiliation. Suzi denied ancestry on CF 1270 form. Dante identified ancestry of "Choctaw Nation of Oklahoma" on 1270. No Tribal ancestry indicated for any participants on Person Management page.

- Select "Yes" radio button. Notification entered for Choctaw Nation of Oklahoma.

4. Reporter said the family does not have American Indian/Alaska Native Tribal heritage. Andre Sims, #123456: Andre and Kelly denied ancestry on 1270 form. No Tribal ancestry indicated on Person Management page for any participants. Joy Sims, #234567: Andre indicated ancestry of "Sioux" on 1270 form.

- Select "Yes" radio button. No notification as a Tribe is not named.

Tribal Ancestry and a Child Welfare Certified Resource Home

When a report is received regarding a Child Welfare certified resource home, ORCAH staff must review all CPS/FSS-Familial cases on which the parents of the children in substitute care have a Role of Parent/Caregiver. If we know or have reason to know that ICWA/ORICWA applies, then notification must occur to identified Tribe(s) once the confidential reporter information has been removed and information about unrelated other child participants has been redacted by the ORCAH paralegal. Redaction is necessary to ensure other household children's personal and confidential information is not disclosed. If there are no children with known ancestry but the resource parent(s) have ancestry there will be no notification to the resource parent(s) named Tribe as this would be a breach of confidentiality.

Child Welfare Office Assignment Notification and Subject Line

In some circumstances Child Welfare is not authorized to assess child abuse. The Burns Paiute Tribe and Confederated Tribes of Warm Springs have exclusive jurisdiction over Tribal families that consider the reservation their domicile (they live on the reservation). For example, when a family that lives on the Confederated Tribes of Warm Springs reservation is temporarily off the reservation, exclusive jurisdiction still applies. Child Welfare does not have automatic authority or jurisdiction to assess abuse if the family is domiciled on the reservation. ODHS CW may gain authorization to assess a family on Burns Paiute Tribe lands or Confederated Tribes of Warm Springs reservation if the Tribe provides authority and permission. Screeners and screening supervisors must refer to the ICWA protocol located on the ORCAH OWL site when determining whether ODHS Child Welfare is responsible for the assessment of an allegation.

When Child Welfare is responsible for the assessment of an allegation, screeners will use the Geographical Information System (GIS) email link for the Child Welfare local office of assignment and include a subject line indicator, otherwise known as a "flag". The flag allows for the CPS worker to pause and review the information collected by screening to determine if we know or have reason to know that ICWA/ORICWA applies. It also alerts the Regional ICWA Specialist (RIS) who receive the assignment email. Both the CPS worker and the Regional ICWA Specialist are then provided an opportunity to collaborate with each other and engage a Tribe from the earliest point possible.

Indicate **ICWA** in the subject line of the assignment email when:

- A Tribe is named

  - A Tribe is named when the reporter identifies that a parent(s) or child(ren) may have Tribal affiliation in a specific federally recognized Tribe, or
  - When ORCAH staff locates a named Tribe on person management page, CF 1270 forms, or Tribal Contact Search with outcome of Member/Eligible
- Notification email subject line example: CPS, 24 hr., #123456, ICWA.
- This subject line flag is added to assignment emails because we have previous confirmation that the children were protected under ICWA/ORICWA or due to a Tribe being named.

Indicate **American Indian/Alaska Native Identified** in the assignment email when:

- The reporter identifies an affiliation with an ancestral group for the parent/child (i.e. Cherokee, Choctaw, Chippewa) but does not name a specific federally recognized Tribe.
- The CF 1270 indicates the parent/child has affiliation with an ancestral group but does not name a specific, federally recognized Tribe.
- Notification email subject line example: CPS, 24 hr., #123456, American Indian/Alaska Native Identified.
- This flag is added to assignment emails when the agency is unsure if the family has Tribal affiliation and CPS needs to engage with the family to gather more information.

Assignment Email Flag Documentation Examples:

- Example 1: The family might have Tribal ancestry in Choctaw or Cherokee. The family does not have OR-Kids history.
  - Assignment Email Subject line: American Indian/Alaska Native Identified
  - This flag is added because an ancestral group was named, but no federally recognized Tribe has been named.
- Example 2: The reporter states the family might be Sioux Tribal affiliation. The screener documents their review of OR-Kids and indicates the parents completed a previous CF1270 stating the family may have Tribal affiliation with Chippewa.
  - The assignment email subject line will state: American Indian/Alaska Native Identified.
  - This flag is added because two ancestral groups were named, but no federally recognized Tribe has been named.
- Example 3: Reporter said the family does not have American Indian/Alaska Native Tribal affiliation. Andre Sims, #123456: Andre and Kelly denied ancestry on 1270 form. No Tribal ancestry indicated on Person Management page for any participants. Joy Sims, #234567 and Mary Walker #345678: Andre indicated possible Tribal ancestry on 1270.
  - Neither flag will be added as we do not know what Tribal affiliation the family has.
- Example 4: Reporter was unaware of any Tribal affiliation. On 1270 form Karla identified ancestry of “Oklahoma” and Geoff identified ancestry of “Nez Perce” on 1270.

- The assignment email subject line will state: ICWA
- The ICWA Flag will be added as the father named a specific, federally recognized Tribe on the CF1270 form.

Notification to Federally Recognized Tribes

When a Tribe is named by the reporter or learned of through an OR-Kids search a notification must be completed. Membership eligibility can change and therefore any new report received at ORCAH requires a new notification. ORCAH staff must send a copy of the confidential screening report to the Tribe(s) within 24 hours after the screening decision is complete. If a screener is unsure as to whether the Tribe is federally recognized, a search of the Bureau of Indian Affairs designated ICWA agent list web site is required. Screeners should only insert a Notification within the ODG when one or more federally recognized Tribes are named. Within the ORCAH Documentation Guide:

- Click the Insert button.
- Click the Agency list and select “Tribal Nation”.
- Click on the blue “Tribal Search” button to locate the name of the Tribe requiring notification.
- Complete fields at the time of the screening decision for the current time, current date, and method of communication as email.
- No information is required in the Notification Details text box unless redaction is required to preserve confidential information related to SOGIE or for a child in a CW Certified Resource home or CW Certified Respite provider. Refer to Notifications Protocol on the ORCAH OWL.

When an ancestral group or nonspecific federally recognized Tribe has been named (ex: “Cherokee”, “Choctaw”) no notification is required.

If a child or family is domiciled on the Burns Paiute reservation or the Confederated Tribes of Warm Springs reservation but are members of another Tribe, two notifications are required. One is required to the Tribe the family identifies as being affiliated with and another to the Tribe whose reservation the family is domiciled upon. This notification allows both federally recognized Tribes to coordinate supports and services when needed.

Communication Best Practices When Working With Tribal Communities

The Tribal Affairs Unit and The Nine Federally Recognized Tribes of Oregon provide guidance on culturally appropriate and respectful communication. For a complete summary of purpose, background and best practices please refer to the Tribal Engagement Toolkit. Even though engagement with Tribes is limited at screening, there are established best practices to be followed when speaking or writing about Tribes. General communication best practices include:

- Avoid acronyms. Speak or write the full name of the Tribe.
- Always capitalize "Tribes".
- Formal language is required when addressing Tribal Council members. These individuals are elected officials and must be addressed in their formal capacity as we would with any other dignitary. For example, when sending an email, the sender addresses Tribal council leaders by capitalizing "Council Chairperson".

- Tribal staff may be called “partners”.
    - "Community partner" is one lane and “Tribal partner” is another lane. Don't pair them together.
- Tribal “community members” are individuals who could be affiliated with Tribe, or enrolled with a Tribe, or a family members of the person enrolled in the Tribe.
- Avoid inappropriate use of possessive language. Don't say "OUR" Tribes as Tribes don't belong to anyone.
- When referring to the Tribes in Oregon, do not refer to Oregon as having “Tribal Nations”. This is based on feedback from The Nine Federally Recognized Tribes in Oregon.
- When talking about the Tribes of the United States, refer to them as “Federally Recognized Tribes, Nations and Villages through the United States.”

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 requirements for completing a CPS assessment are outlined below. The requirements 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 domains:

I. Extent of maltreatment;

II. Circumstances surrounding the maltreatment; III. Child functioning;

III. Adult functioning;

IV. Parenting practices; and

V. Disciplinary practices.

The focus of the CPS assessment is the safety of the child. By effectively engaging families and community partners in the assessment process, the CPS worker can gather enough information about the six domains to determine if there is impending danger.

Exception to Completing a CPS Assessment:

I. 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:
   A. The referral was opened in error. This is a determination the referral was mistakenly opened.
   B. There is no longer an allegation of abuse. The CPS worker 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 ORS 418.257. This exception may be used only when the CPS worker and the CPS supervisor, or designee, determine the information:
      1. Is not from the alleged perpetrator;
      2. Relates directly to and specifically negates all allegations in the screening report; and
      3. Is considered on the basis of:
         - The objectivity of the individual providing the information, and
         - The quality of the information.

II. The exceptions described in section (I) are not permitted and a CPS assessment must be completed when the CPS worker has already made contact with the parent, caregiver, Indian Custodian, or alleged victim, unless:
   A. The parent, caregiver, or alleged victim is the original reporter.
   B. The report was documented under the wrong case name and the corrected report is created.
   C. The alleged victim never existed. This sometimes occurs when the report says a person has a child but they don't.
   D. The alleged victim is no longer a child.

III. If contact was made, as described in section (II), the contact must be documented in the CPS assessment, even if the exception is granted in subsection (I).

IV. If an exception described in subsection (I) is granted, the local Child Welfare office is responsible for sending written notice to the alleged perpetrator that a criminal records check was conducted, as described in OAR 413-015-1120, using the form provided by the Department, unless the notification is completed by the Oregon Child Abuse Hotline. Sending this notice is not considered contact for the purpose of section II.

See also Chapter 3, Section 26: Exception to Completing All CPS Assessment Requirements

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

The CPS worker should complete the following prior to initial contact or as soon after initial contact as possible.

1. Review Records

As outlined in OAR 413-015-0415, the CPS worker 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 the CPS worker has information 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, the CPS worker must address any allegations not previously assessed because Child Welfare could not locate the family. The CPS worker 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, the CPS worker 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.

The CPS worker 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

The CPS worker must consult with a CPS supervisor or designee:

I. If the CPS worker has reasonable cause to believe the alleged perpetrator is an employee of any program, office, or division of the Department of Human Services (ODHS) 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 the CPS worker receives 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 the CPS supervisor after the placement.

VII. Prior to initiating court action, unless it will delay the safety intervention. If it will, consult with the CPS supervisor after the CPS worker initiates the court action.

VIII. When the referral involves a child fatality.

IX. When the CPS worker make a disposition in a:

   A. Complicated situation or case, or

   B. Sensitive situation or a restricted 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 the CPS worker 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.

A. Office of Training, Investigations, and Safety (OTIS). The CPS worker must notify and coordinate with the OTIS when the CPS assessment 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). The CPS worker must notify and coordinate with the Compliance Unit of the Office of Child Care when a report the CPS worker is investigating involves a child care, as required by ORS 419B.020(1). This coordination includes providing updates throughout the CPS assessment as the CPS worker gathers 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). The CPS worker 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). The CPS worker 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. The CPS worker must make a report to the community mental health program, community developmental disabilities program, or the local adult protective services office when the CPS worker has reasonable cause to believe:

A. That any person the CPS worker encounters 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 the CPS worker encounters 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 the CPS worker with a ODHS employee who can help the CPS worker identify who needs to be contacted and how to contact them.

VI. Indian Tribes. If the CPS worker knows or has reason to know that the child is an Indian child, the CPS worker 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. The CPS worker must contact probation and parole when the allegation involves a parent, caregiver, alleged perpetrator, or child supervised by probation or parole.

VIII. Law Enforcement. If the screener did not cross report, the CPS worker 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. The CPS worker must, in consultation with a CPS supervisor, determine whether to coordinate assessment activities with LEA in these situations:

A. Presence of Danger. When the CPS worker has information that indicates the child is unsafe right now.

B. Family Cooperation. When CPS worker has information that the family may not allow the CPS worker to observe the alleged victim or other children in the home.

C. Protective Custody. When CPS worker has information that a child may need to be placed in protective custody for the child's safety.

D. Child Interview. When the CPS worker 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 CPS worker has information that indicates the family behaviors, conditions, or circumstances may pose a danger to the CPS worker.

F. Crime Committed. When the CPS worker suspects or receives 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 the CPS worker believes it will be the best environment to assure safety when making contact. There are ORS 419B.045 requirements for CPS investigations that the CPS worker conducts 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. The CPS worker 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 the CPS worker believes the presence of a school employee or other person would facilitate the interview. The CPS worker may believe a school employee does not need to be present. However, if one insists on being present during the interview, CPS worker 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 CPS worker 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.

The CPS worker may, as appropriate, notify or consult with other ODHS programs or other agencies. This includes, but is not limited to, Adult Protective Services, Vocational Rehabilitation and Animal Control.

6. Plan What to Take

Procedure

Prepare to bring all materials CPS worker is likely to need when the CPS worker conducts the assessment. The CPS worker 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 (MSC3010)

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 (CF 0418)

II. ICWA form (CF 1270)

III. Safe Sleep Materials

A. Safe Sleep Checklist (ODHS 2362)

B. "Safe Sleep" brochure (OHA8213 - 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 Information (CW 0447)

VIII. Placement Information form (DE 65583)

IX. Domestic violence resource information

X. Local Alcohol and Drug Treatment resource information

XI. Protective Action Plan Form (DHS 1534)

XII. Initial Safety Plan (CF 1149)

XIII. Additional equipment

A. Car seats

B. Camera

C. Cellphone

D. Pen or pencil and paper

E. Ruler Scale to measure injuries

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. The CPS worker 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 the CPS worker schedules or announces the initial contact, decisions about child safety are informed by gathering safety related information. The CPS supervisor must be prepared to:

I. Identify present danger safety threats;

II. Impending danger safety threats; and

III. Act if either are identified.

IV. If the CPS worker identifies a present or impending danger safety threat, the CPS worker 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 ODHS, 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 the CPS worker's 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 the CPS worker's 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 the CPS worker's 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 instincts. Any time the CPS worker feel frightened or unsafe, the CPS worker 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 gathered 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 the CPS worker should notify other agencies to take part in the interviews.

G. Where are the other people the CPS worker needs 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 the CPS worker will need to assess, the information the CPS worker will need to provide the family regarding safe sleep recommendations, and how the CPS worker can obtain a safe sleep surface (crib, bassinet, or pack-n-play) if needed.

C. Preparing for the Initial Contact: Partnering

I. Partnering at Initial Contact:

Collaborating with community partners at initial contact is an intentional plan for engagement with the family. In order to reduce trauma, anxiety, and fear for families when contacted by CPS, partner with culturally appropriate and supportive community partners when making initial contact, if available. Collaborating with community partners may provide the necessary support a family needs to reduce the need for CW intervention in the current assessment and in the future. Community resources are intended to team with the family to help them meet their goals and reduce barriers. When determining whether to collaborate with a community partner, consider whether there is information which indicates that partnering may increase trauma or safety risk/concern for the family.

The role of community partner is to support the family and increase engagement and is not intended to create additional barriers or challenges to families.

II. Gather Information:

In order to understand which community partner may be best suited for supporting and engaging with the family, gather information regarding the family's culture and history through review of records:

- Review available documentation, including the screening report, prior assessments, police reports, case notes in ORKids, etc.;
- Staff with other CW employees who are familiar with the family;
- Consult with the family's Self Sufficiency Program (SSP) worker if one is identified; and
- Ask the reporting source if there are any known services the family is currently engaged in and what the family's relationship with the provider is.

Consider any information about past trauma or inequities the family may have experienced when reviewing history and identifying an appropriate partner for initial contact. If any information indicates the family may be experiencing domestic violence, refer to the Domestic Violence Tool Kit for guidance on how to safely contact the family members.

When contact is made with the family prior to initial face-to-face contact, such as when scheduling a time to meet for initial contact, ask the family if they are working with any community services, including SSP.

- If the family is experiencing DV, contact the survivor first, if it is safe to do so and discuss a safe community partner.
- Ask the family if they would like a community partner present during initial contact.
- If the family is not currently working with a community partner, suggest a resource based on the information you have gathered about the family and offer to complete a warm hand-off to the resource.

III. Current Providers and Self Sufficiency:

Often, when a family has been working with a community partner, the partner may have an understanding of the family's culture and dynamics you may not learn from reviewing documents. The partner may have built a relationship or trust with the family which may assist in bridging communication and reducing trauma when initial contact is made.

- Many families may be working with SSP and receiving support from an SSP worker. If an SSP worker is identified as working with a family, contact the SSP worker prior to initial contact to learn about

the family and to consider if partnering for initial contact would reduce trauma and be beneficial for the family. SSP workers are critical partners. Often SSP has developed strong relationships in the community and will work closely with the family and the caseworker to utilize all available and necessary resources to meet the family's needs.

- It is important to remember that the SSP worker is also an individual who holds some amount of power in relation to the family, as their SSP worker is the family's access to necessary resources. Considering the power differential between a family and their SSP worker and caseworker during initial contact is crucial when consulting with the SSP worker about how to best engage the family.

IV. No Identified Community Partners:

If the family is not identified as having an assigned SSP worker, another community partner may be identified for initial contact with the family. If, at initial contact it is learned the family does have an SSP worker, may be eligible for SSP services, or is engaged in other community services you must request a release of information (ROI) for service provider from relevant family members.

If there is no information indicating the family is currently involved with any community services or the family has a positive relationship with any ODHS staff, consider the specific family conditions identified in the information gathered.

Considerations when determining which community partner to collaborate with for initial contact include, but are not limited to:

- Family culture
- Indications of domestic violence
- Information about an expecting parent, new baby, or infant in the home
- Indications of past or current traumas
- Indications of substance misuse
- Possible financial or housing challenges
- Indications of mental health challenges
- Family history with CW and relationships with previous workers
- Previous encounters with various community partners, including LEA

Some examples of partners who may be considered for collaboration include, but are not limited to:

- Tribal Partner*
- SSP
- CW Addiction Recovery Team
- Substance use disorder providers
- Community nurses
- Mental health partners
- Domestic violence advocates

- Co-located partners
- Peer mentors
- Regional ICWA Specialists
- ID/DD services provider
- Veteran's Affairs (VA)
- Juvenile probation officer or counselor
- Parole or probation officers
- Interpreters, other translation service providers
- APD, ODDS, other sister-agencies
- Headstart/Schools with home visitors (social workers, teachers, principal, etc.)

*Tribal partners should be considered immediately if there is indication a parent or child is enrolled or eligible for enrollment in a Tribe. When contact with the Tribe is made, enquire about partnering for initial contact.

V. Law Enforcement:

The use of law enforcement during initial contact should be carefully considered and discussed with a supervisor unless there is an immediate need due to safety concerns. When possible, the caseworker should identify another partner to provide trauma-informed engagement support during initial contact, rather than utilizing law enforcement, unless there is risk of danger to members of the family or a worker during initial contact.

If considering utilizing law enforcement for initial contact, review the family's history to identify previous law enforcement involvement and what the family's experience with law enforcement has been. Consider how the family has responded to law enforcement and the impact the presence of law enforcement may have on individual family or household members. Staff with a supervisor to discuss how to engage supportively if there is indication law enforcement may increase trauma to family or household members, or how to engage when a family's history indicates they have a better relationship with law enforcement than with ODHS staff.

VI. When Not to Partner

If the information gathered indicates having a community partner at initial contact may be more traumatic or unsafe for a family, caseworkers should consider if a referral to a community partner, including SSP, after initial contact would reduce trauma and increase engagement. Just as identifying a partner is an intentional decision, choosing not to partner with a community resource at initial contact should also be an intentional decision made for the benefit of the family and engagement. (This does not apply to Tribal partners.)

VII. When a Community Partner Is Not Present at Initial Contact:

If a community partner is not present at initial contact, the caseworker and the family should still discuss if the family's current challenges and goals to identify community partners who may be able to provide support. If the family would like to be connected with community resource(s), the caseworker should offer a referral. The caseworker will request a signed ROI from individuals to allow the community partner to meet with the individual with or without the caseworker to develop a relationship of trust and continue to work with the

family to help move them forward in their family plan. Discuss the community partner's role with the family and that the individual's contact with a partner is voluntary.

VIII. Follow Up:

If there are referrals or resources identified during the assessment, collaborate with other agencies, SSP, and community partners to arrange services for the family, if identified and requested. Follow up any referrals with a conversation with the family to ensure the family was contacted and to identify any barriers to the family receiving the services identified. Collaborate with the family, SSP worker, and service provider to remove, reduce, or work around identified barriers. If a family is engaged with an SSP worker, ensure continuation of services and SSP service plan beyond the CPS assessment.

Chapter 3
Assessment

Section 4: Initial Contact With The Family

Initial Contact With The Family

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, the CPS worker must gather information and facts necessary to ensure child or, when applicable young adult, safety. Through interviews and observation, the CPS worker 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. The CPS worker 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 their ID to the family at the start of the interview. Give their business card or other document with their 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 resource parent or respite provider certified by Child Welfare, 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 resource parents or respite provider.

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, the CPS worker 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, the CPS worker is 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 the CPS worker consults with a supervisor and determine a risk to child safety if the CPS worker contacts the family prior to an interview with the child, the CPS worker must:

A. Make diligent efforts to contact the child at:

1. Home,
2. School,
3. Day care, or

4. Any place the CPS workers 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, or professionals who have had recent contact with the family.

B. Review other ODHS program files, if accessible, such as Self Sufficiency. Child Support screens also would be valuable to seek for address information.

C. If the CPS worker is unsuccessful, they must document in the assessment activities section of OR-Kids all attempts to contact the child and the dates.

III. If the CPS worker contacts 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 the CPS worker is 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, the CPS worker 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 the CPS worker interviews a child. In some cases, parents may not be present at the time of the initial attempt to contact. The CPS worker is 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. The CPS worker 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 least 15 years old at the time of the abuse, to have a personal representative present during an interview. If the CPS worker believes the personal representative would compromise the CPS assessment, they may prohibit them from being present during the interview.

VIII. Observe all the child's injuries or signs of neglect. The CPS worker may need to remove a child's clothing to make adequate observations. In that event, the CPS worker:

   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. The CPS worker 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. The CPS worker 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. The CPS worker observes a child who has suffered a suspicious physical injury and they are certain or reasonably suspect the injury is or may be the result of abuse.

XI. In the event the CPS worker observes a suspicious physical injury on a child and they 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, the CPS worker must 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, the CPS worker 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 the CPS worker interview depends on the information needed. The CPS worker 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, the CPS worker 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, the CPS worker 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. The CPS worker 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.

VII. When the alleged perpetrator is a child and the parent of the alleged victim, the purpose is also to determine if they are an alleged victim of abuse.

Prior to conducting an interview with a child who was identified as an alleged perpetrator, the CPS worker must obtain permission from the child's parent, caregiver, Indian custodian, or attorney, if applicable. A CPS worker may not interview a child who was identified as an alleged perpetrator of abuse at school.

If the alleged perpetrator is one of the individuals listed below, then the CPS worker must attempt face-to-face contact and interview them during the initial contact:

I. Parent, caregiver, or Indian custodian;

II. An adult living in the home; or

III. Present in the home when the CPS worker makes contact.

A CPS worker may interview the alleged perpetrator later in the CPS assessment under the following conditions:

I. It is not possible to interview the alleged perpetrator during the initial contact due to a criminal investigation,

and

II. If the CPS worker is 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, the CPS worker 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, the CPS worker 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 the CPS worker has reasonable cause to believe the alleged perpetrator is an employee of ODHS or OYA, the CPS worker 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 ODHS or OYA, they must notify the ODHS 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:

The CPS worker must observe the alleged victim, parent or caregiver, and the home environment. When the alleged victim resides in more than one home environment, the CPS worker must observe both home environments. The CPS worker 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, the CPS worker 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 nighttime 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 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 (ODHS 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, the CPS worker does not need to observe the program or shelter's physical environment.

Documentation

I. The CPS worker must document the dates of attempts and successful contacts in OR-Kids. If it was not

possible during the initial contact to successfully complete a required contact, the CPS worker 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. **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?

C. **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.

D. **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.

E. **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.

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;
5. Establish the time commitments and availability of those involved in the plan; and

6. Establish a plan and method for safety service providers to communicate with Child Welfare.

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. As required in OAR 413-015-0428,Identify How the Impending Danger Safety Threat is Occurring, the CPS worker must use the information gathered 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 (see also Chapter 3, Appendix 3.14):
   - There is a home-like setting where the parent and child live.
   - There are no barriers in the home to allowing safety service providers access and safety service 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.

D. 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.

E. When the CPS worker has determined a child is unsafe and an adult other than the parent or guardian is required to manage the child's safety, the CPS worker must comply with OAR 413-070-0069 to identify relatives and persons with a caregiver relationship. If the child enters care with a non-relative caregiver, the CPS worker must also comply with OAR 413-070-0072 to contact and provide notice to relatives and persons with a caregiver relationship.

F. 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.

G. When assessing an allegation of sexual abuse, if a plan includes a parent, caregiver, or Indian custodian who is the alleged perpetrator consenting to leave the family home, the CPS worker must notify the local district attorney responsible for the multidisciplinary team 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, caregiver, or Indian custodian leaves the family home.

H. When a plan includes a parent, caregiver, or Indian custodian 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, caregiver, or Indian custodian 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.

I. When the protective action plan or initial safety plan involves an Indian child remaining in the home with a parent, the CPS worker must make active efforts to consult and partner with the Indian child's Tribe. If the Indian child's Tribe is unavailable, consult with the Tribal Affairs Unit. If the safety plan for the Indian child involves the parent not performing parenting duties and/or the child and both parents are separated from the child, that is considered a removal and a shelter hearing is required.

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; and
5. Establish a plan and method for safety service providers to communicate with Child Welfare.

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 resource parent or respite provider certified by Child Welfare, or a third party CPS assessment. 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. Conduct 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 an 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:

  - 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.
  - A parent is in jail and the safety threat does not involve that parent's care. The parent will be 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 the additional days be used for?

  If the additional days will be used 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 those days will be used creatively explore with the family solutions to meeting the in-home safety plan criteria, including identifying and approving safety service providers, then 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 family time 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.

If there is reason to know the child is an Indian child, keep in mind that notice of a hearing described in OAR 413-115-0120 Notice Required Prior to a Child Custody Proceeding or Court Hearing must be provided ten days prior to the proceeding if there is reason to know the child is an Indian child unless an emergency removal is authorized for the circumstances described in OAR 413-115-0070.

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 CPS Assessment

A CPS worker must complete the CPS assessment after:

I. Initial contacts are complete, and

II. The child's or young adult's immediate safety is ensured, if necessary, through the:

   A. Protective action plan, or

   B. Initial safety plan.

Procedure

I. A CPS worker 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 CPS 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, ODHS 9004), a CPS worker may request a LEDS check. This information should be considered when necessary to:

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 the CPS worker identifies abuse while conducting a CPS assessment, it is reasonable to address the new abuse in the open CPS assessment, if the new abuse:

A. Identified 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 the CPS worker addresses an allegation of abuse identified after the initial contact they must address the new abuse in the same manner all reports are required to be addressed in a comprehensive CPS assessment.

If any of the criteria in section V 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 8: Family Stress Indicators

Introduction and Purpose

The family stress indicators were derived from the list of risk factors used in the National Child Abuse and Neglect Data System (NCANDS), in which the federal government gathers information all fifty states, the District of Columbia and Puerto Rico to track data to identify and examine trends in child welfare systems at a national level.

The indicators are utilized by CPS to identify family dynamics that may increase stress or anxiety within a family. Family stress indicators may be observable or openly shared by families, or the family may not be able to identify on their own. Considering family stress indicators can assist in our understanding of the challenges the family may be experiencing and is helpful in assessing the family condition.

Procedure

Family stress indicators should be considered throughout the assessment. At the conclusion of an assessment, after comprehensive information has been gathered, the CPS worker must review the family stress indicators and ensure all applicable family stress indicators have been selected in OR-Kids. (Family stress indicators can be found in OR-Kids in each CPS assessment under the Basic tab.)

Family stress indicator selection is not dependent on safety threats or dispositions, but as stress indicators impact the family condition and circumstances, they may be influencing child safety. Families may be managing their stress without need for additional services or intervention however, the stress indicators should be considered when determining whether a family has moderate to high needs.

Family stress indicators may change over time so it is important to consider all of them during any new assessments. If a stress indicator was selected previously, it should not be automatically selected, but carefully reconsidered during a new assessment.

Family Stress Indicators

This list includes all the family stress indicators available for selection in OR-Kids. More than one may apply to a family, however, a maximum of six can be selected for each family.

- Child developmental, intellectual, or physical disability
- Child mental illness
- Child challenging behaviors
- Custodial Conflict
- Disparity, inequity, or oppression
- Domestic violence
- Financial distress
- Head of household unemployed
- Heavy child care responsibility

- Human trafficking
- Inadequate housing
- New baby/pregnancy/expecting
- Parent/caregiver alcohol and/or substance use
- Parent/caregiver developmental or intellectual disability
- Parent/caregiver mental illness
- Parent/caregiver history of abuse
- Parent/caregiver involvement with the criminal justice system
- Social isolation
- None of the available options

Family Stress Indicator Descriptions

Following this list is a description of what each family stress indicator means and when it should be selected.

Child Developmental, Intellectual, or Physical Disability

This family stress indicator should be selected when the information gathered indicates a child has (or may have) developmental delay, developmental disability, or a physical disability.

A developmental delay is when a child's progression through predictable developmental phases slows, stops, or reverses. Symptoms of a delay include slower-than-normal development of motor, cognitive, and emotional skills. A developmental delay may resolve over time (Yale).

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime (CDC). Some children with developmental delays are diagnosed with a developmental disability because it is unclear whether their condition will impact them life-long or if services will improve the condition.

A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. A physical disability can be temporary, short-term or long-term. Some conditions may go into remission; others may come and go with no particular pattern, or there may be gradual deterioration. A person may be born with a physical disability or acquire it later in life through accident, injury, illness or side effects of medical treatment.

Some common developmental disabilities include, but are not limited to: Down's syndrome, fetal alcohol disorders, fragile x syndrome, and Prader-Willi syndrome.

Common neurodevelopmental disorders include, but are not limited to: autism spectrum disorder, attention-deficit hyperactivity disorder, cerebral palsy, and learning disorders.

Common physical disabilities include, but are not limited to: hearing loss, vision impairment, paraplegia, muscular dystrophy, cystic fibrosis, and spina bifida.

As these determinations can change over time, it's important to reconsider this stressor during each interaction with the child.

Child Mental Illness

This family stress indicator should be selected when the information gathered indicates a child is diagnosed with mental, emotional, or behavioral disorder, illness, or disturbance; or who is struggling with their mental or emotional health.

Mental, emotional, and behavioral disorders, illnesses, or disturbances impact the way children typically learn, behave, or handle their emotions, which can cause distress and problems getting through the day. A child struggling with these aspects of their health may exhibit some of the following characteristics:

- Difficulty forming/maintaining interpersonal relationships with teachers and peers
- Hyperactivity (short attention span, impulsiveness)
- Withdrawal (not interacting socially with others, excessive fear or anxiety, depression, unhappiness)
- Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level, but without a physical/developmental cause)
- Aggression or antagonistic behavior (acting out, fighting)
- Self-harming behavior, suicidal ideation, lived experience related to suicide

Children who are struggling in these areas can develop maladaptive behaviors which can adversely affect their academic, social, and family functioning.

Common mental, emotional, and behavioral disorders, and illnesses include: depression, anxiety disorders, conduct disorders, eating disorders, oppositional-defiant disorders, attachment disorders, attention deficit hyperactivity disorder, and obsessive-compulsive disorder. A diagnosis is not required when selecting this family stress indicator.

Child Challenging Behaviors

This stressor should be selected when the information gathered indicates the child is currently struggling with behaviors that are adversely impacting their socialization, learning, and functioning. This stressor does not require a diagnosis. Some challenging behaviors may include:

- Involvement with the juvenile justice system
- Risk taking or reckless behaviors
- Alcohol or substance use/misuse
- Running away or refusing to stay in a placement
- In close proximity to dangerous individuals or circumstances
- Criminal activity

- Acting out or fighting
- Chronic truancy

If the child is exhibiting these behaviors, consider whether the child is also at greater risk being sexually trafficked. These behaviors are often symptoms of other issues occurring in the child's life such as abuse, trauma, or mental/emotional distress.

Custodial Conflict

This family stress indicator should be selected when the information gathered indicates there is conflict among family members regarding the care and custody of the child. While this family stress indicator is specific to child custody or custody related issues, it does not require a legal custody case. It's also important to recognize this conflict can also be present between parents and grandparents or other family members.

Consider selecting this family stress indicator when the family conflict is centered on the child and involves disagreements over issues where a child should live, whom a child should be around, and how to parent the child.

Custodial conflict between parents, caregivers, and/or family members can be a major stressor for children. Children experiencing frequent, intense, and/or poorly resolved conflict between parents are placed at greater risk of having:

- Problems with school and learning
- Negative peer relationships
- Physical health problems
- Smoking and substance misuse
- Mental health issues

Custodial conflict can negatively impact the child's relationship with the other parent, even when the adults think the child is unaware of the conflict. Ongoing negative attitudes or behaviors towards a parent or caregiver may lead to parental alienation.

Custodial conflict may not be the appropriate stressor to select if an abusive partner is using child custody as a means of coercive control. Consider carefully whether domestic violence is the more appropriate family stress indicator in those situations.

Disparity, Inequity, or Oppression

This family stress indicator should be selected only when the family or someone in the family indicates they experience disparity, inequity, or oppression based on their race, religion, color, national origin, marital status, sex, sexual orientation, gender identity, age, veteran's status, or disability. This indicator includes individuals or families who fear or expect to experience disparity, inequity, or oppression based on current or historical treatment of others with whom they identify or associate.

This includes individuals who identify as LGBTQIA2S+ whose parent(s) or caregiver(s), or others in the home are not safely affirming their identity.

This includes individuals or families who identify as marginalized or targeted due to their socio-economic status, criminal history, geographic location, etc.

Domestic Violence

This family stress indicator should be selected when the information gathered indicates the family may be impacted by domestic violence. For the purpose of identifying a family stress indicator, the caregiver may be the abusive partner or the survivor of the domestic violence.

Domestic violence as a family stress indicator is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another.

This stressor can be selected without domestic violence being identified as an allegation or as an identified safety threat during the current assessment.

Financial Distress

This family stress indicator should be selected when the information gathered indicates the family has insufficient financial resources to meet their basic needs.

Examples of financial distress may include, but are not limited to circumstances in which:

- Someone has lost a job, is unemployed, under-employed, or unable to work.
- Families are at risk of losing or have lost homes, pets, cars, belongings, or health insurance.
- Families at risk of losing access to services or are unable to access services due to finances or other eligibility issues.
- Families may have experienced a sudden or unexpected financial hardship like a sudden illness, death of loved one, natural disaster.
- Families may have had to move in with others or are living separately due to lack of housing.
- Families may be struggling to meet their basic needs: food, water, clothing, shelter.

When considering this stressor, consider the common impacts of financial hardship on family members and how the financial hardship could be affecting the six domains of family functioning:

- Anxiety, depression, panic, PTSD, grief, or stress
- Sleep disturbances, nightmares, inability to sleep, or excess sleep
- Alcohol or substance misuse
- Confusion, feelings of detachment, feeling surreal
- Over- or under-eating
- Stomach complaints (diarrhea, nausea, heartburn)
- Headaches

- Feelings of shame, embarrassment, and/or vulnerability
- Secrecy, fear, isolation, hopelessness, and/or distrust
- Impulsive decision making, acts of desperation
- Changes in parenting styles
- Problems in school, delinquency (American Association for Marriage and Family Therapy).

Head of Household Unemployed

This family stress indicator should be selected when the information gathered indicates the, or one of the, primary financial providers for the family is without a paying job, but is also available to work. This stressor can be selected with or without family financial distress.

Heavy Child Care Responsibility

This family stress indicator should be selected when there are three or more children in the home who are less than five years old. This includes children who live in the home part-time.

Human Trafficking

This family stress indicator should be selected when an individual in the family in the family is a victim or survivor of trafficking or is alleged to be a trafficker.

Human trafficking includes recruiting, enticing, harboring, transporting, providing, or obtaining by any means, or attempting to recruit, entice, harbor, transport, provide, or obtain by any means, another person and subjecting another to involuntary servitude.

For the purpose of this family stress indicator, human trafficking also includes sex trafficking and the commercial sexual exploitation of children.

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.

See Chapter 4, Section 19 Identification of a Sex Trafficking Victim in the Child Welfare Procedure Manual for more information.

Inadequate Housing

This family stress indicator should be selected when the information gathered indicates the child or family's housing may be insufficient or unhealthy.

Inadequate housing may include, but is not limited to:

- Lack of or inconsistent access to a water source

- Lack of or inconsistent access to toileting facilities
- Exposed wiring, incomplete construction, or disrepair
- Broken windows
- Lack of or inconsistent access to heating/cooling
- Structural instability
- Exposure to the elements

Unhealthy housing may include, but is not limited to:

- Evidence of pest infestations
- Water leaks, mold, mildew, rot
- Unsafe heating sources
- Sewage leaks
- Harmful chemicals, pesticides
- Unsanitary living conditions

This family stress indicator should also be selected when the information gathered indicates the child or family has no safe and stable place to live. This includes living in a car, on the street, in a homeless, or other temporary shelter or living arrangement. This measure should also consider the family's culture and living preferences, whether the family finds their circumstances stressful, and whether the living environment is meeting the child's needs.

This stressor should be selected even if the inadequate housing is not the fault of the family or is the result of landlord negligence. This stressor is appropriate if the inadequate housing is not identified as a safety concern, but does cause the family stress.

New Baby/Pregnancy/Expecting

This family stress indicator should be selected when the information gathered indicates there is a parent or a caregiver in the home who is pregnant, expecting, or who has delivered or begun parenting an infant within the last nine months.

Parent/Caregiver Alcohol and/or Substance Use

This family stress indicator should be selected when the information gathered indicates a parent or caregiver uses or misuses alcohol or substances in a way that negatively impacts the parent or caregiver or the family.

Parent/Caregiver Developmental or Intellectual Disability

This family stress indicator should be selected when the information gathered indicates a parent or caregiver has a developmental or intellectual disability. A diagnosis of a developmental or intellectual disability is not required for this family stress indicator to be applicable. There is some overlap between the two, but there are some subtle distinctions, the most important being that intellectual disabilities do not include physical limitations.

Developmental disabilities include cognitive impairment, physical impairment, or both which are present before the age of 21. Developmental disabilities result in substantial functional limitations in three or more areas of major life activity, including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Common diagnoses associated with developmental disabilities include but are not limited to: cerebral palsy, autism, and epilepsy. (Autism is considered a neurological and developmental disorder as it is often identified in early childhood) (Developmental Disabilities Assistance and Bill of Rights Act).

Intellectual disabilities are represented by significant limitations in adaptive functioning in at least two of the following skills areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and/or safety. Common diagnoses associated with intellectual disabilities include but are not limited to: Fragile X syndrome, Down syndrome, Prader Willi syndrome, and fetal alcohol spectrum disorder.

Parent/Caregiver Mental Illness

This family stress indicator should be selected when the information gathered indicates a parent or caregiver has a mental illness. A diagnosis of a mental illness is not required for this family stress indicator to be applicable.

Mental illnesses are health conditions involving changes in emotion, thinking or behavior, or a combination of these and vary in the severity of their impact. Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities. Serious mental illness is a mental, behavioral, or emotional disorder resulting in serious functional impairment which substantially interferes with or limits one or more major life activities (American Psychiatric Association).

Parent/Caregiver History of Abuse

This family stress indicator should be selected when information gathered indicates a parent or caregiver who experienced or witnessed abuse during their childhood.

Parent/Caregiver Involvement With The Criminal Justice System

This family stress indicator should be selected when information gathered indicates a parent or caregiver is involved with the criminal justice system. This can include being a victim or witness to a crime as well as being under investigation for, arrested for, convicted of, incarcerated for, or on probation/parole for a crime. This family stress indicator should also be considered if a parent or caregiver is acting in an informant capacity. This includes parents or caregivers who are still required to fulfill post-supervision or registration requirements, including but not limited to sex offender registration, no-contact requirements, or other mandated restrictions.

This family stress indicator should not be selected when the involvement is historical and is not currently impacting or causing the family stress. It could be applicable in situations where a parent or caregiver is currently struggling with the consequences of their previous involvement with the criminal justice system.

Social Isolation

This family stress indicator should be selected when information gathered indicates one or more members of the family experiences social isolation.

Social isolation can be defined as the absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with the community on a broader level. Social isolation can involve staying at home for lengthy periods of time, having little to no access to services or community involvement, and little or no communication with friends, family, and acquaintances.

Social isolation can be the result of many factors including the loss of mobility, long-term illness, transportation issues, unemployment, financial hardships, or other health issues. It can also be a tactic used by those exerting coercive control over others.

As humans are social beings, social isolation can have many negative impacts including, but not limited to feelings of loneliness or helplessness, and depression.

None of the Available Options

This family stress indicator should only be selected when no other family stress indicators apply.

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 for CPS assessments and 413-015-0840 for third party CPS assessments:

I. The CPS worker must determine a disposition for all CPS assessments completed by Child Welfare as required by ORS 4198.026(1).

II. The CPS worker must determine if there is reasonable cause to believe that abuse occurred and explain the basis for that determination.

III. The CPS worker must document that determination and 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 or younger, the CPS worker must refer the child to Early Intervention using the form CPS Early Intervention Referral (ODHS 323). Obtaining a release of information is recommended as it engages the parent or guardian in the process and keeps them informed, however, a release of information is not required. See also Chapter 3, Section 10: Early Intervention Referrals.

Procedure

The CPS worker 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. Unfounded may also be the appropriate disposition when the abuse that occurred:

   A. Did not occur to the victim alleged in the CPS assessment; or

   B. Was not perpetrated by the person alleged in the CPS assessment.

III. "Unable to determine" means "inconclusive," which means there is some indication the abuse occurred but 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, the CPS worker is unable to locate the family; or

   B. After completing a CPS 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 unfounded determination.

      2. The information:

         - Conflicts or is inconsistent from collateral contacts or family, and

- Is insufficient to support a founded or unfounded determination.

To determine CPS assessment dispositions the CPS worker must use the correct definitions of abuse as follows:

I. Definitions of abuse as defined in OAR 413-015-1015 (1) apply to all allegations of abuse of a child younger than 18 years old and all children in care up to age 21.

II. Definitions of abuse as defined in OAR 413-015-1015 (1) and (2) apply when determining whether a child in care has been a victim of abuse unless the reported abuse is familial or third party abuse. If familial or third party abuse, only OAR 413-015-1015 (1) applies. For example:

   A. Abuse definitions in OAR 413-015-1015(1) would apply if the alleged abuse was by the parent of the child in care (familial abuse).

   B. Abuse definitions in OAR 413-015-1015(1) would apply if the abuse was by a resource parent or respite provider towards their own child (familial abuse).

   C. Abuse definitions in OAR 413-015-1015(1) and (2) would apply if the abuse was by a resource parent or respite provider towards the child in care (abuse of a child in care).

   D. If the child in care is 18 to 21 years old, both sets of definitions apply.

III. 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 or threatened to be made, to a child if the acts, statements, or threats result in severe harm to 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 food, clothing,

shelter, medical care, supervision, protection, or nurturing that is likely to endanger the child's health or welfare.

Neglect may include, but is not limited to the following:

A. Chronic neglect, which 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 physical, mental, or emotional development.

B. Physical neglect, which includes each of the following:

   1. Failure to provide for the child's basic physical needs, including adequate:
      - Food
      - Clothing
      - Shelter
   2. Permitting a child enter or remain in or on premises where methamphetamines are manufactured.
   3. Unlawful exposure of a child to a controlled substance, as defined in ORS 475.005 that subjects a child to a substantial risk harm to the child's health or safety. When the CPS worker is making a determination of physical neglect based on a substantial risk of harm to the child's health due to unlawful exposure to a substance, this determination must be consistent with medical findings.

C. Medical neglect, which 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 a CPS worker is making a determination of medical neglect, this determination must be consistent with medical findings.

D. Lack of supervision and protection. This includes failure to provide supervision and protection appropriate to the child's age, mental ability, and physical condition.

E. Desertion. This includes when the parent or caregiver:

   1. Leaves the child with another person and fails to reclaim the child;
   2. Fails to provide information about their whereabouts;
   3. Provides false information about their whereabouts; or
   4. Fails to establish a legal guardian or custodian for the child.

F. Psychological neglect. This includes serious inattention to the child's need for:

   1. Affection,
   2. Support,
   3. Nurturing, or
   4. Emotional development.

   The parent or caregiver behavior must be related to the observable and severe harm of the child's:

- Psychological,
- Cognitive,
- Emotional, or
- Social well-being and functioning.

V. **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, punctures, lacerations;
C. Internal injuries;
D. Burns or scalds;
E. Injuries to bone, muscle, cartilage, and ligaments;
F. Poisoning;
G. Electrical shock;
H. Substantial pain, physical impairment; and
I. Death.

VI. **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.
B. Incest, rape, sodomy, sexual penetration, fondling, and voyeurism.
C. Sexual exploitation, which 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.
D. Sex trafficking, which includes:
   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.

VII. **Threat of Harm.** This 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 abuse.

While threat of harm does not need to have a secondary abuse descriptor to be identified as abuse, the CPS worker must articulate how the child is at risk and what severe harm they might experience. (Severe

harm means life-threatening damage or significant or acute injury to their physical, sexual, or psychological functioning).

Unless the abuse is familial or third party abuse, abuse of a child in care includes, among others, the following behavior, conditions, and circumstances:

I. **Abandonment of a Child in Care**. This includes:

   A. Desertion or willful forsaking of a child in care, or

   B. Withdrawal or neglect of duties and obligations owed a child in care by:

      1. A resource parent or respite provider certified by Child Welfare;
      2. A caregiver; or
      3. Other person.

Considerations for Abandonment of a Child in Care:

A. Only a person in a caregiving role can abandon a child in care.

B. Abandonment of a child in care is leaving the child in care with no plan to resume care.

C. Abandonment of a child in care is a very specific act.

D. When you consider abandonment of a child in care as an abuse type, also consider neglect.

E. Does abandonment of a child in care include when a resource parent drops a child in care at the ODHS office, without notice, and states that they are unable to care for the child any longer? Generally, no. Consider the circumstances of the drop-off. What was the responsibility of the state agency?

F. An example of abandonment of a child in care includes a resource parent who drops a child in care off at someone else's home with no apparent intention of returning and without notification to the caseworker, certifier, or the individual involved.

G. If a child in care is missing, and a provider fails to make any efforts to look for or report a missing child in care, this is not abandonment of a child in care. However, it should be considered under neglect.

II. **Financial Exploitation.** This includes:

   A. Wrongfully taking assets, funds, or property that belong to or are intended for the use of a child in care.

   B. Alarming a child in care by conveying a threat to wrongfully take or appropriate money or property of the child in care if the child would reasonably believe the threat conveyed would be carried out.

   C. Misappropriation, misuse, or transfer of any money without authorization from any account held jointly or singly by a child in care.

   D. Failure to use the income or assets of a child in care effectively for the support and maintenance of the child in care.

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

Considerations for Financial Exploitation:

A. Property of the child in care refers to items brought into the home by the child in care, items purchased

for that child in care, or items given to the child in care as a gift. This includes clothes, phone, hairbrush, books, toiletries, games, technology, etc.

B. Wrongfully means unjust or illegal.

C. How a caregiver should use the assets, funds or property of a child in care 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 in care's money or property in a manner that is unjust or illegal and that results in the child in care being intimidated or fearful.

E. Authorization refers to permission being granted by the child in care's parent or guardian. For a child in care receiving ODDS services, permission may be granted by the child in care's Individual Service Plan team.

F. Money paid to the caregiver for the care and support of the child in care must be used for this purpose.

G. Money and assets of the child in care are not to be used for the caregiver's personal gain.

H. The expectation is that money paid to the caregiver is 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 in care'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 in care'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 resource parent having been given a clothing voucher. The resource parent used the voucher to buy clothes for their own child's or their own use.

III. Involuntary Seclusion. This includes confinement of a child in care alone in a room or an enclosed space from which the child in care is prevented from leaving by any means. A resource parent or respite provider certified by Child Welfare, or a caregiver may not put a child in care into involuntary seclusion.

A. Involuntary seclusion includes:

1. Involuntary seclusion of a child in care for the convenience of a resource parent or respite provider certified by Child Welfare or a caregiver.
2. Involuntary seclusion of a child in care to discipline the child in care.
3. Involuntary seclusion of a child in care as a form of punishment.
4. Involuntary seclusion of a child in care done in retaliation.

B. Involuntary seclusion does not include age-appropriate discipline, including, but not limited to, a time-out if the time-out is in a setting from which the child in care is not prevented from leaving by any means.

Considerations for Involuntary Seclusion:

A. Involuntary seclusion includes locking a child in care in a room or enclosed space inside or outside the residence.

B. Depending on the child in care's age or development, a shut door in the absence of a lock may still prevent the child in care from leaving.

C. There are many ways to prevent a child in care from leaving besides a lock or a closed door. If the child in care is prevented from leaving the space by any means, it may be involuntary seclusion. This includes situations where a child in care believes the door is locked or they are prevented from leaving because they are afraid of consequences.

D. Use of a baby gate to prevent or protect a child in care 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 in care.

E. Therapeutic use of a seclusion or isolation room is not automatically involuntary seclusion, but the intention, justification, or therapeutic recommendations need to be considered.

F. The reasonableness of any discipline method must consider the child in care's age, development, and behavior.

When considering involuntary seclusion as an abuse type, also consider neglect.

IV. Neglect of a Child in Care. This includes:

A. Failure to provide care, supervision, or services necessary to maintain the physical and mental health of a child in care, or

B. Failure of a resource parent or respite provider certified by Child Welfare, a caregiver; or other person to make a reasonable effort to protect a child in care from abuse.

Considerations for Neglect of a Child in Care:

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 in care? What was the appointment for, and what were the consequences for the child in care 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 in care to the appointment?

C. This failure may include a failure to report suspected abuse of a child in care. Consider whether the failure did or was likely to result in additional abuse.

D. What was the effect or likely effect on the child in care 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 in care considering the age, development, behaviors, and emotional state of a child in care.

F. What did the case pan, treatment pan, or supervision plan entail? Was the caregiver involved in the creation of the plan or was the caregiver instructed about those plans and expectations? Permanency workers and certifiers often have critical information that must be analyzed when determining the disposition.

G. To ensure adequate supervision and protection, it is important to understand the high-risk behaviors of a child in care (for example, problematic sexual behaviors, substance use, or criminal activity) and how they may place another child in care at risk. Adequate supervision and protection of children in care who have problematic sexual behavior is critical for the safety of all children and young adults in care, including the child in care with the behavior.

V. Physical abuse of a child in care. This includes:

A. Any physical injury to a child in care caused by other than accidental means or that appears to conflict with the explanation given of the injury; or

B. Willful infliction of physical pain or injury upon a child in care.

Considerations for Physical Abuse of a Child in Care:

A. The injury does not have to be visible or present. Physical pain can occur without injury.

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 in care's behavior? Consider also whether a wrongful restraint was used.

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 in care?

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.

I. Information about the child in care's experience, including whether they experienced pain, is essential, especially when there is or was no physical injury.

VI. Sexual Abuse of a Child in Care. This includes:

A. Sexual harassment. Sexual harassment is not defined in statute, however, for the purpose of understanding the term as it applies to abuse of a child in care, sexual harassment includes a person making sexual advances toward a child, requesting sexual favors from a child, or engaging in conduct towards a child that is sexual in nature.

B. Sexual exploitation, as described in ORS 419B.005 means:

1. Contributing to the sexual delinquency of a minor, as defined in ORS 163.435, 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.

2. 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.

C. Exposing a child in care to sexually explicit material or language that does not serve a legitimate medical, scientific, or educational purpose. This includes any exposure to sexually explicit conduct involving a child.

D. Sexual contact with a child in care. Sexual contact, includes, but is not limited to:

1. Any sexual contact between a child in care and a resource parent or respite provider certified by Child Welfare, a caregiver, or other person responsible for the provision of care or services to a child in care;

2. Any sexual contact between a person and a child in care that is unlawful under ORS chapter 163 and not subject to a defense under that chapter, including, but not limited to:

- Rape (ORS 163.355, 163.365, 163.375);
- Sodomy (ORS 163.385, 163.395, 163.405);
- Unlawful sexual penetration (ORS 163.408,163.411);
- Sexual abuse (ORS 163.415, 163.425, 163.427); or
- Incest (ORS 163.525).

3. Any sexual contact that is achieved through force, trickery, threat, or coercion.

E. Private indecency. Based on the definition of private indecency in ORS 163.467, private indecency as abuse occurs when a person exposes their genitals with the intent of arousing their own sexual desire or the sexual desire of another and:

1. The person is in a place where it is reasonable to expect a child to be present; and

2. The person is in view of a child.

F. Public indecency. Based on the definition of public indecency in ORS 163.465, public indecency as abuse occurs, if while in public or in view of a public place the person performs:

1. An act of sexual intercourse,

2. An act of oral or anal sexual intercourse;

3. Masturbation; or

4. An act of exposes the genitals of the person with the intent of arousing the sexual desire of the person or another person. In this circumstance, “another person” could include the child.

G. Sex trafficking.

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.

Considerations for Sexual Abuse of a Child in Care:

A. Understanding terms used in the definitions is important. Here are several:

Commercial sex act, as defined in ORS 163.266, means any sexual conduct or sexual contact, as defined in ORS 167.002, performed in return for a fee or anything of value.

Sexual conduct, as defined by ORS 163.472 and ORS 167.002 means sexual intercourse or oral or anal sexual intercourse, or masturbation.

Sexual contact, as defined by ORS 163.305 means any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of another person for the purpose of arousing or gratifying the sexual desire of any party. Sexual contact is also includes the definition found in ORS 167.002 which defines the term as any touching of the sexual organs or other intimate parts of a person not married to the actor for the purpose of arousing or gratifying the sexual desire of either party.

Sexual intercourse, as described in ORS 163.305, has its ordinary meaning and occurs upon any penetration, however slight and emission is not required. Sexual intercourse, as used for screening and disposition, also includes oral or anal sexual intercourse, which is described as contact between the sex organs of one person and the mouth or anus of another.

B. In terms of understanding private indecency in relation to child abuse, consider:

- Was the person in a place where the child was likely to be present? Was the child in the bathroom or in their bedroom or in the family room?
- Was the person in view of the child? (I.e., did the child see the exposure or could the child have reasonably seen the exposure? Were efforts made to hide the exposure or was it in plain view?)
- Was the exposure intentional or unintentional? If unintentional, was it reasonable to think exposure wouldn't occur? If it wasn't reasonable, then it may not matter that it was unintentional.

For example, if someone was masturbating in the bathroom with the door wide open and a child in care walked by and saw, the exposure may have been accidental, but if the child in care regularly walks by the bathroom, it may have been unreasonable assume the child in care wouldn't be exposed. On the other hand, if someone had been masturbating in the bathroom with the door open when no one was supposed to be home but the child in care unexpectedly returned and saw, it might have been reasonable to expect privacy. It all depends on the specific facts and details gathered in the CPS assessment.

VII. Verbal Abuse. This includes:

A. Threatening severe harm, either physical or emotional, to a child in care 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 for Verbal Abuse:

A. Verbal abuse occurs when the language used is intended to, or could reasonably cause severe physical or emotional harm to the child in care. Consider also threat of harm, mental injury, and neglect.

B. Verbal abuse also includes threats to cause the child in care emotional or physical harm.

C. What was the context? If a joke, while it may be inappropriate, if the child in care received it as a joke, it is not a threat.

D. Did the child in care experience the words as threatening?

E. Did the child in care experience anguish, distress, or fear?

F. If the threats involve telling a child in care they are going to have their money or property wrongfully taken, consider financial exploitation.

VIII. Wrongful Use of a Restraint. "Restraint" means the physical restriction of a child in care's actions or movements by holding the child in care or using pressure or other means. A resource parent or respite provider certified by Child Welfare may not use a restraint on a child in care.

A. Wrongful restraints do not include:

1. Holding the child in care's hand or arm to escort the child in care safely and without the use of force from one area to another; or
2. Assisting the child in care to complete a task if the child in care does not resist the physical contact.

B. A resource parent or respite provider certified by Child Welfare or a caregiver may use a physical intervention if:

1. The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact;
2. The physical intervention uses the least amount of physical force and contact possible; and
3. The physical intervention is not a prohibited restraint described in described in ORS 418.519 and 418.523.

Prohibited Restraints Include:

- Chemical restraint. Chemical restraint means a drug or medication that is administered to a child in care to control behavior or restrict freedom of movement.
- Mechanical restraint. Mechanical restraint means a device used to restrict the movement of a child in care or the movement or normal function of a portion of the body of a child in care.
- Prone restraint. Prone restraint means a restraint in which a child in care is held face down on the floor.
- Supine restraint. Supine restraint means a restraint in which a child in care is held face up on the floor.
- Any intentional and nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child in care's movement, unless it was necessary to gain control of a weapon.

- Any restraint that places, or creates a risk of placing, pressure on a child in care's neck or throat.
- Any restraint that places, or creates a risk of placing, pressure on a child in care's mouth, unless necessary for the purpose of extracting a body part from a bite.
- Any restraint that impedes, or creates a risk of impeding, a child in care's breathing.
- Any restraint that involves the intentional placement of any object or a hand, knee, foot, or elbow on a child in care's neck, throat, genitals or other intimate parts.
- Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on a child in care's stomach, chest, joints, throat or back by a knee, foot or elbow.
- Any other action, the primary purpose of which is to inflict pain.
- Any restraint of a child in care for the convenience of a resource parent or respite provider certified by the Child Welfare, or a caregiver.
- Any restraint of a child in care to discipline the child in care.
- Any restraint of a child in care as a form of punishment.
- Any restraint of a child in care done in retaliation.

Considerations for Wrongful Restraint:

A. Did alleged perpetrator's actions or physical intervention constitute a restraint by definition? If so, did it also constitute a prohibited restraint?

B. Consider the child in care's experience in that moment, what were they thinking? How were they feeling emotionally and physically in those moments? Were they scared or frantic? Did they feel like they couldn't breathe? Did they panic? Did it help them relax? Did they feel safe? How long did it last? How long did it feel like it lasted? What do they think about it now? Do they still think about it?

C. Did the physical intervention demonstrate good judgment and was it safely implemented?

D. Was a non-physical intervention considered? Did the caregiver consider other measures to diffuse the situation or contacting police?

E. What was the justification for using a restraint? What was the behavior that made it necessary for the restraint? What was the potential outcome if the restraint did not occur?

F. Physical interventions are only allowed in very specific circumstances. The parenting practice of 'hug-it-out' or holding a child in care against their will until they calm down can meet the definition of restraint, so carefully consider the practice in terms of A-E.

G. Grabbing a child's arm to prevent them from running into traffic is not a wrongful restraint, just like picking up a child to prevent them from stumbling is not either.

H. A car seat being used as intended while driving is not a wrongful restraint. Fastening a child into a car seat in the house for a time-out can be. A high-chair, stroller, or baby swing also physically restrains a child, but for a specific non-abuse reason: for feeding, for safe transportation, or for safe play. However, just like a car seat, high-chairs, strollers, baby swings can also be misused as restraint.

I. If the child in care receives services from ODDS and has a positive behavior support plan, consider and review that plan.

J. A caregiver may not use chemicals or substances to manage or control a child's in care's behavior or restrict their movement in the absence of a doctor's direction. This includes using over-the-counter medications like Benadryl, cough medications, or sleep aids to sedate the child without being directed to do so by a doctor.

K. Chemical restraint includes exaggerating, embellishing, or falsifying a child's behaviors or ailments in order to obtain chemicals or substances to manage or control a child in care's behavior from a medical provider.

Disposition Considerations for Child Fatalities *(TBD – Project in Process)*

Disposition Documentation

Prior to the completion of the CPS assessment, the CPS worker must document their dispositional findings in the Allegations/Dispositions section of the CPS assessment. This includes:

I. Reviewing the assessment allegations to ensure the data is correct.

A. Carefully review each line. Make sure the correct alleged victim, alleged perpetrator, relationship to the alleged victim, allegation, disposition, and check boxes are selected.

B. If additional information was gathered during the assessment and another line must be added for a new victim, abuse type, alleged perpetrator and disposition follow the New Allegation of Abuse Guide.

C. Update any unknown participants if their identity is known at the conclusion of the assessment using the renaming an unknown child guidance on the OR-Kids CPS Assessment Reference Guide.

II. Narrating the justification for the disposition.

There must be sufficient information documented to support the finding, even if the finding is unable to determine or unfounded. The CPS worker must detail the conditions and circumstances that resulted in the dispositional finding for each abuse type for each child in the disposition narrative. The disposition narrative for each alleged victim can be broken down into two parts: the opening statement and the facts that support and describe the basis for the disposition.

A. Document the disposition determined using an opening statement. This sentence should contain the following information:

1. The perpetrator's name and their relationship to the alleged victim,
2. The alleged victim's name,
3. The abuse type (i.e. neglect, sexual abuse, physical abuse, threat of harm, etc.).

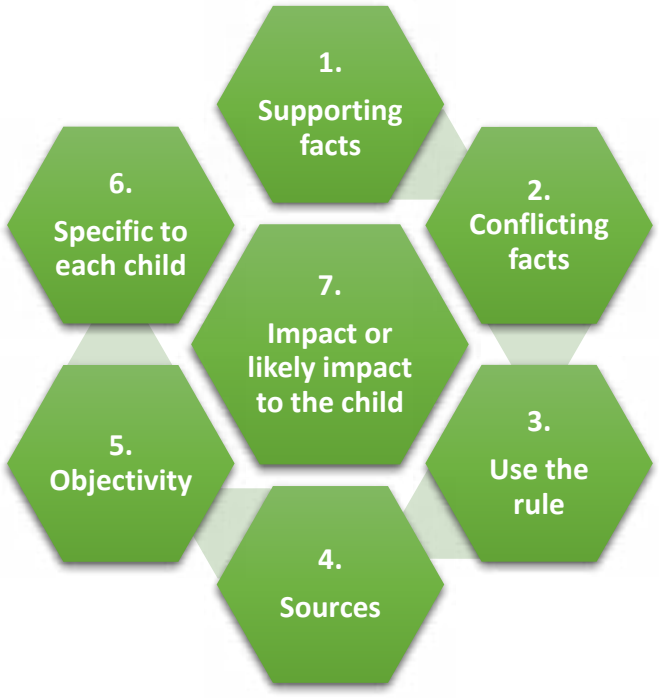
Do not include the abuse descriptors, only the abuse type. For example, the CPS worker should write "neglect" not "neglect lack of supervision and protection". Neglect is the abuse type and lack of supervision and protection is the descriptor. Similarly, write "threat of harm" not "threat of harm sexual abuse" or "threat of harm physical abuse". Threat of harm is the abuse type and for threat of harm sexual abuse and physical abuse are the descriptors.

4. Specify which definition of abuse applies because some abuse types, like neglect, physical

abuse, and sexual abuse, have two definitions.

- When the definition of abuse used is for any child less than 18 years old, specify the abuse type as defined in OAR 413-015-1015 (1).
- When the definition used is only for a child living with or receiving services from a resource parent or respite provider certified by Child Welfare, specify the abuse type as defined in OAR 413-015-1015 (2).

B. Basis for the Disposition Narrative. When explaining the basis for the disposition the CPS worker must detail and specify the conditions and circumstances that resulted in the dispositional finding in the documentation.



1. Included facts that support and describe the basis for the disposition.
   - What facts were gathered that are relevant to the disposition?
   - What information supports the disposition selected?
   - There is often more than a disclosure. What details were corroborated? What adds credibility?
   - Are there previous behaviors or circumstances that show a pattern of behavior that supports the disposition?
   - Are those behaviors or circumstances present now or are they mitigated?
2. Include 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.
3. Use the rule, but don't quote the rule. Document the how the abuse definition applies by providing the information gathered in the CPS assessment in a manner that is consistent with the definition of abuse instead of restating the definition of the abuse.

Example 1:

Instead of writing this descriptor for neglect:

> *TJ failed to provide Joni with adequate supervision.*

Consider writing how TJ failed to provide adequate supervision:

> *While TJ was smoking marijuana in his bedroom with his friends between 5:00 p.m. and 7:00 p.m., Joni (age 3) left the residence, walked five blocks, and was found by motorists attempting to cross the highway alone.*

Example 2:

Instead of writing the definition for mental injury:

> *Janee said cruel and unconscionable statements to Sarai that caused severe harm to Sarai's physical and emotional well-being and functioning.*

Consider writing what the cruel and unconscionable statements were and how they caused severe harm to the child's physical and emotional well-being and functioning:

> *Janee told Sarai she wished Sarai would die and that she is ashamed of Sarai for being bisexual. Janee told their church elders and now Sarai is no longer welcome at religious services with her family and friends. As a result, Sarai has been sad, having nightmares, friends have been avoiding her at school, and she went from earning As and Bs in all her classes to earning failing grades in three. She no longer has an appetite and she's lost 20 lbs, dropping her from the 75th to the 10th percentile for her height/weight/age. She has also been cutting her thighs with a razor blade and saying things like she wishes she could just disappear.*

4. *Name sources. From whom (Dr. Smith) or where (police report #02-12345), did the information come? It is important to include information gathered from interviews, school records, law enforcement reports, medical records, forensic records, etc.*
5. *Avoid opinion, judgment, and gut feeling. Rather than drawing a conclusion such as saying a child is fearful, describe the behaviors observed: the child was shaking and started to cry when told they would be seeing their mother.*
6. *Be specific for each child, abuse type, and alleged perpetrator. Do not lump everything together. It's easy to miss details when narratives do not specifically describe how the abuse type applies for each child by each alleged perpetrator.*
7. *Describe the impact, or likely impact, to the child. How has the child's physical, psychological, sexual, emotional, social, or behavioral well-being or functioning been impacted? If there are no discernable impacts, consider whether the child is likely to experience severe impacts (threat of harm)? For CPS assessments where a child has died, clearly state if the death was the result of abuse.*

Notice of the Founded Disposition *(TBD - Project in Process)*

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 or under to early intervention.

Procedure

The CPS to Early Intervention Referral Form (CF 323) must be used to make the referral. Obtaining a release of information is recommended as engages the parent or guardian in the process and keeps them informed, however, a release of information is not required.

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 (ODHS 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 or caregivers. 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 discussing how to take a child into protective custody, it is important to first discuss 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 or their representative. Child Welfare 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 (or there is reason to know the child is an Indian child), and taking protective custody is necessary to prevent imminent physical damage or harm to the child.
- The CPS worker observed a child who has suffered a suspicious physical injury and the CPS worker knows or has

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 the CPS worker determines a child can be taken into protective custody without an order, the CPS worker must contact a CPS supervisor before taking further action, unless doing so will compromise safety of the child in which case the CPS worker should contact a CPS supervisor as soon as possible 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 a CPS worker takes a child into protective custody with or without a court order, a Protective Custody Report must be written and filed 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).

When a child is taken into protective custody or juvenile court intervention is necessary to ensure the child and family receive appropriate services, the CPS worker must arrange for a juvenile court petition to be filed (ORS 419B.809).

The CPS worker must immediately ensure diligent efforts are made to identify the child's legal parents and any putative fathers. Information about putative fathers must be documented on form CF 418 "Father(s) Questionnaire" and filed in the case record.

The CPS worker must provide notification of protective custody and the date, time, and place of the shelter hearing to the child's parents, including a non-custodial parent, the child's caregivers, and if the CPS worker knows or has reason to know the child is an Indian child, the child's Tribe. This notice can be given verbally, but if done verbally, the CPS worker must follow up with written notification as soon as possible by completing the form 9027 "Notice of Protective

Custody" and providing the completed form in person, by mail, email, or other means to the individuals listed above.

The CPS worker is also required to make diligent efforts to identify and obtain contact information for the child's grandparents in order to provide the grandparents with notice of the date, time, and place of the shelter hearing.

Placing a Child into Protective Custody

When a CPS worker places a child into protective custody (with or without the order), it is important to evaluate the current circumstances and 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, the CPS worker does not have to wait for law enforcement. However, a CPS worker 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 or/ caregiver in the transition of the child from their care. Ask the parent or caregiver whether there is a safe, supportive resource for them during the transition of the child from their care. In addition to asking questions about providing care for the child (allergies, medications, providers), Include them the parent or caregiver 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. Ask the family if the child has a duffel bag or luggage they can use, if not, provide them. Do not use trash bags to transport a child's belongings if it is at all avoidable, as it can have a negative impact on the child. 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 and Chapter 5 Section 27: Clothing and Personal Belongings 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.

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

ODHS must give parents and guardians with legal standing notice of dependency proceedings that may limit or terminate parental rights. When filing a petition, ODHS 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, ODHS 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 ODHS. 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 ODHS 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:

ODHS 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, ODHS9200.

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 Required During a CPS Assessment

All CPS Assessments

The following notifications are required for all CPS assessments including third party CPS assessments. For additional information about notifications, see the CPS Notifications resource page on the OWL.

CPS Worker

External notifications as required by OAR 413-015-0415(5) and OAR 413-015-0815(5), if applicable:

- Community mental health program, community developmental disabilities program, or Adult Protective Services
- Tribal governments
- Law enforcement
- Multi-disciplinary teams
- Office of Child Care
- Office of Developmental Disabilities
- Office of Training, Investigations, and Safety (OTIS)
- Oregon Youth Authority
- Probation and parole
- Reporter
- Schools

External notifications at the conclusion of any CPS or third party CPS assessment, as required by OAR 413-015-0470 and OAR 413-015-0870, if applicable:

- Alleged or identified victim's parents, caregivers, or Indian custodians
- Alleged or identified perpetrators
- Attorneys of identified perpetrators (if applicable)
- Teachers Standards and Practices Commission
- Office of Developmental Disabilities
- Oregon Youth Authority
- Disability Rights Oregon
- Reporter

CPS Assessments Involving a Resource Parent or Respite Provider

The following notifications are required when information received involving a resource parent or respite provider certified by Child Welfare has been **assigned** for a CPS assessment:

CPS Worker

External notifications required for all CPS assessments, as outlined above.

Internal notifications, in the form of a request for staffing, as required by OAR 413-015-0606(1):

- The assigned caseworker for each child or young adult placed with the resource family or receiving services from the respite provider and their supervisor(s).
- The assigned certifier for the resource family and/or respite provider and their supervisor.
- As applicable: Child Welfare Program Manager, CPS Consultant, Foster Care Coordinator, Respite Care Coordinator, or any other appropriate personnel.

External notification of the parent or caregiver of any child or young adult residing in the home of the resource family or respite provider who is not in Child Welfare's legal custody, prior to interviews (OAR 413-015-0606(1)).

If no caseworker is assigned, the notifications listed below under "**Assigned Caseworker**" must be completed by the CPS worker.

Assigned Caseworker OAR 413-080-0051(2)(b) and OAR 413-015-0606(3)

External notifications. Within three business days of the CPS assessment being assigned, the following must be notified of the CPS assessment:

- Attorney for the child or young adult
- CASA for the child or young adult
- Parents, guardians, or Indian custodians of the child or young adult**
- Attorneys representing the parents or guardians of the child or young adult**
- Oregon Judicial Department personnel (for CRB)
- Other individuals who need the information for case planning, when authorized by ORS 419B.035

  ***A supervisor may approve an exception to this notification if the notification may interfere with an assessment or jeopardize the child's safety, per* ORS 419B.015(3)(d)

Certifier OAR 413-015-0606(2)

- Internal notifications: Within one business day, the certifier must notify placement staff that the resource parent or respite provider is on inactive referral status.
- External notifications:

- Within one business day of the CPS worker making initial contact with the resource parent or respite provider, the certifier must notify the resource parent or respite provider of their inactive referral status.
- Within fourteen calendar days of the previous notification, provide written notification of the inactive referral status.

Required Notifications After a CPS Assessment Has Concluded Involving a Resource Parent or Respite Provider Certified by Child Welfare

CPS Worker

Internal notifications: Within five business days of completing the CPS assessment, a staffing as required by OAR 413-015-0608(1) must be convened and the following invited:

- The assigned caseworker for each child or young adult placed with the resource family or receiving services from the respite provider and their supervisor(s).
- The assigned certifier for the resource family and/or respite provider and their supervisor.
- As applicable: Child Welfare Program Manager, CPS consultant, foster care coordinator, respite care coordinator, or any other appropriate personnel.

If no caseworker is assigned, the external notifications listed below under "assigned caseworker" required by OAR 413-080-0051(2)(c) must be completed by the CPS worker.

Assigned Caseworker OAR 413-080-0051(2)(c) and OAR 413-015-0608(2).

External notifications. Within ten days of the CPS assessment disposition, the following must be notified of the CPS assessment disposition:

- Attorney for the child or young adult.
- CASA for the child or young adult.
- Parents or guardians of the child or young adult.**
- Attorneys representing the parents or guardians of the child or young adult.**
- Oregon Judicial Department personnel (for CRB).
- Other individuals who need the information for case planning, when authorized by ORS 419B.035.

**A supervisor may approve an exception to this notifications if the notification may interfere with an assessment or jeopardize the child's safety, per ORS 419B.015(3)(d).

Certifier OAR 413-015-0606(2)

Internal notifications: Within one business day, the certifier must notify placement staff that the resource parent or respite provider is on inactive referral status.

External notifications:

- Within one business day of the CPS worker making initial contact with the resource parent or respite provider, the certifier must notify the resource parent or respite provider of their inactive referral status.
- Within fourteen calendar days of the previous notification, provide written notification of the inactive referral status.

CPS Assessments or OTIS Investigations Involving an Open Case

The following notifications are required when information received about a child with an open Child Welfare case (not involving a resource parent or respite provider) has been assigned for a CPS assessment or an OTIS investigation. (Notification requirements to OTIS can be found in Chapter 3, Section 3: Assessment Activities or OAR 413-015-0415 and OAR 413-015-0815.)

CPS Worker

External notifications required for all CPS assessments, as previously outlined.

If no caseworker is assigned, the notifications listed below under "assigned caseworker" must be completed by the CPS worker.

Assigned Caseworker OAR 413-080-0051(2)(b)

External notifications. Within three business days of the CPS assessment being assigned, the following must be notified of the CPS assessment:

- Attorney for the child or young adult
- CASA for the child or young adult
- Parents, guardians, or Indian custodian of the child or young adult**
- Attorneys representing the parents or guardians of the child or young adult**
- Oregon Judicial Department personnel (for CRB)
- Other individuals who need the information for case planning, when authorized by ORS 419B.035

***A supervisor may approve an exception to this notifications if the notification may interfere with an assessment or jeopardize the child's safety, per* ORS 419B.015(3)(d)

Those same individuals must be notified of the abuse findings within ten days of the CPS assessment disposition or OTIS abuse determination.

Notifications at the Conclusion of a CPS Assessment

As outlined in OAR 413-015-0470 Notifications at Conclusion of a CPS Assessment and OAR 413-015-0870 Notifications at Conclusion of Third Party CPS Assessment, a CPS worker must:

I. If the reporter provided their contact information, notify the reporter of the following (unless Child Welfare determines that disclosure is not permitted under ORS 419B.035:

A. Whether contact was made with the family;

B. Whether Child Welfare determined that abuse occurred; and

C. Whether services will be provided.

The CPS worker must complete and document the notification prior to completion of the CPS assessment.

II. Provide verbal notification about the founded, unfounded, or unable to determine CPS assessment dispositions and whether Child Welfare will provide services as a result of the assessment to the alleged victim's:

A. Parent(s) ;

B. Non-custodial legal parent;

C. Caregivers; and

D. Indian custodians.

When the child's parent is the perpetrator, the notice described in the next paragraph must also be provided. If the verbal notification of the CPS assessment disposition and service provision may make a child or adult 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. Provide perpetrators written notice of CPS founded dispositions and the founded disposition review process using form **Notice of a CPS Assessment Founded Disposition** (CF 0313) in the Forms Directory, as outlined in OAR 413-010-0700 through 0750 Notice and Review of CPS Founded Dispositions. This notice is the first step in ensuring the perpetrator receives due process in the review of the founded disposition.

A. If the perpetrator is an employee of the Department or OYA see Chapter 3, Section 28 for disposition notifications and use form Notice of a CPS Founded Disposition (CF 0319) for an employee from the Forms Directory instead.

B. If the notification could make an adult unsafe, a CPS worker must consult with a CPS supervisor and discuss ways to partner with the impacted person to promote their safety.

C. If the notification could make a child unsafe, the CPS worker must consult with a CPS supervisor to discuss ways to partner with the child's legal parent, guardian, Indian custodian, or attorney to ensure the child's safety.

D. The Child Safety Program manager or their designee may approve an exception to delivery of written notification, as provided in OAR 413-010-0715 Providing Notice of a CPS Founded Disposition.

IV. If Child Welfare has reason to know the perpetrator has an attorney, the local Child Welfare office must provide a copy of the **Notice of a CPS Assessment Founded Disposition** (CF 0313) or the **Notice of a CPS Founded Disposition** (CF 0319) for an employee to the perpetrator's attorney, if applicable, unless the Child Safety Program Manager has approved an exception to delivery, as provided in OAR 413-010-0715 Providing Notice of a CPS Founded Disposition.

A. CPS workers should ask for attorney information when providing verbal notice of the founded disposition at the conclusion of the assessment and documenting that information in an assessment activity.

B. Attorneys may also be identified by checking OR-Kids (if a legal case record is opened) or searching in eCourts.

C. The letter being sent to the attorney is a **copy** of the notice sent to the identified perpetrator, not an additional notice. If a notice is not sent to an identified perpetrator due to an approved safety exception, a copy would not be sent to an attorney.

D. Add a carbon copy lined "cc: Attorney's Name" underneath the signature line when an attorney is being sent a copy of the notice.

E. The copy of the notice sent to the attorney does not need to be sent via certified or restricted mail. When the copy of the notice is mailed, a case note must be entered by the individual mailing the letter. This individual may vary office to office.

F. The date of the attorney's receipt of the copy of the notice is not considered when determining whether a request for review is timely.

G. A release of information is not required prior to sending a copy of the notice to the identified perpetrator's attorney.

V. 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.

VI. 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.

VII. 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.

VIII. 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.

IX. 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. A resource parent or respite provider certified by Child Welfare, ODDS, or OYA.

Documentation

The CPS worker 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 tirnelines outlined in each paragraph above.

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 ODHS files a petition alleging a child who is a foreign national is within the jurisdiction of the juvenile court, ODHS 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 ODHS 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. III. Gather relative contact information. Use the Relative Information CF0447 form to document parent, guardian, Indian custodian, and relative contact information and to identify relationships. 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. ODHS 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 ODHS 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. ODHS 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 ODHS 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 ODHS is not legally required to provide notification to the consulate of the child's country. However, per an agreement between Oregon's ODHS and the Consulate General of Mexico of Portland, Oregon, ODHS 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 (3010) 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

Vienna Convention on Consular Affairs (1963), Articles 36 and 37

Oregon Revised Statutes

ORS 109.119

ORS 125 and 125.070 (guardianships and other protective proceedings)

ORS 419B.851

Chapter 3
Assessment

Section 19: CPS Assessment Documentation

CPS Assessment Documentation

Procedure

The CPS worker must record assessment activities and information gathered during the assessment process. This includes ensuring materials and records obtained during the CPS assessment are uploaded into the Child Welfare electronic information system. 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.

The CPS worker must complete the CPS assessment within 60 days of the day the information alleging abuse is received by the screener, except as provided in OAR 413-015-0480 or 413-015-0880 . 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 activities. 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 ODHS 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 ODHS or OYA, the CPS supervisor must inform the ODHS Office of Human Resources of the disposition.

      If the disposition is founded, the CPS supervisor also informs the ODHS 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. When a CPS worker directly receives or identifies records of a child's statement about their sexual orientation, gender identity, or gender expression (SOGIE), and an exception is necessary to release the SOGIE information for the child's safety or wellbeing or to provide services to the family. This may require additional staffing with a Program Manager and CPS consultant, or DOJ if there are complicating circumstances, such as an attorney or child 14 years old or older does not consent to sharing their information.

L. Prior to a CPS worker developing an initial safety plan with a home certified by Child Welfare

M. When the referral involves a child fatality.

N. When a CPS worker is making a disposition in a complicated or sensitive situation or case.

O. 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, the CPS worker must:
   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, the CPS worker should:
      1. Consult with the CPS supervisor to determine if the referral should be closed without a CPS assessment and follow the Opened in Error/No Allegation resources found on CPS Resources.
      2. The CPS worker 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, the CPS worker's 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. The CPS worker's 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, the CPS worker 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, the CPS worker:

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 the CPS worker 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 the CPS worker receives 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.

The CPS worker 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 the CPS worker 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, the CPS worker 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."

The CPS worker 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.

The CPS worker 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 the CPS worker must proceed as if they are. Do so, until or unless it is known that they are not refugees.

I. The CPS worker may not take a refugee child into protective custody unless, in addition to the other requirements for taking a child into custody, the CPS worker determines 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 ODHS 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 ODHS to conclude that the child was in imminent danger of serious emotional or physical harm;
        2. Specific actions ODHS has taken or is taking to alleviate the need for removal;
        3. Assurance that ODHS has complied with placement preferences listed in ORS 418.937; and
        4. Assurance that ODHS 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. The CPS worker 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. The CPS worker 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, the CPS worker must staff the case with the Refugee Child Welfare Advisory Committee (RCWAC). The CPS worker must contact the International Case Consultant to arrange a time for the staffing.

   In preparation for the staffing, the CPS worker 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, the CPS worker will find, seek out and use culturally appropriate placements and services for the children and parents.

E. Obtain Interpreters and Translation

The CPS worker 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, the CPS worker 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 the CPS worker observe a suspicious physical injury on a child and the CPS worker are certain or reasonably suspect the injury is or may be the result of abuse, the CPS worker 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 the CPS worker.

IV. Photographs of the anal or genital region may be taken only by medical personnel. The CPS worker 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 electronic information system and labeled with the case name, case number, child's name, and date taken.

C. Labeled with the:

1. Case name;
2. Child's name;
3. Date taken;
4. Date filed in the ODHS 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 the CPS worker knows 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

The CPS worker 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

The CPS worker must proceed in the following situations as described below. The CPS worker must consult with a CPS supervisor as soon as possible, but not at the expense of delaying medical treatment.

I. When the CPS worker observes 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: The CPS worker is 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, youthe CPS worker must arrange to transport the child to a medical facility. This includes calling 911 when the trauma is acute. YouThe CPS worker 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, youthe CPS worker 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 3010, 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, the CPS worker 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, the CPS worker 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, the CPS worker must comply with OAR 413-030-0600 through 0650.

H. When it is medically indicated to subject a child in the custody of ODHS to HIV testing, the CPS worker 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 the CPS worker believe that a personal representative would compromise the CPS assessment, the CPS worker may prohibit a personal representative from being present during the medical examination.

J. When the CPS worker are making a determination of medical neglect, the CPS worker 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, the CPS worker must make a referral for a psychological or psychiatric

evaluation by a mental health professional when the CPS worker identifies 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. The CPS worker 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 ODHS 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. The CPS worker 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. CPS Assessments Involving Children with Disabilities

The purpose of this section is to provide considerations for conducting CPS assessments involving a child with a diagnosed or reported disability.

Different disability types include:

I. Physical

II. Intellectual

III. Developmental, and

IV. Mental health.

Procedure

I. Identify developmental disability service providers. When a child has a diagnosed intellectual or developmental disability (I/DD), the CPS worker must determine if the child has an I/DD worker. The CPS worker can ask the family if they have an I/DD worker and get the I/DD worker's contact information. Otherwise, the CPS worker can contact the Office of Developmental Disability Services at (503) 945-5811, Toll Free or TTY at (800) 282-8096, or email odds.info@odhs.oregon.gov to find out.
Go to https://www.oregon.gov/odhs/providers-partners/idd/Documents/dd-county-directory.pdf for a list of the county Developmental Disability Providers and Partners.

   A. If the child has an I/DD worker, the CPS worker must contact that worker to:

      - Notify them of the CPS assessment,
      - Coordinate interviews,
      - Gather collateral information to inform the comprehensive CPS assessment, and
      - Facilitate any additional service referrals that may be needed.

   B. If there is no Intellectual or Developmental Disability worker, discuss with the family whether the child is receiving services or supports from any other providers. If providers are identified, the CPS worker must contact those providers to gather collateral information to inform the comprehensive CPS assessment and coordinate any additional service referrals that may be needed. Provide DHS 0338 Choosing Developmental Disability Services for Children and Adults and DHS 0339 Services for Children with Intellectual or Developmental Disabilities to inform families about the developmental disability services and supports and services available for families.

II. If the child does not have a diagnosed disability, and there are concerns the child may have a disability, the CPS worker should engage the family and the child's providers in a conversation to learn about their observations that lead them to believe the child has a disability.

   A. Ask the family whether the concerns have been discussed with the child's medical provider. If they have not, the CPS worker should offer to assist the family with scheduling an appointment for an initial consultation with the child's medical provider. The CPS worker must follow up with the family and

medical provider to determine whether the consultation occurred. If consultation has not occurred, or the family choses to not seek consultation, the CPS worker must document why and consult with a supervisor to review and problem solve barriers that may exist. The child's medical provider may refer the child for further evaluations.

B. Gather information and observations from relatives, schools, providers, Self-Sufficiency, or others who know the child. Share this information with the family and the child's medical provider.

C. Ask the family if there are any barriers that impact whether the child receives recommended care (e.g., transportation, cultural beliefs about care, childcare, etc.). If barriers are identified, ask the family if they want support in addressing them. If so, support the family in addressing barriers. Consult with a supervisor about options that may be available.

III. When working with a child with a disability, view the child as an individual. Every child functions in a unique way, including children with disabilities. Consider the following issues when gathering information from the family and collateral sources to plan useful interventions:

A. What is the child's disability? Do they have a medical or mental health diagnosis? If so, describe them.

B. How are the following areas of child functioning impacted by the child's disability? How does their functioning impact their vulnerability to abuse and safety threats?

1. **Communication.** Information from collateral sources is essential as a child may communicate differently with different people. Consider how their communication affects their vulnerability.

   - How does the child communicate: verbally, visually, through a communication board, drawing or are photos useful?
   - What is the child's primary language?
   - Do they communicate and understand more in one language than another?
   - Are some communication abilities or methods stronger than others?

   Carefully consider who is providing information about what the child is communicating, especially for a child who communicates differently. Sometimes bias and fear distort how a person represents what the child is saying. They may be impacted by confirmation bias, trying to hide information, or misunderstanding what the child is saying.

2. **Mobility.** Mobility disabilities impair a person's ability to move or perform certain physical tasks. Mobility impairments can significantly affect a person's independence and quality of life, impairing their ability to move around the home or outside environment. Mobility disabilities vary widely in their causes and effects. These conditions can significantly restrict free and independent movement, ranging from difficulties walking and climbing stairs to more severe impairments that may require mobility aids.

   - Describe the child's ability to move about independently and care for themselves.
   - Are there any restrictions in the child's movements that impact them on a daily basis?
   - Does the child use any aids to help them move?
   - How does the family support the child's mobility needs?

3. **Dependency.** Consider the vulnerabilities of a child who is dependent on others. While all

children are vulnerable to their caregivers, disabilities may cause a child to be vulnerable in unique ways. The child may have become accustomed to others providing personal care, therapies or some type of assistance beyond what is necessary for that particular child. The child may have learned to rely on their caregiver so much they don't recognize when the caregiver's behaviors are abusive or whether the care is unnecessary. For example, a child who would otherwise be able to address their own hygiene needs may not recognize the difference between a caregiver assisting with hygiene and sexual abuse. Consider whether the child would be developmentally able to distinguish the difference and whether the child is developmentally and physically capable of meeting their own particular need.

4. **Compliance.** Children who require specialized care or supervision often are rewarded for being compliant and may not be encouraged to be assertive or self-advocate. However, a child being overly compliant can increase their vulnerability. A child who is conditioned to be compliant may not have the same ability to self-protect or maintain personal boundaries, which could place them at risk of abuse.

5. **Cognition.** Children may have difficulty identifying or understanding a situation in a way that accurately reflects what occurred. They might struggle to process the event or communicate their experience clearly. These challenges could stem from difficulties with language, cognitive processing, or a lack of understanding about the nature of the situation.

   For example, a child who receives personal care may find it hard to distinguish between appropriate hygiene-related touch and exploitative or sexualized touching.

   When speaking with a child, always use their own words where possible. If clarification is needed, gently explore their statements to ensure accurate understanding—without leading or suggesting.

6. **Isolation.** The child's network of friends and acquaintances may be limited due to the nature of their disability and may be dependent on activities related to their care. This may limit the child's opportunity to confide in others. If a child has been abused by someone they depend on, there may be fear of retaliation. If the child has limited connections with others, even the loss of someone who harmed them can be frightening. Social isolation can lead to developmental delays, depression, anxiety, difficulty in public settings and difficulty socializing with others. A child experiencing isolation may be mistaken for a child with a disability. Professional evaluations may be necessary to determine whether the child's condition is biological or a result of their environment or care.

7. **Behavior Management.** Behavior isn't just the way a child acts or reacts to things. It can be a means of communication or a symptom of the way the child is experiencing their environment or those around them. Seek to understand if it is the child's behavior or the caregiver's reactions to the behavior that needs to be controlled. In some situations, the concern is not that the child has behavior problems, but rather that a caregiver does not manage the child's developmentally appropriate behaviors or the caregiver's reactions to those behaviors are harmful to the child. When considering behavioral controls like medications, psychotropic medications, time-outs, isolation or types of restraints, gather information about the intent or purpose of the control and the impact on the child's health, well-being and functioning.

While some behavioral controls are obvious, others will require close observation of the child to determine the impacts. Consider:

- Is the child irritable, moody, subdued, disinterested, detached, excitable or anxious?
- Are they excessively tired, having difficulty sleeping or experiencing weight gain or loss?
- Are they showing physical symptoms like new or worsening tics, gastrointestinal issues (vomiting, nausea or diarrhea), dizziness or blurred vision?
- Are they having difficulty getting along with others or having trouble concentrating?

Gather baseline and current functioning information from the child's pediatrician, family, caregivers, psychiatrist, others who know the child, and treatment providers.

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 inconsistent. 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. Sometimes what is perceived as an issue with credibility is actually a misunderstanding of how or what the child is communicating. A child saying that someone is punching them when the video shows a person pushing them isn't necessarily lying; they are describing how they experienced it or using the words that make sense to them. Consider what the child's truth might be from their perspective or developmental level.

C. What protective factors exist within the family and community?

IV. Consider offering a facilitated meeting to bring all the providers and supports together with the family to increase collaboration, engagement and information sharing for making safety decisions during the assessment. (See Chapter 4, Section 6: Conduct a Facilitated Meeting).

Review procedure Chapter 1, Section 7: Rights for More Information About the Rights of Individuals with Disabilities.

Forms:

DHS 0338 Choosing Developmental Disability Services for Children and Adults

DHS 0339 Services for Children with Intellectual or Developmental Disabilities

DHS 3080 Your Rights as a Person with a Disability in the Child Welfare System

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, the CPS worker 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.

    The CPS worker 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 the CPS worker suspects 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, the CPS worker 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. The CPS worker 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. The CPS worker 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 the CPS supervisor, the CPS worker 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. The CPS worker has 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 local office when working with clients who have issues of substance misuse. Different drugs have different effects. Consulting with A&D staff will llow the CPS worker to make informed decisions about issues from placement to removal. It will also help the CPS worker 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.

The CPS worker needs 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, the CPS worker must carefully plan their assessment 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, ODHS9200.

For an excerpt of the guidelines focused on interviewing, see the manual, Quick Reference Guide: Working with Domestic Violence, http://www.ODHS.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 the CPS worker 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 "hit" is more accurate.

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. The CPS worker can consult with the trained domestic violence advocates within the 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 the CPS worker 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 Involving a Resource Family or Respite Provider Certified by Child Welfare

Report of Abuse Involving a Resource Family or Respite Provider Certified by Child Welfare

When information is received involving a resource family or respite provider certified by Child Welfare, 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 a report of abuse that involves a resource family or respite provider certified by Child Welfare. 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. The additional requirements are outlined in Child Welfare OAR 413-015-0601 through 0608, Child Welfare Responsibilities When a Report Involves a Resource Family or Respite Provider Certified by Child Welfare, and this procedure.

These extra responsibilities apply when:

I. The alleged abuse involved a resource family or respite provider, or a member of their household as an alleged perpetrator (even if the alleged victim no longer lives with or receives care from that family or provider).

II. The alleged abuse occurred while the child or young adult was under the care and supervision of a resource family or respite provider (even if the reported incident occurred outside the actual house).

III. The alleged perpetrator frequents the home of the resource family or the respite provider (even if the alleged perpetrator is not a caregiver).

These extra responsibilities do not apply when a child or young adult discloses historical familial abuse while residing in or receiving services at a home certified by Child Welfare.

A. Screening

I. The screener must:

A. Follow screening administrative rules OAR 413-015-0200 through 0225 and procedure in Chapter 2 - Screening. When there is an allegation of abuse involving a resource family or respite provider certified by Child Welfare, the screener is responsible for all the requirements in the screening rule in addition to completing the requirements outlined in this section, which reflect OAR 413-015-0604.

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 resource family or respite 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 Child Welfare, not to the provider's own children or young adults.

C. Notify the following staff of all information received and Child Welfare's response to the information:

1. The assigned caseworker(s) and their supervisor(s) for each child or young adult placed with the resource family or receiving services from the respite provider;
2. The assigned Child Welfare certifier for the resource family and their supervisor; and
3. The assigned Child Welfare certifier for the respite provider and their supervisor (if applicable).

II. If it is determined that the information received will be closed at screening, the screener must:

A. Notify the individuals listed in paragraph (C) above.

B. Notify law enforcement immediately when a crime is suspected to have occurred even if unrelated to a report of abuse of a child or young adult living in a home certified by Child Welfare, or at a home certified by Child Welfare.

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:

Assigned Worker

The responsibilities of the assigned worker, which include required notifications, are outlined in OAR 413-080-0051 Monthly Contact and Monitoring Child Safety Rules and described below. If a permanency worker has not yet been assigned, the CPS worker is responsible for completing these requirements.

Procedure

I. Review the information received from the screener in consultation with a supervisor on the same day the notification is received.

II. Determine what steps must be made to address the information in the closed at screening.

A. If the information is about a child or young adult on your caseload, consider:

1. The child's or young adult's vulnerabilities; and
2. Their individual needs to assess how the information affects the child or young adult.

B. If the information is about another child or young adult in the home, 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.

Child Welfare Certifier

I. When a certifier receives information only (information that does not require a CPS assessment and is not a closed at screening), the certifier must:

A. Review the information; and

B. Identify any potential certification issues, training, or support needed.

C. Consider whether the information is related to any approvals currently in place.

D. 555Follow up as appropriate to ensure the safety of the resource family's or respite provider's home environment.

This is critical communication because certifiers are required to monitor the compliance of certified resource families and respite providers.

II. When the certifier is notified by a screener that information regarding one of the certifier's resource families or respite providers was closed at screening, or that a report of abuse that was assigned will be closed without a CPS assessment the certifier must:

A. Assess the information and determine whether the information may be:

1. A certification concern;
2. A violation of certification or resource standards;
3. Related to any current or pending approvals; or
4. An indication that the resource family or respite provider may need additional support.

B. Assess whether to consider if any certification action(s) should be taken, such as:

1. Initiating a placement support plan for a resource family;
2. Putting the resource family or respite provider on inactive referral status;
3. Revisiting any approvals in place; or
4. Making the decision to send a notice of intent to revoke the certificate of approval.

Strategies for assessing the information can include:

- Talking to caseworkers;
- Discussing the concerns with the resource parent or respite providers;
- Reading the screener's notes;
- Discussing the report with the screener; and
- Review of historical information.

C. Staff the information with certification supervisor.

D. Determine if additional actions are necessary to ensure child safety or well-being with the resource family or respite provider.

E. Arrange a home visit if a certification action will support the resource family or respite provider toward mitigating concerns.

Talk to the resource family or respite provider about the reported information and listen to their response to assess their understanding of the situation and learn their perspective about what supports

they believe they need.

Consider asking the resource family or respite provider if they would like to be connected to another resource parent or respite provider for support and ideas.

If additional supports would ensure the safety of the environment in a resource family's home, implement a placement support plan. Remember that a placement support plan is only an option for resource families and should:

- Be time limited;
- Contain specific actions or services in which the resource family will participate; and
- Contain any actions Child Welfare will take or services it will provide to support the resource family in ensuring child and young adult safety (see Section D: Child Welfare Certifier of this chapter.)

F. Consider placing the resource family or respite provider on inactive referral status, if it is important to maintain the stability of the home for the children and young adults in their care. In determining if inactive referral status is appropriate, assess whether doing so:

1. Will stabilize the resource family or respite provider, and
2. Will strengthen the resource family or respite provider's ability to provide for the safety, health, and well-being of children and young adults in their care.

Be honest and forthright in your discussions with the resource family or respite provider.

G. Determine if a placement support plan or inactive referral status will provide enough support for the resource 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 resource family's ability to maintain safety and well-being of the children and young adults placed in or receiving services in the home (see Chapter 8, Sections 7 and 10.)

H. To place a resource family or respite provider 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.

To place a respite provider on inactive referral status in Child Welfare's information system, the certifier must document the inactive referral status in a provider note, including the date of inactive status and the reason.

Supervisors

Certification Supervisor

Consult with the certifier regarding any necessary certification actions.

Permanency Supervisor

Ensure information reported regarding a young adult (anyone over 18 years old) is shared with Aging and People with Disabilities (855-503-SAFE) or law enforcement as appropriate.

Ensure notifications 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 involving a resource family or respite provider certified by Child Welfare is clear communication among staff. Responsibility for ensuring a safe environment for a child or young adult in the home and contacting the resource family or respite provider is shared by the:

I. CPS caseworker,

II. Permanency caseworker, and

III. Child Welfare certifier for the resource family or respite provider.

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, unless the timing of the staffing will compromise child safety. Consult with your supervisor to determine if the staffing should be delayed, and if it is, document the approval of the delay. If there is an approved delay, convene the initial staffing as soon as possible after initial contact.

I. For each child in the resource home or receiving respite services, invite the:
   A. Assigned caseworker(s) and the caseworker(s)'s supervisor(s);
   B. Assigned Child Welfare certifier for the resource home and their supervisor; and
   C. Assigned Child Welfare certifier for the respite provider and their supervisor (if applicable).

II. Invite the following as directed by the CPS supervisor (see CPS Supervisor section below):
   A. Child Welfare program manager;

B. CPS consultant;

C. Foster care coordinator;

D. Respite care coordinator; and

E. Other appropriate personnel (permanency consultant, regional ICWA specialist, etc.)

Considerations for inviting the above individuals include, but are not limited to::

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.

III. 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 resource family, respite provider, or individuals who live in the home.

D. Information known by staff who have worked with the resource family or respite provider and any other information known by Child Welfare. Consider asking the following questions:

- What is the household composition?
- What are specific needs of any of the child(ren) or young adult(s) in care?
- Is there a supervision plan in place and if so, what are the requirements?
- Is there anything the CPS worker should know about the child(ren), young adult(s), resource family, or respite provider before making contact?
- Are there any specific dynamics that should be considered during the assessment? Has anyone made any observations about the relationships between the individuals in the household?
- Are there any accommodations that might be needed by anyone? What languages are used by the child, young adult, resource family, or respite provider?
- Are there aspects of the child, young adult, resource family, or respite provider's cultural that should be considered?
- What are the areas of strength for the child, young adult, resource family, or respite provider?
- Is there any history of CPS involvement or certification issues? Have there been any areas of concern?
- Is there a placement support plan in place, and if so, what are the requirements?
- Are there any certification approvals currently being managed? Is there specific information related to these approvals that should be gathered?
- Does the child or young adult have any siblings placed elsewhere?

- What is the child or young adult's current permanency plan? How close are we to achieving permanency?
- Who should be contacted as a collateral? What collateral information should be gathered?

E. The notifications required to be made within three days of Child Welfare receiving the report. Discuss whether there are any safety concerns for providing notifications to the child or young adult's parent or their attorney and whether an exception to contact is needed. See the Required Notifications section below.

IV. Document the date, time, and participants of this staffing in an assessment activity case note.

2. Notifications

In addition to the notifications required by the CPS worker outlined in OAR 413-015-0415 when a report is received alleging abuse of a child or young adult in substitute care, the permanency caseworker is responsible for notifying those who have a legal responsibility to the child or young adult of the assigned report, as required by ORS 418.258 and 419B.015. These requirements may need to be completed by the CPS worker if the case has not yet transferred to a permanency worker. These requirements are outlined in OAR 413-080-0051. Document these notifications and any exceptions to contact granted in a case note under the child or young adult's electronic case record.

I. Within three business days of the report being received by the hotline, the following individuals must be notified of the CPS assessment:

A. The attorney for the child or young adult.

B. The court appointed special advocate (CASA) for the child or young adult.

C. The parents, guardians, or Indian Custodian of the child or young adult, unless the caseworker has documented supervisor approval of an exception because notification may interfere with an investigation or assessment or jeopardize the child's safety, as allowed by ORS 419B.015(3)(d).

D. Any attorney representing the parents, guardians, or Indian Custodian of the child or young adult, unless the caseworker has documented supervisor approval of an exception because notification may interfere with an investigation or assessment or jeopardize the child's safety as allowed by ORS 419B.015(3)(d).

E. Oregon Judicial Department personnel designated to distribute information to the appropriate Citizen Review Board.

F. Other individuals who need the information for case planning when disclosure is authorized by ORS 419B.035.

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 family time or other contact 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:

A. A CPS assessment is assigned; and

B. The CPS assessment is completed.

III. When an allegation involves the resource family or respite provider's child, still complete the notifications to Child Welfare staff and hold meetings as required. Notifications to the legal parties identified above are not necessary unless there is also a corresponding allegation of abuse of a child or young adult in care being assessed, as the provider's child is not part of an open case.

3. CPS Assessment:

During the CPS assessment the CPS worker must:

I. Follow CPS assessment requirements in OAR 413-015-0400 through 0485. When the alleged victim in the assessment is a young adult, references in these rules to "child" include a young adult unless the context indicates otherwise.

II. Follow the Child Welfare Responsibilities for a Report Involving a Resource Family or Respite Parent Certified by Child Welfare, as outlined in OAR 413-015-0601 to 0608.

III. At initial contact, provide the resource family or respite provider with the appropriate pamphlet:

A. If a child or young adult placed in the home is an alleged victim, give the resource family or respite provider pamphlet 1537, "What You Need to Know about a Child Protective Service Assessment: Resource Parent or Relative Resource Parent."

B. If a child of the resource family or respite provider is an alleged victim, give the family pamphlet 1536, "What You Need to Know about a Child Protective Service Assessment." The child may be:

1. A biological child,
2. An adopted child, or
3. Other child living in the home, not placed by Child Welfare.

C. If both a child or young adult placed in the home and another child in the home are alleged victims, give the family both pamphlets. Another child may be:

1. A biological child,
2. An adopted child, or
3. Other child living in the home not placed by Child Welfare.

IV. Before conducting an interview with a child or young adult in the custody of ODHS or OYA, the CPS worker must inform a child or young adult they may have their attorney present for the interview.

V. Before conducting an interview with a child or young adult not in the custody of ODHS or OYA, the CPS worker must:

A. Notify and interview the parent or caregiver of any child or young adult residing with a resource family or receiving services from the respite provider certified by Child Welfare.

B. Gain a parent, guardian, or Indian custodian's 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:

1. Consult with a supervisor, and
2. Seek the assistance of an assistant attorney general.

C. Inform the child or young adult they may have any of these people present for the interview:

1. Parent,
2. Guardian,
3. Indian Custodian,
4. Caregiver, or
5. Attorney.

VI. Report to the Oregon Child Abuse Hotline if it is determined additional children or young adults may be alleged victims of abuse.

VII. Consult with your supervisor before making the decision to remove any child or young adult from the resource family home.

VIII. Notify law enforcement immediately when a crime is suspected to have occurred, even if unrelated to the report of abuse:

A. To a child or young adult living in a resource family home certified by Child Welfare; or

B. At a home of a resource family or respite provider certified by Child Welfare.

IX. Provide ongoing information on the status of the CPS assessment to the:

A. Assigned Child Welfare certifier(s), 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. Notify the Post Adoption and Guardianship Unit as soon as possible if there are any placement changes as a result of the out of home assessment for an adoption or guardianship child living with the resource family.

XI. Determine and document the basis for the disposition as outlined in CPS Assessment Dispositions, OAR 413-015-1005 through 1015.

XII. Complete the CPS Assessment in OR-Kids, including the safety threat identification when appropriate, even if children or young adults are no longer with the resource family or receiving care from the resource provider. Select the appropriate safety threats to document the assessment and determination of those threats while the child or young adult was with the resource family or respite provider.

At the conclusion of the CPS assessment, the safety decision must conclude the children are safe. Whatever behaviors, conditions, or circumstances that existed within the resource family or respite provider that were creating the safety threat must be resolved for any children or young adult placed with or receiving services from the resource family or respite provider before the CPS assessment is closed. If the child or young adult is no longer in the home, then they are safe because the imminent and out-of-control criteria are no longer met.

Permanency Worker

If a permanency worker is assigned to the case, they are responsible for the CPS assessment notifications outlined above in Section C: CPS Worker, 2. Notifications.

Child Welfare Certifier

I. A certifier must comply with OAR 413-015-0606 if they are notified that a report of abuse involves a resource family or respite provider and has been referred for a CPS assessment.

II. Within one business day after the CPS worker has made initial contact, the certifier must give the family the following information:

   A. The certifier is available to answer questions related to certification, however, they are not able to discuss the specifics of the CPS assessment. For instance, the resource family or respite provider may want clarification on what the assessment means to their certification or whether children will be removed from their home.

   B. The resource family or respite provider is immediately placed on inactive referral status.

   C. The resource family or respite provider has the option of having a consulting resource parent or relative resource parent available for support during the assessment.

   D. The names of resource parents and relative resource parents who have agreed to be consulting resource parents.

III. 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 with resource families or respite providers certified by Child Welfare that no additional children or young adults may be placed in the home.

IV. The certifier must provide the family written notification to the resource family or respite provider 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. Upload a copy of the letter into the Department's electronic provider record.

V. The certifier must provide information regarding the family to:

   A. The CPS worker, and

   B. Caseworkers of children or young adults in the home.

Supervisor's

CPS Supervisor

I. Ensure the initial 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;

   C. Foster care coordinator;

   D. Respite care coordinator; and

   E. Other appropriate personnel (permanency consultant, regional ICWA specialist, etc.)

   Considerations for inviting the above individuals include, but are not limited to:

   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. If a permanency worker has not yet been assigned to the case, ensure the notifications required in OAR 413-080-0051 and outlined above in CPS Worker Procedure, 2. CPS Assessment Required Notifications, are completed.

Permanency Supervisor

I. Attend the staffing (or assign a designee) or ensure the permanency worker is in attendance.

II. If a permanency worker is assigned, ensure the notifications required in OAR 413-080-0051, outlined above in CPS Worker Procedure, 2. CPS Assessment Required Notifications, are completed.

III. Staff the case with the permanency worker as appropriate.

Certification Supervisor

I. Ensure the actions required in the Child Welfare Certifier Procedure section above are completed if the certifier is unavailable.

II. Attend the staffing (or assign a designee) or ensure the certifier is in attendance.

III. Staff the case with the certifier as appropriate.

D. Conclusion of the CPS Assessment

CPS Worker

The CPS worker must convene a staffing within five business days of completing the CPS assessment, but before the assessment is approved by the supervisor. The CPS worker must invite the same individuals as were invited to the initial staffing as described in Section C: CPS Worker 1. Initial Staffing.

During the staffing:

I. Share information gathered during the CPS assessment process and discuss the results of the CPS assessment. The CPS worker and their supervisor a responsible for the final disposition determinations.

II. Discuss and determine whether any additional CPS activities described in OAR 413-015-400 through 485 are appropriate actions.

III. Determine who needs to be notified of the disposition of the CPS assessment (See Permanency worker section below.) Also, determine which staff will provide notification.

IV. Discuss certification actions that have been taken, will be taken, and whether any additional actions are appropriate. This is a general discussion of possible certification actions that may need to occur.

Permanency Worker

In addition to the disposition notifications required by the CPS worker outlined in OAR 413-015-0470, the permanency caseworker is responsible for notifying those who have a legal responsibility to the child or young adult of the disposition of the CPS assessment, as required by ORS 418.259, and documenting those notifications in a case note in the child or young adult's case record. These requirements may need to be completed by the CPS worker if the case has not yet transferred to a permanency worker. These requirements are outlined in OAR 413-080-0051.

I. Within ten business days of the disposition, determination, or outcome, the following individuals must be notified of the CPS assessment disposition:

   A. The attorney for the child or young adult.

   B. The court appointed special advocate (CASA) for the child or young adult.

   C. The parents, guardians, or Indian Custodian of the child or young adult, unless the caseworker has documented supervisor approval of an exception because notification may interfere with an investigation or assessment or jeopardize the child's safety, as allowed by ORS 419B.015(3)(d).

   D. Any attorney representing the parents, guardians, or Indian Custodian of the child or young adult, unless the caseworker has documented supervisor approval of an exception because notification may interfere with an investigation or assessment or jeopardize the child's safety as allowed by ORS 419B.015(3)(d).

   E. Oregon Judicial Department personnel designated to distribute information to the appropriate Citizen Review Board.

   F. Other individuals who need the information for case planning when disclosure is authorized by ORS 419B.035.

   It may be necessary to make other notifications to those involved in the case plan.

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 resource family or respite provider's child, still complete the notifications to Child Welfare staff and hold meetings as required. Notifications to the legal parties identified above are not necessary unless there is also a corresponding allegation of abuse of a child or young adult in care being assessed, as the provider's child is not part of an open case.

Child Welfare Certifier

Within five days of the staffing at the end of the CPS assessment, the certifier must staff the case with their supervisor and do the following:

I. Review all information gathered during the CPS assessment.

II. Determine whether any additional contact with the resource family or respite provider is appropriate and whether any certification actions should be taken. This is a follow-up to the staffing that occurred during the open assessment. 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 resource family or respite provider attend:
   A. Behavior management training, or
   B. Training on parenting a child with an attachment disorder?

IV. Discuss the resource family or respite provider's:
   A. Willingness to attend trainings, and
   B. Ability to use the information gained at the training.

V. Discuss the need for respite care for the certified resource family. Does the resource family have natural supports to give them needed breaks?

VI. Discuss the need for additional contact to provide support for the resource family and to verify safety in the home:
   A. If the determination is made to seek revocation of the resource 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 resource family within 10 days of receiving the completed CPS assessment. Upload a copy of the letter into the Department's electronic provider record.
   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.

D. Be clear in the documentation how, despite the issues in the CPS assessment, the resource 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.

E. If no certification actions will be taken, send written notification to the resource family that the inactive referral status is no longer in effect. Upload a copy of the letter into the Department's electronic provider record. 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.

VII. Document the results of this staffing in provider notes in the Department's electronic database.

VIII. Follow your district protocols to comply with Chapter 8, Section 13: Safety & Wellbeing Review procedure.

Supervisors

CPS Supervisor

I. Ensure that the staffing at the conclusion of the CPS assessment described in CPS Worker above occurs.

II. Determine whether the below should be invited to the staffing at the conclusion of the CPS assessment:
    A. Child Welfare program manager;
    B. CPS consultant;
    C. Foster care coordinator;
    D. Respite care coordinator; or
    E. Other appropriate personnel (permanency consultant, regional ICWA specialist, etc.)

III. Ensure the CPS worker has met with the resource family or respite provider as described in section E above.

IV. If there is not a permanency worker assigned, ensure the disposition notifications described under Permanency Worker above occur.

Permanency Supervisor

If there is a permanency worker assigned, ensure the required legal parties receive notification of the disposition as described in the Permanency Worker section above.

Certification Supervisor

I. Ensure the actions described in Child Welfare Certifier section above occur.

II. Discuss with the certifier the appropriate certification actions that need to occur. Ensure appropriate follow through on all actions.

III. Ensure the district specific protocol to comply with Chapter 8, Section 13: Safety & Wellbeing Review procedure is followed.

E. Final Action

CPS Worker and the Child Welfare Certifier

The final action in this process is for the CPS caseworker (or supervisor) and the Child Welfare certifier (or supervisor) to request a meeting with the resource family or respite provider 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 resource family or respite provider. Be honest with the family about concerns Child Welfare has and the basis for the decisions that were made.

When the decision is to continue certification, the resource family or respite provider may need assistance to address concerns and feelings about the CPS assessment process. Provide them support through additional telephone, email, or face-to-face contacts. If the family has not been working with a support person, provide the family with information about support groups or an experienced resource parent to support the family.

Supervisor

CPS supervisor

Ensure the CPS worker has met with the resource family or respite provider as described above.

Certification Supervisor

Ensure the Certifier has met with the resource family or respite provider as described above.

Chapter 3
Assessment

Section 25: Infant with Prenatal Substance Exposure

Infant with Prenatal Substance Exposure

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 effects of substance use 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.

Parental 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. Infants with prenatal substance exposures 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 an infant with prenatal substance exposure 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; including Cannabis;

B. Prescription medications;

C. Over-the-counter medications; or

D. Alcohol.

Substance does **not** include:

E. Tobacco;

F. Medication assisted treatment; or

G. Drugs used in a manner prescribed.

V. "Infant with prenatal substance exposure" means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth. This includes any of the following circumstances:

A. There is credible information the parent who gave birth used substances during the pregnancy or at the time of birth;

B. Prenatal substance exposure is determined by a positive toxicology screen from the infant or the parent who gave birth at delivery; or

C. An infant whose health care provider has identified 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.

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 with prenatal substance exposure.

Procedure

When a report identifies an infant with prenatal substance exposure, 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 parent who gave birth had prenatal care.

IV. The name of the infant and the parent who gave birth's health care provider.

V. The nature and extent of the parent who gave birth's current drug or alcohol use and that of the other parent and 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 parent who gave birth is receiving medication assisted treatment.

VIII. The nature and extent of the impact of the use on the parent who gave birth's ability to provide proper care and attention to the infant, including considerations for infant's sleep environment.

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 an infant with prenatal substance exposure, 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. Sometimes plans of care are referred to as plans of safe care or family care plans.

Procedure

I. **What does a Plan of Care Include?** The Plan of 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 Care?** The development of the Plan of Care involves input from the parents 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 use 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 an infant with prenatal substance exposure is identified on an open CPS assessment, a plan of care must be developed and service referrals made.

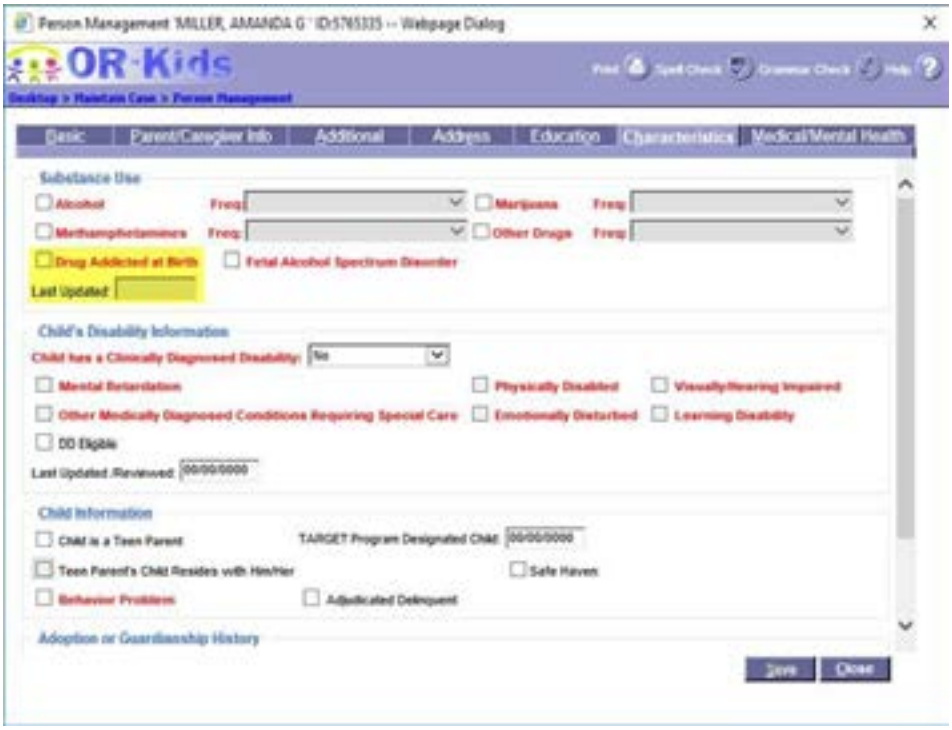
If you are taking the lead on the development of the plan, you may use the OHA 1394 Plan of Care. If preferable, you can incorporate the elements of the plan into the protective action, initial safety plan or ongoing safety plan. This depends on which element fits best where and what plans are pertinent 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. Whenever a plan of care is developed or updated, be sure to upload a copy to the OR-Kids file cabinet under Health Record -> Plan of Care.

3. Identify the Child as an Infant With Prenatal Substance Exposure in OR-Kids

Identifying infants with prenatal substance exposure 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 an infant with prenatal substance exposure (a change request has been submitted to change the title of the box).



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 Requirements

Exception to Completing All CPS Assessment Requirements

Introduction

The Oregon Department of Human Services (ODHS) 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 described in OAR 413-015-0409(1). The abbreviated CPS assessment procedure is only used if contact has already been made.

Procedure

An abbreviated CPS assessment can only be approved in certain circumstances. After making contact and gathering information, a CPS worker who believes their CPS assessment could be abbreviated must consider the criteria listed below and request a staffing with their CPS supervisor or their local office program manager. If there are questions or consultation may be beneficial for decision making, a safety consultant can be available to assist.

At that staffing, the requirements outlined in OAR 413-015-0409(2) are reviewed and an abbreviated CPS assessment can only be approved when all of the following criteria apply:

- The CPS worker has gathered enough information to make a safety determination, and the alleged victim is safe;
- The CPS worker has gathered enough information to make a disposition as required by OAR 413-015-1015 and the disposition is unfounded; and
- The local office program manager or the CPS supervisor jointly approve and confirm the following criteria apply:
    A. No present or impending danger was identified at any time during the CPS assessment;
    B. No children in the home are less than five years old;
    C. No children in the home have been the subject of two or more assigned CPS assessments within the last 12 months regardless of disposition (this includes the current CPS assessment);

D. No children in the home have a verifiable, significant mental health diagnosis, developmental, medical or behavioral disability resulting in high vulnerability;

E. 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 whether an abbreviated CPS assessment is appropriate);

F. No household member or caregiver has a founded disposition against them; and

G. The report does not involve a resource parent or respite provider certified by Child Welfare, ODDS or OYA, or an ODHS employee.

If the Criteria for an Abbreviated CPS Assessment are Not Met

In limited circumstances, the local office Child Welfare program manager or district manager may approve an abbreviated CPS assessment when the abbreviated CPS assessment criteria are not met. A local office Child Welfare program manager or district manager may only approve an exception to abbreviated CPS assessment criteria if sufficient information was gathered to support the child safety decision and disposition. The CPS worker must then document who approved the use of the abbreviated assessment and who approved any exceptions to the abbreviated CPS assessment in a CPS assessment activity.

Limits to Abbreviated CPS Assessments

If an abbreviated CPS assessment is approved, there are certain rule requirements that must be followed and no exceptions to completing those requirements can be approved. The following requirements must still be completed on all abbreviated CPS assessments:

- Thorough review of records as required in OAR 413-015-0415 and described in Chapter 3, Section 3 in the Child Welfare Procedure Manual.
- Actions required to comply with ICWA and the Refugee Act as noted in OAR 413-015-0415, including inquiry, tribal notifications, and considerations.
- Actions required when there is an infant in the household:
  - Gather sleep related information through interviews:
    - Inquire about the sleep practices the family uses anytime the infant is laid down to sleep;
    - Engage and educate the family on safe sleep practices; and
    - Support the family in problem solving to reduce sleep related risk.
  - Gather sleep related information through observation and assessment of the sleep environment(s) for any infant (OAR 413-015-0422).
- Notifications to:
  - Parents/caregivers of the report;
  - Parents/caregivers of child interviews as required by OAR 413-015-0420;
  - Parents/caregivers and the alleged perpetrator of the CPS assessment disposition as required by OAR

413-015-0470;

- Indian tribes if the CPS worker knows or has reason to know the child is an Indian child; and
- The reporter, unless it is determined that disclosure is not permitted under ORS 419B.035.

- The CPS assessment must be approved by a CPS supervisor within 20 days of the first contact with the parent/caregiver or child.

Documentation Requirements for an Abbreviated CPS Assessment

The CPS worker must document the following in OR-Kids:

- All information gathered.
  - Information about functioning and other domains specific to report participants may be documented in the "Extent of Maltreatment" and "Circumstances Surrounding the Maltreatment" tabs.
  - Information gathered from eCourts (aka OJIN) and the law enforcement data system (LEDS) and its analysis to support the child safety decision prior to the conclusion of the CPS assessment.
- All CPS assessment requirements (per current procedure) including but not limited to contacts, review of records, inquiries, notifications, and management approvals.
  - When there is an infant in the home, document observations of the sleep environment, any information gathered on sleep practices, whether written information on safe sleep was provided, and any efforts to reduce risk. Complete the Safe Sleep Checklist (ODHS 2362) and upload it into the OR-Kids filing cabinet under Case Management (OAR 413-080-0054; Chapter 3, Section 4 of the Child Welfare Procedure Manual.)
  - A case note for any exception granted under the rule, the basis for the exception, who approved the exception, and when.
  - The unfounded CPS assessment disposition and the basis for the determination as required by OAR 413-015-0440 and described in Chapter 3, Section 9 of the Child Welfare Procedure Manual).

Chapter 3

Assessment

Section 27: CPS Assessment and Founded CPS Disposition Review for Department Employees

Purpose

The Department is charged with the responsibility of protecting abused children and providing services to assure their safety. Therefore, all Department employees must maintain a record free of founded abuse as a perpetrator as a condition of initial and continued employment. As this is a condition of employment, CPS assessments involving employees require some additional steps, considerations, and notifications which are outlined in this procedure.

In this procedure, the term employee will mean "an employee of the Oregon Department of Human Services," unless otherwise noted. Department employees include employees of Child Welfare, Self-Sufficiency, Aging and People with Disabilities, Vocational Rehab, and Developmental Disabilities staff.

Note: ***An individual's status as an employee can be determined using the search function in Workday online. If the individual is an employee for the State of Oregon, Workday will display the employee's name, position, unit, location, and in which department or agency the employee works. 'ODHS' will be listed for Department employees.***

Assignment

Before the CPS assessment is assigned, several actions have already occurred at the screening level when an employee is identified as a participant in a report:

- The case was designated as a restricted case in the Child Welfare electronic information system;
- The CPS assessment was assigned to a Child Welfare office with sufficient professional and personal distance to ensure there is no perceived or real conflict of interest using the following guidelines:
    - If the CPS assessment involves a Child Welfare employee, the CPS assessment should be assigned to a district where the Child Welfare employee does not work.
    - If the CPS assessment involves a non-Child Welfare employee, the CPS assessment should be assigned to an office where the non-Child Welfare employee does not work. For example, if Child Welfare and Self Sufficiency share a building, the CPS assessment involving the Self Sufficiency employee should be assigned to a different office.
- A notice of a restricted assignment was sent to the Program Manager and local office receiving the assignment and a copy of that notice was sent to the ODHS Office of Human Resources.

When the report is assigned to the local office, the Program Manager of that office determines who will complete the CPS assessment. CPS assessments involving an ODHS employee as an alleged perpetrator must be completed by a CPS supervisor or a supervisor and a CPS worker. The following chart shows who is responsible for conducting the CPS assessment, given the type of employee and how they are involved with the report:

	Requires a CW Supervisor, HR Notification & SEAL "Credit"	Requires a CPS Worker	Requires Assignment Out of District via SEAL	Requires a Different Local Office
CW Employee Participant		X		X
CW Employee AP	X		X	

ODHS Employee Participant		X		X
ODHS Employee AP	X			X
SACU Employee		X		

IMPORTANT NOTE: If at any point during a CPS assessment the CPS worker has reasonable cause to believe an alleged perpetrator is an employee of ODHS or the Oregon Youth Authority (OYA), the CPS worker will notify a CPS supervisor as required in OAR 413-015-0415. The CPS supervisor must confirm the person's employee status (see Note: above). If the CPS supervisor determines the alleged perpetrator is an employee of ODHS or OYA, the CPS supervisor must notify the ODHS Office of Human Resources and document that notification in the electronic case record. For ODHS employees, a CPS supervisor must then contact their program manager to have the CPS assessment reassigned, if necessary, based on the chart above. If the CPS assessment is re-assigned to a different district, Human Resources must be notified for tracking purposes.

Sensitive Issue Report

A Child Welfare Sensitive Issue Report (ODHS 0150) is not required unless it meets the criteria of a "sensitive issue", as described in Chapter 1, Section 4: Reporting Sensitive Issues.

Human Resources

The ODHS Office of Human Resources (HR) is involved in CPS assessments involving employees who are identified as alleged perpetrators because it may impact their employment. As such, HR is notified and takes the following actions when the CPS assessment is assigned:

- If an employee is notified they have been identified as an alleged perpetrator in a CPS assessment, the employee must notify the Office of Human Resources within five calendar days (OAR 407-007-0420). Form MSC 0292, available in the forms directory online, can be used for this purpose.
- HR contacts the supervisor of the employee to notify the district of the allegation or potential involvement in the report. If the alleged perpetrator is an Oregon Youth Authority (OYA) employee, HR notifies OYA's Office of Human Resources.
- HR provides direction on the decision as to whether an employee identified as the alleged perpetrator is reassigned duties and/or a work station pending the CPS assessment and/or the final review by a Central Office Founded Disposition Review Team.

CPS Assessments

The rules and procedures in place for conducting CPS assessments also apply to CPS assessments involving employees. There are no exceptions to completing the CPS assessment activities when an employee is a participant in the CPS assessment.

Information gathered during CPS assessment that may be relevant to the employee's position must be provided to the employee's program manager and district manager at any point during the CPS assessment. Questions about relevancy are often case specific and can be answered by the program manager or district manager of the local office responsible for the assessment.

The CPS assessment must be reviewed and approved by a program manager or district manager who has been trained in CPS assessments and dispositions.

CPS Assessments Involving Employees Whose Homes are Certified by Child Welfare, ODDS, or OYA

The rules and procedures in place for conducting a CPS assessment when a report involves a home certified by Child Welfare, ODDS, or OYA (OAR 413-015-0601 through 413-015-0608 and Chapter 3, Section 24) also apply to employees whose homes are certified by Child Welfare, ODDS, or OYA. Additionally, see Chapter 8, Section 11: Conflict of Interest in the procedure manual for information about what to do when there are concerns about an employee's ability to be a substitute care or respite provider and what does or does not need to be reported to HR.

Required Notifications

- Notifications at the conclusion of the CPS assessment, as required in OAR 413-015-0470(1)(a-b, d-g), must be completed and documented by the supervisor assigned to conduct the CPS assessment as applicable.
- Disposition notifications:
  - For unfounded and unable to determine dispositions, the employee who was an alleged perpetrator must be verbally notified within 24 hours by the supervisor assigned to conduct the CPS assessment.
  - For founded dispositions where the employee was identified as the perpetrator, the approving manager must provide the employee identified as a perpetrator written notice of a founded disposition using ODHS form 0319, Notice of Child Protective Services Founded Disposition within 5 business days of the completed CPS assessment.
    - The notice must include:
      - The case number and date of the completed CPS assessment;
      - The full name of the individual identified as the perpetrator of abuse as recorded in the CPS assessment;
      - The type of abuse and a brief and informative description of why the CPS assessment was founded;
      - A statement that the review procedure will automatically occur unless the employee requests in writing that a review of the founded not be conducted;
      - The date*, time, location, and name of the Child Welfare program or district manager with whom the employee will meet for the purpose of clarifying or discussing the reasons for the founded disposition (*no more than 14 business days after the CPS assessment is completed);
      - A statement that the employee, if they believe the founded disposition is not accurate, may provide written information they would like considered in the Central Office Founded Disposition Review at the meeting noted above.
    - The notice must be delivered as follows:
      - By certified mail, restricted delivery, with a return receipt requested to the last known address of the employee; or

- By hand delivery to the employee. If hand delivered, the notice must be addressed to the perpetrator and a copy of the notice must be signed and dated by the perpetrator to acknowledge receipt, signed by the person delivering the notice, and filed in the child welfare case file.

- If there is reason to know the perpetrator has an attorney, the local Child Welfare office must provide a copy of the notice to the perpetrator's attorney, if applicable, unless the Child Safety Program Manager has approved an exception to delivery for safety, as provided in OAR 413-010-0715.
- A copy of the notice and proof of receipt must be filed in the Child Welfare electronic information system.
- If the notification could make a child or adult unsafe, consult with the Child Safety Program Manager about safety planning with the adult survivor for when the notification is made.

- The approving manager must notify HR of the disposition by sending an email to their assigned Human Resources Analyst (HRA). (Click here for HRA assignments.) If the disposition is founded, the approving manager must specify the type of abuse and attach a pdf version of the approved CPS assessment to that email. This notification must be documented in the Child Welfare electronic information system (OAR 413-015-0475(4)).

Meeting with a Child Welfare Manager

A Child Welfare program or district manager (not in the direct chain of supervision of the employee and commonly the program or district manager in the local office where the CPS assessment was conducted) must be identified to meet with the employee identified as the perpetrator of abuse at the conclusion of the CPS assessment to clarify and discuss the reasons for the founded disposition. This meeting should be held no more than 14 business days after the CPS assessment is completed.

The employee may decline attending the meeting in writing. If this occurs, the Child Welfare program manager or district manager responsible for conducting the meeting must document the date, time, and manner in which the employee declined the meeting in the Department's electronic case record. The employee's written statement declining to attend the meeting must be saved in the Department's electronic case record.

If the employee does not confirm or attend the meeting, the Child Welfare program manager or district manager responsible for conducting the meeting must document the date and time of the scheduled meeting and note the employee did not attend the meeting in the Department's electronic case record.

The employee may have a union steward, attorney, or support person attend this meeting. This meeting is specific to the CPS assessment and disposition and not for employment or personnel discussions. Any discussions about employment or personnel discussions must be directed to Human Resources.

During the meeting, the Child Welfare program or district manager will:

- Clarify the reasons for the founded disposition;
- Receive any additional written material to support the reasons why the disposition is in error from the employee.

Unless the employee has requested in writing that a review of the founded disposition not occur, immediately following

this meeting, the Child Welfare program or district manager responsible for conducting the meeting, or their designee will forward the CPS assessment information and all documents used to support the founded disposition to the CO.FoundedReviewRequest@odhs.oregon.gov and cc HR.

The following template should be utilized in the email request:

- Subject: Employee Founded Review Request
    - Employee's name:
    - Employee's position:
    - Employee's local office:
    - Employee's district:
    - Employee's supervisor:
    - The name of the supervisor who completed the CPS assessment:
    - The name of the manager who approved the CPS assessment
    - Dates the CPS assessment was reported and completed:
    - Date the Notice of Founded Disposition was provided to the employee:
    - Date the employee responded, accepted, or refused appointment with the Program Manager:
    - If refused, what was the reason?
    - Date of the Program Manager's meeting with the employee:
    - How was the meeting conducted if not in person?
    - Written summary of the Program Manager's contacts with the employee:
- Attachments to include (pdf format if possible):
    - The completed CPS assessment;
    - Any documents, records, reports, evaluations, photographs, media, etc. used to determine the disposition; and
    - Any relevant materials submitted on behalf of the employee.

Pending Related Actions

A pending related action, such as a related civil, criminal, juvenile, or administrative proceeding, in which the allegations of abuse are at issue, will not be grounds to delay or pend either the review of the founded abuse disposition or any resulting disciplinary action.

Central Office Employee Founded Disposition Review

The Central Office Employee Founded Disposition Review Committee includes two Child Welfare management or executive service employees selected by the Child Safety Program Manager or designee who make a recommendation(s) to the Child Safety Program Manager or designee regarding the founded disposition. No person on the review committee may have been directly involved in the CPS assessment resulting in the founded disposition.

The review committee will consider all relevant information provided for the review including:

- Relevant information or materials contained in the Child Welfare case file, including:
    - The CPS assessment and disposition;
    - The screening information;
    - The CPS assessment information and narrative;
    - Related police reports, medical reports, or other documentation gathered during the CPS assessment; and
- The information provided by the employee during the Child Welfare manager meeting.

The review committee will not:

- Re-interview the victim(s);
- Interview or meet with the employee;
- Interview or meet with others associated with the employee or others mentioned in the CPS assessment; or
- Conduct a new CPS assessment of the allegation of child abuse.

The review is based on current Child Welfare practice and definitions of child abuse. Procedural rules in place at the time the CPS assessment was completed must also be considered. When reviewing the founded disposition, the committee will also consider:

- Whether there is reasonable cause to believe child abuse occurred;
- Whether there is reasonable cause to believe the employee is responsible for the child abuse.
- Whether there is reasonable cause to believe the type of abuse is correctly identified in the CPS assessment.
- Each member of the review committee must make one of the following recommendations to the Child Safety Program Manager or designee for each founded allegation of abuse:
    - Retain the founded disposition;
    - Change the disposition to unfounded or unable to be determined; or
    - Change the type of abuse.

The Child Safety Program Manager or designee must:

- Observe the Central Office Employee Founded Disposition Review;
- Ask questions of the committee members as needed for clarification;
- Consider the committee's recommendation(s) and the basis for the recommendation(s); and
- Make one of the following decisions for each founded allegation of abuse:
    - Retain the founded disposition;
    - Change the disposition to unfounded or unable to be determined; or
    - Change the type of abuse.

The decision and the basis for the decision made by the Child Safety Program Manager or designee must be

documented and is final.

Notice of Central Office Employee Founded Disposition Review Decision

The Child Safety Program Manager or designee will prepare a written **Notice of a Central Office Review Decision** using the Department approved form that includes the following information:

- The decision that the CPS disposition will be retained (ODHS Form 0315A), changed to unfounded or unable to be determined (ODHS Form 0315B), or changed to a different abuse type (ODHS Form 0315C).
- Notice that if the CPS founded disposition is retained but the type of abuse is changed, the person requesting the review may request a new Central Office Employee Founded Disposition review based on that change.
- A summary of the information upon which that decision was based.

The Child Safety Program Manager or designee will forward their finding(s) in writing to:

- The employee;
- The supervisor who completed the CPS assessment for filing in the electronic case record;
- The Child Welfare manager who provided the meeting with the employee; and
- The Senior Human Resource Manager.

If the decision is to change the disposition or abuse type, the Child Safety Program Manager or designee will submit the data correction change to update the electronic case record with the committee's findings.

The Child Safety Program will maintain a comprehensive record of the Central Office Employee Founded Disposition Reviews. The record will include, at a minimum, the date of the review, case number, a copy of the materials used in the review, and the decision made by the Child Safety Program Manager or designee.

Disciplinary Action

In instances when the decision by the Central Office Employee Founded Disposition Review Committee is to retain the founded abuse disposition, the Senior Human Resource Manager will initiate an investigation to determine whether disciplinary action is justified up to and including dismissal.

Disciplinary action, where appropriate, will be taken in accordance with the relevant collective bargaining contractual provisions or statutory provisions for unrepresented employees or employees in the management service.

Related Procedures

Chapter 1, Section 5: Confidentiality

Chapter 2, Section 4: Post Screening Interview Activities

Chapter 2, Section 5: Screening Decision Making

Chapter 3, Section 3: Assessment Activities

Chapter 3, Section 4: Initial Contact with the Family

Chapter 3, Section 24: Report of Abuse Involving a Resource Parent or Respite Provider Certified by Child Welfare

Chapter 3, Section 26: Exception to Completing All CPS Activities

Chapter 8, Section 11: Conflict of Interest

Related Oregon Administrative Rules

OAR 407-007-0420 Reporting Abuse Allegations Required

OAR 413-010-0714 Notice and Review when the Perpetrator is a Department Employee

OAR 413-015 Child Protective Services

Chapter 3

Section 28: Non-Court Involved In-Home Case Management

Non-Court Involved In-Home Case Management

An in-home case is opened when an impending danger safety threat has been identified within a family condition and all criteria for an in-home plan have been met through collaboration between the family, the family's supports, Child Welfare, Self-Sufficiency, and community supports. The in-home safety plan is coordinated by Child Welfare and supported by the family, safety service providers and the family's identified supports as a team. For non-court involved in-home (NC) cases parents, guardians, Indian Custodians retain legal custody of the child, while agreeing to follow the in-home ongoing safety plan and engage with supports to mitigate the identified safety threat. There is no court involvement with NC cases.

When a Non-Court Involved In-Home Case May Be Utilized

To open an NC case the following criteria must be met:

- A safety threat is identified using the Safety Threat Threshold criteria;
- All four in-home criteria are met;
- No legal parent, guardian, or Indian Custodian is having access to their child restricted by the safety plan; and
- Legal parents or caregivers understand, agree to, and sign the Cooperative Services Agreement (Form CW 0304B).

An NC case may also be opened with a legal guardian or Indian Custodian.

When a child or young adult is in Oregon Department of Human Services (ODHS) custody and parenting their own child, a safety threat has been identified in their family condition specific to their child, and all four in-home criteria are met, their child's safety is managed by use of an in-home safety plan. In these situations, an NC case is used whenever possible. For additional information for ongoing safety plan case management for minor parents, see Chapter 5, Section 46: Pregnant and Parenting Children and Young Adults in Substitute Care.

What Families Need to Know About Non-Court Involved In-Home Cases and he Cooperative Service Agreement Form

It is vital to provide information to families to ensure they understand their available choices when involved with Child Welfare. There is an inherent power imbalance between a caseworker and the family, the family or individual may feel they have no choice or voice in how to engage with Child Welfare.

It is the caseworker's responsibility to collaboratively engage families by being fully transparent, ensuring each safety plan participant understands and is included in each decision and understands what is expected of them. Engage the family in conversations regarding any unresolved questions or concerns prior to a parent, guardian, or Indian Custodian signing a Cooperative Services Agreement by actively listening to each individual in the family, provide transparency around case planning, and prepare the family for what to expect from their involvement with Child Welfare. Consider collaborating with the family's Family Coach, if they have one, for this conversation.

When to Consider Court Involvement

Parents and children have a right to due process and to be represented by an attorney if Child Welfare has decided a

safety plan is required to manage a child's safety. While involving the courts in planning for child safety provides these rights, having a court-involved open case with Child Welfare to manage a child's safety in-home can be traumatic, intrusive, and create more harm for families. A decision when and when not to involve the court is made with careful consideration due to the complex nature of balancing rights and additional harm to families.

Whether to involve court oversight while managing an in-home ongoing safety plan is a complicated and important decision and should not be made lightly, by the caseworker, or the family. When considering the option of court involvement with an in-home safety plan, discuss the following with the family and offer supports to address:

- The family's culture and community, for example their race, ethnicity, spirituality, faith or religion, disability or other ability, community, language, gender or sexuality, Tribal connections, or other identified communities that may impact their feelings about court involvement.
- The family's history with ODHS, the courts (both civil and criminal), and other systems of oppression and/or authority.
- Negative outcomes a family may have or perceive they will have as a result of being court-involved (consider anxiety regarding court locations, accommodations regarding disabilities or languages, immigration status, etc.).
- What court involvement means in practical terms, including court dates, time commitments, meeting with an attorney, having a record in the court database, requirements to notify grandparents, non-involved legal parents, and if we know or have reason to know that ICWA/ORICWA applies, the Tribal Nation, etc.
- Each individual has a right to request court involvement at any time to protect their due process rights and to have legal representation and oversight of their case.
- Let the family know if a parent, guardian, or Indian Custodian or child chooses not to engage in a Cooperative Services Agreement and NC case, that the decision will not be held against them, and they will receive the same treatment and support from their worker.

In addition to the above specific considerations, there may be some in-home safety plan cases that appear to meet the criteria for NC case management; and also may need legal representation for the parties. Some of the dynamics to consider include, but are not limited to:

- Family dynamics that could place any individual in the household or family in significant harm,
- Parents, guardians, or Indian Custodian not participating in the safety plan,
- When any family participant involved with the safety plan has concerns about lack of court oversight, and
- Power structures and coercive behaviors within the family, including potential safety service providers.

If all NC case requirements are met but there are concerns regarding utilizing an NC case to manage safety, staff with and receive approval from Program Manager. Document staffing and approval in case note.

Additional Considerations for Non-Court Involved In-Home Case Planning When We Know or Have Reason to Know That ICWA/ORICWA Applies

It is required to include the Indian Child's Tribe in safety planning, active efforts and service provision, whether an in-home ongoing safety plan is managed with or without court involvement. Not all families and not all Tribes have the same concerns or opinions on how to manage child safety within or without ODHS. Families in which it is known or the Department has reason to know ICWA/ORICWA applies may have additional considerations, including Tribal support of court involvement for due process, transfer of the case to the Tribe and Tribal court, or support of a NC case.

Due to historic abuse directly related to Child Welfare's involvement with Tribal families, NC cases should be considered carefully, as this offers the least amount of protection for families. Child Welfare recognizes the complex situation families and Tribes are placed in when Child Welfare becomes involved with a family. Workers will collaborate with Tribal Affairs, the family, and Tribal partners to navigate these complexities while managing child safety whether that means working with or without court involvement. In order for the agency to demonstrate active efforts to prevent removal, Child Welfare will partner with the Indian child, the Indian child's parents, Indian Custodian, extended family members and the Indian child's Tribe whenever possible; this includes active consultation and collaboration with the Indian Child's Tribe throughout all case planning decisions and service delivery.

When There Are Existing Custody Agreements Involving the Child Participant

If there is an existing custody order between parents or caregivers, review the current custody agreement and add it to the case file. An individual granted legal authority to consent to services for the identified unsafe child per that order must sign the Cooperative Service Agreement form. The other parent or caregiver must also sign the form if they are involved in the ongoing safety plan or will be accessing services. If individuals share joint custody, both individuals must sign the form if they are both expected to participate in the safety plan.

In certain circumstances, the custodial parent or caregiver may not agree to engage in an NC case and an NC case may be utilized with the other parent. In this circumstance, consult with the Assistant Attorney General before offering an NC case.

Absent Parents

An absent parent is not required to sign the Cooperative Service Agreement form in order for services to be offered to a family without court involvement. Efforts should continue to be made to locate and/or engage the absent parent in the case planning process. If the absent parent is located and wants to engage in services as part of the NC case, they must sign the form at that time.

Once an absent parent has been located, assess their safety as a parent and a new safety plan is developed including the newly found parent. If their access to the child is restricted by Child Welfare as part of the new safety plan to manage the child's safety, a petition is filed, ending the NC case.

When a Parent, Guardian or Indian Custodian or the Child is Residing Outside of the Home for the Purpose of the Safety Plan

If Child Welfare is requiring a parent, guardian, or Indian Custodian or child to leave the home as part of the safety plan, an NC case cannot be utilized. When a safety plan requires restricting a parent's access to their child by removing the child or parent, guardian, or Indian Custodian from the home, even if in-home criteria are met with one parent, guardian or Indian Custodian, there is an extra level of due process needed for the participants.

When a parent, guardian or Indian Custodian or child is required to leave the home or a parent's contact with their

child is restricted by another entity such as Parole and Probation, a pre-trial release agreement, Department of Youth Services or Oregon Youth Authority, or other similar entity, an NC case may be considered. In order to rely on another entity to manage the contact restrictions of an individual on a safety plan:

- The individual with authority to restrict the access is involved in the ongoing safety plan,
- The individual with authority to restrict the access is aware of their involvement, and
- The individual with authority to restrict the access is communicating consistently with the caseworker and notifies the caseworker prior to the restriction being changed, and
- A release of information from the individual whose contact is being restricted will signed, allowing the caseworker and the individual with the restriction to allow for ongoing communication between the individual, the caseworker, and providers necessary to support the safety plan.

When Domestic Violence Has Been Identified Within the Family

There may be times when domestic violence, power, coercive, and/or controlling behaviors and dynamics exist within a family and the criteria for an NC case is met. When these circumstances arise, consider there may be additional complications to using NC case planning which may result in a family member agreeing to an NC case due to coercion or fear of repercussions. It is important to meet with the survivor of domestic violence without the abusive partner when discussing the use of an NC. It is important to remember when safety planning, in-home cases may be used as a tool by the abusive partner to control a survivor parent, guardian or Indian Custodian and their access to their child. For NC cases, this includes the opportunity to use court involvement, or lack of, to additionally exert power over the survivor parent.

Refer to the section “When a parent’s access to their child is restricted” for specific guidance on safety planning when domestic violence has been identified within the family and a parent, guardian, or Indian guardian’s access to their child has been restricted.

The abusive partner will sign releases for and allow a Batterer’s Intervention Provider to be an active participant in the family’s support team. Family team meetings may be held separately for the identified abusive partner and the survivor until the involved DV advocate and survivor agree the meetings may be jointly held.

Approval from a Program Manager is required for any NC case where domestic violence has been identified within the family. Approval must be documented within an electronic case note.

For additional requirements and considerations when exploring an NC case or in-home criteria when domestic violence has been identified within the family, see Appendix 3.8: Domestic Violence and the six domains.

Case Management for Non-court Involved In-Home Cases

The in-home ongoing safety plan is the foundation of the NC case. Clarify with the family it is essential to understand how the safety threat operates and collaboratively develop a plan to achieve safety to eliminate the need for Child Welfare involvement.

All in-home ongoing safety plans are managed as directed in the procedure manual, Chapter 4, Managing Child Safety In and Out of Home, including case transfer procedures, requirements regarding contact with children and parents, and

other documentation.

When A Non-Court Involved In-Home Case Ends

NC cases may end in a number of ways, each of which requires decisions regarding child safety and how to best serve the family going forward.

- When all safety threats in the family have been resolved, a safety plan is no longer necessary to manage child safety and the NC case is closed. When this occurs, at least one transitional meeting is held with the family and their support team, safety service providers, and if it is known or the Department has reason to know that ICWA/ORICWA applies, the Indian child's Tribe, to discuss ongoing supports the family may want or need and how the family can access community services going forward. Participants in these meetings will depend on the family's specific circumstances, but may include other family members, the family's supports, current service providers, Self-Sufficiency worker, Tribal community, mental health or SUD recovery supports, etc.
- When any member of the family no longer agrees to the NC case, the caseworker will decide to either close the case if the safety threat is no longer present or file a petition to continue safety planning with the family.
    - In order to make this decision, the caseworker, the family if willing, their support team and safety service providers will meet to discuss the family's current circumstances and assess if all safety threats have been resolved. c If we know or have reason to know that ICWA/ORICWA applies, the Indian child's Tribe must be invited to this meeting. If the family is unwilling to meet with the caseworker, the caseworker will decide if all safety threats have been resolved after collecting information from safety service providers and the family's support team about the family's current circumstances.
    - If the caseworker learns the in-home criteria are no longer met, an NC case is no longer an option for the family and protective custody of the child is necessary to ensure the child's safety, the caseworker will follow the procedure regarding protective custody.
    - If possible, while maintaining safety, the caseworker will work with the family and their support team and safety service providers to create a transition plan for the family to manage the child's safety outside of the home.
    - The caseworker will discuss the court process with the family, including information that will be provided to the court, releases of information for legal parties, petitions and allegations, and attorney representation for adults and children.
    - The caseworker will staff all decisions about whether to close the case or file a petition with a supervisor. An AAG and permanency consultant should also be consulted, as appropriate. These staffings will be documented in a case note.

The transition plan includes planning for reducing emotional trauma for the child/ren and the parents, guardians and Indian Custodians, and other involved family or household members. Many of the family's supports and safety service providers may be able to assist in providing transitional and ongoing support and services to the family to assist with the reunification plan.

Chapter 3

Section 29: Recognizing and Responding to Parental Substance Use

Introduction

Parental substance use affects many families involved with Child Welfare. "Substance" means any legal or illegal drug with potential for misuse, including any controlled substance, prescription medications, over-the-counter medications, or alcoholic beverages. Substances can impair a parent's judgment and their ability to provide consistent care, supervision, and guidance potentially creating a chaotic or unpredictable home environment. Child Welfare is responsible for ensuring child safety and must assess whether a parent's substance use compromises child safety.

Substance Use Disorder (SUD) is recognized as a chronic medical condition that affects the brain's structure and functioning, leading to compulsive drug use despite harmful consequences. Parents with SUD may experience impaired judgment, impulsivity, delayed reaction times, distorted perception of time, difficulty regulating emotions, and challenges maintaining predictable routines. These effects can significantly impact a parent's ability to provide safe and consistent care.

Effective treatment interventions are essential for managing SUD, supporting recovery, and improving family well-being. Culturally responsive services are critical because they respect a family's values, traditions, and lived experiences, which builds trust and improves the likelihood of successful engagement and recovery.

Key Points

- **Chronic Nature:** SUD is a long-term condition that may persist throughout a person's life and requires ongoing management.
- **Brain Impact:** Substance use alters brain chemistry, which can affect decision-making, emotional regulation, and behavior.
- **Treatment Necessity:** Comprehensive treatment including medical care, counseling, behavioral therapies, and social supports, are critical for sustained recovery.
- **Recovery Journey:** With effective intervention, individuals can achieve long-term stability and meaningful recovery.

Overview of Early Engagement Framework

The Early Engagement Framework provides a structured approach to help caseworkers build trust with families while assessing for safety and substance use. It emphasizes meaningful engagement, awareness of personal bias, and gathering comprehensive information from case records and collateral contacts, to better understand the family's circumstances.

As part of this framework, caseworkers identify potential indicators of parental substance use and determine next steps using tools such as the UNCOPE screening tool and drug testing. The UNCOPE tool consists of six structured questions that help screen for substance use behaviors and concerns.

Caseworkers are also encouraged to collaborate with a Recovery Support Team Lead (RSTL), who brings specialized expertise in substance use. The RSTL can assist with identifying signs of use, interpreting screening results, and developing trauma informed and supportive engagement strategies.

Engage

Engaging with parents who may be using substances is an essential part of child welfare work. Substance use is frequently connected to complex issues like trauma, mental health, and chronic stress and many parents may feel judged or isolated as a result. Approaching parents with empathy and curiosity creates space for honest dialogue and may help parents feel seen, heard and valued. A supportive, non-judgmental approach helps caseworkers better understand a parent's strengths, challenges, and needs. Building strong, compassionate relationships can support recovery and contribute to a safer, more stable environment for the child. Trust and open communication are often the foundation of meaningful change.

Awareness of Bias

When working with parents who may be experiencing substance use issues, it's essential to recognize and challenge personal bias. Bias happens when we make assumptions based on stereotypes instead of seeing each parent as an individual. These assumptions can influence how we interact with families and the decisions we make about their care. By being aware of our thoughts, focusing on facts, and practicing reflection, we build trust and make fair choices. A thoughtful, unbiased approach supports better outcomes for both parents and children.

Key Points

- **Pause and Reflect:** A caseworker should consider whether assumptions or stereotypes about substance use are influencing judgment before making decisions.
- **Focus on Facts:** A caseworker should base assessments on documented behaviors and verified information, not personal opinions or past experiences.
- **Separate the Person from the Behavior:** A caseworker should remember that substance use does not define the parent's entire identity or capacity to change.
- **Seek Diverse Perspectives:** A caseworker should consult with colleagues or supervisors to check for blind spots in thinking.
- **Use Trauma-Informed Thinking:** A caseworker should consider how trauma, stress, or systemic barriers may contribute to substance use rather than assuming moral failure.
- **Commit to Ongoing Learning:** A caseworker should stay informed about substance use, recovery, and cultural factors to reduce bias and improve decision-making.

Observe

When engaging with a parent, caseworkers should look for potential signs of substance use. Observation includes being attentive to the parent's behavior, personal appearance, and the physical environment. Keep in mind some behavioral signs may also be associated with untreated mental health conditions rather than substance use.

For example, symptoms such as disorganized thinking, social withdrawal, or mood swings could reflect disorders like bipolar disorder, schizophrenia, or PTSD. According to the National Institute of Mental Health, these conditions may be mistaken for signs of intoxication highlighting the importance of comprehensive, non-judgmental assessment.

Potential Signs of Substance Use

- **Personal Appearance:** Slurred or unusually fast or slow speech, nodding off or appearing disoriented,

tremors, jitteriness, restlessness, dilated or constricted pupils, bloodshot or glazed eyes, needle marks, bruises, sores on the face, poor hygiene, or frequent sniffing or runny nose without illness.

- **Behavioral Signs:** Agitation or mood swings, excessive talking, paranoia, or manic behavior, missed appointments or difficulty with memory or focus, lack of motivation, sleep disturbances, fixation on repetitive tasks, financial strain or criminal activity, reluctance to engage, or inconsistent follow through. Some behaviors may also signal underlying mental health challenges.
- **Physical Environment:** Presence of paraphernalia (e.g. straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, syringes, tourniquets, butane canisters, or burnt spoons), unusual smells or residues on surfaces, alcohol bottles or signs of frequent use, locked rooms and refusal to allow access, and frequent unexplained visitors.

Review Records

Gathering and reviewing information from multiple sources is a key part of assessing for potential substance use. Caseworkers should consider child welfare records, medical and school records, and law enforcement documentation to identify patterns, concerns, or emerging risks. A comprehensive review can help determine whether substance use appears isolated, occasional, or chronic and if it may be impacting child safety.

What to Look For

- Any documentation referencing substance use by the parent.
- Results of previous substance use assessments or screenings.
- Past arrests or legal issues related to substance use (e.g. DUII, possession).
- Inconsistent caregiving patterns or difficulty maintaining routine (e.g. missed appointments, missed school, lack of meals) without clear explanation.
- Reports of significant behavioral changes such as confusion, instability, or fatigue.
- Concerns raised by relatives, friends, neighbors, medical professionals, school personnel, law enforcement, or service providers about caregiver behavior, home environment or physical signs of substance use.

Red Flags

- Children's statements about their caregiver using substances or describing them as "sleeping a lot," "acting weird," or "not waking up."
- Young children taking on caregiving roles beyond their developmental ability.
- Strong odors (alcohol, cannabis, or chemical smells) noted during home visits.
- Hazardous or unhygienic living conditions that may be connected to substance use.
- Multiple sources raising similar concerns about possible substance use.
- Presence of individuals known to engage in drug activity frequenting the home.

- Caregiver minimizes concerns despite evidence suggesting otherwise.
- Caregiver prevents access to parts of the home without explanation.

Collateral Contacts

Collateral contacts provide valuable perspectives on a parent's substance use and overall caregiving environment especially when direct evidence is limited. Gathering information from relatives, friends, neighbors, and others involved in the parent's life can help caseworkers identify patterns of behavior, uncover prior concerns, and better understand the parent's support system.

While gathering this information it is important to assess the credibility and context of each contact. Consider the individual's relationship to the parent, any potential biases, and whether their observations align with other known information. A balanced approach supports more accurate assessments of child safety and informs next steps in case planning.

Questions to Consider

- **Substance Use Observations.** What have contacts observed about the parent's current or past use of substances?
- **Concerns Reported.** Have they expressed concerns to the parent or anyone else? How did the parent respond?
- **Relationship Dynamics.** Do they have a close, strained, or conflicted relationship with the parent? Could this influence their willingness or ability to share openly?
- **Support and Insight.** Does the contact demonstrate a realistic understanding of the parent's challenges? Are they a source of support or potentially enabling behaviors?

Universal Screening Tool

It is essential to take a comprehensive approach to identifying potential parental substance use issues. This includes actively screening for substance use, documenting the type of substances used, the frequency and duration of use, and engaging in open, nonjudgmental conversations with all caregivers involved in the child's life.

The following standardized screening questions are used during every CPS assessment in Child Welfare, regardless of whether substance use has already been identified. While additional questions about substance use are asked during a parent interview, the UNCOPE screening tool helps identify early signs of problematic substance use, especially when the extent or impact of use is unclear.

The purpose of these questions is to support meaningful engagement and help caseworkers assess whether substance use may be impacting functioning and child safety. Responses also help determine whether a full substance use assessment is needed.

These questions may be used with children who are suspected of using substances. In permanency cases, it should be used when assessing for present or impending danger, or when new information raises concerns about potential substance use.

UNCOPE Questions

U - Use: Have you continued to use alcohol, cannabis, or drugs (illegal or prescription) longer than you intended?

N - Neglected: Have you ever neglected (been unable to meet) some of your usual responsibilities because of alcohol, cannabis, or drug use?

C - Cut Down: Have you ever wanted to cut down or stop using alcohol, cannabis, or drugs but couldn't?

O - Objected: Has your family, a friend, or anyone else ever told you they objected to your alcohol, cannabis, or drug use?

P - Preoccupied: Have you ever found yourself preoccupied (distracted or highly focused) on wanting to use alcohol, cannabis, or drugs?

E - Emotional Discomfort: Have you ever used alcohol, cannabis, or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

When answers to the questions are inconsistent with information gathered and observed, explore the inconsistencies from a place of curiosity, such as "help me understand...".

Drug Testing Guidance

Drug testing can be an important tool in child welfare when used in combination with other assessment methods. Testing should only occur when necessary to assess child safety or when court ordered and never as punishment. Before requesting a drug test, caseworkers should:

- Review all available information from records, reports, and collateral contacts.
- Determine whether there are inconsistencies or unresolved concerns.
- Evaluate whether testing will provide additional insight not already known.
- Consider whether the parent has already disclosed use as testing may not be needed.

Testing is most effective when parents are honest and engaged. It should always be combined with screening tools such as the UNCOPE screening questions, substance use assessments, and collaboration with treatment providers. Importantly, drug testing cannot on its own determine parenting capacity or child safety, so it should never be used by itself. When used correctly, testing can help track progress, support recovery, and guide case decisions.

Considerations Before Drug Testing

Before requesting a drug test, caseworkers must:

- Consult with the Recovery Support Team Lead (RSTL).
  - Consultation is required and must be documented.
  - Follow through on RSTL recommendations is expected.
  - The RST lead is responsible for considering alternatives, such as a substance use disorder assessment.
- Staff with a designated supervisor who has experience with substance use disorder.

Key Questions for Consideration:

1. Purpose: What is the goal of testing? (e.g., support engagement, monitor recovery, inform case planning)

2. Safety Concerns: How might suspected substance use impact child safety?

3. Evidence: What observations, behaviors, or information gathered suggests use?

4. Engagement: Is the parent in SUD treatment or receiving any related community services or supports? If yes, have you obtained a release of information?

5. Impact: How will test results impact case planning?

6. Communication: How will the purpose for testing be explained to the parent in a respectful, transparent, and non-judgmental way?

Limitations of Drug Testing

- Does not diagnose a substance use disorder.
- Cannot independently determine child safety or parenting capacity.
- Negative results do not guarantee abstinence (e.g., due to timing, hydration, metabolism).
- Positive results may indicate single-use, not chronic misuse.
- Can be misused punitively, which increases stigma and damages trust.

For these reasons, drug results must always be interpreted within the broader context of a parent's functioning, overall child safety concerns, engagement in services, and other pertinent assessment information.

Handling and Interpretation of Results for Parental Substance Use

- **Positive Results:** Substances were ingested and detected above cutoff levels.
- **Negative Results:** No substances detected above the cut off levels.
- **Inconclusive:** Results unclear. Retesting may be needed depending on the situation.

Ethical Considerations

Drug testing must be conducted in a way that:

- Respects a parent's dignity and rights.
- Is accompanied by clear communication about the reasons and implications.
- Supports, rather than punishes families.

Testing should be part of a supportive, trauma-informed approach that promotes safety and recovery and not one that increases fear or shame.

For more resources about drug testing: Toxicology-Resource-Guide

When to Conduct Drug Testing on Children

Children may be exposed to substances through ingestion or environmental exposure. If there is any concern a child has come in contact with substances:

- In consultation with a supervisor, follow the local Multidisciplinary Team protocol immediately.
- Arrange medical evaluation through:
  - The emergency department, or
  - The designated medical professional.

Prompt action ensures child safety and allows for medical evaluation and care.

Recovery Support Teams

Parents who use substances may present with complex challenges that impact their ability to care for their children safely. Caseworkers and supervisors are encouraged to consult with a Recovery Support Team Lead (RSTL) when substance use is suspected or confirmed. RSTLs bring specialized expertise that can help caseworkers:

- Recognize potential signs of substance use.
- Engage families more effectively.
- Avoid overlooking critical safety concerns.

The RSTL is a Child Welfare employee with enhanced training, knowledge, and skills in substance use disorder. The RSTL is a resource for caseworkers and a liaison between caseworkers and treatment providers or programs. Their role includes:

- Case consultation when substance use is suspected, unclear, or complex.
- Guidance on drug testing - whether and how to proceed.
- Support with early engagement, including assistance contacting families and identifying early signs of use.
- Collaboration with contracted providers, such as Recovery Navigators or Recovery Mentors (who may be co-located within the Child Welfare office).
- Liaison to local treatment programs, ensuring caseworkers have up-to-date information about community resources.
- Facilitation of referrals to detox, SUD assessments, residential treatment, or the Parent Mentor Program, as recommended by the treatment provider.
- Participation in infant safety staffing when substance use is a factor.

RST Lead Contact List

Substance Use Disorder Assessment and Treatment Levels

Timely access to a SUD assessment is critical once concerns are identified. Parents who enter treatment quickly are more likely to engage meaningfully and complete services - key factors supporting reunification.

Treatment programs use clinical assessments and collateral information to determine the level of care. Caseworkers should coordinate with the Recovery Support Team Lead (RSTL) to ensure releases of information (ROI) are signed and all required documents are provided before the assessment. This preparation helps providers make informed recommendations.

After the assessment, caseworkers must review results, seek clarification as needed, and upload records into the OR-KIDS File cabinet, in the health section.

Parents may qualify for a specific level of care such as residential or outpatient but may choose a different level. Some programs adjust services based on what the parent is willing to engage in. Once a parent begins treatment, the RSTL's role ends, and the treatment provider is the primary contact. Caseworkers maintain regular communication with the treatment provider to monitor engagement and progress, identify barriers, and adjust safety and service planning as needed.

Understanding Levels of Treatment

Treatment programs determine the level of care using the American Society of Addiction Medicine criteria, which considers the individual's clinical needs, risks, and strengths. Understanding these levels helps caseworkers communicate effectively with treatment providers and support parents in navigating the treatment system.

- **Level 1 – Outpatient:** Weekly individual or group counseling sessions. Parents remain at home and continue with daily routines.
- **Level 2 – Intensive Outpatient (IOP):** More frequent treatment services often 9–19 hours per week. Provides additional structure and support while parent continues to live at home.
- **Level 3 – Residential/Inpatient:** 24/7 structured treatment setting. Supports parents needing stability, safety, or intensive services.
- **Level 4 – Medically Managed Intensive Inpatient:** Highest level of care involving 24/7 medical oversight, often for withdrawal management or complex co-occurring needs.

A parent's success in treatment reflected in engagement, progress, and completion, has a direct impact on Child Welfare and court outcomes. By partnering with the family, using effective engagement strategies, and coordinating with recovery providers, caseworkers play a critical role in ensuring parents have a meaningful opportunity to succeed while keeping children safe, supported, and connected.

Key Considerations for Working with Treatment Programs

- Local treatment programs must be licensed and accredited. If the program is not accredited, it does not meet a set of established standards for quality, safety and treatment effectiveness.
- Treatment providers determine treatment levels using ASAM criteria.
- Judges, attorneys, and caseworkers do not determine treatment level, but can provide input through shared information and observations.

- Treatment providers should supply monthly progress reports to Child Welfare to inform case plannings and monitor recovery progress.
- Child welfare workers must communicate routinely with treatment providers to coordinate case progress, share updates, and support effective safety and service planning.
- Treatment providers should be included in family meetings and provide updates on the parent's engagement in treatment.
- All treatment records are required to be reviewed promptly and uploaded into the OR-Kids>file cabinet>Health.

Medication for Opioid Use Disorder

Overview and Terminology

Medication-Assisted Treatment (MAT), also known as Medication for Opioid Use Disorder (MOUD) or Medication-Assisted Recovery (MAR), is a lifesaving, evidence-based treatment for opioid use disorder (OUD). While these terms are often used interchangeably, "MOUD" and "MAR" are increasingly preferred due to reduced stigma. Regardless of terminology, the focus remains the same: supporting recovery and stabilizing parent functioning through the use of FDA-approved medications and behavioral supports.

How MOUD/MAR Works

MOUD/MAR combines medications such as methadone, buprenorphine, or naltrexone with counseling and behavioral therapies to:

- Reduce cravings.
- Prevent withdrawal.
- Stabilize mood and functioning.
- Support consistent parenting and engagement in case planning.

When integrated with holistic treatment plans, MOUD/MAR can significantly reduce relapse risk and improve child safety.

Key Considerations for Child Welfare Staff

Child Welfare caseworkers and supervisors should understand the importance of MOUD/MAR in supporting family stability. Important factors include:

- **Parental Stability:** Parents using MOUD/MAR may be better able to meet their children's needs and remain safely engaged in care.
- **Support Needs:** Families may need help with safe medication storage, changes in dosing, or continued engagement in treatment over time.
- **Stigma:** Some parents may hesitate to participate due to fear of judgment or misunderstanding about the treatment especially within legal or family contexts.

Limitations and Systemic Barriers

- **Access Issues:** Availability of prescribers may be limited in rural or under-resourced communities.
- **Stigma and Misunderstanding:** Bias or lack of education among partners, courts, or family members can reduce engagement.
- **Partial Solution:** Medication alone does not address the full complexity of substance use without therapy and support services.

Supporting Parents Using MOUD/MAR

Caseworkers can play a key role in helping parents access and benefit from this treatment by:

- **Collaborating with Providers.** Work closely with SUD providers and prescribers to coordinate care and monitor progress. This includes ensuring releases of information (ROIs) are in place and maintaining ongoing communication.
- **Integrating into Case Plans.** Ensure MOUD/MAR is explicitly included in the case plan, alongside other supports such as counseling, parenting education, or peer recovery services.
- **Addressing Stigma.** Educate families, courts, and partners about the effectiveness and legitimacy of MOUD/MAR. Use non-stigmatizing language and reinforce that this treatment is part of a recognized recovery path.
- **Monitoring and Safety.** During home visits:
    - Ask about medication access and adherence.
    - Ensure safe storage of medications, especially around children.
    - Watch for any changes in functioning or barriers to ongoing care.

Recovery and Ongoing Support

Recovery from substance use disorder is not immediate, it is an evolving, often non-linear process. Especially in early stages, parents may experience:

- Emotional distress or instability.
- Shame or fear of judgment, especially related to how their substance use affected their children.
- Inconsistencies in participation or behavior.

Caseworkers should approach families with compassion, patience, and curiosity. Parent-child relationships may also be strained. Children may feel unsure or hesitant, especially if they experienced instability or harm, and may need consistency, emotional safety, and support to rebuild trust.

Sustained recovery is more likely when parents are connection to strong support. These may include parent mentors, family therapy, stable, substance-free housing, childcare and employment support, and culturally responsive services that reflect the family's language, identity, and values.

Parent Mentors and Recovery Navigators

Parents navigating SUD and Child Welfare involvement often face complex barriers to treatment and stability. Parent Mentors and Recovery Navigators, especially those with lived experience, provide:

- Hope, encouragement, and practical guidance grounded in real-world experience.
- Coaching for recovery-informed parenting and visitation support.
- Cross-agency coordination to simplify service access and reduce confusion.
- Stronger parent-child bonding, improving attachment and safety.

These services are especially important for parents from racially and ethnically marginalized communities, who may face additional barriers to accessing care.

Every parent with an open Child Welfare case who is engaged in SUD treatment and working toward reunification should be connected with a peer mentor.

Recovery Navigators Who

Peer Parent Mentors Who

Ways Caseworkers Can Support Recovery

- **Be Kind and Consistent:** Offer non-judgmental support, use motivational and strength-based approaches, maintain consistent communication and expectations.
- **Use Culturally Responsive Language:** Avoid stigmatizing terms. Ask about and honor the family's preferred terminology and cultural context.
- **Connect with a Parent Mentor:** Parent Mentors offer unique value in building trust and sustaining motivation. They can bridge communication between Child Welfare and families.
- **Encourage Support Groups:** Recommend community recovery groups (e.g., AA, NA, or culturally specific circles). Help reduce isolation and increase accountability.
- **Support Stable, Safe Housing:** Advocate for housing programs that align with recovery needs. Prioritize environments that are free of known substance-related risks.
- **Understand the Treatment Plan:** Review treatment plans and coordinate services accordingly. Stay informed on progress, setbacks, and needs for adjustment.
- **Recognize Relapse:** Relapse is part of the disease cycle. Avoid punitive responses. Focus on safety planning and re-engagement in treatment, not removal of support.
- **Celebrate Small Wins:** Acknowledge progress such as attending meetings, engaging in treatment, or showing up consistently for visits. Positivity encourages continued engagement.

Documentation

Substance use information obtained through observation, record review, collateral contacts, the universal screening tool questions (UNCOPE), and drug testing must be documented in OR-KIDS.

Whether gathered during CPS assessment or permanency casework document the information gathered, how it was considered, and steps taken. Examples of steps taken include:

- Consultation with a Recovery Support Team (RST) Lead.
- Referrals to an RST contracted provider.
- Whether the parent completed a substance use assessment.
- The outcome of the assessment and any treatment recommendations.
- Whether the parent engaged in or attended treatment.

Supervisors Role

Supervisors are essential to the successful implementation of trauma-informed, engagement-centered practices when working with families impacted by substance use. Through consistent coaching, modeling, and teaming, supervisors guide staff in applying the Early Engagement Framework with fidelity and intention.

Key responsibilities of supervisors include:

- Reinforce the Importance of Early and Ongoing Engagement
  - Emphasize that early engagement leads to better outcomes for children and families.
  - Encourage caseworkers to approach families with curiosity, compassion, and consistency.
- Coach on Screening, Observation, and Documentation
  - Ensure consistent use of the UNCOPE universal screening tool during both initial contacts and throughout the life of the case.
  - Guide staff in documenting substance use concerns thoroughly, including:
    - Direct observations (e.g., physical signs, behaviors, odors).
    - Disclosures from parents and collateral sources.
    - Information from reports and records.
- Use Reflective Supervision
  - What did you hear, see, and smell?
  - Who did you talk to?
  - What information was gathered from reports?

  These questions promote self-awareness and help caseworkers build a fuller picture of family dynamics and potential safety concerns.
- Review and Provide Feedback
  - Review case notes and engagement strategies to confirm observations and conversations are accurately documented and analyzed.
  - Provide timely, constructive feedback and model quality practices for gathering and interpreting

information.

- Teaming with Specialists

  Supervisors should access clinical consultation when making and supporting decisions involving substance use dynamics by actively collaborating with:

  - Recovery Support Team leads for guidance on substance use identification, testing protocols, and access to treatment resources.
  - Parent Mentors to ensure parents receive long-term, peer-based support throughout the recovery and reunification process.

- Keep in mind substance use disorder is a complex, chronic health condition. Remind caseworkers to:
  - Avoid oversimplifying substance use dynamics.
  - Consult with RSTLs and treatment providers when making safety decisions.
  - Center child safety while supporting parent recovery, recognizing the two are interconnected.

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.

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 who are healthy, mobile, strong OR manage/adapt to any physical barriers.

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. ODHS 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, the batterer should be identified as the sole source of the child maltreatment related to the domestic violence. 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. (ODHS 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 ODHS 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 Developing an In-Home Safety Plan

Criteria for Developing an In-Home Safety Plan

An in-home safety plan, in which a child remains with at least one parent, guardian, or Indian custodian, is the least intrusive plan to manage safety when an impending danger safety threat has been identified. When developing a safety plan, initial or ongoing, the four in-home criteria must be considered and determined to be met to allow for an in-home safety plan. For more specific guidance for determining if in-home criteria are met and conditions for return, refer to Chapter 4, Appendix 4.1b.

The four in-home criteria necessary for an in-home safety plan are:

I. Home-like setting where the child and parent lives.

II. There are no barriers in the home to allowing safety providers and activities to occur.

III. At least one parent, guardian, or Indian custodian is willing to cooperate with the safety plan.

IV. The necessary safety activities and resources are available to implement the plan.

Procedure

Collaborating with families and their supports is essential to meeting all four in-home criteria and ensuring the in-home safety plan honors the family's culture and community while managing safety for the child. Below are tips for each of the four in-home criteria to assist in building creative and family-driven safety plans. When collaborating with the family to determine if the in-home criteria are met, consider the following for each of the in-home criteria.

I. Home-like setting where the child and parent lives. The setting must be known, observable, and accessible to safety service providers.
    - Ask the family about their current living situation to determine if it would be a location that would meet the criteria.
        - Can assistance from the family's natural supports like relatives, friends, or neighbors help maintain the family in a home-like setting?
        - Can assistance from the community, service providers, or resources provided by Child Welfare (CW) or Self-sufficiency worker help maintain the family in a home-like setting?
    - Ask the family about possible options for other environments to support an in-home plan.
        - Does the family have a friend or family member who would support an in-home plan and allow the parent and child to reside with them and be a safety service provider?
            - Does the family feel supported staying in this home-like setting?
              Example: A parent and child are able to stay with an aunt, however the aunt does not support the parent's lack of contact with another family member, unrelated to safety. Do the parent and child feel that this living environment would support them emotionally?
            - If not, are there ways the family's supports, service providers, CW or Self-Sufficiency worker, can alleviate their concerns? Are there conversations that can be facilitated by CW to help the aunt, parent and child feel more supported?
        - Is there an available mobile home-like setting that could be borrowed from a friend or family

member, or other support, that would meet the criteria?
Example: A neighbor has an RV that they use seasonally and is not currently being utilized. They offer to allow the parent to borrow the RV for the term of the safety plan, or until another more long-term home like setting can be identified. Through parent, supports, and Oregon Department of Human Services (ODHS) resources, an RV space is able to be rented for the duration of the safety plan, or until another home-like setting can be accessed.

- Does the family have access to space that would meet criteria for a home-like setting for the safety plan?
  Example: A relative has a property where the family can set up an RV site or a suitable shelter like a yurt or a tent (weather permitting).

- Is there a home-like setting that could meet the criteria, but is currently, physically inaccessible to either the parent or child? If so, are there any resources that could assist with making the potential home-like setting accessible to the parent and child? To learn more about providing modifications for individuals with disabilities refer to (insert chapter; section and link). Consider language and communication accessibility in addition to accessibility related to disabilities.
- When the family has their cultural and community connections maintained or supported in their living environment, the home-like setting may be more sustainable. Discuss with families and those residing in the home about how to maintain these connections to support the family.
  Examples may include providing transportation or virtual access to faith-based gatherings or activities, incorporating, or providing access to familiar foods, diets, and recipes, etc.
- Are there housing or residential programs, shelters, or other options for the parent and child to stay in as a home-like setting?
  - Does the parent qualify for and have access to a residential facility or program where their child may reside with them?
  - Does the parent qualify for and have access to a shelter that would meet the home-like setting criteria?
  - Does the parent qualify for and have access to temporary lodging with a goal or plan for more long-term home-like setting?
  - Is the child able to participate in a program that would house them while the parent is establishing a home-like setting?
    Example: Parent has been approved for a substance use disorder recovery housing placement with their child, however their move-in date is 12 days away. With collaboration with the family, family supports, community resources, and ODHS, the child is able to access a 14-day camp that would end after the home-like setting is available.

II. There are no barriers in the home to allowing safety providers and activities to occur.

- Describe the safety threat in plain language, including the language used by all family members and safety providers, answer questions, and help parents understand the five safety threat criteria and how safety providers can be used to mitigate the safety threat.
- Together, with the family and their supports, consider what is currently available to the family in terms of people able to meet the safety service needs and what barriers may be limiting safety services from

occurring.
Example: A family friend may be able and willing to provide safety services, which includes transportation to appointments, but does not have the financial means to support the additional mileage. Consider gas cards or vouchers for the family to get to appointments, if other people are able to provide the transportation, etc.

- Are there any unsafe people or environments that may create a challenge to managing safety with the current safety service providers? Is there anything ODHS or community supports can do to assist in eliminating those challenges (i.e. assistance with protective orders, lockboxes for medication or weapons, etc.)?
- Can the child remain in an in-home plan primarily, while spending occasional overnights with a safety provider?
  Example: The safety threat is identified as occurring on the weekend. The child is able to stay with a grandparent overnight on Friday and Saturday evenings returning to the home on Sunday.

III. At least one parent is willing to cooperate with the safety plan.

Engaging with a family and their support teams to determine if a parent, guardian, or Indian custodian is willing to cooperate with the safety plan:

- If a parent, guardian, or Indian custodian does not want to communicate with a caseworker to develop an in-home safety plan, try to open other paths to the conversation or to building trust in order to have the conversation. This may include, but is not limited to:
  - Provide the parent, guardian, or Indian custodian with supports when discussing the need for a safety plan. Ask who is a supportive person to them and if they would like that person present for the conversation.
  - Attempt to communicate with family or other entities the parent has communication with to try to identify means of communication or opening paths to communication, depending on the circumstances. Continue efforts to contact parent regarding safety and case planning.
  - Take a trauma-informed approach by understanding the inherent anxiety and fear that the role of Child Welfare creates for families. Just because there may be a heightened response to Child Welfare does not mean a parent is not willing to cooperate with an in-home safety plan. Work with the parent to identify who they are able to hear information from around safety planning, such as a support person, service provider, Tribal member, relative, or other identified individual.
  - Discuss, acknowledge, honor any emotions that arise from safety planning, including cultural considerations and previous experiences. Ask how to best communicate with the individual to help them engage in safety planning.
  - Be transparent about the safety threats and family circumstances that lead to needing a safety plan and don't make promises that cannot or may not be kept.
  - Provide accurate information to answer questions the parent may have, even if the answer is that you don't know; follow this up with getting the answer for them.
  - Describe the specific safety services that would need to be implemented to manage the child's safety.

- Gather and document why the parent, guardian or Indian custodian is unwilling to agree to participating in an in-home plan and the efforts that have been made to engage the family.

- If a parent, guardian, or Indian custodian is unavailable to discuss or agree to the safety plan, they cannot be considered as willing to participate in the plan. Consider why we consider the person is unavailable and alternative ways to contact or communicate with them. When a decision has been made that an individual is unwilling to participate, continued efforts to engage them are necessary to reduce the more intrusive level of intervention.

IV. The necessary safety activities and resources are available to implement the plan.

- Encourage the family or family supports to provide all ideas for safety providers. If a family or family support has an idea for a safety service provider but has hesitation about using or suggesting them, ask about the person or program, what the hesitation may be and if there anything ODHS or community providers may be able to do to enable this person or program to participate in the safety plan. If the concern is regarding the person's background and approval of ODHS, discuss how the family may believe the person could help and how the person can support the family, whether as a safety service provider or not.
- Ask the family and their supports about any challenges that may prevent a safety service provider from fulfilling their responsibilities such as transportation, phone/email access, a physical accommodation, etc. Is ODHS or a community provider able to help remove this challenge?
    - If a safety provider does not possess sufficient resources to meet their responsibilities, discuss what resources would allow them to perform the safety activities requested of them and work to remove any resource barriers for the period of the safety plan.
    - Resource barriers that can be addressed may include, but are not limited to:
        - Transportation or transportation related resources, such as bus passes, fuel costs, etc. that are related to providing the safety services and activities,
        - Utility or rent costs associated with the living environment that are sustainable for the duration of the safety plan,
        - Communication resources, such as phone bills, cost of replacing or repairing a phone, internet service costs, etc.; or
        - Providing a letter or other communication to a landlord, service provider, or other outside entity that may be a barrier to safety activities.
- When reviewing the needs for safety services, discuss any times (days, specific times in the day, etc.) that may be a particular challenge to identify safety service providers?
- Ask the family and supports about services or community partners who the family has worked with previously. What worked well and what didn't in the past? Is there a person or program the family could re-engaged with to be a safety service provider? Are there any culturally specific providers?

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 (two business days) 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 (two business days), 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).

III. Obtain a photo of the child

A. Ask the parent, or child if developmentally age appropriate, for a current picture of their child and if possible a family picture.

B. Caseworker should ask the family if there are any cultural considerations around obtaining these photos.

C. If the family expresses they do not want photos of their child to be obtained the caseworker should gather the reasons for the family's request and staff with their supervisor. The family's concerns

should be documented in Or-Kids

D. Caseworker should explain to the parent the reason for the photos, examples: emergency situation such as a natural disaster or a missing youth, parents will be provided photos of their child as they are obtained, provide to court and CRB, use during family meetings, provide to the child so they have pictures of their milestones while in foster care.

E. If parent is not able to provide a current picture the caseworker will obtain a picture. Potential ways are by asking the foster parent to send a photo, obtaining the child's school photo, SSA's taking pictures during the parenting time, caseworker take pictures with their phone during face to face contact and for older children caseworkers can ask the youth to send them a picture or to take a picture.

F. These photos should be saved in the Or-Kids file cabinet, case management, type: Photo and include the date of the photo. Example: YYYY.DD.MM.Case#.child'sname.photo

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 of a petition being filed or the identification of safety threats resulting in a cooperative in-home case during the CPS assessment.

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, Family Support Service Application

II. CF 304B, Cooperative Services 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 has no barriers for safety service providers to be in the home and to 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

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 3010, 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 3010, 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, ODHS 3010, 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 (ODHS 3010) 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 3010.

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 ODHS'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 (ODHS 3010) to the parents.

XIII. Ask the parents to sign the ODHS 3010 to allow Child Welfare to exchange pertinent information with them.

A. State form 2099i lists helpful instructions for completing the ODHS 3010.

B. Consult with supervisor when the parent hesitates signing ODHS 3010, 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 Facilitated Meetings

Conduct Facilitated 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):** Youth Decision Meetings (YDMs), for youth ages 13-20, are voluntary, facilitated meetings held expressly for the purpose of allowing youth-centered case planning to occur. YDMs can be an effective communication tool. Collaborate with youth to determine who should lead the YDM: the youth, a trained ODHS facilitator, another caseworker, the ILP worker or a community partner. These meetings are youth driven and involve the youth to create the agenda and determine who should be invited. The meeting can:

- Increase youth's understanding of and engagement with the court process, service array, and their family's case plan
- Assist in placement matching and support
- Assist the youth in transition to adulthood and in achieving their own permanency

When using a YDM to develop a Comprehensive Transition Plan please see Chapter 5, section 29: Developing

a Comprehensive Transition Plan.

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 3010). Ask permission to contact participants and explain the reason for the Family Engagement Meeting.

B. Obtain the parent's signature on the MSC 3010.

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.

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.

Youth Decision Meetings (YDMs)

Conduct Youth Decision Meetings

Purpose

Youth Decision Meetings (YDMs) can be powerful events that can only occur with the youth, ages 13-20, present. YDMs bring the youth's team together to hear about their goals, plans, dreams preferences and to discuss how to support them. The youth is the most important voice in the room. When conducted with a youth-centered focus, family members, natural supports, community partners and people the youth identify as allies, can increase collaboration and engagement with the youth. The caseworker, guardians and other participants are also there to support the youth. A YDM can be scheduled at any point in the case and is convened at the request of the youth or with the youth's agreement if someone else is requesting the meeting. The caseworker should frequently explore the use of a YDM with the youth.

Nothing about us, without us: it is important to remember youth will take ownership of and engage in plans created by and with them, not for them.

Reason to Schedule a YDM

It is important for the team to understand the youth's needs and how they can help. Addressing young people's physical, emotional and psychological needs is a process, not a single event. Emotional support is the most frequent need for youth exiting foster care. Here are some reasons that youth or young adults might have a meeting:

- Responding to urgent needs such as mental health, housing or education;
- Building community connections, supportive relationships and identifying permanent caring adults who are committed to being available to them on an ongoing basis;

- Discussing ways to increase time with family members;
- Meeting with allies to talk about goals and progress;
- Sharing accomplishments, successes and identifying talents;
- Preparing for increasing privileges or personal responsibilities;
- Planning at critical junctures in case;
- Preventing crisis and reevaluating progress and goals early and often in the case;
- Addressing concerns and needs for the youth's safety or reducing restrictions to the current safety plan;
- Preparing the youth for the next family meeting, other meetings or court hearings;
- Preparing the youth to reintegrate into their family's case planning process; and
- Creating a Comprehensive Transition Plan (See Chapter 5, section 29: Developing a Comprehensive Transition Plan for details)

To assist, meetings are structured and organized around four key values:

Youth-Driven

- Youth are the experts in their own lives;
- Youth's lived experience informs case planning;
- Youth are supported to direct the conversations and lead the planning;
- Plans are written in the youth's voice and honor the youth's goals and preferences as most important;
- Priority is given to the youth for deciding time, location, who is invited and content of the agenda; and
- Meetings are planned for and conducted to meet each youth's specific and individual needs

Strengths-Based

- Every youth has strengths and talents;
- Planning focuses on youth's strengths;
- Youth's strengths are documented;
- Success is more likely when plans are created that build upon a youth's strengths;
- Youth are knowledgeable, capable, resourceful and resilient; and
- Youth have and can develop natural supports

Trauma-Informed

- Power is restored to the youth, whenever possible;
- Youth's experiences of trauma are considered when developing the agenda, inviting participants, directing

conversations and determining who will facilitate the meetings;

- Creates a safe and comfortable space for the youth, as defined by the youth;
- Recognizes the importance of early, honest conversations as new information is discovered or decisions are imposed;
- Acknowledges that poorly planned conversations are traumatic;
- Respects that not everyone has the need to know; and
- Recognizes that some conversations are better had individually, rather than in a group setting

Culturally Responsive

- Cultural practices, race, religious/spiritual beliefs, definition of family, sexual orientation, gender identification and gender expression, is unique to each youth;
- Ongoing conversations and learning with the youth allow for meetings to be lead in a youth-centered, culturally responsive way;
- YDMs are planned for and held respecting the youth's unique cultural identity;
- Recognizes when cultural values such as being task focused and time oriented may conflict with the youth's values; and
- Meetings are conducted in the youth's preferred language and culturally specific services are planned for.

Preparing The Youth For The Meeting

Procedure

I. The facilitator and caseworker meet with the youth in a place and time of the youth's choosing to discuss:
   - The purpose of the meeting
   - The role of facilitator and to determine who will lead the meeting. The meeting can be led by the youth, ODHS facilitator, a caseworker, the ILP worker or community partner
   - If the youth will speak on their own behalf, ask someone to do so for them, or offer a written statement.
   - Team Agreements (ground rules) for the meeting that will be helpful to the youth.
   - The structure of the meeting

II. The meeting agenda including helping the youth to identify their strengths and needs, and how these will be used to address case planning/goals in the meeting.

III. Discuss the meeting goal(s) the youth want addressed:
   - Living arrangements
     - Is it safe?
     - Is it stable, permanent, preferred by the youth?

- Does it meet the youth's needs for attachment, connection, community?
- Does it support the youth's cultural and sexual orientation, gender identity and expression needs?

- Well-being
  - Does the youth have unmet medical or behavior health needs?
  - Is there understanding and help for the youth to manage any unresolved feelings of grief and loss (family, foster placements, childhood hope and dreams, history of abuse, etc.)?
  - Is there a level of urgency to meeting these needs?
  - Are referrals required or insurance coverage needs to be addressed?
  - Recreation, hobbies or other self-care activities
- Education and Vocation
  - Does the youth have unmet vocational and education needs?
  - Has an ILP referral been made? Is the youth participating? Is the service addressing the youth's goals, dreams and preferences?
- Legal
  - Is the youth involved in their case plan? Invited to court hearings? Aware and understand the legal case?
  - Are there criminal convictions or resolved convictions that need to be addressed?
  - Are any of these needs best addressed with Transition planning?

IV. Plan with the youth who should be invited to the YDM and discuss the roles of each participant who may attend:
- Support the youth
- Present strengths and challenges regarding the youth's safety, permanency and well-being needs
- Share progress the youth is making
- Make recommendations based on their knowledge and involvement with the youth
- Be collaborative and solution focused

V. Identify key participants who can support the youth's goals, answer questions and assist with decision-making. Participants may include:
- Allies identified by the youth
- Family members, including siblings
- The youth's Tribe
- Members of the youth's faith community
- Teachers and other school officials
- Medical or mental health professionals
- The youth's substitute caregiver

VI. Prepare the youth for topics that might be brought up that the youth may not have decision-making authority over.

VII. Determine a date and time for the YDM that works for the youth and allows the most participants to attend. Meet the travel and scheduling needs of participants as much as possible, including evening times, if necessary.

- Determine the meeting location. Ask the youth where they would be most comfortable meeting. Local Child Welfare offices can be very trauma-inducing for youth and create an inherent power differential for youth 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.

VIII. Help the youth obtain childcare for the meeting if needed.

Tips

Respect the privacy and confidentiality of the youth, and honor facilitated meeting values by determining, in advance of the YDM if the youth, is planning to share information regarding their sexual orientation, gender identity and gender expression (SOGIE) in the meeting. See Chapter 5 Section 41 of the Child Welfare Procedure Manual for comprehensive guide to supporting and providing services for children and young adults with diverse sexual orientation, gender identity and expression.

For YDMs, decision-making power resides with the youth whenever possible. If the facilitator or caseworker is aware of decisions that will be made outside of the youth's authority discuss with the youth in the initial preparation for the YDM or as soon as the facilitator or caseworker becomes aware. The youth will need time to process this information and determine if they have invited the right people to the meeting to support them with understanding and planning for the conversation.

Ensure the youth knows that they drive the agenda and plans developed during the YDM will focus on their strengths, interests, and identified needs. You can assist the youth to identify their strengths by asking questions, examples might include, "Do you have activities you are good at, such as crafts, sports, reading, writing, video games, music?" "What is your favorite subject in school?" "What have others said you are good at?" Ask the youth if they would like to start this discussion or ask other participants to begin during the YDM. Be sure to acknowledge strengths identified in the meeting and confirm they are documented in the notes.

Preparing The Caseworker For The Meeting (When The Caseworker Was Not Involved In Youth Prep)

- Meet with the caseworker ahead of the meeting to discuss the youth's requested agenda.
- Discuss with the caseworker any concerns or considerations they may have about the meeting.
- Prepare caseworkers to come with at least a couple of strengths to share regarding the youth.
- Request the caseworker review with the supervisor the goals of the meeting, agenda items and decisions Child Welfare plans to impose in advance of the meeting.

- Meet with the youth individually for discussions that are more appropriately had outside the group process.
- Ensure necessary actions are taken in advance of the meeting to effectively address agenda items in the meeting.

- Ensure the youth and participants are aware of any restrictions to decision-making in advance of the YDM.

Inviting and Preparing Allies and Other Participants For The Meeting

A youth 14 and older has the right to invite at least two people of their choice to attend the meeting with them - friends, allies or supports. These are people other than the caseworker or other professionals.

- Explain the purpose of the meeting and prepare them to be strengths-based and trauma- informed team members. Remind them that the meeting is youth-centered; that its purpose is to support youth with achieving their goals and meeting their needs. Prepare participants to share youth's strengths with the group.
- Send the agenda in advance of the meeting. Ask participants to review the agenda in advance of the YDM and be prepared to be collaborative and solution-focused while the team works toward supporting the youth's goals and needs.
- Remind participants that youth drive the agenda and that any requests to add to the agenda will need to be reviewed with the youth prior to the meeting.

Tip

To create a sense of safety and to signal that you honor and celebrate diversity, it is important to become familiar with respectful language, and keep current with changes in SOGIE terminology and to plan for cultural responsivity as it relates to race, tribal affiliation, religion and culture. Listen to and use the words people use to describe themselves (name, pronouns, and language regarding how they identify). Allow participants to decide with whom and when they would like to share their sexual orientation or gender identity.

Prepare for cultural responsivity as it relates to race, tribal affiliation, religion, and culture. Ask the youth if there is a cultural practice they would like to open the meeting with. Examples might include smudging outside the building as group before the meeting starts, breathing and centering as a group to begin the meeting, an opening prayer lead by the youth, a spiritual leader or facilitator.

During The YDM

Procedure

I. Facilitator states the purpose of the meeting and summarizes the youth-centered meeting values that frame the meeting discussion, and confirms participants' understanding.
   - Youth Guided: what the youth needs guides the discussion
   - Strengths-based: youth are capable, knowledgeable, resourceful and resilient
   - Trauma Informed: power is restored to the youth, whenever possible
   - Culturally Responsive: YDMs are planned for and held respecting the youth's unique cultural identity

II. Introductions
    - Facilitator asks all participants to introduce themselves, including their pronouns if the participant is comfortable including that information, and describe their relationship to the youth.

III. Cultural Opening if requested by the youth

IV. Placement Information – Youth decides if this is relevant to the meeting and if it is shared.
    - How many days the youth has been in substitute care.
    - Number of placements.
    - Current placement.

V. Team Agreements/Ground Rules
    - Facilitator reviews the team agreements developed with the youth during preparation for the YDM, checks for understanding and asks if the team has any edits or additions.

VI. Youth Strengths and Needs are discussed. When comfortable, the youth begin this discussion, or requests other participants share first.

VII. Safety Planning, if requested by the youth

VIII. Case Planning/Goals

IX. Action Items
    - What are the needs expressed by the youth?
    - Are there next steps Child Welfare or team members need to complete?
    - Who will be responsible for each item?
    - Are action items clear, doable and have timelines associated?

X. Upcoming Dates

Tips

Substance use, untreated mental health concerns or criminal activity of participants should not automatically preclude them from participation. The facilitator will manage the group process, prioritizing youth's physical and emotional safety.

Parent's issues or concerns may surface in a YDM that conflict with the goals and agenda of the meeting. It is helpful to acknowledge them, parking-lot them and schedule a separate FDM to address the needs of the parents.

Meetings that are not youth driven, are not YDMs. When facilitated meetings occur outside the youth's identified meeting goals, agenda items or include participants not invited by the youth, these are FDMs.

Young people need real-life opportunities to build their skills and abilities, which will require giving them room to make mistakes. These opportunities foster self-determination and build resiliency.

After The YDM

I. Incorporate ideas the youth and team developed during the Youth Decision Meeting into the case plan to the

extent the meeting addresses:

- The youth's dreams, goals and preferences
- Protects the youth from threats to their safety
- Builds on the youth's strengths and
- Focuses on achieving permanency for the youth within a reasonable timeframe.

II. Send copies of meeting notes to all participants within 5 days and no later than 21 days (required by ORS 417.375(5)).

- Ensure youth has reviewed the notes for accuracy, voice and intent prior to distribution and has signed and dated them.
- If components of the youth's plan developed at the YDM cannot be supported by ODHS, document the reasons for this in the Child Welfare electronic information system. Examples may include placements that cannot be certified by ODHS, or recommendations that would violate a court order.

Supervisor's Role

- Ensures the caseworker knows the planned agenda and has done the necessary prep work so decisions can be finalized at the YDM.
- Attends the YDM if requested by the youth.
- Ensures the caseworker has communicated to the youth and team in advance of the YDM those decisions the youth does not have authority to make.
- Reviews and approves the decisions made during the YDM that are incorporated into the Child Welfare case plan.

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:

- Secures the date, time, and location of the meeting,
- Ensures all participants receive information in Number 1 above, and
- Is clear at the start of the meeting of the meeting's purpose.

References

Forms

- FEM Agenda and Notes Template

OARs

- OAR 413-040-0005 to 0032, Developing and Managing the Case plan
- 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

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 completion of the CPS assessment when the child remains in the parents' home regardless of juvenile court involvement. The Child Welfare case plan is the documentation 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, Guardians, or Indian Custodian, when applicable;

1. There are times when a parent, guardian, or Indian Custodian's participation in the development of the Child Welfare case plan threatens or places other participants at risk. When this occurs:

a. Consider other meaningful ways to include the threatening parent, guardian, or Indian Custodian.

b. Consult with a supervisor to explore safe ways to include a parent, guardian, or Indian Custodian when other participants may be at risk when helping develop the Child Welfare case plan.

c. Attempt to obtain the signature of the parent, guardian or Indian Custodian even though perhaps not involved in development of the Child Welfare case plan.

d. Consider whether the caseworker should prepare and send a Letter of Expectation (LOE) and a copy of the Child Welfare case plan to the parent (more detail re: LOE below).

e. 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:

(1) Consider whether Child Welfare still wishes to include the parents in the case planning process.

(2) 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.

B. When it is known or the Department has reason to know the child is an Indian child, the case plan is completed in partnership with the Indian child and the Indian child's parents, Indian Custodian, extended family members and the Indian child's tribe, when applicable.When the child is a Indian child, the child's tribe(s) and extended family members; and

C. Whenever appropriate:

1. The child,
2. Other relatives,
3. Other service providers,
4. Persons with significant attachment to the child, and
5. The 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. Consider meeting with the family using a Family Decision Meeting (FDM), described earlier in this chapter, when a child is in substitute care. If a FDM is not used, follow the documentation requirements detailed in Conducting Family Meetings, FDM section.

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, as applicable:
   1. Each child.
   2. Each young adult.
   3. When the child is an Indian child, the child's Tribe(s).
   4. Each parent, including documentation on how any identified parent(s) were determined to be the legal parent(s).

B. When it is known or the Department has reason to know that the child may be an Indian child, documentation of the consultation and collaboration of the Indian child's tribe in all case planning, service delivery, and active efforts.

C. The safety threats identified in the CPS assessment.
   1. Use caution when documenting information in a case that involves domestic violence, especially if the information will put others at risk of harm, such as a restraining order, names of other victims or people providing information. 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. If there is uncertainty about appropriateness of redaction, consult with a supervisor.

D. The ongoing safety plan.

E. The findings of the protective capacity assessment.
   1. Descriptions of enhanced and diminished parental protective capacities of all legal parents, guardians, or Indian Custodian.
   2. 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).

F. Child or young adult description, strengths, needs, well-being and treatment services, including as

applicable:

1. Descriptions of the following:
    - The child or young adult, including strengths, current development, physical and emotional condition.
    - The child or young adult's relationship with siblings.
    - Support the child or young adult receives from parents, extended family, peers, school and, if the child is Indian, the child's Tribe(s).
    - The child or young adult'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 or young adult'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 or young adult including:
        (1) Interventions provided by the parents to address a child or young adult's special or unique needs.
        (2) Educational services including the school the child or young adult attends and any special education needs.
        (3) Routine and specialized medical and mental health services including the personal care services of a child or young adult who is in substitute care and has been determined through a Personal Care Services Assessment and documented in a Personal Care Services Plan.
        (4) Actions taken by Child Welfare to address identified but unmet needs of any type, especially cultural needs if it is known or the Department has reason to know the child is an Indian child.

G. **When the child or young adult is in substitute care,** the child or young adult's current placement information, including:

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. If it is known or the Department has reason to know the child is an Indian child, document how

the placement is or is not in line with ICWA/ORICWA placement preferences and has the Tribe been consulted about the placement.

3. General location of the child or young adult and the substitute caregiver.
4. Explanations of the following, as applicable:
    - How Child Welfare knows the child or young adult 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 Contacts, in this chapter.)
    - Why the placement is the least restrictive environment able to provide safety and well being for the child or young adult.
    - How the child has adjusted to the current living arrangement.
    - How the placement preserves the child or young adult's connections and attachments including:
        (1) Its proximity to the child or young adult's biological family, including siblings and the child or young adult's school.
        (2) If the placement is not in proximity to the above individuals or required a change in schools, describe why the placement is in the child or young adult's best interests.
        (3) If the child or young adult was moved within the past six months, explain why. Were parents, guardians, or the Indian Custodian notified of the move? If not, why not?
        (4) Why this placement supports the child or young adult's cultural and family identity.
5. Descriptions of specific supportive services that Child Welfare anticipates will be provided to the child or young adult over the next six months as developed or tailored to support the placement and ensure the child or young adult receives safe and appropriate care while in placement; this includes information from the supervision plan for children or young adults 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.
6. Special services being provided to the substitute caregiver (e.g., relief care or specialized training on managing the specific child or young adult's needs).
7. If the child or young adult is not placed with a relative, an update on the relative search efforts including notifications as required by OAR 413-070-0060.
8. 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.

H. 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 an Indian child's Tribe(s) is included as a case resource.
   4. Timely preparation of reports to the court or other service providers.

I. The date that the parent, guardian, or Indian Custodian's progress in achieving expected outcomes will be reviewed. Progress review:
   1. Must be done at least once every 90 days in face-to-face contact with the parents, guardians, or Indian Custodian.
   2. May be reviewed more frequently than every 90 days when the caseworker and parents, guardians, or Indian Custodian wish to do so.
   3. Requirement information is available in Section 10, Conduct a Case plan Review.

J. Narrate a plan for family time and contact with parents and siblings or attach a copy of the Visit and Contact Plan (Form 0831) including the plan for contact with siblings. The plan must:
   1. Ensure a child or young adult, the parents guardians, or Indian Custodian, and each sibling (who are not in the same substitute care setting) are able to have family time and contact one another while the child or young adult is in substitute care as often as reasonably necessary to support and enhance their attachment to each other.
   2. Coordinate the first family time as soon as possible and within the first week of placement. If not done, the caseworker must document in the ODHS information system the reason the family was delayed.
   3. Be developed within 30 days of the date the child enters substitute care.
   4. Indicate whether there are any court orders regarding family time.
   5. Note the level of supervision for family time using the Family Time and Supervision Level form (DHS 4050) and describe how;
      - This level of supervision meets the child or young adult's safety needs.
      - This family time and contact plan the least intrusive and most appropriate plan.
   6. Indicate what other forms of communication are used for additional contact between the child or young adult and the parent, guardian, or Indian Custodian.
   7. If it is known or the Department has reason to know the child is an Indian child, describe how the family time or trial home visits with the Indian child's parents, guardians, or Indian Custodian are or are not occurring at frequent and regular intervals in the most natural setting as possible, consistent with the need to ensure the health, safety and welfare of the Indian child?

K. The primary permanency plan, which is one of the following:
   1. Place with parent (return to or remain in a parent's home).

2. Tribal Customary Adoption (for cases where it is known or there is reason to know the child is an Indian child)
3. Adoption.
4. Guardianship.
5. Placement with a Fit and Willing Relative
6. APPLA: permanent foster care.
7. APPLA: permanent connections and support.

L. The conditions for return (required for every child or young adult in substitute care unless the child has been legally freed for adoption or an aggravated circumstances finding precludes a child or young adult's return home):
   1. Documentation of the specific behaviors, conditions, or circumstances that must exist within a child or young adult's home for a child or young adult to safely return and remain in the home with an in-home ongoing safety plan.

M. The concurrent permanent plan (the alternate permanent plan is required when the child or young adult 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. Brief description of the discussion between Child Welfare and the parents, guardians, or Indian Custodian about:
      - The concurrent permanency plan.
      - Adoption Safe Families Act (ASFA) requirements and timelines (use ODHS 9120 to aid in the explanation of ASFA).
      - Benefits of engaging in a case plan and associated services to achieve child safety.
      - Consequences of not engaging in case planning and/or lack of progress towards the case plan goals. Lack of progress includes not being able to demonstrate a capacity to sustain the safety of the child without Child Welfare's involvement. Consequences could include implementation of the concurrent plan if the parent, guardian, or Indian Custodian has not made adequate progress within specified ASFA timeframes.
   3. If any of the above discussions did not occur with parents, guardians, or Indian Custodian, explain why. Also indicate if this information has been shared with the parents, guardians, or Indian Custodian in any other way such as through their attorney.
   4. If it is known or the Department has reason to know the child is an Indian child, determining the most appropriate concurrent plan must be done in consultation with the child's Tribe.

N. Progress to date, including:
   1. Documentation of the progress made by the parents, guardians, or Indian Custodian in:
      - Achieving the conditions for return (when the child or young adult is in substitute care).
      - Achieving expected outcomes.

- Completing any action agreements and the related expected outcome(s) the agreement has addressed or is addressing.
- Observable changes in protective capacity (cognitive, behavioral, and emotional).

2. Documentation of actions Child Welfare has taken to support achieving conditions for return **(when the child or young adult 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 or young adult is in substitute care,** what actions have been taken, and what progress has been made on achieving the concurrent permanency plan for the child or young adult?
   - **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 was this plan selected for the child or young adult?
     (2) How it best meets the child or young adult's needs?
     (3) The compelling reasons why other, more permanent options were ruled out or determined to be inappropriate.

0. When applicable, the caseworker must also include:
   1. The goals and activities required:
      a. When it is known or the Department has reason to know that the child is an Indian child, how the activities and services are provided in a culturally competent manner and done in partnership and collaboration with the Indian child's Tribe
      b. For a refugee child under the Refugee Act and how the activities and services are provided in a culturally competent manner.
      c. As a result of recommendations from expert evaluations that Child Welfare requested whenever the recommendations may effect parental protective capacities or treatment services for the child or young adult.
         (1) If recommendations are not included in the Child Welfare case plan, the rationale for not doing so must be documented in the Child Welfare electronic information

system.

d. 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 a Youth Assessment Summary (CE 0069) completed?

(2) If a CE 0069 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 (CE 0069a).

(5) If services are not being provided, explain why.

e. When the child or young adult is in substitute care, discuss sibling issues including:

(1) If the child or young adult has a sibling, are they in the same placement? If not:

(i) Why not (lack of placement resources, safety issues, different level of care needs at this time, sibling not in substitute care, etc.)?

(ii) What is being done to address issues that contribute to siblings being apart including if one child remains in are and another is in home?

(iii) In what ways has Child Welfare conveyed to all involved that the sibling separation is intended to be temporary?

(iv) What efforts are being made to reunite siblings?

(v) In what ways are sibling connections being maintained (at least weekly family time with parent, guardian or Indian Custodian and child or young adult siblings and every other week facilitated by resource parents, phone calls, letters, etc.)?

f. If siblings are placed together, are there any issues that may threaten continued placement together?

(1) If so, what is being done to address this to preserve the sibling placement together?

(2) Orders of the court and the efforts ODHS is making toward meeting those orders.

g. List information regarding caseworker contacts with the child or young adult, parents, guardians, or Indian Custodian, substitute caregiver and other collateral contacts.

(1) Also include in the narration:

(i) A description of how the contacts included discussion of the implementation of the Child Welfare case plan.

(ii) If contacts occurred less frequently than required, explain why.

VII. If the primary language of the parents, guardians, or Indian Custodian is one other than English, have the case plan translated into the appropriate language.

A. Complete a CF 0010A to request translation.

VIII. The caseworker must also:

A. Obtain the following signatures on the appropriate Child Welfare case plan document:

1. The caseworker.
2. The supervisor, once the supervisor has approved the Child Welfare case plan (see supervisor's role below).
3. Each parent, guardian, or Indian Custodian
4. When a child or young adult is in substitute care and Child Welfare is unable to obtain a parent, guardian, or Indian Custodian's signature on the Child Welfare case plan and/or involve them in the development of the Child Welfare case plan, do the following:

a. Prepare and send a Letter of Expectation (LOE) and a copy of the Child Welfare case plan to the parents, guardians, or Indian Custodian within seven days after the supervisor has approved and signed the Child Welfare case plan.

b. LOE means a goal-oriented, time-limited, individualized written statement for the family of the child that identifies:

(1) Family behaviors, conditions or circumstances.

(2) Expected outcomes of improved parental capacity.

(3) What Child Welfare expects each parent, guardian, or Indian Custodian will do to achieve safety, permanency, and well-being of the child or young adult in their home. If a parent, guardian, or Indian Custodian's whereabouts are unknown:

(i) Conduct a search for the absent parent, guardian, or Indian Custodian.

(ii) Upon locating the parent, guardian, or Indian Custodian, discuss planning for the child or young adult, 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 a supervisor as needed, to determine ways to involve a parent, guardian, or Indian Custodian who has been located, when a child or young adult has been in substitute care for a considerable period of time.

B. Distribute the Child Welfare case plan.

1. Refer to and comply with Chapter 1, Section 5 Confidentiality regarding redaction of a child's statement of SOGIE prior to distribution of the case plan.
2. Give a copy of the Child Welfare case plan to the following people:
   - Parents, guardian or Indian Custodian of the child.
   - The Indian child's Tribe(s) (when applicable).
3. Distribute the Child Welfare case plan as soon as possible, but no later than seven days after the supervisor approves the plan (unless):
   - If doing so would provide information that places another person at risk.
   - Consult with supervisor to determine if a particular situation warrants withholding the Child

Welfare case plan.

- Determine other ways to communicate information to that individual that will not place others at risk.

C. 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.

D. Complete an updated Child Welfare case plan within 60 days if a child is placed into substitute care from an in-home plan at any point in the child welfare case.

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 or young adult at this time, including implementing a protective action when needed.
2. Determine is the Ongoing Safety Plan continues to sufficiently manage safety
3. Ensure, if it is suspected abuse has occurred, a report to ORCAH is made immediately
4. Meet with caseworker to obtain more information when needed and ensure documentation is adequate.
5. 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 capacity assessment thorough, and is there a good understanding of the parents, guardians, or Indian Custodian's thinking, behaving or feeling that need to change to manage or mitigate child safety threats?

C. **When a child or young adult is in substitute care, do the conditions for return reflect what is needed in each parent, guardian, or Indian Custodian'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, guardians, or Indian Custodian are making?

1. If not, consult with worker to discuss ways to receive necessary information from service providers.

G. Are the parents, guardians, or Indian Custodian making reasonable progress, such that the child or young adult's need for permanency and stability is being met?

1. If no, what is being done to enhance stability?

H. Are the parents, guardians, or Indian Custodian making reasonable progress, such that the child or young adult'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 or young adult 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 or young adult is receiving a level of care, how has the supervision plan been developed (i.e., with the resource parent or with the child or young adult's team)? Does the supervision plan appear to meet the child or young adult's needs?

J. Does the child or young adult have personal care services and, if so, how have the child or young adult's medical needs and care been included in the case plan?

K. When a CPS worker directly receives or identifies records of a child's statement about their sexual orientation, gender identity, or gender expression (SOGIE), and an exception is necessary to release the SOGIE information for the child's safety or wellbeing or to provide services to the family. This may require additional staffing with a Program Manager and CPS consultant, or DOJ if there are complicating circumstances, such as an attorney or child 14 years old or older does not consent to sharing their information.

L. When it is known or the Department has reason to know that the child is an Indian child ensure compliance with OAR 413 Division 115 by reviewing with the caseworker their active efforts to:

1. Provide authentic engagement and partnership with the Indian child's Tribe regarding all case planning and service delivery.
2. Offer access to cultural events, Tribal ceremonies. If barriers exist with engaging the Indian child, discuss opportunities to overcome the barriers.
3. Collaborate and consult with the parent, guardian, or Indian custodian, the Indian child's Tribe, and the Indian child (as developmentally appropriate), when formulating the case plan. Review how the caseworker has assisted the parent, guardian, or Indian Custodian through the steps of the case plan and with accessing or developing the resources necessary to satisfy the case plan.
    - This includes reviewing how the caseworker has actively assisted and engaged the parent, guardian, or Indian Custodian to overcome barriers in achieving the case plan objectives and work with the parent, guardian, or Indian Custodian to engage them in remedial services to support reunification.
4. Provide services and supports consistent with prevailing social and cultural conditions and way of the Indian child's Tribe whenever possible.
5. Support regular family time with the Indian child's parents, guardians, or Indian Custodian in the most natural setting possible, consistent with the need to ensure the health, safety and welfare of the Indian child.

6. Comply with Tribal or ORICWA placement preferences.
    - If the Indian child is placed outside of placement preferences confirm that the Indian child's Tribe supports good cause to deviate from placement preferences and confirm the caseworker received the approval from the Office of Tribal Affairs to request a good cause motion.
    - If a good cause motion is awarded, consistently review with the caseworker what active and diligent efforts are being made to comply with the Tribal or ORICWA placement preferences.
7. Consult with the Indian child's Tribe to discuss the most appropriate concurrent plan. Also confirm the caseworker offered the Tribe Tribal Customary Adoption as a concurrent plan option.
8. Review the Indian child's Tribal enrollment or membership status with the caseworker.
    - If the child is not yet a member of federally recognized Tribe, confirm that the caseworker has discussed the benefits of membership with both parents and also discussed the parents right to refuse the agency's assistance with membership. If one or both parents disagree with the enrollment of the Indian child, the agency may not assist with the enrollment process. If both parents agree with the child becoming enrolled, the agency must assist with the process.
    - If the case has transitioned to a concurrent plan and the Indian child is not a member, contact and consult with the Office of Tribal Affairs regarding action steps.
9. Involve, partner and consult with the Indian child's Tribe regarding 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, child or young adult, 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, guardians, or the Indian Custodian are included adequately in developing the Child Welfare case plan.
    A. Consult with the caseworker to consider safety issues and options for collaboration with a parent, guardian, or Indian Custodian when the their 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, guardian, or Indian Custodian 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, guardians, or Indian Custodian 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, guardian, or Indian Custodian is absent to determine that Child Welfare is conducting a thorough search, following up appropriately when location is identified, and that the child or young adult's need for permanency is considered when beginning to involve a parent, guardian, or Indian Custodian who has been absent for a period of time.

NOTE: *Parents, guardians, or Indian Custodians must cooperate with the Child Welfare Case plan and the ongoing safety plan when the child remains in their home in an in-home safety plan.*

References

Forms

I. CF 0010A

II. ODHS 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.

Early Engagement Letter

The Early Engagement Letter (Form ODHS 3425) is developed after the Preparation Meeting and prior to the jurisdictional hearing. The Early Engagement Letter is sent when the caseworker has not been able to speak with the parent in person, an attorney has encouraged the parent (as their client) not to speak with their caseworker, or another barrier is present impeding timely and consistent contact between the caseworker and the parent. This process documents Child Welfare's commitment to provide agreed upon supports and services. If communication is occurring, then an Early Engagement Letter is not necessary, and an Action Agreement is used.

The Early Engagement Letter is used as a tool to return children home in a safe and timely manner. The Early Engagement Letter is grounded in strengths-based, trauma informed, culturally responsive, and parent driven/youth guided values to partner with parent(s) in the change process. The Early Engagement Letter is a shared responsibility between the parent(s) and caseworker and communicates the mutual goal of reunification and case closure. Child Welfare will provide supports to the family regardless of their participation in services. The parent(s)' participation in the services identified in the letter are voluntary. A copy of the Early Engagement Letter is provided to the attorney.

Supports

Supports are activities that are provided by the Child Welfare to meet needs identified by the parent(s), supports attachment, promotes reunification and encourages success. Examples include:

- **Parenting time.** This time is intended to maintain, strengthen or develop attachment between the children and their parent(s). Frequency of contact impacts the likelihood of parent(s)' engagement in the case plan and successful reunification. Parent(s) should be provided the opportunity to participate in:
    - Caregiving responsibilities such as bath time, bedtime and mealtime, hair maintenance and skin care;
    - Medical appointments;
    - School activities;
    - Cultural events and religious activities;
    - Community functions; and
    - Time with extended family.

  Note: OAR 413-070-0800 to 413-070-0080 and Procedure Manual, Chapter 3 Section 17

- **Transportation.** Available and accessible transportation allows the parent(s) to focus on time spent with their child(ren). It provides opportunity for the parent(s) to successfully participate in services.
- **Caseworker contact.** OAR 413-040-0013 requires that the caseworker meet face to face with the parent(s) monthly. Parent(s) may benefit from more frequent contact that is tailored to their needs: in person, by phone, or in writing by text, email or letter. Parent(s)' preference is given priority when determining the location and time of face-to-face contact. The relationship the parent has with the caseworker and frequency of contact directly impact positive family outcomes.
- **Family meetings.** These meetings are intended to build a support team that gather regularly to identify strengths and needs, to address barriers, and build community with the family.

Service Referrals

Service referrals occur based on the unique and individual needs of the parent(s). Services are not "one size fits all", must relate directly to the identified safety threat, be in the best interest of the child, and move the case towards closure. Examples of services may include, but are not limited to:

- Parent mentors;
- Parent training;

- Skill building;
- Mental health assessment and recommendations; and
- Drug and alcohol assessment and recommendations.

Planning for Supports and Services

The parent(s)' expressed needs should determine the supports and services made available and should:

- Address the tribal expectations and active effort requirements;
- Reflect the parent(s)' culture, preferred language and natural supports;
- Consider the developmental needs of the child or parent(s); and
- Reduce scheduling and transportation barriers

Cultural Requirements: The Early Engagement Letter is written using words easily understood by the parent(s) and provided in the parent(s)' preferred language. Supports and services are developed in partnership with the parent(s) and based on the parent(s)' unique cultural practices and beliefs. Consider church activities, holidays celebrated, community gatherings (ex. pow wows) and their own definition of family. Consider paths outside of the typically prescribed services for the parent to meet expected outcomes. For example, a father may want to meet with his tribal elder to learn new ways of parenting.

Distribution of the Early Engagement **Letter:** Once the Early Engagement Letter is developed it is provided to the parent(s) and a copy is provided to the attorneys and tribe, when applicable.

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 monthly face-to-face contacts. 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, guardians, or Indian Custodian monthly or, when the parent, guardian, or Indian Custodian is an adult in custody at an Oregon Department of Corrections facility, virtual/video face-to-face contact may occur in place of in person face-to-face contact.

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 month.

F. Contact with the service providers a minimum of once every 90 days.

Monitor the Ongoing Safety Plan

Procedure

The caseworker reviews the ongoing safety plan monthly to confirm it is sufficient, and if not sufficient, updates the ongoing safety plan accordingly. y. 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.

Contact with a Parent, Guardian, or Indian Custodian and Child When a Child is in an In-Home Safety Plan

Procedure

I. The caseworker must have face-to-face contact with the parents, guardians, or Indian Custodian and the child at least monthly to monitor the child's safety. This contact should occur in the home of the parent, guardian, or Indian Custodian where the child resides. 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, guardians or Indian Custodian. 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', guardians', or Indian Custodian's protective capacity and changes in the parents', guardians', or Indian Custodian's ability or willingness to keep the child safe.

   B. Confirming the Ongoing Safety Plan's sufficiency (refer to Section 4 of this chapter).

   C. Confirming a safe environment.

Monitoring Infant Safe Sleep Practices During Parent, Guardian, or Indian Custodian and Child Contacts

During each face-to-face contact in the home of a parent, guardian, or Indian Custodian 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, guardians, or Indian Custodians on how to reduce high risk infant sleep practices.

Procedure

I. As part of the activities required during each face-to-face contact in the home of a parent, guardian, or Indian Custodian 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 or place the infant is laid down to sleep for nap time or nighttime. Does the family know how the infant is laid down to sleep when at childcare or with a babysitter or relative?

   C. Provide education on safe sleep recommendations to all caregivers in the home.

      1. 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.

      2. Engaging all caregivers in the home, includes mothers, fathers, grandparents, or any person in the home who provides care for the infant. If, for example, the father is not at the home make a plan for how the information will be shared.

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 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.

E. At each subsequent home visit, assess the sleeping conditions and engage the parents, guardians, or Indian custodian 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. When educating parents, guardians, or Indian Custodians about the risks involved with sharing a sleep surface with an infant there may be resistance to change. There are a lot of reasons caregivers choose to share a sleep surface and, while it should always be discouraged, it is important to understand how to reduce risk when a caregiver chooses to continue the practice. Consider sharing information about what practices make sharing an adult bed, couch, or armchair with an infant even more dangerous:

1. Very High Risk:
    - The sleep surface is soft, such as a waterbed, old adult mattress, couch, or armchair.
    - The caregiver is very tired, taking medication that makes them drowsy, or using substances like alcohol, or their ability to respond is affected in some way.
    - The caregiver smokes cigarettes or uses tobacco products even if they do not smoke in the bed.
2. High Risk:
    - Infant is younger than 4 months old.
    - The adult is a caregiver other than the infant's parent, such as a grandparent or sibling.
3. Higher-than-normal-risk:
    - Baby was born preterm (before 37 weeks) or at a low birth weight.
    - The sleep area includes unsafe items, such as pillows or blankets.

G. Sometimes an infant's sleep practices are part of a safety plan, such as when there are concerns about a caregiver using substances sharing a sleep surface or an infant who is at higher risk for sleep related infant death. It's critical in these situations to make sure safety services providers know what steps to take to manage safety when the infant is laid down to sleep.

H. Bottle propping also increases risk to an infant.

- It is not recommended to put an infant to sleep with a bottle propped in their mouth. It is a choking hazard and can lead to bottle rot as teeth come in.
- The items typically used to prop a bottle, such as blankets or stuffed animals, pose a suffocation risk.
- An infant eating unsupervised is unsafe as it increases risk for choking or aspiration.

I. To further understanding of how to support families in laying their infants safely to sleep, access training on infant safe sleep available in Workday.

Documentation

I. Document 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 Tribal family using traditional child rearing practices such as a baby board.

II. Document the above information using the Safe Sleep Checklist (ODHS 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. However, more frequent contact is recommended, including email and phone communication, to get updated information on parents', guardians', or Indian Custodian's 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, guardians, or Indian Custodian 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, cultural 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 it is unclear whether the plan is meeting the child's needs, consult with a supervisor. If a supervisor approves, consult with the child's physician or the personal care nurse manager regarding any 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

      2. Are they aware of the Oregon Foster Children's Bill of Rights and having their rights and needs met as outlined in the document?

   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 them, 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 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 family time and contact 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, guardians, Indian Custodian and other family understand the role of the relative caregiver in managing safety as a substitute caregiver.

   1. The child's parents, guardians, or Indian Custodian 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 resource 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 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 being a resource parent, and how are circumstances in their own lives affecting the children in the home?

VI. If the child makes a statement about their sexual orientation, gender identity, or gender expression (SOGIE),

follow procedure regarding the protection of that statement and information as indicated in the documentation portion of this section and in Chapter 1 Section 5. If consent is not granted by the child or their attorney, staff with a supervisor if an exception is needed. Follow guidance regarding Supporting and Providing Services for Children and Young Adults with Diverse Sexual Orientation, Gender Identity, and Expression (Chapter 5, section 41), when applicable.

VII. 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 a 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 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.

VIII. 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 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.
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;
    - 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; and
    - Refer to Chapter 8, Section to for more information on safe sleep in resource homes.

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 resource 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 them 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 them, 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 family time 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 they need?

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 their relationships with others, the friends they have 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 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.

L. The substitute caregiver is attentive to the cultural needs of the child or young adult including specific cultural practices such as not cutting an Indian child's hair without parental consent.

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 a 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 a 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', guardians', or Indian Custodian's 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 means by which a caseworker monitors the Child Welfare case plan. Consider the following questions:

A. Is there confidence that the child is safe now?

B. Does the child report they are safe, and can a safe environment be observed in the home?

C. How are parents, guardians, or Indian Custodians progressing in enhancing protective capacity? What behaviors, conditions, or circumstances have been observed that indicate change is occurring?

D. What new things have been learned 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, guardians, or Indian Custodian making sufficient progress that work toward case closure can begin?

G. What do is needed to feel confident that child safety can be sustained without Child Welfare involvement?

III. The caseworker should consult regularly with a 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, guardian or Indian Custodian;

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, guardian, or Indian Custodian during the home visit;

E. Changes observed in the ability of the parents, guardians, or Indian Custodian 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.

I. If a child makes a statement about their sexual orientation, gender identity or expression (SOGIE) during contact, complete the following documentation steps to ensure the information may be identified and protected in case of records disclosure or discovery:

- Complete the SOGIE Confidentiality Consent form and upload the form into OR-Kids, as instructed in Chapter 1, Section 5: Confidentiality.
- Create a case note to reflect the contact with the child, that a SOGIE statement was made and the SOGIE Confidentiality and Consent form was completed and uploaded to the file cabinet.

What to Talk to a Child or Young Adult About?

Caseworkers tailor their contacts and conversations with children and young adults based on their specific needs. This includes the child or young adult's developmental level and case specific circumstances to assess and confirm the child's safety, wellbeing and cultural needs wherever they reside. There are tools available to assist caseworkers in having intentional contact with families to better understand child, adult, and family functioning. These tools can be found:

I. On the CPS or Permanency Resources OWL pages.

II. In Appendix 4.2 Face-to-Face Case Note Guide.

III. On other accredited sites such as the Centers for Disease Control.

Engagement with children or young adults through contact and conversation happens in various settings such as in the home in which they reside, at school, or at extracurricular or cultural activities. It is important for a caseworker to connect in various locations to get a full picture of the child or young adult's safety, wellbeing, and cultural needs, and experiences. Varying engagement strategies may lead to deeper conversations on a variety different topics that may be important to the child and assist in building rapport.

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, guardian or Indian Custodian or if in substitute care with their resource parent and/or other caregivers. 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 if they feel safe, etc.

For an older child or young adult, the caseworker can ask specific questions such as 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, etc.

If the child makes a statement about their sexual orientation, gender identity, or gender expression (SOGIE), follow procedure regarding the protection of that statement and information as indicated in the documentation portion of this section and in Chapter 1 Section 5. If consent is not granted by the child or their attorney, staff with a supervisor if an exception is needed. Follow guidance regarding Supporting and Providing Services for Children and Young Adults with Diverse Sexual Orientation, Gender Identity, and Expression (Chapter 5, section 41), when applicable.

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

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 family time 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 family time and contact plan. The following questions may help in this review:

1. How have changes in the parents' protective capacity affected supervision of family time?
2. Does the family time and contact plan meet the child's safety and well-being needs?
3. Is the family time and contact plan the least restrictive plan?
4. What opportunities exist for the child to family time with other family members?
5. Does the family time and contact 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 form 2873

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. A worker may wish to document the 90-day review on form 2873 instead of in case notes when the full information provided on form 2873 will soon be needed for an upcoming court hearing (or, if in substitute care, Citizen Review Board Hearing). When form 2873 is used, submit the completed case plan to your supervisor for approval and procure the supervisor's signature on the form 2873. 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:

E. The parents.

F. Tribal Nations, if applicable.

G. 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 ODHS electronic information system case notes, if documentation was recorded in this manner; or

      2. By signing Form 2873.

   B. Consult with caseworker if the Child Welfare case plan review (either the 90-day or six-month review) 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

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

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

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 3010, 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 ODHS 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 ODHS informational system within seven days of the child's return home.

D. Document observations and conditions of the home in the ODHS 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 3010 (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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS employee is traveling out of the country, that person should request international phone calling capability. This can be done by completing the ODHS 1496 to add international calling to their current WCD (wireless communication device) or through contacting the ODHS 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. ODHS 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. ODHS 3010

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

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 ODHS 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 (OAR 413-080-0050) being missing can mean several things. It can mean the child or young adult ran away, wandered off, may be with a potential exploiter or trafficker, was abducted, or the caregiver does not know their whereabouts.

The circumstances of why the child or young adult is missing may determine the approach taken to locate and return them to where they are supposed to be. Every child or young adult should be considered unsafe if missing; this is true even if, despite not being where they are supposed to be, the child or young adult has occasional contact with the caseworker or a family member. If ODHS has determined that the child or young adult is in a self-selected environment (see description later in this section), the caseworker must continue to make every effort to immediately place the child or young adult in an approved placement.

Applicability: 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 ODHS is currently working with a family on any open CPS assessment or case and a child or young adult 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.

The required and suggested actions to take when a child or young adult is missing and when they are located are outlined below. These actions are not exhaustive. The order of the actions will depend on the unique circumstances of each case.

Obtaining and Using Photographs

The caseworker will ask parents for a current picture of their child, and if possible, a family picture. This can be done at the first meeting with the family. In addition, the caseworker will ask the family if there are any cultural or religious considerations around obtaining these photos.

Caseworkers will explain to the child or young adult and their family why photos are requested and explain how they may be used by the department. Examples may include emergency situations such as a natural disaster, missing child or young adult, or sharing with court, law enforcement or the National Center for Missing and Exploited Children (NCMEC). 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 them. Imagery is expected to be recent and taken by someone known to the child or young adult.

- Avoid images that have been used to exploit the child or young adult. For example, a child who is suspected to be a trafficking victim should not have an exploitive image reshared through the media release.

If the family does not want to provide photos of their child, the caseworker will:

- Discuss with the parents the reasons for their reluctance and document these reasons in OR-Kids.
- Consult with their supervisor and perhaps the assigned AAG.
- Obtain photo through other sources, such as:
    - The resource parent, Indian custodian or other caretakers.

- Relatives known to the child.
- Taking a photo during monthly face-to-face contact is recommended, especially when a child or young adult is known to frequently change their appearance. If the child or young adult has tattoos these should also be photographed, if permitted.
- Publicly available social media sites (not sites used for trafficking).

- Once obtained, photos must be uploaded into the OR-Kids file cabinet under General Documentation>Photo. If a media alert is ever needed the photos may be published. Be mindful of what is visible to others in the photos. Imagery depicting gang signs, drug or alcohol references, intimate parts being revealed, etc. must be cropped out before uploading. This protects the child or young adult from bias and stigma.

Actions to Take When a Child or Young Adult is Missing

The following activities must be completed when the caseworker is informed that a child or young adult is missing from substitute care. While timelines vary on when to complete the following activities, efforts to locate the child or young adult must be made immediately. As outlined in OAR 413-080-0053, notifications must be made to law enforcement and NCMEC. Additionally, notification is required to the Tribe when we know, or have reason to know, the child or young adult is an Indian child. Maintain regular communication with LEA, NCMEC and the child or young adult's Tribe about recovery efforts. The following includes information about how to notify and what information to share:

- **Report to law enforcement agencies (LEA).** The caseworker must ensure the information on the missing child or young adult is reported to law enforcement within 24 hours. Federal law requires law enforcement take a report on a missing child; there should be no wait time to take the report.
  - Always contact LEA 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, still contact NCMEC.
  - Document in a case note in OR-Kids the date and time of the reports, the report numbers, the information provided and the name and contact information of the persons taking the reports.
  - If the resource parent or other caregiver made the report to LEA and was unable to provide the report number, contact LEA to obtain the information.

- Report to National Center for Missing and Exploited Children (NCMEC). As outlined in OAR 413-080- 0053, the caseworker must ensure information on the missing child or young adult is reported to NCMEC within 24 hours. Providing required information to NCMEC, including the child's photograph, does not violate ODHS confidentiality rules.
  - In some circumstances, such as after hours, the resource parent or other caregiver may have already made the report to NCMEC. When the resource parent or caregiver has already made the report, the caseworker is still required to contact NCMEC and provide the information listed in the following section.
  - Report to NCMEC by either calling the hotline number, 1-800-THE-LOST (1-800-843-5678) or completing the form on the website (https://report.cybertip.org).
  - Document in a case note in OR-Kids the date and time of the reports, the report numbers, the information provided and the name and contact information of the persons taking the reports.

- **Information, if available, to Provide to LEA first and then NCMEC:** (Missing information should not delay making the report.)
    - Case worker information including name, agency name, relationship to child, phone number and email address.
    - Child's full name and any aliases.
    - Date child went missing.
    - City and state from where the child went missing.
    - A recent photograph of the child or young adult (if available).
    - A physical description, such as height, weight, sex assigned at birth, ethnicity, race, hair color, and eye color to also include tattoos and piercings, what they were wearing when seen last, and a description of personality traits.
    - Information about the child or young adult's routine, friends, activities, social media presence, mental and medical health conditions, behavioral issues, potential locations, including any recent changes in their life.
    - Endangerment information, such as the child or young adults' pregnancy status, prescription medications, suicidal tendencies, vulnerability to human trafficking (includes sex and labor trafficking), and other health or risk factors.
    - The most recent court order that grants custody to ODHS, if applicable.
        - It is recommended to consult an AAG, if possible, to ensure any confidential information about other parties is appropriately restricted or redacted. The department may not disclose information protected under HIPAA unless authorized.
        - A child's Tribal membership or ancestry information is confidential. This information may only be shared with law enforcement and NCMEC after consultation with and approval of the Indian child's Tribe.
- Report to the child's Tribe immediately when we know or have reason to know that the child or young adult is an Indian child. Tribes have independent rights and responsibilities to:
    - Participate in locating and supporting their member or eligible child
    - Coordinate with Tribal law enforcement, LEA and community resources
    - Ensure culturally appropriate safety planning
    - Exercise jurisdictional and legal rights under ICWA/ORICWA

Other Notifications

In addition to the required reports to LEA, NCMEC and the child's Tribe, the case worker must notify the court and legal parties to the case unless notification may jeopardize the safety of the child or young adult or interfere with an investigation. The timing of the notification is determined by whether the information was obtained during typical work hours or afterhours, on the weekend or holiday. The court and legal parties have a right to know of the missing child or young adult during the next business day.

When the child or young adult is in the custody of the department, notification to MARC@odhsoha.oregon.gov must also occur. This alerts the medical team that the child or young adult is missing and allows them to lock their current enrollment. The notification email must include the child's full legal name, case number and when the missing status began.

Staffing Requirements

If, after completing the report and notification requirements, the child or young adult is believed to be in imminent danger or the child or young adult 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 discuss and document the following:

- Identify protective factors and vulnerabilities of the child/young adult.
- Identify individuals already contacted and others who should be contacted.
- Discuss potential reasons for the child or young adult to be missing.
- Consider whether a Media Alert is needed.
- Staff with an AAG to discuss requesting a court hearing and/or ODOJ investigatory support. Investigators with ODOJ may be helpful in locating missing children or young adults.
- Review ongoing strategies and efforts to determine the child or young adult's whereabouts.
- Review updated information from LEA, NCMEC and Tribe (if applicable). Determine if any new or updated information needs to be provided to LEA and/or NCMEC and/or the child's Tribe for continued search efforts.
- Determine what additional steps may be taken to find the child or young adult; and
- Develop a placement plan for when the child or young adult is located.

If we know or have reason to know that the child or young adult is an Indian child, staffing must also include the Indian child's Tribe and Regional ICWA Specialist. During the staffing:

- Review Tribal contact status and any information provided by the Tribe.
- Identify whether Tribal law enforcement or community resources may assist with locating the child or young adult.
- Document all Tribal contact efforts and guidance received within OR-Kids.

Determine If a Media Alert Is Needed

The decision to compromise a child or family's privacy must be weighed carefully. A missing child or young adult may be at an elevated risk of danger if they are not located as soon as possible due to the circumstances surrounding their disappearance. A Media Alert is tool that may be considered after or at the same time with other efforts to locate the child.

- The media alert process may not be used initiate face-to-face contact with a child or young adult during a CPS assessment.

The criteria to determine if a child or young adult is at an elevated risk of danger includes one or more of the following:

- Their age or developmental stage prevents them from managing their own safety.
- Concerns they have been a victim of a crime (e.g. kidnapping, etc.).
- Current suicidal ideation.
- Mental, cognitive or behavioral disabilities that impact their ability to judge risks to their safety.
- Current unmanaged substance use.
- Multiple indicators of human trafficking (Refer to Chapter 2, CSEC).
- Medical/medication needs that if unmet impact their immediate safety or survival.
- Any other circumstance and/or condition that indicates an elevated risk of danger to the child or young adult's safety.

Procedure for Media Alert

If it is determined by the caseworker and supervisor a media alert is needed based on the criteria above, they will staff the case with the program manager. If the program manager approves of the use of a media alert, the caseworker or supervisor will take the following steps:

- Utilize the Media Alert Protocol on the CPS Resources OWL page.
- Gather information about the child or young adult for purposes of completing the Media Alert request form (located in the protocol) including:
    - Legal first, middle and last name
    - Preferred name
    - Age
    - Height
    - Weight
    - Hair color
    - Eye color
    - Specific identifying characteristics (e.g., visible birth marks, tattoos, etc.)
    - Law enforcement agency and report number
    - NCMEC report number
    - Last known location
    - Date missing
    - Suspected or frequented locations (e.g., town, county, area of a city, "skate parks in NE Portland", shopping areas, etc.).
        - Do not include the address of a resource home unless an exception under OAR 413-200-0298

exists.

- Do not include hotel names as this might endanger a trafficked child or young adult. Instead, provide cross street names (e.g., 82nd and Sandy St. Portland).
- Please be mindful of the child or young adult's needs and history. Will an LEA presence cause the child or young adult to escalate or run in an unsafe way? What is best?

- Locate the most recent and high-quality photos.
- Determine whether the child or young adult's pronouns require disclosure. There may be circumstances where disclosure of SOGIE information could be necessary and meet a disclosure exception, it should not be assumed to be disclosable in all cases of missing children. The analysis for disclosure should be done on a case-by-case basis by a supervisor in consultation with an AAG.

NOTE: At no point should the communication include information that identifies the child as a person in foster care. Including this information can inadvertently increase the risk of harm to the child and may constitute a breach of privacy or confidentiality. Additionally, a child in care who has known or suspected victimization from human trafficking may be further at risk if the abuser becomes aware of the location efforts.

Search Efforts and Methods

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.

- **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:
  - Searching the last place they were seen.
  - Going to the child's or young adult's school.
  - Going to the homes of their friends.
  - Checking regular hang outs and any place they frequent and leaving messages at these places.
  - Going to emergency shelters or houseless youth programs.
  - Searching the immediate area where they were last seen.
  - Checking with juvenile detention and jails and notifying the juvenile department if on probation.
  - Checking with hospitals; and
  - If they are a victim or at risk of being a victim of human trafficking, consulting with the Human Trafficking Coordinator.
  - If we know or have reason to know that the child or young adult is an Indian child, staff must consider whether the child may be on Tribal land or in a Tribal community. In these situations, contact the child's Tribe and coordinate with Tribal law enforcement or Tribal authorities.

While it is important to physically look for the child or young adult, who should be looking depends on the situation, including the places to be searched. In most circumstances, various people will have a role in looking for the child or young adult.

Use LEA 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 the person exploiting them. When a child or young adult is missing, collaborate with individuals the child or young adult considers to be trustworthy so, if located, they are more likely to listen and agree to return home.

- **Looking on the internet and social media.**
  - Remember to check 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.
  - Ask friends if the child or young adult has other social media sites under aliases or fake names.
  - If the missing child or young adult is a victim, or at risk of being a victim, of human trafficking, refer to current DAS policy 107-004-110 Acceptable Use of State Information Assets and obtain authorization prior to checking restricted websites such as known escort sites and ads. If LEA is involved, consider partnering to complete this search. When information is gathered, or observations are made, that indicate a child or young adult may be a victim of sex trafficking, the caseworker must comply with OAR 413-080-0062.
  - Google the child or young adult's phone number to determine if it is included in an ad.
  - If there is an urgent reason to, social media sites may be contacted for an IP address to help locate the child or young adult.
- **Using the phone.**
  - Call and text the child or young adult's phone number or have someone they trust call from their phone.
  - Use the child or young adult's phone's GPS to try and determine a location.

Contact Individuals Close to the Child or Young Adult

Looking for the child or young adult includes reaching out and maintaining contact with those who know them well. These individuals may be critical for locating the child or young adult. Likely these individuals have information about what led to the child or young adult being missing, where and with whom they might be staying. These individuals are also potential resources to help look for the child or young adult.

These people may include:

- Parents, siblings, and other relatives.
- If the department has reason to know that ICWA/ORICWA applies, contact and work with all Tribes that the child may be a member (or eligible for membership). Contact the Office of Tribal Affairs for additional guidance and support.
- Resource parents and/or respite providers.
- Neighbors and the landlord of their last known address.
- Close friends and classmates, including any known intimate partners.

- Teachers, counselors, and other school personnel from the school they last attended or other schools they attended if there is knowledge that they had a close relationship with persons at that school.
- Employer and coworkers where they were employed.
- Other department staff such as former caseworkers.
- Mental health providers.
- Attorney.
- CASA.
- Probation or parole officer.
- Advocate or case manager.
- Missing and houseless 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 LEA and the NCMEC case manager to provide any new information on the child or young adult's possible whereabouts and to receive updates on efforts to locate them.

Assemble a Team

When attempting to locate the child or young adult, gather individuals who can provide guidance on how to locate them. This may include a family decision meeting or using an existing group such as a county Multidisciplinary Team. When the missing child or young adult has sporadic contact, the team can help plan to convince them to return or reduce the harm to the child or young adult while they are missing.

Depending on the reason for the child or young adult being missing or the individual's experiences, the team may include:

- Parents, siblings, relatives, and other natural supports.
- Professional support who are connected to the child e.g. therapist, teacher, mentors, probation officer.
- Shelter or treatment providers.
- Other persons as appropriate to support the family and location of the child or young adult.

When meeting, consider the following:

- Protective factors and vulnerabilities of the child or young adult.
- Information already gathered or still needing to be gathered.
- Potential reasons for the child or young adult to be missing.
- Strategies and efforts to locate the child or young adult including issuing a media alert.

- What steps to take when the child or young adult is located.

When the missing child or young adult is a victim of or is at risk of human trafficking, it is important to refer the matter to the county specific trafficking MDT. When a human trafficking MDT would be beneficial and there is not one already existing in the county, include individuals representing the entities above that have experience working with victims of human trafficking. If the expertise is not readily available in the county, reach out to another local office, the statewide Human Trafficking Coordinator, or district child safety consultant for assistance in locating expertise outside of the county.

Document Efforts to Locate the Missing Child or Young Adult

As outlined in OAR 413-080-0053, the caseworker must continue to document the following in the Child Welfare electronic information system:

- Efforts made to locate the missing child or young adult.
- Efforts to address the primary factors that contributed to the missing status of the child or young adult.
- Reports to LEA and NCMEC, including report numbers from each; and
- Notifications to parents, guardians, if applicable, Indian custodian if applicable, and caregivers, the court, the attorney for the child or young adult, the attorneys for the parents, guardians, Indian custodian, CASA and the Indian child or young adult's Tribe.

In OR-Kids case notes, select the case note type "missing child/young adult" located under the categories of CPS assessment or case management. Document the following information at least monthly until the child or young adult is located:

- Continued communication and collaboration with the Indian child's Tribe.
- Continued efforts to locate (places searched, individuals contacted, family team meetings, dates of meetings held, information gathered, websites checked, and continued progress consultation with LEA, NCMEC and the child's Tribe, if applicable).
- Contact with the child or young adult.
- Any additional information related to the child's or young adult's safety, health, or whereabouts.
- Revisit the Determination of Sex Trafficking Victim Status page and add any additional information that has been obtained (See Section 19 of this Chapter).

When the Caseworker Has Periodic Contact with a Missing Child or Young Adult

The caseworker may be contacted by a missing child or young adult and determine they, at the time of the contact, are not willing to return to an approved placement.

- **"Missing"** means that the child or young adult is absent from an approved placement and their whereabouts are unknown.

- **"Located"** means a caseworker has discovered the exact place of a missing child or young adult and has made physical contact with them in the place where they are living.

When a child's or young adult's location is known, and they are unwilling to remain in an approved placement the caseworker may still be able to engage them and begin gathering information. 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 them there is someone who cares about them and wants them to be safe. They may feel great about their life one day and then be scared or hurt the next day. If a caseworker calls when they need support, it can make a big difference in how they view ODHS or the plans ODHS may make. It is important to encourage them to return to the approved placement every time the caseworker has contact.

Engagement by Caseworker

Attempt to gather the following information from the child or young adult:

- **Ask them how they are doing and if are they safe.** Inquire about their well-being including if they are eating and if they are getting their prescriptions and medical needs met.
- **Ask them their location.** Is it safe and are they willing to share where they are staying? If so, ask to meet them in the environment they are staying.
- **Ask who they may be with.** Are the individuals willing to speak with the caseworker or another member of the child's or young adult's team?
- **Ask whether they are attending school and where.**
- **Ask whether they are employed and where**; and
- **Any contact they have made with family, friends, providers, etc.**
    - Might these people be willing to be a resource or have connections to a resource that can be certified?
    - If the caseworker gathers information that may assist in locating the child or young adult, the information should be shared with LEA and NCMEC.

Actions to Take When a Child or Young Adult is Located

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 circumstance in a case controls the order in which each action occurs.

When an Indian Child is Located

- When the child or young adult is a resident or is domiciled on a reservation, the department must immediately contact the designated Tribal representative prior to making any contact with the child or young adult. ODHS must work with Tribal representative to formulate a contact plan.
- If the child is a resident or is domiciled on a reservation with exclusive jurisdiction, ODHS may not enter the

reservation without express permission from the Tribe.

- If the child or young adult is in imminent physical danger or harm the department may place the child into emergency protective custody in consultation with the Tribe. When taking emergency protective custody of an Indian child, the department must immediately contact any Tribe of which the child is or may be a member.
- If the child or young adult is a resident or domiciled on a reservation outside of Oregon immediately contact the Tribal representative prior to contacting the child or young adult to discuss the contact plan and next steps.
- If the reservation that the child or young adult is located on is not the child or young adult's Tribe, the department must immediately contact the Indian child or young adult's Tribe to discuss the contact plan and next steps.

Return the Child or Young Adult to a Safe Placement

Before making face-to-face contact, gather as much information as possible from the child or young adult about their current living situation or where they are staying to assess potential worker safety concerns.

- If there are safety concerns, consider the location and circumstances and collaborate with LEA for assistance prior to making face-to-face contact with the child or young adult. For example, when the child or young adult is with someone who may pose a danger to them, has a known trafficker or exploiter who may be present, or when it is in the best interest of the child to minimize the number of interviews conducted and LEA & ODHS can gather information about exploitation at the same time.
- If there are no worker safety concerns identified, make face-to-face contact with the child or young within one calendar day, in the environment where they are living or staying.
- Consider the relationship with the child or young adult, including how long the caseworker has known them and the level of trust developed.
- Consider if there is another person the child or young adult trusts who can make contact along with the caseworker.
- Arrange transportation for the child or young adult to return if they are out of town but still within the state of Oregon.
- When a child under the age of 18 in the legal custody of the department is in another state and has an open runaway report, the Interstate Compact for Juveniles (ICJ) applies. If child is detained, by law, the caseworker needs to contact the ICJ coordinator at the Oregon Youth Authority, 503-373-7569 to discuss the out of state legal proceedings and arrange next steps. The ICJ coordinator helps obtain the correct court order and communicates with the holding state. If the ICJ coordinator is unable to be contacted, consult with your supervisor about next steps. If the child is not detained and contacts the caseworker from out of state to request assistance, staff with a supervisor and consult with ICJ Compact Administrator. They can help determine if the child is agreeing to return to Oregon and whether the runaway report should be cancelled.

Once contact with the child or young adult is made:

- Express relief and concern for the child or young adult.

- Ensure the child or young adult knows ODHS is committed to providing them with a safe place to sleep every night.
- Replace needed clothing or personal items.
- Schedule a Youth Decision Meeting (YDM) to develop a plan to support the child or young adult.
- Obtain a recent photo of the child or young adult and upload that photo into the OR-Kids file cabinet, General Documentation>Photo if there is not an up-to-date photo already available. Even though the child or young adult was located, it is important to be prepared should they go missing again in the future.
- Take steps for the child or young adult to resume school.
- In determining whether to return a child or young adult to the last placement they were 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.
    - Add any additional information gained to the Determination of Sex Trafficking Victim Status Page including factors contributing to the child or young adult leaving the placement. The determination of whether a child or young adult is a sex trafficking victim or at risk of being a sex trafficking victim is documented in the Identification of a Sex Trafficking Victim and documented in The Determination of Sex Trafficking Victim Status Page is located under the "TX" icon or treatment planning button in OR-Kids and is saved there. For details about how to make the determination, see Section 19 of this chapter.
- If there is a pattern of the child or young adult being missing from their placement or they indicate they will not accept any placement selected by the department, the worker should discuss with the child or young adult where they want to live and consider:
    - Reunification with the child or young adult's parent(s). If they express a desire to live with their parent, the caseworker should assess the current safety threats and conditions for return to determine when reunification is possible.
    - A particular relative with whom the child or young adult is comfortable. The requirements for a certified relative placement must be met to place them with that relative.
    - A former caregiver or another adult with whom the child or young adult has formed a relationship and with whom they express a desire to be placed. Again, all certification requirements must be met to place them with that adult.
    - Self-Selected Environment. The caseworker must evaluate whether their current environment meets the criteria for a self-selected environment and complete required staffing while the caseworker continues to make every effort towards the child or young adult residing in an approved placement.
    - Youth Transitions services. While not a placement, these services have associated housing programs. If the child or young adult is considering Youth Transitions services, determine if they are eligible and appropriate for these services.

By attempting to limit trauma to the child or young adult and increase their connections with supportive people, they will

be more likely to move forward in making progress toward a stable adulthood.

Evaluate Medical Needs

When located after any length of time, have the child or young adult seen by a medical provider (Emergency Department, Urgent care) immediately if they exhibit any of the following:

- Obvious/suspected physical injuries
- Mental health crisis
- Disclosed/suspected sexual assault
- Obvious/suspected under the influence of drugs and/or alcohol
- If none of the above apply, they need to be seen by their Primary Care Provider (PCP) at the soonest available appointment.

The caseworker can consult with Health and Wellness Services Program Manager or designee regarding any medical or medication concerns. Caseworker can submit a ODHS Nurse Referral through Personal Care by emailing PERSONAL.CARE@odhsoha.oregon.gov. An ODHS Field Nurse will be referred to complete a Nursing Intake assessment.

Notifications When a Child or Young Adult Is Located

When the child or young adult is located, the caseworker must ensure this information is shared within one business day with those who were informed that the child was missing. If the child or young adult is located after business hours the timeline for completing these notifications begins on the next business day. At a minimum the notifications include:

- LEA and NCMEC of the child or young adult's recovery and circumstances related to the recovery.
- The court and all legal parties.
- If the department knows or has reason to know that ICWA/ORICWA applies, notify the Indian child or young adult's Tribe.
- The ODHS medical team at MARC@odhsoha.oregon.gov. This alerts the medical team that the child or young adult has been located so they can remove the lock status, allowing for updated enrollment. The notification email must include the child's full legal name, case number and when the missing status began.

Gather Information

The caseworker should make face-to-face contact with the child or young adult within one business day 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:

- The primary factors that contributed to the missing status of the child or young adult and, to the extent possible, address them;
- The child's or young adult's experiences when missing; and

- If the child or young adult is a human trafficking victim or at risk of being a sex trafficking victim, using the Determination of Sex Trafficking Victim Status Page (See Section 19 of this Chapter).

The information to make the above determinations 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.

Additional information gathered includes:

- Contact information for the child or young adult.
- If there are adults the child or young adult trusts and would return to or speak to.
- What the child is looking for in a placement or at home (using motivational interviewing if possible); and
- The future. What are the child or young adult's goals and hopes?

Ensure information is gathered in a developmentally appropriate manner, considering the following:

- Age and developmental stage of the child or young adult.
- Mental and physical health of the child or young adult.
- Best person to gather information; and
- Ways to continue to gather information by being in contact more than usual (daily, weekly, etc.).

Note: Ongoing conversations about the future are important, especially when present life is difficult. Asking a child or young adult what they want their life to be like in five years, where they want to go regarding education, getting a driver's license, etc., can be important. A child or young adult might want to look at school placements even though they do not want to live in foster care. Ask them about their hopes and dreams. Let them know they are supported in achieving their goals.

Use of 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. Even if the child or young adult has a different caregiver when they returned, the circumstances that led to the child being missing may be addressed in the new environment.

When the caseworker knows what happened when the child or young adult was missing, the caseworker should consider sharing this information either in a family meeting or with the MDT after seeking permission from the child or young adult. This can inform how to best support the child or young adult and prevent them from going missing in the future.

Determine if the Ongoing Safety Plan needs to be modified and whether the services provided to the child or young adult continue to be sufficient.

Develop a Prevention Plan

When a child or young adult was missing due to having runaway, consider developing a supportive prevention plan to

address the factors the child or young adult identified as contributing to them leaving the placement and document those factors on the Determination of Sex Trafficking Victim Status Page. See Form 0484, Run Prevention Plan for a template.

In OR-Kids, document the case note type "missing child/young adult" located under the categories of CPS assessment or case management. The following information must be documented as outlined in OAR 413-080-0053 when a child or young adult missing from substitute care is located:

- The primary factors that contributed to the missing status of the child or young adult.
- Any actions taken to address the primary factors that contributed to the missing status of the child or young adult.
- The child or young adult's experiences when missing; and
- The determination of whether this child or young adult is a human trafficking victim or at risk of being a trafficking victim (See Section 19 of this chapter).

The Use of a Self-Selected Environment for a Child or Young Adult

When a child or young adult aged 14-20 is not in a certified or approved placement and remains in ODHS custody, and/or has been located after a period of being missing, the caseworker has the option of designating the living arrangement as a self-selected environment. Self-selected environment is a living environment selected by a child or young adult, that is not an approved ODHS placement.

Note: Children and/or young adults in a Self-selected environments are not "missing" because their whereabouts are known.

- Self-selected environment is a tracking tool used to differentiate children ages 14 or older who are missing from their approved placement and their whereabouts are unknown, from those whose whereabouts are known.
- ODHS must not place a child or young adult in its legal custody in a setting that is not approved. This includes out-of-state placements which must have ICPC approval.
- Self-selected environment is also not used in a living arrangement with a legal parent or guardian or resource parent.

After following the procedure for when a missing child or young adult is located but prior to selecting Self-Selected Environment for a child or young adult, the caseworker must take the following steps:

- Observe and assess the safety of the living arrangement of the child or young adult as soon as face-to-face contact is made.
- If we know or have reason to know that the child is an Indian child, immediately consult with the Indian child's Tribe and the Office of Tribal Affairs.
- Offer the child or young adult an approved placement. If the child or young adult is not willing to reside in the available approved placement, the caseworker must continue to make efforts toward identifying and providing

an approved placement the child or young adult will accept.

- Determine and address the primary factors that contributed to the child or young adult being in the environment.
- Assess the barriers to the child or young adult returning to their parent or residing in an approved placement.
- Ask the child or young adult about their experiences in their current environment:
    - What does the child or young adult like or what appeals to them about the environment?
    - How does the environment make them feel safe?
    - How are their basic needs being met?
    - Anything about their current environment that makes them feel unsafe or uncomfortable?
- Consult with Health and Wellness Services Program Manager or designee regarding any medical or medication concerns.
- Consult with the Child Welfare Americans with Disabilities Act (ADA) Coordinator and, if applicable, the Developmental Disabilities Services (DDS) case manager if the child or young adult has a disability or is eligible for DDS.

If there is a determination Self-selected environment may need to be used because the child or young adult will not agree to an approved placement and initial information has been gathered about the environment in which the child or young adult is selecting to live, the caseworker is required to staff, at a minimum, with their:

- Program Manager
- Permanency and/or Safety Consultant
- Supervisor
- Foster Care Coordinator, Certification worker, or Certification supervisor, if applicable
- If it is known or there is reason to know that ICWA/ORICWA applies and the self-selected environment is outside of ICWA/ORICWA or Tribal placement preferences, the caseworker includes the Office of Tribal Affairs to meet the requirement of a good cause staffing.

During the staffing, discuss:

- Why a Self-selected environment in the best interest of this child or young adult.
- Any existing and/or potential needs of the child or young adult including safety and well-being and how those needs will be addressed.
- Efforts to locate an approved placement the child or young adult will accept.
- The plan for continued contact with the caseworker and child or young adult's team.
- Impacts the use of Self-selected environment may have to permanency planning for the child or young adult.
- Identify the barriers to certifying the Self-selected environment. Can those barriers be overcome?

- Document the initial and subsequent staffing in case notes in OR-Kids.

After the initial staffing to use a Self-selected environment, the caseworker must take the following steps:

- If the child or young adult was previously Missing/Runaway, discontinue the run report with LEA and withdraw the missing child report from NCMEC.
- Notify, as soon as practicable, the parent(s), the court, and legal parties that the child or young adult's whereabouts are known, and they are in a Self-selected environment.
- Collaborate with the child or young adult and/or their team, including all supportive adults, child's attorney, CASA, other parties to the case and, if applicable, the child or young adult's Tribal Representative, to update the Ongoing Safety Plan and/or Comprehensive Transition Plan to include:
    - A plan to maintain monthly face-to-face contact between the caseworker and the child or young adult.
    - Contact information for the child or young adult and all adults connected with them, including school personnel, community partners, service providers, relatives, and any applicable others.
    - A plan for the child or young adult to be contacted on a weekly basis by their team members.
    - A plan to meet the child or young adult's basic needs such as education, nutrition, medical, clothing, etc.

Schedule of review staffing no more than every 90 days for the duration the child or young adult is in a Self-selected environment.

If there are any of the below concerns for a child or young adult, document the concerns and the plan to manage safety in the Ongoing Safety Plan.

- Threats have been made against the child or young adult
- Suicidal ideation
- Mental health conditions
- Behavioral disabilities
- Intellectual or developmental disabilities
- Substance use
- Human trafficking (utilize the Determination of Human Trafficking Victim status page and consult with Human trafficking consultant)
- Extreme medical/ medication needs

In OR-Kids, open the placement service type: **Other Substitute Care - Youth in Self-Selected Environment** (for placement service code use Provider # 110299, Dept. of Human Services).

- While the default provider for this service uses the 500 Summer St. address in Salem, that location can cause issues for the child or young's medical coverage through their local Coordinated Care Organization (CCO). Therefore, following the placement entry, please navigate to the child or young adult's Person Management

Page/Address Tab and edit the address to reflect the correct physical location. This will ensure continued accurate CCO coverage.

In addition to the above, for a child or young adult ages 16 – 20 in a Self-selected environment, if it has been determined the child or young adult is in a safe, supportive environment, consider the following questions:

- Does the child or young adult possess the skills, knowledge, and ability to live independently in the community?
    - If no, could the child or young adult live independently in the community with adult supports and funding from the Department?
    - If yes, is the current placement willing to be that supportive adult(s)?
- Is the child or young adult willing and able to reside successfully in a semi-supervised independent living (SIL) setting?
    - If it has been determined the child or young adult could be successful in a semi-supervised independent living setting, discuss with the child or young adult:
        - Is the current living environment a place where they will be supported with their transition plan goals for education, employment, transportation, health, housing, healthy relationships, and community connections?
        - Is the child or young adult planning to be productive while in the SSE?
        - Is the child or young adult interested in participating in a Supervised Independent Living program (IL Housing Subsidy or Transitional Living Program)? If yes, see Chapter 5, Section 29 for further instructions on accessing the IL Housing Subsidy Program.
- For a young adult ages 18-20, consider staffing with the Department of Justice Assistant Attorney General to determine whether dismissal is appropriate.

Documentation of Self-Selected Environment

For the duration the child or young adult is in a Self-selected environment, the caseworker must continue to have monthly face-to-face contacts with the child or young adult and make efforts to have the child or young adult placed in an approved placement. These efforts must be documented in as part of the monthly face-to-face contact case note in OR-Kids.

Efforts to document include, but are not limited to:

- Exploration of possible connections, placements, and supports.
- Confirmation of continued safety in the current Self-selected environment.
- The child or young adult's needs such as mental health, medical, education, nutrition, etc.
- The child or young adult's response to efforts made.

If at any point there is a determination that the Self-selected environment is not safe and there is present danger (significant, immediate, and clearly observable), the caseworker must:

- Immediately offer the child or young adult an approved placement.
- Call LEA and NCMEC to initiate new reports.
- Staff with a supervisor to determine next steps.
- Notify, as soon as practicable, all parties and the child or young adult's team that the Self-selected environment is no longer an option for the child or young adult.
- When there are no immediate approved placements available, staff with the CW Program Manager to determine if a Temporary Lodging Prevention Staffing is necessary.

Substitute Care Payments When a Child is Missing or in a Self-Selected Environment

Authorize base rate payment to the substitute caregiver for 14 days or less following the date the child or young adult was determined missing when the following two criteria are met:

- The plan is for the child or young adult to return to the same substitute care placement; and
- No other substitute caregiver is receiving a maintenance payment for the child or young adult.

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 child or young adult returns on day eight or nine, and returns to the same substitute caregiver; or
- 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.

Court Hearings

Permanency hearings, review hearings, and Citizen Review Board (CRB) reviews will continue as scheduled when a child or young adult is missing or in a Self-selected environment.

Reports to the court and CRB include documentation on the agency's efforts to locate the child or young adult if missing and/or efforts to place the child or young adult in an approved placement if in a Self-selected environment.

The child or young adult's legal parents, guardians, or, if applicable, Indian Custodian continue to receive notification of the hearings and reviews.

If we know or have reason to know that the child is an Indian child, notice of all hearings and reviews must be provided to the child's Tribe(s) or Tribal representative. The notice must be made prior to the hearing as required by ICWA/ORICWA notification requirements.

References

Forms

Return Child Debrief: https://apps.state.or.us/Forms/Served/ce0485.doc

Run Prevention Plan: https://apps.state.or.us/Forms/Served/ce0484.doc

OARs

OAR 413-040: Substitute Care Placement Reviews

OAR 413-080: Monthly Contact and Monitoring Child and Young Adult Safety

OAR 413-090: Substitute Care – Payments

OAR 413-115: Application of the Indian Child Welfare Act (ICWA) and the Oregon Indian Child Welfare Act (ORICWA).

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: Infant with Prenatal Substance Exposure

Infant with Prenatal Substance Exposure

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 use 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.

Parental 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. The impact of prenatal substance exposure depends on several factors, including the frequency, timing and type of substances used. Because infants with prenatal substance exposure 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 an infant with prenatal substance exposure and the infant's family,

focused on meeting health needs and substance use 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. "Infant with prenatal substance exposure" means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth. This includes any of the following circumstances:

   A. There is credible information the parent who gave birth used substances during the pregnancy or at the time of birth;

   B. Prenatal substance exposure is determined by a positive toxicology screen from the infant or the parent who gave birth at delivery; or

   C. An infant whose health care provider has identified 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.

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 working with an infant with prenatal substance exposure.

Procedure

When working with an infant with prenatal substance exposure 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; infant's sleep environment).

V. Outcomes monitoring (e.g., sustaining long-term recovery, improved functioning).

Plan of Care

When a child is identified as an infant with prenatal substance exposure, 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. Sometimes plans of care are referred to as plans of safe care or family care plans.

Procedure

I. **What does a Plan of Care include?** The Plan of 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 Care?** Developing a Plan of 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 an infant with prenatal substance exposure 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. Whenever a plan of care is developed or updated, be sure to upload a copy to the OR-Kids file cabinet under Health Record -> Plan of Care.

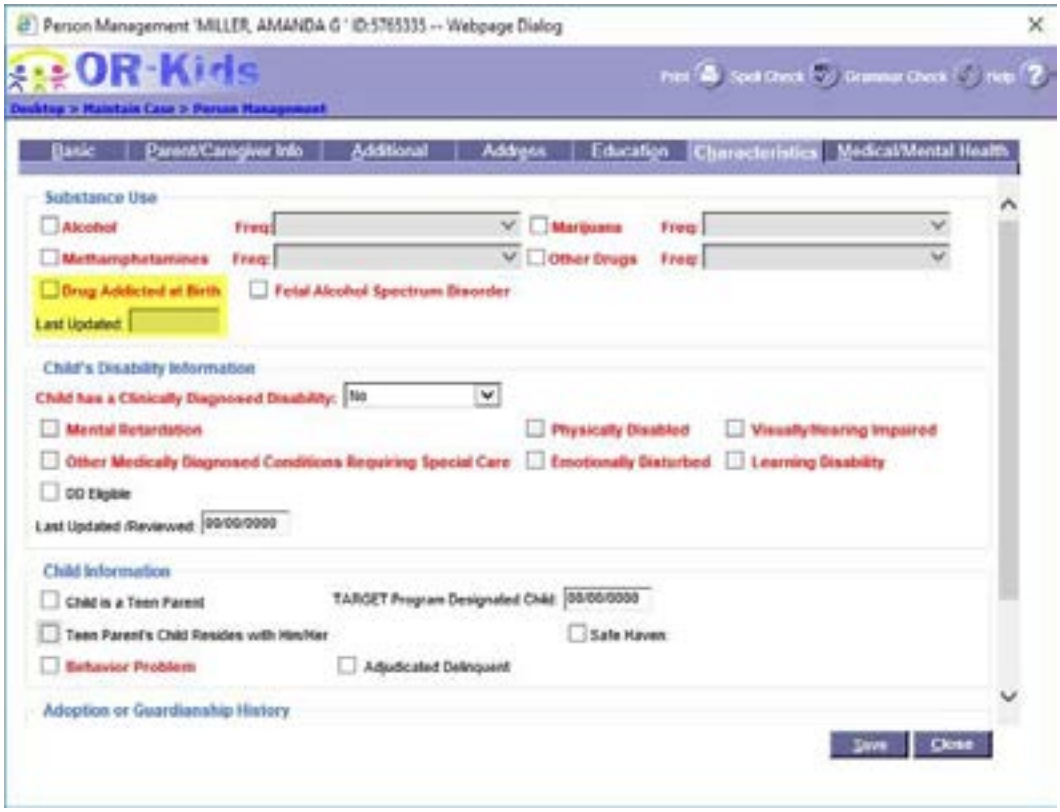
Identify the Child as an Infant With Prenatal Substance Exposure in OR-Kids

Identifying infants with prenatal substance exposure 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 an infant with prenatal substance exposure (a change request has been submitted to change the title of the box).



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

Chapter 4

Section 21: All About Me Book Procedure

1. Procedure Statement

This procedure was developed from the work of Richard Rose.

All children and young adults who are placed in the care and custody of ODHS Child Welfare should have an All About Me Book which will give the child or young adult a realistic and honest account of their circumstances, history, identity, and age appropriate understanding of the reasons why they are in care. All About Me book documentation should follow the child or young adult to every placement and be updated with a new chapter every six months. A chapter is defined as a completed template of approximately 24 pages. Pages will be reviewed and added to throughout the time they are in care. All About Me Books capture a snapshot in time of the child or young adult's likes, dislikes, friends, activities, and interests. All About Me Books are a useful engagement tool for caseworkers and other team members working with the child or young adult and bring an easy and fun approach to conversations that are already occurring during face-to-face contacts. Information gathered to develop and/or add to a child or young adult's All About Me Book will be stored in a safe place to protect the child or young adult's confidentiality. All About Me Books are different than Life Story Books as they capture a snapshot in time. Life Story Books are more comprehensive and are used as a different resource for permanency cases, especially Adoption and Guardianship cases. All About Me Books can be incorporated into the creation of a Life Story Book. Resources specific to Life Story Book Work can be found in the appendix of this procedure.

2. Purpose of the Procedure

All About Me books are an integral part of a child or young adult's journey in care. They are an important engagement tool for the caseworker and can be useful to the child or young adult's team to promote reunification or another permanent plan. All About Me Books tell the child or young adult their story. The work is intended to help children or young adults in care make sense of their situation; it should attempt to answer the following questions:

- Who am I?
- Who are my parents? Who are my adoptive parents? (if applicable)
- Who are my relatives and siblings?
- How did I get here?
- Where am I going?

As well as ensuring the child or young adult:

- Has a better understanding of who they are and their life journey;
- Increases their sense of self-worth;
- Refreshes their memories;
- Understands why they are not living with their birth parents
  *If child or young adult was raised by another caregiver, why are they not living with that individual?
- Understands information about their identity, race, culture, heritage, family origin and ethnicity.

Consideration needs to be given regarding how the child or young adult's telling of their life will be compiled and which

approach is considered the most appropriate. For example, a child or young adult may choose to complete their entire All About Me Book electronically. The creation process will clearly depend on the child or young adult's age and stage of emotional development, individual circumstances, and their ability to engage with the process. Specific factors including spiritual and cultural background, identity, disability, specific educational needs, or a combination of all those listed will be relevant.

There will be occasions when the child or young adult may not, for a variety of reasons, be able to participate or engage with the All About Me creation process. The caseworker will need to ensure that information is gathered for future use with the child or young adult.

A child or young adult may have a completely different understanding of what has taken place in relation to the facts of their history. The purpose of the work to create the All About Me Books is to try and ensure that they ultimately have an accurate understanding of what has happened to them. How this is achieved will need to be agreed upon and reviewed. A child or young adult may not be ready or capable of understanding or accepting past events. It is important to assess timeliness, risk, and impact of such information being given/received by the child or young adult.

3. What is an All About Me Book?

Making an All About Me Book is more than creating a photograph album with identifying sentences giving dates, places and names. Each book will be a snapshot at that episode in time that captures the child or young adult's life in words, pictures and documents. All About Me Book creation is an opportunity to explore emotions through play and conversation. The child or young adult is an active participant in the creation of their book. Therapists may use All About Me Books in counseling.

An All About Me Book should:

- Keep a chronological record as much as possible of a child or young adult's life; inclusive of details of their family and history;
- Provide a basis on which continuing All About Me Book chapters can be added to;
- Be something the child or young adult can return to when they need to explore old feelings and clarify and/or accept the past;
- Increase a child or young adult's sense of identity and self-worth;
- Provide a structure for talking to children and young adults about questions and confusing or painful issues;
- Provide positive information about the child or young adult's race, culture, heritage, ethnicity, language, identity and family origin.

4. Who Should Write/Compile the All About Me Book?

The overall responsibility for coordinating All About Me Book information and ensuring that this work is completed with the child or young adult is the responsibility of the caseworker. All About Me Book work asks caseworkers, parents, resource families, relatives, adoptive families, therapists, and residential facilities to agree on a plan about who will contribute what. When appropriate resource parents and relatives can help keep information regarding the placement and ensuring that this is kept up to date. They show it to the caseworker on a regular basis, on a minimum basis of every six months, but preferably monthly. The purpose is for adults to help the child or young adult create the book in an engaging way, not simply adult compliance with an item to be checked off a list.

It is recommended that the caseworker records, for future reference, why the child or young adult's placement in care is changing (positives and negatives) prior to them moving or shortly afterwards depending on circumstances. This will help to ensure continuity in the story for a child or young adult and prevent any gaps in their history.

A key objective of any child or young adult's placement will be to support education, achievement, and attainment. Education staff have a valuable role contributing information to a child or young adult's All About Me Book and the caseworker may ask school staff to supply appropriate information.

The child or young adult's own contribution to their All About Me Book to understand their life is crucial and must be encouraged and facilitated. Parents of children or young adults in care are also crucial in providing information and participating in the creation of this book. Parents can contribute pages to a child or young adult's book or participate in page creation alongside their child or young adult during contact.

5. How the Child or Young Adult's Team Undertakes the All About Me Book Work

All About Me Book creation will start at the beginning of a case. The goal is that a few pages are done each month, at least one completed by the caseworker during monthly face to face contact, to complete a full chapter every 6 months. These pages are simple and only take a few minutes of time on average. Caseworkers are already covering many of these topics during their conversations with children and young adults in their daily work. The collation of materials and items will be agreed upon between the caseworker, resource parent, relative, adoptive parent, and/or the child or young adult's family to ensure well-rounded coverage of their life. At six months into the time the child or young adult is in ODHS care, the caseworker will ensure that a complete All About Me Book chapter is finished. The caseworker will coordinate with appropriate members of the child or young adult's team to collect all pages and save the chapter in OR-Kids to ensure it is not lost. If during any interaction with the child, the child makes a statement about their sexual orientation, gender identity, or gender expression (SOGIE), follow procedure regarding the protection of that statement and information and comply with Chapter 1, Section 5 Confidentiality regarding inclusion and subsequent redaction of the child's statement from the All About Me Book and/or other documentation. For more information about Statements of SOGIE refer to Chapter 5, Section 41 Sexual Orientation, Gender Identity and Expression (SOGIE).

The direct work with the child or young adult will be carried out in a safe and secure environment where they feel comfortable. It should be completed with the person with whom they feel most safe and comfortable. The contributions to the All About Me Book must be led by the child or young adult. Children and young adults of different ages, abilities and disabilities may not be able to directly engage in the work, in such cases, caseworkers will need to think and work creatively to ensure that every child and young adult has a meaningful and accessible understanding of information about their life. **See Section 10 All About Me Book and Working with Children at Different Stages.**

Progress of the All About Me Book should be a regular agenda item at supervision between caseworkers and their supervisors. The supervisor will inquire about the All About Me Books throughout supervision to include during the 90 day staffings. The supervisor will continue to support the caseworker in effectively using this engagement tool throughout the life of the case. There may be occasions when the child or young adult will not be receptive or ready to engage in All About Me Book activities. This should not be pushed but postponed until an appropriate time – agreed upon by the caseworker and supervisor in consultation with the child or young adult's therapist if applicable. In these circumstances the caseworker will help to supplement information, so pieces of the child or young adult's story are not lost.

If professionals involved believe that a child or young adult requires therapy and that undertaking some pages of the All About Me Book would not be helpful at this stage then this must be taken into consideration however, it will not

necessarily prevent All About Me Book creation and work being undertaken and should not prevent the on-going collation of materials that will be used later.

All About Me Books focus on what is happening to the child or young adult now and often give indications of how children and young adults can move forward with support. The relevant people on the child or young adult's team who have a part in creating or contributing to the book should be made aware of the work being undertaken. This can occur through case planning meetings, visits to support resource families, and communication with relatives. If the resource parents, relatives, or adoptive family need to do work with the child or young adult as something arises, guidance should be obtained from the child or young adult's caseworker.

It is important that at each stage a child or young adult's case is transferred to another caseworker or unit and/or at the end of their period in substitute care a check is made about who has the All About Me Book information and where it is located, especially any hardcopy information. At the time of case transfer a case note must be recorded in the file to this effect in order to ensure that materials are not lost.

When the plan is for a child or young adult to be adopted, the caseworker who knows the child must write information to be realistic and sufficiently detailed so the child or young adult understands their life before adoption, why they could not remain with their parents, and why they are to be adopted. This information is placed in their Child Summary and in their Life Story Book, if applicable. It may also be included in the All About Me Book.

6. What Goes Into the All About Me Book?

The agency has provided templates for All About Me Book Chapters and the expectation is that a new chapter, approximately 24 pages, is completed every 6 months. These template pages include many of the topics listed below:

- Photos of Child or Young Adult
- Photos of Parents
- Information, Photos, and/or maps of places where the child or young adult lived;
- Photos of Relatives (include relationship to child or young adult)
- Photos of Friends
- Photos of Pets
- The child's identity, race, culture, ethnicity, family heritage and origin;
- Details of siblings;
- The child's views and memories;
- Favorite foods, likes and dislikes;
- School attainments / hobbies / favorite toys etc.
- The child or young adult's feelings
- Positive stories shared about the child
- Child or Young Adult's art, crafts, pictures, etc.

All About Me Books can incorporate many pages that are not in the templates. Below are suggested topics or materials that could be incorporated into an All About Me Book. These topics are also often included in life story books for cases of guardianship or adoption.

- Photos of Hospital where born and baby pictures (and, for younger children, a clock showing the time they were born);
- Weight, length, head circumference at birth;
- Birth certificate, if possible; Birth Story if known
- Any items from the hospital (e.g. identity bracelet);
- Dates of first smile, sounds, words, tooth, steps etc.;
- A truthful life history - including illness, injury, abuse, neglect etc. - that is age appropriate to the child. More detail can be added later as the child needs to know;
- Parents' stories (birth story, childhood experiences, parents' likes and dislikes, hobbies, interests and traits – characteristics etc.);
- Messages from parents / Why parents gave the child or young adult their specific name; childhood memories;
- Page with the names of the schools they have attended, picture of the schools and if known who the teacher and friends were. Child or young adult could add comments here on how they felt about the school and what memories they have;
- Photos of workers and their roles;
- Story of the court process; pictures of judge and/or courthouse
- Photos of prior and current people who cared for the child or young adult and their family or important people in their life that they wish to include; include memories from prior placements or caregivers in language that is respectful to the child or young adult
- Family tree/Genogram - back three generations if possible;
- Details of ceremonies (e.g. baptism, graduation, awards, tribal events, etc.);
- Details, mementos and photos of holidays;
- Chronology of Life Events;

7. What Materials Are Needed?

The presentation and quality of All About Me Books is critical in terms of validating the importance of the child or young adult's information and motivating them to contribute. We want children and young adults to want to read their books, take pride in them, and show them to others. Below are some items that are helpful in creating All About Me Books, however these books can also be created entirely electronically.

- Use a loose-leaf folder to hold materials;

- Always work on clean paper;
- Drawings and photos should be securely attached;
- Use neat headings;
- If the child or young adult is unable/reluctant to write themselves, let them dictate what they want to say;
- Use good quality copies/photocopies of treasured photos, documents etc. and not the original;
- Get a balance of words and pictures;
- A responsible adult should keep hold of the book until it is finished;
- Keep at least one copy and preferably two – one hard copy and one electronically

8. Starting an All About Me Book and Maintaining It

All About Me Book discussions need to be done in a safe, secure, and sensitive way which is centered on their needs and in the best interest of the child or young adult. This is important when children or young adults may be having a challenging time, during transitions and during anniversaries of significant negative events like the death of a family member.

All About Me Book templates that may be altered and customized will be found online. These are in PowerPoint templates, which provide ease to add and take out pages/slides to tailor to fit each child or young adult. The many different templates provide a starting place so children and young adults can choose what they like. Example of themes include sports, superheroes, trucks and animals. The format allows children or young adults to add their specific favorite images.

Caseworkers may find the link to templates for the All About Me Books on the ODHS OWL Page. Resource, relative, and adoptive families may find the links to the template pages on the ODHS Resource Family Support Website and Oregon Post Adoption Resource Center Website (ORPARC). Training is online for caseworkers and families with a very engaging discussion with Richard Rose who is an expert on this topic from the United Kingdom.

The caseworker should introduce the All About Me Book creation process with the child or young adult when they begin. They may tell them something like this: “We are going to create a special book about you so that you can ask questions, have a way to show and express who you are right now, and we are going to have fun doing it! Some people may be contacted, such as relatives who might have information about your culture or activities that your family enjoys at holidays. Some people may have a different story, but that’s okay, because everyone is different, and everyone will have different things that they remember and want to share with you.”

9. Saving and Storage of All About Me Books

These books can be created electronically or hard copy. If electronically a caseworker can upload the document easily into the file cabinet. If created as a hard copy then the caseworker will take photos or scan and upload the pages of the book in order to save the child or young adult’s work. Many children or young adults will choose to have their book with them in their placement so coordination with the parent, resource parent, relative, or adoptive parent to get copies of the book will need to occur to ensure we have a saved copy for them. This is important in case the book is ever destroyed or lost due to placement changes as we must place high value in the work the child or young adult has done.

Caseworkers will be expected to upload each All About Me Book chapter into the child or young adult's case file cabinet in OR Kids every 6 months. Creation of a new chapter will begin each 6 months for every child or young adult in care so that as these are saved over time, they can be compiled into one larger All About Me Book for them when they exit the care of the agency. These chapters will be saved under Case Management – Other in the file cabinet and titled with the month and year of the chapters. Ex: Jan-Jun 2021 All About Me Book.

Original hardcopy information obtained should be kept in a safe, confidential and secure place. Sensitive information and important documents, including photographs should be stored safely by the child or young adult's caseworker and/or resource, relative, or adoptive parent in a confidential place, and measures taken to ensure that these are not passed to anyone who should not have access to them. Copies of key documents should be kept by the caseworker. Ideally one in hard copy and another copy electronically.

If the All About Me Book contains a child's statement of SOGIE, refer to and comply with Chapter 1, Section 5 Confidentiality regarding inclusion and subsequent redaction of the child's statement from the All About Me Book and/or other documentation.

10. All About Me Book Engagement with Children/Young Adults at Different Stages

Children Birth to 5

Children under the age of 5 need to have a very basic understanding of what has happened to them. The All About Me Book needs to be completed in a sensitive and simple format, usually through the use of creative play, books, and stories to give the child a sense of identity and why they are in a substitute care or interacting with the agency. Pictures of the creative play may be taken and put into the All About Me Book as a record of what has been discussed.

Children of primary and elementary school age 5-11

From the age of 5 children are beginning to develop an awareness and understanding of what has happened to them and they may need more in-depth work undertaken with them. Time needs to be taken to give children the understanding of how their past should be introduced to them. This could be by using interactive games, positive and negative events in the child's life. This can be put in their All About Me Book. Some children will be ready to talk, discuss and listen at this age, but others will not be as ready. Children should be given the opportunities to explore their past if they are ready, but not forced to if they are not. If they are not ready, on-going opportunities to think about their readiness must be provided to them.

Children age 11-16

At this stage most children/young adults have a better understanding and start to ask specific questions about their circumstances. Children/young adults need to be talked to more openly, but with care in relation to their maturity and emotional development. Children/Young Adults at this stage are asking questions and wanting the reasons they are in care. They need to have opportunities to explore and talk in an appropriate and constructive way that best suits them.

Young Adult 16+

Young adults often request to see their files when they leave care to gain an understanding of why they did not always live with their parents. All About Me Books are generally stored electronically for a young adult this age.

11. Using the All About Me Book

Children and Young Adults need truthful and honest explanations that they can understand - that means using language they know. It is important that:

- Questions are answered as honestly as possible;
- Adults admit when they don't know the answer and offer to try and find out (rather than making something up);
- Children and Young Adults are helped to accept that not everything can be explained or understood;
- Information is given sensitively and honestly - protection and evasion leads to confusion and fear.
- Adults help them to realize feelings are acceptable by discussing their own feelings frankly. If feelings are ignored, they get the message that to express them is wrong;
- Bottling feelings up can lead to negative behavior like aggression or withdrawal;
- Adults never pretend abusive/bad relationships didn't or don't exist.

The caseworker for the child or young adult provides the resource parents, relatives, and/or adoptive parents with information so that they understand the child or young adult's past and the history of why they are in care while honoring parents' confidentiality. With this, the family can support and share with the child or young adult about their history for them to heal.

If the All About Me Book contains a child's statement of SOGIE, refer to and comply with Chapter 1, Section 5 Confidentiality regarding inclusion and subsequent redaction of the child's statement from the All About Me Book and/or other documentation.

12. Types of Placements and Responsibilities

ODHS Resource and Placements

ODHS resource parents are responsible for ensuring the child or young adult's information about their life for the All About Me Book is kept up to date while in placement prior to case closure or adoption/guardianship finalization. They discuss with the caseworker what they are doing and are planning to do as they create the book with the child or young adult.

Kith/Kin, Relative or Connected Person

There is often an assumption that if a child or young adult is placed with kith/kin, relative, or 'connected person' that they will be able to share information about the child or young adult's life with them. This is not always the case. Care needs to be taken to ensure that the story shared is verified as accurate. This can be done by connecting with multiple resources to ensure an accurate understanding of the child or young adult's story. This will reduce tensions and potential misunderstandings between both parents and kith/kin, relatives, or connected persons caring for the child or young adult.

Residential Homes

Residential homes do not have the same environment in which to undertake All About Me Book work. This needs to be taken into consideration when deciding how best to undertake the All About Me Book with the child or young adult. The

caseworker has key responsibility for the All About Me Book work to be undertaken, even though it may not be clinically appropriate to share all the information with the child or young adult. For some children and young adults in residential care, work may need to be deferred with the child or young adult until they are emotionally and behaviorally stable and receptive. The caseworker may select less emotionally sensitive All About Me Book pages used to engage with the child or young when they visit.

Adoption

All children who are adopted must have an All About Me Book. When a child transitions to a new family for adoption their book should be completed prior to placement. The book can be shared in stages as part of the transition. The adoptive child may wish to share parts of the All About Me Book with their new family and friends. If the child is being adopted by their current placement then the All About Me Book creation will continue and incorporate adoption. When the adoption is ready to finalize, the All About Me book should be fully completed. A copy of all chapters should be made and placed in the child's adoption file cabinet in case the original is lost or destroyed.

Appendix:

Books and Online Resources

The **Oregon Post Adoption Resource Center (**ORPARC) library services are free to ODHS staff, resource families, relative caregivers, guardianship and adoptive families of children and young adults in ODHS custody. It has much more than just adoption materials. Find treasures here: https://www.orparc.org/

The ORPARC information about **All About Me Books** and life story books is here: https://www.orparc.org/resources/life-story-narrative

Spanish information from ORPARC: EL LIBRO DE LA VIDA UNA HERRAMIENTA DE COMUNICACIÓN
https://www.librarycat.org/lib/ORPARClibrary/search/tag/Information+Packets?sort=title

Race and Culture Resources:

FOUNDATIONAL LANGUAGE AND TOPICS ABOUT RACE AND CULTURE:

This resource is suitable for discussion about race and culture concepts with a child or youth of any race or culture. This website is comprehensive and is for professionals, families and educators to serve children of any race or culture, including dominant. Excerpt from the website: "Talking about race, although hard, is necessary. We are here to provide tools and guidance to empower your journey and inspire conversation."
National Museum of African American History and Culture: Talking about Race

Talking about race and transracial adoption resources are at this website at ORPARC:
Talking About Race
Transracial Parenting/Cultural Diversity

Working with African American Adoptive, Foster and Kinship Families from AdoptUSKids assists child welfare caseworkers in understanding and engaging historical and cultural aspects of African American clients.
http://www.centerforchildwelfare.org/kb/cultcomp/Working-With-African-American-Families.pdf

African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture. Toolkit.

Generations United. 2020 https://www.gu.org/resources/african-american-grandfamilies-helping-children-thrive-through-connection-to-family-and-culture/

https://www.gu.org/app/uploads/2020/07/AA-Toolkit-WEB-2.pdf

Working with Hispanic and Latino Families, Child Welfare Information Gateway
https://www.childwelfare.gov/topics/systemwide/diverse-populations/hispanic/

Culture Card: A Guide to Build Cultural Awareness with American Indian and Alaska Native
https://store.samhsa.gov/sites/default/files/d7/priv/sma08-4354.pdf

Child Welfare Information Gateway: Cultural Considerations in Working With American Indians/Alaska Natives
Tribal child welfare work requires both understanding of and respect for American Indian and Alaska Native cultural activities. Successful child welfare practice includes not only cultural competence but also cultural humility that honors American Indian traditions, including spirituality, healing practices, traditional languages, and other cultural practices and activities. Find resources in this section related to culturally relevant and promising practices in working with American Indian/Alaska Native children and families.
https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/considerations/

American Indian and Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity. Toolkit. Generations United. National Indian Child Welfare Association. 2020
https://www.gu.org/resources/american-indian-alaska-native-grandfamilies-helping-children-thrive-through-connection-to-family-and-cultural-identity/

https://www.gu.org/app/uploads/2020/07/AIAN-Toolkit-WEB.pdf

***Individual tribes may be approached for information to include about the child's family and specific tribal community.**

Employee Resource Groups (ERGs) at ODHS promote understanding and support of staff, clients and communities of different groups. Workers may find them on the ODHS OWL Page and request assistance in finding information about specific cultures or groups, which include Native American, Black and African American, LGBTQ, Latinx, Asian and Pacific Islander, immigrants and refugees, veterans, abilities and Slavic groups.
https://ODHSoha.sharepoint.com/teams/Hub-ODHS-OEMS/SitePages/ERGs.aspx

LGBTQ+ Children, Young Adults and Families:

Find information at ORPARC about lesbian, gay, bisexual, transgender and questioning (LGBTQ) children, young adults and family members to learn and support their sexual orientation, gender identity and expression at:

https://nwae-website-images.s3.us-west-2.amazonaws.com/dpRZ3j73dTrtXoYS6Cc27Bvj?response-content-disposition=inline%3B%20filename%3D%22LGBTQIssues_20200701.pdf%22%3B%20filename%2A%3DUTF-8%27%27LGBTQIssues_20200701.pdf&response-content-type=application%2Fpdf&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJX2FW7EEJS3GMQJQ%2F20210225%2Fus-west-2%2Fs3%2Faws4_request&X-Amz-Date=20210225T191256Z&X-Amz-Expires=604800&X-Amz-SignedHeaders=host&X-Amz-Signature=554115f4b5c71a35a158ae9db3738dc47366c7b7d21901fb087931906ebf8c01

A Practitioner's resource Guide: Helping Families to Support Their LGBT Children

http://store.samhsa.gov/sites/default/files/d7/priv/pep14-lgbtkids.pdf

Twenty Things Supervisors Can Do to Support Workers to Competently Practice with LGBTQ Children, Youth, and Families
https://ncwwi.org/files/Cultural_Responsiveness__Disproportionality/TwentyThings_Supervisors_Need_to_Know_Practice_with_LGBTQ.pdf

Healing Footsteps: Digital Stories from Two-Spirit People

The National Resource Center for Permanency and Family Connections (NRCPFC) and the National Resource Center for Tribes partnered with the Two-Spirit community in Minneapolis, Minnesota to develop these digital stories. Digital stories were created by Lenny, Jason, and Joseph – Two-Spirit people whose lives were impacted by the child welfare system. (The term Two-Spirit is a universal Native American concept that generally means that the person's body houses both a masculine and feminine spirit.) Additionally, two Native allies whose lives were impacted by the child welfare system created audio stories.
http://www.nrcpfc.org/digital_stories/two-spirit/

All About Me Book and Life Story Book Resources:

Child's Own Story, The: Life Story Work with Traumatized Children by Richard Rose ORPARC describes this book as a "practice-focused guide to life story work, it shows how this effective tool can be used to help young people recover from abuse and make sense of a disrupted upbringing in multiple homes or families. Though some sections apply more to the system in Great Britain, where it was written, it is a resource for social workers, child psychotherapists, residential care staff, long-term foster parents and other professionals working with traumatized children."

Innovative Therapeutic Life Story Work: Developing Trauma-Informed Practice for Working with Children, Adolescents and Young Adults by Richard Rose ORPARC describes this book: "This edited volume explores different innovative ways of carrying out life story work, a method which helps traumatized children question and resolve issues from their past. Using the experience of practitioners based in a range of settings -- including schools, intensive services, youth justice and post-adoption support -- it highlights the versatility of this work and provides a useful overview of the latest developments in the field."

ORPARC Staff created the **Lifestory Book Information Packet**
This newly revised information packet is a thoughtful and thorough compilation of Lifestory Book material, designed to inspire both parents and professionals. The contents include articles, helpful tools, and resources.

Life Story Work with Children Who are Fostered or Adopted: Creative Ideas and Activities is a book by Katie Wrench and Lesley Naylor: https://www.librarycat.org/lib/ORPARClibrary/item/192300108

Real Life Heroes Life Storybook is a book by Richard Kagan: https://www.librarycat.org/lib/ORPARClibrary/item/178053338

Life Story Books for Adopted and Fostered Children, Second Edition: A Family Friendly Approach is a book by Joy Rees: https://www.librarycat.org/lib/ORPARClibrary/item/165642543

Life Work with Children Who are Fostered or Adopted: Using Diverse Techniques in a Coordinated Approach is a book by Joy Rees: https://www.librarycat.org/lib/ORPARClibrary/item/165642556

Using Stories to Build Bridges with Traumatized Children: Creative Ideas for Therapy, Life Story Work, Direct Work and Parenting is a book by Kim Golding: https://www.librarycat.org/lib/ORPARClibrary/item/165642940

Digital Life Story Work; Using technology to help young people make sense of their experiences is a book by Simon P Hammond: https://www.librarycat.org/lib/ORPARClibrary/item/186269214

Lifebooks: Creating a Treasure for the Adopted Child Updated and Revised is a book by Beth O'Malley, M.Ed.: https://www.librarycat.org/lib/ORPARClibrary/item/143581648

The ORPARC website features these resources:

- Oregon's Therapeutic Life Story Work Certificate Holders
- Directory of Statewide Certified Therapeutic Life Story Work Practitioners

Websites

- All About Me Books by Richard Rose & Berry Street
- Beth O'Malley's Foster & Adoption Life Books
- Life Book Pages by Iowa Foster Parent Association
- Life Book Pages by Michigan Adoption Resource Exchange
- Life Story Book Templates and Examples from Social Worker Toolbox in the UK
- Therapeutic Life Story Work International (TLSWi) with Richard Rose
- The Joy of Life Work with Joy Rees

Recommended Books & Articles

- Lifestory Books Information Packet by ORPARC, available in ORPARC's library.
- Life Story-related Materials in ORPARC's library
- Life Story-related Materials in ORPARC's DIGITAL library
- "Life books 101: Tips from an Adoption Worker" by AdoptUSKids
- The Story that Makes Me Special Information Packet by Studaker et al, available in ORPARC's library.
- TLSWi Resources (scroll down past Training for resources!)

Videos

- Life Story Work, An Introduction by Joy Rees
- How to Tackle Life Story Work by Joy Rees
- Therapeutic Life Story Work Serve & Return with Richard Rose
- Therapeutic Life Story Work: Sharing Stories, Sharing Lives, with Richard Rose

Therapeutic Life Story Work (LSWi) Certificate for Professionals Explore more about Richard Rose's signature training and Therapeutic Life Story Work Certificate (now offered virtually).

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 ODHS'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 Safety Providers

Criteria to Assess the Suitability of Safety Providers

General Criteria

"Safety Provider" refers to any adult, professional or nonprofessional, selected to provide the safety activities within in-home safety plans, out-of-home safety plans or a combination of the two.

A Safety Provider:

- Maintains their agreed upon role within the safety plan, despite any pressure from others.
- Is willing to allow their names and involvement with the safety plan to be shared with the court and legal parties.
- Is fully aware of and understands the safety threat and how it is operating. This may be understanding may be expressed using their own language and words and does not need to be the specific safety threat language or terminology.
- Understands the safety activities, their role and commitments within the safety plan regarding the schedule, activities, and expectations they have agreed upon within the safety plan.
- Is available and accessible, which means that they can begin providing the safety activities when the safety plan is enacted and throughout the life of the safety plan.
- Is willing to communicate regularly concerning all matters associated with the safety plan with the caseworker.
- Has a realistic understanding of the child's development and vulnerability.
- Has an attitude and behaviors toward the child that are consistent with the facts and does not blame or hold the child responsible for the need of a safety plan; a placement or family problems.
- Is supportive and has realistic understanding about the child's parents, guardians, or Indian custodian's behaviors, condition, and circumstances.
- Partners with the family to support maintaining their cultural and community practices and connections.
- Maintains a safe environment in which to perform their role within the safety plan, including any vehicles, home-setting, or other physical spaces used within the safety plan.
- Has discussed and addressed any impacts substance or medication use, or mental or physical health may have on their ability to perform the safety activities with the caseworker and these impacts do not prohibit them from completing their agreed upon activities.
- Is willing to provide information for a Child Welfare and criminal background check. The caseworker's supervisor must approve the results of the Safety Provider's background check for suitability as a safety provider as described in OAR 413-015-1220.
- Is not an alleged perpetrator on an open CPS assessment.

- Is not a participant on an open CPS assessment, unless prior approval from the CPS worker and their supervisor to utilize them for specific safety planning services has been provided.
- Is not a participant on an open Child Welfare case, unless prior approval from the assigned caseworker and their supervisor has been provided. Approval should be based on the individual's current circumstances and the safety activities being asked of them.

Specific Criteria

When a Safety Provider is hosting a safety plan within their home or other living arrangement, they are expected to:

- Secure their home from unsafe circumstances and people.
- Reside within geographical proximity to the family's supports and services.
- Maintain an environment that is stable and allows for other safety services, if necessary.
- Allow other safety providers and activities within the home, as described in the safety plan.
- Understands and supports the family's cultural practices and community connections.

Chapter 4

Appendix 4.1d: Guide: Expectations for SSP Who Are Monitoring Family Time

GUIDE: EXPECTATIONS FOR SAFETY SERVICE PROVIDERS (SSP) WHO ARE MONITORING FAMILY TIME

When taking on the role of Safety Service Provider, you are doing a huge service to your community and families within the community. ODHS appreciates and values your time. As an SSP, you have the important role of making sure the child is safe while you monitor the family's time together. These guidelines are intended to help you understand that role and how you can best support the child and the family.

Understand your role.

When you have been approved as an SSP, you have agreed that you are willing and able to:

- ✓ Assist in managing the safety of the child.
- ✓ Cooperate with any restrictions on contact between the child and others.
- ✓ Support the safety plan verbally and through your actions.
- ✓ Fulfill the role and responsibilities required in the safety plan.

Understand the safety threats.

Even if you don't agree with Child Welfare's decision, you must be able to act protectively to ensure the child's safety. Before monitoring family time, it is important for you to know, understand, and accept Child Welfare's serious concerns for the child's safety so you know:

- ✓ What may lead to safety issues between the parent and child and how to identify unsafe situations.
- ✓ How those situations impact child safety.
- ✓ Know what to do to ensure child safety.

**Ask the caseworker any questions you need to help your understanding.

Be available.

As an SSP, you are agreeing to be available to begin your role the same day the safety plan is started, for the specified amount of time needed each day, for as long as the safety plan is needed.

- ✓ Inform the caseworker as soon as possible of any time constraints or scheduling conflicts you may have that could interfere with your availability.

Monitor Safety.

The safety plan will specify what actions you need to take to ensure child safety. Every safety plan is unique, so it is important for you to know exactly what you need to do.

- ✓ What you need to do should be listed clearly on the written safety plan. If it is not, or you are unclear, ask the caseworker or their supervisor for help.

Intervene.

As the SSP, your focus is on the child's safety. It is important that you are not only able to identify when a child may be unsafe, but that you are also able to intervene to keep the child safe. Some options for intervention while monitoring family time are:

- ✓ Stopping or redirecting the behavior.
- ✓ Talking to the parent separately from the child. Don't get into an argument or discussion with them about the problem. Just let them know what needs to change to continue family time.
- ✓ Asking the parent to take a break and come back when ready.
- ✓ Ending the contact by leaving with the child or asking the parent to leave.

** If any intervention was needed, let the caseworker know as soon as possible after the contact has ended and the child is safe.

**If the child is in a safety plan while living with a parent (also known as an in home plan) and you had to end contact with the parent because of safety concerns and the caseworker is not immediately available, contact a supervisor immediately in the local office or call the Oregon Child Abuse Hotline (ORCAH) at: 1-855-503-SAFE (7233).

Document and communicate.

Communication between SSPs and caseworkers is critical. Provide verbal or written information to the caseworker about your observations as indicated in the safety plan.

- ✓ Keep notes about the family time you monitor with specific information about dates, times, location, duration, and who was present.
- ✓ Keep notes about what went well, what struggles, or barriers were observed, what skills the parents used, and how the parent/child responded.
- ✓ Try to be objective and report what you saw and heard rather than what you feel or think about the situation.
- ✓ If you interrupt or end family time, write down what specific behavior, action, words, or conversation you saw that caused you to interrupt or end the family time.

**As an SSP, anything you see, hear, read, or are told is not confidential. Documentation provided will be saved in the case file and may be shared with the court and legal parties.

Considerations for Cases involving Substance Use Disorder

The following rules apply to all family time in cases involving allegations of Substance Use. Substance use can include illegal substances, alcohol/cannabis, or even prescription medications. As a result, the impacts of substance use can vary and are not always apparent. Sobriety is not a requirement for family time.

- ✓ Know the signs of a parent's use and know what type of behavior to expect when the parent is under the influence.
- ✓ Know that the parents may have items related to substance abuse (needles, pipes, substances) with them, which could result in the child being exposed. Watch for these items and ask the parent to place them where the child cannot be exposed.
- ✓ Know that if the parent is under the influence, and the resulting behaviors present a safety risk for the child, you will need to intervene prior to the child being placed in an unsafe situation.
- ✓ Examples of this can be:
  - An infant being held while the parent is nodding off.
  - The parent becomes angry and volatile when using, and as a result the child could be physically or emotionally hurt.
  - The parent can have erratic behavior, resulting in impulsive decisions that have not been ODHS approved.

**Ask the caseworker any questions you need to help your understanding.

Special Rules for Cases Involving Sexual Abuse:

The following rules apply to all family time in cases where there are allegations of sexual abuse. Cases involving the sexual abuse of a child are complicated and while holding family members or friends accountable to these rules may be difficult, following the rules is critical to managing the child's safety. Unless otherwise directed by the caseworker or their supervisor, the following rules apply:

- ✓ Allow no exchanges of gifts, money or cards;
- ✓ Allow no photographing, audio-recording, or video-recording of the child;
- ✓ Allow no physical contact with the child such as lap-sitting, hair combing, stroking, hand holding, wrestling, tickling, horse playing, changing diapers, or accompanying the child to the bathroom;
- ✓ Allow no whispering, passing of notes, hand signals or body signals;
- ✓ Allow no parenting time in the location where the alleged sexual abuse occurred.

Special Rules for Cases in involving Domestic Violence:

The following rules apply to all family time in cases involving allegations of domestic violence. Cases involving domestic violence

are complicated and while holding family members or friends accountable to these rules may be difficult, following the rules is critical to managing safety. Unless otherwise directed by the caseworker or their supervisor, the following rules apply:

- ✓ Know and follow rules of safe family time exchange, such as making sure that the parents are not at the exchange location at the same time.
- ✓ Understand the conditions of any protection orders in place between the parties, as these orders apply to all contact between the parties and child including family time.
- ✓ Do not allow the parent who is the perpetrator of the violence to ask questions of the child regarding the survivor parent, particularly questions that may reveal the other survivor parent's address or location.
- ✓ Be alert for questions that may reveal other confidential or sensitive information, such as questions about a child's new school, the survivor parent's relationships, where the child goes for medical care, etc. These questions could reveal confidential information about the survivor parent's residence, activities, etc., and put them at risk.
- ✓ Do not allow whispering, the passing of notes, hand signals or body signals.
- ✓ Do not allow the parent who is the perpetrator of the violence to use the child (or anyone) to transmit information to the survivor parent.

Thank you for providing a valuable service to this family.

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 they 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 their 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 healthy, mobile and strong and manage/adapt to any physical barriers. • 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 their 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 their 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 their 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 4.3a: Expected Outcome Guide

Oregon Department of Human Services

EXPECTED OUTCOME GUIDE *2021*

Consider what is preventing the parent from protecting the child from the source of danger?

Step 1: Is the barrier to protect an issue with how they **think, feel**, or **act**?	**Step 2:** Select the most fitting Diminished Capacity in one column below: **think, feel** or **act.**	**Step 3:** Describe the evidence for the selection	**Step 4:** Write a measurable goal (expected outcome) that will guide the parent to change. Consider reasonable accommodations for any disabilities.

COGNITIVE (Think)	EMOTIONAL (Feel)	BEHAVIORAL (Act)
1. does not plan and **articulate a plan** to protect the child	1. cannot meet their own **emotional needs**	1. does not have a **history of protecting**
2. is **not aligned** with the child.	2. is not **resilient** as a caregiver	2. has not **taken action**
3. does not have **adequate knowledge** to fulfill care giving responsibilities and tasks	3. is not able to **emotionally intervene** to protect the child	3. does not demonstrate **impulse control**
4. is not **reality oriented**; perceives reality inaccurately	4. is **intolerant** as a caregiver	4. is not **physically able**
5. does not have **accurate perceptions** of the child	5. does not **display concern** for the child and the child's experience and is not intent on emotionally protecting the child	5. does not have/demonstrate **adequate skill** to fulfill care giving responsibilities
6. does not understand his/her **protective role**	6. does not have a **strong bond**, and the parent is not clear that the **number one priority** is the well-being of the child	6. does not possess **adequate energy**
7. is not **self-aware** as a caregiver	7. does not express love, empathy and sensitivity toward the child; does not **demonstrate empathy** with the child's perspective and feelings	7. does not **set aside her/his needs** in favor of a child
		8. is not **adaptive** as a caregiver
		9. is not **assertive** as a caregiver
		10. does note **use resources** necessary to meet the child's basic needs
		11. does not **support the child**

Note: The examples below are not meant to perfectly fit your case but to provide a sample of how you would apply the concepts. Each Parents' challenges (diminished capacity's) and goals (expected outcomes) should be customized with language that fits their unique situation and understanding. Having goals be measurable is critical. Consider adding timeframes to be clear about how long a parent might need to demonstrate a change to have met the goal.

Domestic violence examples are preceded with DV-**S** for **Survivors** and DV-**AP** for **Abusive Partners**. Take care not to engage in blaming of survivors and consider how the wording of some goals may jeopardize their safety. Focus the goals for the Abusive Partner on responsibility for coercion and control while avoiding alternate excuses (substance use, mental health, impulse control) for their cognitive choice to exert control over their family.

Each Parent is connected to each identified safety threat and should have at least one challenge (diminish capacity) to protect. Each diminished capacity should have at least one corresponding goal (expected outcome) to enhance the parent's ability to control for the safety threat.

COGNITIVE (THINK)

Enhanced Capacity	Diminished Example	Expected Outcome Example
1. 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. **<u>This refers to the ability to think through, talk about, and enact a plan.</u>**	DV-**S** [Parent Name] did not have a plan to protect despite known risks to the child.	[Parent Name] will establish a clear plan with the child, including a support system for the child, that will protect the child from known threats
	[Parent Name] has not established a pattern of planning ahead to ensure people with unsafe behaviors are not impacting the child's safety.	[Parent Name] will be able to talk about the plan and demonstrate commitment to that plan for a period of (?) months.
	DV-**AP** [Parent Name] has not established a plan to protect their child from the effects of their own pattern of (substance use, violence, control, and/or mental health issues).	With support [Parent Name] will create (or update) a plan that includes care and safety for each child. The plan will include a support system that is aware of the pattern of controlling behaviors, who are aware of what to look for, and what actions they should take to intervene on behalf of the child.

2. The parent is aligned with the child. This refers to a mental state or an identity with a child. **<u>This refers to having a positive understanding of the child and their situation.</u>**	DV-**AP** [Parent Name] does not see themselves as responsible for the child's well-being and safety.	[Parent Name] will be able to clearly talk about how their protective role has changed. Examples...
	[Parent Name] does not see their relationship with the child as a priority.	[Parent Name] will demonstrate prioritizing their child's relationship by spending consistent time with them, consistent phone calls and supporting them by partnering with their therapist/counselor/mentor.
	[Parent Name] has not demonstrated thinking of themselves as closely related to or associated with a child, therefore creating a barrier to their protective role.	[Parent Name] will demonstrate improved support of the child's situation by describing how the child was impacted by the threat and a commitment to supporting them.
3. The parent has adequate knowledge to fulfill care giving responsibilities and tasks. This refers to information and personal knowledge that is specific to protective care giving	[Parent Name] doesn't believe someone could present a threat to the child despite a known pattern of (sexual, physical, psychological...) abuse.	[Parent Name] will demonstrate they are fully aware of the offender's behavior and can clearly describe what risks and/or threats present to any child accessible to someone with those behaviors.
	[Parent Name] does not recognize how substance use impacts the child's safety.	[Parent Name] will be able to clearly describe how substance use has impacted the child and what other consequences (physical, emotional, behavioral) are common when parents struggle with substance use.
	[Parent Name] doesn't demonstrate the enhanced parenting skills to meet a specific child's special needs for care and safety.	[Parent Name] will be able to explain their understanding of the child's special needs and demonstrate parenting to those needs.
4. The parent is reality oriented; perceives reality accurately. This refers to mental awareness and accuracy about one's surroundings and what is happening, and the appropriateness of responses to what is real and factual.	[Parent Name] does not recognize when their home has become hazardous to the child's physical safety.	[Parent Name] will clearly describe how the home environment impacted the child's safety and what future impacts the child would face without changes.
	[Parent Name] does not accurately view the child's developmental limitations, which impacts their ability to protect.	[Parent Name] will describe how their perception of their child's developmental abilities has changed to show they understand the child's needs.
	DV-**AP** [Parent Name] views family members as objects or possessions they should control.	[Parent Name] will describe in detail all the tactics they have used to control the family and what harm it caused and will document how those tactics were a choice, make amends without reward, demonstrate

		accepting the consequences of their choices, and stop using these identified tactics for a period of 90 days.
5. The parent has accurate perceptions of the child. This refers to seeing and understanding a child's capabilities, needs and limitations correctly.	[Parent Name] has adult expectations of the child (supervision, meals, or parenting siblings).	[Parent Name] will be able to talk about appropriate expectations for the child's developmental abilities.
	[Parent Name] has not demonstrated being accepting and understanding of a child's unique situation, limiting their role in providing protection.	[Parent Name] will demonstrate how there is improved acceptance and understanding of the child's unique situation. This can be shown by describing how things are different and improved in this area.
	[Parent Name] leaves parenting responsibility to someone not able to meet the child's needs.	[Parent Name] will identify and demonstrate what has changed in their understanding of their protective role (describe what that protective role would look like).
6. The parent understands his/her protective role. This refers to knowing there are certain responsibilities the parent has that are specific to protecting a child.	[Parent Name] sees all aspects of the child's care as the other parent's responsibility (ex. "spouse's job") and therefore not theirs.	[Parent Name] will clearly talk about how they see their protective role differently by providing examples of previously missed opportunities for support and demonstrate taking on responsibilities they have historically expected the other parent to manage.
	DV-**AP** [Parent Name] doesn't recognize how to protect the child from the impacts of their own pattern of controlling behavior.	[Parent Name] will accurately describe how their behaviors had an impact on their child and how those behaviors are unacceptable for parents.
7. The parent is self-aware as a caregiver. This refers to understanding one's thinking and actions and their effects on others – on a child.	[Parent Name] blames the child to avoid taking responsibility as a parent.	[Parent Name] will no longer blame the child and demonstrate taking responsibility by talking about how their own actions impacted safety.

EMOTIONAL (FEEL)

Enhanced Capacity	Diminished Capacity Example	Expected Outcome Example
1. The parent is able to meet own emotional needs. This refers to meeting your own needs in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.	DV-**S** [Parent Name] does not have their own (personal or professional outside of ODHS) support system to meet their emotional needs. This impacts their ability to support the child's safety.	[Parent Name] will establish a sustainable support system that is meeting their own emotional needs.
	[Parent Name] has placed expectations on the child that their actions or inactions are responsible for the parent's emotional health.	[Parent Name] will be able talk about how they have depended on their child to meet their own emotional needs in the past and show how they now have the knowledge, skills, or supports in place to meet those needs independent of the child.
2. The parent is emotionally able to intervene to protect the child. This refers to mental health, emotional energy and emotional stability.	[Parent Name] has not addressed their own mental health needs to a degree that it has interfered with their ability to intervene or sufficiently provide for their child's safety.	[Parent Name] will establish supports to help address their emotional stability to a degree they can intervene on behalf of the child's safety.
	DV-**S** [Parent Name] has a pattern of using substances to deal with emotions and trauma, limiting their ability to protect.	[Parent Name] will establish healthy alternatives to meeting their emotional needs in place of misusing substances.
	[Parent Name] has been consumed by their own feelings and anxieties preventing them from providing safety for the child.	[Parent Name] will have a plan for managing feelings and/or anxiety so that they are emotionally available to intervene on the child's behalf.
3. The parent is resilient as a caregiver. This refers to responsiveness and being able and ready to act promptly.	[Parent Name] has been unable to recover quickly from setbacks or trauma resulting in not being able to act on behalf of the child's safety.	[Parent Name] will have a plan to engage their support system when difficulties or future trauma is present.
	[Parent Name] has been unable to cope with stressful situations which limits their ability to respond to the child's needs.	[Parent Name] will have a plan to manage stressful situations and demonstrate how they will respond to their child's needs promptly.

4. The parent is tolerant as a caregiver. This refers to acceptance, support, understanding, and respect.	[Parent Name] has been unable to tolerate the child's unique behaviors which limits their ability to provide safety.	[Parent Name] will demonstrate in words and actions that they are understanding of their child's unique behaviors.
	DV-**AP** [Parent Name] has a pattern of reacting in unsafe ways to the child's mistakes or accidents to establish and/or maintain control.	[Parent Name] will recognize their pattern of reactions and demonstrate multiple strategies for creating more mutual and respectful relationships and parenting practices.
	[Parent Name] does not value how the child feels and what they think, creating a barrier to supporting safety for the child.	[Parent Name] will consistently allow a child to safely express their individual thoughts and feelings separate from their parents regardless of agreement.
5. The parent displays concern for the child and the child's experience and is intent on emotionally protecting the child. This refers to being able to understand and feel some sense of responsibility for a child and what the child is going through and respond with comfort and reassurance.	[Parent Name] has not shown compassion for the child's circumstances which creates a barrier to support their safety.	[Parent Name] will describe how the child was impacted by the safety threat and demonstrate how they are supporting them now and into the future.
	DV-**AP** [Parent Name] has not been invested in the child's sense of safety and security.	[Parent Name] Will acknowledge how their (specific actions) impacted the child and will be invested in supporting the child's sense of safety and security.
6. The parent and child have a strong bond, and the parent is clear that the number one priority is	[Parent Name] has chosen living situations (unsafe people or environments) that compromise the child's safety.	[Parent Name] will show that their living situation prioritizes the child's safety.
	DV-**AP** [Parent Name] has not established a reasonable attachment with the child to a degree it impacts their protective role.	[Parent Name] will create a plan to spend significant time with the child to strengthen the relationship and

the well-being of the child. This refers to a strong attachment that places a child's interest above all else.		attachment. They will demonstrate commitment to that plan for (a period of time).
7. 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.	DV-**AP** [Parent Name] has not been able to relate to the child's trauma responses (acting out, depression, violence, bullying...), creating a barrier to support their emotional safety.	[Parent Name] will learn about the impact of the trauma the child has experienced and show concern, kindness, and support for the child's point of view.
	[Parent Name] does not show sensitivity or care as it relates to the child's trauma or experiences.	[Parent Name] will learn how to support the child's specific experiences. Will demonstrate regular and consistent parenting time where they are observed to show concern, kindness, and support for the child's point of view.

BEHAVIORAL (ACT)

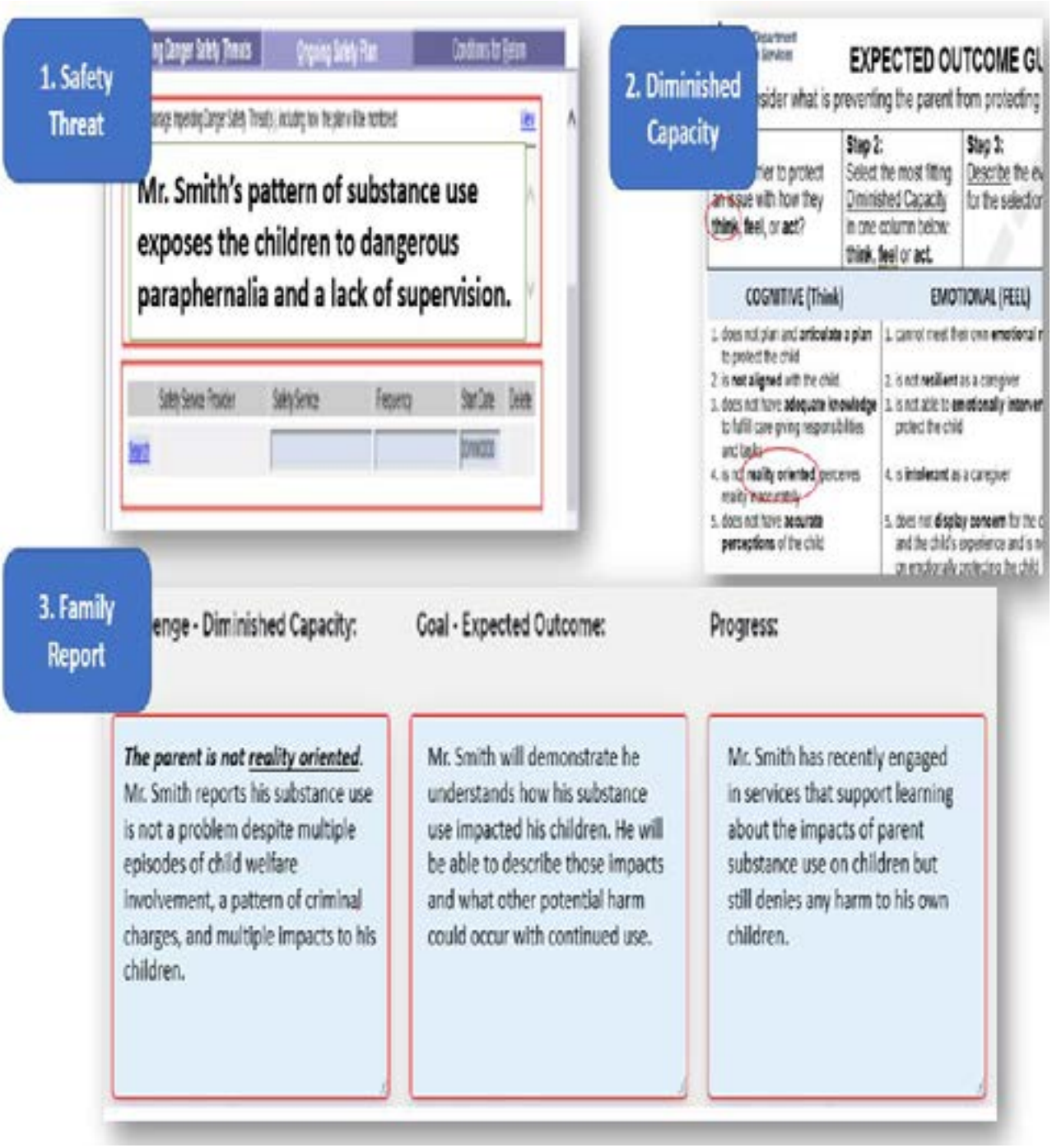
Enhanced Capacity	Diminished Capacity Example	Expected Outcome Example
1. The parent has a history of protecting. This refers to a person with many experiences and events in which they have demonstrated clear and observable evidence of having been protective.	DV-**AP** [Parent Name] has a long-term pattern of intentionally endangering their children and/or disregarding their safety.	[Parent Name] will develop a sustainable accountability plan identifying thinking errors with an established support network to protect the children. They will demonstrate change and commitment to those protective plans over a period of time.
	[Parent Name] has a pattern of not seeking safe assistance from others and/or separating their children from danger.	[Parent Name] will demonstrate seeking safe assistance from others and/or separating the children from danger over a period of time.
2. The parent takes action. This refers to a person who is proactive as a human being, not just a caregiver.	[Parent Name] has been unable to act when necessary to protect their child from unsafe situations and people.	[Parent Name] will demonstrate a willingness and an ability to take action by protecting their child from unsafe situations and people.
	[Parent Name] has had a plan to protect but did not follow through with those plans and the child was abused.	[Parent Name] will re-assess their plan while demonstrating action that results in the child being safe.
	[Parent Name] knew that the child was in an unsafe situation and did not intervene.	[Parent Name] will recognize unsafe situations and demonstrate skills to intervene to ensure safety.
3. The Parent demonstrates impulse control. This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.	[Parent Name] demonstrates a pattern of behavior (consider describing parent specific pattern) without considering the potential negative impacts on the child, leaving them in unsafe situations.	[Parent Name] will describe how their patterns of unsafe behavior impacted the child and demonstrate an ability to plan for their safety.
	[Parent Name] has a pattern of acting without considering the consequences to the child.	[Parent Name] will consistently demonstrate responding to their children's needs before responding to their own needs.

4. The parent is physically able. This refers to people who are are healthy, mobile, strong or manage/adapt to any physical barriers.	[Parent Name] lacks a plan and/or supports to physically provide safe boundaries for the child's physical safety.	[Parent Name] will demonstrate that they have a plan and/or supports to ensure the child's physical safety.
5. The parent has/demonstrates adequate skill to fulfill care giving responsibilities. This refers to the use of skills related to being a protective parent.	[Parent Name] has been unable to respond to the child's cues for hunger and other basic care needs.	[Parent Name] will demonstrate an ability to meet the child's basic care needs and know what is appropriate for the child's stage of development.
	[Parent Name] has demonstrated a lack in necessary skills to make decisions for the child's safety.	[Parent Name] will demonstrate learned skills to make decisions for the child's safety.
	[Parent Name] has been unable to demonstrate they can feed, clean, maintain, guide, shelter as needed to provide basic safety for the child.	[Parent Name] will demonstrate they can feed, clean, maintain, guide, shelter as needed to provide basic safety for the child.
6. The parent possesses adequate energy. This refers to the motivation necessary to be ready and on the job of being protective.	[Parent Name] has lacked the physical energy to move to protect the child in a timely manner.	[Parent Name] will have enacted a plan to increase their energy to protect the child.
	[Parent Name] has lacked motivation to take action to keep the child safe.	[Parent Name] will demonstrate increased motivation by taking direct actions to protect the child.
7. The parent sets aside their needs in favor of a child.	[Parent Name] has a pattern of making choices that benefit them at the cost of their child's safety.	[Parent Name] will make choices that show they are placing their child's needs above their own.

This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.	[Parent Name] has unsafe relationships that negatively impacts the child's safety.	[Parent Name] will place their child's safety first by setting healthy boundaries in their relationships.
8. The parent is adaptive as a caregiver. This refers to people who adjust and make the best of whatever caregiving situation occurs.	DV-**AP** [Parent Name] has demonstrated rigid parenting which limits their ability to meet the child's needs.	[Parent Name] will demonstrate using new parenting skills and approaches that show mutual respect and rapport with the child.
	[Parent Name] does not adapt to new and unfamiliar situations which impact the child's safety.	[Parent Name] will adapt to new and unfamiliar situations to ensure the child's safety.
9. The parent is assertive as a caregiver. This refers to being persistent.	[Parent Name] has known about the need to intervene to keep their child safe and yet has been unable to act.	[Parent Name] will demonstrate intervening to protect the child by [provide details].
	DV-***S*** Impacts from a controlling relationship have diminished [Parent Name] ability to keep their child safe.	[Parent Name] will develop a support system and a plan that can instill confidence in making protective decisions for the child.
	[Parent Name] has been uncertain about their role or ability to intervene in unsafe situations in the custodial parent's home.	[Parent Name] will describe how their previously viewed role impacted the child and will actively engage in ensuring child safety.
10. The parent uses resources necessary to meet the child's basic needs.	DV-***S*** [Parent Name] does not have a support system (people) to help when they are struggling to meet the child's basic needs.	[Parent Name] will establish a support system consisting of natural and/or professional people who understand the situation and are prepared to assist in meeting the child's basic needs.
	[Parent Name] is isolated from community supports (list specifics: family, friends, community, faith based) that can help with concrete needs.	[Parent Name] will demonstrate connection to community supports that improve their ability to address the family's specific needs.

This refers to knowing what is needed, getting it and using it to keep a child safe.	DV-**S** A controlling and/or violent partner prevents [Parent name] from sharing important information with their established support system (family, friends, sponsor...), which impedes safety.	[Parent Name] will enhance safety by reconnecting with their support system and creating a plan of how they can assist in ensuring safety in the future.
11. The parent supports the child. This refers to consistently being aware and encouraging of a child's psychological, physical and social wellbeing.	[Parent Name] has spent limited time with the child and lacks awareness of their psychological, physical, and social needs.	[Parent Name] will demonstrate being consistently involved in the child's life and will increase awareness of their psychological, physical, and social needs.
	[Parent Name] has not supported the child's disclosure of abuse impacting their psychological, physical and/or social wellbeing.	[Parent Name] will demonstrate support for the child's disclosure of abuse.
	[Parent Name] has not supported the child's expression of their sexual orientation or gender identity which has negatively impacted the child's psychological, physical, and social wellbeing.	[Parent Name] will demonstrate support of the child's expression of their sexual orientation or gender identity.

Process Example
(Ideally developed between Preparation and Agreement Meeting
(Stage 3 Protective Capacity Assessment)



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 ODHS 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 ODHS'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 ODHS 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 ODHS and the family have responsibilities; be clear about ODHS'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 ODHS expectations and the limits to negotiating, compromising or dismissing.

XIV. ODHS'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 ODHS 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: ODHS 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 ODHS 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

Supervisor Guide

Document your staffing in OR-Kids in the 90-day Staffing dropdown. Include decisions and next steps.

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. This type of case work is also referred to as courtesy supervision, cross-county supervision, or inter-county case work.

The foundation of this procedure is to promote best practices among counties by approaching each situation in a collaborative and respectful 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. Professional courtesies should be extended and reciprocated.

It is also important to consider how the CORE Values are reflected in this area of practice. The rules and requirements for practice are not different for inter-county case work. Our efforts should reflect and affirm the following:

- Child safety is the responsibility of all Child Welfare. Child safety, not jurisdiction, is the primary focus for any request.
- Individuals being served by Child Welfare are being served by ALL of Child Welfare, not just by a specific local office or district. Equity of service requires equitable treatment of individuals regardless of location.

CPS Assessments and Interviews

Assignment

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 CPS 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.

Changes to CPS Assessment Assignments

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 CPS assessment must be considered, but meeting the initial contact timelines must be prioritized. Whichever local office is able to meet the timelines most efficiently to assess child safety should make the initial contacts. Collaboration may be needed between the local offices to make those initial contacts so communications should be timely. After initial contacts have been completed, and child safety assured, then discussion about which local office will complete the CPS assessment can occur. The CPS assessment will be completed by the local office where the child resides (as described above).

If a child moves to a different county during a CPS assessment, the assigned county continues with and completes the CPS assessment, requesting courtesy interviews as needed. If it is determined a child is unsafe at the conclusion of the CPS 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 CPS assessment.

If a mother of a child in ODHS 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 CPS assessment with the expectation of partnering with the open case county for case history and family engagement, as appropriate.

CPS Courtesy Work

- Courtesy work may be requested by another county if CPS assessment participants or homes requiring observation are more than 30 miles away from the requesting county and the other county's branch office is closer to the family. See the section Making a Request for Inter-County Casework below.
- Rule and procedure apply to courtesy cases the same as any other case. Unless otherwise agreed upon by both local offices, when a request for a specific activity is received, it is with the understanding that the activity requested will be conducted as required by rule and procedure. For example, initial contacts with a child should include assessment of the home environment(s) – including sleep environments – and the gathering of sufficient information about the family conditions and functioning to determine if present or impending danger safety threats exist (see OAR 413-015-0420, 413-015-0422, and Chapter 3, Section 4: Initial contact with the family for more information).
- Initial contacts with all required participants must be made within the assigned timelines. Initial contact must be prioritized over determinations about jurisdiction or who will complete the CPS assessment. If the timelines are missed, initial contacts are still required to be made as soon as possible.
- Whenever practicable, the CPS worker must interview both parents and caregivers in person. All adults living in the home should be provided with written notice that a criminal records check may be conducted on them. Unless there is an immediate safety concern, the criminal records check will be conducted by the primary worker.

- A courtesy worker should be prepared to address any present or impending danger safety threat that is identified during their contact.
- The courtesy CPS worker will be assigned as a secondary to the case. The CPS worker completing the report is responsible for the final product and decisions regarding the case.
- The caseworker who gathers information or completes an interview or contact documents their work in OR-Kids. CPS assessment activities are entered by the caseworker who performed the activity. Information gathered by the primary or courtesy worker is to be documented into the six domains as appropriate.
- The CPS worker must notify the parent or caregivers the same day the child interview occurs unless there is a specific reason that same day notification could make a child or adult unsafe. The CPS worker must document supervisory approval and an explanation for a one-day extension in OR-Kids. The primary worker is responsible for these notifications and documentation unless specifically outlined and agreed upon by both primary and courtesy worker.
- After courtesy contacts have been made, the courtesy CPS worker should immediately notify the sending county and both counties must schedule a staffing with due consideration to timeliness regarding safety issues or safety planning which may need to be addressed. The staffing should include all CPS workers and their supervisors.
    - At that staffing, jurisdiction can be determined between the counties based on where the child resides (except as otherwise indicated) if applicable. The county where the child lives will complete the CPS assessment.
    - If a change in county is required, the sending county will reassign the report to the receiving county once all activities and actions are documented within OR-Kids.
    - If other case participants live elsewhere, the county where those participants live will provide courtesy casework to those participants as needed during the CPS assessment to complete face to face contact requirements and as required to make a safety determination and engage with the family in appropriate service planning.
- The caseworker who gathers information or completes an interview or contact documents their work in OR-Kids. CPS assessment activities are entered by the caseworker who performed the activity. Information gathered by the primary or courtesy worker is to be documented into the six domains as appropriate.
- The CPS worker completing the report is responsible for the final product and decisions regarding the case.

Cross-County Case Supervision

Cross-county case supervision refers to when one or more counties is providing ongoing case management services for a county who holds primary jurisdiction over the case.

Cross-county case supervision requires a joint effort between local offices 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:

- 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

- 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.

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:

- The sending county will:
  - 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 family plan, current action agreement, current petition and court order and any other relevant information, such as evaluations and medical records.
  - Ensure 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.
  - 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.
  - Retain case planning responsibility.
  - 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.
  - The sending county must document the request in a case note in OR-Kids within one business day.
- The receiving county will:
  - Document receipt of the request in OR-Kids case notes within one business day.
  - Notify sending branch of receipt of request within two business days of the receipt of the request.
  - 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 local offices 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 local offices. The staffing and outcome must be clearly documented in a case note in OR-Kids by the receiving branch in a timely manner.

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:

- Identification of the assigned caseworker and active efforts worker.
- Clarification of roles and responsibilities.
- Discussion and agreement on the needed frequency of communication among caseworkers.
- Development of a plan to provide court-ordered services by the receiving branch.
- 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.
- Discussion about the roles and responsibilities of each caseworker should the child or young adult go missing.
- 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.
- 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 noncontracted 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.
- 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.
- 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.
- 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.

- Seventy miles (per diem guideline) workstation to placement, and
- IPlacement 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.

When a Child or Young Adult is Missing

The rules and procedures in place for when a child or young adult is missing (OAR 413-080-0053 and Chapter 4, Section 18: Missing Children and Young Adults) apply for a child on a case receiving courtesy supervision. In order to ensure the child or young adult is found, timely communication and collaboration between the two local offices is essential.

The caseworker who first learns the child or young adult is missing will immediately follow the reporting and notification procedures outlined in Chapter 4, Section 18: Missing children and young adults. In addition to the notifications listed in procedure, the caseworker will also notify the caseworker and supervisor of the local office who share the courtesy case.

After completing the reporting and notification requirements, the caseworker who completed the reporting and notifications must coordinate an urgent staffing with the caseworkers and supervisors from both local offices. Both local offices must attend the required staffing. The discussion will include who will be responsible for completing the other requirements outlined in Chapter 4, Section 18: Missing children and young adults and/or how those responsibilities may be shared. If there is not agreement on responsibilities the program managers should discuss. If the program managers are unable to come to an agreement they will consult with the Safety or Reunification program manager.

Transfer of Jurisdiction

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:

- 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.
    - EXCEPTION to above: 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.
    - If the court initiates this process without ODHS 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.

- Sending branch retains case planning responsibility until the legal case has been received and accepted in the receiving county and its court.
- If a nonlegal 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

- 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
- An initial check of databases (OR-Kids, IIS, OJIN/eCourt).

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.

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 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, local offices 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:

- A staffing that includes caseworkers and supervisors from both sending and receiving local offices at the following critical junctures:
  - At initiation of cross-county case supervision, once a caseworker has been assigned.
  - 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:

- 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.
- 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.
- Verification medication logs were provided and explained to the caretaker.
- Plan to address educational and other needs as necessary.
- Review of any CANS assessment and supervision plan as applicable.

- Upon relocation of any other member of the family receiving cross-county case supervision services from the receiving county.
- In advance of all court hearings at a time agreed to by both receiving and sending counties.
- Upon conclusion of the cross county-case supervision.

- All written communication between local offices 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.

Making a Request for Inter-County Case Work

In an effort to streamline the process by which inter-county case work is conducted, courtesy email inboxes have been created in each county. To make a request for case work to be done in another county based on the guidelines outlined above, an email must be sent to courtesy email inbox for the county in which the case work will be performed (see the list of email inboxes in the next section).

To ensure a timely response to requests, the emails requesting courtesy case work should be drafted as follows:

- Be specific in the subject Line. Requests for courtesy work need to be specific as to the type of case work needed so the correct program area can respond, so in the subject line, type one of the following:
  - Request for Courtesy: CPS
  - Request for Courtesy: Permanency
  - Request for Courtesy: Certification
- Indicate urgency. If the request is urgent or time sensitive, in addition to marking the email as “High

Importance," add the word "Urgent" at the beginning of the subject line as follows:

- Urgent Request for Courtesy: CPS
- Urgent Request for Courtesy: Permanency
- Urgent Request for Courtesy: Certification

- Provide necessary information. The receiving county needs information in order to process the request. Use the following template in the email narrative:
  - Case information (case number, case name, date of the report, response timeline)
  - Contact information for the worker and supervisor (full names, cell phone numbers)
  - Specific courtesy work requested
    - Initial contacts with: (identify which participants, provide contact information)
    - Face-to-face contacts with: (identify which participants, provide contact information)
    - Observation of (other than as required at initial contact): (provide information describing what needs to be observed, with specifics as needed)
    - Service referrals to… for...: (identify which participants, what type of service)
    - Certification or Adoptive Home Study services for: (provide names, dates of birth, address, and contact information for the family to be studied)
    - Any other additional information as needed to best assess the safety and well-being of the child and family.

Email Addresses for Inter-County Case Services Requests

Email boxes for each county have been set up to receive requests for inter-county case work. At least two staff members from each program area should have access to the group inbox to ensure timely responses to requests in the event one staff member is not working when a request is received. Districts highlighted in blue have more than one mailbox, so make sure you are routing your request to the correct local office.

District	Office	Email
D1 Clatsop Columbia Tillamook	Astoria St. Helens Tillamook	D1Inter-CountyCaseServicesRequests@odhs.oregon.gov
D2 Multnomah	Alberta East Gresham Midtown	D2Inter-CountyCaseServicesRequests@odhs.oregon.gov
D3 Marion Yamhill Polk	Dallas McMinnville Salem	Inter-County.CaseServicesRequestsD3@odhs.oregon.gov

D4 Benton Lincoln Linn	Corvallis Newport Albany	D4BentonInterCountyCaseServicesRequests@odhs.oregon.gov D4LincolnInterCountyCaseServicesRequests@odhs.oregon.gov D4LinnInterCountyCaseServicesRequests@odhs.oregon.gov
D5 Lane	Eugene Springfield	D5InterCountyCaseServicesRequests@odhs.oregon.gov
D6 Douglas	Roseburg Reedsport	Inter-County.CaseServicesRequestsD6@odhs.oregon.gov
D7 Coos Curry	Coos/North Bend Gold Beach	Inter-County.CaseServicesRequestsD7-Coos@odhs.oregon.gov Inter-County.CaseServicesRequestsD7-Curry@odhs.oregon.gov
D8 Jackson Josephine	Medford Grants Pass	D8JacksonInterCountyCaseServicesRequests@odhs.oregon.gov D8JosephineInterCountyCaseServicesRequests@odhs.oregon.gov
D9 Gilliam Hood River Sherman Wasco Wheeler	Condon Hood River} The Dalles	Inter-County.CaseServicesRequestsD9@odhs.oregon.gov
D10 Crook Deschutes Jefferson	Bend Madras Prineville	Inter-County.CaseServicesRequestsD10@odhs.oregon.gov
D11 Klamath Lake	Klamath Falls Lakeview	D11InterCountyCaseServicesRequests@odhs.oregon.gov
D12 Morrow Umatilla	Boardman Hermiston Pendleton	Inter-County.CaseServiceRequestsD12@odhs.oregon.gov
D13 Baker Union Wallowa	Baker Enterprise LaGrande	D13InterCountyCaseServicesRequests@odhs.oregon.gov
D14 Grant Harney Malheur	Burns John Day Ontario	Inter-County.CaseServiceRequestsD14@odhs.oregon.gov
D15 Clackamas	North Clackamas Oregon City	D15ClackamasCounty.CourtesyRequests@odhs.oregon.gov

D16 Washington	Beaverton/Hillsboro	ODHS-CW-D16-InterCountyCaseServicesRequests@odhsoha.oregon.gov

Responses to Requests

Requests are time sensitive and may need an immediate response. The following timelines are to be used when a request for inter-county case work has been requested to ensure timelines can be met:

- For a non-urgent request, the receiving county must acknowledge the receipt of the request within 2 business days.
- For an urgent request, the receiving county must email a response on the same business day. If the urgent request is sent after regular business hours, the response must be sent before noon the following business day.
- The response must include the name and phone number of the person currently available to be contacted regarding the request.
- Documentation of sending/receiving requests will be consistent for all requests:
  - The sending county must document the request in a case note in OR-Kids within one business day.
  - The receiving county must document the receipt of the request in a case note in OR-Kids within one business day.
- The receiving county must make diligent efforts to meet the assigned timelines. If the assigned timeline has passed, diligent efforts must continue to until contacts have been completed.

Chapter 4

Appendix 4.14: International Travel Procedures for Children in ODHS Substitute Care for the Purpose of Adoption

International Travel Procedures for Children in ODHS Substitute Care for the Purpose of Adoption

This document outlines the procedures to follow when children in the custody of ODHS 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 ODHS'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 ODHS 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 ODHS-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 ODHS 1496 to add international calling to their current WCD (wireless communication devise); or. through contacting the ODHS 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. ODHS 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 ODHS 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.

Specialized Services and Settings

Includes:

I. Child Welfare contracted settings.
   A. Behavior Rehabilitation Services (BRS).
      1. Proctor foster care.
      2. Residential.
   B. Proctor emergency shelter care.

C. Runaway and homeless programs offering short term stabilization and assessment services.
D. Residential licensed family settings.
E. Supervised Independent Living (SIL).

II. OHA residential services.

III. ODDS foster care and residential services.

Consider a specialized service or setting when:

A. Regular foster care is unavailable or inappropriate due to the child's needs or behaviors;
B. The child's needs or behaviors cannot be managed in a less structured and less restrictive environment; or
C. The child qualifies for a service or setting through OHA or ODDS.

See Chapter 5, Section 7, Specialized Services and Settings for more information.

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.

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 ODHS 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 how the child's possessions will be transported. The process of entering care is hard enough for a child without the added burden of having their belongings placed into trash bags. In effort to reduce a child's trauma when being placed in care or moved to a different placement, it is important that staff are prepared for unexpected circumstances at every face-to-face contact. While there are emergency circumstances beyond staff's control, one way to be prepared is by stocking duffel bags in the trunk of every vehicle.

II. 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 objects or toys.

      The child should bring personal clothing items. These should be marked by the caregiver whenever possible, so the child's belongings are properly identified and labeled.

   B. Include items important to the child such as:

      1. School backpack, textbooks, school supplies (including technology required for school);
      2. Band instrument;
      3. Special club clothing, uniforms;
      4. Favorite books;
      5. Diaries;
      6. Jewelry;
      7. Favorite photographs; and
      8. Phone numbers and/or cellular phone (if appropriate).

   C. Do not take a child's personal items when there is risk of contamination due to drug production in the household.

III. 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.

IV. List the people who can have phone and face to-face contact with the child and who cannot.

V. Describe the reasons for supervision if a child's visits must be supervised.

VI. 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 Placement Information Form (ODHS 100-65583). Give a copy to the substitute caregiver when the child is placed in the home.

VII. 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.

VIII. 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.

IX. 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.

X. 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.

XI. 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 their relatives and placing siblings together as well as a goal of providing support and connections to children and young adults. 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. If it is known or the Department has reason to know the child is an Indian child, refer to and comply with OAR chapter 413 division 115 as placement preferences under ICWA/ORICWA must be followed. 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 or young adult knows and can remain connected to their family.

Research indicates that relative placements are almost always less traumatic for children and young adults 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 or young adult does not know the relative, the relative still has an important role to play in keeping the child or young adult 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, young adult or their family.

A relative is defined in Oregon Administrative Rule 413-070-0000(80)(a-d). 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.
   - I. A person defined as a relative of a refugee child.

J. A child's stepparent or former stepparent if the child had a relationship to the former stepparent prior to coming into substitute care.

K. 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.

L. The adoptive parent of a child's sibling.

M. The unrelated legal or biological parent of a child's half sibling if that half sibling is living with the unrelated parent.

II. A person distantly related to the child. This includes those persons who the family or child identifies, or the person self-identifies, as being related to the child by blood, adoption, or marriage but to a degree other than specified in No. 1 above.

III. 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, child or young adult's value system, culture, and beliefs are identified as family members and act as family members.

When it is known or the Department has reason to know that ICWA/ORICWA applies, the Indian child's Tribe determines the definition of a relative by their law or custom, which may not align with the definition or individuals listed above. The worker must consult with the Indian child's Tribe to determine the Tribe's definition of relative. If the meaning of relative cannot be determined by law or custom of the Indian child's Tribe, relative means a person who has attained 18 years and who is the Indian child's.

- Grandparent,
- Aunt, uncle,
- Brother, sister,
- Sister-in-law, brother-in-law,
- Niece, nephew,
- First cousin, second cousin,
- Stepparent or,
- As determined by the Indian child's tribe, clan or band member

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 resource 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 resource 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 resource parent has cared for the child for at least the past 12 consecutive months; and
D. A Permanency Committee has recommended the resource 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 resource 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 numbers 1. and III. 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 as part of the information gathering process in taking a new report of abuse and continues through the CPS assessment and permanency casework. Identification must begin immediately 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 immediately when an individual other than a parent, guardian, or Indian custodian (if applicable) is required to manage a child's safety. The search must also begin when a parent, guardian, or Indian custodian (if applicable) enters into a Voluntary Placement Agreement for a Child (CF 499) with the Department or voluntarily gives custody of the child to the Department. Include all identified legal parents' families in the search. This early, 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 or young adult is in substitute care, and keep the child or young adult connected to their 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 or Indian custodian (if applicable);

   B. Children;

   C. Other family members;

   D. The Indian Child's Tribe;

   E. During every family meeting such as the Family Engagement Meeting or subsequent Family Decision Meetings;

   F. School teachers or other school staff;

   G. Persons participating in the shelter hearing;

   H. Day care or other child care providers,;

   I. The family's spiritual or church leaders;

   J. Search of previous child welfare records;

   K. 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

   L. Internet search engines such as Accurint.com, Family Finders/US. Search.com, and Ancestry.com.

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 or young adult's relatives is important both to support the parents and to support the child and young adult 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 or young adult with their 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 are contacted 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?

If 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 ODHS 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.

Procedure

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. Be prepared to:

I. Answer questions the relative may have. Federal law allows the Department to tell an adult relative that a child or young adult is in substitute care.

II. Provide information. Let the relative know how:

   A. How they will be followed up with, including a follow-up letter will be sent and if certification is a possibility, whether there will be someone else from the Department contacting them.

   B. They can send cards or letters through the caseworker to the child and any other contact arrangements the caseworker may be making.

   C. Where they can find more information on the Department's website.

   D. Contact the relative or person with a caregiver relationship by sending a letter When a telephone number is not provided or available.

If a child is placed into non-relative foster care, parents and all relatives identified as possible placements must be notified in writing that the non-relative resource parent will have equal status as relatives as a potential adoptive parent once the non-relative resource parent has cared for the child or at least one sibling of the child for at least 12 cumulative months or, if the child or sibling is under two years, half their life calculated cumulatively.

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. Tell the grandparent of options for involvement (see Options for Relatives ODHS 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."

A. 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."

III. 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 (ODHS 9360 Options for Relatives) and letters translated into the languages most commonly spoken by families. Be sure to clearly explain information in a way that makes sense to the relative, respecting their 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. If the child is placed with a non-relative, ensure the relative received written notification regarding placement priority as related to adoption consideration as outlined earlier in this section.

   E. 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 their own home with help from others, a relative may be 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.

   F. Explain the rights of relatives as described in OAR 413-010-0300 to 0340, Rights of Relatives.

   G. Provide information about the availability of Guardianship or Adoption Assistance and how the child meets eligibility requirements.

IV. 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, 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 their supervisor, then contact a program manager who must approve any decision not to contact a relative.

Note:

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 in the Department's electronic information system all identified relatives and persons with a

caregiver relationship. 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 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, wellbeing and attachment.

I. 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 or young adult's relatives. Some of these include:

A. Perseverance: Do not give up on efforts to engage relatives. Even if a person does not respond to 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 their 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 or young adult. Can the relative attend school functions, religious or sporting activities or events? Can the relative offer transportation to family time? Are there opportunities for family time, 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 or young adult's history, music lessons or sporting equipment, mentoring, vacations, or other types of family connectedness?

F. Ask how the relative sees themselves being involved with the child or young adult.

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 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 or young adult 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 or young adult, always seek input from the child or young adult and their parents, guardians, or Indian Custodian (if applicable) 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 or relatives 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, young adult, or family.

E. Resource parents unknown to the child, young adult, or family when none of the above is available or able to meet the child or young adult's needs.

III. When it is known or the Department has reason to know that ICWA/ORICWA applies, "relative" has the meaning given that term by the law or custom of an Indian child's tribe. If the meaning of "relative cannot" be determined, by law or custom of the Indian child's Tribe, "relative" means "a person who has attained 18 years of age and who is the Indian child's grandparent, aunt, uncle, brother, sister, sister-in-law, brother-in-law, niece, nephew, first cousin, second cousin, stepparent or, as determined by the Indian child's Tribe, clan or band member" as required in OAR 413-115-0000.

In determining the appropriate placement for an Indian child or when the Department has reason to know that the child is an Indian child, the Department must contact the Indian child's Tribe to determine if the Tribe has established an order of placement preference and definition of relative. If the Indian child's Tribe has established a different order of placement preference, the Tribe's placement preferences apply, so long as the placement is the least restrictive setting appropriate to the particular needs of the Indian child.

If the Indian child's Tribe has not established a different order of preference, the parental rights of the Indian child's parents have not been terminated, the Indian child is in need of placement or continuation in substitute care, and the court has not determined on the record that there is good cause to depart from the ORICWA prescribed placement preferences, preference must be given, in descending order as listed below, to a substitute care placement of the Indian child with:

A. A member of the Indian child's extended family;

B. A resource home that is licensed, certified, approved, or specified by the Indian child's Tribe;

C. A resource home licensed or approved by a licensing authority in this state and in which one or more of the licensed or approved resource parent is an Indian resource home; or

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.

The Indian child must be placed in the least restrictive setting that:

A. Most approximates a family, taking into consideration sibling attachment;

B. Allows the Indian child's special needs, if any, and cultural needs to be met; and

C. Is in reasonable proximity to the Indian child's home, a member of the Indian child's extended family, or siblings.

The agency must inform the substitute caregiver that the child is an Indian child.

When an Indian child is moved from one placement setting to another or if the resource parent moves, the placement preferences outlined in this rule must be followed for each subsequent placement, unless the Indian child is returned to the parent or Indian custodian from whose custody the Indian child was originally removed. The Agency must notify the parent, Indian custodian, and the Indian child's Tribe in writing prior to a change in placement or before the resource family moves, as required in OAR 413-115-0050.

IV. 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, lifelong 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 to keep them placed together. Consider the child's proximity to school and ability to remain in their home school, proximity to parents for the purposes of family time, or whether the relative being considered is able and willing to transport children to school or to family time.
    C. 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.
    D. 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.
    E. Consult with a supervisor when making placement decisions.

V. 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 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 their needs for safety, permanency, and well-being.

Certification of a Relative Resource

Once identified, a relative must be certified prior to placement of a child or young adult in the home. To further the Department's value of initial placement with a relative, processes have been established to complete certification quickly and issue a Temporary Certificate of Approval. Please refer to Chapter 8 where these processes are described in detail.

Initial placement with a relative can be a significant way to minimize trauma to a child entering foster care. A relative who indicates they want to be a placement resource must be given the opportunity to apply and should not be informally assessed and told they are not able to be certified prior to their application being submitted and processed. It is important for the caseworker to partner with district certification teams to work through the certification process.

As indicated in the section above, there may be times where there are multiple relatives interested in placement of a child. Efforts need to be made to schedule a meeting or meetings with the relatives, the child's parents. guardians, or Indian Custodian (if applicable), others involved in the child's case and the child (if appropriate) to discuss the needs of the child and to come up with a plan for which relative should pursue certification. Factors to consider include:

- The ability of the relative to maintain safe long-term contact with siblings, relatives and caregivers known to the child and others with whom the child has developed an emotional attachment.
- Placement with siblings
- Contact between the child or young adult and birth parents.
- Cultural Connections
- Proximity to community, school, and other needed services
- The child or young adult's:
    - Safety and wellbeing needs
    - Attachment needs
    - Supervision needs
    - Mental health needs
    - Strengths
    - Medical needs

Once a child or young adult is placed with a relative, it is critical to support that placement. This support may look different than a placement in a general applicant home. Discuss with the certified relative resource any tangible needs they may require to continue caring for the child. Utilize resource parent flex funds to purchase needed items. Have on-going conversations about Family Time with the child's parents, and the role of the relative in this time. Understand that the relative may be angry, frustrated, sad or have other feelings of conflict about the situation their child/sibling/cousin etc. is in and may need to discuss these feelings. It is also important the certified relative resource parents understand any restrictions the Department has in place limiting contact between the child and their parents. This may need to be discussed multiple times.

Include the certified relative resource parent as a part of the child's team and keep them informed of the status of the legal case and what that means for placement of the child in their home.

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 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, permanency, and attachment.

II. The review of the Department's diligent efforts may mean a review of the file, a staffing with a 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 their 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 it is found 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 relative resource placement can meet the child's needs for safety, permanency, well-being, and attachment. Seek family input and supervisor guidance in your decision making. 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. 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 they transition to a new placement.

B. Consider:

- 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?
- When it is known or the Department has reason to know that ICWA/ORICWA applies, the Department must follow Tribal or ORICWA placement preferences for any placement move; efforts to follow placement preferences must be active and diligent. Efforts should include consultation and conversation with the Indian child's Tribe regarding potential relatives, Tribal placements and efforts to comply with placement preferences.
- Should the Department need to place the Indian child outside of Tribal or ORICWA placement preferences, the Department must receive a Good Cause approval from the Office of Tribal Affairs prior to placement outside of Tribal or ORICWA placement preferences and must also receive a good cause finding from the court. Every time the Indian child moves to a new placement, that is outside of placement preferences, the Department must re-staff with the Office of Tribal Affairs to receive a new good cause approval and must receive a new good cause finding from the court this includes self-selected environments. When the Department receives a good cause finding, that does not mean that the Department is no longer required to make active and diligent efforts to locate a placement that complies with Tribal or ORICWA placement preferences, efforts to find a placement that complies must be active and ongoing.

C. When it appears that the current placement resource is not meeting the child or young adult's needs for safety, permanency, attachment, and wellbeing, consider how relatives might be engaged in assisting the placement resource in meeting these needs (respite, connections with the child, family time, etc.) or whether other relatives should be considered as placement resources. Note, changes in a child or young adult's placement are based on the child's needs and not solely for the purpose pf preventing a placement resource from establishing a caregiver or current caretaker relationship with the child or young adult. Consult with a supervisor prior to any placement changes and document the rationale in OR-Kids.

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 involving 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 the diligent relative search and engagement at the following times:
   A. When an individual other than a parent, guardian, or Indian custodian (if applicable) is required to manage a child safety,
   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;
   H. At all times when staffing a case with a worker; and
   I. When it is known or the Department has reason to know that ICWA/ORICWA applies ensure the Tribe has been consulted and is in agreement with the current placement.
      - If there has been a good cause finding granted at all times staffing with a worker, confirm that active and diligent efforts are being made to find a placement within Tribal or ORICWA placement preferences.

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, well-being needs, and attachment.

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 family time for the child, siblings, and parents?
F. Are there other times relatives can participate in family time?
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, attachment, 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. If it is known or the Department has reason to know ICWA/ORICWA applies consider:
    - Have the Indian child's Tribe been consulted about additional relatives? In what ways has the worker engaged and incorporated feedback from the Indian child's Tribe?
    - What familial information is provided on the CF1270: Verification of American Indian/Alaska Native Membership or Enrollment?
    - Has the worker applied active efforts as required to comply with Tribal or ORICWA placement preferences and review those efforts with the worker.
    - Has the worker explored Tribal placements and what have those efforts been?
    - If the Indian child's parent, is a member of a different Tribe, that Tribe been consulted for additional relatives?
    - How has the worker ensured the Indian child is connected to their Tribal culture and engagement with Tribal community and family?
N. What external resources or searches have been tried? What degree of success resulted from these efforts?

References

Forms

CF 267

CF 449

CF 148

ODHS 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

OAR 413-115 Application of the Indian Child Welfare Act (ICWA) and Oregon Indian Child Welfare (ORICWA)

Chapter 5

Section 4: Placement in Substitute Care

Placement in Substitute 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 non-relative resource home is the least restrictive placement option. If it is known or the Department has reason to know that ICWA/ORICWA applies, placement preferences must be followed; in cases where the Indian child's Tribe do not have a designation of placement preferences, ORICWA placement preferences must be followed. If after active and diligent efforts, a placement within preferences cannot be located, the Indian child may only be placed outside of preferences with a good cause order.

Procedure

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 local office maintains a list of available resource homes, and certifiers can provide information regarding specific strengths and skills of the resource family, or any current limitations or other concerns. The caseworker may also 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 local office-specific system for emergency placement in certified resource homes. Some local office have staff assigned to the task of securing an emergency placement. Others have resources such as short-term emergency shelter homes, receiving centers, or resource 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;

III. Conducts routine and scheduled support and consultation sessions with the caseworker; and

IV. When it is known or the Department has reason to know that ICWA/ORICWA applies, the supervisor will:

   A. Review the efforts to ensure they are active and diligent;

   B. Ensure all efforts are clearly documented in detail in the ORKids, family reports and court record;

   C. Ensure the worker has consulted with the Tribe and that the Tribe is in support of the placement;

   D. Ensure the placement complies with the Tribal or ORICWA placement preferences and if the placement does not, will ensure the process to receive a good cause from the Office of Tribal Affairs was initiated and completed prior to the court hearing.

      1. When a good cause order has been awarded, the supervisor will complete regular and consistent reviews to ensure the worker is continuing to make active and diligent efforts to find a placement within preferences.

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 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 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 applicant who has any abuse 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 or adult known to the child or young adult 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 ODHS assistant director. 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 non-relative foster care, the supervisor reviews and approves the decisions of the caseworker in the placement of the child.

Connect with the local office certification unit to have child-specific certification packets available when contacting 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 ODHS

SCF 1011F Consent for Criminal Records and Fingerprint Check

SCF 1255 Applicant Reference

SCF 979 Safety Assessment – Home and Surroundings

SCF 261 ODHS Child Welfare Placement Information Form

An appropriate luggage carrier when transporting the personal belongings of the child whenever possible. If an

appropriate luggage carrier is not available, the worker must notify the supervisor the reason an appropriate luggage carrier was not used

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 the community provides these kinds of supports, have a supply available as placements are made.

Chapter 5

Section 5: Personal Care Services

Personal Care Services

Overview

A child or young adult who is eligible for Personal Care Services has a physical, mental or developmental condition requiring additional care and assistance in one or more domains of Activities of Daily Living (ADL). Pregnant foster children or young adults may also be eligible for Personal Care Services. A foster parent or relative caregiver who cares for a child or young adult eligible for Personal Care Services must have the knowledge, skill and ability required to meet the child or young adult's Personal Care Service needs. For some children or young adults , 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 or young adult's skills regardless of the abilities a child or young adult may have upon entering care.

Note: *A child or young adult who is placed in a regular foster care placement may qualify for Personal Care Services. Children who are placed in either an Oregon Developmental Disability Services (ODDS) or Behavioral Rehabilitation Services (BRS) paid placement, children or young adults who move out of the state of Oregon, or children or young adults who have completed the adoption finalization process do not qualify for this program.*

I. The domains of Activities of Daily Living (ADLs) are:

   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.

   F. Delegated/teachable nursing tasks – delegation of a task of nursing care must be done for all foster parents/relative caregivers and relief caregivers who are not currently licensed registered nurses in the state of Oregon. Delegation should be done in accordance with Oregon State Board or Nursing Division 47 Delegation Rules. Documentation should be done using the CF 172 RNT. Refer to exhibit 4 for a list of these tasks.

   G. Additional Medical Management – health related appointments, local and/or outside of local

community, per month.

II. Procedure – Referring a child or young adult for a Personal Care Services Assessment.

A. Personal Care Service referrals may be made by:

1. A caseworker,
2. A ODHS field nurse,
3. At the request of foster parent, or
4. At the discretion of the Health and Wellness Services Program Personal Care Program at Central Office.

NOTE: *A Personal Care Services Assessment will be completed during the initial Intake RN Assessment process if it appears that the child or young adult's medical needs would meet the qualifications for Personal Care Services at that time.*

B. The Personal Care Services Assessment referral local office process is as follows:

1. Caseworker must refer a child or young adult for a Personal Care Services Assessment when a child or young adult's physical or mental health condition appears to meet the criteria for one or more of the Personal Care Services.
2. Caseworker completes the information on the Personal Care Services Referral (CF 0172b).

C. Include any available copies of the child or young adult's current and pertinent medical records. Additional records will be requested if needed.

D. Submit the above required information to the designated Personal Care Branch Coordinator. The designated Personal Care Branch Coordinator will email the information to the appropriate field nurse and CC: Personal.Care@odhsoha.oregon.gov, and open/close a Personal Care Services Assessment referral service in the placements/services tab under the case in OR-Kids.

1. The Health and Wellness Program will generate a referral when a reassessment becomes due, and email to the appropriate ODHS field nurse.
2. An early reassessment referral may be emailed to the appropriate nurse ODHS field nurse if a child or young adult's medical needs significantly change, ie: hospitalizations, surgeries, new illnesses or worsening conditions, by following the procedure listed above.

E. Personal Care Services In-Hospital Assessment process is as follows:

1. Caseworker determines that an In-Hospital services assessment is necessary to acquire a better understanding of the medical needs of the child or young adult, and the skill-set needed to care for these needs. This assessment is used only to determine an appropriate foster care provider.
2. Follow steps 2-4 listed above, specifying in the Personal Care Services Referral (CF 0172b) that the referral is for an In-Hospital services assessment.
3. Personal Care Branch Coordinator and/or caseworker assists in the coordination between nurse, hospital, and potential foster care provider, if identified, for the completion of the assessment at the hospital.

III. Conducting the Personal Care Services Assessment

A. ODHS Field Nurse or the Health and Wellness Services Manager, or designee will conduct the Personal Care Services Assessment. The assessment includes:

1. A review of the child or young adult's available medical records.
2. An in-person assessment of the child or young adult with the foster parent or relative care giver, unless the child or young adult is hospitalized and not yet in a certified home.
3. Review of information from the certified caregiver regarding child or young adult's current functioning and condition.
4. Nursing delegations when needed.
5. Documentation of the findings of the Personal Care Services Assessment.

B. The ODHS Field Nurse or the Health and Wellness Service Program Manager, or designee submits the completed assessment to the Health and Wellness Services Program Personal Care Program in Central Office

C. The Health and Wellness Program Manager, or designee:

1. Reviews and approves the Personal Care Services Assessment and the Personal Care Services Plan.
2. Applies the Personal Care Services rating scale (Exhibit 4 OAR 413-090-0133 and 413-090-0150) to the assessment results and determines the level of Personal Care.
3. Provides payment for Personal Care Services, calculated based on the number of days that Personal Care Services were provided to the eligible child or young adult. Personal Care Services provided to a child or young adult are terminated when the child or young adult no longer meets the eligible requirements or is no longer in the care of the foster parent or relative caregiver, whichever is earlier
4. Emails the caseworker and certifier a copy of the completed Personal Care Services Assessment, the results of the assessment, and the notice and decision letter. These documents are uploaded into the file cabinet of the case in OR-Kids.
5. Mails documents to the foster parent for review. One copy of the Personal Care Service Plan must be signed, dated, and returned to the Personal Care Program.
    - Foster parents have 30 days to contest the results of a Personal Care Assessment. An Administrative Hearing Request form (CE 0344) must be submitted and received within 30 days of receipt of assessment results
6. Payments according to level.
    - Level 1 - $352
    - Level 2 - $705
    - Level 3 - $1057
    - Level 4 – $1057 + additional child specific hours.

IV. Developing a Personal Care Services Plan

A. The ODHS Field Nurse will develop a Personal Care Services Plan. The Personal Care Services Plan

must include the following:

1. The frequency and intensity of each Personal Care Service the child or young adult will need.
2. The qualified provider who provides the Personal Care Service. Whenever the Personal Care Services plan includes a delegated nursing task, the plan must include the following documentation using the delegation document (CF 0172 RNT).
    - Who is authorized to perform the delegated nursing task.
    - Instructions for performing each delegated nursing task.
    - The frequency the qualified provider will be supervised and reevaluated in performing the delegated nursing task.
    - Signatures and dates of both the ODHS Field Nurse and the certified family.

V. Monitoring the Personal Care Services Plan

The Health and Wellness Services Program Personal Care Program at central office email the signed and dated Personal Care Services Plan to the caseworker and certifier and upload it into the file cabinet of the case in OR-Kids. It is the responsibility of the caseworker to:

A. Review these documents to gain an understand of how the child or young adult's Personal Care Services will be met through this plan.

B. Review the Personal Care Services Plan during regular face-to-face contact with the certified family to ensure the child or young adult's Personal Care Service needs are met through these specialized services and document the review.

C. Develop a thorough understanding of how the Personal Care Services fit with the health care services the child or young adult receives from the their medical providers.

D. Consult with the child or young adult's medical providers, or with the ODHS Field Nurse or nurse consultant at Central Office whenever questions arise regarding the child or young adult's Personal Care Service needs.

VI. Personal Care Services Reassessment

A. The Personal Care Program Coordinator at Central Office will generate a referral when a reassessment becomes due, and email to the appropriate ODHS Field Nurse.

- The ODHS Field Nurse will contact the foster parent to set a date, time, and place that is convenient.

B. An early reassessment referral may be emailed to the appropriate ODHS Field Nurse if a child or young adult's medical needs significantly change, ie: hospitalizations, surgeries, new illness or worsening conditions, by following the procedure listed above.

Note: *When a child or young adult receiving Personal Care Services changes placement, a new referral must be re-submitted to the appropriate nurse, CC:* Personal.Care@odhsoha.oregon.gov. *Personal Care Services do not follow a child or young adult from home to home.*

Supervisor Role

- Provide support and knowledge to the caseworker with responsibility for monitoring the child or young adult's safety and wellbeing.
- Visit the child or young adult in the home with the caseworker when the caseworker needs additional support in monitoring a medically fragile child.
- Review the child or young adult's medical records to ensure referrals and appointments are completed.
- Consult with other medical professionals to gain additional information or understanding of the child or young adult's condition when warranted.

Medically Fragile Children Requiring Intensive In-home Services

When taking custody of a medically fragile child in the hospital or changing placements, caseworkers should consult with the Health and Wellness Services Program Manager at Personal.Care@odhsoha.oregon.gov for placement guidance and assistance with additional in-home support.

If a child or young adult is hospitalized with significant medical needs, caseworkers should notify the Health and Wellness Services Program Manager, or designee and consult as needed for placement guidance and assistance with additional in-home support.

Some children or young adults may require professional nursing care in the home and should be evaluated for eligibility by Children's Intensive In-Home Services (CIIS). After consultation with the supervisor, make a referral by calling 971-673-3000, to request an evaluation for the child or young adult. CIIS may provide payment for in-home professional nursing services. A referral form can be obtained at https://www.oregon.gov/ODHS/SENIORS-DISABILITIES/DD/Pages/CIIS-Eligibility-Referral.aspx.

Upload medical information in the medical section of the child or young adult's file cabinet in OR-Kids. Healthcare provider consultation notes are recorded in case notes.

Forms

CF 172B Personal Care Services Referral

CF 0344 Child Welfare Administrative Hearing Request

Alternative Languages can be found at the ODHS/OHA Publiciation Forms page.

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 ODHS. Work with the family's certifier to refer for the training if the family has not completed it. Involve the family's certifier as needed to discuss these requirements with the family and provide the family with the forms.
2. 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.

3. Submit the plan to the child welfare program manager for approval.
4. Provide copies of the signed plan to the:
   - Certified family, and
   - Certified family's certifier.

   File a copy in the child's file.
5. 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: Specialized Services and Settings

Specialized Services and Settings

There are several types of Oregon Health Authority (OHA) and Office of Developmental Disability Service (ODDS) treatment settings as well as Child Welfare contracted placements appropriate for children or young adults whose behaviors and needs are so challenging or specialized, they cannot remain with their family or in a certified resource home. Specialized services and placements are designed to address child and young adult treatment and supervision needs in a residential (also known as congregate care) or proctor setting (certified family). Depending on the type of service and level of care, the setting may provide: trained staff offering assessment and evaluation, treatment services and behavior rehabilitation services such as skills training. Primarily, Child Welfare's Treatment Services team contracts directly with agencies to provide Behavior Rehabilitation Services (BRS) while other agencies, such as OHA and ODDS provide access to specialized treatment and support for mental health, developmental disabilities and substance use disorder. The goal of these placement settings and services is to stabilize the child or young adult, leading to an eventual transition home or other less restrictive substitute care placement setting. Available Child Welfare contracted placements that do not fall under BRS programming will be discussed further below.

Types of Treatment and Specialized Settings

Oregon is committed to serving children and young adults in the least restrictive setting as possible. There are three avenues to obtain out of home treatment services in Oregon:

I. 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; and
   - The SAGE Program for survivors of Commercial Sexual Exploitation of Children (CSEC).

II. Services provided through Developmental Disability Services: children and young adults qualifying for developmental disability services may have access to a DD certified foster home or specialized group home. https://www.oregon.gov/ODHS/SENIORS-DISABILITIES/DD/ Pages/children-supports.aspx

III. Services provided through Child Welfare contracted placements-BRS (residential and proctor settings) and Non-BRS residential programs for children and young adults in the care or custody of Child Welfare.

Below is an Overview of the Array of 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.

NOTE: *The term child/children is used exclusively when discussing children and young adults placed in CCA's as the term child/children applies to youth up to 21 when placed in a CCA.*

BRS programming occurs in both proctor (family proctor homes certified by a child caring agency) and residential facilities. 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 Child Welfare certified resource home. Every child or young adult referred for placement in a BRS program must have demonstrated behavioral or emotional needs 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 problematic sexual behavior 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 behavior 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.
- 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)- This classification of BRS residential programming is a result of both the national and state legislation that require residential programs to meet specific standards and to ensure that children and young adults who 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. 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 administrative rule.
    - 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 child cannot remain for longer than 60 continuous days or 90 cumulative days in a 12 month period. Additionally, there cannot be co-mingling of ODHS children with 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 resource care is unavailable or inappropriate due to the child's needs or behaviors;
        - For children and young adults who require short-term stabilization of behavioral and emotional disturbances before returning home or to a less restrictive placement; and
        - For children and young adults who need an evaluation for possible placement in residential care.

Runaway and Homeless Programs Offering Short Term Stabilization and Assessment Services

Residential Resource Consultants (RRC's) help facilitate placement in a runaway and homeless program when children or young adults need an immediate placement. These are ODHS licensed programs 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 or young adult was placed in a runaway and homeless program after hours, it is critical to:

- Notify the RRC the next business day;
- Submit a CF1055, Behavior Rehabilitation Services Referral, if one has not already been provided; and
- Submit a Child Placement Entry Form (CW 0091) to notify Treatment Services of the placement.
- Once a child or young adult is placed in a runaway and homeless program, a transition plan should be immediately pursued to prevent multiple disrupted placements. Work closely with your RRC, the child's family and the permanency team to identify appropriate transition placements.

Runaway and homeless placements are:

- Used when an unanticipated placement need arises for a child or young adult 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

ODHS is only allowed to contract with two programs 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 (SIL) & Plus

Treatment Services contracts with agencies to provide independent living services and supports to young adults 18+ 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, Supervised Independent Living 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). Young adults must be in the custody of Child Welfare or eligible for a Young Adult Voluntary Placement Agreement to access Transitional Living Program (TLP) services. All referrals to TLPs are facilitated by the RRC's.

Assess the Child or Young Adult's Unique Needs

Procedure

I. Explore resources to support the child or young adult in the current substitute care placement (e.g., mental health counseling, a Behavior Intervention Plan, services provided to families through community agencies, mentoring and support programs or FOCUS) prior to considering BRS. If the family is struggling in managing

the child or young adult's behavior, it is important to be responsive and act quickly to set up supports to prevent a disruption before a planful transition can occur, if needed. At times, more frequent contact with the family and child or young adult can be an effective intervention.

- Consult with your supervisor. Use your supervisor as the first resource in assessing if a BRS placement may be appropriate and identify if other service or placement options may meet the child or young adult's needs. When additional consultation or support in accessing services or placement is necessary, utilize the following resources:
  - The resource developer (district dependent) can assist the caseworker in identifying local programs and services available to meet the child or young adult's identified needs. The resource developer can assist in securing contracted services.
- Contact the local RRC to explore service options including FOCUS funded services (see Chapter 5, section 8: Target Planning and Consultation Committee Referrals). RRCs provide technical assistance and consultation to caseworkers and assist in locating or maintaining a substitute care placement for a particular child or young adult. 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 child or young adult. This also includes respite through Treatment Services contracts with options in both proctor homes and residential settings.

II. Determine if remaining at home or in a certified resource home is manageable in that the child or young adult's needs and behaviors, can be supported and sustained with additional community resources and support or through a placement support plan. All efforts should be made to prevent a child or young adult from experiencing multiple placement disruptions due to their needs. Immediately consult with your RRC about placement options if the child's safety cannot be managed in the home or the caregiver is unable to meet the child or young adult's needs. Pursuing a BRS placement early can avoid a series of placement disruptions and increase in escalated behavior.

III. Meet with the child or young adult to explore his or her needs, discuss options that may be available and encourage the child or young adult to participate in the process of substitute care placement decisions whenever appropriate. Explore these individualized services in a meeting with the child or young adult's family, current substitute caregiver, the Tribal National worker (if ICWA case) and service professionals (see Chapter 4, Section 6, Conducting Family Meetings).

IV. Consider a BRS program only after all other resources for meeting the child or young adult's needs in a less restrictive environment have been explored or exhausted. Document all efforts to find an alternative placement in OR-Kids.

- Consider BRS for a child or young adult when the child or young adult:
  - Has a mental, emotional, behavioral disorder or developmental disability that prevents the child or young adult from functioning at a developmentally appropriate level in the child or young adult's home, school or community;
  - Demonstrates severe emotional, social, or behavior problems, including not limited to: drug and alcohol use; antisocial behaviors requiring close supervision, intervention and structure; sexual problematic behavior;

- Requires out of home treatment to restore or develop functioning at a developmentally appropriate level in the child or young adult's home, school or community.

If the child or young adult has active suicidal or homicidal behavior and/or there are concerns about psychiatric instability, a BRS program is not appropriate. Work with the child's mental health provider or local emergency services for immediate support.

Best Practice Tip: *If child or young adult is struggling and could benefit from increased behavioral health support, connect with the child or young adult's assigned Coordinated Care Organization (CCO) through the Oregon Health Plan (OHP). At each CCO, there is an Intensive Care Manager who can assist in identifying potential behavioral health services in which the child or young adult may qualify. A referral to Wraparound services should also be considered.*

V. A BRS referral is not appropriate if the following circumstance exist:
   - A child or young adult's needs can be met in a certified resource family home;
   - A child or young adult's relationships with siblings could be better preserved in another setting;
   - A child or young adult has a diagnosed mental and/or emotional disorder and has been determined to require psychiatric hospitalization to protect self or others;
   - A young adult has demonstrated the ability to function independently through Independent Living Program services, indicating that independent living is a better option;
   - A child or young adult whose needs, circumstances or social history indicate that available BRS programs could not assist the child or young adult, or that the child or young adult and/or the community could not be protected during the placement;
   - A child's or young adult's placement history clearly shows that additional use of BRS programs will not be of further benefit; and/or
   - A child or young adult is eligible for services through Developmental Disabilities and cannot access needed services or resources in a BRS placement. NOTE: A child or young adult eligible for Developmental Disabilities may be referred to a BRS program.
   - The child or young adult does not have two or more behaviors as identified on page 4-6 of the CF 1055 BRS referral form.

VI. Unique Considerations in a Family Support Services (FSS) case.

To assess if an FSS case could be supported through a Voluntary Placement Agreement, ensure the following is considered:

- Is the request for placement solely due to the need to obtain services for the child's emotional and behavioral disorder?
- Will a BRS program meet the child's behavior and/or supervision needs or is there another specialized setting or service, such as Psychiatric Residential Treatment, that should be considered?
- Is the family willing to actively engage with the child and BRS provider and work towards reunification? This includes attending service plan meetings and home visits.
- If a QRTP may be appropriate, advise the family of the QRTP process which includes a court hearing for

approval of a placement. The judicial process is unfamiliar to many families and can evoke feelings of anxiety and overwhelm. Ensure families are aware of the steps to help support them in this process.

Voluntary Placement Agreements for Young Adults (18 through 20) can be considered for BRS placements in the following two scenarios:

1. A 17 year old is on an FSS case and will turn 18 while in a BRS program;
2. A young adult that has exited foster care wants to return to a BRS program they previously resided in. This option will be dependent on the program's ability to accept a referral for a young person 18+.

For more information on working with a family or young adult under a Voluntary Placement Agreement, refer to Chapter 7, Family Support Services.

Note: *If a child is currently in a BRS placement through a VPA and the need for placement is anticipated to continue at the same level of supportive services after age 18, at least six months prior to the child's 18th birthday, begin conversations about the transition to adulthood and what preemptive steps need to be taken to maintain continuity of care. Work with the BRS program to set expectations for the team about what may change under a young adult VPA.*

Centralized Referral Process

This procedure describes the specific process for a referral for BRS and Child Welfare contracted placements. The referral process to a Qualified Residential Treatment Program includes additional steps that include a QRTP assessment and court approval with strict timeframes which must be adhered to. 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, please see previous section under runaway and homeless services for more detail.

The referral process is as follows for a BRS or residential Child Welfare contracted placement:

- Ensure the child or young adult is in the legal custody of Child Welfare by juvenile court order or ensure there is an open FSS case with signed releases of information by each custodial parent, Indian Custodian or young adult. A Voluntary Placement agreement should not be signed until a program has accepted the child or young adult for placement and an intake date has been set. When parents or Indian Custodian enter into a Voluntary Placement Agreement with Child Welfare, they retain legal custody of the child and must play an active role in their child's placement and planning. It is critical if a child is placed in a Child Welfare contracted 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 or Indian Custodian.

Note: *A family or Indian Custodian cannot enter into a Voluntary Placement agreement for placement of a young adult. Please see Chapter 7 Family Support Services for more information on young adult voluntary placement agreements.*

- Consult with the local RRC regarding the child or young adult'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 or young adult. Careful consideration in discussing future placement and services should center on programs that can support the child or young adult's cultural and racial identity as well as provide a safe and affirming environment if the child or young adult identifies as LGBTQIA2S+ (see chapter 5, section 41). If the child or young adult has any

specialized medical or unique developmental needs, the RRC will need all information to help determine the best placement options.

- Discuss with the RRC about Oregon Health Plan (OHP)/Coordinate Care Organization (CCO) healthcare coverage and if it is appropriate for the child or young adult to enroll into the plan available in the geographic region of placement or if it is critical for the child or young adult to maintain their current CCO due to pending authorization or critical service providers.

- Formally initiate a referral to the local RRC:
  - 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 or young adult, to include a strong focus on strengths, is key to a successful referral and best placement matching.
  - Caseworker and a supervisor must sign the form on page 8. Physical or electronic signatures are accepted.
  - Caseworker then attaches additional information to the CF1055. This is listed on page 1 and should include (if applicable);
    - Required- most recent court order or signed releases of information if an FSS case. A voluntary placement agreement should not be signed until a program has accepted a child or young adult for placement and an intake date is set;
    - Recent psychological evaluation (within the past two years);
    - Psychiatric assessment (within the past two years);
    - Mental health assessment (within the past two years);
    - IEP (current);
    - CANS screening (current);
    - Wrap service plan (current);
    - Family Report-applicable sections for child only or young adult (current);
    - Youth Transition Plan for an older child or young adult that is being referred to a BRS ILP program (current); and
    - Other documentation that may speak to child or young adult's needs and functioning (within past two years).
    - SOGIE Consent Form if applicable.
  - All documentation along with CF1055 should be scanned into 1 pdf file and sent to the appropriate RRC's regional email box.

NOTE: *The 1055 has check boxes to indicate if a child or young adult identifies as transgender, gender queer or another self identified gender. This information is critical for placement matching and ensuring a child or young adult's identity needs can be met in a contracted program. It is important to not make assumptions about the child or young adult's*

gender identity and only mark down the gender identity that the child or young adult has disclosed. If the child or young adult and/or attorney does not provide consent as documented on the SOGIE Consent Form, the caseworker may provide an exception if disclosure is needed for safety, well-being or services (please see Chapter 1, Section 5 on Confidentiality for further considerations on disclosure of record of SOGIE without consent).

- 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.
- RRC will submit the referral packet to a contracted licensed practitioner to determine if BRS is medically appropriate and necessary. If it is determined BRS is not medically appropriate or necessary, a BRS placement cannot occur. However, the RRC can help facilitate another review if circumstances change or there is additional or more detailed information to provide.
- Once the RRC obtains the BRS medical eligibility approval, the referral packet to the programs will be sent.
- The provider will respond to the RRC in writing within five business 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 or young adult is not appropriate for admission to the program. The RRC and caseworker will consult about additional resources and placement options.

- If the child or young adult is accepted for a screening, the RRC will connect the caseworker with the provider, and they will agree to a screening date and time. Every effort must be made to involve the family in the placement, treatment and transition plans of their child and young adult. The caseworker and the child or young adult's family should attend the screening.

  Best Practice Tip: *If the child or young adult does not want to participate in the screening, it provides an opportunity to understand the child or young adult's concerns and resistance to the screening process and/or the placement itself. Explore if there is a different screening process that would make the child or young adult feel more comfortable or if there are individuals that could be involved to provide support. The RRC can also connect with the BRS program to brainstorm other ways to engage the child or young adult to encourage them to participate in the screening process. Some ideas to consider: help the child or young adult develop a list of questions to ask or identify what the child or young adult wants to know about the program that could be determined beforehand or posed to the provider during the screening; show the child or young adult the Treatment Services directory page for the program which contains pictures and an overview; reach out for support from an individual that the child has a strong relationship with to help address concerns the child or young adult may be raising.*

- Keep the child or young adult's family and permanency team up to date on the status of the referral process.
- If the screening results in the child or young adult being accepted for admission, establish a date for the child or young adult's physical move to the BRS program with the child or young adult, family, current substitute caregiver (if applicable) and the BRS program staff. Address questions and concerns of the child or young adult and family to ensure their cooperation in the placement process. Get the Voluntary Placement Agreement signed at this time if an FSS case.
- The child or young adult's OHP/CCO healthcare coverage will switch to the region of geographic placement when placed in a BRS program unless otherwise noted. Discuss whether there is a reason for the child or

young adult to retain the current CCO coverage with your assigned RRC and the child or young adult's team. Retaining (or 'locking') CCO healthcare insurance/coverage would be the exception and not the standard process for longer term placements (such as beyond 90 days). 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 or young adult and family and could prevent unneeded placement disruptions.*

The Supervisor's Role

- Assist the caseworker in identifying the need for a BRS 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 (CF1055) and ensure the referral packet is complete and submitted to RRC;
- Consult with caseworker about the child or young adult'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 or young adult;
- Facilitate requests by the RRC to resolve problems arising during the BRS placement process; and
- 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

During the staffing with the RRC and caseworker, a QRTP placement may be determined appropriate if the child or young adult's needs indicate a high level of supervision as provided in a residential setting. The RRC will advise if a referral should be made to a QRTP. Review the recommendations of the CANS QRTP algorithm, if available. 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 the youth may benefit from a QRTP/BRS treatment and or supportive services in the community.
c.	It is indicated the 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.

	QRTP Indication
d.	This 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.

This algorithm was designed to assess a child or young adult'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 the child or young adult's QRTP algorithm recommendation. If a caseworker receives notification that a child has an indicated level of need based on the QRTP algorithm; it is important for the caseworker to staff with the RRC if they have not previously consulted with the RRC. It is recommended that, upon receiving an elevated indication of need, the caseworker consults with their local RRC, supervisor and child or young adult's family and permanency team to discuss the child or young adult'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 or young adult's current needs to aid in service plan development and safety planning.

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.

I. The caseworker will submit the BRS referral following the Centralized Referral Process. A 'STAT CANS' form provided by the RRC also needs to be completed so an expedited CANS can be requested. Upon receiving the BRS referral and STAT CANS form, the RRC will send the documentation to a Central Office contractor designated as a Qualified Individual (QI) to complete a QRTP Assessment and CANS. The (QI) is required to assess each child referred to a QRTP and determine if a QRTP is the least restrictive and most appropriate level of care.

II. 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:

- Biological family members, relatives and fictive kin of the child or young adult;
- 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;

- 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; and
- **The Qualified Individual(QI) is a required participant at the meeting.**

When identifying and selecting who is a team member, the caseworker always considers what is in the best interest of the child or young adult and who the family and child or young adult identifies. The caseworker should engage family members, seek their valuable input and accommodate their needs as much as possible including when scheduling team meetings.

It is best practice to invite the child or young adult to any team meeting unless doing so is not in the best interest of the child or young adult. As the child or young adult's placement preferences are important and necessary, the caseworker should engage and seek the child's or young adult's input and document it independently if they are not included as a team member.

The QRTP assessment includes 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 form (ODHS 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.

III. If the family and permanency team agree that the child or young adult cannot be placed with family or in a certified resource 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.

IV. The QI will conduct the assessment using the CANS screening (including the QRTP algorithm), completed CF1055 referral packet with collateral documentation and participation in the family and permanency team meeting.

V. It is best practice to notify the child or young adult's family and permanency team of the QRTP assessment outcome within five business days of its completion.

VI. If a QRTP placement is approved, the caseworker proceeds on to obtaining court approval. If a QRTP placement is not recommended the caseworker has 30 calendar days to transition the child out of a QRTP if an emergency placement occurred prior to assessment completion. If the caseworker or child or young adult's permanency team do not agree with this decision, additional documentation or substantive information can be provided to the QI for redetermination. If there is no new information to provide, a rescreen can be requested by the worker 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 child or young adult 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.

VII. Child Welfare is required to receive court approval each time a child or young adult 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 calendar 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 Department of Justice attorney to provide notification when either a child or young adult has been placed in a QRTP or, prior to a child or young adult'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 requesting a court hearing, attaching the QRTP assessment. In emergency situations, 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 child or young adult has not been placed yet, placement in a QRTP cannot occur 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 or young adult's supervision and behavioral needs. If the child is already placed in a QRTP, the caseworker will need to immediately staff with their supervisor and RRC to identify placement options. The child must transition out of the QRTP no later than 30 calendar days following the date the court enters the order.

If the court approves the QRTP placement and the youth is not yet in a QRTP placement the caseworker can

continue to work with the RRC to identify an appropriate program. If the child or young adult is already in a QRTP prior to court approval, the child remains in the placement. The worker can proceed to the section on Ongoing Case Management for Child or Young Adult in BRS Program under section iii. Ongoing Requirements When a Child or Young Adult is Placed in a QRTP.

Each time a child or young adult 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-screen based on the updated BRS referral packet and will contact the caseworker to discuss any changes since the last QRTP assessment including participating in the family and permanency team meeting.

Handling Referral Problems

When the provider finds the child or young adult is appropriate for placement, but 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 or young adult based on recommendations from supervisor, RRC and child or young adult's family and permanency team; and
- Develop a Behavior Intervention Plan to support the care of the child with the relative caregiver or resource parent (if this resources is available and willing to help with the plan), until a placement resource becomes available; and use educational, mental health or other service personnel to obtain needed services as appropriate.

When the child or young adult is not accepted by the program:

- Staff the case with supervisor:
    - If the supervisor believes the child or young adult 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 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; and
        - If the denial stands, consult with the RRC to determine placement options and next steps.
    - If the supervisor agrees the child or young adult is not appropriate for placement:
        - Develop an alternate plan for the child or young adult 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 or young adult while with the relative caregiver or resource parent until a placement resource becomes

available; and

- Use the Resource Developer, educational, mental health or other service personnel to obtain needed services.

Preparing for Placement - A Case Worker's Checklist

I. Notification to the CCO- if a child or young adult 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 or young adult does not have a Care Coordinator through Wraparound. The CCO needs to be aware the child or young adult has moved out of their service area and into a BRS placement so that services can be coordinated. In situations like this, the CCO may need to approve medical/dental/mental health services local to the child or young adult. If the child or young adult 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 children or young adults outside of the local area to obtain medical/dental/mental health services.

II. Ensure the child or young adult has an adequate quantity of clothing to meet seasonal needs prior to intake.

III. If the child or young adult is on medication, ensure a minimum 14-day supply is provided upon placement along with a prescription and provider information. 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 or young adult in a new school district. Provide the IEP upon placement if it was not included in the CF1055 referral packet, as it is critical to help ensure a smooth transition to a new school.

V. If there are mental health or substance use disorder (SUD) 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 children and outside service providers should immediately be identified as a service need in coordinating placement of the child or young adult.

VI. If the child or young adult 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 child or young adult 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 or young adult'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 or young adult's needs. If the decision is to refer the child for ongoing BRS placement or seek 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 or young adult and child's or young adult's family team identify goals to be

achieved by the child or young adult while in the program.

IX. Notify service providers, as appropriate, working with the child or young adult and family that the child or young adult will be placed in a contracted program.

X. Review the program's list of items that can be brought to and stored at the program to determine if there is a limitation on clothing or other personal items. Ensure any items identified as not allowed/contraband are not packed with the child or young adult and that they are aware of items that are not allowed. This is an important discussion to have prior to intake.

Intake

I. Be present with the child or young adult at the time of the physical move to the program to provide support and fulfill responsibility to complete intake paperwork. When possible, have family also present for the intake. If you are unable to accompany the child or young adult 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 child or young adult 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 of you and the child or young adult and how the program operates.

III. Help develop a safety plan. It is 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 fits the needs of the child or young adult. Remember this is a new living environment for the child or young adult and strict supervision requirements can be reduced at a later time as the child or young adult is able to demonstrate responsible and safe behavior.

IV. Assist the child or young adult with settling in. Going to a new placement, especially if it is a child's first experience in a residential program, can be difficult and uncomfortable. This is especially true if the child or young adult does not identify with their peers 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 child or young adult and program staff. Children and young adult's 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.

V. Provide the program with a list of contact information for family and natural supports and the level of contact approved. It is critical that children and young adults maintain and/or build their community of support even while in a BRS program.

VI. Within 48 hours, BRS programs develop an Initial 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.

VII. Complete Section A of the CF0091 form and send to the RRC's regional email box.

VIII. 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 is the continuum of the BRS types of care: 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 child 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 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.
- 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. 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;
- 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;
- Even if a child or young adult's family will not be a placement resource, continued engagement with family and natural supports should be a priority. There are various ways to maintain connection which includes overnight or day visits, onsite visits and phone calls. Work with family and natural supports to problem solve around any transportation issues or financial restraints in making visits possible (such as gas money, funding for a hotel stay, etc) as these should not be a barrier for connection to the child or young adult.
- Crises may occur during a placement when there is an escalation of behavior that the program cannot manage. The caseworker must respond promptly in such cases and, collaboratively work with the provider to maintain the placement. Contact the RRC if an immediate discharge or 30 day discharge is issued.
- 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 .)

- Attend and participate in service/treatment plan reviews and other planning meetings when scheduled. This is a critical time to give input on revising goals and engaging in transition planning. Ask about home visits or contact with family and natural supports to ensure there aren't barriers you haven't been made aware of. If you are unable to attend, request a copy of the service plan ahead of time to review and provide feedback;
- 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. Don't hesitate to ask questions or address discrepancies based on child's progress and what is captured on the service plan. If you feel that your concerns or questions are not satisfactorily addressed, please follow up with your RRC;
- Give approval for 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 service 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 can help resolve service concerns prior to filing a formal grievance as well;
- Collaborate with and support the provider by assisting in setting limits and expectations with the child;
- Inform the child and family that Child Welfare and the provider are working together with them as a team and decisions will be made as a team, not individually;
- Receive and review incident reports from the 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 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;
- Fill out a DHS1303 form, DHS Employee CCA Reporting Form, and submit to CCA Notifications to formally file a concern regarding safety or well-being issues that do not rise to the level of completing a hotline call to due abuse or neglect. The DHS 1303 form 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

child has an aftercare resource identified when ready to transition out of the program; and

- Make referrals to local service providers as identified in the program's discharge and after-care recommendations.

III. Ongoing Requirements when a child is placed in a QRTP

As long as the child 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 continues to support a determination that:
  - The needs of the child cannot be met through placement in a foster family home;
  - A QRTP provides the most effective and appropriate level of care for the child 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.
- Documentation of the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services.
- Documentation of the efforts made by Child Welfare to prepare the child to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent or in a less restrictive resource home setting.

Reauthorizing Ongoing Services in BRS Program

I. BRS Authorization

Children and young adults must meet BRS medical eligibility criteria and have approval from a Licensed Practitioner (contracted by Child Welfare) who determines that BRS is medically necessary and appropriate. 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 period for which BRS has been authorized, Treatment Services will submit a BRS Reauthorization request to the Licensed Practitioner so BRS placement and services can continue.
- If a BRS re-authorization is denied due to the child or young adult no longer meeting BRS eligibility criteria, please work with the RRC to determine transition planning next steps.

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; or
- 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 (DHS2628).
- Treatment Services will facilitate a meeting for the child or young adult's team to discuss current progress, goals and transitional planning.
- 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 the child 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;
   - 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, agree 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, permanency team and BRS 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 who 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 calendar 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 can happen.

III. The caseworker terminates 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;
- Contact the provider immediately upon receiving notification;
- 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

The primary goal for a discharge 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 and transition 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.
- Contact your Permanency Consultant for support in planning if there are barriers in achieving the primary permanency plan.
- Attend service plan meetings to provide information on transition resources and efforts Child Welfare is making. A comprehensive discharge and after care plan will be developed 30 calendar days prior to the child's anticipated 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.

- Once a discharge resource has been identified (family of origin or resource home), the individuals(s) should be invited to team meetings and integrated into the transition planning process. Transitional visits are a great opportunity for the BRS provider and discharge resource to work together in ensuring the child or young adult understands expectations in their new living environment and work together to help resolve challenges.

Note: *The BRS program will offer six months of aftercare to the child or young adult and their discharge resource (family of origin or resource family). If the family, child or young adult declines the service, work with the family to understand their concerns and provide information on how aftercare supports a successful transition.*

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.
- Assist the caseworker in negotiating with the provider, the CCO and others regarding services and discharge.
- Assist the caseworker in problem solving around logistical challenges preventing family or natural supports from having contact with the child or young adult.
- Assist the caseworker in communicating with the provider if services must be terminated unexpectedly.
- Assist the caseworker in bringing issues and concerns about programs to the attention of the Child Welfare program manager, RRC or Program Analyst in Treatment Services as needed.
- Assist the caseworker in identifying a discharge resource and reinforce that contracted placements are time limited and engaging a resource family or family of origin should begin as early as possible for a successful transition.

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 better suited to ensure the child receives the needed treatment.

Procedure

Placing a Child in a PRTS Setting

If a child in the legal custody of ODHS 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 needs 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; and
- 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.

After the child is placed in the PRTS program:

- If the child is in the legal custody of ODHS, 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; and
- 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. 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 juvenile counselor to request emergency assistance in lodging the child 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.

Residential Substance Use Disorder (SUD) Treatment

The formal name for what we once called "drug addiction" is, substance use disorders (SUD). When a child or young adult has experienced negative consequences or been observed in negative behaviors which are suspected to be the result of drug or alcohol use, the caseworker can refer the child or young adult 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 through 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 residential SUD treatment services does not require that the child or young adult be in the legal custody of ODHS or that the parents sign a Voluntary Placement Agreement with Child Welfare in order to receive services.

When ODHS has legal custody of a child or young adult or the parents have entered into a Voluntary Placement Agreement, statute requires that the court has approved, or approval is pending for, a placement of the child or young

adult into a SUD treatment program.

Procedure

• Consult with the supervisor regarding the need for a SUD assessment of the child or young adult with suspected substance use issues;

• If a child or young adult has suspected substance use issues, or identified SUD, make a referral to the local SUD service provider for a SUD assessment;

• Notify the Assistant Attorney General (AAG) representing the agency in juvenile court proceedings regarding the child or young adult that ODHS plans to place the child or young adult in a residential substance use disorder treatment program and provide the AAG with the date of the proposed placement. Copy the AAG's legal secretary and paralegal on the correspondence. If there is no juvenile court proceeding, notify the Department of Justice (DOJ) office's Assistant Attorney in Charge and Attorney in Charge so an AAG can be assigned to draft and file the Motion;

• Ensure motion is saved in the case file through OR-Kids;

• 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 https://www.oregon.gov/oha/HSD/AMH/docs/provider-directory.pdf for a directory of services. Referral to residential programs requires that a SUD assessment has been completed and the level of care and type of SUD services the child or young adult needs has been identified;

• Notify the child or young adult's parents and the substitute caregiver of the plan for admission to residential SUD treatment;

• Ensure the child or young adult 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 or young adult's clothing;

• Notify safety service providers working with the child or young adult and the family of placement in SUD residential treatment'

• Notify service providers identified in the case plan of the child or young adult's placement in a SUD residential treatment program;

• Coordinate admission to the SUD residential program with the child or young adult, their 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 or young adult'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 or young adult;

- Maintaining contact with the child or young adult's parents and others involved in the case plan and encouraging them to learn about SUD to be supportive of the child or young adult's recovery;
- 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 ODHS, 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;
- 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 or young adult.

• If court denies placement, consult with Supervisor and RRC to determine next steps.

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; and

• Notify the Child Welfare Program Manager of problems with service access or availability.

Developmental Disabilities Residential Program Placement

When a child or young adult in the legal custody of ODHS 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 ODHS or that the parents sign a Voluntary Placement Agreement with Child Welfare to receive services. If the child is in the legal custody of ODHS, 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 or young with suspected developmental delays.
   - If a child or young adult has suspected or identified developmental disabilities, make a referral to the local CDDP for an assessment.

II. If the child or young adult 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 or young adult'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 or young adult goes to the residential placement with an adequate quantity and type of clothing. The residential provider will be responsible to maintain the child or young adult's clothing;
- Notify safety service providers working with the child or young adult and the family of placement in DD residential services;
- Notify service providers identified in the case plan of the child's or young adult's placement in an DD residential program;
- Coordinate admission to the residential program with the child or young adult, their family and the substitute caregiver;
- Ensure the residential program adheres to the ongoing safety plan; and
- 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 or young adult'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 or young adult;
- 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; and
- Act on behalf of the child or young adult including approving planning documents, services, any changes to services and plans for discharge;

The Supervisor's Role

• Assist the caseworker in determining the need to appeal a denial of DD eligibility;

Note: *ODHS may not participate in hearing processes against ODHS; the CDDP DD program is contracted under ODHS 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; and

• Notify the Child Welfare program manager of problems with service access or availability.

Chapter 5

Section 8: Focused Opportunities for Children Utilizing Services (FOCUS Program)

FOCUS Program

In the rare instance that when a child or young adult has such unique and complex treatment needs that the existing service array cannot meet those needs, multidimensional case consultation, services and funding may be provided by the Focused Opportunities for Children Utilizing Services (FOCUS) Program. Through service provision, the FOCUS Program aims to support children and young adults in maintaining within their communities or progressing toward the least restrictive and most trauma-informed setting possible.

The FOCUS Program is responsible for the review, approval and funding of portions of individualized service plans for children and young adults. The following Procedure provides detailed information about the functions and operations of the FOCUS Program.

Procedure

1. Criteria

In order for a child or young adult to be eligible to receive any FOCUS funded services, the following criteria must be met:

- There is an open Child Welfare case (This may include an open CPS assessment if the case is expected to remain open a minimum of 6 months.);
- The child or young adult has unmet social, behavioral, medical, mental health, and/or developmental needs;
- All other systems and funding sources have been explored and ruled out; and
- Without services, the child or young adult may be at risk of placement instability or unable to be safely maintained at home or in a community based placement.

2. FOCUS Preventative Services

- The FOCUS Program funds and administers an array of services throughout the state which are meant to support children and young adults in their own communities and, ultimately, reduce placement disruptions and the need for higher levels of care.
- These services do not require FOCUS Designation and can be accessed through the FOCUS Program Coordinator or designee.
- In areas where they are available, Preventative Services contracts must be considered prior to requesting FOCUS Designation for individual services or contracts.

3. Prior to Considering FOCUS Program Designation

When there is a concern that necessary services are not available to meet the child or young adult's needs or that the services that are available are not able to meet the specific individualized needs of the child or young adult, the caseworker should consult with their supervisor and:

- Consider scheduling a Wraparound or team meeting to discuss the child or young adult's strengths and needs, the resources currently available and what additional supports are needed;

- Explore and rule out all other funding sources for needed services. These resources include but are not limited to:
    - Service providers contracted through the local Child Welfare office;
    - Local community resources, including scholarships;
    - Resources using flex and system of care funds;
    - Special education services, if the child or young adult has a diagnosed condition that qualifies them for such services;
    - Child Development and Rehabilitation Center (CDRC), Shriners, and other organizations that may provide funds for designated medical conditions;
    - Other funding sources such as SSI, private insurance, Title XIX, Title IV-E, CW-TANF-EA, OHP, GA Medical or Child Welfare administrative medical budgets;
    - Services through county Intellectual and Developmental Disabilities programs and/or SPD programs at the state or regional level, when the child or young adult has a diagnosed disability;
    - Services provided through other contracted Child Welfare Treatment Services providers;
    - Mental health treatment services administered through Coordinated Care Organizations (CCOs);
    - Substance Use Disorder Treatment Programs, as recommended by a qualified professional;
    - Services through the Oregon Youth Authority, if the child or young adult has been adjudicated for a legal offense; or
    - The Oregon State Hospital alternative programs, the Secure Children's Inpatient Program in Portland (SCIP) and the Secure Adolescent Inpatient Program (SAIP) in Corvallis.
- When all local options have been explored and determined to be exhausted, the case worker should consult with the Residential Resource Consultant (RRC) assigned to their region. The RRC will work with the caseworker to determine whether there are any additional services or funding resources available.

4. Referral for FOCUS Program Designation

When all the criteria in Section 1 have been met and the steps in Sections 2-3 have been and FOCUS Preventative Services are unavailable or unable to meet the child or young adult's specific needs, it may be necessary to create a unique plan for the child or young adult that supplies the missing components to meet the child or young adult's complex needs. In such cases, it may be necessary to refer the child for FOCUS Designation.

Designating a child or young adult for FOCUS funding allows that child or young adult access to funding for individualized services and supports that are otherwise unavailable. In addition, caseworkers for children and young adults designated to receive FOCUS-funded services have access to high level Cross-system case consultation and connections to resources both within and outside of Child Welfare.

If no alternative services or funding resources are available, the RRC will work with the caseworker to refer the child or young adult for FOCUS Designation. The steps are as follows:

- 1. The caseworker completes the referral packet, which includes:
    - A complete Treatment Services Referral Form (CF1055), which must be current within the last 30 days

and signed by the caseworker and supervisor;

- Current (within 60 days) clinical documentation, which describes the child or young adult's current functioning, needs, diagnosis and recommendations. This may be a mental health assessment, mental health assessment update, psychiatric assessment, psychological evaluation, etc.;
- Most recent Court order, Cooperative Agreement or Voluntary Placement Agreement;
- Current CANS Assessment;
- Most recent Wraparound or Care Coordination Meeting notes, if available;
- A copy of the most recent Child Welfare Family Plan;
- A report of the most recent medical examination by a medical professional and any follow-up referrals to specialized medical care providers;
- The child or young adult's current psychological evaluation (completed within the past two years – if available);
- Current IEP or 504 plan; and
- The child or young adult's current service or treatment plan(s). (This may be a mental health, Child Welfare residential or other treatment provider plan as applicable.).

- 2. The caseworker sends the referral packet to the RRC. The RRC reviews and, if complete and the child or young adult meets the criteria set forth above, the RRC checks the box for a FOCUS referral, signs the Treatment Services Referral (CF1055) and sends the referral to the FOCUS Program.
- 3. The FOCUS Program reviews the packet for completeness and to determine whether the criteria have been met. The FOCUS Program may contact the RRC and/ or caseworker for additional information or to discuss the child or young adult's specific needs.
- 4. If the child or young adult meets all of the criteria for FOCUS listed above and the services being requested are for community-based stabilization or support services, the FOCUS Program will consult with the Treatment Service Placement Services Manager or designee to determine eligibility for FOCUS designation. If there is a clear agreement that the child should or should not be designated to receive FOCUS-funded services, the FOCUS Program will notify the caseworker, supervisor and RRC of the decision within 7 business days of receipt of the complete referral packet.
- 5. When a request is specifically for a recommended medical or clinical service, such as funding for Psychiatric Residential Treatment Services after the Medicaid funding has been explored and ruled out, the FOCUS Program must consult with the Placement Services Manager, Treatment Provider, Oregon Health Authority and/or a ODHS-contracted licensed medical professional to determine medical necessity for this level of care.
- 6. If additional consultation is necessary as a result of the level of complexity of the case or the parties in step 1-2 are unable to come to a consensus, the FOCUS Program may organize a full case staffing with the FOCUS Committee to discuss the child or young adult's specific needs, system barriers and ultimately determine whether the child or young adult should be designated to receive FOCUS funded services. This committee must:
    - Include representation from Child Welfare and partner agencies, including Oregon Health Authority

(OHA) and the Office of Developmental Disability Services (ODDS), as well as members of the provider community;

- Be provided the referral packet and any additional information regarding the needs of the child or young adult and the services being requested, if specified. This information will be provided to committee members by the FOCUS Program; and
- Provide case consultation and recommendations for services, as well as a decision regarding FOCUS designation.
    - These consultations may occur via email communication or, if needed, a full staffing meeting may be scheduled When a full case staffing is necessary, the following parties have the noted responsibilities:
        - The FOCUS Program is responsible for scheduling and facilitating the meeting. In addition, FOCUS provides technical support and guidance to Committee members regarding ODHS rule, service availability and cross-system responsibilities. The FOCUS Program maintains notes for these staffings and distributes the notes to the caseworker, supervisor and RRC.
        - The RRC is responsible for the initial presentation to the committee, which includes basic information about the child or young adult and their current situation, as well as what has already been tried and what is being requested of the FOCUS Committee.
        - The caseworker and supervisor are responsible for updating the committee regarding the child or young adult's current needs and answering any questions the committee may have regarding the child and their current services.
    - After the initial presentation, the FOCUS Committee will discuss the case and make a decision by majority vote to:
        - Designate the child or young adult to receive FOCUS funded services; or
        - Pend the request until further referrals are made, additional assessments are complete or more information is received; or
        - Deny the request for a designation.
    - If the referral is denied, the committee will attempt to make recommendations regarding alternate resources or services for the child or young adult.
    - If the child or young adult is designated to receive FOCUS funded services, the FOCUS Program will:
        - Provide the caseworker with a written statement of the committee's decisions and recommendations; and
        - Approve funding for the requested plan; or
        - Assign responsibility to the FOCUS Program for developing a specific plan and cost detail.

Ongoing Responsibilities for a Child or Young Adult Who Has Been Designated to Receive FOCUS Funded Services

1. Caseworker Responsibilities

- Provide ongoing case management including managing the case plan, monitoring safety as described in Chapter 4 of this Child Welfare Procedure Manual.
- Immediately notify the FOCUS Program of any change in the services provided by the FOCUS Program or in the case plan for the child or young adult.
- Contact the FOCUS Program immediately when new or additional services are being requested. Approval by FOCUS Program is required prior to the start of any additional services.
- Notify the FOCUS Program when the child or young adult no longer needs the service. The FOCUS Program is responsible for authorizing the opening and closing all FOCUS funded services.

2. FOCUS Program Responsibilities

- Provide cross-system complex case consultation.
- Assist with individual and statewide resource development to meet the needs of children and young adults. eligible to receive FOCUS funded services.
- Fund portions of service plans when other funding options are not available:
    - Child Welfare Treatment Services Unit administers a budget under a mandated FOCUS caseload, which is a contingency fund used to address gaps in services for ODHS involved children and young adults. It is used to fund portions of a service plan in order to meet a child or young adult's individual needs within Child Welfare's responsibility and to keep the child or young adult in their community whenever possible. Monies from this budget can only be used for the purchase of services which cannot be funded through another budget program or system. Authorization for funding must only be for services within the responsibility of Child Welfare to provide, cost effective and within available funds.
- Work with the caseworker to identify potential service providers and negotiate terms with contracted providers to deliver needed services to the child or young adult.
- Administer and monitor contracts for compliance and quality of service to ensure that the child or young adult's needs are being met and that the contractor is providing adequate supports to maintain the health, safety and wellbeing of the child during service provision.
- Approve and process service authorizations and payments.
- Identify and report unmet service needs, work to expand the service array to meet those specific needs.
- Provide connection to resources and partner agencies outside of Child Welfare.
- If the child or young adult no longer needs FOCUS funded services, the caseworker must contact the FOCUS Program to request termination of the child or young adult's FOCUS designation. The FOCUS Program also may discontinue the child or young adult's FOCUS designation if it is thought to be no longer necessary for one or more of the following reasons:
    - The child or young adult no longer has an open ODHS Child Welfare case as a child or young adult;
    - The child or young adult has had a substantial period of stability and is no longer in need of intensive services;

- The child or young adult is in a long term treatment facility that is able to meet their needs without additional service and there is no discharge scheduled in the foreseeable future;
- The child or young adult is unavailable to receive services and that is unlikely to change in the foreseeable future; or
- The child or young adult was being served under a Cooperative Services or Voluntary Placement Agreement and has since turned 18 and is unwilling to voluntarily participate in services.

3. Supervisor Responsibilities

- Provide direction and guidance to the caseworker in exploring alternatives to the FOCUS referral.
- Review and approve the referral packet.
- Attend the initial presentation to the FOCUS Committee if one is scheduled.
- Ensure required 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. In very rare circumstances when a child or young adult with an active case is placed in a permanent and/or familial setting outside Oregon and requires qualified residential treatment, it may be necessary to refer them to a treatment program near their physical location to maintain connection with their permanent care resource.

Criteria for Out-of-State Residential Placement

Before completing the referral process for out-of-state placement, the caseworker and supervisor must:

- Ensure that all alternative resources located in the state where the child or young adult resides are exhausted AND make efforts to explore applicable services according to the FOCUS Program.
- Determine that the child or young adult requires residential level treatment to meet their mental health, behavioral and/or cognitive.
    - The child or young adult is currently placed in another state with relatives or a permanent placement resource and it would be in the child or young adult's best interest for the child or young adult to participate in recommended treatment near the relatives or permanent caregiver(s)' home.
    - If the equivalent of Oregon's Psychiatric Residential Treatment Services (PRTS) is being requested, the child or young adult must have a recent (within 60 days) written recommendation by a qualified professional (Child Psychiatrist, other Physician or Psychologist) specifying the need for:
        - Psychiatric residential level of care as the least restrictive setting expected to be safe and effective for the child or young adult's treatment needs; and
        - Specific type of subspecialty treatment if any.
- Consult with the regional Residential Resource Consultant (RRC) assigned to the local office. During this consultation, the caseworker must be able to articulate how the child or young adult has met the criteria identified in sections I-II above. Based on this consultation, the RRC will recommend one of the following:

- That the caseworker completes a Treatment Services Referral Form 1055 and supplemental packet (see below);
- Additional information or records be gathered and another consultation scheduled once that is complete; or
- If documentation and gathered information does not support an out-of-state residential placement, the RRC may make recommendations for additional community based supports or further assessments.

Completing the Out-of-State Referral Packet

The out-of-state referral packet must include the following:

- Treatment Services Referral (CF1055) signed by the caseworker, supervisor and regional RRC.
- Out-of-State Authorization Form (CF2670).
- The child or young adult's most recent treatment plan/discharge plan from the most recent or current placement.
- The child or young adult's most recent wraparound meeting notes, if applicable.
- The most recent psychological or neuropsychological evaluation, if applicable.
- All psychiatric assessments completed within the last year, if applicable.
- The child or young adult's most recent Individual Education Plan (IEP) or 504 plan, if applicable.
- The child or young adult's most recent mental health assessment (which documents the current diagnosis, level of functioning, and treatment recommendations) within the last 60 days.

If the recommendation is for Psychiatric Residential Treatment Services (PRTS) the out-of-state referral packet must also include:

- Documentation of the correspondence and efforts to work with mental health professionals and the assigned insurance or Medicaid funding representative or designee to show that medically necessary referrals were made.
- Documentation to show that the insurance or Medicaid funder denied the PRTS level of care for the child or young adult. If the Medicaid representative agency denied the PRTS level of care for the child or young adult, the caseworker may consult with their regional RRC about the process to appeal the decision.
- Documentation to demonstrate that all other related resources have been ruled out or are unavailable. This may include denial letters and/or discharge summaries.
- Other supporting documentation, as requested by the RRC.

After the caseworker completes the out-of-state referral packet, they must submit it to the local office Program Manager or designee.

The caseworker's local Program Manager or designee as well as the District Manager or designee must:

- Review the out-of-state referral packet;

- Complete and sign the CF2670, either agreeing or disagreeing with the referral for out-of-state residential treatment; and
- If in agreement with the referral, send the completed referral packet with the Out-of-State Authorization Sheet to the regional RRC.

Screening and Review Process

- The regional RRC must:
  - Review the out-of-state referral packet for completeness and ensure all necessary documentation is included.
  - If the packet is incomplete or additional information is needed, the regional RRC will send the packet back to the caseworker and Program Manager for any corrections or to request required documentation.
- Once the regional RRC determines that the referral packet is complete and all other resource options have been ruled out, they will submit the packet to the FOCUS Program.
- The FOCUS Program will process the referral for FOCUS Designation and out-of-state residential treatment consideration. If the committee is in agreement with the request, the FOCUS Program will submit the written recommendation and supporting documentation to the ODHS Treatment Services Manager or designee for review.
- The Child Welfare Treatment Services Program Manager or designee will review the referral packet and committee recommendation and decide whether to forward the request on to the ODHS Child Welfare Director or designee.

ODHS Child Welfare Director Approval

The request may be denied during any of the previous steps, however, only the Director of ODHS Child Welfare or designee who has the ability to make a determination for the Director may ultimately make the decision to approve out-of-state residential treatment.

For a child or young adult determined to be eligible for I/DD services, the ODHS Child Welfare Director must make efforts to consult with the Director of the Office of Developmental Disability Services or Designee prior to making a final decision on whether to approve or deny the request.

For a child or young adult determined require Psychiatric Residential Treatment, the ODHS Child Welfare Director must make efforts to consult with the Behavioral Health Director of the Oregon Health Authority or Designee prior to making a final decision on whether to approve or deny the request.

Please Note: The following factors require additional information and justification be provided to the Child Welfare Director to inform their decision.

- Cases in which the child or young adult is currently residing in Oregon.
- Cooperative Agreement or Voluntary Placement Cases in which Protective Custody or Temporary Custody has not been established.

- Children or young adults who have been approved for a Secure Children's Inpatient Program (SCIP) or Secure Adolescent Inpatient Program (SAIP) level of care (for which documentation of a physician recommendation must be included).
- Children between the ages of 9-11 years old.
- Children and young adults who are eligible for, or have a referral pending for, I/DD services.

Once the ODHS Director has made their decision whether to approve, deny or pend the request for more information, they will note this on the CF2670 and sign the form. They will then send this form to the Treatment Services Manager or Designee, who will forward to the FOCUS Program for further notifications.

Notifications

The FOCUS Program must promptly notify the child's caseworker, supervisor, Program Manager, and District Manager in writing of the out-of-state residential request decision, whether:

- The request was denied at any point in the process and the reason given;
- The out-of-state residential treatment referral was pended, and further efforts or documentation are required prior to further consideration; or
- The out-of-state residential treatment request was approved by the ODHS Director or Designee and the next steps that are needed.

Placement Matching and Arrangements

Upon ODHS Program Director approval, the FOCUS Program must determine which out-of-state residential treatment programs are able to best meet the child's specific treatment and placement needs.

Placement Matching Efforts

- The FOCUS Program 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.
- Once a potential out-of-state residential placement has been identified, the FOCUS Program must work with Oregon Child Care Licensing Program (CCLP) to gather information and records from the program to determine whether they meet initial standards for licensing by the State of Oregon.
- If the out-of-state Treatment Provider meets initial licensing standards, a Licensor from CCLP will be assigned to complete an on-site assessment and initial licensing approval process prior to the child or young adult's placement.
- Once CCLP and ODHS Treatment Services approve the out-of-state residential treatment provider for placement, the FOCUS Program will work with the caseworker, and supervisor if needed, to discuss the potential placement, exchange program specific information, discuss planning for face to face contact, and set up a screening date for the caseworker and child with the potential out-of-state residential program.

Placement Preparations

- FOCUS Program Responsibilities:
    - If a program accepts the referral, the FOCUS Program 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.
    - The FOCUS Program will assist with communication between the caseworker and the program as needed.
- Caseworker Responsibilities:
    - The caseworker must submit their completed ICPC packet request to the following email Oregon.ICPC@dhsoha.state.or.us. This request must include the following:
        - CF 0100A ICPC Request
        - CF 0100E ICPC Cover Letter
        - CF 0161 Caseworker Statement for ICPC Requests
        - CF 1044 ICPC Financial/ Medical Plan
        - Most recent court order
        - Additional documents if applicable/ available:
            - Most recent case plan
            - Most recent child assessments/evaluations/IEP
            - Copy of child or young adult's birth certificate
            - Copy of child or young adult's Social Security card
    - 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.
    - The caseworker must notify the FOCUS Program of the intake date and of any changes to that date.
    - Caseworker must notify the legal parties involved in the case including the County Developmental Disability Program or Services Coordinator involved for any child or young adult determined eligible for I/DD services and the CCO if the child or young adult is enrolled.
    - Caseworker must consult with legal counsel to determine whether a court order is required for placement in the out-of-state residential treatment program.
    - Caseworker must fill out the necessary funding forms for travel arrangements, as requested by ICPC or the local office.
    - Prior to the placement date, the caseworker must submit a written plan to their supervisor, Program Manager and the FOCUS Program with detailed information about how they plan to meet monthly face-to-face contact requirements while the child is placed out-of-state. The caseworker may consult with the FOCUS Program for assistance or suggestions.

Caseworker and Supervisor Initial Expectations Upon Out-of-State Placement

ODHS 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 residential placement entry to ensure the child's well-being, safety, and confirm safe environments. This includes a site visit with the contracted program.

- 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.
- If the primary caseworker or supervisor is not available, another ODHS staff member may accompany the child or be physically present at the placement, as long as that staff is qualified to confirm safe environments.
- In the event that the local office is struggling to secure staff to accompany the child or be present at the intake, the local Program Manager or designee may contact the FOCUS Program, Placement Service Manager or Child Welfare Treatment Services Program for assistance.
- Once it is determined who will be present on site at the program, the local office will identify names and phone numbers of managers who will be available 24/7 to assist that staff in case of an emergency or concerns come up after hours.
- At the out-of-state residential placement, the Child Welfare caseworker or supervisor must assess the child or young adult's overall behavior, response to the setting, ability to communicate their needs with the program and how the program staff responds to the child or young adult. They must observe the physical environment of the placement, including the child or young adult's bedroom space. The program will have been made aware of this requirement in advance by Licensing and the FOCUS Program.
- If an issue arises, and the worker needs support, they should consult the plan created by the local office in section IV above. Any concerns regarding the program must be documented and reported per ODHS policy. In addition, all concerns must be reported to the FOCUS Program for follow up.

Ongoing Caseworker and Supervisor Expectations for Face-to-Face Contact

The child or 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.

- If possible, the primary caseworker, the supervisor, another ODHS 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.
- If the caseworker or other ODHS staff is unable to have monthly face-to-face contact at the program, the primary caseworker and supervisor may need to consider contracting with an appropriate third-party contractor for this service prior to placement. If needed, they may contact the FOCUS Program for consultation regarding this process.
- Given that ODHS 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 ODHS 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

Forms:

CF 1055 Treatment Services Referral

CF 2670 Out-of-State Authorization Sheet

CF 0100A ICPC Request

CF 0100E ICPC Cover Letter

CF 0161 Caseworker Statement for ICPC Requests

CF 1044 ICPC Financial/ Medical Plan

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;

   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 ODHS. 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 ODHS 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 ODHS 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
https://www.oregon.gov/odhs/rules-policy/cwpolicies/i-b5.pdf

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 ODHS 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 ODHS 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 ODHS 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 ODHS 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. ICPC Request form (CW 0100A, one per child).

II. Cover letter form (CW 0100E).

III. ICPC Financial/Medical Plan form (CW 1044, one per child, completed by the assigned Title IV-E specialist).

IV. Caseworker statement form (CW 0161).

V. Copy of most recent court order showing Oregon ODHS has custody of the child.

VI. Copy of most recent case plan or other social history such as screening report, CPS assessment, or protective custody report.

VII. Copy of recent evaluations or other documentation regarding any special needs the child may have.

VIII. Copy of current safety plan.

IX. For CANS level 1, 2 or 3, include enhanced supervision plan and CANS assessment.

X. If available, copy of child's birth certificate.

XI. 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 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 ODHS 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 ODHS remains responsible to make foster care payments when children in ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS custody can be placed in another state prior to ICPC approval.**

Regulation 1 applies when a child in ODHS 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 ODHS maintains custody.

Regulation 1 also applies when a child in ODHS 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 ODHS 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 ODHS dismisses the case without concurrence from the other state, then Oregon is in violation of the ICPC, and the other state can ask Oregon ODHS 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 ODHS 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 ODHS 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 ODHS, and prospective caregivers must meet Oregon ODHS 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 ODHS 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 ODHS to provide extra services such as case management toward reunification, but it is beyond the agency's scope and authority to do so. Oregon ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS custody has run away and is located in another state, the local ODHS 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

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: Placement Planning for Children in The Custody of Child Welfare Who Require Substitute Care, Are Eligible for Intellectual or Developmental Disability (I/DD) Services, And Whose Needs Can Be Met in A Certified Family Setting.

Office of Developmental Disabilities Services (ODDS) is the state agency responsible for overseeing and leading the statewide system of services and supports for people with I/DD. Community Developmental Disabilities Programs (CDDPs) are agencies in local communities that determine eligibility for I/DD services and provide case management services.

When a child in the custody of Child Welfare is in need of placement and has been determined eligible for I/DD services, the Child Welfare caseworker, the CDDP services coordinator, and the child's legal parents or guardians work together as a team to identify a placement option that best meets the child's safety, well-being, and permanency needs. The services coordinator provides "Choice Advising" (as defined in OAR 411-415-0020), about case management options, service options, service setting options, and provider types. The available options could include:

1. Placement in a child foster/resource home setting certified either by Child Welfare or ODDS, with Child Welfare funding the foster care placement and ODDS funding "in-home" supports.

2. Placement in a child foster/resource home setting certified by either Child Welfare or ODDS, with ODDS funding the foster care placement.

3. Placement in an ODDS-licensed adult foster home (AFH) setting for an individual 18 years of age or older, with ODDS funding the foster care placement. (There may be situations where placement in an adult foster home, licensed by ODDS, is being considered for an individual under 18. In those situations, placement cannot occur without an ODDS- approved variance).

4. Placement in a residential setting, such as a group or host home, licensed by ODDS, with ODDS funding the residential placement.

A child should be placed in the least restrictive setting in which their needs can be met. When a child's needs can be met in a family setting, the team should consider placement with a Child Welfare-funded provider whenever possible. Due to the impact on a child's permanency planning, consider staffing with a Child Welfare permanency consultant when placement and funding decisions are being made. When exploring placement and funding options for a child in the legal custody of Child Welfare, the team should consider the following:

- Provider type
    - If the most appropriate service setting for the child is placement with a relative, a Child Welfare-funded foster care placement is the only available option. ODDS is statutorily prohibited from funding relative foster care as described in ORS 443.830(3)(a). If a child is placed with a relative, ODDS-funded In-home supports may be considered.
- Impact on permanency
    - Child Welfare-funded foster care placements with ODDS-funded In-home supports can be maintained post guardianship or adoption, supporting continuity of care. This can be especially important for younger children who have a concurrent plan of adoption or guardianship.
    - ODDS foster care funding is typically more substantial than Child Welfare foster care funding due to the level of support needs of a child who experiences I/DD. Therefore, it can be more difficult to achieve permanency with a provider who has been receiving ODDS foster care funding, as that funding will be replaced with Child Welfare guardianship or adoption assistance funding which is often provides a significantly lower level of financial support.

- Availability of direct support professionals (DSPs) or personal support workers (PSWs) to provide In-home supports
    - When DSP/PSWs, who provide support to individuals in their homes and their communities, are not readily available in the family's local community, an ODDS-funded foster care placement may be most appropriate. If an ODDS-funded foster care placement is the chosen service, the prospective provider would be the individual responsible for meeting the child's support needs.
- Clarity of cross-division rules, supports, and requirements
    - When a provider is certified by one agency but receives funding for the placement by the other agency, the provider is responsible to follow not only the certifying agency's Oregon Administrative Rules but also the rules of the agency funding the placement. For example, when a provider certified by Child Welfare, who is responsible to follow OAR Chapter 413, Division 200, receives a placement funded by ODDS, they also become responsible to follow ODDS Chapter 411, Division 346. The CDDP services coordinator will meet with the resource family to educate them about ODDS foster care rules, requirements, and expectations. The provider will complete the Child Foster Home Medicaid Provider Enrollment Application and Agreement (form SDS 0738C) and will receive support throughout that process. This form is required at each two-year certification renewal. Communication and collaboration between the CDDP services coordinator, Child Welfare caseworker, Child Welfare certifier and Child Welfare–certified resource family is important to ensure all are aware of the requirements and available supports. A discussion of each team member's unique role and communication plan can be helpful when both Child Welfare and the CDDP are involved.
    - If there is ever an instance where a Child Welfare rule and an ODDS rule conflict, the provider should seek support from the child's caseworker and the CDDP. Most likely, the provider will be instructed to follow whichever rule is more restrictive.

Inter-Division Placements

Child foster/resource homes are certified by one of the following divisions of the Oregon Department of Human Services (ODHS): Child Welfare (CW), or Office of Developmental Disabilities Services (ODDS). Child foster/resource parents apply to the division that aligns with their placement preferences, and once certified, agree to accept placements funded exclusively through that division.

There is occasionally a need for a child foster/resource parent certified by one division of ODHS to consider accepting a child whose placement and funding will be through another division of ODHS. This type of placement is referred to as an inter-division placement, because one division of ODHS is both placing and funding the placement of a child in a foster/resource home which is certified by another division of ODHS.

Inter-Division Placements In Child Foster Homes Certified by ODDS

Child foster homes for children with intellectual or developmental disabilities (CFH-I/DD) are certified by ODDS to accept placements of Medicaid-eligible children who qualify for intellectual or developmental disabilities (I/DD) services, and whose services are funded through ODDS. Occasionally, there may be a situation where a CFH-I/DD provider is asked to consider accepting an inter-division placement from Child Welfare. In this type of inter-division placement, Child Welfare is both placing and funding the placement of a child in a child foster home certified by ODDS.

This type of inter-division placement usually occurs in the following situations:

- When a child who is I/DD eligible and placed with an ODDS–certified child foster home has a sibling who is not I/DD eligible but is proposed for placement in the same home.
- Child Welfare is exploring placement options for a child who does not qualify for I/DD services, and placement in a CFH-I/DD will prevent the child from being placed in temporary lodging.
- When a child, regardless of I/DD eligibility, is proposed for placement with a relative who is certified by ODDS as a CFH-I/DD. ODDS is statutorily prohibited from funding relative foster care, so even if the child qualifies for I/DD services, ODDS cannot fund the foster care placement of a child who is placed with a relative.

When this type of inter-division placement is being explored, the Child Welfare caseworker may initiate placement planning with a CFH-I/DD by doing any of the following:

- Contact the Designated Referral Contact (DRC) with the local Community Developmental Disabilities Program (CDDP) in the county where a CFH-I/DD is being sought.
  - The list of DRCs for each county, and their contact information, can be found here. The DRC will help the Child Welfare caseworker identify CFH-I/DD providers with vacancies.
  - After working with the DRC to identify CFH-I/DD providers with vacancies, the Child Welfare caseworker may directly contact the CFH-I/DD provider(s) to discuss the potential inter-division placement, including any additional Child Welfare rules or requirements the CFH-I/DD provider will be required to follow if they agree to accept the placement.
- The Child Welfare caseworker may already have a relationship with, or knowledge of, a CFH-I/DD provider, such as when a sibling of the potential placement is supported in the CFH-I/DD. In these situations, the Child Welfare caseworker may directly contact the CFH-I/DD provider to discuss the potential inter-division placement, including any additional Child Welfare rules or requirements the CFH-I/DD provider will be required to follow if they agree to accept the placement

If the CFH-I/DD provider is willing to accept the inter-division placement from Child Welfare, the CFH-I/DD provider must receive written approval from ODDS prior to accepting the placement. Written approval may only be granted by ODDS through the ODDS variance process outlined below.

- The CFH-I/DD provider must review the CFH Inter-division Placement Variance Request Instructions and complete an ODDS Variance Request (form 6001) and CFH Inter-division Placement Safety Assessment.
- The foster provider must submit the completed forms via secure email to ODDS Variances at odds.variances@odhsoha.oregon.gov as follows:
  - To send a secure email, the sender must first request a secure email from ODDS by sending a blank email to odds.variances@odhsoha.oregon.gov with “Secure Email Request for Urgent Variance” in the subject line.
  - Upon receipt of the secure email from ODDS, use the “reply” function to ensure a secure response, enter “urgent request for inter-division placement” in the body of the email, attach the completed ODDS Variance Request (form 6001) and CFH Inter-division Placement Safety Assessment, then hit the “send” button.

- The variance request will be approved or denied by ODDS, and ODDS will email the decision to the foster provider, ODDS Licensing Unit, and Child Welfare caseworker within 30 days of receipt of the variance request. Please note that ODDS will make every effort to expedite inter-division variance requests.
- A foster provider may only accept an inter-division placement upon receiving written permission from ODDS via an approved variance decision.
- Within 30 days from receipt of a denial, a foster provider may request an administrative review by sending an email to the ODDS Variance Committee and requesting an administrative review. The outcome of the administrative review serves as the final decision of ODDS. The final decision will be emailed to the foster provider, ODDS Licensing Unit, and Child Welfare caseworker.

Inter-Division Placements In Resource Homes Certified by Child Welfare

Resource parents certified by Child Welfare agree to accept placements of children in the custody of Child Welfare whose services are funded through Child Welfare. Occasionally, there may be a situation where a resource parent is asked to consider accepting an inter-division placement from ODDS. In this type of inter-division placement, ODDS is both placing and funding the placement of a child in a resource home certified by Child Welfare.

When this type of inter-division placement is being explored, the child's Services Coordinator with the Community Developmental Disabilities Program will contact the Child Welfare certifier for the resource parent to discuss the potential inter-division placement, including any additional ODDS rules or requirements the resource parent will be required to follow if they agree to accept the placement. Provided the certifier agrees the placement is appropriate, the certifier will connect the Services Coordinator with the potential resource parent to review the child's needs, answer any questions, and ensure the resource parent has the information necessary to make an informed decision about the placement".

Prior to accepting an inter-division placement from ODDS, the resource parent must enter into a child foster home contract with ODDS and agree to follow ODDS rules governing foster care services for children with I/DD. The Medicaid Provider Enrollment Application and Agreement (PEAA), form SDS 0738C, serves as the child foster home contract. The PEAA grants approval to be enrolled as a Medicaid Provider eligible to receive Medicaid funding from ODDS for the provision of foster care services for children with I/DD, the child's services coordinator with the Community Developmental Disabilities Program (CDDP) will work directly with the resource parent to ensure the signed PEAA gets submitted to ODDS for processing. Once processed, the resource parent will receive an email notification that includes their Medicaid Provider ID, as well as instructions for enrolling as a provider in the ODDS Express Payment and Reporting System (eXPRS). The CDDP will be copied on the email and assist the resource parent with any questions.

When a Child is I/DD Eligible and in the Legal Custody of Child Welfare, Follow the Steps Associated With the Type of Placement Proposed:

When placement is proposed in a Child Welfare–certified home and Child Welfare is funding the foster care placement:

- Follow steps in Chapter 5, Section 2.

When placement is proposed in an ODDS–certified child foster home, Child Welfare is funding the foster care placement

and ODDS is funding In-home supports:

- Consult with a supervisor regarding placement of the child in an ODDS–certified home.
- 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.
- 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-Division Foster Home Placement Approval form (MSC 5031).
    - Placement should only occur after all required parties have signed to confirm their understanding of their responsibilities and agreement with the terms of the placement.
    - The placing division's supervisor signs on the first line titled "Supervisor".
    - The signatures of the representatives from the certifying division and the placing division should be supervisory level.
- When the child is placed in the home:
    - Follow the procedures for placement in Chapter 5.
    - Ensure that the foster parent receives a Placement Information Form, DE 65583, and is given information about the child's special needs.
    - 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. Because the foster parent may not be familiar with the Child Welfare system and policies, work with them and the certifying agency staff to ensure information is shared.
- Collaborate with the local CDDP managing the child's case to coordinate the following actions:
    - 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) if verbal approval was previously given.
        - A copy of the foster parent's Certificate of Approval or screen-print showing certification dates.
- The responsibility for the child's case plan and the services and activities described in the case plan is retained by the Child Welfare caseworker. The CDDP, is responsible for I/DD case management services, including authorizing I/DD services and monitoring the effectiveness of I/DD services and supports. Connect with the I/DD services 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. Alternatively, if ODDS is funding the placement, Child Welfare would not provide personal care services or a CANS payment.

When placement is proposed in a Child Welfare–certified home and ODDS is funding the foster care placement. The Child Welfare caseworker (or the certifier) and CDDP services coordinator should work together with the provider to ensure the Child Welfare–certified provider is willing to accept payment from ODDS, and understands the following requirements:

- Provider must sign a contract with ODDS, which is the Medicaid Provider Enrollment Application and

Agreement (PEAA) (SDS 0738C), to be enrolled as a Medicaid Provider eligible to receive Medicaid funding from ODDS for the provision of I/DD foster care services. The CDDP services coordinator will ensure the signed PEAA gets submitted to ODDS for processing.

- In addition to following Child Welfare rules, the provider must agree to follow the rules in OAR 411-346, Foster Homes for Children with Intellectual or Developmental Disabilities, as a condition of payment from ODDS (this is outlined in the PEAA).

When placement is proposed in an ODDS–certified child foster home and ODDS will be funding the foster care placement:

- Consult with a supervisor regarding placement of the child in an ODDS–certified child foster home.
- 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 child foster home.
- When a foster parent has been identified, coordinate with the CDDP and foster parent to place the child.
- The Child Welfare worker provides the CDDP with a copy of the most recent court order placing the child in the legal custody of Child Welfare, a copy of the child's birth certificate (or the mother's maiden name and child's place of birth) When the child is placed in the home:
    - Follow the procedures for placement in Chapter 5.
    - Ensure that the foster parent receives a Placement Information Form, DE 65583, and is given information on the child's special needs.
    - 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.
- Child Welfare case workers placing children with ODDS licensed/certified providers must send an email to CWDD.Placements@odhsoha.oregon.gov to request an ODDS provider be created (or updated) in OR-Kids. Include in the email:
    - Child's name; date of birth, OR-KIDS case number and person number
    - Date of placement
    - Provider's full name (include both provider's names if more than one)
    - Provider's full address
    - Provider's date of birth; Social Security number or any other identifying information available (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 entered into OR-Kids. If additional information is needed, that request will come from the Child Welfare I/DD Placements email box. Please make every effort to respond timely.

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. The CDDP is responsible for I/DD case management services, including authorizing I/DD services and monitoring the effectiveness of I/DD services and supports. Refer to Appendix 5.7 for additional reference tools regarding the specific case management responsibilities

between Child Welfare and ODDS.

When placement is proposed in an ODDS 24-hour residential placement:

- Work with the assigned CDDP Services Coordinator to complete the referral for placement documentation. All I/DD referrals for placement are submitted by the CDDP Services Coordinator to the local county I/DD designated referral contact (DRC) who coordinates I/DD placement search for the child.
- Child Welfare case workers placing children in an ODDS group home/facility or Adult ODDS group home/facility must send an email to CWDD.Placements@odhsoha.oregon.gov to request an ODDS provider be created (or updated) in OR-Kids. Include in the email:
    - Child's name; date of birth, OR-KIDS case number and person number.
    - Date of placement.
    - Name of agency that licenses 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 number.

Chapter 5

Section 15: Placement of a Youth or Young Adult in an Approved Supervised Independent Living Arrangement

Placement of a Youth or Young Adult in an Approved Supervised Independent Living Arrangement

An approved supervised independent living (SIL) arrangement is designed to help a young person in ODHS custody become a self-sufficient adult. There are various levels of SIL placements or arrangements. Because there are a variety of SIL placement options, it is imperative ODHS 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 people in gaining and practicing self-sufficiency skills. There are several programs and unique eligibility requirements to help them with supervised independent living and monthly housing expenses:

I. Transitional Living Program (TLP)

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 person to live independently. The SIL placements and programs supplement the young person's housing costs while they continue education or employment. SIL placements may pay funds directly to a TLP provider on behalf of the young adult, until they are prepared to manage their own finances. The Independent Living Housing Subsidy and Chafee Housing Program will issue funds directly to the young person.

The following chart identifies many of the differences between the various SIL placements and programs:

Category	Transitional Living Program Basic	Transitional Living Program Plus	Independent Living Housing Subsidy	Chafee Housing*
Minimum Age	18	18	18, or age 16+ with approved Exception	18
State or Tribal child welfare care and custody	Must be in ODHS care and custody, unless TLP accepts former foster youth.	Must be in ODHS care and custody	Must be in ODHS care and custody	Custody must have been 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, volunteerism, or combination of the 3.	36hrs of education, paid employment, volunteerism, or combination of the 3.
Paid Employment	Optional	Optional	Optional	Required, at least 4+ hours per week
Duration	12 to 18 Months	Average of 12 or 14 Months, based on level of service.	30-months, quarterly decrease beginning with month 13.	Through age 23, or until young adult has accessed $12,000
Monthly Expenses	Payment issued to TLP provider (covers program admin. costs and a portion of the rent). If additional funding is needed, young adult should use wages or apply for ILH Subsidy or Chafee Housing funds.	Payment issued to TLP provider (covers program admin. costs and a portion of the rent). TLP-Plus may provide young adults a payee who will disburse funds for utilities, groceries, weekly allowance, and incidentals to the young adult.	Payment issued directly to the young person. May assist with any monthly living expenses (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, deposits, and phone), start-up items, limited furnishings and transportation costs.
Medical Card	Provided by Child Welfare or for former foster youth see the Chafee Housing requirements.	Provided by Child Welfare	Provided by Child Welfare	Young adult must apply for the Former Foster Care Youth Medical Program through the Oregon Health Plan
Funding Source	IV-E funds or State General Funds or Federal Chafee grant funds	IV-E funds or State General Funds	IV-E funds or State General Funds	Federal Chafee grant funds

*See the Independent Living Housing Subsidy (ILHS) Program instructions below for more information on when it may be appropriate for a young person (age 16 – 17) to access the ILHS Program.

**Young adult must leave their final foster care placement at age 18 or older. Trial reunification counts as "foster care" for ILP skills training or Chafee Housing eligibility.

***A young adult engaged in a Transitional Living Program (TLP) will have their productive hours set by the TLP, based on their abilities and transition plan.

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 in the young adult's case plan.

Youth Transitions Contracted Transitional Living Programs (TLP)

Purpose: Youth Transitions contracted Transitional Living Program placements are for young adults ages 18 through age 23. Ideally, a young adult will have been enrolled with an ILP Provider for at least three (3) months. The TLP placement option requires them to possess basic skills related to time management, household maintenance, health care, transportation, and money management. At this level of SIL placements, they 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/or 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 through 23.

   B. In ODHS care and custody or exited foster care and custody (State or Tribal) at age 18 or older.

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, and ILP or life skills services.

Note: If the young adult is also planning to access the Independent Living Housing (ILH) Subsidy Program or Chafee Housing Program, the productive time must equal 36 hours per week. More details can be found in the ILH Subsidy or Chafee sections below.

II. Preparation: Begin discussing housing options with a young person 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 them of the supports provided in a TLP placement and the expectations. This service is not intended to be an emergency move or placement. To properly plan and facilitate a smooth transition, the caseworker must reassess the young person's abilities, with them, in the following areas:

A. Their CTP and 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 their life,

G. Ability to use and access transportation resources, and

H. Readiness to explain supports needed and future goals to the TLP referral screener.

III. Referral: Contact the Youth Transitions Housing Analyst at ILP.Central@odhsoha.oregon.gov to determine availability. 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: TLP locations and units are extremely limited.

IV. Screening process: Most TLPs will have their own screening process. Consult with the Youth Transitions Housing Analyst at ILP.Central@odhsoha.oregon.gov 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 Youth Transitions staff at ILP.Central@odhsoha.oregon.gov. Include in your subject line: SIL-TLP Placement. Youth Transitions staff will open the appropriate services and work with the ODHS caseworker each month to validate services. Youth Transitions staff will validate invoices and approve payments to the TLP.

Terminating Youth Transitions TLP Placements

Advise Youth Transitions staff of all Youth Transitions TLP terminations (planned or unplanned).

I. The TLP placement for young adults will be terminated under the following circumstances:
   A. Completed the TLP as planned.
   B. Achieved independence and self-sufficiency to the extent there is no longer a need for TLP placement services.
   C. Made a voluntary decision to no longer participate in the TLP placement.
   D. 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. Exceeded maximum benefits for the Transitional Living Program.
   F. Reached their 24th birthday.

   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 Youth Transitions staff at ILP.Central@odhsoha.oregon.gov.

Note: Failure to notify these parties may result in an overpayment.

Treatment Services Transitional Living Programs

Purpose: Treatment Services TLP placements are for young adults ages 18 or older and in the care and custody of ODHS. Treatment Services TLPs are designed to assist young adults who are not prepared for the basic 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. Preparation: Begin discussing housing options with a young person during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP) including the supports provided in a TLP Plus placement and the expectations.

III. Referrals: Send referrals directly to the Residential Resource Consultant assigned to the caseworker's district to ensure the young person meets criteria for programing.

IV. Screening process: Young person needs to be screened by the Residential Resource Consultant 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 Treatment Services TLP 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 may be terminated or why a young adult may transition out of the program:
   A. Completed the TLP program as planned.
   B. Achieved independence and self-sufficiency to the extent there is no longer a need for TLP supports and services.
   C. Made a voluntary decision to no longer participate in the TLP placement.
   D. 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 program's rules and requirements).
   E. Reached their 21st birthday.
   F. ODHS has terminated wardship.

Independent Living Housing Subsidy Program

Purpose: The Independent Living Housing Subsidy (ILHS) Program is a level of SIL placements with the least supervision and the highest expectations for productive hours. The ILHS Program supplements the young person's living expenses while they continue their education, employment, and/or volunteerism.

I. Eligibility:
   A. Age 18 – 20 (up to their 21st birthday),
   B. In ODHS care and custody,
   C. Have at least one previous substitute care placement,
   D. Have court approval,
   E. Have an ODHS approved plan consisting of 36 hours of activity per week (work, education, volunteer activities or a combination of the three),
   F. Be a high school graduate or actively working towards educational goals,
   G. Actively engaged in ILP services or in an alternative skill building program which includes financial literacy and assistance with the monthly budgeting process,
   H. Has completed a Comprehensive Transition Plan that indicates a need for independent housing services,
   I. Will actively participate in budgeting activities, housing meetings (if required), skill building services, and craft an individualized pan to maintain 36 hours of productive activities.

Note: Participation in the ILHS Program for a 16- or 17-year-old foster youth is a rare occurrence, happens in case-specific situations, and requires that the above eligibility criteria be met and:

J. The Child Welfare caseworker in collaboration with the skills provider must submit form CE88, Policy Exception Request Form as follows:

1. Must outline why the young person is appropriate for the ILHS program.
2. Must include the young person's planned productive activities.
3. The completed CF88 form is to be sent to ILP.Central@odhsoha.oregon.gov for the Youth Transitions Program Manager's approval prior to the young person beginning the ILHS program.

II. Preparation:

A. Ensure the young person is enrolled and participating in ILP skill-building services or comparable skill-building services which include a financial literacy component. This is required before being accepted and enrolled in an ongoing housing program.

III. Begin discussing housing options with a young person during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP), or earlier if plans are to access ILHS at a younger age. Inform them of the decreased level of supervision provided during the ILHS placement and the expectations. 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 person's abilities in these areas:

- Their CTP and goals for the future,
- School and employment arrangements,
- Capacity for self-care and demonstrated life skills,
- Budgeting skills and demonstrated money management abilities,
- Evidence of good decision-making skills,
- Evidence of supportive adults in their life, and
- Ability to use and access transportation resources.

IV. Screening process: The branch must establish a housing screening committee to determine the young person's appropriateness and preparedness to access the ILHS program. At a minimum, the committee must consist of:

A. The caseworker,

B. An ILP service provider or other skills trainer, and

C. May include other significant adults in the young person's life as requested by the young person.

Each office has a process for establishing a screening committee. Check with your supervisor if you need to schedule a screening committee meeting.

A. Set a date and time for the screening committee in collaboration with the young person.

B. Before presenting a young person to the screening committee for ILHS, the caseworker should ensure that:

1. They are prepared to answer questions the committee may have to demonstrate they have the

high level of preparedness, self-responsibility and accountability that living independently and participating in the housing program requires. (See Appendix 5.17 for a study guide.)

2. They have the capacity to live safely in the community without the supervision of a resource family or group care setting. If the young person will be residing in a transitional living program, ensure the level of supervision is appropriate to meet their supervision needs.

Note: If the young person's anticipated residence is known, the caseworker should inspect the residence to ensure the standards listed are met. Inform them if they decide to move or pay start-up fees before the screening committee or ODHS approval, the program may not reimburse or accept them into the program. It is the caseworker's responsibility to ensure they have a safe and appropriate living arrangement given their:

- Skills,
- Abilities, and
- Responsibility level.

  While not required, ODHS has the right to ask roommates to agree to a background check. Roommates must be willing and able to meet their financial responsibilities each month. For example, ODHS may request a roommate's paystubs, checking or savings statements, etc.

- The young person demonstrates their ability to follow the provisions of the case plan, participating in activities and services to achieve interdependence.

3. Court approval is required.
   - 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 local office or district may have its own rules. Check with your supervisor for your local office's practice.
   - Court approval is required before a housing payment will be issued. If a judge does not approve the "independent living" situation, the young person needs to remain or be placed back into substitute care.
4. The young person has a proposed living situation that meets the following minimum standards:
   - The living situation provides reasonably convenient access to:
     - School,
     - Employment,
     - Transportation, and
     - Services/supports
5. The living situation complies with applicable state and local:
   - Zoning,
   - Fire,
   - Sanitary, and
   - Safety regulations.

6. The living situation is reasonably priced and fits within their budget.
7. They should have an established bank account, including direct deposit authorization (aka electronic funds transfer).

C. If able, they have established a savings account that can be used to help with moving expenses, unexpected expenses, or during emergencies.

Note: If the young adult will have a roommate(s), the roommate(s) must be able to pay their own share of the deposits, fees, and monthly living expenses.

The young person has completed all the following required housing documents and has provided supportive documentation (pay stubs, rental agreement, SNAP/TANF, SSI, education, bills, etc.):

- CF 0075 Housing Funding Eligibility Checklist (completed by caseworker);
- CF 0076 Responsibility Agreement (completed by the young person with assistance from either the caseworker or ILP worker);
- CF 0077 Budget Worksheet (completed by the young person with assistance from either the caseworker (or ILP worker); and
- CF 0078 Youth Transition Funds Request (optional):
  - The caseworker or ILP worker completes the request with the young person. It may be submitted to request assistance with move-in costs. For example, security, utility or cleaning deposits.
  - A start-up kit is optional. It contains items necessary to move or set up and maintain a household. For example:
    - Moving expenses,
    - Cleaning supplies,
    - Food staples,
    - Pots and pans,
    - Dishes,
    - Minimal basic furniture,
    - Vacuum, etc.

    The maximum amount allowed for a start-up kit is $800 or $1,200 if the request includes furniture. This may be in addition to the move-in fees.

D. The committee must consider the young person's abilities or skills in the following areas when determining their appropriateness for housing services:
   - Budgeting,
   - Decision-making,
   - Education and employment,
   - Self-advocacy,
   - Household maintenance,

- Vision for the future, and
- Plan once housing assistance ends.
- Foster care status. If they are no longer in ODHS care and custody, Chafee Housing may be approved to help stabilize and improve the above areas for a young person formerly in foster care.

The committee will then make one of the following decisions:

1. The young person is deemed appropriate and prepared to begin the program immediately:
    - Scan and send the original set of the above forms (signed and dated) and any supporting documents to ILP.Central@odhsoha.oregon.gov.
        - Use Subject Line: Subsidy [young person's initials]. Youth Transitions staff will advise the local office of the appropriate services to open and work with the ODHS caseworker each month to validate budgets and issue subsidy payments.
        - Copies of the housing documents are provided to the:
            - Young person,
            - ODHS electronic case file,
            - ILP provider, and
            - Screening committee chairperson.
2. The young person is deemed appropriate for the program, but is not yet prepared to begin the program:
    - The committee will openly and respectfully discuss any concerns.
    - The committee will offer suggestions for resolving the concerns.
    - Once concerns have been addressed, the caseworker will request a follow-up meeting.
3. The young person is denied because the screening committee determines they are not suitable for the housing program:
    - The young person is advised of this decision at the time of the screening.
    - The caseworker or committee provides them with a written notice as soon as possible. The notice indicates the reasons for denial.
    - Committee recommendations for additional skill building or other activities or potential resources are provided.

Monitor Housing Services

I. First 12 Months

A. Encourage the young person to open a savings account if possible. They should begin to save funds for exiting the housing program or for emergencies that may arise.

1. Help them to 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 budget.

3. If they are withdrawing funds from savings, determine why. Adjust budget accordingly to reflect the actual amount of monthly expenses.

B. During each of the first three months and before delivering the housing payment to the young person, review their receipts with them for income and payments. For example:

1. Pay stub(s),
2. Rent,
3. Utilities,
4. Groceries, and
5. Other major monthly expenses.

To ensure the young person has a filing system for their important documents and receipts, you may wish to include the cost of the filing system in their housing budget.

C. During each of the first three months, ensure the young person's full-time productive hours per week are appropriate and according to the approved plan. Examples of productive time may include:

1. Paid employment (review schedule and pay stub(s) to confirm hours/wages),
2. Education (confirm enrollment, review schedule, discuss progress/barriers),
3. Volunteer activities (review schedule, confirm hours, discuss opportunities/barriers),
4. Counseling appointments (confirm schedule, discuss on-going needs),
5. School activities (confirm schedules for sports, clubs, etc.), or
6. Additional study hours for young people in college or with documented special needs (needs more than the 3 hours per credit allowed to manage course work/studying).

D. If changes occur (e.g., in the areas of employment, education or housing):

1. Assist the young person in completing a revised Budget Worksheet (CF 0077),
2. Housing Responsibility Agreement (CF 0076, page 3), and
3. Notify Youth Transitions staff as soon as changes are known.

E. Subsequently, if a young person has shown the ability to follow their budget, you may extend the period between reviews. You must review their budget and hours of activity at least once every three months (quarterly).

Arrange the 30-day face-to-face contact at the young person's residence at least once each quarter.

II. Year 2 – Implement Stepdown Process

A. Starting with month 13, a young person accessing the IL Housing Subsidy Program must begin to decrease their reliance on the housing funds. Each quarter (every three months), the maximum amount they can receive will decrease incrementally. Ensure their budget adjusts spending and income for the smaller amount of housing funds. The CF 0077 will reflect the current rates.

B. During a declared emergency, the monthly rate may revert to the maximum. The rate is to be based on need, including costs due to the declared emergency.

C. During each of the stepdown months, help the young person to:

1. Review their budget and determine where expenses may be cut, or
2. Brainstorm ways for them to generate additional income.

D. Starting month 13, a young person has only one lifetime exception to increase the monthly maximum above the required step-down amount (not to exceed the maximum amount listed above).

E. Continue to review the receipts. Do this at least quarterly. Ensure they spend funds appropriately and as budgeted. The ILP provider is a partner in monitoring the young person'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 young person to improve life skills. Working as a team will improve service coordination. Also, it will help the young person make a safe, successful transition to adulthood and independent living.

III. Final 6 Months - Prepare to Exit Program

A. When the young person is on their final six (6) months of the housing program, they should be providing the bulk of their income or monthly support. Continue assisting them with the following:

1. Increasing employment hours or wages or increasing job search activities.
2. Help them determine ways to reduce expenses (i.e., obtain a roommate, have discussions regarding lowering car insurance, re-examine cell phone plan, streaming services,collaborate with friends to reduce costs, find cost-free entertainment options, etc.
3. Encourage as much savings as possible throughout programming. Confirm balances and plans for emergencies.
4. If in college, ensure they are beginning to search for employment or increasing employment hours to cover expenses.
5. Search for a new residence if the current residence is not within their budget once the ILP housing supports end.
6. Prepare for termination of wardship (if in ILHS Program) and provide them with documents as outlined in the Requirements at Independence, Transitions Tool Kit (Appendix 5.18).
7. Ensure termination of wardship is not likely to result in homelessness.
8. If appropriate, the caseworker and ILP Provider will assist to research availability of resources through the local Public Housing Authority (PHA). Assistance may include applying for the Foster Youth Independence (FYI) Voucher or Family Unity Program (FUP) Youth Voucher.

IV. If a Young Person Does Not Follow the Housing Responsibility Agreement

A. If, at any time, a young person:

1. Is out of compliance with the Housing Responsibility Agreement (CF 0076), or
2. Decides they are not able to continue in the program, then you must notify Youth Transitions staff immediately and do one of the following:

    - Request a time-limited Exception to Policy (form CF 0088). Provide:

- A beginning and end date;
- The reason for the exception request; and
- The young person's detailed plan for regaining compliance.
    - If an exception is approved, but the young person does not regain compliance within the time specified, they will be terminated from the housing program. The Exception to Policy (CF 0088) must be approved by the:
        - Young person,
        - ODHS caseworker,
        - ILP provider, and
        - ODHS program manager or designee.
- It needs to be submitted to ILP.Central@odhsoha.oregon.gov for final approval.
- If lack of compliance is due to the young person's pregnancy or child-birth, submit as Exception to Policy (form CF 0088). Indicate the following:
    - Provide expected date baby is due (or date of birth);
    - Their plan to maintain medical appointments, preparations for parenthood and support once baby is born; and
    - The plan to regain compliance with the full-time productivity requirements. This includes how daycare needs will be met.
    - Exceptions may be requested for up to 12 weeks. If an exception needs to be extended past this time, you must submit a doctor's note with the date the young person is anticipated to return to normal activities.
    - If still in high school, indicate their plan to return to school and remain in compliance with the high school's attendance policies or outlined alternative educational plan.

B. Issue a warning of potential termination if issues are not resolved:

1. Provide the young person with a 15-day notice of intent to terminate (a sample is available, see Appendix 5.19). This notice must include:
    - Clear and specific reasons for possible termination;
    - The time frame they are being allowed to remedy the situation (no more than 15 days);
    - A statement that if the issues have not been remedied by a specific date, they will be terminated; and
    - The name of who to contact if they wish to remain in the program.

C. Terminate: After the 15-days have passed and no remedy has been agreed upon, provide the young person with a termination letter. Notice may be verbal with a written follow-up to confirm the conversation.

1. The notice must include:

- The reasons for termination,
- The specific date they will be terminated, and
- A statement that they 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 they are terminated from the ILP housing program, they remain eligible for ILP skill building services.

2. Extension of a termination notice is not allowed.

D. Youth Transitions staff may hold a young person'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 worker(s) will be given 30 days to resolve the problem with them. If the problem remains unresolved after 30 days, a hold will be placed on all future housing payments.

Terminating IL Housing Subsidy Placements

Advise Youth Transition staff of all subsidy terminations (planned or unplanned).

I. The subsidy placement will be terminated for the young person under the following circumstances:
   A. They completed subsidy as planned.
   B. They achieved independence and self-sufficiency to the extent there is no longer a need for subsidy placement services.
   C. They made a voluntary decision to no longer participate in the subsidy placement.
   D. They were involuntarily terminated from the program for failing to comply with program requirements (as outlined on form CE 0076, the Housing Services Responsibility Agreement).
   E. They reached their 21st birthday.
   F. ODHS terminated wardship.
   G. They 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 person from the ILH Subsidy placement:
   A. The young person (verbally and in writing),
   B. The ILP provider, and
   C. Youth Transition at ILP.Central@odhsoha.oregon.gov, Failure to notify these parties may result in an overpayment.

Chafee Housing Program

The Chafee Housing Program is not a placement service. A young adult must be terminated from ODHS 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 adult become self-sufficient. The Chafee housing program supplements the young

adult's living expenses while they continue education or employment. Acceptance into this program is a privilege, not an entitlement.

To access Chafee Housing funds, young adults can come back on a voluntary services basis through two different options.

- FSS ILP - For voluntary cases, A new case is opened with the young adult by calling the ORCAH and requesting a Family Support Services (FSS)-ILP voluntary case. Refer to Chapter 7, Section 4 Family Support Services (FSS) for detailed procedures for opening an FSS case for ILP services.
- Aftercare Services - A young adult ages 18 through 23 (up to their 24th birthday) can self-refer to their local ILP program by calling the Provider directly to access ILP services, including Chafee Housing.

I. Eligibility:
   A. At least age 18 but not yet 24.
   B. Exited foster care and custody (state or Tribal) at age 18 or older with at least 180 days of placement services after age 13.
   C. Must be engaged in 36 hours of productive activities (paid employment, education, volunteerism, or a combination of the three). Plan must include at least 4 hours of paid employment.
   D. High school graduate or actively working towards educational goals.
   E. Actively engaged in ILP services or in an alternative skill building program which includes financial literacy and assistance with the monthly budgeting process.

II. Preparation:
   A. Begin discussing housing options with a young person during the Benchmark Review (age 17.5) of their Comprehensive Transition Plan (CTP).
   B. Inform the young person of the supports provided in the aforementioned housing options and the expectations while accessing the Chafee Housing program.
   C. Discuss what is needed to live safely in the community without the supervision of a resource family. If the young person will be residing in a transitional living program, ensure the level of supervision is appropriate to meet their support needs.

III. Referrals:
   A. If a young adult has an FSS-ILP case, the caseworker should assist the young adult to complete the following:
      1. If a young adult is accessing a Transitional Living Program, in addition to Chafee Housing, contact the TLP agency for the appropriate referral packet. The TLP will complete a review and acceptance will be based upon their unique requirements (see steps identified above).
      2. The Housing Packet, which includes all required housing documents (CF 0075, CF 0076, CF 0077, CF 0078) and supportive documentation (pay stubs, rental agreement, SNAP/TANF, SSI, education/financial aid statements, bills, etc.).
         - CF 0075 Housing Funding Eligibility Checklist (completed by caseworker or ILP worker);

- CF 0076 Responsibility Agreement (completed by the young adult with assistance from either the caseworker or ILP worker);
- CF 0077 Budget Worksheet (completed by the young adult with assistance from either the caseworker or ILP worker); and
- CF 0078 Youth Transition Funds Request (optional):

(1) The caseworker and ILP provider complete the request with the young adult. It may be submitted when requesting assistance with move-in costs (security, cleaning, or utility deposit, etc.).

(2) A start-up kit is optional. The maximum amount allowed for a start-up kit is $800 or $1,200 if the request includes furniture (this may be in addition to the move-in fees). It contains items necessary to move or set up and maintain a household. For example:

- Moving expenses,
- Cleaning supplies,
- Food staples,
- Pots and pans,
- Dishes,
- Minimal basic furniture,
- Vacuum, etc.

3. Once completed and signed, the above Housing Packet is to be sent to ILP.Central@odhsoha.oregon.gov for processing.

Note: All funds requested, aside from the start-up kit, will be applied against the maximum $12,000 allowed for Chafee Housing.

IV. Screening Process:

A. Since the young adult is no longer in ODHS Custody, a formal screening process is not required. Confirm eligibility with Youth Transitions staff.

B. The young adult will determine the most appropriate living environment to support their transition efforts. However, the proposed living situation must meet the following minimum standards:

1. The living situation provides reasonably convenient access to:
   - School,
   - Employment,
   - Transportation, and
   - Services/supports.
2. The living situation complies with applicable state and local:
   - Zoning,
   - Fire,

- Sanitary, and
- Safety regulations.

3. The living situation is reasonably priced and fits within the young adult's budget. If they'll have a roommate(s) or are living with a legal or biological parent (a parent would be considered a roommate), the roommate(s) must be able to pay their own share of the deposits, fees, and monthly living expenses
4. The young adult should have an established bank account, including direct deposit authorization (aka electronic funds transfer/EFT). If able, they should have an established savings account that can be used to help with moving expenses, unexpected expenses, or during emergencies.

Note: If the young adult's anticipated residence is known, the caseworker or ILP worker should inspect the residence to ensure the standards listed are met. Inform them if they decide to move or pay start-up fees before Youth Transitions approval has been provided, the program may not reimburse or accept the young adult.

5. If the young adult is deemed not suitable for the housing program:
   - They are advised of this decision immediately.
   - The caseworker or ILP provider provides them with a written notice as soon as possible. The notice indicates the reasons for denial.
   - Recommendations for additional skill building or other activities or potential resources are provided.
   - Inform them that they may reapply once the stated concerns are remedied.

Monitor Housing Services

I. First 12 Months:

A. Encourage the young adult to open a savings account if possible. They should begin to save funds for exiting the housing programs or for emergencies that may arise.
   1. Help them 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 budget.
   3. If they are withdrawing funds from savings, determine why. Adjust the budget accordingly to reflect the actual amount of monthly expenses and amount being placed (and staying) in the savings account.

B. During each of the first three months and before delivering the housing payment to the young adult, review their receipts for income and payments verification. For example:
   1. Pay stub(s),
   2. Rent,
   3. Utilities,
   4. Groceries, and
   5. Other major monthly expenses.

Note: Ensure the young adult has a filing system for their important documents and receipts, you may wish to include the cost of the filing system in their housing budget.

C. During each of the first three months, ensure the young adult's full-time productive hours per week are appropriate and according to the approved plan. Examples of productive time may include:
   1. Paid employment (review schedule and pay stub(s) to confirm hours/wages),
   2. Education (confirm enrollment, review schedule, discuss progress/barriers),
   3. Volunteer activities (review schedule, confirm hours, discuss opportunities/barriers),
   4. Counseling appointments (confirm schedule, discuss on-going needs),
   5. School activities (confirm schedules for sports, clubs, etc.), or
   6. Additional study hours for students in college or with documented special needs (needs more than the 3 hours per credit allowed to manage course work/studying).

D. If changes occur (e.g., in the areas of employment, education or housing):
   1. Assist the young adult in completing a revised Budget Worksheet (CF 0077), and
   2. Housing Responsibility Agreement (CF 0076, page 3), and
   3. Notify Youth Transitions staff as soon as changes are known.

E. Subsequently, if a young adult has shown the ability to follow their budget, you may extend the period between reviews. You must review the budget and hours of activity at least once every three months (quarterly).

F. Arrange the 30-day face-to-face contact at their residence once each quarter.

II. Preparing for Exiting the Chafee Housing Program

A. Once a young adult has accessed approximately $8,000 of Chafee Housing services, begin conversations with them regarding their plan to transition off the Chafee Housing supports.

B. Ensure they consider the needed budget adjustments to spending and income.
   1. Review their budget and determine where expenses may be cut, or
   2. Brainstorm ways for them to generate additional income.

C. Encourage as much savings as possible throughout programming. Confirm their balance and plan for emergencies.

D. If in college, ensure they are beginning to search for employment or increase employment hours to cover expenses.

E. Determine if they must search for a new residence, if the current residence is not within their budget once the Chafee Housing supports end.

F. If appropriate, the caseworker and ILP Provider will assist them to research availability of resources through the local Public Housing Authority (PHA), including potentially applying for the Foster Youth Independence (FYI) Voucher or Family Unity Program (FUP) Youth Voucher.

III. If a Young Adult Does Not Follow the Housing Responsibility Agreement

A. If, at any time, a young adult:

1. Is out of compliance with the Housing Responsibility Agreement (CF 0076), or
2. Decides they are not able to continue in the program, then you must notify Youth Transitions staff immediately and do one of the following:
    - Request a time-limited Exception to Policy (form CF 0088). Provide:
        - A beginning and end date;
        - The reason for the exception request; and
        - The young adult's detailed plan for regaining compliance.
            - If an exception is approved, but they do not regain compliance within the time specified, they will be terminated from the housing program. The Exception to Policy (CF 0088) must be approved by the:
                - Young adult,
                - ODHS caseworker (if assigned through an FSS case),
                - ILP provider, and
                - ODHS program manager or designee (if assigned through an FSS case).
                - It needs to be submitted to ILP.Central@odhsoha.oregon.gov for approval.
            - If lack of compliance is due to the young adult's pregnancy or childbirth, submit an Exception to Policy (form CF 0088). Indicate the following:
            - Expected date baby is due (or date of birth);
            - Their plan to maintain medical appointments, preparations for parenthood and support once baby is born; and
            - Their plan to regain compliance with the full-time productivity requirements. This includes how daycare needs will be met.
            - Exceptions may be requested for up to 12 weeks. If an exception needs to extended past this time, you must submit a doctor's note with the date the young adult is anticipated to return to normal activities.
            - If still in high school, indicate their plan to return to school and remain in compliance with the high school's attendance policies or outlined alternative educational plan.

IV. Issue a Warning of Potential Termination if Issues are Not Resolved:

A. Provide the young adult with a 15-day notice of intent to terminate (a sample is available, see Appendix 5.19). This notice must include:

1. Clear and specific reasons for possible termination;
2. The time frame they are 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, they will be terminated; and

4. The name of who to contact if they wish to remain in the program.

V. Terminate:

A. After the 15-days have passed and no remedy has been agreed upon, provide the young adult with a termination letter. Notice may be verbal with a written follow-up to confirm the conversation.

1. The notice must include:
   - The reasons for termination,
   - The specific date they will be terminated, and
   - A statement that they 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 they are terminated from the Chafee Housing program, they remain eligible for ILP skill building services.
2. Extension of a termination notice is not allowed.

B. Youth Transitions staff may hold a young adult's housing payment if a problem is identified and not resolved within 30 days. The caseworker and/or ILP worker will receive an official notification by email alerting the worker(s) that a problem exists. They will be given 30 days to resolve the problem with the young adult. If the problem remains unresolved after 30 days, a hold will be placed on all future housing payments until resolved.

Terminating Chafee Housing

Advise Youth Transitions staff of all Chafee Housing terminations (planned or unplanned).

I. The Chafee Housing services for the young adult will be terminated under the following circumstances:

A. They achieved independence and self-sufficiency to the extent there is no longer a need for Chafee Housing services.

B. They turned age 24.

C. They have accessed $12,000 in Chafee Housing funding.

D. They are not willing or able to maintain the required productive time hours.

Initiate the Housing Payment

I. Youth Transitions staff will issue the payment and provide additional instructions, as needed.

II. Initial Housing payment requests are made payable to the young person.

A. The caseworker and/or ILP Provider sends the Housing packet to ILP.Central@odhsoha.oregon.gov

1. Youth Transitions staff processes the payment requests for the young person's first-month housing payment.
2. If the initial payment is not for the entire month, the payment may be prorated, based on need.
3. Youth Transitions staff confirms with the caseworker and/or the ILP provider through an email notice:

- A young person's acceptance for the housing program, and
- The amount of housing assistance.

B. Youth Transitions 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, the payment depends on the caseworker and/or ILP Provider submitting timely budget updates (e.g. by the 15th of the month).

C. The housing service or payment reimbursement request cannot be older than one month (e.g. a February start date/budget will not be accepted after March 31st).

D. Youth Transitions staff will issue a confirmation email with instructions for next steps. For example, once a young person begins the Subsidy program, it requires 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.

Example:

A. A housing packet submitted in July cannot have a start date earlier than June:

1. To have the Subsidy be retroactively opened, or
2. To have a housing related payment or reimbursement paid for.

The young person must be actively engaged in ILP life skills training services.

B. Youth Transitions will ensure the mailing address for the young person is listed as the local office or address provided by the young adult (Chafee Housing).

C. Although direct deposits (electronic funds transfers) are preferred, adult supporters may also hand-deliver the payment. The local office receives all payments.

Note: Caseworkers should alert the mailroom staff when placing a young person on the housing program. (Make mailroom staff aware of the name of the individual and advise that monthly checks will be coming in their name.) Ensure the mailroom staff is aware regarding the importance of timely delivery of the housing payments.

Late payments could cause a young person to incur late fees or be evicted.

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. Caseworkers and ILP providers should check with Youth Transitions staff to determine if a request is appropriate (email questions to ILP.Central@odhsoha.oregon.gov).

Emergency funds are not intended to assist a young person with ongoing monthly expenses, unless a declared emergency has been imposed.

One-Time Housing Payment

I. If the young person is not interested in on-going ILP housing programs, they may be deemed eligible for a one-time housing payment.

II. A one-time payment request may be split for issuing to a variety of vendors. Payment(s) must be issued payable to these entities as appropriate:

A. Landlord,

B. Utility,

C. Telephone company, or

D. Other vendor(s).

E. The funds for groceries or a start-up kit may be issued payable to the young person.

F. If a young person requests a reimbursement for expenses paid, a receipt must be submitted at the time of request.

III. See the Initial Payment section for additional funding instructions/process.

Housing Supports During a Declared Emergency

Declared Emergencies may require special provisions to allow young people to remain successful with their efforts to transition to adulthood, self-sufficiency, and interdependence. The following housing options are available should a declared emergency cause the young person to lose productive hours, wages, belongings, etc.

I. Productive time requirements will be waived. The young person is to be as productive as reasonable given the restrictions of the declared emergency. The caseworker and/or ILP Provider will assist them to identify available resources and steps to obtain needed resources. Once a plan has been determined, submit an updated ODHS Approved Productive Time Plan (CF76, page 3) to ILP.Central@odhsoha.oregon.gov.

II. A maximum rate for Subsidy will be established based on available funds, although the program will remain need based. The maximum rate will also be implemented for young people who are in the "step-down" phase of the IL Housing Subsidy Program (months 13 – 30). An updated Budget Worksheet (CF77) that reflects the established maximum will be submitted, if necessary, along with the updated Productive Time Plan (CF76, page 3).

III. The IL Housing Subsidy 30-month requirement may be extended, if necessary, during a declared emergency, regardless of their age.

IV. The Chafee Housing maximum rate will mirror the Subsidy maximun rate. An updated Budget Worksheet (CF77) will be submitted identifying the new rate, if necessary, along with the updated Productive Time Plan (CF76, page 3).

V. The Chafee Housing maximum age requirement and lifetime amount of $12,000 will be waived for the duration of the declared emergency, or until the young adult's 24th birthday, whichever occurs first, based on federal and state funding available during the declared emergency.

Housing Emergency Funds requests are usually made payable to the young person.

I. Housing emergency funds are only for unforeseen, unplanned items or services the young person needs to meet monthly responsibilities but cannot afford to pay the additional unexpected costs. For example, the young person's car has a flat tire, computer needs repair, etc. The caseworker and/or ILP provider sends the CF 0078 form to ILP.Central@odhsoha.oregon.gov .The form must explain the following:

- Reason for the emergency request,

- Amount of funds needed, and
- To whom the check is to be made payable (if other than the young person).

II. Youth Transitions approves the need and initiates the payment request for the emergency funds payment.
- The funds will be paid using either the Subsidy Emergency Funds or Chafee Emergency Funds.
- If Chafee Funds are accessed, the funds are deducted from the maximum $12,000.

Continued Medical Coverage

I. A young person participating in the Independent Living Housing Subsidy remains eligible for a medical card through ODHS. Request the young person's medical card as you would any other young person in substitute care.

II. An Oregon young adult who leaves foster care at age 18 or older is categorically eligible to receive Former Foster Care Youth Medical (FFCYM) Program coverage up to their 26th birthday (see Appendix 5.21). For young adults who reside in Oregon:

A. To access the program, the caseworker and young adult will complete as much of the OHP application as possible, just before terminating the young adult'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 1-800-699-9075.

C. FosterClub also has an OHP outreach coordinator who can assist young adults at 503-717-1552, or by email at health@fosterclub.com.

D. The young adult should receive the new medical card in the mail. Advise them to be sure to respond to OHP mailings that request an updated mailing address or contact information.

Note: Effective on January 1, 2023, state Medicaid agencies must cover eligible "former foster youth" who age out of foster care in one state and then move to a new state. This applies only to young adults who reach age 18 on or after January 1, 2023.

The Supervisor's Role

I. Train and support the caseworker on local office practice for supporting young people during 90-day staffings and supervision.

II. Ensure the caseworker is educated regarding how to screen, manage and support young people accessing Independent Living Housing Subsidy (ILHS) and Chafee Housing services.

III. Ensure all ILHS placement requests are approved. If in agreement, forward the level 3 approval to the statewide Youth Transitions Program Coordinator in OR-Kids for processing.

IV. Assist the caseworker to understand the options available during a declared emergency, for both current and former foster youth and young adults.

V. Review, approve or deny all ILP exception to Policy Requests, ensuring completeness, before submitting them to Youth Transitions at ILP.Central@odhsoha.oregon.gov.

VI. Ensure your workers are assisting young adults who are exiting out of care with completing timely Transition Plans, including the Benchmark Review, the Requirements at Independence: Transition Tool Kit checklist, and the OHP application to access the Former Foster Care Youth Medical Program.

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 ODHS 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

Depending on a family or young adult's circumstances, a voluntary placement agreement can be entered into for placement of a child or young adult.

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 themselves. In these instances, a family maintains the legal custody of the child, while the Department takes responsibility for the child's safety, placement, and care. The family enters into a Voluntary Placement Agreement for a Child (CF 499) with the Ddepartment. The Department takes responsibility for the child's placement, care and safety while in a substitute care placement.

A young adult ages 18 through 20 can also enter into a Voluntary Placement Agreement for a Young Adult (CF 499a) if they are not currently in the custody of the Department nor a legal ward and meet additional criteria laid out in OAR 413-020-0070(3)(a) through (d). The Department takes responsibility for the childyoung adult's placement and, care and safety while in a substitute care placement.

Refer to Chapter 7, Family Support Services, for procedures on determining a family or young adult's's needs, developing a Family Support Services Case Plan, and entering into any 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 their 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.

VIII. Anytime a child, who is in the Department's care or custody, is placed in the home of an ODHS CW certified resource parent or relative resource parent on or after their 18th birthday, a LEDS criminal history check must be completed for the child. This requirement does not apply to children who:

A. Turn 18 years of age while currently placed in an ODHS CW certified resource home and remain in that home.

B. Move into another type on substitute care placement such as BRS or ODDS.

The assigned caseworker will:

A. Use form 9004 to provide electronic notification of the LEDS criminal history check being completed for the child over age 18.

B. Notification must be provided to the child, their attorney and Tribe, if applicable.

C. Upon completion of the LEDS criminal history check being uploaded into to the child's ORKids file cabinet:

1. Assess and address any information on the LEDS criminal history check that may impact placement matching.
2. Notify the certifier of the placement
3. Enter a case note into ORKids stating the LEDS criminal history check and all notifications are complete.

D. Proceed with placement entry into ORKids.

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 ODHS, 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 ODHS 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

All children in the care and custody of Child Welfare will have the opportunity to receive their immunizations and vaccinations within 90 days of coming into care. Immunizations and vaccines should be in accordance with the CDC immunization schedule and healthcare providers recommendations. The caseworker should review vaccination information provided in OR-Kids by the ALERT Immunization Information System (ALERT IIS) within 30 days of the child entering the care and custody of Child Welfare to determine the immunization and vaccination history and needs of the child.

Prior to a child receiving an immunization or vaccination, Child Welfare must engage and have meaningful consultation with the parent(s), Indian custodian(s) if any and the tribe(s) if applicable to determine if there is agreement to the child receiving vaccinations and immunizations.

If parental consent is not granted for a child receiving a vaccination or immunization, then there should be a meeting to discuss what those objections are and to see if they can be addressed. The meeting could include: the child's parent(s), attorney, tribe member, the child's CASA, the caseworker, and other individuals identified by the parent for support. A

summary of the meeting should be documented in a case note and placed in the OR-Kids file cabinet.

If one or both parents raise concerns about their child receiving a vaccination or immunization, best practice for children on reunification plans is to provide the parent(s) with the opportunity to attend medical appointments or to be encouraged to talk with the child's medical provider about any healthcare concerns related to the proposed vaccination or immunization.

If parent(s) do not give consent for vaccination or immunization of the child, then, upon the child's placement in the care of Child Welfare and prior to the first medical appointment, the caseworker will ensure that the child's medical provider and certified resource parent are instructed that the vaccination or immunization may not be given at that time unless:

I. The child is age 15 and older and consents to their own immunizations and vaccinations.

II. Child Welfare has been granted custody and guardianship of the child and the child has a chronic medical condition that places the child at high risk for poor health outcomes or life-threatening illness, if unvaccinated.

    A staffing should be held with the caseworker, the Child Welfare Health and Wellness Services Program Manager or designee, and the assigned AAG for the branch to determine, in consultation with the child's healthcare providers, to determine whether Child Welfare will authorize the immunization(s) and vaccination(s) that are recommended for the health and safety of the child.

    If the decision is made to proceed with the immunization(s) or vaccination(s), the caseworker must inform the parents, Indian custodian(s) (if any), tribe(s) (if applicable) and other parties to the juvenile dependency case within a reasonable time of scheduling the immunization(s) or vaccination(s) in order to allow time for consultation with their legal counsel if an objection remains.

Throughout the ongoing case, the caseworker should continue to consult with the child's parents, Indian custodian (if any) and tribe(s) (if applicable) and must continue to keep the child's healthcare provider and certified resource parent informed as to whether the parent(s) objects to specific or all vaccinations and immunizations.

If parental consent is not granted for one or more immunizations or vaccinations that are required for the child to attend school or daycare, the caseworker will obtain the exemption certificate from the parent to have on file or ensure it is on file at the child's school. If an exemption certificate is not available, the caseworker will:

I. Arrange for the parent to meet with the child's healthcare provider to receive a vaccine education certificate and assist them in completing the Certificate of Immunization Status form within 30 days of the child coming into care.

II. Arrange for the parent to view the OHA Vaccine Education video to obtain the vaccine education certificate and assist them in completing the Certificate of Immunization Status form that are required by the school district or daycare provider within 30 days of the child coming into care. The Vaccine Education video (available in English, Spanish and Russian) and forms are available on the OHA Non-medical Exemption website.

III. If the child will be excluded from school or daycare because of vaccination or immunization status, the caseworker will consult with the Child Welfare Education Coordinator and Health and Wellness Program Manager for further direction.

If the child's parent(s) or Indian custodian(s) are unavailable for consultation regarding the child's need for one or more

immunizations and vaccinations within 90 days of a child coming into care, and the child has tribal affiliation, the caseworker should consult with the tribe(s) to determine who will provide consent for vaccinations and immunizations. If the child has no known tribal affiliation, the caseworker will advise the resource parent to follow the guidance of the child's healthcare provider for immunizations and vaccinations.

NOTE: This procedure, is subject to change as new CDC, FDA, Public Health, Oregon Health Authority and Oregon Department of Education guidance becomes available.

Resources

OHA Community Immunization Resources

Center for Disease Control (CDC) Recommended Vaccination Schedule

COVID19 Vaccination FAQ's 5-11 Year Olds

COVID19 Vaccination FAQ's 12-18 Year Olds

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 Health Care

Below is a list of who can consent for what regarding a child or young adult in the custody of ODHS Child Welfare. This list is by order of authority and those in higher authority groups can consent for anything in the lists prior to their level. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. For additional information about a specific topic please refer to that section.

When a child or young adult 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.

Please refer to the links below for a guide to what minors can consent to for their health care.

Link to the page: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Pages/Resources.aspx

Link to the pdf: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf

Any child or young adult:

- May access family planning/sexual and reproductive health information and services as well as testing and treatment for sexually transmitted infections (STIs) including HIV, without parental consent.

A child 14 years or older:

- Outpatient diagnosis or treatment of a mental or emotional disorder.

- Outpatient diagnosis or treatment of a chemical dependency, excluding methadone maintenance, by a physician.

A child 15 years or older:

- Hospital care;
- Medical and surgical diagnosis, or treatment without the consent of the parent or guardian. ORS 109.640; and
- Termination of a pregnancy.

A Young adult, age 18 and over:

- Medication management

Resource Family:

- Routine medical care,
- Vaccinations,
- Immunization,
- Routine examinations, and
- Lab tests.

Caseworker:

- Authorize a child, age 15 and older, to self-administer medications.

Branch Program Manager:

- Use of alternative and naturopathic treatments, in consultation with the Health and Wellness Services Program Manager of Nurse Consultant. May require approval by the Child Welfare Director or their designee.
- Transgender Medical Services fully reversible interventions, in consultation with the Health and Wellness Services Program Manager or Nurse Consultant.
- Transgender Medical Services partially reversible interventions, in consultation with the Health and Wellness Services Program Manager or Nurse Consultant.
- Surgery and/or anesthesia, unless the child is 15 years of age or older.

District Manager:

- Surgery and/or anesthesia, unless the child is 15 years of age or older.

Health and Wellness Program Manager:

- Use of new psychotropic medication (may also be approved by Nurse Consultant).

- Medical or surgical procedure to which the child or young adult's parents are opposed (in consult with the DHS Deputy Director for Child Welfare, as needed).
- Termination of a pregnancy for a child under the age of 15 (in consult with the DHS Deputy Director for Child Welfare, as needed).
- Transgender Medical Services non-reversible gender affirmation surgery, in consultation with the Child Welfare Director.

Child Welfare Deputy Director:

- Use of cannabis-based treatments.

Child Welfare Director:

- Alternative and Naturopathic Treatments may require additional approval by the Child Welfare Director or their designee.
- Use of cannabis-based treatments.

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 or young adult are addressed.

The caseworker should consult with the healthcare provider to understand the child's health condition and medical needs and ensure that a personal care referral is done if indicated. Submit a Personal Care referral by emailing to PERSONAL.CARE@dhsoha.oregon.gov.

If there are known significant medical needs prior to placement in substitute care, consult with the Health and Wellness Services Program Manager or the Nurse Consultant to ensure the placement is able to meet the needs of the child or young adult.

Refer to Chapter 5, Section 5 for more information on Personal Care Services.

Medically Fragile Children

Some children or young adults may require professional nursing care in the home and should be evaluated for eligibility by Children's Intensive In-Home Services (CIIS).

After consultation with the Health and Wellness Services Program Manager or the Nurse Consultant, make a referral by retrieving the referral form from https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/CIIS-Eligibility-Referral.aspx, please **ONLY** use the forms from the website since they are the most up to date forms, and email it to CIIS.Referrals@dhsoha.state.or.us. CIIS may provide payment for in-home professional nursing services.

Upload medical information including healthcare provider consultation notes in the medical section of the child or young adult's file cabinet in OR-Kids.

Consent for Serious or Chronic Medical Needs

Procedure

The resource parent can consent to all routine medical care including vaccinations, immunizations, routine examinations and lab tests.

The District Manager or Branch Program Manager 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 or the facilities consent form.

Consent for any procedure to address a serious medical need is a critical decision. Whenever possible and appropriate, the child or young adult's parents should be involved in the decision.

When a child is placed with a Voluntary Placement Agreement, the child or young adult's parents must be consulted and authorize surgery prior to surgery, unless Child Welfare has been given authorization to consent for healthcare as

part of the Voluntary Placement Agreement. If the child is age 15 or older Child Welfare must receive their consent to discuss medical needs with the parent(s) or guardian(s) ORS 109.640.

Emergency Medical Care and Consent

Procedure

The caseworker should inform the substitute caregiver that in the event of an emergency, the substitute caregiver should:

- Call 911;
- Accompany the child or young adult whenever possible in the ambulance; or
- Meet the child or young adult in the emergency room; and
- 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 the Oregon Child Abuse Hotline at (855) 503-SAFE (7233) to inform the department of the situation.

The caseworker will confirm with the substitute caregiver how communication will be maintained (e.g., cell phone, calls from hospital staff, caseworker visits to the hospital) during the emergency. The caseworker will communicate with the substitute caregiver and the hospital to receive updates and to obtain consent for treatment that would require surgery and/or anesthesia.

After the emergency, the caseworker will document the circumstances of the medical emergency. Request and file copies of all medical reports in the child or young adult's file cabinet in OR-Kids, and record related information in case notes.

The caseworker will notify the child or young adult's parent(s) or guardian(s), the child or young adult'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.

Health and Wellness Services Program Manager or Nurse Consultant is available for consultation.

Consent for Emergency Medical Care

Procedure

If the emergency medical care requires surgery and/or anesthesia, the District Manager, or designee may consent to those services. Health and Wellness Services Program Manager can also authorize consent and is available for consultation. Consent can also be authorized by the court. Use the medical facility or healthcare provider consent form.

- Unless the child or young adult is in the legal custody of Child Welfare, the caseworker or other Child Welfare staff should make reasonable efforts to consult with the child or young adult's parents about the proposed actions and consider the parents' preference concerning the action prior to consent and authorization of the proposed action.
- 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 3010). 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.

Human Immunodeficiency Virus (HIV) Testing and Supporting Children and Young Adults with HIV

Human Immunodeficiency Virus (HIV) is a virus that weakens a person's immune system by destroying important cells that fight disease and infection. HIV is spread by contact with certain bodily fluids of a person with HIV. If left untreated, HIV can lead to the disease Acquired Immunodeficiency Syndrome (AIDS). There is no effective cure for HIV; however,

with proper medical care, people with HIV can live long and healthy lives.

For more information related to HIV, please visit https://www.cdc.gov/hiv/default.html

Health and Wellness Services Program Manager, or designee is available for consultation.

Reasons for HIV Testing

The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. HIV testing can be done at the direction of the child or young adult's health care provider.

The following are some of the risk factors for HIV listed by the CDC. For the complete list you can visit the CDC Website.

- Children or young adults who are suspected of being sexually abused.
- Infants born to mother who have engaged in high-risk behaviors or are HIV positive.
- Children or young adults who have been exposed to blood or semen.
- Children or young adults exposed to used needles.
- Not using barrier protection during intercourse.

Children or young adults at an increased risk, including those who are sexually active, should follow CDC's guidelines for rescreening at least annually, and potentially as frequently as every 3 to 6 months if at high risk.

High risk factors may include:

- Engaged in anal intercourse.
- Active injection drug users.
- Children or young adults having sexual partners who are HIV-infected or injection drug users, of any gender.
- Children or young adults exchanging sex for drugs or money.

All children or young adults, especially those that have been missing or a runaway for any duration of time, should be encouraged to talk to their health care provider about testing.

Below is a list of suggested actions to take with a child or young adult who may have risk factors associated with HIV.

- Encourage a child or young adult, especially those with high risk factors, to discuss testing with their health care providers.
- Ensure the child or young adult has access to testing, if requested.
- Obtain written consent from child or young adult to share results, whether positive or negative.
- For a positive result, with the consent of the child or young adult, complete a Personal Care referral (CF0172b).

If needed, consult with the Health and Wellness Services Program Manager, or designee.

Consent or Authorization for Testing

A child or young adult of any age may consent to a HIV test; and when their consent is given, the consent of the child or young adult's parents or guardians is not necessary for diagnosis, care or treatment (ORS 109.610, ORS 109.640).

A resource parent can also provide consent as HIV testing is considered routine health care.

The caseworker must get written consent from the child or young adult prior to notifying any parties of the results of the test.

Notification of Results

The child or young adult would receive results directly from their health care provider. At the discretion of the child or young adult, the health care provider could then share the results with the caseworker, parent, and other parties. 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 child or young adult 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." (OAR 333-022-0210)

If the caseworker is notified of a positive test result, the caseworker should ensure the child or young adult is provided with access to local resources and supports.

For a positive test result, with the consent of the child or young adult, inform the substitute caregiver of the positive result.

As with all medical information, HIV testing results are confidential. HIV test results can only be shared with those who have the consent of the child or young adult.

Resources

Center for Disease Control (CDC) - https://www.cdc.gov/hiv/clinicians/screening/index.html

American Academy of Pediatrics (AAP) - https://publications.aap.org/pediatrics/article/149/1/e2021055207/183848/Adolescents-and-Young-Adults-The-Pediatrician-s

Oregon Health Authority (OHA) - https://www.oregon.gov/oha/ph/DiseasesConditions/HIVSTDViralHepatitis/HIVPrevention/Pages/HIVTestProcess.aspx

Home Testing Resources - https://takemehome.org/products

Managing Use of Psychotropic Medications

Psychotropic medication is defined as "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 413-070-0000(62), ORS 418.517.

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 which addressed the new issues of concern.

Authorization must be obtained from the Health and Wellness Services Program Manager or Nurse Consultant prior to any new prescription for psychotropic medication(s).

An annual review of psychotropic medications is conducted for all children and young adults in the custody of Child Welfare who are prescribed psychotropic medications.

Health and Wellness Services work in collaboration with the Oregon Psychiatric Access Line about Kids (OPAL-K) for the purpose of expert guidance and provider consultation (OPAL-K provides pediatric psychiatric consultation for clinicians treating youth in Oregon). When there are concerns or questions regarding the prescribed medication regimen, Health and Wellness Services may request OPAL-K to consult with the health care provider.

Procedure

The caseworker must inform the substitute caregiver that authorization is required prior to filling a prescription for a new psychotropic medication and provide medical/mental health information to the caregiver.

- 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.
    - This should be incorporated into the development of case plans and included in the health information provided to the caregivers.
    - This information must be updated every 6 months, or as information becomes known.
- 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):
    - Medical and mental health history;
    - Immunization records;
    - Medication information;
    - Supports and services;
    - Records of any known allergies;
    - Medication Administration packet. The packet must include:
        - Psychotropic Medication Authorization Form(s) CF 173C;.
        - CF 1083 Individual Medication Log(s)
        - FAX cover sheet (FAX cover sheet should be prefilled with branch contact name and FAX number). Secure email can also be used to send authorization requests in digital form.

- The caseworker must work with substitute caregivers to ensure that there is an understanding and agreement that they will:
    - Take Medication Administration packet to all mental health and medication management appointments;
    - Inform prescribing licensed medical professional that authorization must be obtained from either Department personnel, or legal parents (when there is a voluntary custody agreement or voluntary placement agreement) for any new prescription for a psychotropic medication;
    - Fill prescription for psychotropic medication only after being notified that authorization was obtained;
    - Follow the orders of the prescribing licensed medical professional when administering psychotropic medication;
    - Complete the CF 1083 Individual Child Medication Log and return the log to the caseworker monthly;
    - Maintain the safe storage and administration of all medications in the household, taking into consideration the age, developmental level, and needs of the child or young adult in the care or custody of the Department placed in the home.
    - 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.
    - Monitor child or young adult for expected changes in their behavior, mood, etc. and for signs of side effects and report side effects to the Licensed Health Care Professional.

Authorization to Administer Psychotropic Medication

When a child or young adult in the custody or care of ODHS is prescribed new psychotropic medication(s), a Psychotropic Medication Authorization (PMA) form (CF173C) must be completed and approved before the prescription is filled and administered. The approval is provided by the Health and Wellness Services Program Manager, or Nurse Consultant and completed in a timely manner, which should not exceed three business days from receipt of the authorization form and 24 business hours for residential treatment program authorization.

Procedure to fill out the Psychotropic Medication Authorization Form (CF173C) *Please note that Sections A, C and D are completed prior to Section B

Section A – Psychotropic medication recommendation (to be completed by licensed medical professional):

- Prescribing licensed medical professional must fully complete all of Section A of the Psychotropic Medication Authorization form when requesting a new psychotropic medication for a child or young adult in the custody of DHS.
- Prescribing licensed medical professional faxes or emails the authorization form to the branch personnel. The authorization form may also be given to the substitute caregiver to deliver to the caseworker or sent directly to Health and Wellness Services Program by fax or secure email.
- If the branch personnel receiving the authorization is not the caseworker, notification must be made to the caseworker or their supervisor that a psychotropic authorization form has been received and deliver hard copy of form to the caseworker or their supervisor, as appropriate. Date stamp the authorization form.

Section C – Child or young adult mental health assessment and placement information (to be completed by caseworker):

- If the authorization form was sent directly to the branch personnel, the caseworker must review authorization form and complete section C within 48 hours of receipt prior to sending to Health and Wellness Services.
- 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', please refer to OAR 413-070-0000(80).
- Document placement of the child or young adult (e.g. foster care, residential treatment, hospital, other).
- Upon completion of Section C, caseworker emails the authorization request form to Health and Wellness Services at CW-Psychotropic.Med-Auth@dhsoha.state.or.us or FAX (503) 945-5635 for authorization.
- If the authorization form was sent directly to Health and Wellness Services by the prescriber, then Section C will need to be completed once the authorization has been emailed to the caseworker from Health and Wellness Services.

Section D – Authorization for administration of psychotropic medications (to be completed by Health and Wellness Services Program Manager, or Nurse Consultant):

- Health and Wellness Services Program Manager, or Nurse Consultant will review authorization request form.
- If additional information is required prior to the approval of the psychotropic medication authorization form, the caseworker will coordinate with Health and Wellness Services to obtain needed information.
- If Health and Wellness Services Program Manager, or Nurse Consultant does not grant authorization, a review is conducted by the consulting psychiatrist and/or OPAL-K (Oregon Psychiatric Access Line for Kids) for authorization.
- If approved, Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker the signed authorization form.
- If not approved, Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker with a summary of the OPAL-K consultation notes and any other recommendations.

Section B – Notification (to be completed by caseworker): Once approval is received, the caseworker must:

- Notify the legal parents or guardians of the new prescription(s) for psychotropic medications by written notification within a timely manner, not to exceed ten business days. Document any comments or information in designated comment area once the medication has been authorized.
- Document notification in the child or young adult's case notes in OR-Kids (formal written notification is still required).
- Notify the substitute caregiver that authorization has been obtained and they may fill the prescription and administer medication as ordered.

- Fax the signed, completed authorization form to prescribing licensed medical professional.
- Caseworker will ensure that the completed authorization form is uploaded in the child or young adult's file cabinet in OR-Kids.

A 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). However, authorization from the Health and Wellness Services Program Manager or Nurse Consultant , is still required.

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 authorization 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:

- Request copies of all medical treatment records including hospitalization within seven business days of the urgent medical care.
- FAX Authorization form to prescribing licensed medical professional.
- Include a written request for the completion of Section A of the authorization form and request that authorization form be completed and faxed back to the caseworker at the branch office.
- The caseworker must complete sections B and C and email the authorization form to Health and Wellness Services at CW-Psychotropic.Med-Auth@dhsoha.state.or.us or FAX (503) 945-5635 for authorization within ten business days of receiving medical treatment records.
- Once received, the Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker the signed authorization form.
- Caseworker will ensure that the completed authorization form is uploaded in the medical section of the child or young adult's file cabinet in OR-Kids.

The Health and Wellness Services Program Manager, or Nurse Consultant is available for consultation.

Mental Health Assessments

The caseworker must ensure a child or young adult has received the required mental health assessment from a qualified mental health professional prior to the administration of an initial prescription. A psychotropic medication or any antipsychotic medication prescription requires a mental health assessment within three months. An updated mental health assessment should be completed yearly and uploaded into the medical section of the child or young adult's file cabinet in OR-Kids.

A mental health assessment is required unless the new prescription is:

- Prescribed for the treatment of an urgent medical need;
- A change in the way the same medication is administered (e.g. patch instead of by mouth);
- A change in the medication within the same classification (e.g. Concerta instead of Adderall);
- A one-time medication prior to a medical procedure (e.g. Valium before surgery);
- A dosage change of established medication.

Mental Health Assessments must have been completed within three months of the time a new antipsychotic medication is prescribed or may be an update of a prior assessment which focuses on a new or acute problem.

Whenever possible the mental health assessment should be shared with prescribing licensed health care professional prior to the appointment for medication evaluation.

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

An annual review of psychotropic medications is conducted for all children and young adults in the custody of Child Welfare who are prescribed psychotropic medications. This annual review is completed during their birth month.

The annual review will be completed by the Health and Wellness Services Program Manager, or Nurse Consultant. If needed, records will be requested from medical and mental health providers and can be referred to the consulting psychiatrist or OPAL-K for review.

Health and Wellness Services 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 must respond to these questions within seven business days to prevent delay in the completion of the review.

The caseworker will receive an email notifying them that a review was completed, a copy of the completed review and any concerns that were identified.

Health and Wellness Services will file the completed Annual Review of Psychotropic Medication report in child or young adult's file cabinet in OR-Kids.

Monitor Effects of Psychotropic Medication

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.

Consult with Health and Wellness Services Program Manager or designee with any concerns regarding prescribed medication.

The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult should be monitored by a licensed health care professional on a routine basis.

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.

Obtain, review, and sign medication logs (CF 1083) and file in the child or young adult's file cabinet in OR-Kids .

Record the information gathered from the caregiver and the child or young adult in the case notes.

Providing Psychotropic Medication Notification

The caseworker must provide written notification to all legal parties within a timely manner not to exceed ten business days following receipt of notification of:

- Prescription for a new psychotropic medication (and authorization has been granted; or
- The dosage of a psychotropic medication has been changed; or
- Discontinuation of a psychotropic medication.

For details of the notification, refer to OAR 413-070-0480 and 413-070-0490.

The Child Welfare standardized notification letter may be used to notify legal parties: CF 173A, Notice to Parties of Psychotropic Medication Use at http://dhsresources.hr.state. or.us/WORD_DOCS/CE0173a.doc.

Voluntary Placement Agreements and Voluntary Custody Agreements

When a child or young adult 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.

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 authorization request and ensure consent is obtained from the legal parents.

If the legal parents have delegated consent authority to the Department, the authorization to administer psychotropic medication from the Department must be followed.

Nutritional Resources for a Child Under 5 years

When a child under the age of five is involved with Child Welfare, refer the child's caregiver to the local Oregon Women, Infants, and Children (WIC) clinic. The WIC program provides nutrition support and healthy food information for substitute caregivers and services for children up to 5 years of age. WIC can also provide breast feeding support to biological parents.

Caseworkers should refer all children under the age of 5 to WIC by giving the phone number of the local WIC clinic to the families. Oregon Health Authority has the most up to date local WIC clinic contact information and can be found at:

www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC.

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 ODHS 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 ODHS Child Welfare Director, or a ODHS 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 ODHS Deputy Director for Child Welfare, if needed.

Consent for Termination of Pregnancy

Only the Health and Wellness Services Program Manager in consult with the ODHS 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 ODHS 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 ODHS 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 3010
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 3010 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 3010

III. CF 1085

Oregon Administrative Rules

OAR 410-141-0000 to 0860, Medical Services Provided Through the Oregon Health Plan

Chapter 5

Section 25: Working With Children & Families Who Have A Caregiver That Is Incarcerated, Nearing Release, Or Has Been Released

Working With Children & Families Who Have A Caregiver That Is Incarcerated, Nearing Release, Or Has Been Released

Working with families when a parent, guardian or Indian Custodian is incarcerated, in many ways, is no different than working with families when a parent, guardian, or Indian Custodian is not incarcerated. Communicating, case planning, meeting in-person, providing services, and arranging for family time with those who are incarcerated includes complexities, however, incarceration does not prevent Child Welfare from successfully engaging with parents who are incarcerated. For the purposes of this procedure the term "parent" or "parents" will be used to reference a child's parents, guardians, or Indian Custodian.

Parents who are incarcerated, also referred to as "Adults in Custody", include, but are not limited to, those housed in:

- Federal or State Correctional Institutions
- County, Municipal, or Jails operated by Tribal authorities
- State Psychiatric Facilities
- Youth or Juvenile Detention or Correction Centers
- Secure Residential Facilities anywhere in the United States.

This procedure will focus on situations in which a parent is incarcerated in an Oregon Department of Corrections (DOC) facility or an Oregon County Jail, as these are the most common places parents involved with Child Welfare are incarcerated. Many components of this procedure will apply to other situations of parental incarceration including parents who are children themselves and incarcerated.

Impacts to Children and Families

There may be lifelong negative outcomes for children who have a parent that is incarcerated. These impacts can be compounded due to Child Welfare involvement in the family's life and placement in foster care. It is not surprising that one of the Adverse Childhood Experiences (ACEs) is having a household member incarcerated, more so a parent. When it has been determined a parent will be incarcerated, it can be very similar to the grief and loss experienced when a family member dies. A child may experience shame and/or humiliation when their parent is incarcerated, along with economic and other hardships. Children sometimes fear for their parent's safety while incarcerated. This fear can be exacerbated when children do not have contact with their parent or visiting the parent occurs in a manner that adds to the concerns the child has.

The negative impacts of having a parent who is incarcerated may be reduced when a caseworker and the child's team:

- Better understand the experience of the parent and child.
- Treat the parent and child with dignity and respect.
- Acknowledge and leverage family strengths.
- Ensure parents are involved in their children's lives.
- Identify and address family needs.

- Ensure family time and other contacts occur.
- Monitor, support, and provide education as needed to other team members in how to best serve the child and parent.

Oregon Revised Statute 423.160 outlines a Bill of Rights for Children of Incarcerated Parents. While this statute applies directly to the Oregon Department of Corrections, Child Welfare staff should view ORS 423.160 as a guideline for engaging families who have a parent who is incarcerated in any facility. Using this Bill of Rights will help caseworkers to mitigate negative effects of a parent's incarceration on children and better engage a parent in case planning.

Engaging, Partnering, and Working with Parents Who are Incarcerated

The United States leads the world in total number of people incarcerated and has one of the highest rates of incarceration per capita (Sawyer and Wagner, March 2024) with a disproportionate representation of people of color within the prison population. Nine of every ten parents who are incarcerated are fathers. Negative and biased views of parents who are charged with a crime, convicted of a crime, and who are or have been incarcerated often impact how Child Welfare staff and others in the Child Welfare System view and engage with a parent. These biases can impact reasonable and active efforts made while serving these families, prior to a parent's incarceration, while the parent is incarcerated, and after they have been released.

All rules and procedure regarding monitoring and managing safety and parent contacts apply to parents who are incarcerated as they would to any other parent served by Child Welfare. However, there are some additional efforts caseworkers can make to engage, partner and work with parents who are incarcerated and their children.

While there are some situations in which the reason for a parent's incarceration relates directly to parenting and may limit or fully restrict a parent's role in the life of their child, there are also circumstances where the criminal conduct itself does not specifically relate to child safety, but the unavailability of the incarcerated parent coupled with the lack of a safe parent who is available has resulted in a safety threat to the child. Child Welfare should be sure to work to understand the underlying criminal conduct of the parent, any provisions of their sentence that limit their ability to have contact with their child or any other children and determine how to tailor services to the parent based on this. With proactive and collaborative planning between DOC and Child Welfare, parents who have been incarcerated may be able to return to parenting their children when they are released as long as there are not housing or legal restrictions impacting their child living with them and safety can be managed. Care should be taken to not set conditions requiring parents to show they can reside in the community for a period of time without engaging in criminal activity as a condition for return but should ensure that the parent is in compliance with all of their post-release supervision conditions.

Preparing for and Engaging with a Parent Who is Incarcerated

In addition to preparing topics of discussion to be addressed during contact with a parent who is incarcerated, there are considerations and preparations that need to be made before visiting the correctional facility or contacting the parent. These considerations and preparations include, but are not limited to, caseworkers identifying:

- The point of contact to arrange in-person contact with a parent. DOC facilities often have a designated staff who coordinate family time, visits, and contacts.
    - Contacts with Child Welfare staff, like parent's attorneys and other professionals, are considered

"professional visits" in correctional facilities. This classification allows easier access to have contact in-person or other forms.

- Consider if there are court orders that require family time or services (as referenced later in this section).

- If the prison or jail has assigned a counselor to work with the parent in the facility, how to contact this person and if a release of information has been signed.
- The parent's anticipated release date.
- If there are any restrictions related to the parent's contact with their child.
- The schedule of the parent within the facility so arrangements can be made for ongoing contact, meetings, and family time.
- Any specific needs the parent has while incarcerated.
- Methods by which to make contacts with the parent including phone, text, virtually, letter, through their counselor, or other means to engage the parent and work to achieve case goals.
    - Gather information on the communications systems utilized at the facility where the parent is incarcerated. These systems can include:
        - Toll free 1-800 phone access.
        - Virtual platforms such as Telmate or IC Solutions.
        - Specific mailing address requirements and formatting.
        - Electronic DOC approved applications (apps).

Contact and Engagement:

- Parents who are incarcerated should be involved in the development of the case plan.
- Caseworkers are required to have monthly face-to-face contacts with parents who are incarcerated.
- In situations where the parent is incarcerated in a county other than where the case is assigned, the primary caseworker may, depending on circumstances, request inter-county supervision for the parent including face-to-face contacts and service provision. Collaboration between the primary and courtesy worker is essential to case planning.
    - Refer to Chapter 4, Appendix 4.13 for additional information around parameters and process for requesting inter-county supervision.
    - If inter-county supervision is not accessed, the assigned caseworker may still need to consult with caseworker in the county in which the parent is incarcerated to determine service availability and access.
- In order to provide equitable services to parents who are incarcerated, the assigned caseworker should have regular ongoing telephone or virtual contact with the parent.
- The caseworker will provide parents who are incarcerated with regularly updated Safety Plans, Action

Agreements, Family Reports (case plans), written case updates, and written resources to assist them in meeting Expected Outcomes. Caseworkers will also provide letters and photos of their children, either by mail or in-person, as available and allowed by the facility. Providing this information to only the parent's attorney, is not sufficient to meet this requirement.

- The caseworker will document in OR-Kids all efforts to have face-to-face contact, communicate with and provide the documents to the parent.

Within the Oregon Department of Corrections system, all persons who are incarcerated are initially housed at Coffee Creek Intake Center for a short period of time (typically 4-6 weeks) for intake and assignment of a custody level. During this transition time only professional visits are allowed and inter-county supervision may be delayed until a final assignment is complete.

Once intake is completed, male adults in custody will be transferred to another prison where they will reside more permanently. Female adults in custody typically remain at Coffee Creek. Utilize the Oregon Department of Corrections Oregon Offender Search Page to confirm where a parent who is incarcerated is housed

During the transition period, a parent may possibly request of DOC to be located at a facility closest to their child to increase parent-child contact, to reduce travel distance to the facility, and reduce impact to the child. Child Welfare will support this request if it is in a child's best interest. For a caseworker this may involve addressing ORS 423.160 with DOC staff. If DOC determines a parent qualifies for transfer to a facility closer to their child, the caseworker will advocate with DOC for this to occur. A critical component of reasonable and active efforts (applicable on cases in which ICWA/ORICWA applies) includes partnering and collaborating with the parent, prison counselor, the parent's attorney, and involving an Assistant Attorney General (AAG) when necessary.

Case Planning and Service Provision

Reasonable or active efforts (applicable on cases in which ICWA/ORICWA applies) to provide services to a parent who is incarcerated or transitions to a new facility while incarcerated include contacting the parent's assigned counselor or point of contact at the prison or jail. This contact is necessary to discuss the services available in the facility and the parent's ability to access those services. Availability and access to services are necessary for the parent to meet expected outcomes or mitigate the identified safety threats.

- The caseworker will:
  - Regularly have contact with the parent's jail or prison counselor, if one is assigned.
  - Inquire about the services the parent is engaged in and the progress the parent is making.
    - If court ordered services that will assist in meeting Expected Outcomes or mitigating the safety threat are not available within the facility, the caseworker will explore with the jail or prison counselor if other arrangements can be made for services such as:
      - Community service providers entering the facility.
      - Services provided virtually, including online courses.
      - Transporting a parent outside of the facility to engage in community-based services.
    - When direct services are not available, provide supplemental resources such as books, pamphlets, documents, and websites the parent can access to assist the parent in meeting

Expected Outcomes or mitigating the Safety Threats.

- Document all efforts to assist parents who are incarcerated in meeting Conditions for Return and Expected Outcomes.

- If cost is a barrier to an evaluation and/or service provision, Child Welfare should conduct a cost/benefit analysis before determining that an evaluation or service will not be provided. Child Welfare should ensure multiple options for providing the evaluation or service have been explored.

- If the court orders services, it is recommended referrals are made within 2 weeks of the court order, if they have not already been made.

While parents may not be allowed to travel outside the facility, it is recommended this be explored and confirmed so that all possible options to provide services to the parent are made. Exploring what services are available to a parent and ways to assist them in accessing services are an essential component of reasonable/active efforts.

If there are barriers to providing services and making reasonable/active efforts for a parent who is incarcerated, staff with a supervisor, and, if needed, a Permanency Consultant and/or AAG, and request assistance from the parent's attorney.

Family Time

Family time is in-person contact between children and their family members. Family time must, as allowed by the correctional facility, occur for parents who are incarcerated and their children (including young adults) as it does for all families served by Child Welfare. Family time for children whose parent is incarcerated requires some additional planning and considerations. Refer to Chapter 5, Section 26 for general Family Time information.

The team working with the family should be aware that parents who are incarcerated may choose not to participate in family time due to fears of exposing their children to the correctional environment. Likewise, others connected to the family may not want the child to spend time inside a prison or jail or want to keep the child away from their incarcerated parent. If resistance is unrelated to child safety, caseworkers will be aware of these possibilities and engage members of the child's team, as appropriate, to assist in highlighting the benefits of children having family time with their parent. Benefits of family time can include, but are not limited to:

- Less time in substitute care for the child

- Continued connection to the parent and other family members

- Lessening of trauma of separation to the parent and child

ORS 418.200 to 418.202 and OAR 413-010-0180 reference the rights of Children and Young Adults in the Legal Custody of the Department. A child or young adult in the legal custody of Child Welfare has the right "to visit and communicate with a parent or guardian, siblings, members of their family, and other significant people within reasonable guidelines as set by the case plan, the visitation plan, and the court."

Preparing for and Arranging Family Time for Parents Who are Incarcerated

When arranging family time for parents who are incarcerated, the caseworker will:

- Review and understand visitation requirements for the facility prior to arranging family time. When conducting family time in prisons and jails the caseworker or Child Welfare approved adult must always accompany the visiting child. Consider there may be:
    - Occasions in some facilities when physical contact between family members during family time is not allowed and there may be a glass barrier or video feed. Prepare the child and family members accordingly.
    - Pre-approval requirements of the facility in order for the caseworker and child to be included on the parent's visitation list such as background checks or other steps.
- Consider any facility-specific requirements regarding:
    - The process of entering the facility and a description of the visitation area. Are there pictures or videos that can be used to familiarize the child with these places?
    - Clothing requirements.
    - Items that can and cannot be brought into the facility.
    - Other general information regarding what to expect and what can occur during the visit.
- Arrange other types of contact when in-person family time cannot be provided or is limited. These contact methods could include:
    - Virtual
    - Phone
    - Text
    - Letters
    - Pictures or drawings
- Assist the parent, resource parent, and any other members of the child's team in preparing themselves and the child for the family time. Include preparation as to how children may react to family time so they can support the child.
- Arrange for any necessary travel, overnight stays, and other logistical considerations.
- If ICWA/ORICWA is applicable, family time must be provided in the least intrusive manner available. Consult with the child's Tribe regarding the appropriateness of family time.

Tip: *If possible, bring quarters or small bills for the vending machines in Oregon DOC facilities. Often food cannot be brought into the facilities and vending machines may be the only food and drink options available. Contact the DOC facility to determine what can and cannot be brought into the facility for family time.*

Scheduling and Holding Meetings and Appointments with a Parent Who is Incarcerated

Child Welfare values trauma-informed practice and parent voice. For Family Engagement Meetings (FEMs) and Family Decision Meetings (FDMs) parents help determine where the meeting is held and who is present (caseworkers must be present). When working with parents who are incarcerated, it is important to know when the parent is or is not available. Times a parent may not be available include, but are not limited to:

- Roll call, bed check/count, or other times adults in custody are required to be in their cells
- Mealtimes
- Criminal or other hearings that may take precedence
- Treatment or other service participation times

Facilitators and/or caseworkers will:

- Contact the parent's prison counselor or point of contact at the facility to ensure the parent is available to attend the meeting.
- Confirm the platform for which the parent can attend the meeting (i.e. zoom, phone, teams, or other method.)
- Communicate directly with the parent to prepare the parent for the meeting.
- Let the prison counselor or other point of contact know FEMs, specifically, are required to occur within 60 days of children entering care per Oregon Revised Statute and a parent's incarceration does not relieve Child Welfare of this legal obligation.

If a Qualified Residential Treatment Program (QRTP) Family Team Meeting is needed and the incarcerated parent is unable to attend, caseworker should contact the incarcerated parent and document their responses to the questions in the Family and Permanency Team Meeting Notes (DHS 2730).

Post-Incarceration Re-entry Supports and Planning (Welcoming Back Parents Who Have Been Incarcerated):

Returning to the community can be a difficult transition for parents who have been incarcerated. Pre-release planning should begin at least 90-days prior to the release of the parent to ensure post-release supports are in place. Both needs and supports are continuously evaluated in the few months following release.

Pre-Release Planning Activities:

There are several ways a caseworker can support a parent who has been incarcerated prior to their return to the community. Caseworkers are part of the parent's team and can be an integral part of a successful transition. Supportive activities caseworkers complete include:

- Coordination with assigned Parole Officer (PO) or Transition Counselor to meet and plan for re-entry. This assignment can occur in some facilities 6 months before release.
- Coordinate with the Parole Officer or Transition Counselor, other service providers, and the parent to research housing options and assist with referrals if needed.

- Consider arranging for Family Decision Meetings (FDMs), if FDMs are not already occurring, and especially if there is no discharge/re-entry meeting scheduled through the DOC facility, PO, or Transition Counselor.
- Make efforts in discharge planning to include:
    - Self Sufficiency staff around SNAP benefits, Oregon Health Plan (OHP) access, and other services, as appropriate.
    - The Tribal Representative if working with a Tribal family.
    - Intellectual and Development Disabilities services or Aging and Disability Services, as applicable.
- For caseworker to assess with the parent they feel their needs are and make referrals as requested by the parent. This could include a referral for a parent mentor, if available, and not already assigned.
- Assess whether Conditions for Return will be met at the time of the parent's discharge or in the near future and adjust case planning accordingly.
- Take steps to arrange family time to resume or begin shortly after release if/when appropriate and make plans for considerations of the child's best interest by communicating and conferring with a child's counselor, if applicable.

Tip: *Conditions for Return do not include a requirement that parents who have been incarcerated show a period of stability in the community. The Conditions for Return for some parents can be met at the time of release.*

Post-Release Support

Post-release can be an overwhelming experience for parents who have been incarcerated, especially if the incarceration has been lengthy. In preparation for and after a parent's release, the caseworker will continue to support the parent and make efforts outlined above. They will also:

- Refer the parent for a Parent Mentor, if available.
- Ensure transportation needs have been addressed and provided for, if needed.
- Confirm the parents has access to important documents, such as identification. If they do not have access, provide support to the parent to obtain them.
- Discuss with the parent how their basic needs are being met and assist the parent in meeting those needs, as applicable.
- Coordinate with the parent's team to set up actions, supports, and services that are individualized to the parent's specific needs. Case plan with the parent as outlined in Chapter 4- Managing Child Safety In and Out of Home

References:

Sawyer, Wendy and Wagner, Peter. "Mass Incarceration: The Whole Pie 2024." Prison Policy Initiative, March 2024, https://www.prisonpolicy.org/reports/pie2024.html?c=pie&gad_source=1&gclid=EAIaIQobChMIlKqsnfz7hQMV0x6tBh0l0g8wEAAYAyAAEgLtdfD_BwE)

Oregon Revised Statute 423.160

Specific Information on Visitation, Family Time, and Communication with parent who are incarcerated in Oregon:

- DOC Main Page: https://www.oregon.gov/doc/visiting/Pages/visiting-guidelines.aspx
- DOC Friends and Family Handbook: https://www.oregon.gov/doc/Documents/friends-and-family-handbook-2021.pdf
- DOC Professional Visits and Communication Guide: https://www.oregon.gov/doc/visiting/Pages/professional-visits-and-communication.aspx
- Oregon State Hospital: https://www.oregon.gov/oha/osh/pages/index.aspx
- Oregon Youth Authority: https://www.oregon.gov/oya/pages/default.aspx
- Federal Bureau of Prisons: https://www.bop.gov/
- OWL Site

Chapter 5

Section 26: Family Time

Family Time and Contact

For the purposes of the following procedure, the term "child" also refers to young adult up to age 21 years unless otherwise stated. The term "caregiver" refers to guardian, or Indian custodian unless otherwise stated.

Family time is an interactive, face-to-face contact between a child and parent or caregiver, siblings, or other family members. At times, family time may also include an individual without a legal or biological relationship but with whom the child has an apparent emotional attachment. Family time is separate from assessments, case reviews, family meetings or court hearings, but may include cultural and school events, extracurricular activities, community functions and extended family gatherings. Family time should be supplemented with other types and means of contact such as phone and video calls, letters, emails, therapy, medical/dental appointments, and photo exchanges. This contact should be encouraged unless the child's safety or well-being is jeopardized.

Family time must be in the best interest of the child and must develop or enhance attachment with the child's family, including siblings (Sibling Bill of Rights).A Visit and Contact Plan (Form 831) also referred to as a family time plan is created to reduce the trauma to the child associated with being removed from their home, is part of the overall case 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 family time between a child and their parents or caregivers. Contact as quickly and as frequently as possible after separation helps decrease trauma impacts for both the child and the parent or caregiver. When reunification is the permanency plan, family time includes progressively increased parental responsibility for the daily care and safety of the child. When reunification is no longer the goal, family time can help family members understand and accept the change in the permanency plan. Whatever the permanency plan, family time strengthens and maintains family relationships, enhances a child's well-being, and affirms the importance o family time with parents or caregivers, siblings and/or other relatives in the child's life.

Family Time Planning

Parents or caregivers and children at a developmentally appropriate age/capability must be involved in the family time planning. It is also important to invite the child's substitute caregivers, the Tribal Nation worker (if it is known or the Department has reason to know the child is an Indian child or if the family identifies as native), safety service providers and other relevant people (e.g., the child's attorney, CASA, treatment providers, community/cultural supports, or relatives) to participate in planning for family time.

This planning process begins when a child is first removed from their home or when a parent is separated from their child. For example, if the child remains in home with one parent or caregiver but the other parent or caregiver has been directed to move elsewhere, family time still needs to be provided. Developing a well thought out, case specific family time plan includes knowing who should be included in the family time, what supervision level is necessary, what everyone's schedule is, and what any possible competing priorities the parents or caregivers may have.

The caseworker must:

I. Schedule the first family time to occur 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 Department's electronic information system.

II. Begin family time planning by reviewing the safety threats and what is necessary to ensure child safety during family time. Knowing not only which safety threats apply, but also how they are operating within the family condition is imperative to ensuring child safety during family time.

- When domestic violence has occurred or there are safety issues between the parents or caregivers, special measures must be taken to assure everyone's safety. Determine whether there are contact limitations set by court orders. Confer with the survivor on what the most appropriate and safest structure for family time would be such as mandating separate family time, meetings, etc. may unintentionally make a survivor more unsafe. These measures may include, but are not limited to:
  - Separate family time schedules,
  - Safe drop-off and pick-up locations, or
  - Special safety plans for unplanned contact.

III. Prior to the discussion with the parents or caregivers, complete the Family Time Supervision Levels form (DHS 4050) to determine the appropriate level of supervision and document what is necessary to change the level of supervision.

- When considering supervision level, always begin at the least restrictive level of unsupervised family time and increase the supervision level based on the child's safety and well-being needs.
- Consider if the permanency plan has changed and how that will impact the safety and well-being needs of the child.
- Whenever possible and necessary, based on supervision level identified in the DHS 4050, help the family identify a potential safety service provider to supervise the family time. See Chapter 4, Appendix 4.1C: Criteria to Assess the Suitability of SSP's. If a safety service provider is approved, provide them:
  - The parameters of the family time. This includes the date/time, location, who can join and specifically who cannot, and any special considerations.
  - With information about what they need to be observing for and what actions to take if they see a safety concern. Be specific.
  - A copy of the Expectations for Safety Service Providers Guide (form 2789B), the approved safety plan, and the CF 831.
- As part of developing the family time plan, help the parents or caregivers identify a list of interventions that would work for the safety service provider to use, if necessary, to address any safety concerns that may arise during family time.
  - Ensure the parents or caregivers understand that, while this would be a last resort, there may be situations in which the family time will need to be ended early. Explain any known or anticipated reasons for ending family time, such as safety reasons.
  - Encourage the parents or caregivers to recognize the signs that may lead to safety issues and make sure they know asking for assistance is a strength.

IV. Have a conversation with the family about how family time would be best structured for them. This discussion can be part of a facilitated meeting, or in a more casual setting.

- When working with a family on developing a family time and contact plan, explain their right to visit one

another while their child is in substitute care, what they can expect to occur prior to, during and after family time, as well as the importance of having contact with the child.

- Ask families what types of activities they enjoy they can do together such as reading, games, celebrating accomplishments and holidays, or other cultural or family traditions.
- During the discussion, explain which supervision level is necessary and why. Talk with each parent or caregiver about what is necessary to get to a lower level of supervision. Listen to what they have to say and ask how support can be provided to them in making those changes.
- If the family time can be safely conducted outside of the child welfare office, talk with the parents or caregivers to find places where everyone can be comfortable. This can include, but is not limited to, a park, library, church or even the family home.

V. Give the parents or caregivers a copy of the Family Time Guidelines.

VI. Inform the parents or caregivers and any safety service providers for family time that family time cannot be canceled by ODHS solely due to the act or omission of a caregiver that is unrelated to the safety or well-being of a child or other person during family time.

Considerations When Scheduling and Planning for Family Time

Caseworkers will, as applicable:

I. Explore, support, and incorporate the culture, traditions, language, activities, or practices in which the family normally participates into family time.

II. Ask what the parents or caregivers want in terms of family time and what it means to them. Parents or caregivers may not know what to say or request the first time they are offered family time, so ask frequently.

III. Consider the unique developmental and attachment needs of the child, e.g., frequent contact is critical to maintaining attachment to the parents or caregivers.

IV. Accommodate the child's school schedule. It is impactful for a child to miss school, therefore a law was passed (SB 279) to emphasize and advocate for the importance of accommodating a child's school schedule. To the extent practicable, schedule family time at a time and place that does not require the child to miss part or all, of a school day.

- If missing school is necessary to support family time, document how much of the school day was missed on the SB 279 Implementation and Tracking Owl Site.
- If a child misses part or all, of more than four school days during a semester or half school year period due to the family time schedule the caseworker must also ensure the number of school days missed during the semester or half school year period is documented in the Child Section of the Family Report (under Education in the box titled, Update on how the child is doing in school").

V. Act in the best interests of the child.

VI. Follow all orders of the court regarding family time.

VII. Not utilize parental progress in services to determine whether a parent has the opportunity for family time.

VIII. Address any barriers to family time such as: transportation, schedule of services, work schedule, health conditions.

- Family time attendance is important. Help the parents or caregivers to address any barriers to attending family time with strategies such as:
  - To the best of their abilities, prioritizing what ODHS is asking them to do by finding a balance between all the competing requirements a caregiver needs to accomplish when involved in the Child Welfare system. These can include services, work, meeting with Self Sufficiency or other providers, finding housing, treatment groups (AA/NA, parent mentors, clean and sober social activities, etc.), court, CRB, face to face contacts, etc.
  - Making arrangements to minimize stress or conflict among family members during family time.
  - Discussing with the parents or caregivers and family what to do if they are going to be late or need to cancel. Let them know the importance of communicating in a timely manner, and of consistent contact with the child for predictability and routine.
  - Explaining to the parents or caregivers what might happen if they do not attend family time. This includes:
    - A discussion on the barriers and developing solutions to ensure the parents or caregivers are successful.
    - A plan that will be implemented if the parents or caregivers continue struggling to attend.

IX. Plan for additional contact to supplement family time. This may include phone, video or email contact, letters, pictures and contact during other family activities including, but not limited to, cultural events, school or religious events, family gatherings, or medical/dental appointments. For example, additional contact can be woven into the daily schedule by having a parent or caregiver read a book to the child over facetime each night or attend a school function.

X. As age and developmentally appropriate, ask each child who they consider family and with whom they want to keep a relationship. Arrange for the child to have family time with the people they identified, with extended family members, or other important people in their life (e.g., the Tribe or Tribal members, 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 a child's well-being. Consider:

- How can contact arrangements tap into and build upon the family's existing social support network?
- Can these additional contacts be a support to the resource family?

XI. Consider any possible reactions the family may have to family time. Reactions can include a range of feelings and behaviors that may or may not promote attachment and/or wellbeing for those involved. Consider some reactions that may appear to be negative may be a typical reaction to being separated from the family and the family home. While it may be a negative response to an issue in the family time or a situation in the parent or caregiver and child relationship, this should not be assumed to be the case. For all reactions by a child to family time the caseworker will:

- Talk through some helpful coping strategies with the family.

- Help the parents or caregivers develop transition strategies that can ease and calm feelings at the beginning and end of each family time.
- Discuss with the resource parent the potential reactions a child may have to family time (feeling happy, confused, sad and/or angry) and that the child may express feelings with words and/or behaviors (regression, depression, bad dreams, aggression, irritability, or other dysregulated behaviors). Explain that this is normal and not a reason, in and of itself, to terminate or limit family time. Engage the resource parent in a discussion of the benefits of frequent family time such as it:
  - Promotes healthy attachment,
  - Establishes and strengthens child/parent relationships,
  - Eases pain of separation and loss for the child and their caregiver,
  - Helps motivate parents or caregivers to make changes and allows them to learn and practice new skills.
- Consider requests from the resource parent for certain structures or routines remain consistent (e.g., nap or mealtimes) in the resource home and the family time sessions and explain that this is the time for parents or caregivers to interact with their kids in their own way. This may include providing various food items or gifts for the kids that the resource parent would not normally offer.

As part of preparation for the first scheduled family time, Child Welfare Family Time Coordinators (FTC), should review:

- The CPS assessment and current safety plans to learn which safety threats have been identified and understand how they are operating within the family condition.
- The most recent Family Report for Diminished Capacities and Expected Outcomes.
- The Visit and Contact Plan (Form 831) for details of the family time including who is participating in family time, who may specifically be excluded from family time.
- The number of children and their ages, to ensure any vehicle used for transportation can safely transport all children and the appropriate car seats.
- Case notes of any previous family time sessions.

Connecting Parents or Caregivers and Resource Parents:

One way for a parent or caregiver to feel supported in the process of reunification is to develop a relationship with the person caring for their child. Child Welfare will support resource parents in connecting with the parents or caregivers and, if needed, support additional time between siblings placed separately when doing so is safe and in the best interest of a child. There are several activities caseworkers can consider facilitating the connection including:

I. “Comfort Calls” are an initial call after a child is placed into substitute care made by a resource parent or agency representative (using a caseworker’s phone) to a child’s parent or caregiver. The purpose of this call is to assure the parents or caregivers of the child’s safety and help decrease anxiety for the child and caregiver.
   - Comfort Calls are optional but encouraged.

- Reviewing training and information on Ice Breakers shared during the recruitment and screening process to

become a resource parent. Refer to Appendix 5.1 for further information on Ice Breakers.

- Comfort Calls and Ice Breakers are also helpful activities when a child transitions placements within substitute care.

When discussing with a resource parent the connection with a child's parents or caregivers, some additional topics to consider may include:

- What are the resource parents' attitudes toward the child's parents or caregivers?
- Do the resource parents support the parent or caregiver and child relationship?
- Can the resource parents set safe limits on their relationships with the child's parents or caregivers?
- What do resource parents expect regarding their role in family time?
- Are there other roles supportive of the child/parent relationship the resource parent is willing to perform? This may include:
    - Becoming a safety service provider and supervising family time in their home or elsewhere.
    - Objectively document what occurs during family time.
    - Demonstrating how to implement new parenting skills.
    - Providing transportation
    - What help has been provided to resource parents involved in family time such as reimbursement for transportation costs?
- If unwilling or unable to assist with family time, will the resource parents support other agency efforts? If so, in what ways?

Special Considerations:

Parents or caregivers who are incarcerated:

There are special considerations for family time when a parent or caregiver is incarcerated. Appendix 5.31 provides guidance to the caseworker when arranging family time with a parent or caregiver who is incarcerated or in custody.

Interstate Compact on the Placement of Children (ICPC):

There are federal regulations that apply to family time on cases in which (ICPC) applies. Consult with a central office ICPC coordinator regarding parameters of interstate family time for a placement regulated by ICPC as referenced in Chapter 5, Section 13 Placement in Another State.

Documentation of Family Time by Child Welfare and Safety Service Providers:

There are several ways and different reasons to document family time. While this time is for the parents or caregivers and children to bond and just have some time together as a family, it also is a time to for parents or caregivers to practice new skills they have learned and demonstrate protective capacities. For example, parenting while effectively

managing their substance use disorder. These can be huge accomplishments and should be acknowledged.

Documentation allows for these changes to be observed and reported as well as the family time to be tracked. Tracking can ensure an adequate amount of family time is being provided and allows the Department to provide accurate reports to the court, legal parties, providers, etc. about family time. From a parent or caregiver's perspective, having someone document everything that is happening during family time can be unsettling.

Have a conversation with the family at the beginning of their first family time and explain the documentation will focus on strengths as well as any safety concerns. This is to ensure Child Welfare knows what the parents or caregivers are doing well to build on those strengths and to help guide the interactions when there are safety concerns.

Procedure

More general Information about the family time plan is documented by the caseworker in:

- The Protective Action Plan, Initial Safety Plan (see Chapter 3 Section 7), and/or Ongoing Safety Plan (see Chapter 4, Section 4) to document how safety is managed during family time.
- The Family Time and Contact Plan (Form 831) to document the details of the family time plan, including who can be included in family time, who specifically cannot be included, dates, times, and locations of the family time. Form 831 must:
    - Be completed when a child first enters substitute care or by the first court hearing, whichever comes first.
    - Include Sibling contact information.
    - Completed by the caseworker or other child welfare staff and approved by the caseworker.
    - It must be reviewed as part of the 90-day case plan review.
- The Family Report to document summary updates and information about family time and contact.
- Each of the above places as soon as practicable, when the family time is supervised by someone other than a Family Time coordinator or other child welfare staff family time.
- In addition to documentation in the safety plans and Form 831, each family time that has a supervision level of "Unsupervised", should have documentation of the occurrence in case notes by the caseworker.

Specific details and observations of each family time occurrence is documented in case notes in the Department's electronic information system by Caseworkers or Family time Coordinators no later than seven days after the family time occurrence and include in case notes:

- The details of the family time: When and where it occurred, what time it started and ended, who participated, and where it took place.
- A general description of behaviors associated with the mood of family members.
- Observations of the family time specific to the identified safety threats.
    - If the identified safety threat involved sex abuse and the family time is between the victim and the perpetrator document how the following was ensured:

- No exchanges of money or gifts,
- No photographs or recordings.
- No physical contact, including lap sitting, hair combing, hand holding, horse play, or bathroom assistance.
- No whispering, secrets, passing notes, or other body signals.
- The family time did not occur where the alleged abuse occurred.

- What activities the family participated in and a general description of how that went.
- What skills (related to the safety threat) did the parents or caregivers use and how the children responded.
- If the parents or caregivers asked for assistance or a break (which should be noted as a strength).
- If an intervention was necessary for safety reasons:
  - What was the situation that resulted in a safety concern?
  - Which intervention was utilized?
  - How did the parents or caregivers and children respond?
  - How did the rest of the family time go after the intervention?
- Any other information related to the safety or well-being of the children.
- A general description of how the family time ended and the mood of the family.
- Any support and/or assistance the parents or caregivers asked for or was provided after the family time.

In some rare circumstances, there may be a member of the family for whom family time cannot safely occur. Family time plans that prohibit contact with family members (including the parents or caregivers) must clearly state in Form 831 and Family Report the reasons for the prohibition and the circumstances, if any, under which the Department would begin or resume contact.

I. Some examples of reasons to possibly prohibit family time may include, but are not limited to:
   - When there is reason to believe the acts or omissions of a parent or caregiver would result in child abuse during family time.
   - The safety of a child cannot be managed by supervision.
   - The family time does not meet the best interests of the child; or
   - A court order prohibits family time.

If family time between a child and a parent or caregiver does not occur for any reason, family time between siblings not placed together should continue take place unless it would not be in the children's best interest to do so.

Supervision Levels should be determined using the Family Time Supervision Levels, form 4050. This documentation includes what is necessary to get to the next less restrictive level of supervision for family time.

- If supervision is necessary, prior to supervising family time, any non-Child Welfare safety service provider should be given the Expectations for SSP's (2789B).

Tips for Effective Documentation:

- Be objective, factual, and clear. Case notes are to be free of opinions, personal bias, or inference.
- Documentation of information about family time should be written with the family in mind as the intended audience.
- Be mindful of the readers of this documentation. Case notes are discovered in the court process. Therefore, they should be written with all the parties to the legal case in mind. Use proper names for initial references instead of "mom" and "dad" to add clarity and demonstrate respect.
- Describe family member's behaviors and interactions. The reader should be able to walk away with an understanding of how the family spent their time together.
- Focus on strengths.

Supervision Levels

Identifying the appropriate supervision level to manage safety during family time is essential to ensuring family time occurs in an equitable and trauma- informed manner. Supervision of family time restricts the parents' or caregivers' ability to naturally interact with and parent their child. It is very intrusive to have another person present and watching all interactions. Therefore, it is imperative to understand and regularly review how much supervision is necessary to create a balance between managing safety while also providing as natural of a setting for family members to interact as possible.

All family time should be unsupervised unless there is a specific documented reason that supervision is necessary to ensure child safety. Regularly reassess the family time supervision level using the Family Time Supervision Levels (Form 4050) tool to determine if the selected supervision level continues to be appropriate for current case circumstances.

The supervision level of family time operates on a continuum, it is reviewed and adjusted as the parent or caregiver demonstrates increased protective capacities and decreased diminished protective capacities. The level of supervision should decrease as a natural transition to the return home process. Alternatively, If no progress is being made, the supervision level may not change or may even become more restrictive.

Some questions for a caseworker and supervisor to consider as they are determining the appropriate supervision level using form 4050 include:

1. Do safety threats still exist to warrant the current level of supervision?
2. Can safety threats be managed in a less restrictive way that would be safe and appropriate?
3. Is the child willing to engage in family time?
4. Does the supervision level and amount of family time match the permanency plan?
5. Have the parents or caregivers been consistent in following the current family time plan?
6. Do the parents or caregivers understand family time expectations?
7. Have relatives/kith/other natural supports been explored as possible family time supervisors?

8. Have more normalized environments, other than the ODHS office, been explored?

9. Can family time be extended or more family time added?

10. Can the current family time schedule be supplemented in any way?

Levels of Supervision Include:

Unsupervised Family Time:

- No supervision by a safety service provider is necessary and family time should occur in the community or a child welfare approved family home. It can occur in the child welfare office, if necessary, but only as a last option as the office is one of the most restrictive environments and often can be associated with traumatic experiences.
- The parent or caregiver is demonstrating increased protective capacities and decreased diminished protective capacities. When safety threats are active is understood and can be managed during family time.

Semi-Supervised Family Time:

- Semi-Supervised family time includes check-ins by safety service providers in the community, a Child Welfare approved family or safety service provider home, Tribal office, or at the Child Welfare office.
- Parent is demonstrating mostly enhanced protective capacities, and diminished protective capacities are decreasing. When safety threats are active is understood and can be managed during family time.
- These visits may be supervised by ODHS staff or other approved safety service provider. There may be specific rules regarding location and supervision of the family time. Group family time may fit in this category.

Supervised Family Time:

- Supervised family time requires sight and/or sound supervision by Child Welfare staff or an approved safety service provider in a child welfare office, a child welfare approved family home, or in the community. Safety threats continue to be active during family time or are currently being assessed and there is risk child abuse may occur during family time.
- The parent or caregiver may need assistance in establishing a relationship with their child. The child may need reassurance of a third party.

Intensive Supervision:

- This is the highest, most intrusive level of supervision only utilized when there are significant child safety issues and risk of child abuse occurring during family time. Intensive Supervision requires sight and sound supervision by child welfare staff or another approved professional who remains in the room with the family in a child welfare office or another secure location.
- This level of supervision is only appropriate on high-risk cases or when there are significant child safety and/or well-being issues. Examples might include, but are not limited to:

- Threat of abduction
- Threat of coercion of testimony, or
- A fearful child.

Therapeutic Family Time:

- This supervision level of family time is clinical and requires a higher skill level of intervention by a professional and may be family time in addition to those at other supervision levels.
- Therapeutic family time may be necessary to facilitate attachment, child well-being, transition, or other relationship dynamics.
- The supervising professional must confirm they are comfortable managing child safety during the family time.
- This supervision level may happen in conjunction with other family time.

Supplemental Contact:

- Supplemental contact should occur in addition to a regular family time plan.
- The type of supplemental contact should match safety threats and attachment needs of the child. Types of supplemental contact include, but are not limited to:
  - Hands-on family time during a structured or facilitated class.
  - Email and phone contacts.
  - The parent or caregiver participating in medical appointments, school activities, holiday celebrations, etc.

The Supervisor's Role

When creating and reviewing the family time and contact plan, ensure the caseworker is actively and diligently partnering with the parents or caregivers and, if it is known or the Department has a reason to know the child is an Indian child, the Tribal Nation.

Explore possible caseworker bias around parental or caregiver behaviors and expectations, culture, and the unique needs of the family during family time.

Review the case plan, including:

- Family Report
- Family Time and Contact Plan (CF 831)
- Family Time Supervision Levels (Form 4050)
- Initial or Ongoing Safety Plan

Consult with the caseworker when issues or concerns arise.

Support creative thinking regarding increasing the number of people who can supervise family time, where family time

can take place, ways to supplement family time, and how to support family traditions, culture, and cultural practices.

Review the supervision level regularly to ensure the level of supervision changes when the parental capacity and child safety issues change.

Support the caseworker's efforts for frequent contact between the child, their parents or caregivers, and any siblings.

References

Family Report (Case Plan) in OR-Kids (ODHS 2873)

Visitation and Contact Plan (CF 0831)

Family Time Supervision Levels Form (DHS 4050)

Safety Service Provider Expectations (Form 2789b)

Legal References

Interstate Compact on the Placement of Children ICPC Regulation No. 9, Definition of Family Time

Oregon Administrative Rules (OAR)

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 Resource 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 Visitation and Contact Plans

Chapter 5

Section 27: Clothing Belongings

Procedures

Bringing Clothing and Personal Belongings into Substitute Care

Ask the family if the child or young adult has a duffel bag or luggage, they can use. If not, provide a duffle bag. Do not use trash bags to transport a child's belongings, as it can have a negative impact on the child.

Ask the family to provide items and clothing they know their child would want.

- Help them understand the importance to their child.
- Talk with them about their child – learn more about what the child or young adult likes and encourage them to bring additional personal items to family time.
- Reassure parents that these items will be well cared for and that items will remain with the child. Also, acknowledge to the parents that things can get lost or stolen while the child or young adult is in substitute care.

If the parents refuse to provide the child's clothing and it is in the best interest of the child or young adult, a court order for the release of such clothing may be requested from the juvenile court.

Tracking Clothing and Personal Belongings

Inventory the child or young adults' clothing when they enter care with the substitute caregiver.

- The inventory provides the initial list of personal items and the substitute caregiver can add to the list as new items are provided.
- This inventory also helps ensure that, when a child or young adult leaves substitute care, all of the personal belongings go with them.
- Standard monthly reimbursement for caregivers include money for monthly clothing replacement.
    - It is the caregiver's responsibility to maintain a child or young adults' clothes with the monthly reimbursement payment. It is reasonable and appropriate to inquire of the caregiver about the purchase of new clothing for the child or young adult.

Additional Clothing Needs

If the child or young adult has clothing needs, request a stored value card or clothing voucher when a child or young adult enters substitute care in the initial placement, up to $600 per calendar year. The supervisor approves this request.

Sometimes the local office, school and community programs will have clothing resources available for children in care.

Coordinate with the caregiver on the best way to issue and deliver the stored value card or clothing voucher to the caregiver.

When a clothing voucher is issued, the caregiver presents the voucher when purchasing the items; the store will complete the voucher and submit it to ODHS accounting for reimbursement.

Special Circumstances

Under special circumstances, ask the supervisor to approve an additional clothing voucher or stored value card.

- Examples of when this request may be appropriate are if items of clothing were stolen or destroyed; a child has an unusually fast growth spurt or weight loss or gain; or a child or young adult needs clothing that aligns with their gender identity or expression.
- The process of working with the caregiver to arrange for the issuing and receipt of clothing voucher or stored value card are the same as above.

Children Re-Entering Care

If a child is returned home and then re-enters care and needs clothing, request supervisor to approve clothing voucher, up to $600 per calendar year. If the $600 limit has been met, request Program Manager or designee to approve additional stored value card or clothing voucher.

Concerns Regarding Unmet Clothing or Other Needs

It is ultimately the caseworker's responsibility to ensure the child or young adult has basic clothing and other needs are met, such as shoes, hygiene items and school supplies.

- During the face-to-face contact with the child, assess whether these needs are being met. Respectfully talk with the caregiver regarding the child or young adults needs and concerns if the needs are not being met.
    - Identify options to address the needs.
    - Document concerns and the plan to address the needs developed with the caregiver.
    - Report this information to the caregiver's certifier.
    - If the concern persists, re-contact the certifier for assistance in resolving the issue.
    - At any time the caseworker believes the caregiver is neglecting the child's basic needs, the caseworker must report the concern to a screener at the Oregon Child Abuse Hotline.

The Supervisor's Role

Review and approve clothing vouchers when requested.

Note:

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.

Make an effort to ensure the child's personal items are maintained and stored securely. When the child moves to a permanent home, it is very important for the child to have their personal belongings accompany them when returning home or moving to a new placement.

Chapter 5

Section 28: Travel

Travel

Any child in ODHS 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 ODHS out-of-state travel policy, which can be found by clicking here for the ODHS 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 ODHS-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 ODHS-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 ODHS 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@ODHSoha.state.or.us requesting approval from the contract administrator and coordination with ICPC at Oregon.ICPC@ODHSoha.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@ODHSoha.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. ODHS 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

Youth Transitions

There are a variety of programs, services and contracted Independent Living Program (ILP) providers available to help transition young people from foster care to independent adulthood. The goals of these programs and services are to assist young people to:

I. Transition to interdependent living and adulthood without reliance on public assistance programs,

II. Receive the education, training and services necessary to obtain/maintain 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, and

VII. Develop the personal life management skills necessary to function interdependently and successfully transition to adulthood.

Note:

ODHS CW staff can only run credit reports for young people in the legal custody of ODHS because of the contractual relationship with the credit bureaus. However, staff are still able to assist caseworkers and Independent Living Program (ILP) providers with information on how to best resolve credit issues for young people regardless of their current foster care status.

Identifying and Correcting Consumer Credit Issues

Procedure

Under federal law, ODHS Child Welfare is required to provide credit reports to young people in the legal custody of ODHS. The process begins at age 14 and continues annually until the young person's case is dismissed. The law requires ODHS to help young people identify and resolve any discrepancies. Local ODHS Office Managers and designated staff will partner with the young person's caseworker to comply with this law.

ODHS CW has contracts with each of the three credit bureaus. This allows ODHS to process credit reports and receive the results instantly. If problems arise, there are also contacts associated with the credit bureaus that allow for resolution. Local ODHS Office Managers and designated staff rely on the caseworkers for required information, documentation, and support.

Below is the procedure expected of the local ODHS Office Managers, designated staff and the caseworker.

Local ODHS Office Managers and Designated Staff Responsibilities

Before Running the Credit Report

Each month, the Child Welfare electronic information system generates a report that lists young people who turned 14-

20 in the previous month.

I. Local ODHS Office Managers and designated staff separate the report into lists and automatically run reports for 14- to 17-year-olds in legal custody. Young people fall into one of the two categories below:
   A. Recently turned 14 to 17 years old.
   B. Recently turned 18 to 20 years old.

II. For the list of young people who recently turned 14 to 17 years old, the local ODHS Office Manager or designated staff will verify ODHS has legal custody.
   A. The documentation that confirms legal custody must be readily available in case of a credit bureau audit.
   B. The names of those young people confirmed to be in the legal custody of ODHS are uploaded to the websites for Equifax, Experian, and TransUnion.

III. For those 18 and older, the local ODHS Office Manager or designated staff lets the assigned caseworkers know of the birthday and the option to run the report by email. A Credit Authorization form (CF 0036) must be completed and signed by the young adult before the report is run.
   A. Alternatively, the caseworker can help the young adult run the report on their own.
   B. Young adults who run reports on their own and encounter problems can contact their ODHS caseworker for help to resolve those issues. If the ODHS caseworker needs assistance, they may contact their local ODHS Office Manager.

IV. For those under the age of 14 and in the legal custody of ODHS, the local ODHS Office Manager or designated staff can run reports upon request of a caseworker who has a substantial concern (i.e., more than just a hunch) that the young person's credit has been compromised.

After Running the Report

I. The local ODHS Office Manager or designated staff will 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 young person.

   Independent Living Program (ILP) providers cannot be given credit reports directly but can:

   - Receive information from the caseworker,
   - Inquire whether the reports have been run,
   - Submit authorization forms on the young adult's behalf, and
   - Ask general questions of the the local ODHS Office Manager or designated staff. However, credit reports and any information in those reports can only be released to the Child Welfare caseworker and

the young person.

Caseworker Responsibility

Before Running the Credit Report

I. The local ODHS Office Manager or designated staff may contact the caseworker to verify the young person is still in ODHS legal custody and in some instances, they can ask for documentation.

II. Whenever possible, caseworkers should verify they have a copy of the young person's Social Security card and birth certificate. If one or both documents are not in the case record, the caseworker should take steps to order the missing document(s). (These are the documents required by the credit bureaus to resolve credit issues.).

After the Credit Report is Run

I. The caseworker:
   A. Receives a list of instructions and a link to a guide with information for the young person about credit.
   B. Reviews the guide before they share the credit report results with the young person, and
   C. Talks with the young person 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 young person that they opened the account. If fraud or identity theft is suspected, the caseworker will work with the local ODHS Office Manager or designated staff and credit bureaus to resolve.

III. The caseworker prints two copies of the reports:
   A. One report is given to the young person, and
   B. The young person then signs the other report. Their signature validates ODHS has spoken with them about credit, regardless of whether there is a record found. The signed report is required to be uploaded into the Child Welfare electronic information system, within 45 days. In the system, it goes into the File Cabinet, Fiscal-Other using the following format to describe the document:
      1. District#_Credit Bureau Name-Young person's initials_Date.pdf.
      (Example: Dist 3_Experian-AMK_08-27-18.pdf)

IV. If the young person is unable to sign or understand the report because of physical, intellectual or developmental disability limitations, the caseworker signs, dates and notes the young person's inability to sign. After that is done, the caseworker is required to upload the report the same as if the young person had signed the report.

V. If the young person's whereabouts are not known, the caseworker keeps the report for the next time they encounter them. If the case is dismissed before the young person can sign the report, the caseworker will case note this and uploads the report as indicated above.

VI. Please contact your local ODHS Office Manager or designated staff if you have questions about talking to a young person 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. Personal Growth and Social Development;

II. Family Support and Healthy Relationships including cultural and community connections;

III. Health Education and Risk Prevention;

IV. Education;

V. Employment/Career Preparation;

VI. Money Management, Transportation and Other Life Skills; and

VII. Housing and Home Management.

Note:

OAR 413-010-0180(1)(L) states each child in the legal custody of ODHS has the following rights: "To be involved, in accordance with their age and ability and within the law, in making major decisions that affect their life, to participate in the development of their case plan, permanency plan, and comprehensive transition plan and to discuss their views about the plans with the judge;".

The CTP outlines what a young person needs to successfully transition to adulthood and live interdependently:

A. Transition goals,

B. Action steps,

C. Services, and

D. Supports.

I. Begin thinking about and preparing a young person for transition planning at age 13 or older.

II. Begin formal introduction of age and developmentally appropriate transition planning with a young person at age 14.

III. Use the Transition Readiness Discussion Guide (form CF 0069D, Step 1) and the Youth Assessment Summary (form CF 0069, Step 2) as tools for evaluating a young person's knowledge, skills and abilities:

A. The Discussion Guide may be found on the Forms Directory. Review in hard-copy format with the:

1. Young person,
2. Caseworker, and/or
3. ILP Provider (if enrolled for ILP services).

B. Use the Discussion Guide to determine a young person'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 young people in motivational interviewing,

2. Obtain a glimpse into the young person's mental health status, and
3. Understand trauma factors that may affect their engagement. This includes follow-through on activities or learning objectives.

C. Use the Youth Assessment Summary (YAS) to identify the stage of a young person's skill development.

- To assist with appropriate identification of a stage, a matrix with definitions for each stage is listed below and on page 2 of the CF 0069 form.

IV. Transition planning is federally required, must occur starting at age 14 (no later than 14th birthday) and is an ODHS responsibility regardless of whether ILP is involved or not.

A. If the young person has been referred to an ILP Provider, Steps 1-3 (Transition Readiness Discussion Guide, Youth Assessment Summary and draft Youth/Comprehensive Transition Plan) are completed in the first 90 days of services by the ILP provider in collaboration with the ODHS caseworker whenever possible.

B. As of October 1, 2023, the Assessment Summary and the Comprehensive Transition Plan are then updated annually. However, although it's a living document that SHOULD be updated when changes are implemented, it can always be updated long before the annual due date.

V. Review the purpose of the Discussion Guide with the young person. Encourage active participation in planning for their transition to adulthood. Explain to them that the intent of the Discussion Guide is to build rapport and get a global sense of their readiness and priorities. The guide assists caseworkers and ILP Providers to determines:

A. The young person's strengths,

B. Knowledge and areas they may need more support to gain the life skills necessary to successfully transition to adult living, and

C. The intensity of skill building instruction needed to assist the young person in gaining a higher level of knowledge, skills or abilities.

1. Go through the Transition Readiness Discussion Guide (CF 0069D, Step 1) with the young person over multiple meetings. Some questions in some domains may not apply or may be sensitive topics. So long as there is a sense of the relevance of each domain in transition planning efforts with the young person 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?

Note: *Before completing the Youth Assessment Summary (CF 0069, Step 2), caseworkers 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 young person should possess in each domain. You will have a list from which to gauge the depth of their knowledge.

VI. Complete the **Youth Assessment Summary (**CE 0069**, Step 2).** This will identify which stage the young person 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.
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 the provider monitors application of skills.)

VII. The CF 0069 includes space to include **current priorities** you may have heard the young person indicate they would like to work on in the next six months. Their work may be solo, with ILP help, with help from the caregiver, caseworker, school, or clubs, etc. Not every domain must be worked on within a six-month period. However, each skills domain area should still be evaluated regardless of priority at the time of the review. This is also where you as a caseworker might note relevant **additional information** that would serve as a reminder when you move to the young person's Transition Plan. Some domains may be less relevant for them at this time (for example, there may be developmental or circumstantial factors).

VIII. Completing the **Youth Assessment Summary** may or may not involve input from the young person. Ideally, their involvement will inform the transition planning process. In addition, it will empower the young person to recognize areas:

A. Where they are doing well, and

B. Where they need support, knowledge or practice to gain skills.

If a young person does not agree with the assessment of their abilities, use the IL Services Planning Checklist to remind them of skills and knowledge necessary in each domain.

IX. Update the **Youth Assessment Summary** every six months to inform the Comprehensive Transition Plan. To complete, consider progress the young person has made overall in increasing readiness, as indicated by:

A. Goals accomplished,

B. The Comprehensive Transition Plan (CF 0069a, Step 3),

C. IL Services Planning Checklist (CF 0069b, Step 4),

D. Monthly reports, and

E. Other indicators.

You may move the young person to a higher circle within a stage or move them to the next stage due to progress. Once they have 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 they have 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.

Note:

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 to participate in the case planning team. See OAR 413-040-0010(3)(c).

Note:

Refer to the Transition Plan as the Youth Transition Plan until a formal Youth Decision Meeting (YDM) or planning meeting has occurred. Once the ODHS caseworker and team of supportive adults has met and assisted the young person to finalize their plan, the plan is then referred to as a Comprehensive Transition Plan.

Develop the Comprehensive Transition Plan (CF 0069a, Step 3)

I. Once the Discussion Guide and Youth Assessment Summary are complete, begin the process of helping the young person draft a Youth Transition Plan (YTP). The YTP should be completed before the Comprehensive Transition Plan Meeting which could also be a segment of a Youth Decision Meeting (YDM) (see Chapter 4, Section 6, Conduct Facilitated Meetings section of the Procedure Manual).

II. Set meaningful goals with young people for the priority areas, with more flexibility for lower-priority domains. If the young person does not wish 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 Youth Transition Plan Meeting:

   A. To meet policy requirements to involve young people in the planning process, and

   B. Incorporate Positive Youth Development (PYD) principals into practice, ensuring the young person is viewed and treated as a valued member of the planning team.

   The YDM is a facilitated meeting. It is held with the intent to empower the young person to plan for their interdependence within their community and a successful transition to adulthood.

IV. The Youth Transition Plan is drafted with the young person before the Comprehensive Transition Plan Meeting or the YDM. The caseworker should work with young person on goals and objectives ahead of time. This step will help prepare them to share their goals and voice their opinions or suggestions during the YDM or transition planning meeting. Finalize the plan at the Comprehensive Transition Plan meeting or YDM with the remaining

team members, indicating who will be assisting the young person to achieve the goal(s) identified

V. Refer to Chapter 4, Section 6, Conduct Facilitated Meetings), for detailed procedures on arranging a meeting.

VI. Participants in the YDM or Transition Planning meeting include:

A. Young person,

B. ILP provider (if young person is enrolled for services),

C. Caseworker (ODHS or Tribe)

D. Parents and family members whenever appropriate,

E. Caregiver,

F. Service providers identified as important in helping the young person achieve their goals,

G. Other participants, who may include the young person's attorney or CASA, and

H. At the option of the young person, up to two additional members chosen by them as described in OAR 413-040-0010(3)(c).

I. Tribal or other cultural representative (if applicable, to support the cultural needs of the young person).

J. If an ICPC case, the receiving state caseworker (if applicable).

VII. To ensure the critical tasks of the meeting are accomplished, coordinate details with the:

A. Young person (contact them either in person or by phone to coordinate the details of their planning meeting),

B. ILP provider (if the young person is enrolled for services), and

C. Meeting facilitator (if available).

VIII. As you prepare for the meeting, ensure that:

A. The young person plays a central role in planning for and participating in the meeting.

B. Caseworker had the young person prepare for the meeting in terms of speaking for themselves. Caseworker helped them start planning for their future by reviewing the skill domains listed on the YTP.

C. Caseworkers must be sensitive to a young person's special needs. Examples are:

1. A developmental or learning limitation.
2. Mental health needs.
3. Sexual orientation, gender identity and gender expression.
4. Cultural considerations and language accommodations.

D. Caseworker assisted the young person to identify and invite other supportive adults or peers who can and will support or help achieve their goals.

E. Caseworker gave the young person clear expectations and explained the process of the meeting .

F. The meeting is scheduled by or with the young person at a convenient time for all to participate.

G. There is a lead person to facilitate the meeting.

H. Meeting participants is/are identified to take responsibility to complete or add details to the transition plan (CF 0069a).

I. The meeting is conducted using a positive youth development approach. (It is the caseworker's responsibility to support and empower the young person to articulate their goals in a safe and supportive atmosphere.)

Note: There are a variety of methods to capture information which are youth friendly (i.e.: collage, drawing pictures, audio recording, etc.). However, all goals and steps to achieve the goals represented in alternative formats must also be described in writing on the CF0069a).

J. The young person should be asked for input on which person or what agency they believe can best provide aid toward achieving their goals.

K. The young person understands the meeting is an opportunity to advise participants of their goals and plans for the future:

L. Decisions are made on services from:

1. The ILP provider,
2. ODHS, and
3. Other community partners or youth-serving agencies.

Also determine and document what life skills are being taught in the young person's living environment.

M. The young person must agree to the Comprehensive Transition Plan.

N. The plan is signed by each person who participated in the planning meeting.

O. Each team member receives a copy of the completed Comprehensive Transition Plan (CTP):

1. The caseworker's copy is scanned and uploaded to the department's electronic information system (File Cabinet, Case Management, Meeting Document). ***As a reminder all identified services should be included in the young person's case plan. Youth Decision/Transition Meeting occurrences should be captured/documented in OR-Kids under Treatment Planning and CTPs should be discovered as part of the legal process.***
2. The young person should place a copy in their FYI Binder, Court/Legal tab (if available) or other filing system.
3. The ILP provider (if applicable) must keep a copy for the program's files.

IX. If a young person 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 young person 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 young person 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 young person of their transition goals. Ask them:

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 with the young person if additional supports are necessary for them to achieve their goals.

B. In preparation for 90-day staffing, the caseworker must collaborate with the young person to review and document the following:

1. The 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 made with the young person, and
4. Notification to service providers of changes to the CTP.

Note: *Use the* **IL Services Planning Checklist (***CF 0069b***, Step 4)** *to identify skills the young person 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@odhsoha.oregon.gov.*

Completion of a Benchmark Review

I. A Benchmark Review of the Comprehensive Transition Plan (CTP) is a meeting the caseworker must convene six months before a young person's 18th birthday. The Benchmark Review documents the young person and ODHS have a plan for the adult decisions which need to be made after the legal age of 18, and options for accessing services as a young adult are offered.

Note: Services may include Adult DD Services, Vocational Rehabilitation Services, Housing Services, Tribal Services, Social Services Programs, etc.

A. The meeting must include the young person and may include others mentioned in the meeting plan above such as: a parent or guardian, caregiver, Court Appointed Special Advocate (CASA), attorney service providers, Tribal or other cultural representatives and others the young person determines are important to the meeting including, two additional members of the case planning team selected by the young person as described in OAR 413-040-0010 (3)(c).

B. At the meeting, the following determinations are to be made with the young person in preparation for the adult decisions that need to be made after the legal age of 18:

1. The plan to meet life skills development needs:

- Some areas have already been addressed in the previous Comprehensive Transition Plans. However, the Benchmark Review helps young people seriously contemplate existing goals and plan for their future after the age of 18, and 90 days before case closure. The questions the Benchmark Review is intended to answer are whether the young person is:

(1) On track to achieve those goals, and

(2) Prepared for the transition out of foster care to adult living:

(i) Is the young person resilient and self-sufficient? If not,how are they going to learn the skills necessary?

(ii) What types of normative experiences has the young person been provided related to personal interests and things that matter to them? Specifically:

(a) After-school activities,

(b) Sleepovers,

(c) Employment,

(d) Volunteerism,

(e) Advocating for self or others in foster care, etc.

(iii) What opportunities has the young person been provided, and/or needs to be provided to explore their culture and/or self-identity?

(iv) What types of skills and abilities does the young person need for their transition to adulthood?

(v) If the young person is not in a program with a contracted ILP provider, who will be working with them to gain necessary skills? Examples are:

(a) The resource parent,

(b) Residential treatment program,

(c) School,

(d) Mentor,

(e) Coach, etc.

2. Supportive relationships and social capital:
   - Discuss with the young person who they:
     (1) Call for support,
     (2) Spend holidays with, or
     (3) Depend on (including in an emergency and who they have listed as their emergency notifications).
3. Determine if the young person thinks those people will be there for them in the future.
   - Help the young person determine who may be available for them in the future. Help them 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 young person and supportive adult. These supportive relationships can include:
     (1) Relationships with adults that the young person has a current connection with, or
     (2) A prior relationship with a supportive adult that they would like to re-establish.
4. The identification of community and cultural resources. Examples are:
   - Where to get local food boxes,
   - Money orders,
   - Apply for SNAP benefits,
   - Keep contact information updated with OHP, and

- Where to locate cultural services and supports.

5. 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 young person must have an option to:
     (1) List a health care representative. Also, be offered the assistance necessary to complete an Oregon Advanced Directive.
     (2) To get materials or information to assist with the conversation, contact the Public Health Division Toll-free: 1-800-422-6012 or visit their website at https://www.oregon.gov/oha/PH/ABOUT/Pages/ADAC-Forms.aspx.
   - Ensure the young person has identified a medical, mental health (if needed) and dental provider, and has all contact information for their providers. If not, provide aid to the young person with establishing any needed on-going care or transitioning to specialty providers if needed. Discuss the young person's most recent medical and dental visits, a plan to maintain regular check-ups, and ensure they understand how to and are confident to schedule their own appointments and ask questions.
   - Discuss the Former Foster Care Youth (FFCY) Medical Program with the young person.
   - Discuss the eligibility criteria for receiving Medicaid coverage to age 26.
6. Education needs and goal:
   - Agreement on the person or people with decision-making authority for education. Discuss with the young person the role and responsibilities required of a person with decision-making authority. Help them determine who should oversee their records, Individualized Education Program (IEP), etc.
   - Determine whether there are any special education needs to consider. Does the young person have a current disabilities assessment that can transfer to college with them?
   - Ensure the young person is informed of their:
     (1) Post-secondary options, and
     (2) Financial aid available to assist with the costs of attending college or vocational training.
   - Has the young person been given the option to attend the annual DREAM Conference? Have they 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 on the ODHS Youth Transitions website.
7. The plan for employment, continued academic or vocational education or specialized training. Consider the following questions to help the young person craft a plan:
   - Do they know what career they are interested in pursuing?
   - Do they require training?
   - Do they have essential documents to obtain legal employment? Examples are:

- Social Security card,
- Birth certificate,
- Work permit,
- Permanent resident card,
- Driver's 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.

■ Have they had other opportunities to visit colleges and vocational schools, so they can thoroughly explore career choices?

8. The plan for transportation, money management and other life skills:

■ Transportation:

(1) Determine how the young person will get to appointments, school, or work. If they do 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.

(2) Determine if the young person plans to own a car. If so, ensure they have a plan about how to pay for auto insurance and vehicle maintenance.

(3) The young person may save on insurance costs if they take a driver's safety course. ODHS is working with the following to help with the cost of driver's education courses as young people gain independence and transition to adulthood:

(i) Oregon Department of Transportation (ODOT), and

(ii) Driver & Motor Vehicle Services (DMV). See section 33 for additional details.

■ Money Management:

(1) Financial stability- does the young person have the appropriate documentation to open a bank account?

(2) Do they have current copies and understand how to read their credit reports?

■ Financial Literacy:

(1) Does the young person have a basic understanding of how to develop and live on a budget?

(2) Do they have a savings account and understand the importance of saving money for their transition to interdependence?

(3) Do they know how to track savings, checking or credit card balances?

(4) Do they understand income taxes and know how to do them or where to go to ask for assistance to complete their taxes?

- Miscellaneous Life Skills:

(1) Does the young person have and know how to get their important legal documents and how to keep them safe?

(2) Do they understand consequences and where to locate assistance for legal issues?

(3) Do they use social media responsibly?

(4) Do they know the importance of and have a filing system?

(5) Do they know how to register to vote and for selective service?

9. An arrangement for suitable and sustainable housing:

- Ensure the young person understands the various housing options available in the community.
- If they plan on living in a college dorm or other residential academic or vocational program, help them craft a plan to cover times when they may be on a break from college or a vocational program since dorms or buildings are often closed.
- Determine if the young person will need to or plans to access financial support for housing. Explain the available resources (IL Housing Subsidy, Chafee Housing, Foster Youth Independence Vouchers, Family Unity Program Youth Vouchers, etc.) and assist them to apply for the appropriate program, if needed.
- Determine, with the young person, if they wish to remain in substitute care. Go over the Household Guidelines and Expectations document with them (Appendix 5.14). If they wish to remain in substitute care, explain the expectations for young adults who remain in care after age 18.
- To claim Title IV-E funds, the young person 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; or

(5) Have updated information on their condition maintained in the case plan, if the medical condition makes them incapable of engaging in the above activities.

- If the plan is to terminate custody, the caseworker must assist the young person 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.

C. The caseworker must provide a young person with all Young Adult Transitional options available for continued ODHS support after the age of 18, eligibility requirements for all programs within the various

options, and assist the young person with transitioning to the support of their choice. This includes:

1. Extended foster care through ODHS Child Welfare care and custody up to the young person's 21st birthday;
2. Voluntary Family Support Services – ILP (FSS-ILP) case;
3. Voluntary Placement Agreement for Young Adults (OAR 413-020-0060 through 0090)
4. Aftercare services through self-referral to the young person's local ILP program (no open ODHS CW case).

D. The caseworker must document determinations made at the Benchmark Review meeting on the Comprehensive Transition Plan (form CE 0069A).

E. Caseworker needs to ensure that their supervisor reviews and acknowledges the completion of the Benchmark Review of the CTP in the Child Welfare electronic information system's case notes.

F. Another review of the determinations and plans made during the Benchmark Review is conducted within 90 days before the young person is dismissed from ODHS care. The caseworker must review the determinations and plans made during the initial Benchmark Review, review progress made to date and make necessary adjustments to the plan with:

1. The young person, and
2. If identified, the two additional members of the case planning team chosen by the young person.

II. In addition to the Discussion Guide, Youth Assessment Summary, and other supporting documentation, to allow the young person to successfully transition to adulthood, the caseworker must:

A. Provide timely notice to them of court dates, assist with transportation, and encourage court attendance;

B. Include them 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.

D. Ensure the young person receives appropriate:

1. Medical,
2. Mental health,
3. Dental, and
4. Educational services.

Note: If the young person leaves Oregon, or resides in another state (the Interstate Compact on the Placement of Children, or ICPC), use this link to the Child Information Gateway website. 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. Youth Transitions staff will support the caseworker with implementing ILP contracts, when necessary.

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 young person's plan,
2. Opportunities for personal growth and social development,
3. Needs and goals for supportive relationships, cultural and community connections,
4. Physical and mental health,
5. Education,
6. Employment/Career preparation
7. Housing sustainability in a stable living environment where the young person will not be likely to become homeless due to dismissing the case.

A. The plans will be reviewed at:

1. Yearly permanency hearings by the court,
2. Six-month Citizen Review Board (CRB) reviews, and
3. Other court hearings (perhaps).

B. The court (at the yearly permanency hearing) and CRB must determine and make findings regarding:

1. Whether the plan is adequate to ensure the young person's successful transition to adulthood,
2. Whether ODHS has offered appropriate services pursuant to the plans, and
3. Whether ODHS has involved the young person 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 staffing, include a review of the CTP or Benchmark Review.

A. Acknowledge the completion in OR-Kids case notes.

III. Ensure caseworkers working with young person are familiar with:

A. Positive youth development principles,
B. Motivational interviewing techniques, and
C. Youth Transitions Program supports and services.

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 training available through Workday.

Youth Transitions Services

In Oregon, the federal Chafee Foster Care Program for Successful Transition to Adulthood is referred to as the Youth Transitions Program. Services provided include:

I. Independent Living Skill building services, which may include the following:

A. Instruction in basic living skills such as money management, home management, consumer skills, legal issues, parenting, health care, access to community resources, employment readiness, transportation, educational assistance, and housing options;

B. Educational and vocational training support such as high school diploma or GED preparation, post-secondary education and academic support, job readiness, and job search assistance and placement programs;

C. Training, workshops and conferences, individual and peer group skill building for improved self-esteem and self-confidence, self-determination, and interpersonal and social skills training and development; and

D. Promote permanence through the development of healthy relationships, cultural connections, community networks and supports to transition successfully to interdependence and adulthood.

II. Two housing funding programs (the Independent Living Housing Subsidy and Chafee Housing), including access to transitional living programs (See Section 15 for more details on the housing programs),

III. Education and training vouchers or grants (ETV or ETG) which provide financial assistance with the costs of a post-secondary education or training program,

IV. Youth Transitions discretionary funds to provide limited financial assistance in meeting the transition goals to interdependence and adulthood,

V. Credit Reports, and

VI. Driver education course fees.

Procedures For Contracted Life Skills Training

The Independent Living Program (ILP) design allows the Contractor to implement trauma informed, age and developmentally appropriate services to young people, and to provide activities and skill training based on a young person's needs.

I. ELIGIBILITY: The following young people are eligible for contracted ILP services:

A. A young person, age 14 or older, in any state or federally recognized Tribe's child welfare-provided substitute care, or

B. A young person who exited substitute care at age 14 or older and is not yet age 24, residing in Oregon,

who was in state or federally recognized tribal child welfare-provided substitute care for at least 180 days after the age of 13.

II. **GROUPS (Ages 14-23):** Group-based skills workshops and experiential learning events (at least 90 minutes in duration) are provided monthly to allow for peer exposure and community building.

A. This service does NOT require a formal Referral form be completed.

- Groups are available for all ILP eligible young people.
- Ongoing, one-on-one ILP services are not required to participate.
- You may obtain a list of upcoming Group Sessions from the local ILP Provider, or by requesting a schedule from ILP.Central@odhsoha.oregon.gov.
- Contact the ILP Provider to advise them of any young person who is interested and planning to attend the Group being offered. Supply the ILP Provider with the young person's name, case number, person number (for billing purposes) and contact information to allow the ILP Provider to inform the young person of any last-minute changes which may need to occur.

B. Group events will rotate target populations monthly within a quarter (older population, younger population, and group outings/experiential learning in the community).

- For younger teens and those needing to gain a basic awareness and knowledge in a variety of skill areas, the focus is on the soft skills needed to be successful.
- For older teens and young adults, Groups are intended to help focus on the more tangible skills needed for adulthood.
- Experiential Learning outings or excursions are for 14 – 23 years-old and are meant to build intangible and tangible skills while providing a peer experience. Experiential Learning activities will expose young people to pro-social activities that teach them about the importance of community, giving back, getting outside their comfort zones, and access to new places and activities they might not otherwise seek independently.

C. ILP Providers are not required to conduct a skills assessment or transition plan for young people who are only participating in Group-based skills. The ODHS caseworker will remain responsible for completing the life skills assessment and assisting a young person to craft a Comprehensive Transition Plan.

D. ILP Providers are encouraged to work with young people to co-create and develop groups they would attend and benefit from.

E. The ODHS Caseworker will work with ILP Providers to determine what type of releases or permissions may be needed when implementing groups or planning for transportation.

III. **ILP SKILL BUILDING SERVICES (Ages 14-23):** These one-on-one, in person sessions (a minimum of 60 minutes) are to facilitate access to individualized services and supports across all independent living domains guided by the young person's goals and needs.

A. A young person must be referred to a contracted ILP provider at age 14 but has the right to refuse services.

- Discuss the benefits of the program with the young person before making a referral.

- Explain the referral process to the young person.
- Inform the young person that they will receive a call for an intake meeting.

B. Complete the ILP Referral form CF 0080

- Make sure the two-page form is complete before submitting it to the ILP provider.
- Attach the most current copy of the young person's YAS and TP, if available. Place a copy of the CF 0080 in the department's electronic information system.
- Submit the completed ILP Referral form to the ILP provider serving the area where the young person resides. Refer to the Transition Services for Youth with Foster Care Experience website for a list of ILP Providers and the district(s) they serve.
  - You will receive a referral confirmation from the provider. Upload the ILP referral confirmation in the Child Welfare electronic information system. If the confirmation is not received within five working days, contact the ILP provider to determine if the young person has been accepted to the program.
  - The young person may be placed on a waiting list. If this occurs, young people may still access the ILP Groups each month while waiting to be accepted to on-going ILP Skill Building services.
- No service is required to be opened in OR-Kids once the provider has accepted and enrolled the young person in their ILP services.
- For young adults accessing Aftercare Services (eligible young people ages 18 through 23 who have closed cases), the aim is to support those individuals who are either exiting foster care, or no longer in foster care, to transition to interdependent living in their community. The young adult will take the lead in determining the level of support needed. The young adult will self-refer to their local ILP Provider and will not have an open Child Welfare case.

C. ILP Documentation: Expect to receive the following documentation for each young person enrolled for ILP Life Skills Training services by an ILP provider:

- Referral confirmation within five working days.
- Written Youth Assessment Summary (YAS) and Transition Plan within 90 days of acceptance.
- Updated Youth Assessment Summary and YTP at least once every year for enrolled young people.
- Updates of the YAS and TP at least once every twelve months.
- Monthly Services and Progress Reports.
- Final Monthly Services and Progress Report (the Provider will send notification of the closure to the Youth Transitions team including the appropriate service ending reason).

IV. INDEPENDENT LIVING PLUS (Ages 16-23): ILP+ additional skill building activities are intended to support a young person during a time of higher need or transition. These needs or transitions could include a planned housing transition, housing instability, substance use issues, tragedies, transitioning to college, parenting struggles, educational challenges, employment barriers, or mental/behavioral health symptoms.

A. Young people must be enrolled in on-going ILP Life Skills Training services to be eligible for ILP+

services.

B. Appropriate ILP+ young people are those who will benefit from more intensive skills training focused on developing internal assets and external resources like housing, treatment services, medical care, planning/modeling support, and community-based resources.

C. ILP+ Services allow providers to serve young people aged 16+ in additional increments of 30-minutes for up to 90 additional minutes, or a not to exceed total of 150 minutes (2.5 hours) per young person, per month.

D. If you have a young person who needs ILP+ services, contact the ILP Provider to determine if the Provider has capacity to add a young person to their ILP+ services. Advise the ILP Provider of why additional supports are necessary and whether the young person is willing to engage in ILP+ services (must commit to additional meeting time with their ILP worker within the month).

V. LEADERSHIP OPPORTUNITIES (Ages 16-23): Young people will be supported to access leadership activities, which allow them to develop their skills, work closely with others, share ideas and influence change.

A. ILP Providers will assist in preparing, supporting, and debriefing the experience with the young person, if enrolled in their ILP services.

B. Young people will be compensated for their time by being provided a leadership stipend. Each ILP Provider may determine how much a young person will be compensated, in collaboration with their clients and based on funding availability.

C. ODHS Offices and staff should consider collaborating with their local ILP Provider on possible leadership opportunities for young people (i.e.: hiring panels, teen panel for resource parent trainings, Agency work groups, etc.).

D. Always confirm with the ILP Provider that funds are available prior to making a commitment to a young person regarding compensation for a leadership opportunity.

VI. Flex Funds: Affords ILP Providers the option to provide young people an incentive to motivate or encourage participation in Groups or other ILP services.

A. Flex Funds can also support food at group sessions or one-on-one meetings, payment for participation in meetings/activities and program item(s) to assist young people during skill building activities, like sensory items or music, that will remain at the Contractor's program.

B. Flex Funds do not cover gifts for any special occasions like birthdays or graduation, tips, staff meals or other costs for ILP staff.

VII. Experiential Learning Outing Funds: Experiential Learning funds are to cover the costs of an Experiential Learning activity.

A. If you have a young person who wants to engage in an Experiential Learning activity but may not possess the proper equipment (i.e. hiking shoes for a half-day hike), you should work with the ILP Provider to determine if funding is available to purchase the item to ensure the young person can successful engage in the activity.

B. Note, this is different funding than the ILP Discretionary Funds allocated to each District. If the item is needed specifically to allow engagement in the Experiential Learning activity, the Experiential Learning

funds should be accessed.

- Caseworkers do not need to complete a CF78.
- The ILP Provider will need to make the purchase.
- The ILP Provider will submit an invoice to Youth Transitions to receive a reimbursement for the purchase.

VIII. Voluntary Nature of ILP Services: Services available to a young person under ILP are voluntary. If a young person declines ILP services, provide them with an ILP & Youth Transition Services Availability Letter (Appendix 5.15):

A. The letter must explain that they remain eligible for services if they wish to participate later. It also must explain:
   1. The list of services for which they remain eligible, and
   2. The services they may access as a former foster youth.

B. A copy of the letter is uploaded in OR-Kids.

C. Use this information for the report to the court.

D. The caseworker may re-refer a young person to the local ILP provider if they decide to use the services later.

Procedures For the Life Skills Training That ODHS Provides

I. Life skills may be taught by:

A. A contracted ILP provider, or

B. Facilitated through or directly provided by the local office.

II. In some cases:

A. The caseworker is unable to access contracted ILP services for an eligible young person. For example:
   1. There is a waiting list,
   2. They decline services, or
   3. They are not appropriate for contracted services.

However, ODHS is still responsible to prepare the young person for a successful transition to adulthood and an interdependent 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 young person access services and to accomplish their goals. For example:

A. 4-H Club or other community/school clubs,

B. ASPIRE Program,

C. School District or IEP,

D. Teen parent program,

E. Community college,

F. School/community sports teams, or

G. Vocational Services:

1. Employment Department and One-Stop,
2. Job Corp,
3. Vocational Rehabilitation Transition Program, or
4. Workforce Innovation and Opportunity Act (WIOA) Program.

II. Assist the young person to develop the CTP.

III. Document how the following will provide life skills training:

A. Caregiver,

B. ODHS, or

C. Other community partners.

IV. To capture the supports and training being provided, complete a Monthly Services & Progress Report (MSPR) CF69C.

A. The ODHS caseworker will provide the supportive adult teaching the life skills with a copy of the MSPR (CF69c). The supportive adult should complete the form to the best of their ability and return the MSPR to the ODHS caseworker.

B. If more than one person or community organization is providing supportive life skills training services, the ODHS caseworker should be communicating with each entity to capture the skills training and supportive services provided. The ODHS caseworker will then complete the MSPR (CF69C).

C. Send the CF69C to ILP.Central@odhsoha.oregon.gov for entry into the CW data system, using the subject line of: [month-year] [youth initials] MSPR. Example: 04-2024 DB MSPR

When a Former Foster Youth Receives ILP Skill Building Services

Young people who have had their State or Tribal Child Welfare case closed may request ILP services at any time before their 24th birthday. Young people will fall into two groups: minors requesting services or young adults. Following are the eligibility criteria and the way each population may request ILP services:

I. Eligibility: A young person terminated from a State or Tribal child welfare system at age 14 or older, with at least 180 days (six months) of child welfare substitute care placement services after age 13.

II. Accessing Contracted ILP Services:

A. Minors (ages 14 – 17) access services through an FSS-ILP Voluntary case. Refer to Chapter 7, Section 4 for detailed procedures on opening a case.

- The Service Application (CF 304A) form will need to be signed by their legal parent or guardian. The family will not be responsible for payment of ILP services.
- Caseworker must complete a case plan for a minor who accesses ILP services on a voluntary basis via an FSS-ILP case.
- Caseworker will complete the CF80 ILP Referral Form and submit to the local ILP Provider.

B. Young Adults (ages 18 – 20) who have returned for placement services under an FSS Voluntary Placement Agreement for Young Adults will access ILP services similar to a minor.
   - The Service Application (CF304A) form will be signed by the young adult.
   - Caseworker must complete a case plan for the young adult.
   - Caseworker will complete the CF80 ILP Referral Form and submit to the local ILP Provider.

C. Young Adults (ages 18 – 23) not accessing services via an FSS case are referred to as Aftercare Clients. Aftercare clients access services through a self-referral to their local ILP Provider.
   - The Provider will confirm eligibility with the Youth Transitions team at ILP.Central@odhsoha.oregon.gov.
   - If a young adult contacts the former caseworker, support the individual by advising how to contact their local ILP Provider to self-refer for Aftercare Services.

III. Eligibility for contracted ILP services will end on a young person's 24th birthday.

Terminating ILP Skill Building Services

I. Planned ILP termination:

A. Coordinate ILP service closure with the ILP Provider when a young person:
   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 plan for the transition to adulthood.

II. Termination due to move or transfer to another provider:

A. Inform the ILP Provider to terminate the ILP services if the young person moves out of the provider's contracted service area. Also provide the ILP Provider with the effective date of the move.

B. Caseworkers will receive a final Monthly Services and Progress Report from the ILP provider within 15 days of termination.

III. Termination due to case closure:

A. If the ILP service is being terminated due to case closure, inform the ILP provider:
   1. Services will no longer continue, and
   2. The effective date of termination of wardship for service termination.
   3. Ask the ILP provider to send the closing report to allow accurate tracking of service termination. The final MSPR/closing report is to be sent to ILP.Central@odhsoha.oregon.gov.

B. Determine if the young person is interested in continuing ILP. 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 or Aftercare services.

IV. When ODHS is ensuring the substitute caregiver or other community partners provide ILP skill building services, the caseworker must inform the Youth Transitions Team (at ILP.Central@odhsoha.oregon.gov) to accurately track service termination.

The Supervisor's Role

I. Ensure the caseworker receives information on local office procedures for referring a young person for ILP skill building services (if unique circumstances apply).

II. Know the various services and funding streams available to help young people in foster care with their transition to adulthood and living interdependently.

III. Ensure new caseworkers complete the Youth Transitions Services trainings available in the Department's Workday training database system.

Note: *It is important for young people who enter the workforce to be technologically literate. Young people in the Child Welfare system often have limited computer and cell phone access due to:*

- *Residential instability,*
- *Breaks in education, and*
- *Other challenges.*

Responsible youth development includes equipping young people to interact with technology in a safe way. When appropriate, the Youth Transitions/ILP Discretionary Funds may be accessed to provide young people with a laptop. Contact ILP.Central@odhsoha.oregon.gov for additional details

Housing Programs

There are multiple funding streams, programs and unique eligibility requirements to help young people with housing expenses:

I. Independent Living Housing Subsidy (aka Subsidy),

II. Chafee Housing program, and

III. Transitional Living Programs (TLP)

The Subsidy and Chafee Housing programs provide support based on need and do not exceed the following maximum amounts:

- Independent Living Housing Subsidy (ILHS) program may supplement to a maximum of $1,022 per month, Chafee Housing program may aid up to a maximum of $1,022 per month, with a lifetime maximum of $12,000,
- One-time housing payment maximums are case by case, as determined by ODHS and based on need.
- Transitional Living Program (TLP) fees vary by program.

For full details on the ILP Housing Programs and other approved supervised independent living (SIL) arrangements see Chapter 5, Section 15.

Post-Secondary Education and Training Resources

There are several post-secondary financial resources available to students with foster care experience, 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 young person continuing post-secondary education or training.

The ETG provides financial assistance to a young person continuing post-secondary education or training. Maximum amounts may vary based on availability of funds. Check with the Youth Transitions Post-secondary Policy 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, most trade or vocational schools (e.g., beauty, business, massage, welding schools, etc.), as well as eligible certificate programs.

I. The following young people are eligible for ETG funds:
   A. Adopted or entered a guardianship after September 1, 2015, at 13 years of age or older through ODHS, or
   B. A young person 14 or older in any state or federally recognized tribe's child welfare-provided substitute care, or
   C. A young person who was in any state or federally recognized tribe's child welfare-provided substitute care:
      1. For at least 180 days sometime after their 13th birthday, and
      2. Who exited substitute care at age 14 or older.

II. Students must apply for the Chafee ETG each academic year at: https://oregonstudentaid.gov/grants/chafee-education-and-training-grant/

III. Students may continue to access funds until the term prior to 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 student 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 per academic year).
   B. One semester is equal to four months. A young adult must access two semesters (or three semesters if you count summer) to equal one year's worth of funding (not to exceed $5,000 per academic year).
   C. The young person's $5,000 will be disbursed through the Office of Student Access and Completion (OSAC) (and the student's school/training facility.

IV. It is not necessary for a student to have an open Child Welfare case to apply for and receive the grant funds (through OSAC).

V. The student does not need to be involved in the ILP program to access ETG funds.

VI. A student must be accepted to or enrolled in a post-secondary education or training institution and making satisfactory progress to receive ETG funds.

A. Students should be encouraged to connect with an advisor as soon as they are experiencing academic difficulties.

B. If the student is placed on academic probation and the school withholds financial aid funds, the Chafee ETG will also be withheld, unless there is a declared emergency. The Youth Transitions team will provide notice when students may continue to receive their ETG award while on academic probation.

C. Once the student's ETG funds are withheld, their school must reinstate other financial aid before the Chafee ETG can be reinstated.

VII. Students accessing the ETG program are not eligible for Chafee Housing, unless the post-secondary institution the student is attending does not include room and board in the cost of attendance.

VIII. There are two ways for a student to access Chafee Education and Training funds:

A. Grants.

1. A student can access the Education and Training Grant (ETG) funds by completing an electronic application. The eligible student can access the application online.
2. The Chafee ETG application will be available on a rolling deadline (August 1st for Fall term, November 1st for Winter term, February 1st for Spring term, and May 1st for Summer term). A wait list may need to be implemented if funds have been exhausted. An exception may be granted if a student missed the deadline due to a declared emergency. Contact the Youth Transitions team for details at ILP.Central@odhsoha.oregon.gov.
3. If necessary, and to ensure equitable access, 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 student.
2. 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
   - Transportation.

Each school will provide an estimated cost of attendance. This estimate is what the Youth Transitions

team will use to determine if the requested amount is reasonable. Therefore, the student needs to be accepted or enrolled in a school and have submitted an electronic grant application at the time of the request. An exception to the application requirement may be allowed if a declared emergency exists or existed during the submission deadline. If an exception is needed contact: ILP.Central@odhsoha.oregon.gov

3. The amount of funds a student can access is proportionate to the amount of time spent taking classes (part-time versus full-time).
4. Whenever possible, funds are sent directly to the school.
5. Complete the Youth Transitions Funds Request form CF 0078 Youth Transition Funds Request Form, check the ETV box and send the completed form to ILP.Central@odhsoha.oregon.gov, with a subject line of: ETV Disc. The CF 0078 form requires the caseworker or ILP provider include information about:
    - The requested amounts in the appropriate category(s).
    - How the funds will assist the student in meeting their post- secondary education/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 student, no payments are mailed directly to them. Payments may be mailed to the caseworker or ILP worker for distribution to the student.

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.
        1. Students must complete a separate application to apply for the OSAC scholarship programs. However, a student can apply for multiple scholarships with this one application.
        2. The OSAC scholarship application is due by March 1st of each year. The application is available on the Oregon Student Aid Scholarships page.
        3. The DREAM Scholarship is intended to fill the gap for young people who don't meet the criteria of other resources for young people who experienced foster care as older teens attending college. Selection is based on need, GPA and prior awards. There are usually only 10 to 15 scholarships awarded each academic year.
    B. The Oregon Promise has a separate application and may require additional documents.
    C. The Oregon Opportunity Grant requires a student to complete and submit the FAFSA or ORSAA by the deadline date each academic year. More information is available through the OSAC website on the Oregon Student Aid Grants page.

II. There are national scholarship funds for students who experienced foster care. Caseworkers can direct them to review the following websites:
    A. Casey Family Scholars

B. National Foster Parent Association Scholarship, and

C. Free Application for Federal Student Aid.

The Youth Transitions team maintains an up-to-date list of scholarship resources specifically for students with foster care experience. Contact ILP.Central@odhsoha.oregon.gov to determine if additional scholarships are available.

Oregon Foster Youth Tuition and Fee Waiver

I. The following students are eligible for the Oregon tuition and fee waiver:
   A. Students with foster care history who are:
      1. Age 16 or older and in substitute care through ODHS or one of the federally recognized tribes in Oregon.
      2. A student who was in substitute care for at least 180 days after age 14, and exited the care and custody of ODHS, or one of the federally recognized tribes, at age 16 or older.
   B. A student who was adopted who was a ward of the court (State or Tribal) and in the legal custody of ODHS or an Oregon Tribe's Child Welfare for a total of six or more months.
   C. A student who experienced homelessness who:
      1. Was homeless for a total of six or more months while between ages 14 – 21, and
      2. Received youth experiencing homelessness (YEH) services, at age 16 or older, from an organization contracted by ODHS.

II. The student must submit a Free Application for Federal Student Aid (FAFSA) to apply for Oregon's tuition and fee waiver, and
   A. 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.
   B. ODHS is responsible for notifying participating schools of potentially eligible tuition and fee waiver students. ODHS partners with OSAC to notify the schools if the student has identified that school on their FAFSA.
   C. Each school will notify the student of their tuition and fee waiver eligibility and amount, if any. Before determining a need for the waiver, schools can use:
      1. A student's Federal Grants (PELL, SEOG),
      2. Oregon Opportunity Grant, and
      3. Other school aid.

Other Funding Resources to Help a Young Person Achieve a Successful Transition to Interdependent Living

I. Youth Transitions Discretionary funds were created to allow local offices and ILP providers a funding source to purchase items or services that will help a young person meet the goals of their Comprehensive Transition Plan (CTP). Discretionary Funds are to be used for items, services or extra-curricular activities a young person needs

to gain life skills and achieve goals for a successful transition to adulthood.

A. A young person does not need to be enrolled in contracted ILP services to access ILP Discretionary Funds.

B. A young person must be age 14 – 23 and eligible for ILP services to access the funds.

II. Use the Youth Transition Funds Request form (CF 0078) to access the funds (check the Discretionary check 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 young person in meeting their 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 young person if in ODHS custody. Payments may be mailed to the caseworker for distribution to the young person.

- Electronic Funds Transfers (EFT) are available for both young people and Providers or adult supporters. Use form DHS 0189 - EFT Enrollment Form for young people, providers, vendors and contractors.

III. The caseworker must sign the form, and the young person and ILP provider must initial the form.

A. Submit the completed form to the ILP.Central@odhsoha.oregon.gov.

B. Some districts have additional review requirements before sending the request to the Youth Transitions team. The supervisor will advise if additional steps are required.

IV. The ILP funds request is reviewed and approved by the ODHS statewide Youth Transitions Program Coordinators.

A. The form will require a Child Welfare Program Manager approval for any request totaling $500 or more.

B. The Youth Transitions team will process the payment and notify the caseworker or ILP Provider when the check is requested.

C. Payment normally takes up to 10 business days to process.

Where To Access Funding

There are two different processes for accessing funding:

I. Open Child Welfare Case: If a young person is currently working with ILP or has a Child Welfare caseworker, they would coordinate with these supportive adults to submit a Youth Transitions Funding Request (Form CF 0078).

II. Aftercare Services Case (No Open Child Welfare Case): Eligible young people, ages 18 through 23, who are not currently in foster care and self-enrolled for ILP services, would work with their ILP Provider/case manager to submit a Youth Transitions Funding Request (Form CF 0078).

As a reminder, Discretionary Funds have a variety of purposes:

I. Assist young people to meet goals of transition (i.e. special work clothing, equipment, etc.);

II. Driver's Education/permit/license, school supplies, housing start-up kits;

III. Allow a young person to engage in extra-curricular activities which could include cultural activities such as powwows, quinceanera outfit/celebrations or cultural festivities. Consider items, services or resources that would assist them with their goals, purpose, and transition plan; and

IV. During a declared emergency (i.e. wildfires, COVID), to help provide for basic needs.

If you have questions or need clarification on whether a request meets the criteria, please contact the ILP. Central@odhsoha.oregon.gov email box and a Youth Transitions team member can assist you.

Requirements At Independence

I. At least 60 days before the anticipated dismissal of wardship of a young person reaching independence, the caseworker must inform the young person of the upcoming court hearing either by face-to-face contact, phone, or written correspondence. This information 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. Their right to request assistance for transportation to and from the hearing.

II. When the court dismisses custody of the young person reaching independence, the caseworker must provide them with a Transitions Tool Kit (Appendix 5.18). These are the essential documents, written records, and official forms a young person 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/ Tribal affiliation unless the information would endanger themselves or another child;

   B. Placement history;

   C. Location and status of siblings, and contact information the young person 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 young person, 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 young person's birth certificate **(the original should be given to them and a certified copy put in the case file as most situations requiring a birth certificate or Social Security card require the original)**.

      Official proof of their citizenship or Special Immigrant Juvenile Status (SIJS) or their Permanent

Resident card, in a form acceptable to an employer who is required to verify immigration status. Obtaining SIJS or a Permanent Resident card can take several months, if not years, so it is important the caseworker plan to ensure the young person receives any available immigration related documentation before age 18. If applicable, contact the International Case Consultant about the criteria for Special Juvenile Immigrant Status (SJIS);

H. The young person' 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. Where applicable, tribal membership or enrollment information of the young person, and/or their parents.

K. If applicable, a copy of a death certificate of the young person's parent(s);

L. Written verification (ODHS 2922) of placement in substitute care at 14 or older through ODHS or one of the federally recognized tribes

M. A copy of the young person's credit report (see page 1 for information about obtaining credit reports).

III. If the caseworker is unable to provide the documentation and information described above before the court order relieving legal custody of the young person, the caseworker must:

A. Prepare the Transition Tool Kit materials and either deliver them to the young person, or

B. If their whereabouts are unknown, the caseworker must retain the records for any future request for these records that may be made by them.

IV. Options to provide or maintain these physical documents for the young person

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 local office or Youth Transitions discretionary funds to store the documents.

The Supervisor's Role

I. Train and support the caseworker regarding local office practice for distributing a young person's Transition Tool Kit and other confidential information.

II. If necessary, provide the caseworker a copy of the "Requirements at Independence" Youth Transition Tool Kit (see Appendix 5.18) to ensure all documents are given to the young person and that the caseworker has documented those efforts.

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). ODHS 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 young person 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 (MSPR) CF69C submitted by the ILP Provider;
2. Caseworker and local office service entry in the Child Welfare electronic information system; and
3. MSPR submitted by a resource parent or other supportive adult (mentor, CASA, etc.).

B. Caseworkers will conduct a survey with every 17-year-old in substitute care, as federally required, between October 1 through September 30 of the following report periods: 2025-2026, 2028-2029, 2031-2032, 2034-2035.

1. The caseworker will assist the young person to sign up for a FosterClub, Inc. membership at FosterClub. The FosterClub membership provides a young person who experienced foster care with information and resources. The caseworkers can discuss the option to provide permission for ODHS to access the FosterClub online profile information and survey activities. This will help ODHS contact them for the initial and follow-up surveys.
2. Young people must complete a survey within 45 days after their 17th birthday (referred to as the baseline population).
3. Caseworkers will help the young person complete an electronic survey. Paper surveys can be provided. However, the caseworker is responsible to enter the young person's survey responses on FosterClub's electronic survey instrument (located here: https://www.fosterclub.com/search?search_api_fulltext=NYTD) or to send the completed survey to OregonRep@fosterclub.com.
4. If a young person 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 Youth Transitions Program Coordinator at ILP.Central@odhsoha.oregon.gov (use a subject line as follows: NYTD survey declined)

C. The statewide Youth Transitions Program Coordinator will work with the research unit and the FosterClub Direct Outreach Representative (DOR) to identify young people for the baseline. Also, to connect with the Follow-Up population (young people who completed a survey at age 17 will also be surveyed at age 19 and 21).

D. If a young adult in the Follow-Up population still accesses Child Welfare services at age 19 or 20, the caseworker will assist the young adult to complete a Follow-Up survey.

1. If the young person has not signed up for a FosterClub membership the caseworker will:
   - Encourage them to do so, and
   - Discuss the option to provide permission for ODHS to access the young person's online profile information and survey activities.
2. Caseworkers will help the young person in the Follow-Up population to complete an electronic survey within the six-month report period. Based on which period their 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 young person's survey responses on FosterClub's electronic survey instrument or sending the completed survey to: OregonRep@fosterclub.com.

3. The FosterClub DOR and Youth Transitions will work with young adults in the Follow-Up sample who no longer receive services. Surveys are required in the Follow-Up sample within the six-month report period in which the young person's birthday falls (October 1 – March 31 or April 1 – September 30).

E. FosterClub DOR and ODHS (the Youth Transitions team) 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 young adult who has a current FosterClub membership at least once a month (through informational electronic notices posted at FosterClub).

III. Young people 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 young person their case number and additional survey information needed to identify the young person.

Note: Maintaining a positive relationship with the young person will be the most helpful tool for engaging them in the NYTD survey process. ODHS has contracted with FosterClub for a DOR and Peer Navigators. The DOR and Peer Navigators will also attempt to build a rapport with the young person and coordinate the efforts to obtain the required NYTD surveys.

The Supervisor's Role

I. As a part of the 90-day staffing, ensure caseworkers are aware of:

A. The young person's 17th and 19th birthdays, and

B. The requirement to survey young people timely, as noted above.

II. Ensure caseworkers have been properly trained in collaborating with the Youth Transitions team to document independent living-related service referrals 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 (no more than 3 months) and include a detailed plan for how the young person will be successful on the program. All

plans need to include not only what the young person is doing but also what the adult supporters will be doing to help them be successful on the program and meet their goals. Use the Policy Exception Request Form – Chapter 413, Division 30 (CE 0088) when a situation requires an exception to policy. Following are the types of exceptions allowed through the (CE 0088):

I. Housing programs:

A. Young person 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;
   - Exemption for post-secondary financial aid. Students may put any amount of excess financial aid received into savings. That amount must then be used to pay expenses for the remainder of the term/semester for which the funds were awarded.
   - A time limited Exception to increase savings above 20 percent of wages must identify the reason for the additional savings (i.e.: to purchase a vehicle, take a special trip, save for college, etc.). In those circumstances, they can list up to 50 percent of wages or $500 (whichever is less) on their monthly budget for savings once their Exception to Policy request has been approved.
3. Secondary Education difficulties;
4. Lack of paid employment (required for Chafee Housing); or
5. Maternity Leave.
   - If a young person requires an exception for these reasons, complete sections A, B, E, F and G of the CF 0088).
6. When the young person requests an increase in the monthly subsidy amount after month 12. The Resources Researched document (Appendix 5.20) must be submitted with the Exception to Policy form CF0088).

B. Section G of the CF 0088 must be signed by the following people:

1. Young person,
2. ODHS or Tribal caseworker,
3. ILP provider, and
4. ODHS program manager or Tribal manager or designee

II. ILP Provider Service Area Exception:

A. This type of exception is to be requested when a young person:

1. Built a strong bond or relationship with an existing ILP provider, and
2. Is moved to a neighboring/different county, but
3. Wishes to continue receiving ILP services from their existing ILP provider while transitioning to services with their local ILP Provider (should be short-term).

If a young person 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. Young person,
2. ODHS or Tribal caseworker, and
3. ILP Provider.

Note: Section F of the CF0088 must explain the young person's plan to participate in the ILP provider's regularly scheduled classes and activities. This includes their 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.

III. Processing the Policy Exception Request Form – Chapter 413, Division 30 (CF 0088)

A. Once all required signatures are obtained, submit the form to the Youth Transitions team at Central Office using the following email: ILP.Central@odhsoha.oregon.gov

B. The Youth Transitions Program Manager or designee must review and approve the CF0088. Once approved, the signed copy will be scanned and emailed to the caseworker and program manager or designee who signed the CF0088.

C. The caseworker will file the document in the Child Welfare electronic information system.

Note: T*o speed up the approval process, make sure the CF0088, section E. Reason for exception provides a detailed explanation of why the exception is necessary. Include what the young person tried to do to be successful on the program and meet the requirements. Also ensure section F. Plan for success details all activities or steps the young person and their supportive adults will take in effort to become successful on the program and meet 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.*

The Supervisor's Role

I. Train the caseworker on local office practice to request an exception to policy.

II. Review, approve or deny all Youth Transitions Exception to Policy Requests before submitting them to ILP.Central@odhsoha.oregon.gov. Ensure the request is appropriate and the end date sufficient to allow the young person time to become successful on the program and meet the requirements. Exceptions requests should not exceed 3 months.

III. Ensure your workers assisting young people who are approaching age 18 discuss options for remaining in foster care per OAR 413-030-0220.

IV. Ensure your workers are informing young people in foster care of requirements to access:

A. The IL Housing 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. CF0080

VI. CF 0304A

VII. CF 0075

VIII. CF 0076

IX. CF 0077

X. CF 0078

XI. CF 0080

XII. CF 0088

XIII. CF 0036

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: Working With Injured, Critically Ill or Terminally Ill Children, and Families Who Have Experienced the Death of a Child

Working with Injured, Critically Ill or Terminally Ill Children, and Families Who Have Experienced the Death of a Child

There may by occasions when Child Welfare is working with a child who has been critically injured or has a critical or terminal illness, or is working with a family who has experienced the death of a child. In any of these circumstances, thoughtful, sensitive and thorough casework practice is critical. The caseworker should be in frequent contact and consult with their supervisor for case review and support.

Procedure

Critically or Terminally Ill Children

With any serious illness, thoughtful, thorough and sensitive caregiving and placement decisions must be made. When the child is critically ill or has a terminal illness, the caseworker must:

I. Engage with the family and care providers.

- Convene a family meeting. Convene a family-focused meeting including the child (whenever appropriate), the child's legal parents, medical providers, resource parent(s) (and certifier if appropriate), CASA, Tribal representative, attorneys involved in the case, and the supervisor. At that meeting:
  - Consider having parents, attorneys or the CASA participate in medical appointments.
  - Develop agreements and procedures for sharing medical reports and other critical information, care plans, discharge planning and procedures.
  - Expand child, parent, sibling, and relative contact whenever possible.
  - Develop an ongoing support system for family members and individuals involved in caring for the child.
  - Discuss resources and services available to support all parties:
    - Palliative care - Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is based on the needs of the patient, not on the patient's prognosis. Click here for a directory of palliative care programs in Oregon
    - Hospice care - Hospice care provides care to the patient and the entire family unit. The goal of hospice care is to eliminate or greatly reduce pain and symptoms associated with the illness. Hospice also provides supplies and equipment (such as a hospital bed or oxygen), seeking to improve the quality of life of the patient while also supporting the family helping to care for the patient. Hospice also offers bereavement counseling to family members for at least a year following a death. Click here for a directory of hospice care

programs in Oregon.

- Bereavement services - Bereavement services are emotional, psychosocial, and spiritual support services provided to the family before and after the death of the patient to assist the family in coping with issues related to grief, loss, and adjustment. Click here for bereavement programs in Oregon.
- Tribal services and resources - Consider tribal customs and whether there are services or resources available for the family through their Tribe. Consult with the family and Tribal Representative.

- Discuss the decision for a Do Not Resuscitate (DNR) order. This decision must be made by the child's legal parents and physician, in consultation with the Department's staff, the child's CASA, attorneys involved in the case, and substitute caregivers whenever appropriate. Provide notification to the juvenile court when such a decision has been made.
- Document the information gathered in items 1-6, clearly identify who is responsible for action items, and provide a copy to the meeting participants.
- Continue to work with the team as needed to address activities during the dying process and after death. Continue to evaluate if services are appropriate. Track any pending planning decisions and follow up as necessary

- Be aware of the grieving process. Consider that all those involved with the child will experience grief differently and at different times.
- Work with medical social work staff, a family therapist, grief counselor, and/or hospice services to plan for the activities at the time of death including: who to call and/or notify; funeral and burial or cremation arrangements (see Death of a Child, Section V below); personal belongings; removal of medical equipment; and obtaining medical records. (See Section III below).

II. Review the placement needs of the child.

- 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 with the legal parents/guardians, siblings, relative caregiver, other certified caregiver, a child caring agency or facility, or hospitalization.
- Assess the needs of the child while in placement.
  - 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.
  - See Chapter 5, Section 5: Personal Care Services to determine whether a referral for a Personal Care Assessment should be made due to the additional care and/or assistance the child may need. If a Personal Care Services Plan is developed, review it carefully and ensure the child's needs are being met during face-to-face contacts.
  - 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.

III. Plan in advance for the death of a critically or terminally ill child.

- Inform the caregivers, in advance, what to expect and do when the child dies.
- Instruct the caregivers to:
    - Contact the funeral, burial, or cremation provider, or other individual identified at the family meeting to notify them of the child's death.
    - Contact the Child Welfare staff member identified in the family meeting (i.e. the child's caseworker, supervisor, or program manager) during business hours, otherwise contact the hotline at 1-855-503-SAFE (7233) to notify them of the child's death.
    - 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.
- Inform the resource parent(s) that emergency personnel may arrive at the substitute caregiver's home. This may include the local fire department, EMTs, law enforcement and/or medical examiner. As emergency response records can be open to the public or posted in newspapers, the resource parent(s) will want to do the following to ensure the safety, privacy, and confidentiality of all those living in their home by asking for:
    - The police report to be marked confidential, and
    - The medical examiner's report to be marked confidential and to not include the resource parent's name and address in the report.
- Inform the caregivers that emergency personnel will:
    - View and examine the body of the child at the location where the child died;
    - Ask questions of the 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
    - Direct the removal of the child's body to the local morgue where an autopsy may be performed.
- Have contact, preferably face-to-face, with the caregiver as soon as is reasonably possible to provide support, answer questions and link the family to grief counseling. Include the caregiver's certifier whenever possible, if applicable.

Death of a Child

The death of a child is a traumatic event that impacts everyone involved in their life, even those involved peripherally. The following procedures are meant as a guide to assist staff through this difficult time.

I. If notified of the unexpected death of a child:
    - Determine whether law enforcement has been notified. If not, call 911.
    - If law enforcement has not yet arrived, instruct the caregivers to not move the child's body, not bathe the child's body, or otherwise change the environment (the child's clothes, location, or position of the body) where the child died.
    - Determine whether a report has been made to the hotline. If not, contact the hotline at 1-855-503-SAFE (7233) to notify them of the child's death.

II. If notified of the death of a critically or terminally ill child, follow the plan created in the Critically or Terminally Ill Children procedure, Section III, above.

III. When a CPS assessment is assigned due to a child fatality, the Child Fatality Protocol must be followed

IV. Actions taken at the time of a child's death:

- 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 others including the CASA, attorneys, and Juvenile Court.
- Prepare a sensitive issue report (DHS 150) and send it to the CW Sensitive Issue Report Distribution email, as directed on the form.
- Implement the pre-arranged plans for grief counseling and support.

V. Funeral and burial arrangements:

- 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, even when the Department has custody.
- The child's legal family should assume responsibility for the funeral and burial expenses. When the family is unable to assume these costs, and the child is the alleged victim in a CPS assessment, or in the temporary or legal custody of the Department, the agency may cover some of the costs of the funeral and burial. When the Department covers these costs, the child's family will be included in the decision-making process to the extent possible and include the considerations outlined in part A. The decision making process may also consider input from the resource family.
- When making arrangements, consider the safety of the surviving siblings and parents and plan for it accordingly. For example:
  - Are there individuals whose behavior needs particular consideration?
  - Are there family members or friends who could provide safety during the service/ceremony/tradition?
  - Is it possible to have separate services/ceremonies/traditions?
- Consider involving the surviving siblings or parents' therapists in planning for their experience at the service/ceremony/tradition.
- The Department covers funeral and burial costs. The district manager or their designee must approve cost exceeding $4500. Make a one time payment in OR-Kids use category: Foster Care Non-Placement Services with Service Type: Funeral Services. See OAR 413-090-0400.

VI. Caring for yourself and others

- Encourage the parents and resource families to find and participate in a support system of family members, relatives, friends, their faith community, or crisis counselors. Encourage the parents to invite their supports to any meetings that may occur. Understand the grief and trauma experienced by

participants and allow the family to drive the meeting. There may be occasion when a smaller meeting is taken into consideration and then communication with the others following.

- Involve the certifier when considering the resource family and supports they may need.
- The local hospital, hospice program, or mental health provider may be able to provide the caseworker with information regarding locally available grief counselors. Other resources include:
    - Dougy Center,
    - National Alliance for Grieving Children, and
    - Healgrief.
- There are resources available to Child Welfare staff:
    - Staff may choose to use the Employee Assistance Program,
    - The ODHS OWL Trauma Aware Staff Wellness site has many resources available to staff to build resiliency.
    - Additionally, Child Welfare offers a CW Staff Support connection which focuses on crisis intervention and provides peer support for people experiencing symptoms from stress. This is a short-term intervention to alleviate the reactions from traumatic stress and distressing experiences. You can access this resource by emailing the following: CW.StaffSupport@dhsoha.state.or.us.

Leadership's Role

- Provide guidance and support to the caseworker for case management, approvals and notifications.
- Provide guidance and support to the staff directly or indirectly involved in the child's case, including SSAs, Certifiers, Supervisors, previous caseworkers, facilitators, support staff, etc.
- Encourage the use of the resources noted above, as appropriate.
- Recognize the impact of the direct trauma and vicarious trauma experienced and seek out appropriate care and resources as necessary.

References

OARs

OAR 413-090-0400 Funeral and Burial Expenses Placement Expectations

Forms

DHS 150 CW Sensitive Issue Report

Chapter 5

Section 32: Legal Relationships to a Child

Legal Relationships to a Child

Whenever a child is in the legal custody of ODHS, the family also is involved with the court system.

Procedure

I. **Parents**

A. When legal custody of a child is granted to the ODHS 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 ODHS 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 ODHS.

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 ODHS. 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:

- *ODHS, 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, ODHS 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 ODHS 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 ODHS 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 ODHS 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 Young People in Care Under Age 18

Obtaining a driver's permit and license is a privilege. For young people 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 young people in care working toward independence is dependent on access to transportation. There may also be times a young person wants to obtain a driver's license prior to exiting foster care with no intent to drive a vehicle.

The Oregon Legislature has supported students ages 15-17 in care obtaining a driver's license through legislation in 2009 in which ODOT provides Youth Transitions reimbursement for the costs of ODOT approved driver's education courses (traffic safety education) that are completed prior to a student's 18th birthday.(ORS 336.807).

These readiness criteria were developed in consultation with the Oregon Foster Youth Connection (OFYC).

Procedure

Assessment

Readiness

The caseworker, in conjunction with other adults involved in the young person's life must agree that the young person is ready to pursue obtaining a driver's permit and then a driver's license. Part of assessing a young person's readiness includes answering these questions:

- Is the young person at least 15 years of age (minimum age to obtain an instruction permit)?
- Is the young person enrolled and attending school, maintaining at least a "C" average, or are they actively working or receiving academic assistance to improve school performance? Has the young person's school attendance been regular without incidents of suspension, non-attendance, or expulsion during the last six months?
- Is the young person healthy and able to answer "yes" to the medical questions on the application? Are there any documented medical or mental health recommendations that the young person not drive due to physical, mental or emotional conditions that would significantly impair the young person's functioning and judgment when operating a motor vehicle?
- Is the young person free from any evidence of drug or alcohol use that could impair their functioning and judgment when operating a motor vehicle?
- Does the young person display age-appropriate behavior generally, questioning and testing within normal limits, most often using good judgment, and avoiding unsafe, violent, or criminal behavior?

Required Documentation

DMV will need several documents prior to a young person obtaining a learner's permit. See the ODOT web page for further information.

Ensure the young person has each of these documents available prior to applying in person at the DMV office:

- Verification of school enrollment, completion, or exemption (which also verifies residency).

- Completed application signed by the parent or legal guardian (for all young people in Department custody, (this is the District Manager or designee and in most instances this will be the Program Manager.).
- Proof of legal presence in the U.S.
- Proof of full legal name. See the ODOT list of acceptable documents.. In most instances, this will be the young person's birth certificate.
- Proof of Social Security number.
- A completed application.

Note: *Remember, the Department is not responsible for the insurance premiums of the caregiver, however, if the young person is eligible and meets the criteria, Youth Transitions can assist with funding. Some insurance companies are willing to write a "Named Operator" or "Named Driver" insurance policy for young people. Though this option is not offered through every insurance company, such policies may be written when a young person does not own a car but wants insurance coverage while driving another person's vehicle as a secondary insurance coverage. A named driver policy meets Oregon's minimum liability-only insurance requirement. This means the person would be covered if they injured someone or damaged someone else's property. It is important to check with the insurance carrier prior to making any insurance decisions.*

Insurance Coverage

Ensure there is required insurance coverage prior to the young person driving a vehicle. The caregiver should check with the insurance company covering the vehicle the young person 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 – if the young driver is a member of the household. It doesn't matter whether they regularly operate a vehicle. Private passenger auto policies generally include children in substitute care in the definition of "Who is an Insured" under the policy.

Understand that once a young person in substitute care placement obtains a license (or in some cases a permit), most insurance companies will increase the premium because they are considered members of the household. In other words, caregivers/parent(s) do not have a choice about whether to "add" the young person to their policy; they will be added by the insurance company, and the caregiver/parent(s) will be charged accordingly. Even if coverage exists for the young person in substitute care under a separate policy, the policy for the caregiver/parent(s)'household could also apply. There are only certain circumstances that allow for exclusion. Most insurers will not be willing to write a policy with exclusions and will elect not to provide the auto insurance if the circumstances would allow an exclusion.

Driver's Education and Practice Hours

Once the young person has obtained an instruction permit, they will need to enroll in a driver education course approved by ODOT. Check the DMV webpage for DMV-approved driver education programs.

The young person must drive with supervision and log the practice hours. When they choose not to attend a driver education class, the additional required hours of supervised driving must be logged.

The young person will need to have access to a vehicle for their practice hours.

There are certain restrictions on driving with a permit. All young people are expected to comply with DMV requirements.

Please review and share the DMV website.

The caseworker, young person, and other involved adult supporters must come to an agreement on who will supervise (and document) these practice hours.

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.

Note: *ODHS has funding to assist a young person with the cost of a driver's education course. They must be eligible for Youth Transitions services and must have or obtain their driver's permit prior to enrolling in driver's education. To access the funds, the ODHS caseworker will need to complete form CF78 (Youth Transitions Funding Request). Whenever possible, young people are to use an ODOT-approved school for their driver's education course. For additional assistance, contact Youth Transitions at ILP.Central@odhsoha.oregon.gov. Also see Appendix 5.30, Driver's Education Course Completion form.*

Obtain District Manager or Designee (Branch Program Manager) consent as required (OAR 413-020-0140(4)(e)).

When the young person has successfully completed the driver education course, submit driver education course payment receipts to Youth Transitions at ILP.Central@odhsoha.oregon.gov. The receipt is needed for documentation of the course payment (previously requested) or to issue reimbursement to the young person or their resource parent. You must also submit the Driver's Education Course Completion form providing the necessary details regarding the young person's completion of the course.

When agreement has not been reached on any of the necessary steps or resources, or the young person is not ready to pursue getting a driver's license, 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.

Planning

Discuss how changes in placement, insurance coverage, school status, and legal status might impact planning.

It is a caseworker's responsibility to ensure everyone understands the steps to obtaining a driver's license, and the people responsible to achieve each step of the process.

Provide the young person with the guidance they need to prepare for and make their case for obtaining a driver's license. Support them in actively participating in transition planning to identify their transportation goals, all the required steps, and the adult supporters that will play a role in the plan.

The Supervisor's Role

Ensure the caseworker has a working knowledge of current DMV/ODOT regulations.

Review with the caseworker the young person's readiness for driver education and a driver permit. Explore any known obstacles and develop strategies to overcome them.

Support the ongoing independence of the young person and develop strategies to gain support from others involved.

Review and approve the comprehensive transition plan.

Support the caseworker in getting the approval of the District Manager or Designee.

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 ODHS custody, temporary custody, or through a voluntary custody agreement or a voluntary placement.

ODHS 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 ODHS 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 young person in foster care has certain essential rights. This section outlines the Department's responsibilities to inform a young person 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, resource parents and young people 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 Young Adult Rights.** The caseworker will provide children and young adults with documentation of their rights within 60 days of the date of any placement or placement change. Children and young adults are to receive a poster, either ODHS 9014 or ODHS 9020, and a verbal explanation of their rights that is age and developmentally appropriate. The caseworker should allow time to help the child or young adults understand their rights.

   A. The caseworker will also ensure the child or young adult retains a copy of their rights. If the document has been lost, the caseworker will provide the child or young adult with another copy of the document.

   B. The caseworker will review the Oregon Foster Children's Bill of Rights with the child or young adult annually.

   C. The caseworker must provide young adults ages 14 years and older with the Oregon Foster Children's Bill of Rights signature page, ODHS 9016 and obtain a signature from the young adult acknowledging the caseworker reviewed their rights with them per federal law. The young adult receives a signed copy, and the caseworker must add a copy to the young adult's electronic case file.

II. **Provide Current Contact Information.** The caseworker will provide the child or young adult with the Important Contact Information Sheet, ODHS 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. Resource home certifier
   D. Resource home certifier's supervisor
   E. Local Office 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 Ombuds
L. Foster youth advocates and supporters (e.g., Oregon Foster Youth Connection, FosterClub)
M. Any other supportive adults and advocates in the child or young adult's life

III. **Provide Contact for Complaints, Concerns or Violations of Rights.** The caseworker will also provide the child or young adult with a document containing the contact information of the specific individuals whom the child or young adult in foster care 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 Young Adult 14 or Older.** When a child or young adult in foster care is age 14 or older, and within 60 days of any placement or placement change, the caseworker is to provide the child or young adult with a packet of information and materials that help young adults understand how to obtain certain items necessary to assist with their preparation for adulthood. The "How Do I…" brochure, ODHS 9018, contains information to help the young adult understand how to:

A. Establish a bank account in the name of the child or young adult in foster care.
B. Acquire a driver's license as allowed under state law.
C. Remain in care after reaching 18 years of age.
D. Access the Tuition and Fee Waiver for young adults with foster care experience.
E. Obtain a copy of their 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 their 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 young adults in foster care specific rights designed to protect and strengthen their bond with siblings. This section outlines the Department's responsibilities regarding informing young adults 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 a young person of these rights. To ensure that children and young adults are receiving age and developmentally appropriate materials, one side is more comprehensive, while the other side is more basic. A Tips and Ideas sheet was also created for caseworkers, caregivers, attorneys, advocates, and community members, CF 0263. Training for caseworkers and resource parents is available and includes a computer-based training.

Procedure

I. Informing Children and Young Adults of Their Rights.

A. The caseworker will provide the child or young adult 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 young adults in substitute care at all resource homes and child caring agencies.

C. The caseworker will review the child's or young adult's rights under the Oregon Foster Children's Sibling Bill of Rights on each occasion the child or young adult's case plan is considered.

D. The caseworker will inform the child or young adult of their rights under the Oregon Foster Children's Sibling Bill of Rights at least annually.

E. Children and young adults can contact the Foster Care Ombuds regarding complaints, concerns or violations of their rights. The Foster Care Ombuds' contact information is included on the Oregon Foster Children's Sibling Bill of Rights poster, CF 0262. For more information about the Foster Care Ombuds, 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 in compliance 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 young adult 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 young adults 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.ODHS.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 young adults 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 young adult of the placement and placement changes of their siblings.

B. Caseworkers will notify the child or young adult 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 young adult.

V. Children and young adults 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 young adults 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 young adults have the right to advocate for sibling visits and contact even as it relates to guardianships and adoptions through their attorneys.

VI. Children and young adults in the legal custody of the Department may have other rights not specified here and as appropriate to the child's or young adult'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 Ombuds

The Oregon Foster Children's Bill of Rights identifies specific individuals a foster child or young adult may contact regarding concerns, complaints or potential violations of their rights. To this end, the Governor's Advocacy Office has established the Foster Care Ombuds.

The Foster Care Ombuds responds to complaints, concerns or violation of rights initiated by children or young adults in foster care or by a second party on behalf of children or young adults in foster care.

The Ombuds and staff are authorized to:

I. Communicate with any foster child in their placement or elsewhere.

II. Investigate and research issues or grievances to determine whether Child Welfare program staff is compliant with ODHS 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 children in foster care (or who prior experience in foster care) who perceive inequities or inconsistencies within the ODHS systems.

V. Provide appropriate, timely and quality services to customers; assist with information and access to ODHS 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 Ombuds will take in response to their complaint or concern, including whether the complaint will be reviewed by the Ombuds or notify them if the matter is being referred to another entity for response.

X. The Ombuds must adhere to Oregon statutes, administrative rules and ODHS policies without exception.

While ODHS 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 young adult'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 young adults in care to have visits or contact with their siblings. ODHS caseworkers should have a conversation with the resource parent(s) or caregiver(s)

when the child or young adults 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 ODHS 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 ODHS Child Welfare Resource Parents/Relative Resource Parents

Child Care Reimbursement Procedure for ODHS Child Welfare Resource Parents/Relative Resource Parents

The child care reimbursement is intended to provide additional financial support to resource parents and relative resource parents 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 resource parent/relative resource parent. 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 resource parent or relative resource on behalf of children:

- Placed in a certified resource or relative resource parent home;
- Up to the age of 12, unless developmentally or behaviorally required for children or young adults over 12 and approved by a supervisor; and
- For the cost of child care up to a maximum of $375 per month, per child.

The child care is needed due to the resource parent or relative resource parent'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.

- The child care service must be approved by Child Welfare. Types of approved child care providers include:
    - Licensed child care facilities, including in-home providers;
    - Before and after school programs;
    - City parks and recreation programs;
    - Government programs; and
    - Programs and in-home providers that are exempt from a license requirement.
- 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 resource parent/relative resource parent to complete the Child Welfare

Resource Parent or Relative Resource Parent Child Care Authorization form (CW 0162).

Authorizations are child specific and must be completed for each child in the resource parent/relative resource parent's home.If a resource parent/relative resource parent receives an ERDC benefit from Self-Sufficiency programs, the Child Welfare reimbursement will not exceed child care costs paid directly by the resource parent/relative resource parent (i.e., copay).

After the approval of the child care service, the resource parent/relative resource parent submits the Child Welfare Child Care Invoice for Resource Parent and Relative Resource Parent (CW 501F) to Child Welfare.

Local Office Responsibilities:

ODHS must review requests for child care services to ensure:

- Confirmation that the level of supervision is appropriate to meet the child's needs.
- 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:

- Authorizations should be processed and approved through local office protocols.
    - Service Category: Child Care for Foster Parents
    - Service Type: Child Care for Foster Parent Reimbursement 0-5
    - Child Care for Foster Parent Reimbursement 6-12
    - Child Care for Foster Parent Reimbursement 13-20

The resource parent or relative resource parent 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 resource parent or relative resource parent the amount submitted on the CW 501F Child Welfare Child Care Invoice up to a maximum of $375/month per child.

Reimbursement to a resource parent or relative resource parent 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 ODHS form 3010 (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 ODHS case is not opened, or
   E. A ODHS 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, ODHS 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 3010

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. Resource Parent, Relative Resource Parent and Respite 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 ODHS, 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 ODHS 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 ODHS, 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 ODHS 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. ODHS 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. ODHS 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 office protocol to process flexible funding expenditure invoices for SPRF and ISRS

contracted services.

Procedure for Resource Parent, Relative Resource Parent and Respite Support Funds

The intention of resource parent and relative resource parent and respite funds is to support the caregiver with funds for immediate tangible item(s) for the care of a child placed in their home.

If the request is for a child-specific certified resource parent, the funds must be utilized from the child's designated local office.

If the request is for a general resource parent, the funds must be utilized from the certifying local office.

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. Unallowable expenses will be sent back to the local office. The following are examples of unallowable expenses.
   A. A sanction;
   B. An assessment;
   C. Costs imposed by a court that result from the conviction of a:
      1. Crime
      2. Infraction, or
      3. Violation
   D. Requests that do not n't include a clear connection to child safety or well-being.

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 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. ODHS staff or service providers shall not use any personal rewards cards or similar cards to purchase goods or services at any time.

VII. If there is question as to whether an item or service is an allowable expense, consider consulting with your assigned Foster Care Coordinator.

Acceptable expenditures could include (but are not limited to):

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 (not including mileage reimbursement covered by other funding streams)

III. Essential furnishings and bedding needed for the 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 emergent needs until a more sustainable plan can be determined.

VII. Household supplies, i.e. an allergy sensitive vacuum, air filtration, etc.

VIII. Other (to be determined as an immediate need to provide care of the child)

Payment Procedure

Certifier or Caseworker

I. Review the request against Resource Parent and Relative Resource Parent and Respite Supports fund procedure criteria.

II. Prepare the expenditure request ODHS form 2896 and submit to local office certification supervisor.
- In the Goods/Service Requested box of the form, the provider number must be entered, followed by a detailed description of the item(s) or service being requested.

Supervisor

I. Ensure the provider number of the resource parent, relative resource parent, or respite provider is entered on the form.

II. Ensure the request meets the parameters of the funding criteria.

III. 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, including the provider number. Upload the ODHS form 2896 into the provider record 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

Respite Flex Funds:

Service Type Description: Respite Flex Finds

Service Category: Caregiver Services

Service Code: 1362

Procedure for Resource Parent, Relative Resource Parent and Respite Care Funds

The intention of these funds is to support the caregiver with funds for respite care through an approved ODHS informal respite provider under OAR 413-200-0281 or an ODHS certified respite provider (OAR 413-205). The process to approve an informal respite provider remains the same. These funds are intended to reimburse the resource parent or relative resource parent for the cost of the respite care.

Payment for informal respite care:

I. $55 per day. Per day is defined as any part of a calendar day, not specific to overnight care

II. Program Manager approval is needed if the respite episode will exceed 14 days and;

III. The worker must notify the local IV-E Specialist when the child's respite period has exceeded 14 days.

This respite care is child specific and does not apply to parents during reunification. It is intended for the child or youth in foster care with needs that require a break:

I. For the resource parent or relative resource parent to maintain placement, or

II. To retain the resource parent or relative resource parent.

Approval of the use of these funds is through local offices. The payment is made as a reimbursement to the resource parent or relative resource parent.

Payments to an informal respite provider may be considered income for tax purposes. Every individual's tax situation is different. If providers have questions about how informal respite funds will impact them, please encourage them to consult with a tax adviser.

Payment for Certified Respite Care

Payment for Certified Respite Care (respite care provided by either an ODHS certified resource family or an ODHS certified respite provider):

I. $80 per day per child. Per day is defined as any part of a calendar day, not specific to overnight care.

II. Program Manager approval is needed if the respite episode will exceed 14 days and;

III. The worker must notify the local IV-E Specialist when the child's respite period has exceeded 14 days.

Additional Certified respite care payment guidance:

I. Certified respite care must not by mislabeled in OR-Kids as informal respite care, as these services and roles are defined in OAR Chapter 413 Division 200 and 205. Additionally, labeling them incorrectly results in errors in data and reporting metrics.

II. Certified respite care payments may be considered income for tax purposes, meaning the provider may receive a 1099 annual statement for payments made to them each calendar year when those payments equal or exceed $600 per year.

III. ODHS is required under federal law to report these payments to the IRS. Every individual's tax situation is different. If providers have questions about how this will impact them, please encourage them to consult with a tax adviser.

IV. To ensure payments can be processed appropriately, before a certified provider provides respite, certifiers must give the provider a W-9 and direct deposit form (if they are not already set up for electronic funds transfer).

- Certifier collects the W9 from the Certified Respite Applicant or current Resource Parent at home visit.
- The Certifier or Certification Technician sends the W9 to Office of Financial Services (OFS); indicate it is for Respite verification. Send to: ORkidsProvd.Request@odhsoha.oregon.gov
  - Please list the OR-Kids Provider ID on the W9 and in the email subject line. See sample W9 below.
  - Be sure there is only one name/TIN per W9.
  - Clearly indicate First Name, Middle Name, Last Name
  - Important that last name is exactly as reported to the IRS - hyphenated/multiple last names.
  - Send W9 as attachment and email to ORkids Provider Requests inbox - ORkidsProvd.Request@odhsoha.oregon.gov.
- Office of Financial Services will check TIN/Name against IRS database and send email with instructions to complete the process.
- The Certifier or Certification Technician will complete the provider record actions needed to process respite care payments. Office of Financial Services will send instructions as a response once the applicant or resource family verification is complete.

V. Before authorizing a certified respite care payment, the certifier for the provider who was approved to do respite care should confirm the provider record in OR-Kids shows the "1099 Form Required" box is checked

on the home provider screen. If this box is not checked, the certifier may wish to follow-up with OFS to confirm the W-9 was received by sending an email with the OR-Kids Provider ID to: orkidsprovd.request@odhsoha.oregon.gov

VI. Payment staff will receive an error message if the provider record does not indicate a 1099 form is required when trying to process certified respite care payments for children/youth in foster care (service code 1309).

VII. Once the certifier receives confirmation from Office of Financial Services that the W-9 materials have been verified, upload a copy of the W-9 to the provider record and then shred the hard copy.

Procedure

Certifier or Caseworker

Discuss the need for respite care with resource parent, relative resource parent or a parent engaged in reunification.

Determine the most appropriate respite provider type based on rule."

If using a certified provider (either another resource family or a certified respite provider) connect with the certifier for that family to discuss specific needs, skills, and other matching criteria.

Prepare the expenditure request ODHS form 2897. Submit the request to the branch certification supervisor.

Supervisor

Discuss need for respite care with certifier and/or caseworker.

Review and approve or deny the request. If denying a request for respite, please consult with a Foster Care Coordinator

Payment Specifics

Informal Respite:

Service Type Description: Informal Respite

Service Category: Caregiver Services

Service Code: 1167

Budget Source: Contracted Foster Care Service

Certified Respite Care – Foster Care

Certified Respite

Service Type Description: Certified Respite – Foster Care

Service Category: Caregiver Services

Service Code: 1309

Budget Source: Contracted Foster Care Service

In-Home Respite:

Service Type Description: In-home Respite (for reunification only)

Service Category: Caregiver Services

Service Code: 1308

Budget Source: Contacted Foster Care Services

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.
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.

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, 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 ODHS 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. ODHS form MSC 3010 (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 ODHS case is not opened, or

E. ODHS 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, ODHS 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 3010

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 and Their Sexual Orientation, Gender Identity and Expression (SOGIE).

The child or young adult has the right to disclose or keep confidential their own sexual orientation, gender identity or gender expression (SOGIE). Under ORS 409.255 a child age 14 or older may choose to disclose or not to disclose their SOGIE information. If the child is under the age of 14 or has an intellectual disability, the child's attorney, in consultation with the child, may choose to disclose the information if it is in the best interest of the child or needed to receive services. Please see ORS 409.225 or Chapter 1 Section 5 Confidentiality of this Procedure Manual.

Every person has a sexual orientation, gender identity and expression (SOGIE). 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 cisgender, non-binary, genderqueer, gender fluid, gender expansive, agender, gender diverse, two-spirit, queer, asexual, pansexual, etc. For this reason, there are various versions of acronyms utilized in conversation and written materials to reflect the diversity of SOGIE. The acronyms SOGIE or LGBTQ+ will be used throughout this section of procedure. LGTBQ+ children and young adults face challenges that are not directly caused by their SOGIE but rather as a result of the impacts that non-affirming environments have on them. 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 staff 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 children and young adults 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 the following that are stated in the Oregon Foster Child's Bill of Rights:

- 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 or Young Adult

When working with LGBTQ+ children 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 and young adult
- Engage parents, guardians, and caregivers, while also working with the child 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 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 or young adult talk without interrupting them or punishing them, and let them explain what their experiences are like
- Let the child 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 children and young adults with diverse SOGIE may include, but not limited to:

- Allowing them to express their gender identity through their apparel and personal care items;
- Counseling;
- Medical, 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.

Procedure

A. Information needed when seeking LGBTQ+ specific medical and mental health services:

- Age- Depending upon the age of the child or young adult and whether they are pre-pubertal, pubertal, or post-pubertal stage of development, different care and services may be indicated;
- Gender – It is important to realize how the child or young adult identifies on the gender spectrum;
- Name- Identify any preferred name and any pronouns the child or young adult would like to use;
- Goal- Identify the child or young adult'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 child or young adult is currently facing include any discrimination, name changes or needed legal services;

Note: Using the name the child or young adult requests us to use can be done without a formal process. However, if the child or young adult 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 child or young adult and include resource parents or relative caregivers, biological parents, and other family members (as appropriate) and significant others with whom the child or young adult identifies;
- Support- Identify if the child or young adult has supports, role models or others who play a supportive role in their life.
- Therapy - If the child or young adult has a current therapist, it is important to continue with the same therapist that they have built a rapport with.
- 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 child or young adult, identified goal, and their preferences.

I. Mental Health Support

A. All children or young adults in substitute care must be seen for a mental health assessment within 60 days of placement.

B. Any children or young adults 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. For transgender children or young adult, a licensed QMHP may consider a potential diagnosis of gender dysphoria. The therapist or QMHP should have prior experience with transgender children or young adults and follow World Professional Association for Transgender Care (WPATH) Standards of Care.

C. Continued mental health treatment for mental health issues, traumatic events, and substance abuse.

D. Identify community resources available to share with the child or young adult 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+ child or young adult 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 resource parent, local office 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. Packer

D. Transgender Affirming Medical Interventions

The Oregon Health Plan (OHP) provides healthcare coverage for treatment of gender dysphoria, the clinical term for experiencing or expressing a sex or gender different than the one assigned at birth. OHP guidelines include safeguards before medical interventions are recommended. The principle challenge in determining best practice for children and young adults lies in the fact that development is different for everyone. Medical interventions are determined by the goals of the child or young adult, the age, and medical necessity.

I. Guidelines overview and consent

The OHP provides guidelines to prepare access to gender transition related care in accordance with the World Professional Association of Transgender Health (WPATH) Standards of Care.

Children 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

Children and young adults 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 meet the following requirements:
  - 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 child or young adult 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 chidld or young adult'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 at which time the child or young adult may be out of foster care. Each case is reviewed and considered by OHP and some exceptions may apply.

E. How the Caseworker Can Assist the Youth, Family, and Caregivers

Remind the family, relative caregiver, and family members that:

I. Self-disclosure and support, acceptance and affirmation of the child or young adult in their SOGIE has been linked to the child and young adults' improved well-being. Specifically, those 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 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 for services which are nondiscriminatory and promote wellness and safety.

IV. Adhere to Foster Children Bill of Rights.

V. Respect the child or young adult's privacy. Allow them to decide with whom and when they'd like to share their sexual orientation or gender identity.

VI. Advocate for the child or young adult when they feel they are being mistreated.

F. Supporting LGBTQ+ Children and Young Adults With Biological Family Rejection

If the biological family is not supportive of the child 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 or young adult negotiate difficulties within the family.

II. Look for opportunities to interact with positive role models such as, guest speakers, or adults within the school system. Remind the child 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 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 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), the ODHS PRIDE Employee Resource Group (PrideERG.PointsAndLeadership@ODHSoha.state.or.us) and additional resources that can be found at the end of this section.

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

Resources

There are local resources available but here are some national ones to consider:

Paths (Re)Membered Project
Text: 2SLGBTQ to 94449
www.pathsremembered.org

Native Youth Sexual Health Network
www.nativeyouthsexualhealth.com

It Gets Better Project
www.itgetsbetter.org

Trans Lifeline
Call: 1-877-565-8860

www.translifeline.org

We R Native: Sexual Health
Text: SEX to 94449

www.wernative.org/ask-your-relatives

It's Your Sex Life
www.itsyoursexlife.com

The Trevor Project
www.thetrevorproject.org

211 info
http://211info.org

Q-Center LGBTQ+ Resources
https://www.pdxqcenter.org/findresources

ODHS PRIDE Employee Resource Group
PrideERG.PointsAndLeadership@ODHSoha.state.or.us)

References

I. Affirming and Supporting LGBTQ Children and Youth in Child welfare. Capacity Building for States. Accessed at https://capacity.childwelfare.gov/states/focus-areas/lgbtq

II. Alegria, C. (2016, October). Gender Non-conforming and Transgender children/youth: Family, community, and implications for practice. Journal of the American Association of Nurse Practitioners. 28 (1) pages 521-527.

III. Center for Disease Control and Intervention. Lesbian, gay, bisexual and transgender youth resources. Accessed at https://www.cdc.gov/lgbthealth/youth-resources.htm#family

IV. Children's Bureau. Child Welfare Information Gateway. Supporting Your LGBTQ Youth: A guide for foster parents. Accessed at https://www.childwelfare.gov/pubPDFs/LGBTQyouth.pdf

V. Glossary of LGBT Terms for Health Care Teams. (2016, March). Retrieved November 13, 2018, from https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf

VI. National LGBT Health Education Center, A Program of the Fenway Institute, 'Glossary of LGBT Terms for Health Care Teams'. Accessed at https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf

VII. Oregon Foster Care Rules OAR 413-200-0308(3) (f) and (b)

VIII. Oregon Foster Children's Bill of Rights. Accessed at http://www.basicrights.org/wp-content/uploads/2015/09/OHP_FAQ_For_Individuals_Nov_2015.pdf

IX. Oregon Health Plan (OHP) guideline note 127 for Gender Dysphoria Accessed at http://www.oregon.gov/oha/herc/Pages/Searchable-List.aspx

X. Ryan, Caitlin, PhD. Family Acceptance Project (2009). Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children. Accessed at https://familyproject.sfsu.edu/publications

XI. Wilson, B. D., Cooper, K., Kastanis, A., & Nezhad, S. (2015, April 24). New Report: Sexual and Gender Minority Youth in Foster Care. Retrieved November 13, 2018, from https://williamsinstitute.law.ucla.edu/research/safe-

schools-and-youth/lafys-aug-2014/f

XII. World Professional Association for Transgender Health (WPATH). WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People (7th version). Accessed at www.wpath.org.

XIII. 211 info (http://211.info.org)

XIV. ODHS PRIDE Employee Resource Group (PrideERG.PointsAndLeadership@ODHSoha.state.or.us)

XV. Family Acceptance Project (https://familyproject.sfsu.edu/)

XVI. Human Rights Campaign (https://www.hrc.org/)

XVII. New Avenues for Youth, Sexual and Gender Minority Youth Resource Center (http://www.smyrc.org/)

XVIII. Q-Center LGBTQ+ Resources (http://www.pdxqcenter.org/resources/)

XIX. TransActive Gender Center (https://www.transactivegendercenter.org/)

XX. Basic Rights Oregon (https://www.basicrights.org/)

XXI. https://transequality.org/know-your-rights/health-care

XXII. https://www.outcarehealth.org/outlist/?gclid=EAIaIQobChMI1bnavfOw8AIVCg2tBh2-fgokEAAYAiAAEgKnF_D_BwE

XXIII. https://www.ohsu.edu/transgender-health

XXIV. https://www.legacyhealth.org/children/health-services/transgender

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 ODHS, 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 ODHS 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

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OAR 413-015-0465

Chapter 5

Section 44: Managing The Use of Medications

The caseworker or Healthcare Coordinator (HCC) 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 resource 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 or young adult is receiving the medication.

The caseworker or HCC 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. The HCC will notify the caseworker once the medication log has been uploaded into the child or young adult's file cabinet in OR-Kids.

Caseworkers and the HCC 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 or HCC.

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 the Health and Wellness Services Program Manager, or Nurse Consultant.

Chapter 5

Section 45: Obtain Medicaid 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 ODHS 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@ODHSoha.oregon.gov. The caseworker will also document the pregnancy on the characteristics tab of the person management page in OR-Kids.

A ODHS 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@ODHSoha.oregon.gov. 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

Section 47: Alternative and Naturopathic Treatments & Medical Cannabis

Alternative and Naturopathic Treatments

Use of any alternative and naturopathic treatments must be reviewed by the Program Manager and in consultation with the Health and Wellness Program Manager or Nurse Consultant and primary care provider. Health and Wellness Program manager or Nurse Consultant may require additional approval by the Child Welfare Director or their designee.

Medical Cannabis

Use of cannabis-based treatments for a child or young adult is only considered on a case by case basis. The caseworker should consult with the primary care provider and the Health and Well Program Manager or Nurse Consultant who will then obtain the approval from the ODHS Child Welfare Director or Child Welfare Deputy Director.

Chapter 5

Section 48: Child Welfare Field Nurses Intake Nursing Assessment

Child Welfare Field Nurses Intake Nursing Assessment

Children and young adults receive a comprehensive intake nursing assessment shortly after coming into foster care.

These assessments include:

- A comprehensive physical assessment;
- An assessment of any immediate medical needs;
- A nutrition assessment;
- A safety assessment;
- Coordination of services with the PCP if one is already identified;
- Medication management;
- Sexual health education for young adult;
- Child specific health related teaching and training for resource families;
- Referrals to providers and services; and
- Follow up visits as needed to ensure medical needs are being met.

The purpose of this assessment is to assess the child for any immediate health or medical issues, to make any needed referrals and to assist with coordinating services as needed.

During this assessment the nurse will promote nutrition and a healthy lifestyle for children in foster care based on their identified needs. If it is determined by the Child Welfare Contracted Field Nurse that a child requires a Personal Care Assessment during the Intake Nursing Assessment, the Personal Care Assessment will be done at that time.

The caseworker will also receive a copy of the completed assessment with any nursing recommendations made or nursing intervention completed. A copy of the Intake Nursing Assessment will also be placed in the child or young adult's file cabinet in OR-Kids.

A timely Nursing Assessment is dependent upon the following actions:

- It is imperative that the placement be entered and approved timely.
- Complete accurate placement information in OR-Kids.

Intake Nursing Assessments for Children in Interstate Compact Placements of Children (ICPC)

Child Welfare Contracted Field Nurses will conduct an Intake Nursing Assessment for ICPC children who come into Oregon. The assessment is the same as the Intake Nursing assessment listed above.

ICPC Intake Nursing Assessment Referral Process

- The caseworker will receive notification that the Child Welfare Contracted Field Nurse has received a referral

for a child placed in the state of Oregon under ICPC. A copy of the home study will be included with the referral.

- The Child Welfare Contracted Field Nurse will communicate any concerns, recommendations and referrals made to the caseworker, and the caseworker will receive a copy of the written assessment. A copy of the assessment will also be saved in the file cabinet in OR-Kids.
- All program questions can be directed to the Health and Wellness Services Program Manager, or Designee

In Home/Trial Reunification Nursing Assessments

Child Welfare Contracted Field Nurses will conduct nursing assessments for children and families on in-home/trial reunification cases. This will include:

- All children who enter trial reunification;
- All children under 3 years old on an in-home case; and
- Children and families with health issues, at the request of the caseworker.

The purpose of the Child Welfare Contracted Field Nurse in-home visits with families on in-home plans, is to assist the family in a successful trial reunification or successfully maintaining family unity. This will be accomplished by:

- Providing trauma informed care;
- Assisting families in accessing and engaging community-based services;
- Increasing family engagement with their medical home;
- Providing health education to promote physical, emotional, and mental health;
- Promoting ACEs literacy;
- Assisting in coordination of care across agencies and providers;
- Providing physical and developmental screenings as needed; and
- Assessing home health and safety.

Each family will receive a comprehensive nursing assessment, referrals to community resources and services, and a wellness toolkit. In most cases this will be a one-time visit to the home.

The Child Welfare Contracted Field Nurse is required to communicate with the caseworker prior to making an appointment with the family. It is important that the caseworker connect with the Child Welfare Contracted Field Nurse and ensure that the family is aware that a nurse will be calling to schedule an appointment.

The caseworker and office manager will receive a request for parent or caregiver's address verification from Central Office. The caseworker or office manager must respond within 72 hours or three business days to ensure a timely assessment.

If the parent(s) and child(ren) are placed in a treatment facility together it is the responsibility of the caseworker to still

notify Central Office of this placement and whether or not a nurse would be able to conduct the assessment on the premises where the parent(s) and child(ren) are residing. If an assessment cannot be completed at this location, the case worker will need to inform Central Office of the situation and then follow up once the parent(s) and child(ren) are in a residence where the assessment can be conducted.

The caseworker will receive notification that the Child Welfare Contracted Field Nurse has received a referral. The notification will include contact information for the assigned Child Welfare Contracted Field Nurse. The referral will include:

- Most current CANS Results for each child, if available
- Most current, applicable Ongoing Safety Plan, if available

Once the primary caseworker receives the referral notice packet they must make contact with the Child Welfare Contracted Field Nurse.

NOTE: *Child Welfare Contracted Field Nurses will not schedule an appointment with the Parent(s)/Caregiver(s) until contact has occurred between the caseworker and the Child Welfare Contracted Field Nurse.*

Child Welfare Contracted Field Nurse will schedule an appointment with the Parent(s)/Caregiver(s) to conduct the In-Home Nursing Assessment. During this time each family will receive a comprehensive nursing assessment, referrals to community resources and services, and a wellness toolkit. In most cases this will be a one-time visit to the home. Caseworkers can request a copy of the current wellness toolkit as needed.

The Child Welfare Contracted Field Nurse will communicate any concerns, recommendations and referrals made to the caseworker, and the caseworker will receive a copy of the written assessment. A copy of the assessment will also be saved in the file cabinet in OR-Kids.

NOTE: *The Child Welfare Contracted Field Nurses are not to be used as safety service providers.*

Requesting an In-Home Nursing Assessment

Caseworkers can request an assessment for children and families with health issues who are placed on an in-home case plan.

When the caseworker determines that a child or family with health issues may benefit from an In-Home Nursing Assessment conducted by a Child Welfare Contracted Field Nurse

The caseworker sends email to personal.care@dhsoha.oregon.gov with the following information:

- Case number
- Child(ren)'s name(s)
- Parent(s)/caregiver(s) name(s)
- Current address
- Current phone number or message number
- Reason for the request to be seen

- Any information on how to best contact the parent(s)/caregiver(s)

The caseworker is responsible for notifying the family that a Child Welfare Contracted Field Nurse will be contacting them to schedule an In-Home Nursing Assessment. A referral notice packet will be sent to the Child Welfare Contracted Field Nurse and CC'd to the current listed primary worker. The referral notice packet includes:

- Most current CANS Results for each child, if available
- Most current applicable Ongoing Safety Plan, if available
- Contact information for the assigned Child Welfare Contracted Field Nurse

Once the primary caseworker receives the referral notice they must contact the Child Welfare Contracted Field Nurse.

NOTE: *Child Welfare Contracted Field Nurses will not schedule an appointment with the Parent(s)/Caregiver(s) until contact has occurred between the caseworker and the Child Welfare Contracted Field Nurse.*

Child Welfare Contracted Field Nurse will schedule an appointment with the Parent(s)/Caregiver(s) to conduct the In-Home Nursing Assessment. During this time each family will receive a comprehensive nursing assessment, referrals to community resources and services, and a wellness toolkit. In most cases this will be a one-time visit to the home.

NOTE: *If a Child Welfare Contracted Field Nurse feels that it is necessary to have the caseworker present during the In-Home Nursing Assessment a request for the Caseworker to accompany the Child Welfare Contracted Field Nurse will be made.*

The Child Welfare Contracted Field Nurse will communicate any concerns, recommendations and referrals made to the caseworker, and the caseworker will receive a copy of the written assessment. A copy of the assessment will also be saved in the file cabinet in OR-KIDS.

All program questions can be directed to the Health and Wellness Services Program Manager, or Designee

Chapter 5

Section 49: Unaccompanied Minors

Unaccompanied Minors

Overview

An unaccompanied minor (UAM) is a child or young adult who entered the United States as a child without legal immigration status and unaccompanied by a parent or legal guardian. Working with these children and young adults requires specific actions be taken by the Oregon Child Abuse Hotline (ORCAH), child protective services (CPS), the International Case Consultant (ICC), and permanency to ensure all legal parties are informed and multiple court processes (dependency and immigration) are well-coordinated. It takes a team within and outside of Child Welfare to ensure that the safety, well-being and permanency needs of these vulnerable children and young adults are met and they have the support to achieve their goals.

Most unaccompanied minors come to the attention of Child Welfare when a private petitioner contacts ORCAH and files a petition requesting that ODHS take custody of the child prior to age 18 years based on a history of abuse and to meet their basic needs. Unaccompanied minors may also come to the attention of Child Welfare due to community reports of abuse when they are living with relatives or other families with sponsor care agreements through the US Office of Refugee Resettlement (ORR).

The majority of unaccompanied minors in Oregon are located and/or served in Multnomah County (District 2) and become involved with Child Welfare once they are no longer eligible to remain in their ORR-funded placement after age 18. Community advocacy organizations, such as Youth, Rights & Justice (YRJ), may file a petition requesting that custody of these unaccompanied minors be granted to ODHS to meet their needs, prevent detention as a young adult and enable them to receive immigration relief.

A juvenile court finding that the child is “abandoned, abused or neglected by one or both parents” and that it is not in their best interest to return to their country of origin is required for Special Immigrant Juvenile Status (SIJS) eligibility, which allows the child or young adult to apply for immigration relief to remain legally in the US.

Historically, unaccompanied minors have originated from Mexico and Central American countries, like Guatemala, Honduras, El Salvador and Nicaragua. Some unaccompanied minors have also come from other countries such as Turkey or countries in Africa. These children may have experienced significant trauma that caused them to flee their country of origin, including witnessing and/or being subjected to:

- Child abuse, violence and sexual assault;
- Extreme poverty, warfare and/or gang affiliation;
- Human trafficking (sex, forced labor, domestic servitude);
- Targeted violence or abuse based on their sexual orientation or gender identity; or
- Coercion into participating in violent criminal acts.

It is important to gain an understanding of the circumstances of each child or young adult who enters the US as an unaccompanied minor. Many of them come to the US to seek a better life and, because many have had to survive on their own, they are accustomed to functioning independently with little adult supervision. These children and young adults have layers of trauma that originate from their experiences in their home country as well as during their often-dangerous journey to the US and that is further heightened through ongoing separation from their family of origin.

Unaccompanied minors are frequently apprehended at the US/Mexico border by Customs and Border Protection (CBP), a federal enforcement agency within the US Department of Homeland Security (DHS). After being held by CBP in holding cells, CBP transfers the custody of these children to ORR and ORR places them in federally funded, state licensed programs, known as "shelters," across the US. While in care, these children are provided with information about their rights and learn about the options of immigration relief. If ORR is unable to place them with a relative or sponsor family, they apply for placement at a Long-term Group Home (LTGH), like Morrison Child and Family Services in Portland, which provides housing, education, medical and mental health treatment, recreation, and independent living skills.

Screening and CPS Assessment

Since petitions on behalf of unaccompanied minors contain allegations of abuse, calls by private petitioners to ORCAH are screened as potential CPS and not FSS (Family Support Services) assignments. Additionally, because juvenile court involvement is necessary to qualify for SIJS, opening an FSS case would not be appropriate.

Procedure

When ORCAH receives a call concerning an unaccompanied minor, the screener takes the following steps:

- Completes the screening activities described in OAR 413-015-0200 to 0230 (Screening Rules).
- If a private petitioner has already filed or plans to file a petition, documents the date when the petition was or will be filed.
- If the report contains information about past abuse in a country outside the US, cross reports to the law enforcement agency in the country where the alleged abuse occurred, unless the country where the alleged abuse occurred is unknown.

In addition to completing the assessment activities described in OAR 413-015-0400 to 0485 (CPS Assessment Rules), the assigned CPS worker takes the following steps:

- Notifies the International Case Consultant (ICC) to schedule the UAM Committee by emailing the ICC and copying the Assistant Attorney General (AAG) assigned to the local office and, if applicable, the permanency (teen) supervisor.
- Sends the Request for Information form (DHS 3058) to the petitioner.
- Obtains and review discovery provided by the petitioner.
- Requests Releases of Information from unaccompanied minor and attorney, and if applicable, for:
    - Office of Refugee Resettlement (ORR)
    - Immigration Counseling Services (ICS)
    - Previous placements such as the Morrison Center, shelter programs and/or detention facilities before coming to Oregon.
- Staffs with supervisor and UAM Committee to determine if ODHS can serve the youth.
    - If there are concerns about ODHS ability to provide suitable services and care, schedules an AAG staffing per the local office process and copies the ICC.

- Attends all court hearings including before Temporary Custody is granted to ODHS.

The ICC is an integral resource for unaccompanied minors and will staff the case with the casework team, offer resources and take the following steps:

- Confirm the CPS worker has/or will send the Request for Information to the petitioner
- Gather information from the worker needed for the UAM Committee Referral
- Fill out the UAM Committee Referral form and send to the UAM Committee members
- Schedule the UAM Committee

If legal custody of the child or young adult is granted to ODHS, the CPS worker:

- Staffs with the assigned AAG to ensure both the immigration and dependency court proceedings are legally coordinated; and
- If placement is needed, determines the appropriate level of care and initiates a placement request.

The caseworker, the certifier and/or Residential Resource Consultant (RCC) should work together to ensure the minor is placed with a resource family or, if placed in residential care, has access to a provider who is able to speak the minor's primary language and is knowledgeable about the minor's cultural background and needs.

UAM Specific Questions to Ask

When assessing the needs that are specific to an unaccompanied minor, the CPS worker should ask the minor, the petitioner, sponsor and other knowledgeable individuals the following questions:

- When did the minor enter the US and how many places have they lived in since then? (create a timeline)
- Why did the minor travel to the US?
- How did they get here, who brought them and what was that like? Do they owe anyone money for bringing them here? What was the plan for them when they arrived in the US?
- Is the minor in immigration court/deportation proceedings? When is their next court date? Does the minor have check-ins with ICE? When is their next check-in?
- Does the minor have an immigration attorney?
- Has an SIJS, asylum or other type of visa application been filed with US Citizenship and Immigration Services (USCIS)?
- Has the minor had an immigration medical exam? If so, who has the results? Has the minor had their biometrics appointment with USCIS yet?
- What is the address of record for the minor with USCIS and ICE?
- Has ORR explored all possible relative resources? What have the results of those been? Does the minor stay in contact with any relatives? Is the minor comfortable with Child Welfare contacting relatives? If no, why not? How does the minor contact their relatives? What support do they need to contact their relatives?

- What is the minor's level of proficiency in English? What language or languages does the minor speak, including any indigenous languages?
- If the minor is in high school, are they on track to graduate with either standard or modified diploma? At what level are they functioning academically? At what level are their reading and writing skills in their native language? What is their highest grade completed prior to coming to the US? Does the minor have a plan and motivation to graduate from high school?
- What is the minor's understanding of the foster care system? What are their expectations? Have a conversation with the minor about what a typical resource family is like. Don't use jargon. Explain in basic language. Most minors have no concept of a child welfare system. They may have heard misinformation about ODHS.

Court Proceedings

Unless there is abuse occurring in the home of the sponsor, ODHS should not accept custody of an unaccompanied minor for the sole reason of certifying the sponsor as a resource parent. The ORR agreement with the sponsor includes an expectation that the sponsor file for custody of the minor, so ODHS involvement, if a sponsor is available, would not be necessary for SIJS eligibility. The assigned AAG should be present at all UAM hearings to contest orders that grant ODHS custody when it is not appropriate.

Assessment Disposition and Safety Determination

When determining the assessment disposition, the CPS worker follows the requirements in CPS assessment rule. The fact that the child or young adult made a dangerous journey and entered the US as an unaccompanied minor should not alone be a rationale for a founded disposition. It is possible for a minor to be assessed as "unsafe" and open a case with an unfounded or unable to determine disposition. Typically, CPS workers will select Safety Threat #1 (the family situation results in no adult in the home routinely performing parenting duties and responsibilities that assure a child's safety) as unaccompanied minors lack a responsible caregiver when they age out of residential programs like the Morrison Center. Additional safety threats, however, may be considered and selected if appropriate.

Special Engagement Considerations

It may take time to show an unaccompanied minor that you are a safe and trustworthy adult. They may not initially feel comfortable to share sensitive and personal information about their past with caseworkers or other government officials. The caseworker should consider including a person the minor trusts during the CPS assessment and other interactions with the minor, such as face-to-face contacts.

Many minors have misconceptions about what it means to be a dependent child in foster care. These children or young adults have learned to become independent and have even worked for a living in the past. In the US, they are not allowed to work legally and are expected to attend school full-time. The caseworker should acknowledge the minor's perspective and identify their independence as a strength when working with them.

Because the minor's survival might have been dependent on engaging in criminal activity in their country of origin, they may also be inclined to engage in similar behaviors in the US due to an inability to work legally and/or as a continuation of their survival strategy. It can sometimes be difficult for them to break these old patterns. Caseworkers need to be empathetic and also able to communicate to the minor the importance of following laws, so that they can continue to

maintain residency in the US and achieve immigration relief. Despite these issues, unaccompanied minors are much like many teens or young adults in the foster care and the general population.

Permanency Planning

A sense of belonging and connection is an essential need of any child or young adult and ODHS should work diligently to maintain the unaccompanied minor's connection to both their family and country of origin. This includes helping the minor forge new and lasting connections in the US. Despite the challenges of achieving legal permanency, it should be the priority of the caseworker and the child's team to help the minor establish life-long relational permanency with at least one responsible and supportive adult in the US. Achieving relational permanency should be viewed as central to and not separate from youth transition planning and activities that enable the minor to meet their independent living goals.

To qualify an unaccompanied minor for SIJS eligibility, the court is required to make a finding that reunification with a parent is not viable and it is not in the best interest of the child to return to their country of origin. For this reason, APPLA is generally selected as the primary permanency plan; however, in rare situations, an unaccompanied minor may return to their parent and country of origin.

Because these children often turn 18 shortly after ODHS custody is established, concurrent plans of adoption or guardianship are not legally achievable through the Child Welfare system. A probate guardianship, however, is possible for a young adult up to age 21 who is SIJS eligible. This type of guardianship would be pursued independently but in coordination with ODHS and would not include a guardianship assistance subsidy.

Although reunification may not be possible, it is still important the caseworker maintain regular, ongoing engagement/contact with the minor's parents. It is also important to assess the level of involvement the minor wants to have with their parents and extended family members. In some cases, it may not be safe for them for ODHS to contact their extended family members. If it is safe, the caseworker needs to articulate the importance of ongoing involvement with their family, even if the minor is reluctant to maintain contact. Efforts should be made to communicate with and to provide ODHS written documents to the parents in their primary language, which may include an indigenous language. The caseworker should also be aware of any literacy issues the parents may have and provide the parents with material in an alternate format if needed.

Case Transfer to Permanency

In addition to following the guidance in the Child Welfare Procedure Manual of Chapter 4, section 3, and confirming the completion of items in the case transfer checklist, the following UAM specific information should be verified at case transfer:

- Contact information for the minor's dependency and immigration attorneys
- Next immigration court date and ICE check-in date, if applicable.
- Birth certificate, passport or Oregon issued ID, if available, uploaded into OR-Kids.
- ORR documents uploaded into OR-Kids
- Referral for the resource parent to attend the KEEP Affinity Groups for support

- Resources are available for the minor to contact their family of origin
- ODHS documents provided to the minor in their primary language

Once the unaccompanied minor is 18 years-old, the permanency worker has the option of replacing the ongoing safety plan with a young adult safety plan, which is developed in collaboration with the young adult. All other aspects of the Oregon practice model continue to apply, including confirming safe environments at each monthly face-to-face contact meeting with the young adult and their resource family.

Search for and Engagement of Relatives

As required for all children in substitute care, a Diligent Relative Search is initiated no later than 30 days after the minor enters care. Identified relatives should be immediately engaged and, if a relative expresses interest in being a placement resource, then the caseworker must make diligent efforts to assess and place with a relative. This includes requesting an ICPC home study for relatives who live in another state in the U.S., unless the receiving state is unwilling to accept ICPC home study requests for young adults. Although the minor may never be placed with a relative, especially if the minor's relatives live in another country, it is critical that the permanency workers identify and engage relatives who can provide meaningful support and connection for the minor during and after their stay in care.

Supporting the Process of Achieving Immigration Relief

Caseworkers should be aware that at the outset of Child Welfare involvement unaccompanied minors are generally interacting with several governmental and non-governmental agencies at the same time. These agencies have different roles and often do not coordinate or communicate with one another.

In addition to juvenile court involvement, minors may have regularly scheduled immigration court hearings through the US Department of Justice, Executive Office of Immigration Review (EOIR). The immigration court determines whether or not the minor is deported and typically does not grant immigration relief.

When the minor turns 18, Immigration Customs Enforcement (ICE) usually schedules regular "check-ins" once every 3 months or so to monitor the whereabouts of the minor and to ensure they are attending all court dates and not involved in any criminal and/or gang activity. ICE is not under the direct control of the immigration court and can sometimes take its own course of action. it is critical that the minor attend all ICE appointments as well as court hearings to reduce the risk of deportation for non-compliance.

Unaccompanied minors commonly qualify for two types of immigration relief: Asylum or SIJS. For requirements regarding minors who are claiming asylum and meet the definition of a refugee child, please see OAR 413-070-0300 to 0380 (Placement of Refugee Children Rules).

Because of juvenile court involvement, most minors in the Child Welfare system pursue immigration relief through SIJS. The USCIS (U.S. Citizenship and Immigration Services) is the governmental agency that is responsible for processing immigration relief applications. Just because a minor qualifies and applies for SIJS does not mean they are automatically eligible to apply for Legal Permanent Residency (LPR or a green card). USCIS only allows a certain number of children with approved SIJS to apply for LPR status at a time. Once USCIS receives and approves their SIJS application, the minor is assigned a "Priority Date" and must wait in line for an indefinite period of time before applying for LPR status. After the minor's application for LPR status has been received, they are eligible to apply for a renewable 2-year work permit.

Most unaccompanied minors in Oregon receive services from an ICS immigration attorney. Immigration Counseling Service (ICS) is an independent non-profit immigration law firm in Portland that provides immigration legal services free of charge to unaccompanied minors and other community members. Other non-governmental agencies that service unaccompanied minors in Oregon are Catholic Charities and Youth Rights & Justice.

The caseworker should work with the minor and their immigration attorney to ensure the following:

- The application for LPR status is submitted to USCIS at the earliest possible date
- All the required documents are identified in advance and attached to the application for LPR status
- The minor attends all ICE appointments and immigration court hearings
- A notice of address change is made to USCIS and ICE anytime the minor moves or relocates to a new residence. This notice of address change can be given to the immigration attorney who can make the notifications on the minor's behalf.

To reduce the risk of deportation, the caseworker should remind the minor the consequences of:

- Violating any laws including minor ones
- Fraudulently claiming US citizenship
- Working without employment authorization

Minors should also be encouraged to carry their immigration attorney's contact information at all times.

Youth Transition Services

Unaccompanied minors qualify for many of the youth transition services that are available to all children and young adults in care. Unless attending school full-time, it can be a challenge for these minors to qualify for independent living subsidized housing due to the inability to work legally when awaiting a permit. Hours spent on other types of activities, however, may be combined to meet eligibility requirements. These include attending school part-time, volunteering, interning, job training or engaging in other productive activities, such as therapy. Unaccompanied minors are eligible to apply for the following Independent Living Program (ILP) services:

- IL Housing Subsidy Program
- ILP Skill Building
- ILP Discretionary Funds
- Placement in a Transitional Living Program (contracted residential program)

These young adults may also be eligible to receive financial assistance for college through the Oregon Student Aid Application (ORSAA), financial aid for Oregon residents who have undocumented status, and may also qualify for Oregon's Foster Youth Tuition and Fee Waiver.

The federally funded resources these youth are not eligible to receive are:

- Chafee Housing Program Funds

- Chafee Education and Training Vouchers (ETV)
- Federal financial aid for college through FAFSA (Free Application for Federal Student Aid)

Although minors leaving foster care without LPR do not qualify for Medicaid, they may be eligible for OHP coverage and should apply at ONE.Oregon.gov. Minors are also eligible to apply for and receive an Oregon Driver's License regardless of their immigration status. For further information regarding youth transition services, please see OAR 413-030-0400 to 0460 (Youth Transitions Rule).

Legend

UAM – Unaccompanied Minors

ICC - International Case Consultant

ORR - Office of Refugee Resettlement

YRJ – Youth, Right & Justice

ICS - Immigration Counseling Service

CBP – US Customs and Border Protection, US Department of Homeland Security

LTGH – Long-term Group Home

EOIR/Immigration Court – The Executive Office of Immigration Review, US Department of Justice

ICE - US Immigration Customs Enforcement, US Department of Homeland Security

SIJS – Special Immigrant Juvenile Status

LPR – Legal Permanent Residency

USCIS - US Citizenship and Immigration Services

ORSAA - Oregon Student Aid Application

References and Resources

OAR 413-070-0570 to 0574: Special Immigrant Juvenile Status

OAR 413-070-0300 to 0380: Placement of Refugee Children

OAR 413-030-0220: Eligibility for Substitute Care After Age 18

Forms

DHS 3058: Request for Information form

Resource Websites

ORR: https://www.acf.hhs.gov/orr

US Citizenship and Immigration Services: USCIS

Immigration Counseling Service: ICS

Child Welfare Information Gateway: https://www.childwelfare.gov/pubs/issue-briefs/immigration/

KEEP groups for resource families: https://www.keepfostering.org/oregon/

Office of Student Access and Completion/ORSAA: https://oregonstudentaid.gov/fafsa-orsaa.aspx

Helpful Information for Case Managers, Foster Care Workers, and Potential Foster Parents (ICS Document): https://dhsoha.sharepoint.com/teams/Hub-ODHS-CW/Permanency Resources/Forms/AllItems.aspx?id=%2Fteams%2FHub%2DODHS%2DCW%2FPermanency%20

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 January 1, 2024, the following rates apply:

I. Shelter Care Payments:
   A. Daily rate:
      1. $39.38 for a child 5 years or younger
      2. $39.55 for a child 6 through 12 years of age
      3. $41.49 for a child or young adult 13 through 20 years of age
   B. The base rate payment is:
      1. $958 per month for a child 5 years or younger
      2. $963 per month for a child 6 through 12 years of age
      3. $1022 per month for a child or young adult 13 through 20 years of age

II. Enhanced shelter care payment:
   A. Daily Rate:
      1. $63.05 for a child 5 years or younger
      2. $63.21 for a child 6 through 12 years of age
      3. $65.15 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

DHS Oregon Department of Human Services

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

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	

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

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

	= 3
	10
	5
	15 = 8
	20
	10
	25 = 13
	30
16-25 hours = Child's functional impairment is extensive - over 60%.	15
	35 = 18
	40
	20
	45 = 23
	50
	25

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

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

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

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:

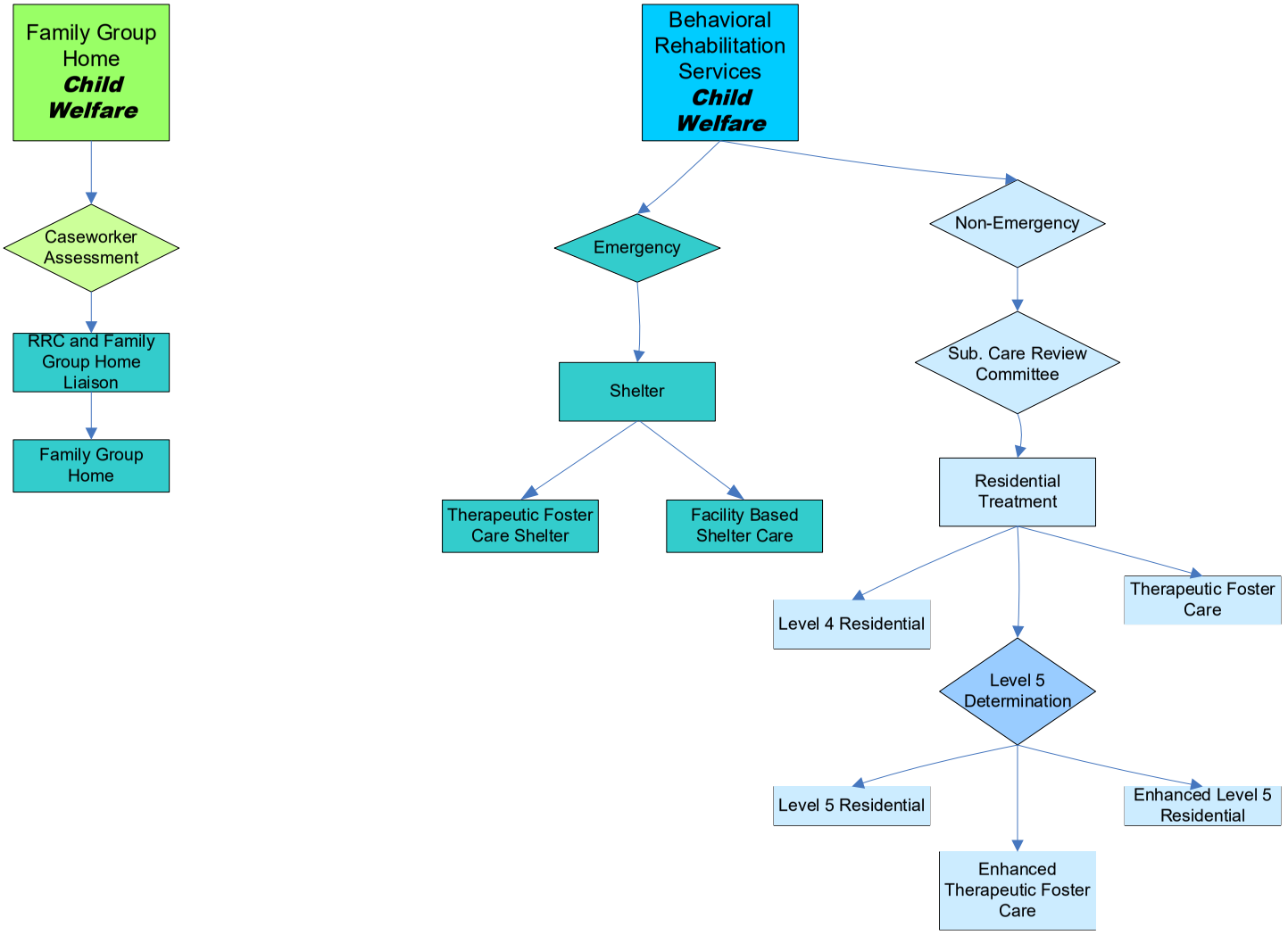
Special Rate Committee Chairperson signature and Service Delivery Area Manager: Required if there are costs for Part A or Part B which are not in policy (I-E.5.1.2) or when total special rate exceeds $500.00 per month.

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Chapter 5

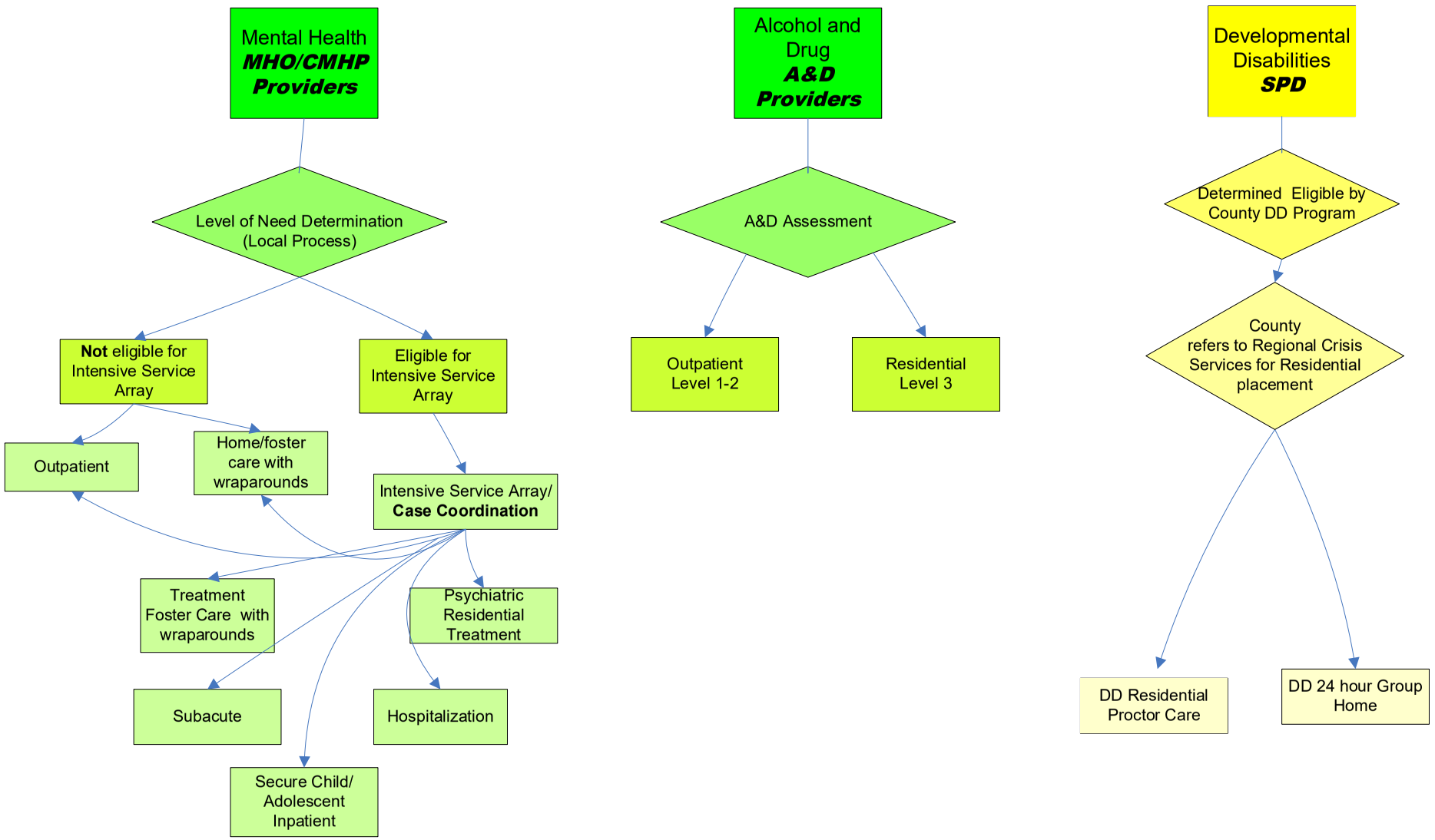
Appendix 5.4: ODHS Child/Adolescent Residential Treatment Service Continuum

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 5.5: Caseworker Tips for Best Practices when Placing a Child/Young Adult in a Behavior Rehabilitation Services (BRS) Program



Caseworker Tips for Best Practices when Placing a Child/Young Adult in a Behavior Rehabilitation Services (BRS) Program

USE THIS CHECKLIST TO HELP PREPARE AND SUPPORT A CHILD/YOUNG ADULT FOR PLACEMENT IN A BRS PROGRAM

PRE-INTAKE

☐ Inform child/young adult's team of program name, location and date of placement. Provide information about the program and answer questions or concerns if they come up.

☐ Communicate with the child/young adults' current and new Coordinated Care Organization (CCO), as applicable, to ensure the Intensive Care Coordinator is aware of the move and can help coordinate service needs.

☐ Ensure the child/young adult has an adequate supply of clothing (quantity and seasonal needs) that fits and is wearable condition, including shoes. Check with the program to learn of any clothing requirements or limits.

☐ Provide information to the child/young adult about the program and what to expect. The directory can be a resource. Attend a pre-intake tour or meet and greet if possible. https://dhsoha.sharepoint.com/teams/Hub-ODHS-CW-TS/SitePages/Directory.aspx.

☐ Identify what the child/young adult can bring to the program. If the child/young adult brings personal belongings that are not allowed, it can jeopardize a stable transition.

☐ Ensure prescription medications are in their original bottles with a minimum supply of 14 days. Work with the CCO, current prescriber and medical team to coordinate early re-fills if needed.

☐ Ensure there is an immediate plan in place to meet ongoing educational needs. Work with the assigned Assistant Attorney General (AAG) to obtain Best Interest Finding if child/young adult will be switching school districts.

☐ If there are mental health or SUD service needs, coordinate with the program to get referrals out as soon as possible.

☐ If the child/young adult has specialized care or supervision needs (such as supervision/restriction of certain objects), create a plan to manage these needs with the program prior to intake.

☐ Notify service providers that the child/young adult will be placed in a BRS program.

☐ Inform the program of the child/young adult's medical history to include the last medical, dental and eye appointments if information was not previously provided.

INTAKE

- ☐ Attend! Get to know the program, staff and primary contact individuals. It's critical to read and sign off on policies. Observe the bedroom space for the child/young adult, preferably with them, to support them in this transition and confirm safe environments. If the primary caseworker cannot attend intake, ensure the covering individual is fully informed of child/young adult's personal information and is able to sign off on intake paperwork.
- ☐ Invite an individual as identified by the child/young adult to attend the intake meeting to provide support.
- ☐ Communicate to the BRS case manager any previously scheduled medical appointments or upcoming meetings. Create a plan for transportation or virtual participation.
- ☐ An initial service plan(ISP) will be created with 48 hours of intake.This is an opportunity to communicate goals you and the rest of the team have identified as well as the services that need to be started. This includes discussing family time and contact with other individuals important to the child/young adult.
- ☐ If the child/young adult has an All About Me book, intake is a great opportunity to share the book with the family and/or staff if the child/young adult agrees.
- ☐ Connect with the child/young adult the next day by phone to check in. If possible, visit in the next two weeks. Going to a new placement, especially if it is a child/young adult's first experience in a residential program, can be difficult and uncomfortable.
- ☐ Help develop a safety plan. It is critical to review with the program, upon placement, what the safety plan will entail, including supervision requirements. Communicate any concerns. It is important for providers and caseworkers to collaboratively identify supervision that fits the needs of the child/young adult.
- ☐ Complete Section A of the CF0091 form and send to the RRC's regional email box.
- ☐ Provide the program a list of individuals, family and natural supports that the child/young adult can have contact with and visit with in person. Maintaining and building a child/young adult's community of support is critical for success in the program, transition upon discharge and overall permanency.

  Take a deep breath! There has been a lot of work to get to this point. However, continued diligence is required to ensure the child/young adult is successful (and stable) in the program. Transition planning starts at intake. Begin to identify what the next best steps could be for this young person and put an action plan in place to begin working on that discharge plan. Explore: what is the primary perm plan and what needs to happen for this to occur at time of transition? What is plan B? If you are unsure of what the next steps could be and need support in identifying action items, connect with your supervisor, perm consultant and your RRC.

DURING PLACEMENT

- ☐ Consider filling out pages in the All About Me Book and encourage staff to do the same with the child/young adult.
- ☐ Continue to reach out to relatives and individuals that support the family to build connections for the child/young adult and assess for placement options. Building a community of support for the child/young adult is critical, whether or not it leads to placement.
- ☐ Ongoing communication is vital. Be responsive to emails and calls from the program. All case management decisions must be run through the program case manager, not the proctor parent. It is the BRS program's case manager's responsibility to communicate case management/planning decisions to the proctor parents.
- ☐ Caseworker involvement with the child/young adult is required through regular contact and being responsive to a child/young adult's need. This can help prevent run behavior, escalations or lack of engagement in treatment.
- ☐ Have intentional conversations with the child/young and the program to ensure the child's identity, cultural, medical and social needs are being met.
- ☐ Support the child/young adult and family's participation in the treatment process. This is critical to the success of the placement and return of the child/young adult home or to a less restrictive level of care. Work with the program to support a home visit plan.
- ☐ Ensure the child/young adult is safe in the placement by making regular face-to-face contact with the child and provider by following required contact procedures in Chapter 4, section 9: Monitor the Child Welfare Case Plan through Required Contacts.
- ☐ Aftercare planning should begin immediately. Provide regular updates to the program around after care resource options and how the program can help support the plan.
- ☐ Read all incident reports. Follow up with the program and child/young to address issues described in incident reports and problem solve with provider if escalations of behavior occurs.
- ☐ Collaborate with and support the program in assisting in setting limits and expectations with the child/young adult. It is critical you are not communicating information the provider is not aware of.
- ☐ Questions or concerns about program? Contact the assigned Program Analyst. If you have a concern about a program that is unrelated to child safety, complete a 1303 form. Otherwise, contact ORCAH.
- ☐ Provide the program with updates on additional service referrals (such as family find) or case planning meetings (permanency staffings, etc). Invite other service providers to BRS meetings and explore how the program can support the work of those other services.

PREPARING FOR DISCHARGE

☐ Ensure the discharge resource is engaged! If the child/young adult is transitioning to family or resource care, those individuals should attend team meetings and actively participate in the transition planning process.

☐ Provide the program with updates on additional service referrals made to support aftercare services to meet needs of the child/young adult and family.

☐ Use transitional visits, up to 90 days prior to discharge, to support the child/young adult in familiarizing themselves in their new living environment. This is a great opportunity to set household expectations, structure of the day and family routines.

☐ Encourage the family and child/young adult to participate in the six months of aftercare services the BRS provider will offer. If the child/young adult will be transitioning to another program, then aftercare services won't be provided. Transitioning out a structured program can be a huge adjustment and living in a new environment while applying skills learned can be challenging.

☐ Attend the Aftercare and Transition Plan meeting facilitated by the BRS provider. Ensure key components are considered with detailed plans created. This includes:

- Ongoing need for services. What services will the child/young need upon discharging? Counseling, medication management and substance use disorder treatment are all services in which may require a new referral;
- Education planning;
- Family support including respite and family therapy;
- Pro-social activities;
- Supervision plans;
- Crisis or emergency safety planning;
- Aftercare services the BRS program will provide;
- Plan to address behavior challenges or struggles in adjustment. Preparing for setbacks is key so creating a structured plan with the family and child to promote stability and consistency is needed prior to discharge.

Center the child/young adult's and caregiver's voice and needs in determining how to best support them during this transition phase.

** Upon discharge, ensure all of the child or young adult's belongings are accounted for and return to the program within 30 days if items get left behind.

Chapter 5

Appendix 5.6: Child Welfare Workforce Guide for Emergency Department Behavioral Health Presentations

Oregon Department of Human Services

Oregon Health Authority

Child Welfare Workforce Guide for Emergency Department Behavioral Health Presentations

Child Welfare Workforce Professionals (Child Welfare or CW) occasionally work with Emergency Departments (EDs) as part of their work with children and families. The following guide has been developed to support CW professionals in their case planning when EDs are involved. This document is intended to provide guidance regarding what to expect and what can be done to maintain safety and ensure that care for child or young adult is optimized. It does not address the complexities of various scenarios CW staff may find themselves in when a child or young adult in in crisis.

EDs are responsible for:

- Evaluating emergency medical and behavioral health needs (life threatening and/or can't be addressed in urgent care setting or an outpatient visit), including diagnostic tests as medically indicated.
- Stabilizing and treating health conditions with necessary short-term medical interventions such as minor procedures and medications.
- Deciding what level of care is safe and effective to continue to treat health conditions.

EDs are not responsible for:

- Assessment of non-urgent medical needs (such as psychiatric assessment due to long wait times in community facilities
- Ongoing or long-term treatment outside of urgent stabilization
- Comprehensive evaluations beyond the urgent crisis
- Social services
- Respite Care
- Keeping children or young adults past treatment duration that is medically appropriate, or keeping them in the emergency department while they wait for access to higher levels of mental health residential treatment, unless medically necessary

Behavioral Health in the ED

EDs are appropriate for children or young adults with acute concerns such as suicidal ideation or suicide attempts, overdoses, severe new mental health concerns and severe behavioral/emotional dysregulation where there is a risk of injury to self or others.

Emergency departments are required by statute (ORS 441.054) to do the following for mental health related visits where there is a concern about suicide risk:

- Complete a Behavioral Health Assessment including a patient risk assessment

- Develop a safety plan and lethal means counseling (how to keep the person safe from guns, medications and sharp objects for example) with the care givers participation;
- Schedule follow-up mental health appointments for no later than seven days after discharge or document why it could not happen;

The above steps may include community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care.

ED decision-making about care

When EDs assess children or young adults for behavioral health concerns, they focus on understanding the reason for these concerns (medical, psychological and social causes). Your input regarding background history and safety concerns is important. The ED will consider safety issues and should discuss these with you before discharging the child or young adult. If the ED feels there are significant safety concerns or complexities that make discharge unsafe, they may continue to observe the child or young adult or initiate a referral for more intensive services. Ultimately, it is the ED attending physician's decision whether to discharge or to keep them in the ED pending referrals for inpatient psychiatric care.

Hospitals across the state have different capacities for boarding patients and/or conducting assessments by specialty providers such as psychiatrists. Some hospitals have very limited social worker support. A hospital's ability to treat behavioral health issues may fluctuate based on public health conditions and other patients in the hospital using resources. In rural areas/smaller hospitals, the Community Mental Health crisis team may make these assessments, partnering with the hospital regarding the course of care.

If the child or young adult is initially determined to need inpatient care:

- The ED team will refer the child or young adult to the appropriate behavioral health facilities. Due to shortages of available beds, the child or young adult may remain in the ED for multiple days while awaiting an inpatient bed.
- The ED will provide care and support to the child or young adult awaiting inpatient admission and reassess the plan at least daily.
- The ED may change recommendations from one shift to another on the basis of ongoing reassessments. Lengths of stay are measured in hours, and the goal is to have stays as short as possible: EDs are not therapeutic environments and may create ongoing medical and behavioral health risks for boarded children or young adults.
- If the child or young adult is accepted for Inpatient Care, the ED will work with you on necessary paperwork such as consents for care, and transportation to the new facility.

If child or young adult is determined to no longer need inpatient:

- Children or young adults awaiting inpatient care in an ED setting often stabilize enough after a period of time to no longer meet criteria for an Inpatient setting. In these cases, care planning will shift to discharging the child or young adult to community-based care.
- In some situations, all available facilities may decline a patient's otherwise appropriate referral because they are full, not staffed to ratios, disagree with the need for their programming, or have other concerns. This will prompt a change in disposition planning. As a result, care teams, including behavioral health and CW professionals, need to plan for ways to support the child or young adult in the community outside of inpatient settings.

Tips

- **Know the child or young adult:**
  - Know the important people in their life, their mental health history, current community team members, and the last time they saw their psychiatric provider.
  - If possible bring recent psychiatric and or psychological evaluations.
  - Be aware of current medications and any related concerns.
  - Know which interventions work and which don't. What are the child or young adult's trauma or emotional triggers?
  - What do you know about things help the child or young adult cope (see the coping strategies toolkit). If the child or young adult's current community provider is recommending admission, you can ask them to consult with the ED regarding their recommendations.
- **Know the permanency plan**:
  - Know the overall goal in the case, including where the child or young adult will go once behavioral health is stabilized. This can increase the chances of being accepted into an inpatient setting.
- **Partner with the ED staff**
  - Be honest about the child or young adult's challenges, strengths, and the safety concerns you have. If you have questions and concerns, you should ask them, recognizing that they still may make a decision you don't agree with.

Safety planning when the child or young adult is released

If the child or young adult presented to the ED for a mental health concern, explore the following, regardless if they were considered/referred for inpatient or quickly assessed as safe to be discharged. Safety planning forms can be helpful to frame the questions.

- What safety precautions are recommended, including any adjustments if the child or young adult is at risk of temporary lodging and the safety plan needs to be implemented in a hotel versus a home setting?
- What warning signs or symptoms indicate a need for additional urgent/emergent care?
- If "24/7" supervision is recommended, ask the ED staff to talk through how that should be implemented. Does the child or young adult need to be watched when asleep? What if they are with a single caregiver?
- In a home setting, what needs to be secured?
- Consistent caregivers will provide the most stability for the child or young adult. If caregivers need to change or rotate, be sure each caregiver supervising this child or young adult is familiar with the safety plan and the child or young adult's coping skills, activating events and things that help with stability.

Additional information to gather

- What assessments have been completed and what are the results;
- Medication/prescription instructions if any, including changes to medications while in the ED;
- Referrals/follow up instructions and recommendations including appointments (often at the end)
  - Child Welfare or contract staff who are transporting children from the emergency department or hospital, should be aware of upcoming appointments and make sure to notify the caseworker/supervisor so the child or young adult is made available for those appointments.

- Has the child or young adult over age 14 signed a Release of Information for community partners/CW staff? If not, reference ORS 109.650 which allows providers to communicate with guardians about a minor's care, diagnosis or treatment.

Alternative resources to the ED for behavioral health crises (resources can vary regionally):

- 988 or local crisis line
- Mobile Response & Stabilization Services (MRSS, formerly known as CATS)
- Behavioral health walk-in center
- Child or young adult's mental health provider's after-hours crisis line (**see child or young adult's safety plan)**

Metro Region:

- RSN (Response and Support Network) 503-341-4779
- Multnomah County Project Respond 503-988-4888

If you have concerns about the care received or the discharge planning:

- OHA Ombudsperson 1-877-642-0450, OHA.OmbudsOffice@odhsoha.oregon.gov
- Each hospital has a "care advocate" who can work with the medical providers around discharge concerns
- Hospital licensing complaint form

Questions?

For Child Welfare guidance and Temporary Lodging prevention staffing, consult with your Regional Resource Consultant

For assistance with mental health provider and care coordination engagement reach out to child or young adult's CCO (Coordinated Care Organization) or OHA's Complex Clinical Care Coordinator

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

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

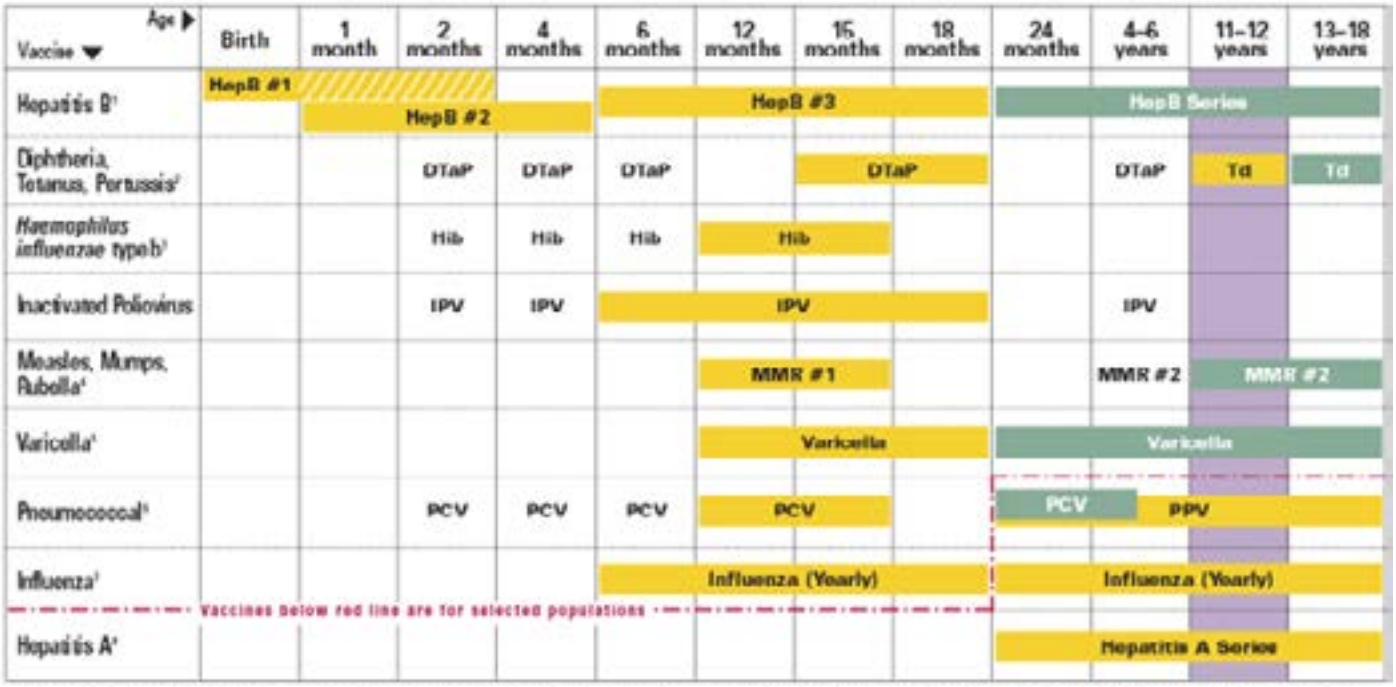
5.10 Medicaid Coverage for Non-IV-E Children

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



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

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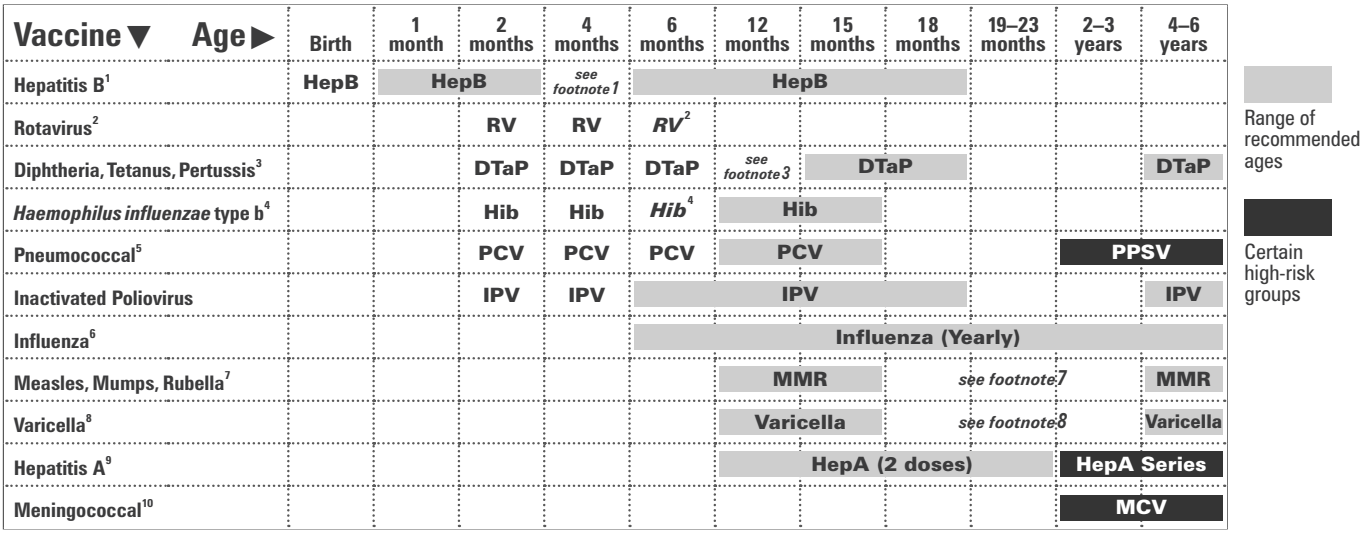
The Childhood and Adolescent Immunization Schedule is approved by:
Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
American Academy of Pediatrics www.aap.org
American Academy of Family Physicians www.aafp.org

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



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.
- hildren 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.
- hildren 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).

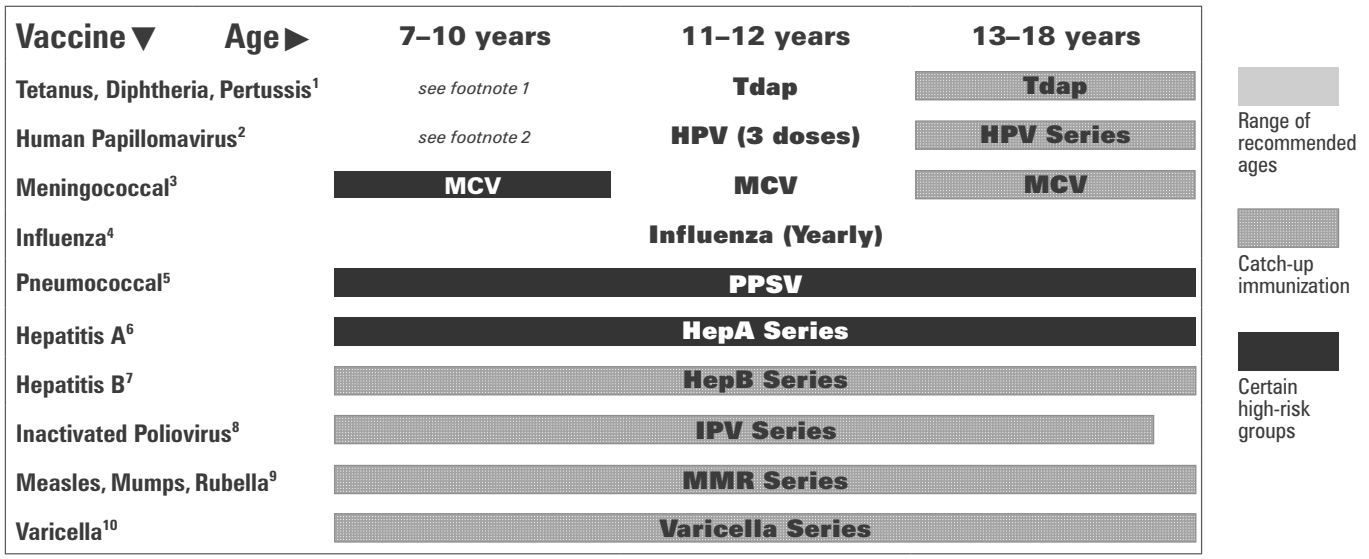
Department of Health and Human Services • Centers for Disease Control and Prevention

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



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).

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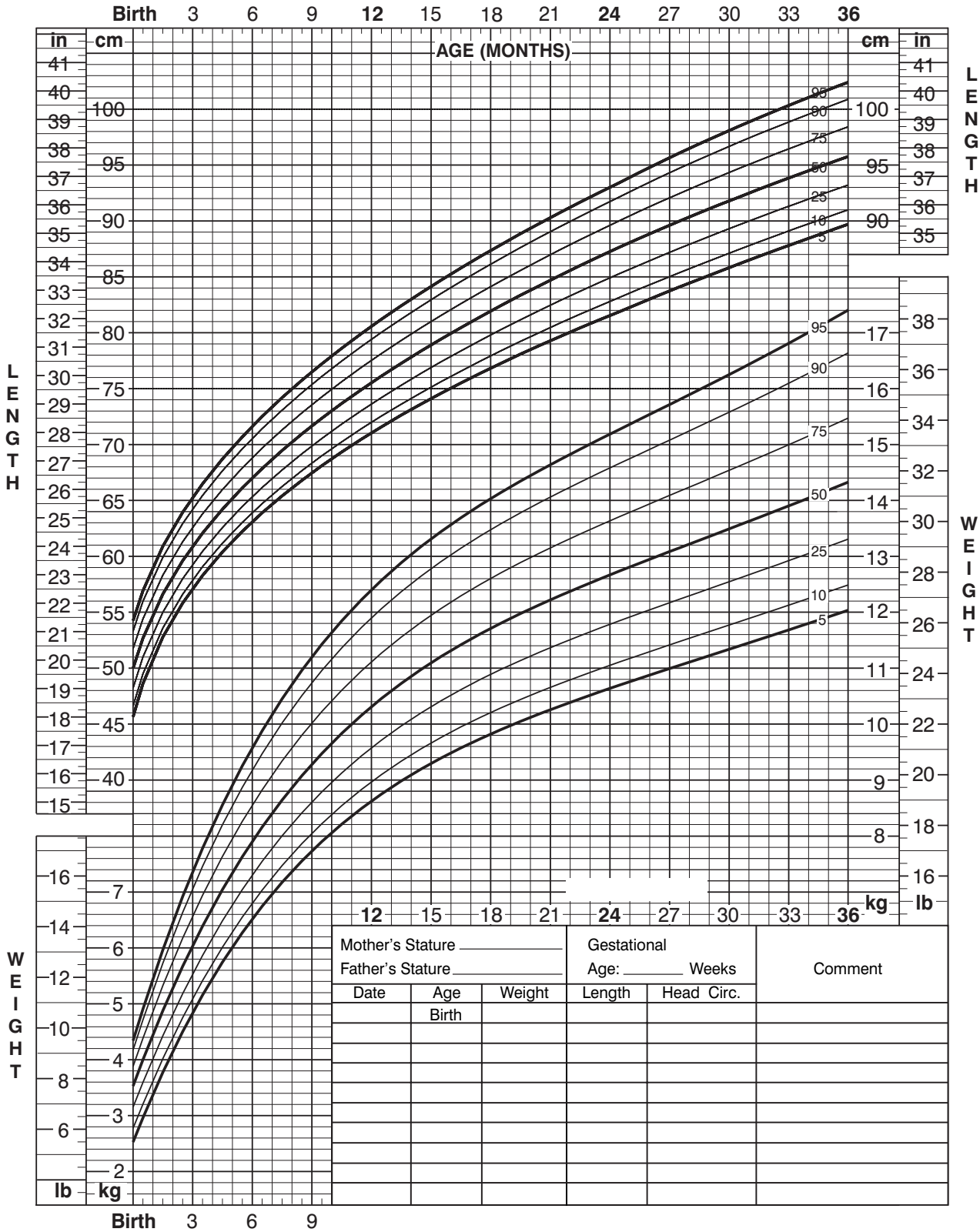
Chapter 5

Appendix 5.12: Percentile Graphs

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).

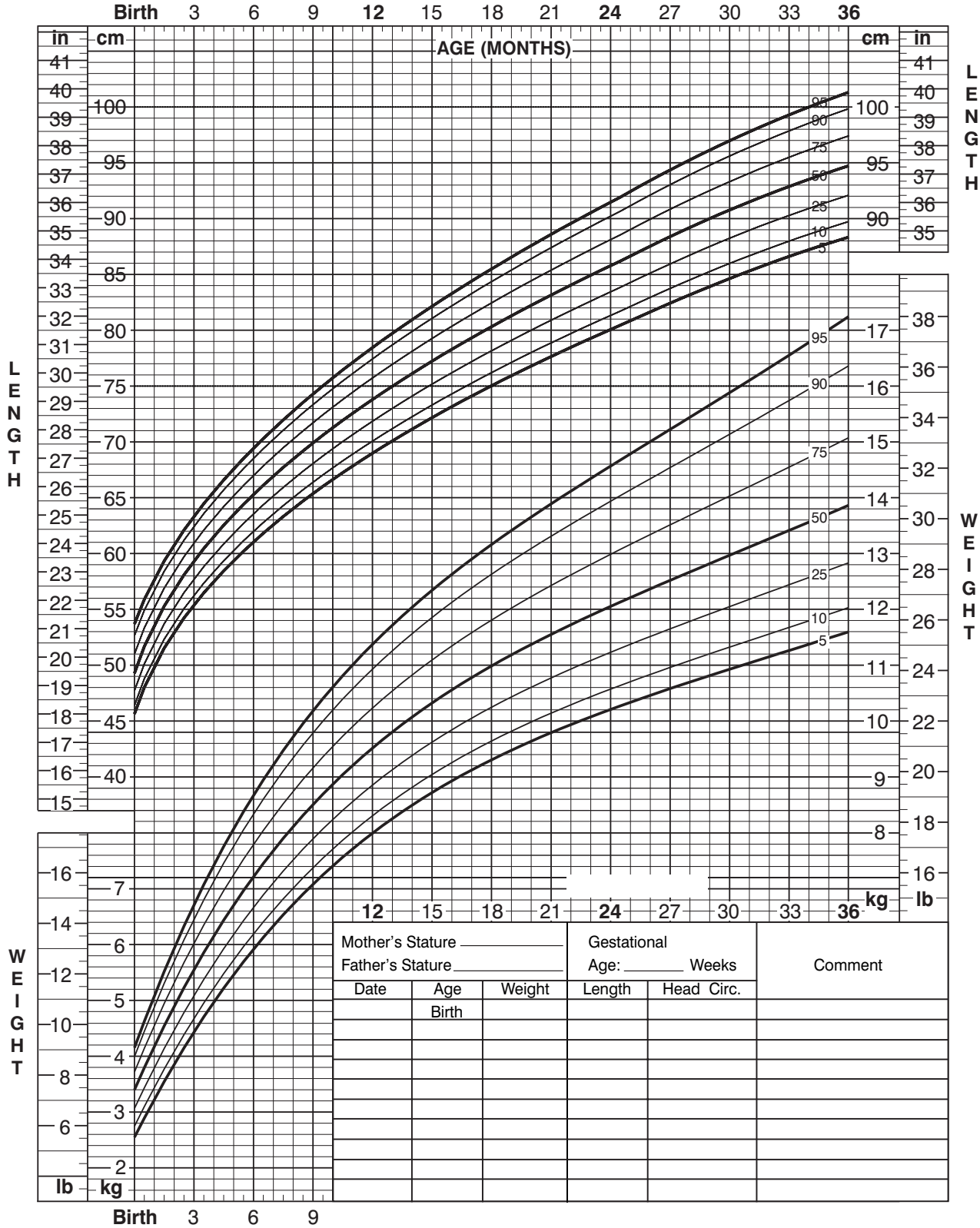
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
SAFER • HEALTHIER • PEOPLE™

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



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
SAFER • HEALTHIER • PEOPLE™

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

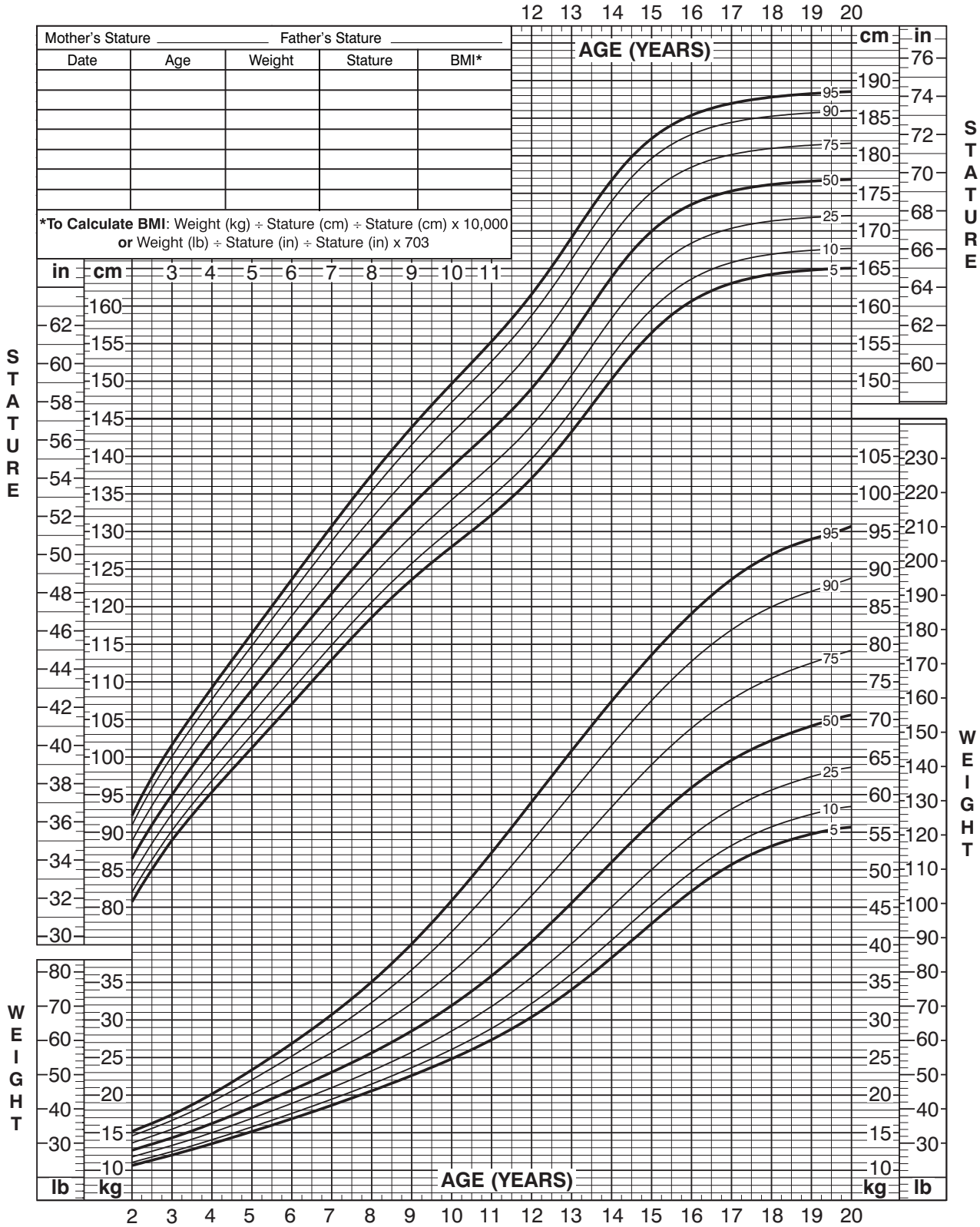
NAME _____

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

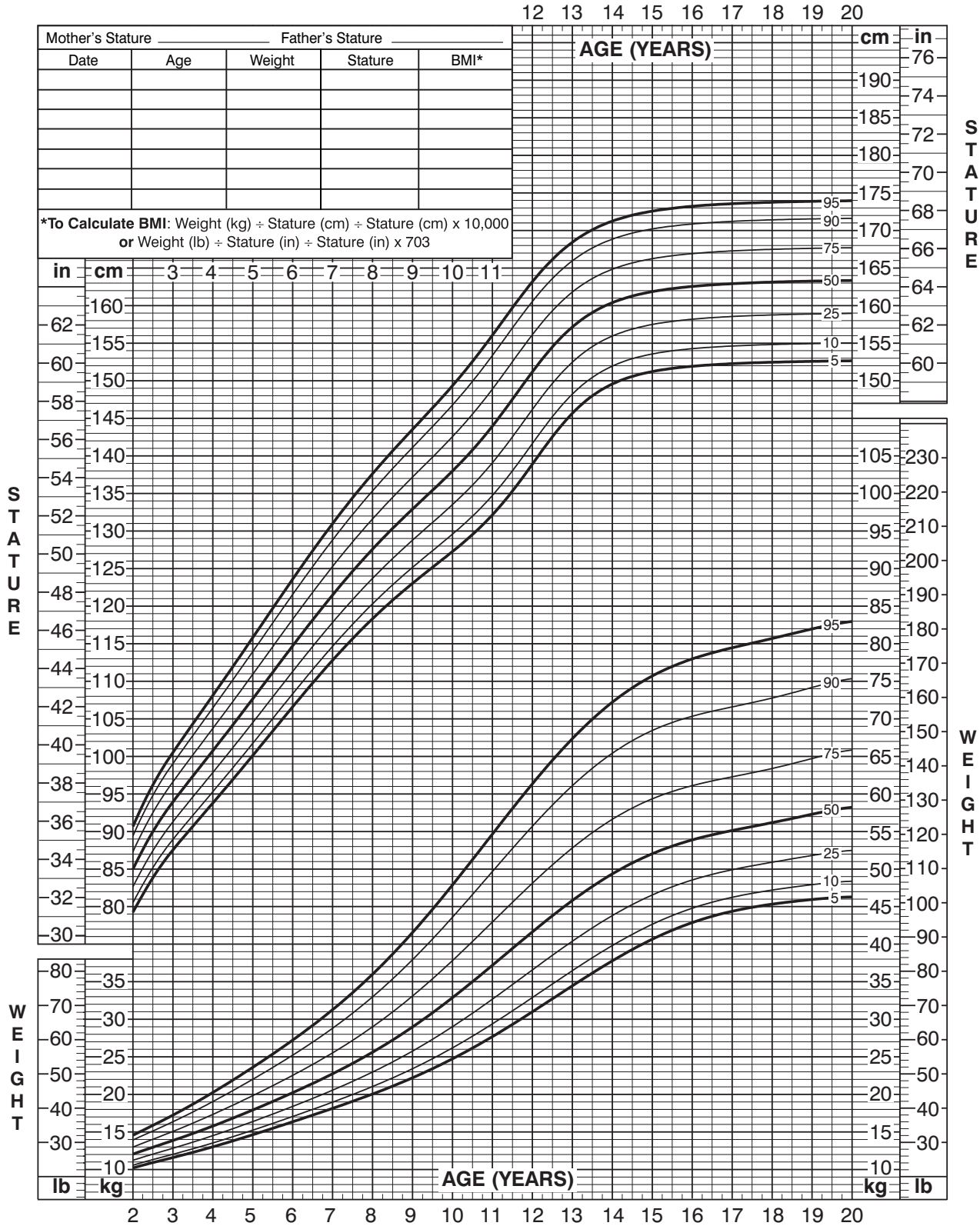
NAME _____

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



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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 5.15: Youth Transition Services Availability

State of Oregon
Oregon Department of Human Services
Child Welfare

YOUTH TRANSITIONS PROGRAM

YOUTH TRANSITION SERVICES AVAILABILITY

I, _____, have been offered independent living
(Young Person's Legal Name)
services through the Youth Transitions Program by my Oregon Department of Human Services (ODHS) Caseworker or Tribal Caseworker, _____.
(ODHS/Tribal Nations Caseworker's Name)

I have reviewed the following Youth Transitions and Independent Living Program (ILP) services available with my ☐ ILP worker or ☐ ODHS/Tribal worker. I also understand that I can decline services now and still have the option to request services in the future, if I meet the following eligibility requirements:

Youth Transitions Services:

1) I am eligible for **ILP skill building services** while in foster care and age 14 or older.

2) I may request **Voluntary ILP services or ILP Aftercare services** after I am discharged from Child Welfare's care (State or Tribal) if I have been in substitute care for at least six months sometime after age 13 and my case was closed at age 14 or older. I must access services prior to my 24th birthday.

3) I am eligible for Youth Transitions **Discretionary Funds** while in foster care, even if not enrolled/receiving ILP services. As a young person receiving Voluntary ILP services or ILP Aftercare services, I am eligible to receive Youth Transitions **Discretionary Funds**.

4) I may request that my ODHS caseworker secure funding for a **driver education course** at the expense of Youth Transitions while in care, receiving Voluntary ILP services or ILP Aftercare services. If I complete the approved driver education course, Youth Transitions will assist with up to six months of auto insurance payments (or $1,200 whichever is less).

5) I am eligible for the Independent Living **Housing Subsidy Program** at age 18, or older, if I am in the care and custody of ODHS (16 or 17-year-olds must have an approved Exception to Policy). 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 get married or I am terminated from ODHS care

Revised 7-10-25

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Copy - Case File, ILP Contractor
Copy – Young Person

and custody.

6) I can only be eligible for **Chafee Housing** if I am discharged from Child Welfare care and custody on or after my 18th birthday. I understand that there are additional requirements involved should I choose to participate in the Chafee Housing program.

7) I have also been made aware of the availability of the **Chafee Education and Training Voucher** – financial assistance for postsecondary education or training. I can apply and receive funds without an active ODHS case. For eligibility, program details and application deadlines see: https://www.oregonstudentaid.gov/grants/chafee-education-and-training-grant/.

Other Transition Services:

(1) 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. The FFCYM Program will provide OHP medical coverage until my 26th birthday. The application can be completed any time before my 26th birthday at: https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html

(2) I may qualify for the **Oregon Tuition and Fee Waiver** and other postsecondary financial support. For eligibility, program details and application deadlines see: https://oregonstudentaid.gov/foster-youth/.

By signing below, I am confirming that I understand the services and benefits available to me, and I have chosen not to participate in Youth Transitions Program services at this time. I may be re-referred for ILP services, Voluntary ILP Services, or ILP Aftercare services at a future date.

Young Person's Signature: _____ Date: _____
ILP Worker's Signature: _____ Date: _____

ILP Agency Name: _____

ODHS/Tribal Caseworker: _____ Date: _____

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Copy - Case File, ILP Contractor
Copy – Young Person

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 ODHS 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 young person, the caseworker must provide the young person with a "Transition Tool Kit." These are the essential documents, written records, and official forms that young person 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 young person 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:

- Information about family/placement history/tribal nation affiliation unless the information would endanger themselves or another child.
- Location & status of siblings & contact information the young person can use should he/she want to obtain this information in the future unless the information would endanger themselves or another child.
- 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 young person, 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.
- Educational summary and records.

An original or certified copy of each of the following:

- Birth Certificate
- Official proof of citizenship or residency status in a form acceptable to an employer-required to verify immigration status (JIJS card).
- Tribal Nation Enrollment/Membership Card (if applicable)
- Social Security Card).
- Driver's License or other form of state photo ID.
- Death certificate of a parent (if applicable)
- Written verification of placement in substitute care through the Department or one of the recognized tribal nations between the ages of 14 to 18. This information will assist a young person should they decide to move out-of-state and attempt to access Chafee ILP or ETG services.
- Provide the young person the Ward of the Court Verification Form (DE 2922) which is written verification of placement in substitute care through the Department or one of the recognized tribal nations between the ages of 14 to 18. This information will assist a young person should they decide to move out-of-state and attempt to access Chafee ILP or ETG services. Local offices can fill out the form themselves if they know the correct

information (and just change the last section of the form to their own contact information) or send a request to ILP.Central@odhsoha.oregon.gov for assistance.

- Provide the young person with a copy of the Services Availability Letter (Appendix 5:15)
- Copy of the young person's credit report.

Chapter 5

Appendix 5.19: Notification of Pending Termination Sample Letter

[Date]

Young Person's Name, Case #

Email

Mailing Street Address

City, State, Zip

RE: Notification of Pending Termination

Dear [young person's name],

It has come to my attention that you are out of compliance with your Housing Services Responsibility Agreement [and Exception – if applicable], dated / / . If you wish to continue accessing the [Subsidy or Chafee] Housing Program, you must complete the following: [List what the young person 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 make significant progress in achieving the tasks identified above and working with your team to develop an agreed upon plan to move forward. 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 [Subsidy or Chafee] Housing Program. Please contact me at [phone number], for any needed support or questions. No further notification will follow.

I appreciate your timely attention to this matter,

[CW caseworker's name for Subsidy]

[ILP worker's name for Chafee]

cc: Youth Transitions (ILP.Central@odhsoha.Oregon.gov)

[ILP worker's name for Subsidy]

Chapter 5

Appendix 5.29: Obtaining a Driver's Permit and a Driver's License for Young People In Care (Under Age 18)

Oregon Department of Human Services

Obtaining a Driver's Permit and a Driver's License for Young People In Care (Under age 18)

Young Person's Name: Date of Meeting:

Resource Parent's Name: Case Name:

Persons Attending: Case Number:

The purpose of this meeting is to discuss and develop a plan for a young person in substitute care to obtain their driver's permit and a driver's license. For young people 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 young people in care working toward independence is dependent upon access to transportation. *Note: there may also be times that a young person wants to obtain a driver's license prior to exiting foster care with no intent to drive a vehicle.*

- **Readiness**

The caseworker in conjunction with the other adults involved in the young person's life must agree that the young person is ready to pursue obtaining a driver's permit and then a driver's license.

Yes	No*	
		Is the young person at least 15 years of age (minimum age to obtain an instruction permit)?
		Is the young person enrolled & attending school, maintaining at least a "C" average, or are they actively working or receiving academic assistance to improve school performance?
		Has the young person's school attendance been regular without incidents of suspension, non-attendance, or expulsion during the last six months?
		Is the young person healthy and able to answer 'yes' to the medical questions on the application?
		Are there any documented medical or mental health recommendations that the young person does not drive due to physical, mental, or emotional conditions that would significantly impair the young person's functioning and judgment when operating a motor vehicle?
		Is the young person free from any evidence of drug or alcohol use that could impair their functioning and judgment when operating a motor vehicle?
		Does the young person display age-appropriate behavior generally, questioning and testing within normal limits, most often using good judgment, and avoiding unsafe, violent, or criminal behavior?

*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 a young person obtaining a learner's permit. Check the ODOT webpage for further information. Ensure the young person has each of these documents available prior to applying in person at the DMV office.

Yes	No*	
		Verification of school enrollment, completion, or exemption (which also verifies residency)
		Completed application signed by the parent or legal guardian (for all young people in Department custody, (this is the District Manager or designee and in most instances, this will be the Program Manager).
		Proof of legal presence in the U.S. Proof of full legal name. See the ODOT list of acceptable documents. In most instances, this will be the young person's birth certificate.
		Proof of Social Security number.
		A completed application.

Remember, the Department is not responsible for the insurance premiums of the caregiver however, if the young person is eligible and meets the criteria, Youth Transitions can assist with funding.

*If answered 'no' to any of the above questions, document the plan for addressing these issues:

Action	Responsible person(s)	Timeline

For a driver's license in addition to the above:

- **Insurance Coverage**

It is important to check with the insurance carrier prior to making any insurance decisions.

Yes	No	
		Do all affected parties understand the various insurance options available?
		Is there required insurance coverage prior to the young person driving a vehicle?
		Is the substitute caregiver electing to add the young person to their personal auto insurance?

		Is the young person's parent, legal guardian, or another responsible adult willing and able to provide adequate insurance coverage?
		Is the young person able to provide payment for their insurance premiums?
		Is the young person intending on seeking insurance funding from Youth Transitions? Has the funding request been submitted?

Document the plan for addressing any issues related to insurance:

Action	Responsible person(s)	Timeline

Driver's Education & Practice Hours

Note: ODHS has funding to assist a young person with the cost of a driver's education course. They must be eligible for Youth Transitions services and must have or obtain their driver's permit prior to enrolling in driver's education. To access the funds, the ODHS caseworker will need to complete form CF78 (Youth Transitions Funding Request). Whenever possible, young people are to use an ODOT-approved school for their driver's education class. For additional assistance, contact Youth Transitions at ILP.Central@odhsoha.oregon.gov. Also see Appendix 5.30, Driver's Education Course Completion form.

When the young person has successfully completed the driver education course, submit driver education course payment receipts to Youth Transitions (ILP.Central@odhsoha.oregon.gov). The receipt is needed for documentation of the course payment (previously requested) or to issue reimbursement to the young person or their resource parent. You must also submit the Driver's Education Course Completion form providing the necessary details regarding the young person's completion of the course.

Yes	No	
		Does the young person have plans to take a Driver's Education Course? Has the funding request been submitted to Youth Transitions?
		Does the young person have access to a vehicle for their practice hours?
		Who will supervise the young person's practice driving hours? *The caseworker must confirm that the individual supervising the practice hours is over 21 years of age and has a valid class C or high driver license,*
		How will driving hours be logged? Who will keep these records?
		Who is responsible for keeping and submitting the appropriate documentation regarding the completion of the Driver's Education Course to the Youth Transitions team?

When agreement has not been reached on any of the necessary steps or resources, or the young person is not ready to pursue getting a driver's license, 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.

Document the plan for addressing any issues:

Action	Responsible person(s)	Timeline

- **Planning**

Discuss how changes in placement, insurance coverage, school status, and legal status might impact planning. It is a caseworker's responsibility to ensure everyone understands the steps to obtaining a driver's license, and the people responsible to achieve each step of the process. Provide the young person with the guidance they need to prepare for and make their case for obtaining a driver's license. Support them in actively participating in transition planning to identify their transportation goals, all the required steps, and the adult supporters that will play a role in the plan.

Action	Responsible person(s)	Timeline

- □ The team recommends that the young person be allowed to pursue a driver's permit/license and/or driver's education.
- □ The team does not recommend the young person pursue a driver's permit license and/or driver's education.

If agreement cannot be reached on any of the necessary steps or resources, or the young person is not ready to pursue getting a driver's permit/license and/or driver's education, outline the steps that will be necessary to move forward:

Action	Responsible person(s)	Timeline

Date Signed:	Caseworker:
Young Person:	Supervisor:
Resource Parent:	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 Payment Form

Accessing Funds
Please follow your District's protocol to obtain permission for a young person in substitute care to obtain a driver's permit, take the driver's education course and become a licensed driver OAR 413-020-0100 to 0170. Once a young person is approved to obtain their driver's permit and license, the young person should be informed of the importance of driver's education prior to obtaining their driver's license.

ODHS caseworker completes the CF78, Youth Transition Funds Request form. Check the box for **Driver's Education Fees**. The ODHS caseworker is to ensure the young person has read and understands the Agreement Statement. The CF78 must be signed by the ODHS caseworker, initialed by the young person and ILP Provider, **if** enrolled for contracted ILP services. Remember to obtain the ODHS Program Manager's approval if request is over $500. Send completed CF78 to the Youth Transitions team, ILP.central@odhsoha.oregon.gov

Eligibility criteria for the young people:
- In ODHS substitute care, or a former foster young person enrolled in ILP services.
- Between the ages of 15 to 23 (preference is to complete course prior to turning age 18, but not mandatory).
- Must have driver's permit prior to beginning course.
- Prefer young person completes course successfully with an ODOT approved school and ODOT approved course
- **CANNOT** obtain driver's license prior to completing course.

Young person must have a plan for obtaining auto insurance coverage**.** Note, a young person with a Permit is automatically covered under the car and adult they are driving with (even if not actually added to a policy at the time). If the young person successfully completes an ODOT approved drivers' education course, discretionary funds could provide up to $1,200 or up to 6 months of car insurance. They must complete the ODOT approved course or the maximum support available is only $500 of car insurance that can be covered.

Contact Youth Transitions Staff with any questions at ILP.Central@odhsoha.oregon.gov

****

Return this section to the Youth Transitions team after young person completes driver's education course
(Email: ILP.Central@odhsoha.oregon.gov, Mail: 500 Summer St, NE E76, Salem, OR 97301)

ODHS Caseworker Name: _____ Date form completed: _____

Young Person's 's Name: _____ Case #, P/L: _____

Young Person's DOB: _____ Driver's Permit Number: _____

Name of School/vendor: _____

Date course began: _____ Date course ended: _____

Did young person pass the course? (check one): ☐ No ☐ Yes (attach copy of certificate)

Date young person obtained or plans to obtain Oregon driver's license: _____

Plan for auto insurance: _____

Once young person completes the course, please have them complete this survey:
https://www.surveymonkey.com/r/DHS_ODOTsurvey

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@ODHSoha.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 ODHS 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	

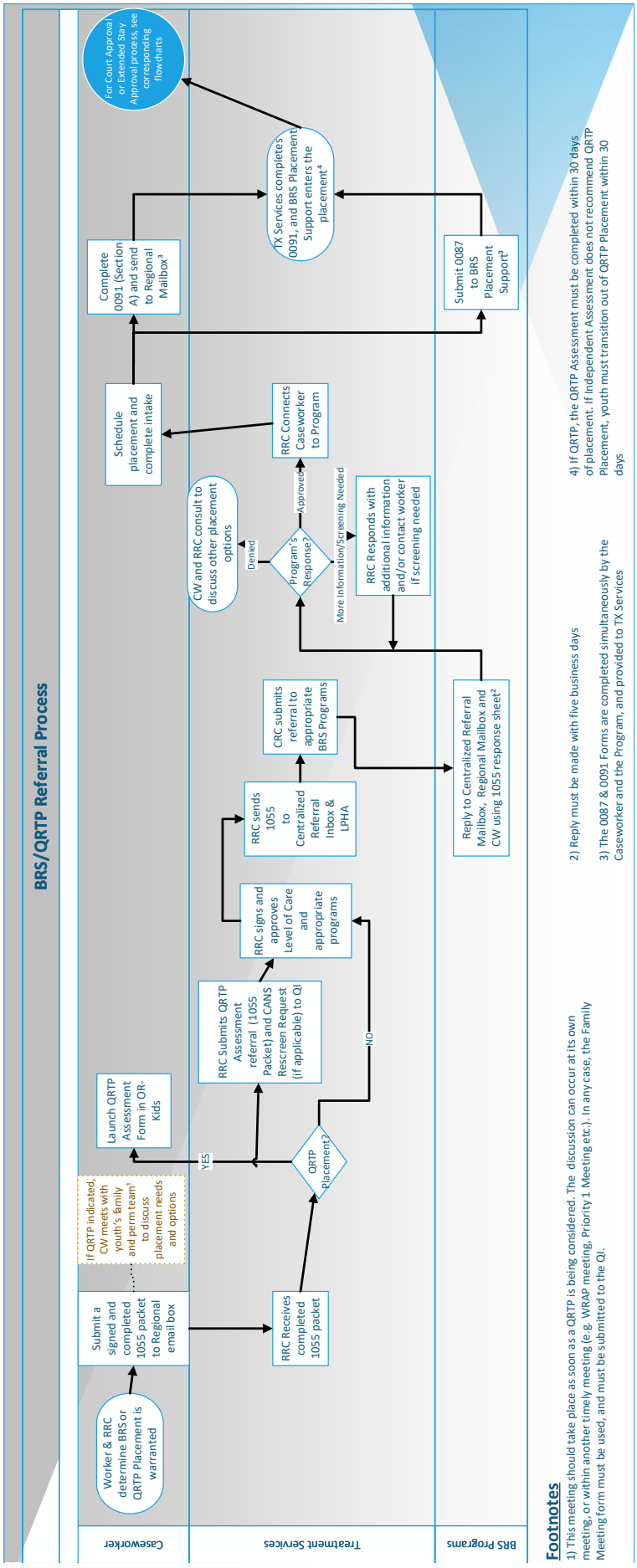
Placement entry coordinator	Will communicate to MARC Team when a youth is placed in BRS.
	Enter placement:
	• Enter placement into OR-Kids
	• Submit placement to the other placement entry coordinator for approval
	• Update 0091 with authorization number
	• Verify contact number and rate on 0091
	  ○ 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 o 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 o 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 o Contact Wellbeing Contracts if there is a discrepancy • Convert 0091 to PDF • Email PDF 0091 (if BRS also include the 0085b) to: o FRS o OFS o Specified accountant for the provider o Provider o 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

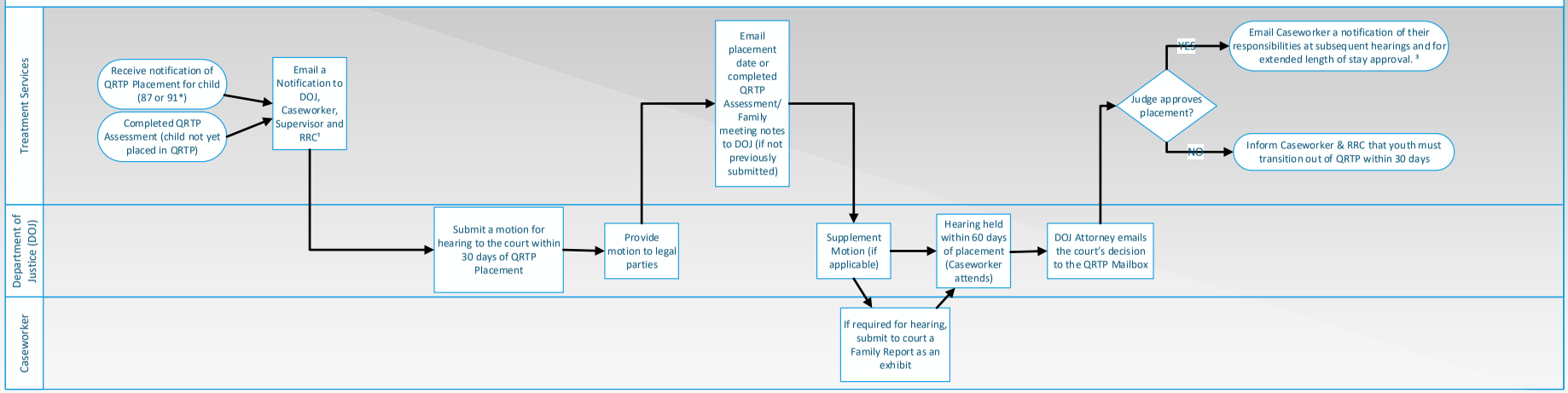
Chapter 5

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

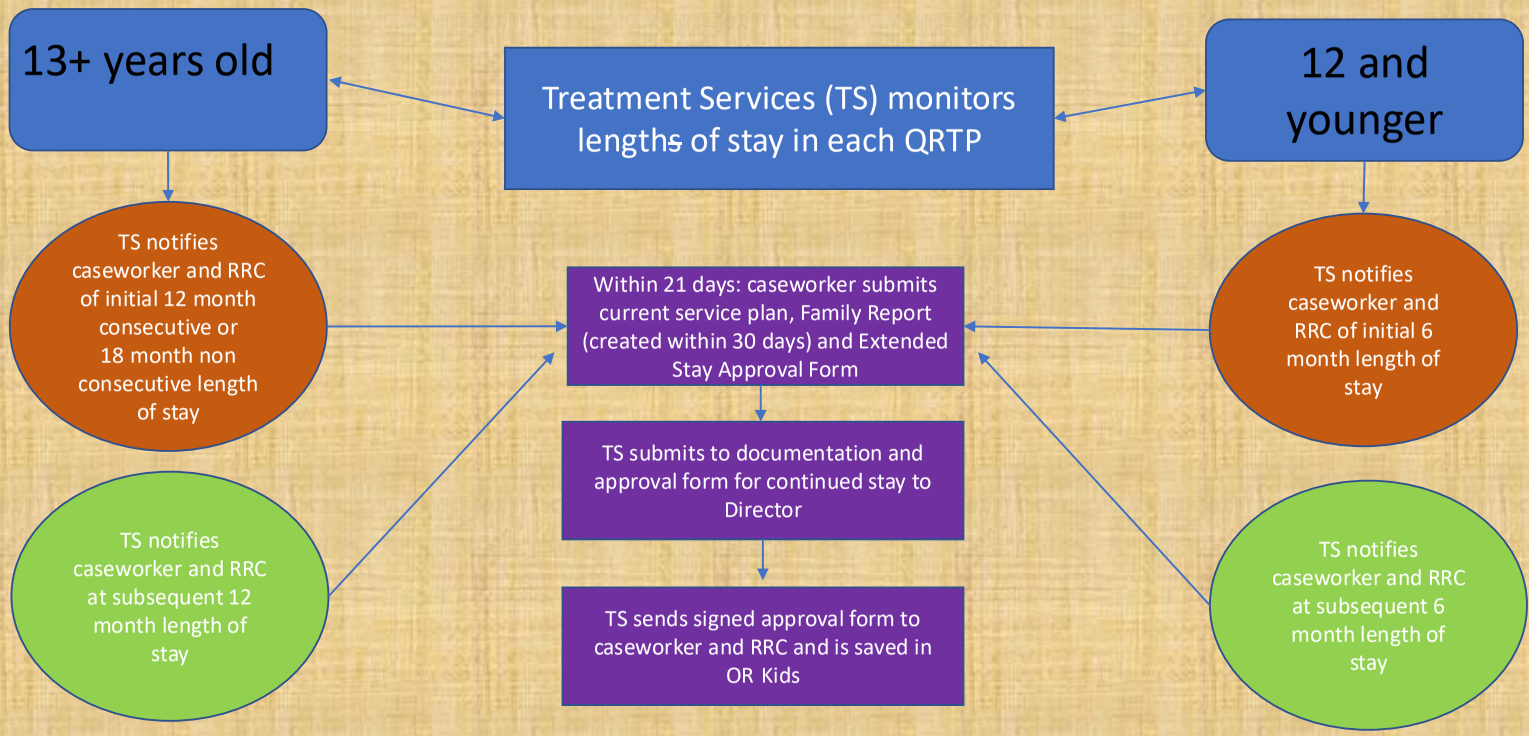
* 87- Provider Placement Notification form/91-BRS Placement Entry Request form

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

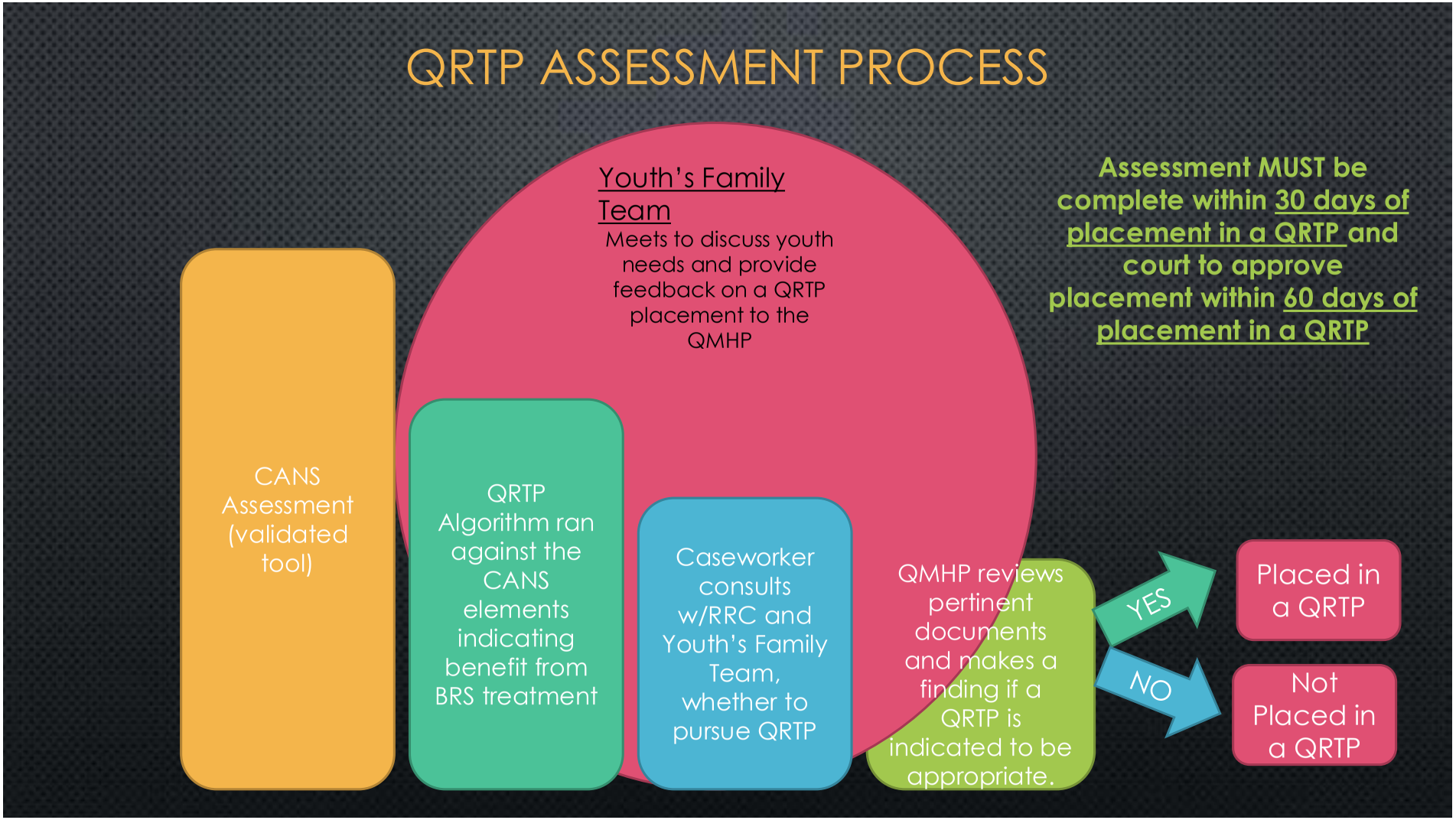
Appendix 5.37: QRTP Extended Stay Approval Process

QRTP Extended Stay Approval Process



Chapter 5

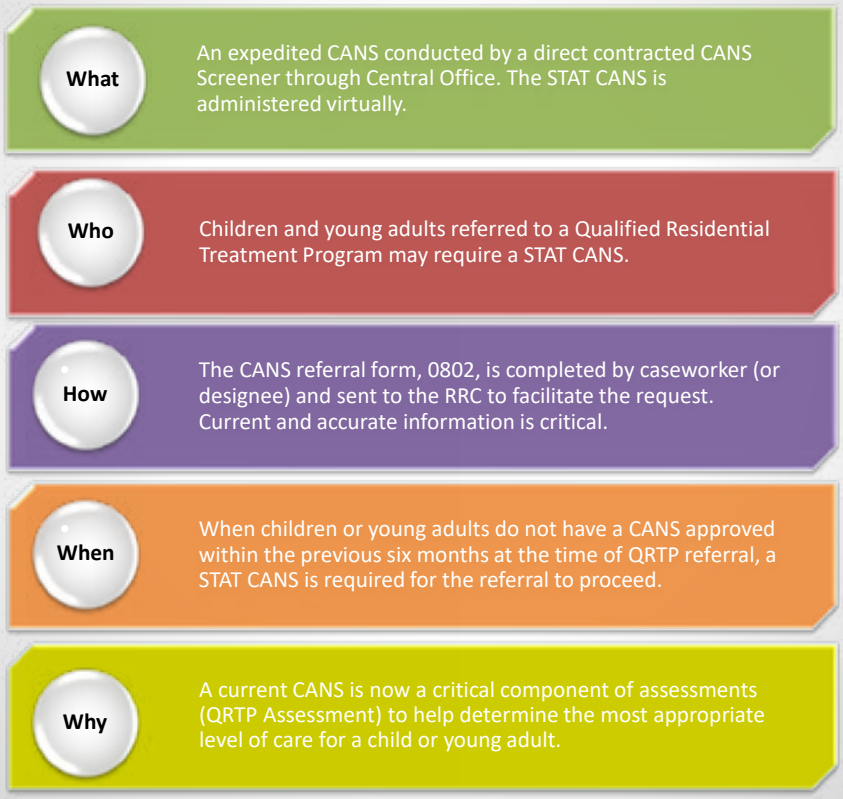
Appendix 5.38: QRTP Assessment Process


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



*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 ODHS 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. 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.

II. 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.

III. 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.

IV. 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.

V. 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

I. 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 case plan 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 0439, Legal Assistance Checklist

II. Transfer Narrative

III. CF 1044, Interstate Compact Financial/Medical Plan

IV. CF 0100A, Interstate Compact on the Placement of Children Request

V. CF 0100B, Interstate Compact Report on Child's Placement Status

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, ODHS 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/ODHS/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/ODHS/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 ODHS 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/ODHS/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/ODHS/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 ODHS 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 ODHS temporary custody through a shelter/detention order or temporarily committed to ODHS 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 ODHS 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), ODHS 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 ODHS 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 ODHS, immediately notify the supervisor, the legal assistance attorney and the legal assistance specialist so that further planning can be done. If ODHS 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://ODHSforms.hr.state.or.us/forms/databases/FMPRO

II. CF 355, Approval for Legal Assistance Referral
http://ODHSforms.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 ODHS 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://ODHSforms.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://ODHSforms.hr.state.or.us/forms/databases/FMPRO

IV. CF 422, Adoption Planning Referral
http://ODHSforms.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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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/ODHS/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/ODHS/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.
   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. 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.
   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 ODHS 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://ODHSresources.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://ODHSresources.hr.state.or.us/WORD_DOCS/CE0418.doc

VIII. CF 0423, Adoptive placement Needs
http://ODHSforms.hr.state.or.us/Forms/Served/CE0423.pdf

IX. CF 1270, Verification of ICWA Eligibility
http://ODHSforms.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.ODHS.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.

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 resource and their ability to parent a child who has experienced trauma. The child's lifelong safety, well-being, attachment and permanency are always the primary focus when considering prospective adoptive resources. This is true for all types of families: relative, resource family, family known to the child or family the child does not know.

Urgency in Identifying and Placing the Child with the Adoptive Resource

The caseworker is required by state and federal laws to:

I. Make reasonable efforts to identify and place the child with an adoptive resource in a timely manner that is appropriate to each child's permanency and concurrent plans.

II. Prioritize relative and current caretaker families when identifying prospective adoptive resources.

III. When there are no relative or current caretaker families available as a potential adoptive resource, the caseworker may consider general applicant families known or unknown to the child. Caseworker to contact central office Permanency Program adoption staff for information and support in recruitment efforts or considering a general applicant with an existing relationship to the child per OAR 413-120-0750 (5)(b).

IV. If the child is not legally free for adoption and a general applicant is being considered, discuss recruitment strategies with the central office 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 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. One 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: Children for whom ICWA/ORICWA applies and children with refugee status 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 6, Section 5b, Relative Families: Considerations and Procedure for Adoption" for how to work with the extended family to prioritize potential relative adoptive resources. 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 may include: birth parents, all involved 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. At times it may be beneficial for ODHS staff to step out of the meeting so that the family may discuss details on their own.

II. When agreement by the relatives cannot be reached, discuss with the supervisor the relatives who have expressed an interest in adopting the child. 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 current and lifelong needs and the known characteristics of the relatives, and then identify one to three families for adoption home studies. The studies are conducted by the department, a qualified private adoption agency or another public adoption agency when the relative lives out of state. For relative caregivers with the child in the home ensure that a staffing occurs to initiate the adoption home study. For out of state relatives submit a home study request through ICPC.

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 ODHS and non-ODHS 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 specific 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 lifelong needs.

IV. Discuss relevant details with the Child Welfare Program Manager (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. Consult with professionals who have worked closely with the child including the child's attorney, CASA, tribal representative, RCWAC representative, therapist, school personnel, and resource parent. Request input about the knowledge, skills, abilities and commitment a potential adoptive resource needs to be able to meet the current and lifelong needs of the child.

VI. Receive and review adoption home studies in a timely manner. If there are concerns about a relative caseworker should:
    A. Discuss with the supervisor.
    B. Contact the adoption worker of the relative for clarification of any concerns as needed.
    C. Collaborate with the family's certification/adoption worker to give the family consistent and supportive messages.
    D. Reach out to central office Child Permanency Program adoption staff for support in these situations as they can be complex.

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 central office 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 central office 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 Indian child alone or with their sibling group is being considered for adoption, the Indian Child Welfare Act (ICWA) and Oregon Indian Child Welfare Act (ORICWA) must be followed. An Indian child is a child that is protected under ICWA/ORICWA. 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. ORICWA is a state law that sets an order of placement preference that is different than the order of placement preference for non-Indian children. Federally recognized Tribes have the sovereign rights to determine their own order of placement preference which must be followed by child welfare, unless good cause has been awarded to deviate from placement preferences. If an Indian child has non-Indian siblings that the caseworker is placing together for adoption, ICWA/ORICWA 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 court of jurisdiction called a good cause finding.

Adoptive Placement Preferences

In any adoptive placement of an Indian child under State law, where the Indian child's Tribe has not established a different order of preference, preference must be given in descending order, as listed below, to placement of the child with:

I. With A member of the Indian child's extended family;

II. With other members of the Indian child's Tribe

III. With other Indian families.

In determining the appropriate adoptive placement for an Indian child, ODHS must contact the Indian child's tribe to determine if the Tribe has established an order of placement preference or has placement resources different those described in this section for the Indian children of the Tribe. If the Tribe recommends a potential adoptive resource that fits within the ICWA/ORICWA order of placement preference, and they have an approved adoptive home study, the caseworker will consider that resource. The caseworker must consider all potential adoptive resources that fit within the same level of preference unless otherwise determined by the Indian child's Tribe. Consult Office of Tribal Affairs for further support.

Search and Engagement

ODHS must conduct a diligent search for placements that complies with the Tribal or ICWA/ORICWA placement preferences. The diligent search should be thorough, on-going and in compliance with child welfare best practices. A diligent search should also involve:

I. Asking the parents for information about extended family, whether members of an Indian Tribe or not;

II. Contacting all known extended family, whether members of an Indian Tribe or not;

III. Contacting all Tribes with which the child is affiliated for assistance in identifying placements;

IV. Conducting diligent follow-up with all potential placements; and

V. Contacting institutions for children approved or operated by Indian Tribes if other preferred placements are not available.

ODHS should treat any individual who fall into a preferred placement category and who has expressed a desire to adopt (or provide foster care to) the Indian child as a potential preferred placement. ODHS is required to engage that individual and provide sufficient information on the Indian child's needs and circumstances around the need for placement. This information is necessary for the individual to determine if they want to invoke their preference and be a placement. ODHS should not inform the court that no preferred placement is available simply because the individual has not been provided the information or adequate time to make a decision. ODHS should be aware that a family member may wish to be a foster or adoptive placement for an Indian child but may not understand ODHS process or legal proceedings, may have language or education barriers, or may have distance barriers. The caseworker will cooperate with the Tribe in identifying placement preferences. It is also important to note that a preferred placement may not be excluded from consideration merely because the placement is not located in the State where the proceeding is occurring.

All families wishing to be considered as a potential adoptive resource for an Indian child must meet ODHS or the federally recognized Tribe's certification standards and must have an approved adoption home study completed by ODHS or a federally recognized Tribe ODHS must inform potential adoptive resources that the child is an Indian child.

Considering Multiple Potential Adoptive Resources That Meet The Indian Child's Tribe or ICWA/ORICWA Order of Preference

If multiple adoptive resources are available that meet the order of placement preference, consultation with the Indian child's Tribe must occur. If the caseworker, in partnership with the Indian child's Tribe, determines to move forward with an adoptive resource within the same or higher order of placement preference then selection may occur. In any other circumstance, a staffing must occur with Office of Tribal Affairs to consider a court order for good cause. If a request for good cause is approved by central office Child Permanency Program and Office of Tribal Affairs, ODHS must petition the court and receive a good cause finding by the court to move forward with an adoption selection. No adoption selection outside of the Indian child's Tribe or ICWA/ORICWA placement preference may occur without a good cause finding.

Good Cause Orders

Congress determined that a placement with the Indian child's extended family or Tribal community will serve the child's best interest in most cases. A court may deviate from these preferences, however, when good cause exists. A determination that good cause exists to deviate from the placement preferences must be made on the record by the court. It is recommended that the court state the reasons for finding good cause and incorporate agency documentation of its search for placement preferences and other information regarding the child's needs and available placements.

This good cause standard applies to requests to deviate from both the Federal placement preferences and any applicable Tribal-specific preferences being applied in lieu of the Federal preferences. If a party believes that good

cause not to comply with the placement preferences exists because one of the factors in applies, the party must provide documentation of the basis for good cause.

The caseworker must discuss with the Indian child's Tribe all active and diligent efforts to follow Tribal or ICWA/ORICWA placement preferences in descending order. After consultation with the Indian child's Tribe, schedule a good cause staffing with the Office of Tribal Affairs. 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 the Indian child's Tribe or ICWA/ORICWA. The judge will make their decision based on good cause considerations outlined in ICWA/ORICWA.

Good Cause Staffing Process For Adoption

The caseworker completes the good cause staffing request form and submits the completed form to the Regional ICWA Specialist via email. The Regional ICWA Specialist may suggest necessary efforts/actions. Those will need to be completed prior to scheduling the staffing. Once the Regional ICWA Specialist has reviewed the staffing request; they will schedule a meeting with Tribal Affairs Leadership: ICWA Consultant or Senior ICWA Manager.

A review of the case, efforts and proposed permanent resource will be discussed by the ICWA Consultant or Senior ICWA Manager and they may have recommendations or additional actions that are needed prior to moving forward in the approval process. Once any additional actions are completed, the ICWA Consultant or Senior ICWA Manager will schedule a meeting with the Office of Tribal Affairs Director and Child Welfare Permanency Manager. If the agency and the Tribe are not in agreement regarding the Good Cause finding, the Child Welfare Deputy Director will be invited to participate in the staffing. This staffing should include the Regional ICWA Specialist, Caseworker, Supervisor, Tribal Partner and may also include Consulting and Training Specialist, Safety/Permanency Consultant and AAG. If the Tribe cannot participate, the caseworker must be prepared to share the Indian child's Tribe's position. The caseworker immediately contacts the Indian child's Tribe following the staffing to provide an update.

The staffing will be to discuss the following (the list below is not exhaustive):

I. All active, diligent and good faith efforts to comply with the Indian child's Tribe's order of preference or ICWA/ORICWA placement preferences.

II. Needs of the Indian child; including sibling attachment, connections to relatives and other important attachments to the Indian child.

III. Any extraordinary physical, mental or emotional needs of the Indian child that require specialized treatment services.

IV. The preference of the: child/youth (if age appropriate), parent(s) or Indian Custodian.

V. The preferences of the Indian Child's Tribal Nation.

VI. The recommendation of the Indian child's attorney.

VII. Whether the developed a relationship with a non-preferred placement outweighs the long-term benefits to an Indian child that can arise from maintaining connections to family and the Tribal community.

This staffing may result in recommendations or additional actions that the worker will need to complete prior to

determining if the good cause is in the Indian child's best interest. The caseworker will need to complete any recommendations or actions and provide updated communication regarding the outcomes of their efforts. Depending on the recommendations/actions another staffing may be needed. The ICWA Consultant or Senior ICWA Manager will initiate the scheduling of the additional meeting.

If a Good Cause finding is determined to be in the best interest of the Indian child, the ICWA Consultant or Senior ICWA Manager will provide an email noting the approval. The caseworker will forward the email to their AAG who will then move the court to make the good cause finding. If the Indian child's Tribe could not participate, the caseworker will immediately contact the Tribal representative to provide an update on the status of the good cause request.

If a Good Cause finding is not determined to be in the best interest of the Indian child, ODHS may not move forward with requesting good cause through the court. A secondary staffing will be scheduled with the Director of Tribal Affairs, Child Welfare Leadership, the AAG, the caseworker, Supervisor, Regional ICWA Specialist to determine ODHS' position. If another party requests a good cause finding, the agency will either take a neutral position or no position depending on the factors in the case and the Indian child's Tribe's position.

For more information on Good Cause staffings see Tribal Affairs OWL page at this link.

Cultural Continuity Agreements

It is in the Indian child's best interest to establish and maintain a psychological, emotional and cultural connection with the Indian child's birth family, Tribe and other important connections. Cultural Continuity Agreements (CCA) developed through the mediation process can help all participants work together to be supportive of the Indian child now and in the future. Under ORICWA, ODHS is required to facilitate a CCA with the adoptive placement through the mediation process when the Indian child's Tribe is in agreement. The caseworker must offer a CCA to the Indian child's Tribe. The Indian child's Tribe may decline the CCA developed or choose to use the Tribe's own process to develop the CCA. It is important to note that the adoptive resource may not decline the CCA. The caseworker should engage in conversations with the adoptive resource to help them understand the importance of the CCA and benefits of openness for the Indian child. For situations when the Indian child's Tribe chooses to have mediation through the department, the caseworker must submit a referral for mediation (form 0437) and obtain releases of information from the adoptive family and any other birth parent/relative participants. A release is not needed from the Indian child's Tribe. There are identified mediators for CCA referrals so caseworkers should contact their LAS for a list of approved mediators.

General Recruitment for Indian Children

ODHS must complete diligent and ongoing search and engagement of relatives and other potential adoptive placements that fall within the Indian child's Tribe or ICWA/ORICWA placement preferences.

In rare circumstances and only when the Indian child's Tribe approves and it has been determined there are no prospective adoptive resources that meet the order of placement preference established by the Indian child's Tribe or ICWA/ORICWA, can the caseworker then proceed to general recruitment for an Indian child or siblings being placed for adoption together. Consult with Office of Tribal Affairs and central office Child Permanency Program adoption staff any time the agency is considering general recruitment for an Indian child.

If during the course of general recruitment, the caseworker receives an adoption home study/studies that meets one of the placement preferences established by the Indian child's Tribe or ICWA/ORICWA (most often an Indian family

not from the child's tribe), the caseworker must consider the family or families that meet the Indian child's Tribe or ICWA/ORICWA order of placement preference alone and move forward with adoption planning in partnership with the Indian child's Tribe. Consult with the central office Child Permanency Program adoption staff to discuss ending general recruitment efforts.

Caseworker Activity When Reviewing General Applicant Home Studies Received During Recruitment

Procedure

The child should be at the center of the recruitment process. The agency's focus in recruitment is to identify potential adoptive families that are in alignment with the child's individual interests and needs. 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 the child including their specific current and lifelong needs. Consider the child's history of trauma, language, culture and identity, important connections and attachment needs. Consider the families' willingness to use supports on the challenging journey of adoption.

Caseworkers are tasked with having a full understanding of potential adoptive families. Caseworkers should identify 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 and focus on understanding the family's ability to meet the needs of the child. The caseworker 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 more thorough information.

Be positively aware of the special characteristics of ODHS home studies. ODHS certification/adoption 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 ODHS adoption home studies may find more discussion about challenges or 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.

ODHS is tasked with narrowing down potential adoptive resources and identifying one to three families to consider in the adoption selection process. This task cannot be delegated to or shared with child's attorney, CASA and RCWAC. Different standards apply under ICWA/ORICWA. Home studies should not be sent to child's attorney, CASA and RCWAC outside of the adoption selection packet and prior to adoption selection being scheduled.

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. The 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 receive 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).

Following these parameters the four specific partners/parties listed above must receive the home studies of the families identified for an adoption selection process:

I. After the selection date has been scheduled;

II. From ODHS 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. No later than 10 business days prior to the adoption 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.

ODHS staff do not release home studies of identified families to the child's resource parent, therapist or anyone else on the child's team.

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 if not covered by the initial release.

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 central office Child Permanency Program manager 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 Resource

Consideration of compatibility of the child and prospective adoptive resource is based on, but not limited to, the following factors:

I. Motivation to adopt a child who has experience trauma (even if the child may not be displaying any current concerning behaviors or specific needs);

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 current and lifelong needs;

IV. Ability to support the child's cultural connections, language needs, identity, etc.

V. Ability to access community resources and services;

VI. Knowledge of child development and impact of trauma on development;

VII. Ability to maintain safe and appropriate boundaries including willingness to cooperate with any restrictions recommended by the agency on contact between the child and others;

VIII. Ability to commit to the child on a permanent basis, even through extremely challenging times;

IX. Household residents and family makeup;

X. Care giving standards and style of parenting;

XI. Family history;

XII. Ability and willingness to assist the child to develop or maintain a lasting relationship with their siblings;

XIII. Understanding of financial circumstances, the impact adopting will have on their financial circumstances and their need for adoption assistance;

XIV. Ability to keep the child safe and meet their lifelong needs without department support and monitoring;

XV. 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;

XVI. Capacity to maintain safe, long-term contact with important connections to the child;

XVII. Demonstrated capacity for resilience and ability to persevere;

XVIII. History and approach to dealing with significant set-backs, crises and difficulties including any history of accessing services;

XIX. Ability to accept things as they are and have realistic expectations about adoption; and

XX. Problem solving ability and flexibility.

Americans with Disabilities Act (ADA) and Considering Mental Health 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 the central office ADA coordinator for assistance if questioning how the ADA applies in a particular case.

Caseworker Asks Certification/Adoption Worker Questions After Reading Home Study

Procedure:

Identify questions for certification/adoption worker during the reading of the home study. Make sure significant questions are specific, clear and nonjudgmental. Indicate any discrepancies in the information. These can be provided to the certification/adoption worker verbally or in writing to begin the discussion.

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 specific higher needs.

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 ODHS staff as the case progressed; and

III. Thorough, clear child disclosure information so information about the child's individual current and lifelong needs can be included in the assessment of the prospective family and their support system and resources.

The Supervisor's Role

I. Ensure the caseworker has a complete understanding of the child's current and lifelong needs including cultural connections, language, identity, etc.

II. Assist the caseworker with questions as they review adoption home studies and with the selection of one to three families to consider at an adoption selection process.

III. Make sure the caseworker understands the agency's order of preference of consideration of adoptive resources for children. When applicable, for cases in which ICWA/ORICWA 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 6, Section 5..

IV. Discuss with the caseworker the need to be open to adoptive applicants of diverse backgrounds. Encourage the caseworker to provide welcoming messages about the agency's desire to work with qualified families from diverse backgrounds. Assist the caseworker 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.

V. Ensure the caseworker is in compliance with the Americans with Disabilities Act when considering prospective families.

VI. Discuss the caseworker's need to follow up with the adoption worker if they have questions about the family after reading their home study.

VII. Ensure the caseworker has tried to respond to all adoption workers as to whether their families have been identified for an adoption selection process. A short email response is a sufficient way to communicate this information and helps to support prospective adoptive family retention.

References

Federal Law

MEPA- Multiethnic Placement Act of 1994, P.L. 104-188

IEPA- Small Business Job Protection Act of 1996 "Removal of Barriers to Interethnic Adoption" amended MEPA

Americans with Disabilities Act

ORS

ORS 418.280, Placement of Children

OAR

Multiethnic Placements, OAR 413-070-0000 to 0030

Adoption Placement Selection, OAR 413-120-0000 to 0060

Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

Chapter 6

Section 5B: Relative Families: Considerations and Procedures for Adoption

Relative Families: Considerations and Procedures for Adoption

The Department's priority when placing children into care is with relative and sibling placements. Relative families provide a sense of belonging to children and help them remain connected to their family culture and heritage. The child's lifelong safety, well-being, attachment and permanency are always the primary focus when considering prospective adoptive resources. The Department values the importance of relative adoptive families and they have priority in consideration along with current caretaker families.

Definitions of Relatives, Identification and Prioritization of Relatives

The agency's definitions of relatives to a child have become more inclusive.

It is important to identity all potential relatives for a child in order to determine where they fall within the department's relative definition. The definition of "relative" is in OAR 413-070-0000 (80) and may be found at this link. When planning for a child's adoption the department is tasked with determining potential relative adoptive resources and following the priority listed below.

When there are no current caretakers under consideration as an adoptive resource, relatives are divided into two categories 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.

Caseworkers should carefully interpret the relative 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.

Considering Relatives Who Wish to Adopt

Relatives and sibling placement resources are one of the preferred adoptive resources for children who are unable to be cared for by their parents. Children who are covered by the ICWA/ORICWA have specific placement preferences the caseworker must follow. For additional information on identification and consideration of adoptive resources for Indian children or Refugee children, please refer to Section 5 A of this procedure manual. 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 adoptive 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 caseworker has serious concerns about a family being able to have an approved home study, they should communicate this with the family.

II. If a relative continues to express interest in being an adoptive resource after the caseworker shares concerns, consult with the supervisor to discuss concerns about the relative being able to be approved for adoption. Contact the relatives certifier to discuss concerns and how to support the relative family.

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 central office 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 home study process if they wish to be considered as an adoptive resource.

C. Contact the relative family's local Child Welfare office to determine their process of requesting a relative adoption home study. Ensure the child summary, if available, and any relevant documents that indicate the child's current and long-term needs, such as a psychological evaluation, mental health evaluation, education reports or medical reports.

D. When the potential relative adoptive resource is currently caring for the child in the home the caseworker must request a staffing to initiate the adoption home study. See OAR for details regarding who participates and what is discussed at this staffing.

II. When a relative is **living in a state other than Oregon,** the caseworker will:

A. 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 ODHS has a process to consider a relative family for the purpose of adoption and there may be other relatives or a current caretaker family that may have come forward to be an adoptive resource for the child.

B. Document in ORKids case file the date of the conversation and a description of the options discussed with the relative family.

C. If the family does wish to be considered for adoptive 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), training, criminal and child welfare history checks.Determine the child's legal status and IV-E eligibility and discuss with the family how the child's medical coverage will be met if placement occurs.

D. In rare circumstances, if a relative requests to complete their adoption home study through a private agency send the relative a letter requesting 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. Identify 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 who have experienced trauma. 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 ODHS. The agency must be willing to sign a contract with ODHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of

placement. The agency must agree to ODHS 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.

E. Follow the process outlined in the ICPC Handbook at https://apps.state.or.us/Forms/Served/de9053.pdf to request a home study.

F. Contact the ODHS ICPC Office with any questions.

G. 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 child permanency program adoption staff.

H. The central office Child Permanency Program adoption staff may approve a foster home study or a relative study to be used as an adoption home study for adoption placement selection when another state will not complete an adoption home study 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 siblings, relatives, and other important attachments;
    - Continuity and familiarity;
    - Appropriate social, educational, developmental, emotional and physical support;
    - Integration into the family;
    - Stability and permanency; and
    - Maintaining their identity, language, cultural, religious and spiritual heritage.

I. An adoption home study must be completed before the child's selected adoptive resource may be designated as the adoptive placement.

J. Consult with the Central Office child permanency program adoption staff 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 staff 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 staff in the Child 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 ODHS 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. ODHS must receive the letter from the relative within 14 days of the relative's receipt of the letter from ODHS.
   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 ODHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of placement. A private agency must agree to ODHS 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 who have experienced trauma. 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 staff in the Child 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 OR-Kids 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. ODHS must receive the letter from the relative within 14 days of the relative's receipt of the letter from ODHS.

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 ODHS to provide adoption supervision services and a recommendation to finalize after a minimum of six months of placement. The private agency must agree to ODHS 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 who have experienced trauma. 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 6 on "Transitioning the child to the adoptive placement" for more information. Consult with the Central Office Child Permanency Program adoption staff when anticipating any adoptive placements outside of the United States. Many aspects of the move must be coordinated.

Procedure When the ODHS Certification/Adoption Worker Has Concerns About The Ability to Approve a Relative

If the ODHS certification/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 Certification/Adoption Worker

I. Consult with the supervisor and notify the child's caseworker that there are significant concerns. The certification/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 certification/adoption worker may assess the family further as directed by the supervisor. The local office staff may choose to consult with the Central Office Child Permanency Program adoption staff to discuss concerns. This can be one of the most challenging aspects of a certification/adoption worker's job and seems to be even more difficult when the applicants are relatives or resource parents.

II. Discuss concerns about the family with the certifier and their supervisor if the adoption worker is not the same person as the ODHS 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 local office 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 https://www.safehomestudy.org/

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 certification/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 certification/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 ODHS requests for information, the worker should discuss establishing timelines with their supervisor. Sometimes workers are concerned about not being fair to a relative or resource 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 or if the certification/adoption worker is moving towards denying the adoption application.

VIII. Discuss with the certifier the concerns about the family if the foster care certifier is a different person than the ODHS adoption worker. Some concerns may be violations of the certification standards and consultation may be needed with the central office foster care consultant.

IX. Determine who will inform the child's caseworker, the supervisor and the child's CWPM, if child's case is located in a different office than the adoption worker's office.

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 resource 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 ODHS 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. Document this voluntary withdrawl in OR-Kids. 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 certification/adoption worker and the supervisor is likely to be more smooth and supportive than the certification/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 adoption application/adoption home study denial and termination of the process. Ideally, this is done at the meeting with the family, certification/adoption worker and supervisor. If the local office is not able to set a meeting, email and mail the letter.

XIII. Document the agency's denial of the adoption application/adoption home study in the provider file in ORKids.

XIV. Stop the home study writing process for adoption. The certification/adoption worker is not required to complete the home study if a family cannot be approved to adopt.

XV. In many cases, ODHS 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 adoptive resource. The certification/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/All About Me book and positively engaging in other ways that are supportive 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 foster/relative 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 cultural attachements as well asand progress in the resource 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. Relative placements for temporary care are prioritized. Maintaining a child in an unrelated resource family to obtain current caretaker status is not a reason for ODHS to not comply with their task to prioritize placement with a relative or siblings (OAR 413-070-0060).

   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. The caseworker must document the rationale for the placement change in OR-Kids.

   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 3 "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 staff. The adoption 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 or foster/relative studies, if approved by Central Office, 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

ODHS requires all parents who adopt children in the custody of ODHS to participate in training to address adoption issues and children's specific 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. Contact central office Child Permanency Program adoption staff for information about how to proceed if there are questions about the family's training to prepare them for adoption.

Presenting an Out-of-State Relative at Adoption Committee

There are three types of adoption selection processes: caseworker selection after consultation with their supervisor and members of the child's team, local adoption committee and central office adoption committee. A certification/adoption worker in Oregon does not need to be assigned to a family for a caseworker selection process. For an adoption committee, the caseworker submits a referral to Boys and Girls Aid Society (BGAID) to have an out-of-state family presenter assigned to their case. BGAID is a contracted agency with specialized workers who have experience

with ODHS' adoption committee process and are equipped with the skills to engage and support out-of-state relatives. The BGAID worker assigned to present the out-of-state family will need sufficient information from the caseworker and adequate time to prepare for committee. The BGAID worker will provide a list of needed materials to the caseworker. The BGAID worker will talk with the relatives, the adoption worker for the relatives and others from the child's team to best understand the child's current and lifelong needs as well as the family's strengths, challenges and ability to be the adoptive resource. If the relative family is non-English speaking and/or lives outside the United States, contact the central office Child Permanency Program adoption staff for support.

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 priority adoptive placement resources. 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 ODHS 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 challenging behaviors and difficult circumstances. Some relatives may see foster care as opening them up to additional challenges including potential safety concerns. Education about open adoption may make mediated agreements for contact seem more feasible for the relative family and helping them recognize how they can set boundaries while still supporting the child.

V. Relatives may defer to other relatives due to age 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.

ODHS must consider relatives that come forward later in the adoption planning process unless an adoption selection has been scheduled.

When a Relative Comes Forward After the Caseworker Adoption

Selection Process Has Been Scheduled

When a child's relative now expresses interest in being considered as a potential adoptive resource after a caseworker selection process has been scheduled, 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, 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 After the Adoption Committee Has Been Scheduled

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 413-070-0087.

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 413-120-0700-0760 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.

The Supervisor's Role

I. Discuss the values of relative placements and support workers to skillfully address challenges that may arise in relative placements. 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 413-120-0700-0760 Identification of a Child's Potential Adoptive Resources.

IV. As the supervisor for the caseworker, contact the relative family's local Child Welfare office to determine their process of requesting a relative adoption home study. The caseworker should not reach out directly to a certification/adoption worker to initiate an adoption home study of a relative without going through the local office process.

V. Support the caseworker to take a team approach and stay child-focused when working with their colleagues who conduct certification and adoption home assessments. This can be more challenging when the workers are in different offices or counties.

VI. Staff with the certification/adoption worker and their supervisor if the 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 caseworker to consult with the Central Office Child Permanency Program international case consultant 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 Adoption Staff as Needed for Cases That are Particularly Complex.

Forms and References

Legal References

Federal Laws

Adoption and Safe Families Act of 1997, P.L. 105-89

Fostering Connections to Success and Increasing Adoptions Act of 2008

ORS

ORS 419B.192, Placement of Child

ORS 109.119, Rights of Grandparent, Child-Parent Relationship, Ongoing personal Relationship

OARs

Search for and Engagement with Relatives, OAR 413-070-0000 to 0087

Interstate Compact on the Placement of Children, OAR 413-040-0200 to 0292

Placement Matching, OAR 413-070-0600 to 0645

Placement of Indian Children, OAR 413-070-0000 to 1090

Placement of Refugee Children, OAR 413-070-0300 to 0380

Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760

Legal Permanency, Concurrent Planning, and Use of a Permanency Committee, OAR 413-070-0500 to 0519

Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0190 to 0246

Adoption Placement Selection, OAR 413-120-0000 to 0060

Standards for Certification of Resource Parents and Relative Caregivers and Approval of Potential Adoptive Resources, OAR 413-200-0301 to 0396

Criminal Background Check Requirements for Relative Caregivers, Resource Parents, Adoptive Parents, and Other Persons in Household, OAR 413-120-0400 to 0475

Contested Case Hearings, OAR 413-010-0500 to 0535

Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, OAR 413-120-0900 to 0970

Forms

Relative Information

Required Information for Adoption Workers and Adoptive Family (CF 963)

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: Current Caretaker and Relative Caregiver Considerations and Procedures for Adoptions

Current Caretaker and Relative Caregiver Considerations and Procedures for Adoption

This section does not apply to a relative who does not currently have the child in their home for substitute care. For relatives not currently caring for the child, see Chapter 6, Section 5B.

Children need continuity in relationships for their physical, emotional and social growth and well-being. Ongoing connections can be provided by relative and nonrelative families. Psychological and emotional connections of the child to their current caretaker or relative caregiver are of vital consideration in determining the best interests of the child. The cultural and language needs as well as any cultural connections are also vital when considering 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 non-relative resource parent may be interested in becoming the child or sibling group's adoptive resource. If the non-relative resource 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 non-relative resource family does not meet current caretaker status, they may still be considered as general applicants with other general applicants but only if there are no relatives or current caretakers under consideration. The non-relative resource parent who does not meet current caretaker status would need to obtain an approved adoption home study to be considered. The exception is when the non-relative resource parent has been determined to have a significant emotional relationship to the child. Please refer to OAR 413-070-0500 to 0519.

A "current caretaker," for the purposes of the adoption process is defined as 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.

When there are siblings in different current caretaker homes who have the plan for adoption together, the caseworker must discuss interest in being adoptive resource with both current caretakers. 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 resource home and the resource 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 resource home to be with the sibling or placed in another resource 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 resource 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.

When a current caretaker or relative caregiver 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 or relative caregiver about the impact of adoption on the child and the family. "Families Considering Foster Care and Adoption" is an article that may offer thought provoking and relevant ideas for the caseworker, current caretaker or relative caregiver and may be found at: https://www.childwelfare.gov/pubs/f-fospar/
- When a current caretaker or relative caregiver expresses a desire to be the adoptive resource, provide the current caretaker or relative caregiver with detailed information about the child. Do not assume because the child has been in the home, the current caretaker or relative caregiver has all of the child's information available to ODHS Child Welfare that the current caretaker or relative caregiver needs to know to make a life-long decision. Provide appropriate disclosure of the child's history, culture, strengths and current and lifelong needs.
- When a current caretaker or relative caregiver requests consideration as a potential adoptive resource, the child's caseworker discusses with the current caretaker or relative caregiver their ability to meet the child's current and lifelong needs for safety, permanency, attachment and well-being. The child's caseworker should share with the current caretaker or relative caregiver any concerns they may have regarding the families' ability to meet the child's current and lifelong needs so that the family is aware and can work to mitigate those concerns if possible.
- When the caseworker discusses the information in the paragraph above with the current caretaker or relative caregiver, the worker includes the differences in benefits between adoption subsidy and foster care reimbursement. Refer to Chapter 6, Section 10B for more information about adoption assistance.

Scheduling an Adoption Home Study Staffing to Initiate an Adoption Home Study for a Current Caretaker or Relative Caregiver

If a current caretaker or relative caregiver wishes to be considered as a potential adoptive resource the caseworker must:

- 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 separate 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 an Adoption Home Study Staffing. The purpose of the Adoption Home Study Staffing is to discuss the history of the child's placement with the current caretaker or relative caregiver and to ensure the certification/adoption worker has all relevant information they will need to do a comprehensive child specific adoption home study. This is a staffing intended to bring forth information, questions and any concerns from all relevant parties to be used by the certification/adoption worker in completing a well-informed child specific adoption home study,
    - Follow the local office or district process to schedule an Adoption Home Study Staffing.

- Follow the relevant policies if the current caretaker or relative caregiver is also an employee of ODHS Child Welfare or Self Sufficiency. Consult the procedure manual's Chapter 6, Section 5D, "Child Welfare conflict of interest and employee adoptions and exceptions to the conflict of interest ODHS policy."

Notification and Invitations to the Adoption Home Study Staffing

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 Adoption Home Study Staffing. These individuals are invited to the Adoption Home Study 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-ODHS participants mentioned above.
- The caseworker, caseworker's supervisor, and certifier and adoption worker (if different) must attend this Adoption Home Study Staffing. The courtesy caseworker and their supervisor and the certification/adoption supervisor may attend to provide helpful information.
- Document in the case record the above-mentioned persons were informed of the staffing date, time and location.

The Caseworker's Role at the Adoption Home Study Staffing

Procedure

The worker should be well prepared to:

- Be able to access the child's case file during the staffing.
- Discuss information about the child's history, progress in foster care, strengths, challenges, and current and lifelong needs.
- Discuss information about the current caretaker or relative caregiver family, along with the family's certifier/adoption worker, including the following:
    - Strengths as a current caretaker or relative caregiver 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. (Example: A cause for significant concern is a current caretaker or relative caregiver who does not take the child to health or mental health evaluations or appointments as needed.);
    - How the family is supporting the child's cultural connections, heritage, religious/spiritual development and identity;

- What efforts the family is currently making to support contact between siblings, relatives and other important people to the child;
- 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 or relative caregiver 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 or relative caregiver.

The Certifier/Adoption Worker's Role at the Adoption Home Study Staffing

Procedure

The certification/adoption worker should be well prepared to:

- Present information about the current caretaker or relative caregiver family, including the following:
  - Strengths as a current caretaker or relative caregiver family;
  - Concerns about the current caretaker or relative caregiver 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;
  - How the family is supporting the child's cultural connections, heritage, religious/spiritual development and identity;
  - What efforts the family is currently making to support contact between siblings, relatives and other important people to the child;
  - 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/adoption worker 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 or relative caregiver.

Adoption Home Study Staffing Discussion

The Adoption Home Study Staffing participants discuss the information learned during the staffing and must consider the following:

- The safety, attachment, permanency and well-being needs of the child or sibling group under consideration for adoption and how well the current caretaker or relative caregiver has met those needs;
- The history of the current caretaker or relative caregiver 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 or relative caregiver;
- Recommendations for continued contact with birth parents, siblings, 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 or relative caregiver to meet the lifelong safety, attachment, permanency and well-being needs of the child or sibling group under consideration.

The Adoption Home Study staffing discussion should focus on what the certifier/adoption worker needs to know about the family for whom they will be conducting the child specific adoption home study. The certifier/adoption worker must have all the information needed to conduct a thorough assessment for an adoption home study. Decisions about if this family is selected and whether this family receives a home study are not made during this staffing.

Certification/Adoption Worker Responsibilities If the Current Caretaker or Relative Caregiver Does Not Follow Through with The Requirements for The Adoption Home Study Assessment

Procedure

- Prioritize the child's needs for permanency in an adequate timeframe.
- Consult with their supervisor about any issues of concern. In especially challenging cases, consult with the Central Office Child Permanency Program adoption staff. It is critical that caseworkers and certification/adoption workers are sensitive to historic and cultural experiences that may cause challenges for the family to engage with ODHS in a timely manner.
- 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 adoption home study, consider any concerns the current caretaker or relative caregiver parent may have and determine if the current caretaker or relative caregiver parent is still interested in adopting the child.
- Send the current caretaker or relative caregiver 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 or relative caregiver as a potential adoptive resource.

- Consult with Oregon Post Adoption Resource Center (ORPARC) for additional information related to factors that may impact the family's movement toward adoption. Possible factors may include: grief and loss, infertility, ambivalence, relative dynamics, relational challenges within the family, the child's unmet needs, discipline challenges and attachment. Resources can be found at: https://www.orparc.org

- Communicate with the caseworker if concerned about the current caretaker or relative caregiver parent not following through with the needed activities of the adoption assessment within a reasonable timeline. 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 certifier/adoption worker is concerned the current caretaker or relative caregiver 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 Current Caretaker or Relative Caregiver If They Are Selected as The Adoptive Resource for The Child

Procedure

This information is for the caseworker and the certification/adoption worker. This section contains limited information about disclosure of child information to the selected adoptive family. Therefore, the two workers should refer to the procedure manual Chapter 6, 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 certification/adoption worker of the selected adoptive resource . If the Adoption Decision Specialist makes the decision after an adoption committee adjourns, the certification/adoption worker for the family and the caseworker discuss how the materials will get to the certification/adoption worker immediately.

- The caseworker and the certification/adoption worker decide who should discuss the possible future needs of the child related to history and heritage (such as genetically transmitted conditions, prenatal exposure to substances, history of neglect, etc.) with the selected adoptive resource. Give the selected adoptive resource an opportunity to ask questions, consult with specialists and, if they feel they cannot meet the child's needs, withdraw as the adoptive family.

The Supervisor's Role

- Consult with and provide guidance to the caseworker about the caseworker's process to proceed to legally free a child for adoption and the current caretaker or relative caregiver'srequest 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 current caretaker or relative caregiver 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 current caretaker or relative caregiver 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 if applicable, Adoption Homestudy Staffing and Adoption Committee with the caseworker as needed when the worker needs additional support or the case is highly complex.
- After the current caretaker or relative caregiver adoption home study or update is complete and approved, inform the caseworker of the adoption selection process to use, as well as the notification responsibilities and deadlines related to selection. This is found in:
    A. Adoption Placement Selection 413-120-0010 to 413-120-0060 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 or relative caregiver 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 adoption staff as needed if there are complex 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 413-070-0060 to 0087.
- Identification and Consideration of Potential Adoptive Resources, OAR 413-120-0700 to 0760.
- Adoption Placement Selection, OAR 413-120-0010 to 0060.
- Legal Permanency, Concurrent Planning, and Use of Permanency Committee, OAR 413-070-0500 to 0519.

Forms

- Permanency Committee Form (CF 0270)
- Genetic and Medical History of Child and Biological Family in OR-KIDS (246)
- Adoption Child Summary in OR-KIDS (421)
- CF 963, Required Information for Adoption Workers and Adoptive Parents (CF 0963)

- 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 ODHS Policy

Child Welfare Conflict of Interest and Employee Adoptions and Exceptions to the Conflict of Interest ODHS Policy

This section discusses potential conflict of interest in adoption application and consideration of:

I. Specific categories of ODHS employees;

OR

II. Partners for whom there may be a potential conflict with ODHS and who do not fall into the category of ODHS employees described above;

AND

III. The applicant described above wishes to adopt a child in the custody of:

A. ODHS;

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 ODHS 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 ODHS or another public child welfare agency:

A. Partners (non-ODHS employees): The Child Welfare program manager (CWPM) determines a potential conflict of interest with a ODHS 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. ODHS employees: ODHS 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 ODHS employees

The administration has determined there is an inherent conflict of interest in being both a ODHS employee in Child Welfare and Self-Sufficiency positions (the ODHS organization formerly known as Children Adults and Families) and an adoptive parent for children in ODHS 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.

ODHS employees of Child Welfare and Self-Sufficiency Services must obtain approval to adopt a child in the custody of ODHS. 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 ODHS 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 ODHS employee conflict of interest:

I. Conflict of Interest Policy Addendum for CAF Employees
www.ODHS.state.or.us/policy/admin/hr/060_002_add.htm

II. ODHS-060-002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.ODHS.state.or.us/policy/admin/hr/060_002_02.htm

III. ODHS-060-002, Conflict of Interest Policy
www.ODHS.state.or.us/policy/admin/hr/060_002.htm

IV. ODHS-060-002-01, Conflict of Interest Procedure
www.ODHS.state.or.us/policy/admin/hr/060_002_01.htm

Procedure

The employee of ODHS Child Welfare or Self-Sufficiency Services applying to adopt a child in the custody of ODHS must:

I. Request an exception by completing the form ODHS 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 ODHS 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 ODHS staff member and the requirements of the ODHS-060-002, Conflict of Interest Policy and the Conflict

of Interest Policy Addendum for CAF Employees apply. These employees are ODHS Child Welfare or Self-Sufficiency Services employees; or

II. A non-ODHS 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 ODHS-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

ODHS policies

I. Conflict of Interest Policy Addendum for CAF Employees
www.ODHS.state.or.us/policy/admin/hr/060_002_add.htm

II. ODHS-060-002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.ODHS.state.or.us/policy/admin/hr/060_002_02.htm

III. ODHS-060-002, Conflict of Interest Policy
www.ODHS.state.or.us/policy/admin/hr/060_002.htm

IV. ODHS-060-002-01, Conflict of Interest Procedure
www.ODHS.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. ODHS 060—002-02, Conflict of Interest Procedure for CAF Employees regarding Respite Care, Relative Caregiver, Employee Foster Parent, Adoptive Parent, and Legal Guardian www.ODHS.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. ODHS 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.ODHS.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 ODHS 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 Resource

Selecting The Adoptive Resource

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 resource for a child or sibling group in the custody of ODHS. The department must make a formal decision to select the adoptive resource for a child or sibling group.

The goal of the adoption selection processes is to select an adoptive resource likely to meet the child's long-term needs for permanency, attachment, safety and well-being. It is important for a child to be able to maintain safe, long-term contact with siblings, relatives and caregivers known to the child and others with whom the child has developed an emotional attachment. Ensuring the child's identity, language, and cultural needs are met is critical when considering an adoptive resource. 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. ODHS 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 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 resource 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 (ADS).

C. Central Office adoption committee and selection by ADS.

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 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 attachment, the importance of lifelong family and cultural connections. The ADS must 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/ORICWA 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.

IX. If an adoption is disrupted, consider any relative or current caretaker who was not initially selected by the department as the prospective adoptive parent as an adoptive resource.

Also include in the discussion the results of the diligent search for relatives.

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/ORICWA) Applies: Additional Considerations In Selection

Note: If Tribal Customary adoption is being pursued, ODHS does not make an adoption selection. The Tribe will make the selection, which is then approved by the court.

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 ODHS is considering only one family in the ICWA order of preference, the agency requires there be a formal adoption selection process 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:

I. The child is identified as an American Indian or Alaska Native child and the adoption placement selection complies with OAR Chapter 413, Division 115.

II. The child is a refugee child and the adoption placement selection complies with OAR 413-070-0300 to 0380, Placement of Refugee Children.

III. A relative of a child is being considered alone as the potential adoptive resource for a child or siblings, unless:

   A. A ODHS staff member is a potential adoptive resource, and the requirements of the DHS/OHA-060-002, Conflict of Interest Policy.

   B. A non-ODHS 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.

IV. A current caretaker is being considered alone for a child or siblings unless any of the following conditions are present:

   A. A ODHS staff member is a potential adoptive resource, and the requirements of the DHS/OHA-060-002, Conflict of Interest Policy.

   B. A non-ODHS 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.

V. 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 resource 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 resource 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.

Note:

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 Adoption Decision Specialist (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 ODHS staff member when the DHS/OHA-060-002, Conflict of Interest Policy.

   E. A non-ODHS staff member with a potential conflict of interest with ODHS.

   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 knowledgeable about the adoption committee process; and

   B. Two neutral committee members who may be community partners or department staff.

   These specific committee members (facilitator and two neutral 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 does not contribute to the recommendations of the adoption committee as they make the final adoption selection decision.

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). Recognize the difference between Permanency Committee process and adoption selection process.

III. Help the caseworker 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 caseworker prepare for the adoption committee meeting when the case indicates a selection process at an adoption committee, especially if the caseworker is inexperienced in participating at an adoption committee. Encourage the caseworker 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 caseworker 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 provided by the caseworker. The CASA, child's attorney, Tribal representative, RCWAC representative, therapist, resource 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 caseworker maintain the focus on the child's best interests when there seem to be vying interests in case planning for adoption selection. Help the caseworker to be prepared to answer questions about the child's biological family, important relationships and emotional attachments. Help the caseworker explore and identify which relationships will be important for the child to maintain long-term.

VII. Consult with the Central Office Child Permanency Program's adoption placement consultant for questions about the adoption selection process.

References

Oregon Revised Statutes

ORS 418.280-418-285

OAR

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/ORICWA applies, the worker must follow this entire process to select the adoptive resource, except the caseworker follows the ICWA/ORICWA preferences for adoption selection found at this link. Consult with the Office of Tribal Affairs ICWA staff.

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 resource 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, attachment and well-being. These individuals may be the child's resource parent, therapist, former resource parent, extended family member, child when appropriate, treatment providers, mentor, medical provider, teacher and others who know the child and the child's specific 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 results of the relative search and consideration of any current caretaker or caregiver as defined in 419B.116 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 resource 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/ORICWA is applicable, the caseworker follows ICWA/ORICWA placement preferences, per OAR Chapter 413, Division 115.

VIII. No selection may occur prior to the adoption worker sending the caseworker the completed and approved child-specific adoption home study or update before the selection process.

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-ODHS 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 adoption selection and releases of information signed by the prospective families may the 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 (updated within 12 months), 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 with the caseworker present. This should be strictly controlled by the caseworker to protect the child and confidentiality of the child, adoptive families and resource 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.

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 notifies the

caseworker that they do not want a packet (written notification is best practice).

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. Document this date and content in an OR-Kids casenote.

B. Consults with the supervisor and documents the date in an OR-Kids casenote.

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 resource 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 Caseworker Adoption Selection Decision form 0255 for all caseworker selections.

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 needs. Bullets are fine. "Child attached," alone is not sufficient information about the rationale for a selection decision. The worker may also choose not to select a family, in which case, the worker states the rationale for not selecting the family. The caseworker documents rationale for backup family as well. 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, shred or delete the materials to ODHS 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 using the ODHS 0260B Notification of Adoption Selection Outcome form letter 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 ODHS using the ODHS 0260A Notification of the Adoption Selection Outcome form letter.

IV. ODHS adoption workers who presented families are responsible for sending letters to the respective families using the 260A 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 caseworker notifies by sending an email to the Central Office seamless support staff person who is teamed with child's office's legal assistance specialist. The caseworker emails the selection form to Central Office to review and upload to OR-Kids. The caseworker does not save the form into 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 current and lifelong 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

Below is general guidance around scheduling adoption committee and processes may vary depending on local office staffing.

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 Central Office Child Permanency Program has all required documents including:
   A. 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 specific needs and placement related recommendations.

E. Genetic and medical history of child and biological family.

F. Copies of adoptive resource home studies and updates, if applicable. Home studies must be completed or updated within the 12 months.

G. Copy of completed 270 for sibling planning and/or existing relationship if applicable.

III. For a local committee, email the identified office committee coordinator to schedule a local adoption committee. For a Central Office adoption committee, email the Central Office Adoption Placement Coordinator. Include the following in the email requesting the committee:

A. Full names and age(s) of the child/children;

B. Name, phone 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. Compile written information to be included in the committee information packets. The packets are mailed at least 10 business days before the committee date by the:

A. Child's caseworker or the local office committee coordinator for a local office adoption committee, or

B. Central Office Adoption Placement Coordinator for a Central Office adoption committee.

V. Ensure the information packets include the following information:

A. 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 specific 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.

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 of committee by the caseworker or coordinator.

VII. CASA, child's attorney, Tribal representative and RCWAC member as applicable must be notified of the date, time and place of committee by the caseworker or coordinator.

VIII. Invite other individuals who may contribute information about the child to the adoption selection process. These invitees do not get adoption committee packet materials. Give the invitee list to the committee facilitator before the committee or at the beginning of the committee meeting.

G. Caseworker Protection of Prospective Adoptive Resources' Home Studies

Maintain confidentiality regarding release of prospective adoptive resources' home studies and family information. Adoption home studies may not be shared with non-ODHS 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 and releases of information have been signed by the potential adoptive resource 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 adoption committee members.

I. The caseworker must invite to the committee as applicable for each child: the child's attorney, CASA, Tribal representative and RCWAC member. These specific individuals have different options for participation and providing input for the adoption selection process orthey may choose not to participate in the 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 or virtually, send a representative, or write a letter. They may discuss characteristics of the type of adoptive resource they believe will best meet the child's needs and their preferences. Inform them of the optional ODHS 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 ODHS 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 and give a formal recommendation.

III. The child's attorney, CASA, Tribal representative and RCWAC member receive the potential adoptive resources' home studies in their committee packets that ODHS 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 potential adoptive resources' home studies to these individuals outside of the steps and purposes in the adoption selection process rules.

Invitees 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 ODHS 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 may invite the resource parent to present information about the child, except when the resource parent is being considered as an adoptive resource or there is a conflict of interest. An example of a conflict of interest is a resource 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 resource. A worker with questions about inviting or preparing the resource parent should consult their supervisor.

   A. Inform the resource 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 resource parent if they are going to present:

      1. Talk with the resource parent about what information about the child each plans to present in person or virtually. The resource 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 surfacing for them at the thought of the child moving.This 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 invitees 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 general family characteristics 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. In rare situations, the young person's caseworker may determine the young person's attendance is appropriate. On a case-by-case basis, the worker has the discretion to invite the young person. This should be discussed with the supervisor and include planning for the preparation of the young person before the committee and for support after the committee. If the young person has a therapist, the worker should seek their input. The young person would attend briefly at the beginning of the committee to share the information they have prepared and then be excused. Consult central office Child Permanency Program adoption staff when considering this.

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 current and lifelong 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 an adoption 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 lifelong 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: reviews the case record; talks to the supervisor; talks to available previous workers who worked with the child or knew significant information; reads case notes in OR-Kids; talks with the SSA about visits; talks with the resource parent; visits the child. Ask about the child's issues, how they progressed and the circumstances around any moves in resource care.

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 or another worker experienced with adoptions 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 and send in an editable format to the ADS and facilitator. The report is used for documenting 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.

VI. The caseworker (possibly with help from resource 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 parents, relatives and with others whom the child has an emotional attachment.

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 sexualized behaviors.

I. Legal status.

J. Family history.

K. Social skills.

L. Attachment history and quality to birth parents/caregivers.

M. Emotional, physical, verbal and cognitive development, prognosis.

N. Medical/dental health, medications and possible future needs including those related to family health history.

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 including language

S. Child’s sexual orientation and gender identity expression

T. Counseling history and history of any services provided

U. Child's preparation for adoption and understanding of adoption

V. Composition of resource family

W. What the resource parent likes about child, resource parent's concerns, challenges in parenting child

X. Child's strengths

Y. Characteristics of adoptive resource needed, characteristics that may hinder a good match

Z. Safety issues not covered above, but relevant to adoptive placement

AA. Special considerations regarding transition

VII. 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 these individuals before committee if possible. For a Central Office adoption committee, contact the Central Office Adoption Placement 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.

VIII. The caseworker should have the child's case file available to them at the time of 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 have all of the materials listed on the CF 0963 and be prepared to provide the 0963 materials to the adoption worker of the selected family immediately after a selection decision is made. Good practice mandates that the worker also bring the child's All About Me/Life Story Book. For more information about All About Me Books, see Chapter 4, Section 21 in the Procedure Manual. For more information about Life Story Books, see Chapter 6, Section 4B in the Procedure Manual.

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. The caseworker recommends a preference order of potential adoptive resources considered. The caseworker may also recommend that a family is not appropriate as an adoptive resource for the child.

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 adoptive resource 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 so an alternate committee member can be found.

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 the Central Office Child Permanency Program adoption staff.

Confidentiality

Everyone attending an adoption committee must follow Oregon statute and ODHS 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 or verbally agreeing to the form if committee is held virtually.

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 in alignment with ODHS policy 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 ODHS confidentiality rules relevant to the committee. Those attending virtually 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.

   G. If there are questions about committee processes according to policy and good practice, participants may ask the facilitator to consult with the central office Child Permanency Program adoption staff for clarification. Examples include: who may stay after the information presented about the child, if a CASA or child's attorney wishes to leave prior to the end of committee or if a committee member did not receive all materials.

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 may take their own notes, however the facilitator documents all discussions and recommendations.

V. After child presentations, the facilitator EXCUSES presenters of child information who are not eligible to serve on adoption committee. Excused are the resource 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. The adoption worker may ask the facilitator for a break to contact the family to gather necessary information needed for the committee to make their recommendations. This situation is rare as adoption workers should come well prepared.

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 resource 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 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 current and lifelong needs.

III. Members consider information, deliberate and make recommendations regarding the presented adoptive resource 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 recommends a preference order of potential adoptive resources considered. The committee may also recommend that a family is not appropriate as an adoptive resource for the child.

V. When the committee members cannot reach agreement, each adoption committee member gives their recommendations to the committee facilitator.

VI. 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.

VII. The facilitator records committee information and recommendations 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 select:

   A. One adoptive resource with no alternate adoptive resource.

   B. One adoptive resource and one or two alternate adoptive resource(s) in the event that the first selected resource is not able to parent the child.

   C. No adoptive resource as no resource is appropriate to be selected.

II. If the ADS does not select an adoptive resource, the ADS may make recommendations to the child's caseworker on how to proceed. The caseworker should discuss the recommendations with their supervisor and consult central office Child Permanency Program adoption staff if needed.

III. If the ADS selects an adoptive resource, they may make recommendations regarding transition of the child to the adoptive resource, preparation of the resource, 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, shredded, or deleted 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. Written notifications 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 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 ODHS approved form, the letter in the Adoption Placement Selection Notification form 0260B, 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. ODHS 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 ODHS form 0260A Notification of the Adoption Selection Outcome letter at this link. As is good practice, the appropriate workers are also responsible for engaged and thoughtful 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 ODHS and documents in OR-Kids.

B. ODHS adoption workers send notification to ODHS studied families and documents in OR-Kids. Notify the caseworker when this is complete.

V. There are no requests for review for committees in which all families considered are general applicants.

The Caseworker 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 thorough information about the child at the adoption committee.

III. Ensure the caseworker is adequately prepared to professionally participate as a committee member.

IV. Consider attending the committee as a support for the caseworker.

The Adoption Worker Supervisor's Role

I. Ensure the adoption worker is adequately prepared to present thorough information about their family at the adoption committee.

II. Consider attending the committee as a support for the adoption worker.

III. For less experienced workers, discuss best practice around notifying their family of committee outcome and

how to support them.

References

ORS

ORS 418.280- 418.285

OARs

Adoption Placement Selection, OAR 413-120-0000 to 0970

Confidentiality of Client Information, OAR 413-010-0000 to 0075

Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

Placement of Indian Children, OAR 413-070-0000 to 0974

Placement of Refugee Children, OAR 413-070-0000 to 0974

Search for and Engagement of Relatives, OAR 413-070-0000 to 0974

Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act, OAR 413-120-0900 to 0970

Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0000 to 0970

Forms

Confidentiality Statement for Adoption Committee Form 0273

Child Presentation by Community Partner for Adoption Committee form 0257 at this link. III. Child Presentation by Caseworker for Adoption Committee Form 0256.

Caseworker Adoption Selection Decision Form 0255.

Adoption Recommendation and Selection Decision Form 0250.

Notification of the Adoption Selection Outcome letter Form 0260A and 0260B.

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 resource 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 resource 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 resource 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 resource family.

II. Provides the redacted information to the adoption worker that is accurate and balanced, including both positive and challenging aspects of the child. This information should include current and historical behaviors and challenges as these can resurface during the transition and long into the future of a child's adoption journey. Documents include:

   A. The Child Summary.

   B. Child development, psychological and other evaluations.

   C. Health information.

   D. Mental health information including genetic family information. For example: bipolar disorder and alcoholism.

   E. School information

   F. Other documentation, such as the CANS evaluation, WRAP service plans, residential treatment plans etc., that will help the adoption worker and the adoptive resource understand the child's needs.

III. Clarify what information is unavailable or incomplete.

IV. If any documentation contains a child's statement of SOGIE, refer to and comply with Chapter 1, Section 5 Confidentiality regarding inclusion and subsequent redaction of the child's statement from case notes and/or other documentation. For more information about Statements of SOGIE refer to Chapter 5, Section 41 Sexual Orientation, Gender Identity and Expression (SOGIE).

V. When general applicant families who do not know the child are being considered, the worker or resource 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 Facilitating the Resource Parent Talking With Prospective Adoptive Families About the Child

At the explicit request of the caseworker, the caseworker facilities the child's resource parents sharing 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 resource parents in the information sharing process. If the resource parent is being considered along with others, the caseworker does not facilitate contact with the resource parents for information about the child, as the resource parent would be put in conflicting roles.

II. Talks with the resource parent about how the resource parent can help provide valued information about the child to the potential adoptive resource. Remind the resource family of the need to maintain the child's confidentiality regarding identifying information, such as the child's last name or school. Resource parents may also talk with the adoptive resource after they have been selected by the agency before the beginning of the transition, including during the 7 day waiting period, with the caseworker present. Remind the resource 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 and after the 7 day waiting period following selection. 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. Best practice is for the caseworker to be present and involved in this initial introduction between the child and their selected adoptive resource.

III. Facilitates and fully participates in conference calls with resource parents, prospective adoptive families and adoption workers so that the caseworker is knowledgeable about what information the resource parent does share with the prospective adoptive resource. The caseworker should not delegate to non-ODHS 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.

Note:

If a recruited non-relative prospective adoptive resource that has no connection to the child is concerned about the child's specific 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 a less negative 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 resource.

Sharing Information About the Child After the Agency Has Formally Selected an Adoptive Resource

Procedure

After ODHS has formally selected the adoptive resource, the caseworker immediately 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 0963, Required Information for Adoption Workers and Adoptive Parents. This is required regardless of whether the child is already placed in the home of the selected adoptive resource.

II. The child's All About Me and/or Life Story Book or contents with narrative and photos.

III. 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 resource 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.

Note:

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 All About Me Book and/or Life Story Book.

IV. Assure that the caseworker has provided the adoption worker of the family with the Required Information for Adoption Workers and Adoptive Parents Form 0963 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 Child Permanency Program adoption staff for particularly challenging or complex cases or for workers who do not have experience in adoptions.

References

ORS

ORS 7.211, Separate Records in Adoption Cases; Accessibility of Records Limited

ORS 419B.035, Confidentiality of Records

ORS 419A.255, Maintenance; Disclosure; Providing Transcript; Exceptions to Confidentiality

OARs

Confidentiality of Client Information, OAR 413-010-0000 to 0075

Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

Adoption Placement Selection, OAR 413-120-0000 to 0970

Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0000 to 0970

Forms

Required Information for Adoption Workers and Adoptive Parents CF 0963

Child Summary

M. Disclosure of Information About Adoptive Resources and Release of Adoption Home Studies

Adoption home studies contain very comprehensive, personal and sensitive information about the adoptive resource. Adoption home studies are released only in limited situations and to specific 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 MSC 3010 form to have their adoption home study released.

ODHS 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.

Release and Review of Adoption Home Study Reports for Adoption Selection Processes

Procedure

An adoption home study may be released only under the following conditions for adoption selection process:

I. Each applicant must provide a signed, valid release of information to consider the adoption home study in the adoption placement selection.

II. When ODHS considers information in addition to the adoption home study concerning a potential adoptive resource during the adoption placement selection, the adoption worker must notify the potential adoptive resource of the additional written information being provided and ensure it is covered by the signed release of information.

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. The caseworker provides information on confidentiality (form 273) to all individuals receiving home study information. 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, shredded or deleted when the adoption placement selection has been made.

Family Release for an Adoption Home Study

An adoptive resource who is the subject of the home study reviews and signs the completed adoption home study for accuracy. For circumstances in which a ODHS adoption home study may be released for reasons other than a ODHS adoption selection process, please see, 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 413-120-0190 – 0246.

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 require a higher level of confidentiality 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, 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 Central Office Child Permanency Program manager or designee will inform the adoption worker or caseworker of the decision.

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 resource 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 and email addresses
H. Personal information that would likely embarrass members of the prospective adoptive resource 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. 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 central office 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

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 ODHS policy.

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.

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 ODHS policy.

Talk with the caseworker about consulting with central office Child Permanency Program adoption staff in complex cases.

If applicable, ensure that the adoption home study is redacted or summarized according to ODHS procedure and policy.

References

Legal References

Indian Child Welfare Act, 25 USC sections 1901-1935 (1978)

ORS 419A.170 regarding the CASA as a party and advocate for the child.

OARs

Adoption Placement Selection, OAR 413-120-0000 to 0970

Adoption Applications, Adoption Home Studies, and Standards for Adoption, OAR 413-120-0000 to 0970

Release of Adoption Home Study Reports, OAR 413-010-0081 to 0085

Forms

Authorization for Use and Disclosure of Information ODHS 3010

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 verbally present the adoptive resource to the adoption committee. Usually, the adoption worker learns about the family through the adoption assessment or resource 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 current and lifelong needs. If the adoption worker did not write the home study, it is imperative that they become very familiar with the family prior to committee.

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 current and lifelong 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. This should include should include information about the child's identity, language, accessibility, and cultural needs and connections.

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 resource parent, resource parent's address and phone number, etc., must be removed before providing the child's information to the prospective adoptive resource.

IV. Encourages the family to research and identify resources realistically available to them to meet the child's needs.

V. Only if approved of and arranged by the caseworker, participates with the family on a conference call with the child's resource parent and caseworker. Child's therapist and others involved with the child may also be invited to participate.

VI. Converses with the family about the child's current and lifelong needs and how they see themselves addressing those needs. Ask about their plans for day care, after school plans, work schedules, respite care and identify plans to care for the child in the event of serious illness or death

VII. Assists the family in forming realistic expectations regarding the child's transition and integration into their household. Regressions may occur during times of transitions including, feeding and toileting issues.

VIII. Explores how immediate and extended family members will adjust to the child and support the family. Discuss how roles may change within the family.

IX. Discusses safety issues with the family and historical behaviors that may resurface Examples may include, sexualized behaviors, self-harming behaviors, aggressive or violent behaviors, etc.

X. Discusses with the family their willingness to maintain the child's future contact with birth parents, siblings, relatives, former care providers and others whom the child has an emotional attachment.

XI. Explores the family's questions and follows up with the child's caseworker.

XII. 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. All About Me family book templates are available on OWL at this link. https://dhsoha.sharepoint.com/teams/Hub-ODHS-CW/AAMBooks/Forms/Family.aspx

XIII. 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 adoptive resource 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 resources. 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 resource's worker may use it to outline the verbal presentation of family information for adoption committee.

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. Discuss how the family plans to support the child's identity, race, culture and heritage.

D. Discuss how the family plans to maintain safe, long-term contact with siblings, relatives and caregivers known to the child and others with whom the child has developed an emotional attachment. Discuss family's willingness to participate in mediation.

E. 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.

F. 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. Discuss their flexibility and openness to new information about parenting as well as the child's needs.

G. Discuss their level of self-awareness around their own personal limitations and challenges and willingness to access resources and support.

H. 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.

I. Discuss how the family would integrate the child into their family as a member, especially if there are children in the home.

J. Be clear about the family's support system and their plan for dealing with the inevitable crises that arise in families.

K. Inform the committee of the level of contact (if any) that has occurred between the family and the resource 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, history of accessing services, 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 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. In addition to the family's album, an adoption worker may provide a short video created by the family. This is pre-screened by the adoption worker.

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 260A Notification of the Adoption Selection Outcome letter. It provides written notification to family of the selection decision after caseworker or ADS selection process. The caseworker is responsible for sending the letter to considered families not studied by ODHS. ODHS certification/ adoption workers who presented families are responsible for sending letters to families studied by ODHS. 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. Set up a time to meet with the family to deliver the child's All About Me/Life Story Book and CF 963 disclosure materials.

   C. 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.

0. 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 Review of the Adoption Placement Selection OAR 413-120-0060.

There are two routes to initiate a review of an adoption selection decision:

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 central office 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,

   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 selection decision 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 CWPM 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 selection decision. This is possible when the director or designee decides to review within seven calendar days following the date of the notice of the adoption selection decision 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

Any person other than those listed directly above in this procedure;

A general applicant who is considered but not selected by an adoption committee; or

A ODHS 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 selection decision must be in writing. Specific individuals allowed to request a review must send the request so that it is received by the central office Child Permanency Program manager or designee within seven calendar days of the date of the last written notification of the adoption selection decision. This date is based on when the department sent the written notification (Forms 260A and 260B) of the adoption selection decision to the potential adoptive resources and legal parties. These notifications must be sent by the end of the next business day following the adoption selection decision. These notifications may be sent by email, provided in person and/or US Postal mail.

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 request for review appears to be in the child's best interests, 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 central office Child Permanency Program manager.

III. This written request must be received by the central office Child Permanency Program within 7 calendar days of the written notifications being sent to potential adoption resources and legal parties. Email is the preferred method for submitting these requests.

Notification of Receipt of a Review Request

When a request for review has been received, the central office 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. IThe local CWPM for each worker.

Caseworker Responsibilities While Director 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 Director Decision Whether to Review

The director of Child Welfare Programs or designee must decide whether to grant a review of the adoption selection decision within 14 calendar days after the written notice of the adoption selection decision. 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.

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 selection decision and may consider additional, relevant information about the child or potential adoptive resource.

   B. Refers the adoption selection decision 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 selection decision;

   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 selection decision of the caseworker or the ADS or recommend a different adoption selection decision.

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 staff questions about the review process.

VI. For the caseworker only, invite the CASA, child's attorney, Tribal representative and RCWAC member to the review committee. Inform them of the date, time and place if a review committee is the identified review method. They may 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. Resource 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 committee members and ADS from the original committee and review

committee if applicable.

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 and support, the caseworker and/or adoption worker are involved in providing the final decision to the family or families who were considered in the review process. The caseworker and/or adoption worker verbally notifies the families by phone or in person of the review decision. This can be a difficult conversation and workers may need additional support from their supervisor, program manager or central office Child Permanency Program adoption staff. Central Office Child Permanency Program adoption staff send the written notice of the final decision to the potential adoptive resources and CASA, child's attorney, Tribal representative and RCWAC member.

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 selection decision entered under the rule has not expired.

Review Decision is Final

The adoption selection decision 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 staff.

References

ORS

ORS Chapter 183

OAR

Adoption Placement Selection, OAR 413-120-0000 to 0970

Forms

Notification of the Adoption Selection Outcome 0260A and 0260B.

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 ODHS 3010, Authorization for Use and Disclosure of Information, to share information with the mediator. Coordinate with the adoption worker to obtain the ODHS 3010 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 3010(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 3010, "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 3010, 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 ODHS 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 ODHS.

   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 ODHS office serving the family's area certify the adoptive family. The family should sign the Authorization for Use and Disclosure of Information ODHS 3010 allowing the private agency to share the adoptive home study with the ODHS office for the certifier to use in writing a new ODHS 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 ODHS 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 ODHS 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. ODHS 0421, Child Summary

II. ODHS 3010 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 ODHS practices regarding out-of-state presentation at the adoption committee:

   A. If the child is a relative resource, the child's local ODHS office will arrange for a ODHS 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 ODHS office will arrange for a ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS. 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 ODHS and the private agency. When a child is placed out of state and the placement is supervised by a public agency, ODHS 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 ODHS 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 ODHS' 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS.

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 ODHS 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 ODHS 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 ODHS 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 ODHS and the adoptive family the legal finalization of the adoption. Unless ODHS' 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 ODHS worker will present the family from out of state. Direct the worker to contact the SNAC contracted agency when a ODHS 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 ODHS 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 ODHS 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. ODHS 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. Child Welfare Case Plan

II. CF 0421, Adoption Child Summary

III. CF 1270, Verification of ICWA Eligibility

IV. CF 0246, Genetic and Medical History of Child and Biological Family

V. CF 0270, Permanency Committee Form

VI. CF 0250, Adoption Selection Report

VII. CF 0423, Adoptive Placement Needs

VIII. CF 0100A, Interstate Compact Placement Request

IX. 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 ODHS 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 ODHS 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/ODHS/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/ODHS/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-ODHS, AA Medical Only-ODHS, AA Subsidy and Medical-ODHS, and AA Subsidy Only-ODHS."

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 ODHS website under Adoption at:*

http://www.oregon.gov/ODHS/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 ODHS;
   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 resource'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 Resource, 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, ODHS retains legal custody of the child, ensures the child's safety, monitors the child's adjustment and developing attachment to the family and the family's ability 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 ODHS) 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 ODHS to support and facilitate the merging of parents, child and other family members into a new and different family unit even when children are not moving to a new adoptive placement. 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, supporting, and documenting the adjustment of the child and the adoptive resource,

III. Support the adoptive resource in maintaining safe, long-term contact with siblings, relatives and others with a significant relationship to the child,

IV. Providing referrals and coordinating services with other agencies,

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 Adoptiong 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 ODHS.

II. **The adoption worker:** The primary ODHS adoption or certification worker or licensed adoption agency employee assigned to the adoptive resource for adoption services.

III. **The courtesy worker:** The worker providing supervision to the adoptive placement. This worker may be the child's caseworker, courtesy worker 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 resource.

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 adoption agency, ODHS must provide supervision of the placement and coordinate support services with the in-state private adoption 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 resource 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 ODHS custody. The time in which the child has lived with the family for substitute 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 central office Child Permanency Program manager or designee.

   B. The child's caseworker must document in ORKids when the central office 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 resource 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 resource is not the child's current resource parent. If the child's substitute caregiver is the adoptive resource, adoption supervision begins after the selection of the adoptive resource. The adoption worker and the child's caseworker are both responsible for:

I. Helping the child integrate into the adoptive home.

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 resource. Providing families with resources for potential challenges that may arise. Support for safety may begin at the time of transition or later if crises arise. The Oregon Post Adoption Resource Center has supports for adoptive families in crisis.

III. Completing adoption assistance application materials in coordination with the adoption worker.

IV. Working with the adoptive family and other ODHS staff to achieve timely finalization of the adoption.

V. Supporting continuing relationships between the birth and adoptive families, whenever appropriate.

VI. Supporting the adoptive resource in meeting the child's identity, language, and cultural needs.

VII. Supporting the adoptive resource and 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 they are saying about the adoptive resource, 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 4, Section 9, "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 resource, including but not limited to:

- A. Working with the adoptive resource's adoption worker or certifier (if someone other than the courtesy 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 courtesy 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 resource 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 resource 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. Worries and ambivalence are 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.

Note: 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.

Family Provision and Preparation for a Safe and Secure Home for Children With a History of Sexual Abuse or Sexualized Behaviors

Parenting children who have been sexually abused or children who have a history of sexualized behaviors 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. Each adoptive parent may have their own history that might make parenting a child with a history of sexualized behaviors or abuse challenging. The adoption worker should consider the child's needs and the skills and abilities of the family and provide supports to help the success of the adoptive placement. The adoptive resource 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.

For information about dynamics between adoptive children and children residing in the adoptive family see this link: https://adoptioncouncil.org/publications/adoption-advocate-no-147/

For more information on the topic of creating a safe home environment for children with a history of sexual abuse or sexualized behaviors, 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 sexualized behaviors.

"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.

Procedure

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:

I. Be aware of and follow the ODHS policy, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources, 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. See Certified Respite Program OWL page for information about different respite options.

II. To promote treatment continuity, 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.

III. Older children and children with significant emotional 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 resource 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 and Tribal 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 7 "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.

When a Child is Placed In an 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 central office Child Permanency Program seamless support staff person for the child's county. Notify them of the child's name, the adoptive resource'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 Adoption & Guardianship Assistance Program. Try to submit this within 30 days of the designation 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 family composition changes and/or 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 central office Child Permanency Program adoption staff for consultation if there is a risk of disruption or a disruption of the placement.

II. Give feedback to the central office Child Permanency Program adoption staff 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, ODHS 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 ODHS and the private agency. In private agency adoptive placements in another state, the caseworker will need to be familiar with expectations between ODHS 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 should coordinate with the child's caseworker all aspects of planning and implementing of placement. The family's adoption worker should:

   A. Inform the adoptive resource of ODHS' procedures and requirements for placement, supervision of the placement, adoption assistance, the consent to adoption letter and the process of legalizing the adoption.

   B. 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 resource 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 resource. The signed copy is returned to the caseworker.

II. When a child is placed by ODHS 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 resource in compliance with referenced ODHS 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 days;
2. Face-to-face contact with the adoptive resource a minimum of every 30 days; and
3. Face-to-face contact with the adoptive resource a minimum of once every 60 days in the adoptive resource'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 resource. If the adoption worker cannot confirm safety and well-being of the child in the home, the adoption worker must immediately contact the ODHS 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 resource's home, the adoption worker will submit written 90-day progress reports on the safety and well-being of the child, the adoptive resource 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 ODHS 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 resource.

C. Ongoing and new services provided to the child; and ongoing and new services provided to the adoptive resource.

The Supervisor's Role

Staff any concerns that arise during the placement and support the caseworker in obtaining all progress reports and ICPC approval to finalize the adoption.

Completing the Adoption Assistance Process and Pre-Finalization Notifications

Procedure

I. It is the caseworker'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. If this does not occur prior to finalization the family will not qualify for subsidy and medical benefits for the child. Refer to the Chapter 6, 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 service;

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 Resource With a Child Placed in the Home Plans to Move Out of Oregon

Procedure

I. Inform the adoptive resource 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 adoption staff to discuss the option of achieving finalization before the family's move to another state.

II. If the adoptive resource 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 and possible ways of supporting the family.

IV. Prepare and submit an ICPC referral packet as soon as it is known the adoptive resource intends to move to another state prior to finalization.

V. If an adoptive resource 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 6 for more information about adoption assistance and medical coverage when residing out of state.

The Supervisor's Role

If the adoptive resource plans to move out of state prior to finalization, a decision will need to be made to determine if the move is in the best interest of the child. With the caseworker, identify all potential delays that may occur before a decision is made. Factors may include: can the adoption be finalized prior to a move, legal status, impacts on parent visitations if the child is not legally free, child's time in the home and the child's attachment to the adoptive resource, timeframe for receiving state to complete adoption home study and start supervision, circumstances of the move and availability of services. Consult with central office Child Permanency Program adoption staff and consider consulting with ICPC.

When the Family Experiences Major Changes Prior to Finalization

When the caseworker or adoption worker become aware of significant changes to the adoptive resource's situation, including changes in the family structure, ODHS may require an updated adoption home study prior to making a determination to proceed with finalization of the adoption.

I. Consult with central Child Permanency Program adoption staff 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 courtesy 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, spiritual, identity 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 resource;

H. Status of maintaining the child's important connections; and

I. Progress toward finalization.

III. Specific adoptive resource's adjustment information may include:

A. Significant changes in the family's coping skills, marriage/domestic relationship, use of supports and engagement in services.

B. Changes in sleeping arrangements, income, expenses, health, job, family composition, family dynamics and home.

C. Other pertinent information about the progress of the adoptive placement toward finalization.

IV. IThe courtesy 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 for Caseworker and Courtesy Worker

I. Review the case record to ensure that face-to-face contact are completed by the courtesy worker. Ensure that administrative reviews and progress reports are completed, as required, by the case worker.

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 courtesy worker and caseworker when there are protective service, certification and other concerns about the adoptive placement.

IV. Review the recommendation to finalize the adoption from the caseworker, courtesy worker (if applicable) and adoption worker/certifier.

V. Support the caseworker and courtesy worker in providing appropriate services to the adoptive resource and

the child during the adoption process. Assure the workers are aware of available services.

VI. Assist in cases where the decision to disrupt the adoptive placement is considered by the agency and reach out to central office Child Permanency Program adoption staff.

Forms and References

Oregon Revised Statutes

ORS 109.675, Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent

ORS 418.517, Use of psychotropic medications

OARs

Supervision and Support of an Adoptive Placement, OAR 413-120-0800 to 0880

CPS Assessment Dispositions, OAR 413-015-1000

Monthly Contact and Monitoring Child and Young Adult Safety, OAR 413-080-0040 to 0067

Family Support Services, OAR 413-030-0000 to 0030

Substitute Care Placement Reviews, OAR 413-040-0100

Psychotropic Medication Management, OAR 413-070-0000 to 0974

Adoption Assistance, OAR 413-130-0000 to 0130

Standards for Certification of Foster Parents, Relative Caregivers and Approval of Potential Adoptive Recourses, OAR 413-200-0301 to 0396

Forms

ICPC Adoptive Placement Approval Form 0100A

Genetic and Medical History of Child and Biological Family III. Adoption Checklist in OR-Kids

Service Application Form 0304

Child Summary

Materials Form 0439

Required Information for Adoption Workers and Adoptive Parents Form 0963

B. Disruption Decision Making and Process

An adoption disruption means an approval by the Child Permanency Program Manager or decision by the designated adoptive resource to end an adoption process after adoption selection, placement, and designation 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: https://adoptioncouncil.org/publications/adoption-advocate-no-62/

For additional policy information about adoption disruption, see OAR 413-120-0870 "Disruption".

Adoption disruptions are rare and 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 designated adoptive resource; or

II. The Department.

When the Department is considering the viability of the designated adoptive placement, the caseworker and/or adoption worker initiates a discussion to share and address the concerns and explore possible supports and services with the adoptive resource.

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 move for the child's safety does not necessarily mean the adoptive placement is or will be disrupted. Additional assessment and consultation will be needed prior to the Department determining whether to disrupt the adoptive placement. If the adoptive resource initiates the disruption of the adoptive placement the Department will still participate in consultation around permanency planning and supporting the child.

Adoptive placements should be preserved when possible and when in the children's best interests. Consideration of adoption disruption initiated by the department should only occur after exploration of other reasonable alternatives. Safety is paramount in consideration of preservation of an adoptive placement.

When considering separation of siblings if disruption of one or more children in an adoptive resource is likely, consult with Central Office Child Permanency Program adoption staff given the serious nature of the decision.

A decision to disrupt one or some of the children in a sibling group placed with the adoptive resource needs to include consideration of sibling relationships. The caseworker, in consultation with their supervisor, must determine whether to pursue separation of the sibling group. If appropriate, the caseworker must present the case for sibling separation to a Permanency Committee. Refer to the procedure manual Chapter 6, Section 3 "Sibling Adoption Planning" for more information about separating siblings for the purpose of adoption.

Child Protective Services Move When the Child Is 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 resource after a CPS removal. An adoption is not disrupted until the agency follows the process to disrupt, if the resource 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. Contact Post Adoption and Guardianship unit as this may also impact the families adoption or guardianship assistance subsidy.

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.

When an adoptive resource has an out of home care investigation, the Child Welfare holds a meeting with relevant agency staff to share information about the final decision about the CPS allegations. When a family has founded allegations, the agency has specific requirements to follow to work with adoptive resources if they are to maintain their status as an adoptive resource with the designated placement. Some founded allegations are not able to be given management approval and the agency must disrupt the adoption.

Even when the final CPS findings are unable to be determined and/or unfounded allegations, the agency may have new information from the investigation relevant to the adoption. The agency may, therefore, still have concerns that rise to the level of needing exploration. For example, use of harsh punishment may not rise to the legal level of the definition of child abuse, however, it may be a factor to assess and explore. Consult with Child Permanency Program adoption staff if this is has occurred. The adoption worker should assess the adoptive resource in consideration of their role of being a successful and life-long adoptive parent and write a home study update as applicable.

Planning Process When the Adoptive Resource Disrupts the Adoption

There are distinctions in processes when the designated adoptive resource decides to disrupt the adoption and when the Department decides to disrupt the adoption.

Procedure

When the adoptive resource makes the decision to disrupt:

I. When an adoptive resource 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 courtesy 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 caseworker takes the following steps:

   A. Staff the case with the supervisor to develop the most supportive plan for the adoptive resource and the child. Notify the Child Welfare Program Manager. Include the Child Permanency Program adoption staff for consultation. Notify the Post Adoption and Guardianship Assistance Program of the disruption.

   B. Determine whether the child can be maintained with the adoptive resource 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 resource as appropriate.

   C. For the child's well-being it is important that the team considers how to transition the child during this phase. Consider: specific language about the reason for the disruption that is supportive of the child's self-concept; booklets that can help the child to help the child see home where the child is going to live; how the child's items can be moved in a respectful way; how the child can say goodbye to important people such as school, friends...etc. Consider how to be supportive of the adoptive resource as they experience this loss. Partner with the child's therapist or mental health professional.

   D. Contact Oregon Post Adoption Resource Center if supportive resources and materials are needed to support the disruption. www.orparc.org

   E. Arrange to remove the child from the adoptive home. Make placement plans and timelines in

consultation with the adoption worker and the adoptive resource.

F. Evaluate the immediate needs of the child and the adoptive resource.

G. Send a memo to the central office Child Permanency Program's adoption 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, and the disruption date. The worker does not send a memo to the central office Child Permanency Program Manager when the family decides to disrupt the child.

H. The caseworker must document the disruption in OR-Kids.

I. 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 Caseworker Believes It Is In the Child's Best Interest To Disrupt the Placement and the Adoptive Resource Has Not Made That Decision

When the caseworker 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 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 courtesy worker, adoption worker, certifiers and their relevant supervisors. Each worker should inform their CWPM or designee about the potential for adoption disruption. Consult with Child Permanency Program adoption staff.

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. Consult with Child Permanency Program adoption staff and ICPC if applicable.

V. If the caseworker, 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 name(s) of the adoptive resource,

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.

VI. Await the decision. The central office Child Permanency Program manager must approve of the recommendation to disrupt the adoption.

VII. Determine the immediate needs for both the child and the adoptive resource.

VIII. 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.

IX. 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 ODHS.

X. If the child is placed in another state, notify the 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 Occurs

I. The caseworker is required, after the disruption of an adoptive placement of a child in ODHS custody, to consult with their supervisor, the child's team, adoption worker and others with significant adoption expertise including central office Child Permanency Program adoption staff to discuss 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 permanent placement.

II. This discussion is meant to provide a deeper and more structured process, especially with a complex case. Discuss with the supervisor how to request a local disruption staffing meeting after the disruption has occurred.

III. 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. Consider the child's needs for cultural connections, identity affirmation and ability to maintain safe, long-term contact with siblings, relatives and caregivers known to the child with whom the child has developed an emotional attachment. Worker may request a preliminary discussion about any relative or current caretaker who was not initially selected as the prospective adoptive resource. 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

Arrange a disruption staffing with assistance from the supervisor.

Coordinate with the adoption worker and discuss materials and who to invite to the disruption staffing.

Consult with the central office Child Permanency Program's adoption placement specialist or their supervisor, about disruption staffing details as needed.

Procedure For The Child's Caseworker

When an adoption disrupts, consult the central office Child Permanency Program adoption staff to discuss identifying a new adoptive resource.

When an adoption disrupts and a worker begins looking for a new adoptive resource, the caseworker must consider any relative or current caretaker who was not initially selected by the department as the prospective adoptive resource. Often this is already the identified backup family identified on the 0250 from the adoption selection process. The caseworker, in their consideration, contacts the family's adoption worker to discuss the family's current circumstances, desire to be an adoptive placement, and updates on child's needs.

When an adoption disruption occurs from a general applicant adoptive resource, consider the backup family identified on the 0255/0250. The caseworker, in their consideration, contacts the family's adoption worker to discuss the family's current circumstances, desire to be an adoptive placement, and updates on child's needs.

When an adoption disruption occurs, the caseworker may consider any relative identified as a potential adoptive resource and not considered in the adoption selection process.

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 resource after a disruption, the caseworker discusses appropriateness of adoption as the child's plan with the supervisor.

The Supervisor's Role

This role may apply to the caseworker's supervisor and/or the adoption worker's supervisor.

When the caseworker or adoption worker expresses concerns about the viability of an adoptive resource's success with the child, assist the caseworker and adoption worker in exploring ways to support and preserve the placement, if appropriate. Ensure that the caseworker and adoption worker are involved in discussions and planning. Include the Child Permanency Program adoption staff for consultation in cases with serious issues that may indicate disruption.

When ODHS initiates the disruption, work with the caseworker to assure that the local child welfare program manager and the central office Child Permanency Program manager approve the disruption decision.

If the adoptive resource seeks a disruption, help the caseworker and adoption worker determine how to support the family and the child through the removal and transition back to foster care. Additional support for the caseworker and adoption worker may be needed during these complex circumstances.

Assist the caseworker and adoption worker to prepare for the disruption staffing. The caseworker's supervisor attends the disruption staffing with the caseworker to examine agency practice, assist in future planning for the child, and support the individuals involved. The adoption worker's supervisor may attend if appropriate.

After the disruption has occurred the caseworker must consult with their supervisor, the child's team, adoption worker, and others with significant adoption expertise including Central Office Child Permanency Program adoption staff. These consultations are typically referred to as disruption staffings. Disruption staffings include the expertise of others to 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.

Discuss whether adoption continues to be an appropriate plan for the child.

If applicable, ensure the caseworker schedules a Permanency Committee to make decisions about sibling planning.

OARs

OAR 413-110-0300 to 0360, Determining the Appropriateness of Adoption as a Permanency Plan for a Child

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 ODHS 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 ODHS, after an adoption finalizes.

Procedure

I. Prior to finalization of the adoption, the supervising worker (if a ODHS 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, ODHS, 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. ODHS/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 one of the available permanency plans for a child in substitute care when a child cannot be safely returned to a parent. Adoption is the preferred plan; however, guardianship is an appropriate plan when adoption does not serve the best interest 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.

There are two types of guardianships that the Department may establish for a child, durable and permanent. The most common type of guardianship established is durable, however the type of guardianship pursued is based on the case circumstances, specific needs of the child and family, and in consultation with the assigned Assistant Attorney General (AAG). For more information about these different types of guardianship refer to the Durable vs. Permanent Guardianship Chart on the OWL.

This procedure describes the process for seeking approval to implement a permanency plan of guardianship. The required steps are outlined below. These steps are described in a logical order. However, the order in which they actually occur is determined by specific circumstances in a case. Refer to the Guardianship Process Flowchart in the Statewide Permanency Committee Guide.

Guardianship may be considered only when the Department has determined it is in the child's best interest, the child cannot safely be returned to a parent and adoption is not an appropriate plan. The caseworker must consult with their supervisor to determine whether to pursue a plan of guardianship. A Permanency Committee must occur to approve a primary permanency plan of guardianship and to select a guardian. There are cases where these two decisions occur at the same Permanency Committee. Some circumstances require that a Permanency Committee occur to approve the change of plan to guardianship prior to the Department identifying a potential guardian. Once a potential guardian is identified and assessed the caseworker will request a subsequent Permanency Committee occur to select the guardian resource as described in OAR 413-070-0518.

Prior to identifying the potential guardian for Permanency Committee, the caseworker along with their supervisor, must:

- Review all Department efforts to identify and engage relatives,
- Assess relatives that have expressed an interest in being a potential guardian, and
- Confirm that there are no actions that must be completed or are in process to identify or assess a child's relative as a permanency resource.

The Department is required to prioritize placement with relatives and siblings.

Assessing the Appropriateness of Guardianship as the Permanency Plan for the Child

The caseworker must:

- Thoroughly review documentation and information regarding the child's needs and functioning. Consider how

the child is functioning within the resource home and in other settings.

- Request updated information from individuals working with or in contact with the child regarding their needs, how the child's unique needs are being met and their individual perspectives regarding the appropriateness of guardianship as a permanency plan for the child.
    - The individuals referenced above have an interest in the child's safety, permanency and well-being and may include different individuals depending on the case dynamics and legal status of the child. At a minimum, these individuals must include the:
        - Caseworker
        - Child's attorney
        - Court Appointed Special Advocate (CASA)
        - Tribe if it is known or the Department has reason to know that the child is an Indian child
        - 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, medical providers, ODDS worker, mentors and school staff.
- When developmentally appropriate, seek input from the child, including a discussion with the child about how guardianship could affect the child's contact with siblings. If the child is age 14 or older they must be consulted regarding the plan of guardianship. Although the child's consent is not required for the plan to be approved, a child's support of the placement and plan can help the implementation and long-term success of the guardianship.
- Consult with their assigned supervisor to discuss information gathered and assess if guardianship is in the child's best interest.
- Document in the case notes and case plan in OR-Kids how the above requirements were met.

Assessing the Parents' Understanding of the Plan of Guardianship

Implementing a guardianship does not require the rights of the parents to be terminated. The caseworker must consider parental involvement in an established guardianship. Ongoing contact and connections with parents are likely important to the child's long-term well-being and are typically in the best interest of the child. Therefore, the caseworker must assess the parents' understanding of guardianship as a permanency plan, including their desire for continued contact with the child.

The caseworker must:

- Make efforts to discuss with each parent the plan of guardianship and seek input from each parent regarding their understanding of the plan.
- Make efforts to discuss with each parent the type and frequency of contact with their child they envision after the guardianship is established. Consider the reasonableness of the parent's plan for ongoing contact in relation to the child's and potential guardian's proposed plan. Consider this along with the child's current and

long-term needs.

- Assess the parent's understanding of the plan of guardianship. Document the information gathered and any decisions made in the case plan and case notes in OR-Kids.

Identifying Potential Guardians

A key part of concurrent planning is engaging in conversations with numerous individuals connected to the child to determine who may best support the child in a plan of guardianship as a potential guardian. This includes conversations with relatives and non-relatives connected to the child. **The Department is required to prioritize placement with relatives and siblings.** If it is known or the Department has reason to know that a child is an Indian child, then the order of placement preferences outlined in ICWA/ORICWA must be adhered to. Refer to ORS 419B.654(2). When the caseworker and their supervisor have determined it is appropriate to implement the concurrent plan of guardianship, the caseworker will determine which individual(s) will be identified as the potential guardian and move forward with the guardianship planning process including Permanency Committee.

Caseworker must consider any potential guardian's ability to meet the current and long-term needs of the child, including safety, permanency and well-being. This includes any potential guardian's ability to maintain safe, long-term contact with parents, siblings, relatives and caregivers known to the child and others with whom the child has developed an emotional attachment. If it is known or the Department has reason to know that a child is an Indian child, then assessment of any potential guardian's support of a Cultural Continuity Agreement with the Tribe is critical to support ongoing connections and culture.

- The caseworker must review all Department efforts to identify and engage relatives. They must consider relatives that have stated an interest in being a potential guardian and identify which relative will be the potential guardian to be considered at Permanency Committee.
    - If multiple relatives express interest in serving as a guardian, the caseworker should meet with the interested relatives to facilitate an agreement about which of the interested relatives would be the most appropriate potential guardian to move forward in permanency planning. Consider using a Family Decision Meeting (FDM) for this discussion. Refer to procedure on conducting family meetings in Ch. 4 Sec 6. If the interested relatives are unable to come to an agreement, the caseworker, with the support of their supervisor, will determine which of the interested relatives will be identified as the potential guardian, and inform the interested relatives. This determination will be made by considering which interested relative will most appropriately meet the child's needs for permanency, safety and well-being. Utilize OAR 413-070-0640 Placement Assessment and Matching to assist in making this determination. This determination and rationale must be documented in case notes using category "case management" and type "supervisor consultation". Consultants from the Central Office Permanency Program can be a support in these discussions.
- The Department may proceed with considering a non-relative resource known to the child, including the current non-relative resource parent, as the potential guardian when no interested relatives are:
    - Identified through the Department's diligent relative search and engagement efforts, or
    - Determined by the caseworker and supervisor to be appropriate to be considered as the potential guardian. This determination is based on the assessment of the child's needs for permanency, safety

and well-being. Utilize OAR 413-070-0640 Placement Assessment and Matching to assist in making this determination. The rationale for this determination must be documented in case notes using category "case management" and type "supervisor consultation". Consultants from the Central Office Permanency Program can be a support in this consideration and determination for complex circumstances.

- If no relatives or non-relative resources known to the child are identified as the potential guardian, the caseworker must utilize the Department's resources to identify placements to be assessed as the potential guardian. See Guardianship Recruitment section below.

If the identified potential guardian does not have a certificate of approval through ODHS or another certifying agency, the caseworker will assist the potential guardian in beginning the certification process. All guardians must be certified pursuant to OAR 413-070-0665(2)(a).

Assessing the Potential Guardian

When the caseworker identifies the potential guardian who will be considered at the Permanency Committee, there must be a documented assessment of the potential guardian's ability to meet the current and long-term needs of the child. The completion of this assessment needs to occur as timely as possible to move permanency forward for the child. This assessment is completed through the Guardianship Study (Form DHS 2822). Form DHS 2822 fulfills the requirement outlined in OAR 413-070-0665(2)(c) for the potential guardian to have an "updated homestudy".

- The ODHS certifier is responsible for completing the Guardianship Study (Form DHS 2822) for an ODHS certified resource family and for a family the caseworker has recently referred to ODHS certification. The caseworker will notify the certifier of the identified potential guardian and request timely completion of Form DHS 2822. Best practice is to complete this form within 60 days of the request to not delay the child's permanency planning. For potential guardians who are or will be certified by ODHS Child Welfare, reference procedure in Ch. 8 Section 24.

- For a potential guardian who is currently certified by an agency other than ODHS Child Welfare, the caseworker is responsible for timely completing the Guardianship Study (Form DHS 2822). Examples of this may include out of state families certified through Interstate Compact on the Placement of Children (ICPC), Office of Developmental Disability Services (ODDS) certified families or Behavioral Rehabilitative Services (BRS) certified families. Best practice is to complete this form within 60 days to not delay the child's permanency planning. Reference procedure below in this section.

- A Guardianship Study (Form DHS 2822) is not required for potential guardians who have an approved and current adoption homestudy from a licensed adoption agency and who were identified through guardianship recruitment efforts. Reference procedure in sub-section below titled General Recruitment and Selection of Potential Guardian with Approved Child Welfare or Private Agency Adoption Home Study.

Under ICWA/ORICWA a good cause finding is required if ODHS is considering a durable guardianship with a potential guardian who is outside of placement preferences. The ODHS certifier should partner with the caseworker to ensure this process has occurred prior to consideration of the potential guardian at Permanency Committee. If the plan is a permanent guardianship, the potential guardian must meet one of the ICWA/ORICWA placement preferences. ORS 419B.365(5)(a)(C)(iii) does not provide a good cause exception for a permanent guardianship.

Requirements for Study of Potential Guardians for Selection who are Certified by an Agency Other than ODHS Child Welfare

The caseworker is responsible for assessing any potential guardian who is certified by an agency other than ODHS Child Welfare, as an ODHS certifier is not assigned. This may include an out of state placement or a resource certified by another child caring agency. The Guardianship Study (Form DHS 2822) is independent of any homestudy provided for the potential guardian by their certifying agency. Regardless of when the most recent homestudy was completed the caseworker is required to complete Form DHS 2822 for the potential guardian to be considered at a Permanency Committee for selection. A new homestudy is not required for Permanency Committee. Form DHS 2822 is not required for potential guardians found through general recruitment who have an approved adoption homestudy through a licensed adoption agency or ODHS Child Welfare. Reference procedure in sub-section below titled General Recruitment and Selection of Potential Guardian with Approved Child Welfare or Private Agency Adoption Home Study.

The caseworker's assessment of the potential guardian and completion of Form DHS 2822 includes the following:

- A signed Release of Information (ROI) by the potential guardian to gather written and verbal information from their certifying agency.
- Gathering relevant information from the certifying agency, including both verbal and written information. This includes a request for copies of the potential guardian's current and prior homestudies.
- A conversation with the potential guardian to discuss their ability and commitment to meet the current and long-term needs of the child. This conversation should be face to face when possible, however depending on the location of the potential guardian this may need to occur by phone or virtual meeting. As part of this conversation:
    - Review the Duties of a Guardian Form (CF 0975) to ensure the potential guardian is in agreement with the responsibilities involved in being a guardian, including the statutory requirement to provide an annual report to the court.
    - Discuss the local office and court approval process to establish guardianship.
    - Discuss a mediation referral and the mediation process including a Cultural Continuity Agreement (CCA), if applicable.
    - Discuss supports for the potential guardian to include guardianship assistance, Oregon Post Adoption Resource Center and other post permanency resources provided by the Department.

  NOTE: *An early review of Guardianship Assistance may be beneficial for a potential guardian, especially if the child is receiving a Personal Care rate or a higher placement payment rate (ODDS, BRS, etc.) as these additional funds are not included in Guardianship Assistance subsidy payment. Refer to Ch. 6 Section 14B in the procedure manual for information about early reviews for Guardianship Assistance.*

- Assessment of the potential guardian as outlined in OAR 413-070-0640 Placement Assessment and Matching. Assess the potential guardian's ability to:
    - Support the child's identity, including race, ethnicity, cultural identities, language, national origin, immigration status, sexual orientation, gender identity, gender expression, disabilities, spiritual beliefs and socio-economic status.

- Meet the child's safety needs, including physical and emotional safety. Assess any child abuse reports and other certification concerns and how they were resolved.
- Meet the physical and mental health needs of the child, including the developmental, educational, medical, social and emotional needs.
- Support the child's long-term connections and ongoing contact with parents, relatives, siblings, cultural connections, community connections and other important individuals to the child.
- Meet the attachment needs of the child and demonstrate a lifelong commitment to the child, including fully integrating the child into the potential guardian's life and home.

After completion of Form DHS 2822, the potential guardian, the caseworker and their supervisor should individually review and sign the form. The caseworker will submit the signed Form DHS 2822 for the Permanency Committee. The caseworker will attend the Permanency Committee and present information about the child and the potential guardian and be available for additional questions. The caseworker may partner with the individual from the certifying agency responsible for the certification of the potential guardian for the presentation, if available and willing. The potential guardian may create an All About Me Book/photo book or document about themselves which can be presented to the committee by the caseworker. Refer to chapter 4, section 21 or the All About Me OWL page for more information regarding All About Me Books.

A selected guardian certified by an agency other than ODHS Child Welfare must have completed the training required by the certifying agency and have a current certificate of approval from:

- Office of Developmental Disabilities Services,
- A private child caring agency,
- A federally recognized Tribe in Oregon with a Title IV-E agreement with the Department, or
- The state where the guardian resides through ICPC.

General Recruitment and Selection of Potential Guardian with Approved Child Welfare or Private Agency Adoption Home Study

When a potential guardian is found through general recruitment, they will have an approved adoption homestudy from their licensed adoption agency or ODHS Child Welfare. In these circumstances the Guardianship Study (Form DHS 2822) is not required.

In the rare circumstance that general recruitment for a potential guardian is being considered for an Indian child, the caseworker must contact the Adoption Placement Coordinator in the Central Office Child Permanency Program to discuss the recruitment process so that a detailed conversation can be had with the Tribe. The caseworker must get approval from the Tribe for recruitment including which specific recruitment activities the Tribe is approving. The Tribe must be included throughout the recruitment process to ensure they support any potential guardians being identified and considered.

The caseworker is required to search for and engage all relatives throughout case planning. Additionally, when there has been a decision to implement the concurrent plan of guardianship, the caseworker must consider all relatives interested in being the potential guardian prior to exploring guardianship with a non-relative resource such as the

current non- relative resource family or others known to the child. If there are no potential guardians identified the caseworker must begin the recruitment process.

The caseworker must request a Permanency Committee to gain approval to implement a permanency plan of Guardianship without an identified potential guardian. If this plan is approved by the Permanency Committee, the caseworker must contact the Adoption Placement Coordinator in the Central Office Child Permanency Program to begin recruitment. Recruitment for a potential guardian can include both general recruitment through online bulletins and/or child-focused recruitment with the support of Boys and Girls Aid (BGAID) contracted services.

To complete general recruitment for a potential guardian, the caseworker will:

- Write a bulletin by completing the CW 0425 form with information about the child including their current and long-term needs.
- Submit the bulletin along with photos and/or video to the Central Office Adoption Placement Coordinator.
- Receive homestudies submitted by potential guardian's certifier/adoption worker.
- Review homestudies and identify up to three potential guardians that could likely meet the child's current and long-term needs.
- Share information about the child's current and long-term needs with the potential guardian's certifier/adoption worker. Caseworker may share information including, but not limited to:
    - Redacted recent evaluations,
    - Child Summary if completed, and/or
    - Documentation from mental health providers, education, medical or other services.
- Facilitate conversations between the child's providers and/or current resource parent with the potential guardian families for additional information to be shared and questions answered as appropriate. The caseworker and the potential guardians' certifier/adoption worker must be present for these conversations.
- Discuss information about the potential guardians with their supervisor, including a review of the homestudies submitted and how each potential guardian is able to meet the child's current and long-term needs.
- In partnership with their supervisor, identify one potential guardian to consider for selection at the Guardianship Permanency Committee.
- Contact the certifier/adoption worker for the identified potential guardian to confirm their continued ability and commitment to meet the current and long-term needs of the child. As part of this conversation with the certifier/adoption worker and the potential guardian the caseworker will:
    - Review in more detail, information and documents about the child's needs.
    - Review the duties of the guardian as outlined on the Duties of a Guardian Form (CF 0975) to ensure the potential guardians are in agreement with the responsibilities involved in being a guardian, including the statutory requirement to provide an annual report to the court.
    - Discuss the local office and court approval process to establish guardianship.
    - Discuss a mediation referral and the mediation process including a Cultural Continuity Agreement (CCA), if applicable.

- Discuss supports for the potential guardian to include guardianship assistance, Oregon Post Adoption Resource Center and other post permanency resources provided by the Department.
- Assess the potential guardian as outlined in OAR 413-070-0640 Placement Assessment and Matching including the potential guardian's ability to:
    - Support the child's identity, including race, ethnicity, cultural identities, language, national origin, immigration status, sexual orientation, gender identity, gender expression, disabilities, spiritual beliefs and socio-economic status.
    - Meet the child's safety needs, including physical and emotional safety. Assess any child abuse reports and other certification concerns and how they were resolved.
    - Meet the physical and mental health needs of the child, including the developmental, educational, medical, social and emotional needs.
    - Support the child's long-term connections and ongoing contact with parents, relatives, siblings, cultural connections, community connections and other important individuals to the child.
    - Meet the attachment needs of the child and demonstrate a lifelong commitment to the child, including fully integrating the child into the potential guardian's life and home.
- Schedule and prepare for the Guardianship Permanency Committee to select the potential guardian by completing the following:
    - Gather a release of information (ROI) from the potential guardian to provide their adoption homestudy and other information to the Permanency Committee members.
    - Compile committee packet materials listed on the Permanency Committee Form (CF 0270) including the potential guardian's adoption homestudy.
    - Invite individuals listed on Permanency Committee Form (CF 0270) including the certifier/adoption worker for the potential guardian to the committee to present the potential guardian's information and answer questions.
    - Prepare information about the child's current and long-term needs to present to the committee.
- Permanency Committee selects the guardian as outlined in OAR 413-070-0500 through 0519 and OAR 413-070-0670. Reference Procedure for Guardianship Permanency Committee later in this section.

Establishing a Relative Guardianship for a Child Who Will Remain Placed with a Substitute Caregiver Who is Not the Relative Guardian

There are some unique scenarios when guardianship is the most appropriate plan for a child, but the relative who is willing to serve as guardian is unable to provide housing and daily care for the child, and the current substitute caregiver is unable to be the guardian. In these rare situations, the relative will exercise the authority, duties and responsibilities of a guardian for the child and the child will continue to reside with their current substitute caregiver. For example, a child may be receiving specialized care in an Office of Developmental Disability Services (ODDS) certified home, and it is in the best interest of that child to remain in that placement while having their relative take the place

of ODHS as the legal guardian. This type of guardianship plan is established less frequently and requires supervisor approval and consultation with the Central Office Permanency Program Adoption Placement Coordinator. Requirements for this type of guardianship is outlined in OAR 413-070-0668.

The caseworker must assess both the substitute caregiver and the potential relative guardians' ability to meet the child's current and long-term needs.

When assessing the substitute caregiver, the caseworker (in partnership with the assigned certifier through ODHS or another agency when possible) must:

- 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 pursuant to OAR 413-070-0668(5). The following questions must be considered:
    - Does the substitute caregiver demonstrate the ability to meet the child's safety needs including physical and emotional?
    - Has the substitute caregiver demonstrated a commitment to the care and well-being of the child and a desire to continue the placement of the child in their home?
    - Does the substitute caregiver have the specific skills to meet the unique physical, emotional, developmental, cultural, educational and supervisory needs for the child?
    - What is the substitute caregiver's ability and willingness to support the child and the potential relative guardian in promoting and preserving the child's attachment to parents, siblings, relatives and caregivers known to the child and others with whom the child has developed an emotional attachment?
    - Would maintaining placement with the substitute caregiver provide a sense of continuity and familiarity for the child, such as keeping the child in a familiar school, activities and preserving pre-existing relationships?
    - Does the substitute caregiver support the child and potential relative guardian in accessing appropriate educational, developmental, emotional and physical supports and services and working cooperatively with providers?
    - What is the likelihood that the substitute caregiver will support the child's identity, including race, ethnicity, cultural identities, language, national origin, immigration status, sexual orientation, gender identity, gender expression, disabilities, spiritual beliefs and socio-economic status?
- Consult with the substitute caregiver regarding their ability to work with the potential relative guardian cooperatively to ensure the child's needs continue to be met.
- Ensure that the substitute caregiver reviews, understands and signs Information and Responsibilities of a Caregiver and Legal Guardian Form (DHS 2424) confirming that:
    - The child, the potential relative guardian and the substitute caregiver will not be eligible to receive guardianship assistance at any time.
    - 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 to establish guardianship.

- Consult with the supervisor regarding the decision whether 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 or 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 (ICPC).
    - The caseworker, the potential relative guardian and the substitute caregiver agree that the substitute caregiver, potential relative guardian and child can maintain a stable relationship and function effectively without Department supervision.

When assessing the potential relative guardian the caseworker must:

- Ensure that the potential relative guardian meets the definition of a relative under OAR 413-070-0000(80).
- 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 relative guardian to communicate effectively with and provide support to the substitute caregiver.
- Assess the ability of the potential relative 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 relative guardian to protect the child from contact with those who may harm the child and the ability to protect the child from further victimization.
- Ensure that the potential relative guardian is willing to participate in all activities required to maintain the substitute care placement.
- Ensure that the potential relative 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 relative 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 relative guardian reviews, understands and signs the Information and Responsibilities of a Caregiver and Legal Guardian Form (DHS 2424) confirming that:
    - The child, the potential relative guardian and the substitute caregiver will not be eligible to receive guardianship assistance at any time.

- They are comfortable with the responsibilities involved in being the legal guardian of the child once the guardianship is ordered by the court.

- Describe to the potential relative guardian the local office and court approval process to establish guardianship.

- Consult with the supervisor regarding the decision whether to proceed to request Department approval to change the permanency plan to guardianship and schedule a Central Office Guardianship Committee

After assessment of both the substitute caregiver and the potential relative guardian the caseworker must consult with their supervisor to gain approval to pursue a relative guardianship for the child who will remain placed with their substitute caregiver who is not the relative guardian. The caseworker, in collaboration with the certifier of the substitute caregiver, will complete Guardianship Study: Relative Form (DHS 2822R) to document both the substitute caregiver's and the potential relative guardian's skills and abilities meet the child's best interests and needs for safety, permanency and well-being. Completion of Form DHS 2822R fulfills the documentation requirement outlined in OAR 413-070-0668(3)(g) and OAR 413-070-0668(4)(c) for assessment of both the potential relative guardian and the substitute caregiver. Upon completion of Guardianship Study: Relative Form (DHS 2822R), the caseworker must contact the Central Office Permanency Program Adoption Placement Coordinator to schedule the Central Office Guardianship Committee.

Guardianship Permanency Committee

Requesting Department Approval to Change the Primary Permanency Plan to Guardianship and/or Selecting a Guardian

A Child Welfare Program Manager or designee must approve changing the primary permanency plan to guardianship through a Permanency Committee prior to the caseworker seeking approval from the court. The caseworker is responsible for requesting a Permanency 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 for a Permanency Committee and ensuring the potential guardian is aware of the duties of a guardian. For a relative guardianship for a child who will remain placed with a substitute caregiver who is not the relative guardian, the caseworker must request a Central Office Guardianship Committee. Refer to specific procedure for Central Office Guardianship Committee in the sub-section below.

The type of guardianship is not determined through the Permanency Committee process. The caseworker must consult with the assigned Assistant Attorney General (AAG) from the Department of Justice (DOJ) to determine which type of guardianship to pursue; durable or permanent. The type of guardianship 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 meets the child's best interests. The type of guardianship pursued may impact the timing and complexity of court proceedings. The caseworker should be in frequent contact with DOJ and should carefully monitor timelines and steps needed to establish the guardianship. Refer to the procedure for Establishing the Guardianship below.

There are circumstances when it has been determined that guardianship is the most appropriate primary permanency plan for a child, but ODHS has not yet identified a potential guardian. In these situations, the caseworker must request a Permanency Committee to gain approval for the plan of guardianship only. Once a potential guardian is identified and assessed, the caseworker will request a subsequent Permanency Committee occur to select the guardian resource as

described in OAR 413-070-0518.

Procedure for Guardianship Permanency Committee

A caseworker schedules a Guardianship Permanency Committee when, in partnership with their supervisor, a decision has been made to:

- Seek approval for a change of primary permanency plan to guardianship and/or
- Consider a potential guardian for selection, and
  - The potential guardian has been assessed through completion of Form DHS 2822 or
  - An approved adoption homestudy has been received through general recruitment for the potential guardian.

To schedule and prepare for a Permanency Committee the caseworker must:

- Request a Permanency Committee in accordance with the local office protocol.
  - There are circumstances where the court may have already changed the permanency plan prior to a Permanency Committee occurring. In these situations, the agency is still required to complete the committee process outlined below.
  - If the potential guardian is an ODHS employee, the Permanency Committee should be held by a district other than the district assigned to the child's case, employee's certification and/or where the potential guardian is employed. This is to ensure that there are no actual or perceived conflicts of interest in the Permanency Committee process. Contact Central Office Permanency Program for support in coordinating if needed.
- 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 information in person or in writing for consideration. The child's caseworker must participate in the Permanency Committee as a committee member. The following members of the child's team are eligible Permanency Committee members: attorney for the child, CASA, the Indian Child's Tribal Representative, and a member of the RCWAC for a child with refugee status.
- Ensure that other individuals from the child's team who can provide important information regarding the child's needs and functioning have been invited to the Permanency Committee. The caseworker may need to consult with their supervisor to identify these individuals. Potential invitees may include the current resource parent, child's therapist, the child (if developmentally appropriate), and other individuals familiar with the child's needs. Ensure these individuals know the purpose of the Permanency Committee, why they have been invited to the committee and that they will be excused after their respective presentations.
  - In some circumstances, as developmentally appropriate, a child may want to share information with the Permanency Committee. With thoughtful preparation and a plan for support following the committee, a child may attend the Permanency Committee to share information about themselves. It is recommended that they present information first and are then excused prior to all other presentations. There are additional ways a child's voice can be shared in the committee process as detailed in the Statewide Permanency Committee Guide.

- Complete the caseworker section of the Permanency Committee Form (CF 0270) and gather all pertinent materials for the Permanency Committee as outlined on the form.
- Submit to the Permanency Committee and the Child Welfare Program Manager or designee the Permanency Committee Form (CF 0270) and all pertinent materials regarding the child and potential guardian. Ensure that the Guardianship Study (Form DHS 2822) is included if selecting the guardian resource. Ensure that an approved adoption homestudy is included for prospective guardians identified through guardianship recruitment.
- Ensure that necessary releases of information are on file if information is being released to the Permanency Committee regarding the potential guardian.

At the Guardianship Permanency Committee, the caseworker must:

- Present to the committee information about the child's current and possible long-terms needs.
- Include a summary of why guardianship is in the child's best interest and other plans are not.
- If the potential guardian is not a relative include a summary of all diligent efforts to identify, search for, contact and assess relatives as a permanency resource.
- In partnership with the certifier (if applicable), present the results of the guardianship study evaluating the appropriateness of the potential guardian and present information regarding the ability of the potential guardian to meet the child's ongoing needs for safety, permanency and well-being. For an ODHS Child Welfare certified home this information is primarily provided by the assigned certifier who completed the Guardianship Study (Form DHS 2822). For a potential guardian certified by an agency other than ODHS this information is primarily provided by the caseworker who completed the Guardianship Study (Form DHS 2822). For a potential guardian found through guardianship recruitment with an approved adoption homestudy, this is primarily provided by their adoption worker from their licensing agency.
    - The potential guardian may create an All About Me Book /photo book or document about themselves which can be presented to the committee by the certifier, adoption worker or caseworker. Refer to chapter 4, section 21 for more information regarding All About Me Books.

A Permanency Committee consists of a Program Manager or designee and multiple individuals who provide recommendations to the Program Manager or designee. A facilitator, a neutral committee member and the caseworker are required committee members. The following members of the child's team are eligible Permanency Committee members and may participate and give recommendations: attorney for the child, CASA, the Indian Child's Tribal Representative, and a member of the RCWAC for a child with refugee status. For additional information regarding the Permanency Committee members and process refer to the Statewide Permanency Committee Guide and OAR 413-070-0516, 413-070-0660, 413-070-0665, and 413-070-0518.

Permanency Committee Members must:

- Review all of the information provided in the committee packet materials prior to attending the Permanency Committee meeting.
- Be prepared to ask questions of presenters to clarify and/or gather additional information to consider when evaluating.

- When making their recommendation, consider all written and verbal information shared in the committee process including the following:
    - How the permanency plan of guardianship meets the child's current and long-term needs.
    - Input from the child when applicable.
    - Parent's understanding and support of the plan of guardianship.
    - Information presented regarding the potential guardian's ability to meet the requirements for consideration as a guardian.
    - Information presented regarding the skills, abilities and commitment of the potential guardian to meet the child's current and long-term needs for safety, permanency, and well-being.
- Provide recommendations to the Program Manager or designee.

The facilitator of the committee documents recommendations on the Permanency Committee Form (CF 0270). The written recommendations include information regarding whether guardianship is an appropriate plan, whether the potential guardian can meet the child's needs and should be considered as the guardian and the compelling reason for not pursuing reunification or adoption. The form is provided to the Child Welfare Program Manager or designee within three business days of the date of the committee.

The Child Welfare Program Manager or designee must:

- Attend the Permanency Committee and may ask questions, if needed, during presentations. They do not participate in committee deliberations or recommendations; however, they can ask clarifying questions to understand committee members' input prior to making their final decision.
- Within one business day following receipt of the committee's written recommendations the Child Welfare Program Manager or designee:
    - Makes the final decision on behalf of the Department regarding:
        - Whether guardianship is an appropriate plan and
        - If considered, whether the potential guardian should be selected as the guardian for the child.
    - Provides written notification on the Permanency Committee Form (CF 0270) to the caseworker of the decision(s) and rationale for the decision(s).

Following receipt of the decision(s) by the Child Welfare Program Manager or designee the caseworker must notify the following individuals of the decision(s) in writing:

- The child, if developmentally appropriate.
- The potential guardian.
- The members of the child's team who were eligible to serve on the Permanency Committee. (child's attorney, CASA, Indian child's Tribal representative (if applicable), member of RCWAC (if applicable)).
- The substitute caregiver

When the Child Welfare Program Manager or the designee decides to not approve changing the plan to guardianship

the caseworker should consult with their 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 approves the change of plan to guardianship, but does not select the potential guardian proposed by the caseworker, the caseworker should consult with their supervisor and should once again engage in the procedure for Identifying Potential Guardians outlined above. Another Permanency Committee to select the guardian will need to occur once a potential guardian is identified and assessed with the Guardianship Study (Form DHS 2822).

Once the potential guardian is selected and if mediation will occur, the caseworker should promptly submit the mediation referral so that the process can begin. The mediation process takes time, and the Department can not proceed to court to establish the guardianship until the mediation process is completed.

The caseworker in partnership with the assigned ODHS certifier if applicable, supports the selected guardian through the Guardianship Assistance process. See Procedure Ch 6 Section 14B: Establishing Guardianship Assistance and OAR 413-070-0905 to 0919 for more detail.

To be eligible for Guardianship Assistance, the selected guardian must:

- Be fully certified for 6 months which includes an approved homestudy and completion of required training and
- Have the child placed in their home for the required period of time:
    - 6 months for relative guardians
    - 12 months for non-relative guardians

These requirements do not need to be met to be selected as the guardian through the Permanency Committee process and are specific to eligibility for guardianship assistance. In rare circumstances, the Child Welfare Permanency Manager may approve an exception to this eligibility requirement for Guardianship Assistance. (Refer to OAR 413-070-0917)

Procedure for Central Office Guardianship Committee

Central Office Guardianship Committees are for the sole purpose of selection of a relative guardian who will exercise the authority, duties and responsibilities of a guardian for the child when the child will continue to reside with their current substitute caregiver, as described above under section titled “Establishing a Relative Guardianship for a Child who will Remain Placed with a Substitute Caregiver who is not the Relative Guardian” and OAR 413-070-0668.

The caseworker must:

- Request a Central Office Guardianship Committee by emailing the Adoption Placement Coordinator in the Central Office Child Permanency Program. 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 participation. The committee must include a Permanency Consultant, Guardianship Assistance Coordinator and the Adoption Placement Coordinator.
- 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 information for consideration during the committee or in writing in advance.

The caseworker is a required committee member. The following members of the child's team are eligible committee members: 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.

- Ensure that other individuals from the child's team who 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. When the child is eligible for IDD services through ODDS, the substitute caregiver's certifier and the ODDS worker for the child should be invited. Other potential invitees may include the prospective 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.
- Complete the caseworker 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 Adoption Placement Coordinator the CF0270A Central Office Guardianship Committee Form, DHS Form 2424 Information and Responsibilities of a Caregiver and Legal Guardian, ODHS 2822R Guardianship Study: Relative, the documents listed on the CF0270A as applicable, and any additional information regarding the child, the substitute caregiver and the potential guardian.
- Ensure that appropriate releases of information are on file for protected information being released to the committee regarding the substitute caregiver and the potential guardian.
- Present to the committee information about the child's needs including how this plan best meets the current and long-term needs of the child for safety, permanency and well-being.
- Present the ODHS 2822R Guardianship Study: Relative form which documents the potential guardian's commitment to maintain lifelong contact with the child, participate in service planning, assist with raising the child by assuring the child's needs are met and working cooperatively with the substitute caregiver. The caseworker, along with input from the substitute caregiver's certifier, will present information documented in the ODHS 2822 Guardianship Study: Relative form regarding the appropriateness of guardianship as a plan and will present information regarding the ability of the substitute caregiver to meet the child's ongoing needs for safety, permanency and well-being.

The Central Office Guardianship Committee Members must:

- Review all of the information provided in the committee packet materials prior to attending the committee meeting.
- Be prepared to ask questions of presenters to clarify and/or gather additional information to consider when evaluating.
- When making their recommendation, consider all written and verbal information shared in the committee process including the following:
    - How the permanency plan of guardianship meets the child's current and long-term needs.
    - Input from the child when applicable.
    - Parent's understanding and support of the plan of guardianship.

    - Information presented regarding the potential guardian's ability to meet the requirements for consideration as a guardian.
    - Information presented regarding the skills, abilities and commitment of the prospective guardian and substitute caregiver to meet the child's current and possible long-term needs for safety, permanency and well-being.
- Provide recommendations to the Program Manager or designee.

The facilitator of the committee documents recommendations on the CF0270A 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 guardian and the compelling reason for not pursuing reunification, adoption or another plan. The form is provided to the Child Welfare Program Manager or designee within three business days of the date of the committee.

The Child Welfare Program Manager or designee must:

- Attend the Central Office Guardianship Committee and may ask questions, if needed, during presentations. They do not participate in committee deliberations or recommendations; however, they can ask clarifying questions to understand committee members' input prior to making their final recommendation.
- Approve or deny the primary permanency plan of guardianship for the child and the relative as the potential guardian with the plan for the child to remain placed with the substitute caregiver.
- If the decision is to approve the potential guardian, submit a written recommendation to the Central Office 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 and the child will remain in the care of the current substitute caregiver.
    - This must occur within one business day after receipt of the CF0270A Central Office Guardianship Committee Form.
- Upon receipt of the Central Office Permanency Program Manager's decision, notify the caseworker of that decision.

The Central Office Child Permanency Program Manager must:

- Review and approve or deny a waiver of the requirements in OAR 413-070-0665(2) and (3).
- Decide whether to approve or deny the primary permanency plan of guardianship for the child.
- Provide the Child Welfare Program Manager or Designee with the final decision.

Following receipt of the decision by the Central Office Permanency Program Manager the caseworker must notify the following individuals of the decision in writing:

- The child, if developmentally appropriate.
- The substitute caregiver.
- The relative guardian.

- 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

When the Child Welfare Program Manager or designee approves a change of primary permanency plan to guardianship the caseworker must:

- Inform the assigned AAG of the approval by the Child Welfare Program Manager or designee to change the primary permanency plan to guardianship and request a permanency hearing before the court within 30 days of a decision.
- Prior to the court hearing, provide the court with documentation including the family report and any pertinent materials supporting the Department's position that guardianship is in the child's best interest and neither reunification nor adoption is an appropriate plan.
- The Guardianship Study (Form DHS 2822) and any home studies of the potential guardian contain protected information regarding the potential guardian and should not be released to the court or parties to the case without a release of information.
- At the court hearing, recommend that the court approve changing the child's primary permanency plan to guardianship. In some circumstances a guardian may have been selected in the Permanency Committee process. If so, inform the court whether the selected guardian is applying for guardianship assistance to ensure that the court and legal parties have an accurate understanding of the timeline and steps that need to occur prior to a final order establishing the guardianship. This may include certification requirements and the amount of time the child must reside with the selected guardian to be eligible for guardianship assistance.
- When guardianship assistance is being requested, inform the court that, once the Department has discussed guardianship assistance with the guardian and received an agreement back from them, a subsequent court hearing will be requested for the order of guardianship to be entered. The guardianship assistance agreement must be signed before the order of guardianship is entered. Otherwise, the child will not be eligible for guardianship assistance.
- If the court does not approve guardianship as the primary permanency plan, the caseworker must consult with their supervisor and the assigned AAG 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.

Establishing the Guardianship

To establish a guardianship:

- The caseworker must discuss mediation and openness with the guardian and determine who will participate in the mediation process for ongoing contact and connections for the child post guardianship. Mediation participants can include parents, siblings, and other relatives or important connections to the child. The mediation referral and process are the same for adoption and guardianship. Refer to Ch. 6 Section 8 Mediation

in Adoption for detailed information about the mediation referral and process.

- Before the Department seeks to establish guardianship of an Indian child under ORS 419B.365 or ORS 419B.366 the Department must partner with the Tribe to complete a Cultural Continuity Agreement. This agreement is between the Tribe and the guardian, if requested by the Tribe, to support ongoing connections and culture for the child. For more information about Cultural Continuity Agreements refer to OAR 413-115-0135 .

- If guardianship assistance will be requested, complete the guardianship assistance checklist, Guardianship Assistance Application Requirements Form (CF 0982). Refer to Ch. 6 Section 14B Establishing Guardianship Assistance for detailed information on the guardianship assistance referral and process.
  - There are four types of Guardianship Assistance Agreements that are available to a guardian:
    - Subsidy and Medical Agreement: provides a subsidy payment and medical coverage for the child.
    - Subsidy Only Agreement: provides a subsidy payment to the guardian.
    - Medical Only Agreement: provides only medical coverage for the child.
    - 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.
  - In the rare circumstances when a guardian declines any guardianship assistance agreements, the Department is required to obtain written documentation of this decision. Contact the Guardianship Assistance Program for additional information.

- If guardianship assistance will be provided, a memorandum from the Guardianship Assistance Program will be sent to the caseworker, certifier, their supervisors and others as applicable to authorize proceeding with a request for the final court hearing. This memorandum will be sent by the Guardianship Assistance Program upon its receipt of:
  - The signed guardianship assistance agreement from the guardian.
  - Confirmation from the caseworker that individuals involved in the case, as applicable, including the certifier, ICPC, Tribe and courtesy caseworker continue to support establishing the Guardianship.

- If mediation has been referred, the mediation process must be completed which may or may not include a formal written mediated agreement.

- Completion of both Guardianship Assistance and Mediation are required before entry of the order to establish guardianship which will dismiss the Department from the case.

- The Letter to the Court on the Suitability of the Proposed Guardian Form (CF 0972) is completed by the caseworker and provided to the assigned AAG. The caseworker and AAG will determine how the form will be filed with the court. This letter 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.

- DOJ will file and serve the petition for guardianship or, if applicable, the petition for permanent guardianship.

- The nature of court proceedings will depend upon whether the Department is pursuing durable or permanent guardianship.

- The process for establishing a permanent guardianship is similar to terminating parental rights:
    - The statutory grounds for a permanent guardianship are the same as those for termination of parental rights.
    - DOJ will serve the parents with summons, as in a termination of parental rights proceeding, and the court will schedule an initial appearance.
    - The caseworker should prepare for permanent guardianship proceedings in the same way they would prepare for termination of parental rights proceedings and trials. This includes providing a witness list to DOJ and working to support the assigned AAG. Please refer to procedures in Chapter 6, section 2 related to termination of parental rights trials for additional guidance.
- Whether the Department is pursuing durable or permanent guardianship, the caseworker must prepare for and attend any court hearings related to the guardianship petition. The caseworker may need to testify about the Department's continued support of and efforts to establish the guardianship.
- If the court approves the establishment of the guardianship, the commitment of the child to the care and custody of the Department is dismissed. The court retains wardship of the child after establishment of the guardianship. Wardship continues based upon the existing jurisdictional basis.

OR-Kids Case Closure

This section refers to the process when all children on the case are included in the established guardianship.

In most cases, guardianship assistance will be provided, and the case and provider file are not closed in OR-Kids. **If either of these are closed the guardian will not receive their guardianship assistance subsidy.** It is critical that the caseworker and certifier follow the correct steps involved in closing placements and services and transferring the case. Refer to the "Guardianship Assistance Open Memo" which is emailed to the caseworker and certifier by Central Office when the guardianship assistance service has been opened. This memo outlines the required steps in detail needed before the case and provider can be reassigned in OR- Kids.

In the rare circumstances when a guardian has declined any guardianship assistance by the Department the following is completed:

- Following the receipt of the court order to establish the guardianship and dismiss the Department, the caseworker ensures the placement is closed and the order is uploaded in OR-Kids.
- The local office must not be providing services to a child or family member on the case in order to close the OR-Kids case. Prior to closing the OR-Kids case, all the plans and outstanding work must be completed and approved in OR-Kids.

For circumstances when all children on the case are not included in the established guardianship and a child on the case remains committed to the care and custody of the Department, consult with the assigned Permanency Consultant. These circumstances are complicated and accuracy in the completion of the various required steps to partial case closure is critical.

Forms

CF 0270, Permanency Committee Form

CF 0270A Central Office Guardianship Committe Form

CF 0311G, Guardianship - Case plan Addendum

DHS 2822 Guardianship Study

ODHS 2822R Guardianship Study: Relative

CF 0975, Legal Duties of a Guardian

DHS 2424 Information and Responsibilities of a Caregiver and Legal Guardian

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/ODHS/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-ODHS, GA Medical Only-ODHS, GA Subsidy and Medical-ODHS, and GA Subsidy Only-ODHS.

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/ODHS/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 ODHS, 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 ODHS 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 ODHS 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 ODHS. 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS. 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 ODHS 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. ODHS and the relative caregiver mutually agree to termination,

C. The child or young adult is removed from the substitute caregiver's home by ODHS, 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 ODHS, 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 ODHS 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 ODHS.

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 ODHS, 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS.

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 ODHS 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 or designee 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 or designee.

V. The Child Welfare program manager or designee 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 or designee 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS.

D. Provide the court with information regarding the status of parent and sibling visitation.

1. When the court has previously ordered, or ODHS 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 ODHS 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.*

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 ODHS 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 ODHS 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 ODHS 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 ODHS 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. ODHS 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 ODHS, 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 ODHS, 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 ODHS 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

ODHS provides family support services (FSS) to eligible families who request help for their particular circumstances. These services are available to an eligible family, young adult, or former foster child when there are no reported safety concerns and the family, young adult, 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, the child, young adult or former foster child to access services that address the time-limited service goals developed with the family, child, young adult or former foster child as 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 services through ODHS have been requested by a family, young adult, or a former foster child, or the court has ordered services through ODHS for a pre-adjudicated delinquent

In some FSS cases, a child or young adult is placed in substitute care through either a voluntary placement agreement, Voluntary Custody Agreement, or when a pre-adjudicated delinquent is ordered to receive placement services by the court. If it is known or the Department has reason to know the child is an Indian child, all protections of ICWA/ORICWA apply including active efforts to prevent placement and order of placement preference. If the child is an Indian child, refer to and comply with OAR chapter 413 division 115.

ODHS 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.

Note:

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.

The requirements for a FSS case involving substitute care are 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 the placement of a child' or young adult in substitute care.

B. Types of Family Support Services and Eligibility Requirements

Voluntary Placement Agreement: A voluntary placement agreement is limited to the following two specific situations as outlined in statute:

I. When a parent, guardian, or Indian custodian (if applicable) 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; or

II. When a young adult, who is not currently in the custody of the Department nor a legal ward, and the young adult

A. Was previously placed in a substitute care placement while in the legal custody of the Department for at least one day between the ages of 16 and 18, or

B. Was in placement pursuant to a voluntary placement agreement under ORS 418.312 for at least one day during the 12 months immediately preceding the date the young adult attained 18 years of age.

C. Is prepared to transition from protective to supportive services from the Department.

D. If the proposed placement is in a resource home, the young adult must be willing to complete a child welfare history and criminal records check as outlined in OAR 413-120-0440(1)(c).

E. Based on their circumstances, participation in a voluntary placement agreement is in the young adult's best interest.

III. A Child Welfare program manager must approve entering into any voluntary placement agreement.

IV. If an approved, appropriate placement is not available, a voluntary placement agreement may not be fulfilled, even if the affected individuals still meet other eligibility criteria

Voluntary Custody Agreement: A Voluntary Custody Agreement is limited to specific situations when a parent, guardian, or Indian custodian (if applicable) requests ODHS to take legal custody of the child on a temporary basis for a crisis intervention.

All of the following must apply:

A. The parent, guardian, or Indian custodian (if applicable) requests ODHS to take legal custody of the child.

B. The parent, guardian, or Indian custodian (if applicable) 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, guardian, or Indian custodian (if applicable) 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.

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 13 years of age for at least 180

accumulative 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.

Post-legal adoption and post-assisted guardianship assistance to a family: ODHS provides services when a family whose adoption or assisted (subsidized) guardianship occurred in Oregon through ODHS, including Tribal Customary Adoptions, 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. See section 9 of this chapter for additional specifics related to this type of FSS case.

In-home family support services: Family support services are available to a family that requests in-home family support services, if all 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, guardian, or Indian custodian (if applicable) is temporarily or will be temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition.

D. The parent, guardian, or Indian custodian (if applicable)'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.

Services to pre-adjudicated delinquents when ordered by the court: ODHS must provide family support services when the court has ordered ODHS to provide services to a pre-adjudicated delinquent.

Unless eligible based on a court order to provide services to pre-adjudicated delinquents, the parent, guardian, or Indian custodian (if applicable), young adult or former foster child must fully and continually cooperate with ODHS 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

Initial Contact With The Family

To prepare for and engaging in initial contact with the family, consider the following steps. They are written in a logical order, but the order in which they occur depends on the specific circumstances of the child and family, young adult, or former foster child. 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.
      4. Contact Central Office when there is an assigned Post Adoption and Guardianship Assistance Coordinator if a family requests post-legal adoption or post-legal guardianship services, and
      5. Determine if ICWA/ORICWA applies and any engagement with the Tribe.

II. Arrange face-to-face contact with the family, young adult, or former foster child within 10 days of receiving the screening information.

III. 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, guardian, or Indian custodian (if applicable) about individuals with parental relationships.

   C. Ask the parent, guardian, or Indian custodian (if applicable) 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).

IV. Ask the parent, guardian, or Indian custodian (if applicable) about any American Indian or Alaska Native ancestry of the parent and child. Complete the Verification of ICWA Eligibility Form (CW 1270) with all parents. If it is known or the Department has reason to know the child is an Indian child, notify the Tribe immediately (OAR Chapter 413, Division 115) and consult with Tribal Affairs.

V. ODHS must have authority to provide services to a family, young adult, or former foster child. During the first face-to-face contact, explain the Service Application form (CF 304a) to the family, young adult or the former foster child and have the family, young adult, or former foster child complete the form.

   A. Explain what will be expected of the family, young adult, or former foster child to participate and remain eligible for family support services.

   B. Discuss ODHS eligibility requirements for the specific family support services the family, young adult or former foster child is requesting.

C. Answer questions they may have.

D. To initiate services, the young adult or all individuals with legal custody of a child must sign the Service Application, if those individuals are available.

E. Give a copy of the Service Application to the family, young adult, or former foster child. Keep a copy in the Department's electronic case file.

Chapter 7
Family Support Services

Section 3: Determine Service Needs Through a Family Support Services Assessment

Determine 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. The caseworker must have face-to-face contact with the parents, legal guardians, Indian custodian (if applicable), young adult, or the former foster child within 10 working days of receiving the case.
   B. The caseworker 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 the caseworker receives the referral.

Assessment of the Family

I. During the meeting with the family, young adult or former foster child, continue to assess specific support services needed.

II. Observe and assess, at a minimum:
   A. The parent, guardian, or Indian custodian (if applicable)'s functioning in their home environment,
   B. Child, young adult, or former foster child's functioning in their home or substitute care placement, and
   C. Interactions between family members.

III. Gather information during the contacts with the parents, legal guardians, Indian custodian (if applicable), child, young adult, or former foster child. Assess current behaviors, conditions, circumstances and needs of the family, young adult, or former foster child by asking about a variety of topics.
   A. Generally, the assessment should provide answers to the following questions:
      1. Why are services being requested 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, legal guardian, or Indian custodian (if applicable)'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, young adult or former foster child requesting available through ODHS?
      4. Are there other community resources for the family, young adult, or former foster child without ODHS intervention? Can ODHS provide information and referral services that would meet the needs of the family, young adult or former foster child?

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, young adult, or 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, guardian (when the guardian is a relative), or Indian custodian (if applicable) complete the Verification of ICWA Eligibility form (CW 1270).
    C. Follow up on any statements that the child is an Indian child or may have American Indian or Alaska Native ancestry.
    D. Use ODHS 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 Regional ICWA Specialist, the caseworker's supervisor, Tribal Affairs, 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. If the child is an Indian Child, refer to specific procedures in this chapter regarding a request for a Voluntary Placement Agreement for a Child or Voluntary Custody Agreement.
    H. Document in the case notes all contacts with the child, former foster child, parents, guardian, and/or Indian custodian (if applicable) and Tribal Nation social services representatives.

NOTE: *While ICWA does not apply to young adults, it is still important to assess and understand whether a young adult has American Indian or Alaskan Native Ancestry. Connection with their Tribe could provide valuable connections, support, and resources to the young adult.*

Assessment of the Child or Young Adult's Specific Needs

As appropriate, use the following contacts and activities to assess the specific circumstances of the child or young adult, or to gain additional information about the family:

I. Physical health needs:

A. Talk with the child or young adult's physician.

B. Ask the doctor, child, young adult, 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 or young adult was previously in substitute care, read the medical section of the case file for any remarkable information and follow up as needed. Check for personal care nurse assessments if the child or young adult was in substitute care, or if there was an adoption or guardianship through ODHS.

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 or young adult 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 young adult, parents, guardians, Indian custodian (if applicable), 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 or young adult was in substitute care.

E. Refer a child or young adult for a CANS screening if the child or young adult 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, legal guardians or Indian custodian (if applicable) 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 health and human services department for any developmental disabilities assessments.

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 or young adult's teachers or other school staff about their observations and the educational needs of the child or young adult .

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 or young adult's needs.

C. Verify that school records have been requested if the child or young adult is in substitute care, when transferring to another school. Ensure school personnel know the caseworker's 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, legal guardians, or Indian custodian (if applicable) 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 applicable and appropriate, ask the parents, legal guardians, Indian custodian (if applicable), young adult or former foster child to sign a Authorization for Use and Disclosure of Information form (MSC 3010) to allow ODHS to contact, obtain from, and exchange information with individuals or organizations that may have or need additional information to determine appropriate services. An MSC 3010 is required for each individual or organization contacted.

A. Request copies of any evaluations, reports or records the family, young adult or former foster child may have.

B. After obtaining authorization on MSC 3010 contact the individuals or agencies to better understand the past and current services, treatment, and needs of the family, child, young adult or former foster child.

C. Consider contacting physicians, mental health providers, school employees, potential substitute care placement resources, or other service and treatment providers.

D. Discuss with the parent, guardian, or Indian custodian (if applicable) the benefit of obtaining expert evaluations, obtain 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, guardian, Indian custodian (if applicable) 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/or
- Homicidal ideation.

2. The parents', guardians', or Indian custodian's (if applicable) 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, guardians, or Indian custodian (if applicable).

II. Consult with a supervisor if an expert evaluation appears warranted, but the parent, guardian, or Indian custodian (if applicable) 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 or young adult's needs for safety, permanency, and well-being.

B. Reasons substitute care is requested and needed at this time.

C. Whether substitute care is a temporary, short-term plan to alleviate a crisis or must safety threats be considered?

D. Whether there is a substitute care placement available to meet the child or young adult's needs?

E. The qualities and characteristics a substitute caregiver would need to possess to be successful with the child or young adult.

F. The child or young adult's need for experiences that support their strengths and skills.

G. Any safety considerations or issues with adjustment concerning other children who currently may live with a substitute caregiver.

H. Whether the young adult is willing to complete a child welfare history and criminal records check as outlined in OAR 413-120-0440(1)(c) if the proposed placement is in a home with a certified resource family as defined in OAR 413-120-000(16).

I. What will assist the child and family or young adult in a transition to substitute care (see Chapter 5, Prepare a Child and Family for Placement).

J. Whether the child or young adult has an assigned Post Adoption and Guardianship Assistance Coordinator. If so, the caseworker must contact the coordinator to inform of any placement.

II. When the assessment involves placing a child or young adult in substitute care, assess the child or young adult's need for connection to important people and activities:

A. Ask the child, young adult, parents, legal guardians, and/or Indian custodian (if applicable) about important people to whom the child or young adult is connected (any need to improve relationship with parent, guardian, Indian custodian (if applicable), siblings, especially if placed away from siblings, supportive relationships in extended family, and people in child or young adult's neighborhood or at school)

B. Assess the child or young adult's needs specifically regarding substitute care as described in Chapter 5, Placement Services Generally, and

C. Assess specifically whether it is in the best interests of the young adult, if applicable, or child to stay in the current school if entering substitute care and make arrangements for the child or young adult to continue in the current school whenever possible.

D. Ask the child, young adult, parents, legal guardians, Indian custodian (if applicable) and/or others about extra-curricular activities and hobbies the child or young adult has enjoyed (including sports, physical activities, music and artistic endeavors) and facilitate involvement in similar activities whenever appropriate.

E. As appropriate, obtain from the young adult, parents, legal guardians, or Indian custodian (if applicable) the names of persons who can provide additional information about the needs of the child, young adult, former foster child, or family. Engage with the young adult, parents, legal guardians, or Indian custodian (if applicable) in contacting extended family members who may be able to assist with the needs of the child, young adult, or family.

F. If it is known or the Department has reason to know the child is an Indian child. If the child is an Indian child, the caseworker must refer to and comply with OAR chapter 413 division 115. Active efforts and placement preference as outlined in ICWA/ORICWA apply.

III. When a request for a voluntary placement agreement is made by a family or young adult, there are specific FSS assessment activities that must occur.

A. If a family requests placement of their child through a Voluntary Placement Agreement of a Child (CF 499), the caseworker must:

1. Identify the child's specific emotional, behavioral or mental disorder, and/or developmental or physical disability. Remember to refer the child for a CANS screening and/or a Personal Care Services Assessment as appropriate to the child's needs and condition.
2. Identify who has evaluated the child or provided diagnostic or treatment services.
3. Inquire about:
   - Length of time the child's issues have been a challenge.
   - Child's most challenging behaviors.
   - Frequency of concerning behaviors.
   - Events that precede concerning behaviors and patterns.
   - Successful interventions that previously may have been used.
   - Any risk the child may pose to other people's safety, and
   - Services the family has accessed or tried to access prior to contacting ODHS, including any evaluations and recommendations made, mental health counseling, medication management interventions, IEPs and/or disability services.
4. 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 for a Child.
5. If the child's needs require placement in Behavioral Rehabilitative Services, consult with the

Residential Resource Consultant (RRC) about availability of appropriate placements.

6. Determine the child's legal custodians. Only parents, legal guardians, or Indian custodian (if applicable) who have legal custody of the child may enter into a Voluntary Placement Agreement for a Child, unless one person is missing.
    - 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 ODHS with information about the persons and places likely to know the missing person's whereabouts.
    - The caseworker 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.
    - Ask the person who gave birth to the child to complete the Father's Questionnaire form (CF 0418). The completed CF 0418 helps identify fathers with legal standing.
7. At the conclusion of the caseworker's inquiries about Voluntary Placement of a Child, the caseworker must determine that the sole reason for the request for placement is to obtain services for the child.
8. If it is known or the Department has reason to know the child is an Indian child, all protections of ICWA/ORICWA apply including active efforts to prevent placement and order of placement preference. Refer to and comply with OAR Chapter 413 Division 115.

B. If a young adult requests placement into substitute care through the Department through a Voluntary Placement Agreement for a Young Adult (Cf 499a), the caseworker must ensure the young adult meets the criteria laid out in OAR 413-020-0070(3)(a) through (d) and inquire:

1. Why is the young adult requesting a substitute care placement?
2. What services the young adult has engaged in in the past to assist them in transitioning to independence?
3. What services would assist in a transition to independence in the future?
4. Would engagement in the ILP program be appropriate?
5. What are the young adult's current needs?
6. If the young adult's needs require Behavioral Rehabilitative Services, consult with the Residential Resource Consultant (RRC) to determine availability of appropriate placements.
7. If an appropriate placement is not available, staff with a supervisor.
8. After the inquiries are made about a Voluntary Placement for a Young Adult, the caseworker must determine, based on the young adult's circumstances and through the family support services assessment, if participation in a Voluntary Placement Agreement for a Young Adult is in the young adult's best interest. If it is not determined to be in a young adult's best interest, staff with a supervisor.

IV. After the determinations have been made and before having the applicable voluntary placement agreement signed by the young adult, parent, guardian, or Indian custodian (if applicable), the caseworker must confirm the identified placement for the child or young adult continues to be available, staff with a supervisor, and request the approval of the Child Welfare program manager.

V. From the young adult or child's parents, guardians, or Indian custodian (if applicable), request information about medical insurance and other financial resources to meet the medical, dental and mental health needs of the child or young adult by completing the online Insurance Reporting Application located at https://apps.oregon.gov/dhs/opar# and, for a child placement, completing the DCS Referral for Child Placement Agreement form (CF 0496).

   A. If a parent, guardian, or Indian custodian (if applicable) is completing the DCS Referral for Child Placement Agreement form (CF 496), inform them that the Division of Child Support Children's Benefits Unit may prepare a non-adversarial support agreement for child support obligations.

   B. 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.

   C. If a young adult is completing the DCS Referral for Child Placement Agreement form (CF 496), inform them this information is to assist in determining substitute care eligibility and other resources available to support their care while in placement.

   D. If the young adult, parents, legal guardians, or Indian custodian (if applicable) have questions about this process, refer them to the Children's Benefits Unit.

VI. The Central Office Child Support Team completes the initial analysis about whether a case should be referred for child support. The ODHS computer-based system automatically interfaces notices to the Central Office Child Support Team.

   A. Work closely with the family and the substitute caregiver to build on the child or young adult's strengths and address the child or young adult'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 an appropriate substitute care placement to meet the child or young adult's identified special needs. Follow procedures in Chapter 5, Services to Children, regarding appropriate substitute care placements.

   B. Explain to the young adult, parents, legal guardians, or Indian custodian (if applicable) the intent of this type of short-term, temporary voluntary placement service, and the legal limitations of voluntary placement.

   C. Work closely with the family, even at the beginning of this agreement, to plan for the child's return home or the young adult's transition to independence.

   D. Document assessment activities in a Family Support Services Assessment.

NOTE: *If a child is currently in a placement with Behavioral Rehabilitative Services or other similar level of care through a Voluntary Placement Agreement for a Child and the need for placement is anticipated to continue at the same level of supportive services after age 18, at least 6 months prior to the child's 18th birthday, begin conversations about the transition to adulthood and what preemptive steps need to be taken to maintain continuity of care. Confirm with the program the differences between a voluntary placement and a placement due to a safety threat as well as the differences between placement of a child versus a young adult.*

VII. 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, guardians, or Indian custodian (if

applicable) can enter into a Voluntary Custody Agreement.

B. Assess the family to confirm that the parents, guardians, or Indian custodian (if applicable) are eligible to request voluntary custody of their child. Parents, guardians, or Indian custodian (if applicable) are not eligible for a Voluntary Custody Agreement if:

   1. The parents, guardians, or Indian custodian (if applicable) are unwilling to be a permanent resource for the child, or
   2. The parents, guardians, or Indian custodian (if applicable) 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 identified safety threat, the case is taken before the court, which makes the decision whether the child's custody is given to ODHS to protect the child.

D. Determine the legal custodians of the child. Only parents, guardians, or Indian custodian (if applicable) 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 ODHS information about the persons and places likely to know the missing person's whereabouts.
   2. The caseworker must immediately begin a diligent search to find the other person with legal custody of the child to notify them of the agreement.
   3. Ask the person who gave birth to the child to complete the Father's Questionnaire form (CF 0418) to help identify fathers with legal standing.

E. Assess the family to determine whether all of the following circumstances apply:

   1. Parents, guardians, or Indian custodian (if applicable) have requested ODHS to take legal custody of the child.
   2. Child is under 18 years of age.
   3. Parent), guardians, or Indian custodian (if applicable) are immediately and temporarily unable to fulfill the parental responsibilities.
   4. Parents', guardians', or Indian custodian (if applicable)'s 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, guardians, or Indian custodian (if applicable) 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.

(1) 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.

(i) 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.

(ii) Document the activities in a Family Support Services Assessment.

VIII. 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 former foster child has spent a cumulative (but not necessarily consecutive) 180 days or more in substitute care (either through ODHS 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 former foster child and, their parent(s), guardian(s), or Indian custodian (if applicable), agree to cooperate with ODHS in determining the need for Youth Transitions. Also, preparing and monitoring the Family Support Services Case plan, and
4. The former foster child meets any additional eligibility requirements for the particular Youth Transition services (formerly ILP) in which the former foster 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, their parents, guardians, or Indian custodian (if applicable) must sign the Service Application, and
2. If the former foster child is 18 to 21 years of age, they signs the Service Application on their own behalf.

C. Talk with parents, guardians, Indian custodian (if applicable) , teachers, other service providers and the former foster child about independent living skills the child has already developed and any 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.

IX. There are specific assessment activities when an adoptive parent or legal guardian requests post-adoption or post-assisted guardianship services.

A. Acknowledge ODHS' 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 ODHS 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.

X. There are specific assessment activities when an adoptive parent or legal guardian requests in-home family support services.

A. Verify that ODHS 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.

B. Determine what community services the family has used to address the family's specific circumstances.

1. 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 3010) to obtain and exchange information with individuals who have provided services for, or offered support to, the family.

2. The parent, guardian, or Indian custodian (if applicable) 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 parents, guardians, or Indian custodian (if applicable) is unable to fulfill parental responsibilities, what types of supports are requested, and how long it is anticipated the parents, guardians, or Indian custodian (if applicable) will be unable to fulfill their responsibilities.

3. Request that the parents, guardians, or Indian custodian (if applicable) complete an Authorization for Use and Disclosure of Information form (MSC 3010) to obtain and exchange information with any medical professionals who have diagnosed the medical or mental health condition and provided services to the parents, guardians, or Indian custodian (if applicable).
4. Determine, through an assessment with the family, that the parents', guardians', or Indian custodian (if applicable)'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.
5. Analyze the behaviors, conditions and circumstances of the family to determine the specific service needs based on information gathered from the above activities.
6. E. Document the assessment activities in a Family Support Services Assessment.

Note: *Post-adoption and post-assisted guardianship services may include referrals to services in the community or services provided through contracts with ODHS, 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 ODHS and community resources.*

XI. There are specific assessment activities when the court has ordered ODHS to provide services to a pre-adjudicated delinquent.
   A. Review the orders of the court regarding any specific services ODHS is ordered to provide.
   B. Verify who has legal custody of the child. If ODHS 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 ODHS 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, guardians, or Indian custodian (if applicable) , 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 ODHS,

including any evaluations and recommendations made, mental health counseling, medication management, IEPs or disability services.

G. Document the assessment activities in a Family Support Services Assessment

Note: *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 section 7 of this chapter, Additional Supports for Adoptive Families and Legal Guardians and refer the family to their Post Adoption and Guardianship Assistance Coordinator. 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.*

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(s), guardian(s), or Indian custodian (if applicable) does not give consent, provide assistance to the caseworker:

   A. Discuss ways to engage the parents, guardians, or Indian custodian (if applicable) to gain their permission.

   B. Decide whether the family remains eligible for family support services, if the parents, guardians, or Indian custodian (if applicable) 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 or young adult.

V. Assist the caseworker in coordinating services with the court or juvenile department when the court orders a pre-adjudicated delinquent to ODHS for placement or services.

VI. If questions about the family or young adult'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.

Note: *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, guardians, Indian custodian (if applicable) , young adult, 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 and signing of the Family Support Services Application (CF304a) as described in Sections 2 and 3, and within 60 days when a child or young adult 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, young adult, or former foster child.

II. Include the following people in the development of the FSS Case plan:
   A. The parents or legal guardians, young adult, or the former foster child,
   B. An Indian custodian (if/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 or young adult is or will be placed in substitute care.
   E. An FSS Case plan is based on the determination of need, and is not dependent on analysis of parental protective capacity. In most instances, a FSS Case plan is used for short-term and focused services designed to meet the particular need of the family, young adult, or former foster child.

III. Document the FSS Case plan in the ODHS information system on the appropriate Family Support Services Case plan form. 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 or 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, guardian, or Indian custodian (if applicable) , including the documentation about how the father was determined to be the legal father.
      5. When the case involves a young adult or former foster child age 18through 20 years old who is

parenting a child, provide identifying information for the young adult or 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 a clear description of the service needs of the family, the child, young adult, or the former foster child that are determined as a result of the needs assessment.

E. Document service goals and activities. Including specific information about what ODHS and the parent(s), guardian(s), or Indian custodian (if applicable), young adult or former foster child will achieve through the services documented in the FSS Case plan.

1. Develop the specific goal(s) that shape(s) the scope and duration of ODHS involvement with the family, young adult, 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.
2. List the specific activities that will help achieve the service goals and the specific services to the parent(s), guardian(s), or Indian custodian (if applicable), and services to the child or young adult. The Case plan form will prompt these descriptions.
3. Select services and service providers to assist the parent(s), guardian(s), or Indian custodian (if applicable) and the child, young adult, or the former foster child to achieve the identified goals.
4. List the services ODHS will provide, including:
    - Case oversight and routine contact with the parent(s), guardian(s), or Indian custodian (if applicable) and the child, young adult, or the former foster child.
    - Routine contact with the juvenile department staff, parent(s), guardian(s), or Indian custodian (if applicable), and the child when the court has ordered ODHS to provide services to a pre-adjudicated delinquent.
    - Arranging visitation for the parent(s), guardian(s), or Indian custodian (if applicable) and the child when a child is in substitute care.
    - 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
    - Timely preparation of reports required for the court or other service providers.

F. When a child or young adult is voluntarily placed by the family in substitute care through a Voluntary Placement Agreement for a Child (CF 499) or Young Adult (CF499a), o Voluntary Custody Agreement, or if a pre-adjudicated delinquent was referred for placement by the court (not due to child abuse), include in the FSS Case plan:

1. The type of placement selected for the child or young adult.
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 ODHS 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 ODHS information system will prompt questions regarding the services the caregiver will provide.)
4. The strengths and needs of the child or young adult 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 strengths of the child or young adult and meet the needs of child or young adult, information about the child or young adult's supervision plan, when applicable, and information about the child or young adult's personal care services plan, when applicable.
5. Health and education information. When ODHS is the legal custodian, it is responsible for monitoring the child's health care and educational needs.
6. The description of the child's family time plan. Narrate the plans for family time 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 of a child, 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.

G. 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 parents, guardians, Indian custodian (if applicable), young adult or former foster child no longer wish to continue family support services.
3. The person requesting services is no longer working in cooperation with ODHS.
4. ODHS 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 ODHS involvement with a pre-adjudicated delinquent.

H. Document progress the family, child, young adult, or former foster child have made to date in achieving case goals and completing service agreements, and any actions ODHS has taken to support achieving the case goals.

1. When the child is in substitute care:
   - Document actions ODHS has taken to support the child's return home (when the child is in substitute care).
   - Indicate whether the child has been in substitute care 15 of the last 22 months.
2. Document actions ODHS has taken to support the young adult's transition to independence.
3. Remember, in accordance with ORS 418.312, any time a child or young adult 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.

I. Document the FSS case plan review date.

   1. The FSS case plan must be reviewed, at a minimum, with the parents, guardians, Indian custodian (if applicable), young adult 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.

J. The caseworker must obtain signatures on the appropriate FSS Case plan document from the following persons:

   1. The caseworker, and
   2. Each parent, guardian, Indian custodian (if applicable), young adult, or the former foster child.

K. Whenever a family support services case involves a Voluntary Placement Agreement of a Child or Young Adult (CF 0499 or CF 499a) or parent(s), guardian(s), or Indian custodian (if applicable) giving custody to ODHS through a Voluntary Custody Agreement (CF 1005), the caseworker must meet with the family or young adult to complete the applicable voluntary placement agreement or Voluntary Custody Agreement.

   1. When completing the applicable agreement, ensure appropriate legal authorities regarding decisions affecting the child or young adult have been discussed with the family or young adult, and both ODHS and the parents, guardians, Indian custodian (if applicable) or young adult are in agreement on designated responsibilities regarding the child or young adult 's care, supervision, education, health and mental health needs.
   2. Ensure the Child Welfare program manager approves and signs the applicable voluntary placement agreement or a Voluntary Custody Agreement.

L. Submit the FSS Case plan to the supervisor for review and approval.

M. 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, guardians, Indian custodian (if applicable), young adult, or former foster child, and
      - If the child is an Indian child, the child's Tribe(s).

N. When a child is in substitute care and one of the parent(s)', guardian(s)', or Indian custodian (if applicable)'s whereabouts are unknown:

   1. Conduct a search for the absent parent(s), guardian(s), or Indian custodian (if applicable).
   2. Upon locating the parent, guardian, or Indian custodian (if applicable), 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, guardian, or Indian custodian (if applicable) 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.

O. 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 ODHS. 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 needs of the family and child, young adult or former foster child (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, young adult 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, young adult, 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 parent(s), guardian(s), or Indian custodian (if applicable), young adult 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(s), guardian(s), or Indian custodian (if applicable) is absent to determine ODHS is conducting a thorough search, following up appropriately when location is identified, and that the parent(s), guardian(s), or Indian custodian (if applicable) 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 parent(s), guardian(s), or Indian custodian (if applicable), young adult and the caseworker have explored services and activities that may assist the family or young adult in meeting the specific needs of the family and or young adult, and have developed the FSS Case plan, the caseworker arranges services for the family and the child, young adult 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 their parent(s), guardian(s), or Indian custodian (if applicable) in Section 6 of Chapter III, Determine Appropriate Actions, Services and Activities.)

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 or young adult through a voluntary placement agreement, Voluntary Custody Agreement or an order of the court for a pre-adjudicated delinquent (not because of child abuse), the caseworker is responsible for following the child placement and services to children procedures in Chapter IV of this manual. When a child or young adult is in substitute care the caseworker also must:
   A. Select an appropriate substitute caregiver able to meet the child or young adult's identified needs.
   B. Develop a Visit and Contact Plan (CF 0831) between the child and their parent(s), guardian(s), or Indian custodian (if applicable).
   C. Work with the substitute caregiver in meeting the identified needs of the child or young adult. This is especially important when athe family enters into a Voluntary Placement Agreement for a Child (CF 499), 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 or young adult's individual service plan when the child or young adult 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 child's family has no intention to be a permanent resource for the child, immediately staff with the supervisor.
   F. Monitor the child or young adult's safety and well-being in substitute care through required face-to-

face contacts with the child or young adult 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. As applicable, Mmanage the child or young adult's education, health care and mental health needs to the extent ODHS is authorized to do so through a Voluntary Placement Agreement for a Child (CF 499) or Young Adult (CF 499a) or Voluntary Custody Agreement. When the court orders the substitute care placement of a pre-adjudicated delinquent, ODHS 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 or young place 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, young adult 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 same language as or is of the same race/ethnicity as the parents, guardians, Indian custodian (if applicable), child, young adult or former foster child

E. The services are clear, succinct and manageable. The parent(s), guardian(s), or Indian custodian (if applicable), young adult 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, young adult, 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 including any placements. If there is a question as to whether ODHS can provide or pay for a particular service, the caseworker should consult with their 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).

Note: *A Service Agreement is a time-limited written document between the department and the parent(s), guardian(s),*

or Indian custodian (if applicable), young adult, 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, guardians, Indian custodian (if applicable), young adult 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), guardian(s), or Indian custodian (if applicable) or young adult'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, guardians, Indian custodian (if applicable), young adult, or the former foster child that is not linked to the request for ODHS 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, guardians, Indian custodian (if applicable), young adult, 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, guardians, Indian custodian (if applicable), young adult, 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, guardians, Indian custodian (if applicable), young adult, 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 these contacts 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, Voluntary Custody Agreement or because a pre-adjudicated delinquent has been ordered into ODHS custody (for reasons other than child abuse), 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.

If a young adult is placed into substitute care through a voluntary placement agreement, consider and document the conditions and observations in this section as applicable. However, assessment of safety for adults is the responsibility of Adult Protective Services and any concerns for adult safety should be reported in accordance with mandatory reporting laws as outlined in ORS 124.050 through 060 and OAR 411-020-0020.

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, guardian, or Indian custodian (if applicable) 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. Activities During Contact with Parents, Guardians, Indian Custodian (If Applicable), Young Adult or Former Foster Child.

Procedure

I. The caseworker must have face-to-face contact with each parent, guardian, or Indian custodian (if applicable), child, young adult, or the former foster child every 30 days. The contact should occur in the home of the parents, guardians, Indian custodian (if applicable), young adult, or the former foster child. Activities during the contact may include, but are not limited to:

   A. Review how provided 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 needs of the child, family, young adult, or former foster child, re-evaluate the services, and/or develop additional strategies to address the identified needs.

III. Ensure that the child, young adult, 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 a child or young adult in substitute care involve not only monitoring services to the child or young adult but confirming the safety and well-being of the child and young adult in the substitute care environment. This involves monitoring services provided to the child or young adult (education, physical and mental health, or other treatment needs), the child or young adult's adjustment to substitute care, and the ability of the substitute caregiver to provide a safe environment for the child or young adult.

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 the caseworker is 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 them questions about how the child feels in the placement, and whether they 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 them, 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, religious services, 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 ODHS.

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 resource 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 being a resource parent, 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 ORCAH 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 or young adult 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, young adult, or 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 or young adult, 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 or young adult 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 Provider With Whom a Child or Young Adult is Placed

A provider is defined as a "person approved by a licensed private child-caring agency to provide care for children or young adults, 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 resource 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 or young adult.

II. Receive updates from the child or young adult 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 or young adult is comfortable and the environment is supportive and safe.

1. The caseworker should talk to the child or young adult alone and, if appropriate developmentally, ask them 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 or young adult.

1. The caseworker should talk to the child or young adult if developmentally appropriate, about who takes care of them, what they do, and related topics.

C. Adults possess the physical, emotional, and cognitive capacity to sufficiently care for the child or young adult.

1. The caseworker should assess whether the child or young adult is getting to medical and other appointments, getting to school on time, and what the treatment service providers for the child or young adult report about the child or young adult's needs being met or not met.

D. The child or young adult has formal and informal contact with others in the community.

1. The caseworker should ask the substitute caregiver and the child or young adult what they do for recreation, and whether they participate in school functions, religious activites or other neighborhood events.

E. The child or young adult is accepted as part of the household or facility.

1. The caseworker should ask questions such as where the child or young adult eats, where they spend their time in the home or facility (e.g., are there restrictions placed on the child or young adult), and whether the child or young adult 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 ODHS.

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 or young adult? Is the substitute caregiver ensuring the child or young adult is receiving the treatment services they need?

H. The child or young adult has a sufficiently positive relationship with other children in the home or facility of the provider.

1. Observe the child or young adult in the home or facility. Ask about their relationships with others, the friends they have developed, and what relationships are meaningful to the child or young

adult.

I. The substitute caregiver is caring for children or young adult matching the preferences and experience of the substitute caregiver.
    1. The caseworker should talk to the child or young adult 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 or young adult 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 or young adult 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 or young adult, 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 or other action required to ensure the child's safety; and
            - Contact ORCAH 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 or young adult 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 or young adult 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 or young adult, the caseworker must:
    A. Consult with the caseworker's supervisor to determine any immediate protective or other action required to ensure the child's safety; or
    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 parents, guardians, Indian custodian (if applicable), child, young adult, or former foster 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); and
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 young adult or former foster child.

B. The progress made toward achieving the case plan goals.

C. The services provided by ODHS.

D. The Visit and Contact Plan when the child is in substitute care.

E. The completion of actions and activities for which ODHS 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, child, young adult, 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 ORCAH; 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 the 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, parents, guardians, Indian custodian (if applicable), young adult, 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 parent(s), guardian(s), or Indian custodian (if applicable) 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 or young adult 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(s), guardian(s), or Indian custodian (if applicable), and the child, young adult, or former foster child, including any special needs of the child, young adult, 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 to the child, young adult, or former foster child, and completing documentation requirements.

Chapter 7
Family Support Services

Section 7: Measuring Progress

Measuring Progress

Whenever ODHS is involved with a family, young adult, or former foster child because of a request for services, or when the court orders a pre-adjudicated delinquent to ODHS for services or placement, the caseworker is responsible for continually measuring 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 ODHS, 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 ODHS attention on meeting identified needs. When measuring progress, a number of areas need to be considered, including whether:

I. Parents, guardians, Indian custodian (if applicable), the young adult, or the former foster child are making adequate progress toward achieving the FSS Case plan goals.

II. Services provided through ODHS are effective in assisting the family, and

III. Child or young adult specific needs are being met and can be adequately managed and sustained without ongoing ODHS involvement.

Procedure

The caseworker must:

I. Measure progress as part of the ongoing intervention with the family, young adult, or former foster child, including at the following times:
   A. During and (or) after any contacts with the parents, guardians, Indian custodian (if applicable), child, young adult, former foster child, service providers and others who are connected with the child, young adult, former foster 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 or young adult. Progress can be documented, because it has been verified that it has occurred, changed, or been observed. Measure progress with respect to the following as applicable:
   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 young adult has been placed in substitute care through a voluntary placement agreement, is there progress towards transition to independence?
   C. 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?
   D. 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?
   E. 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.

IV. Maintaining case contacts and measuring progress:

A. ODHS interventions including, but not limited to, service agreements when a family or young adult needs logically sequenced actions or services that are time-limited to avoid duplication or overwhelming a family.

B. Caseworker contacts.

C. Caseworker approach with the parents, guardians, Indian custodian (if applicable), young adult, 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 ODHS involvement.

V. Consider the following when measuring progress toward change:

A. What observable changes does the caseworker see?

B. How does this compare with what the caseworker has seen previously in this family, young adult, or 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 parents, guardians, Indian custodian (if applicable), young adult, 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, is the caseworker helping motivate change?
   - How is the caseworker 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 for the family or young adult and 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 or young adult to support and sustain change?

F. Use the child or young adult as a source of information.
   1. Does the child or young adult 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 parent(s), guardians(s), or Indian custodian (if applicable) 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 ODHS staff involved with the family or young adult (the family time coordinator, supervisor, or other staff).

I. Whenever a child or young adult is in substitute care, make appropriate adjustments when assessing the safety and well-being of the child or young adult in substitute care.
   1. Are the services provided meeting the child or young adult'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 or young adult have a supervision plan and a personal care services plan and if so, are those plans meeting the child or young adult's needs?

VI. Ensure that an FSS Case plan continues to be the appropriate plan for the child or young adult whenever a child or young adult is in substitute care. Consider:

A. Is the permanency hearing approaching? If so:
   1. Is it likely the child will return home soon? If not, reconsider the appropriateness of the current FSS Case plan.
   2. Will the young adult be prepared to transition to independence soon? If not, what is needed to achieve independence?

B. If a child has been placed through a Voluntary Placement Agreement for a Child (CF 499), is the child nearly age 18 when a the 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. When a young adult has been placed through a Voluntary Placement Agreement for a Young Adult (CF 499a), are they nearing their 21st birthday when the voluntary placement agreement must end?
   1. Are there additional services needed to help the young adult transition to independence?
   2. Is there a plan for when the young adult exits care?
   3. Are there additional steps the Department can take to ensure a successful transition to independence?

D. 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?

E. 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 ODHS 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, young adult, 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, young adult 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 FSS Case plan update.

III. Review the FSS Case plan in a face-to-face meeting with the parents, guardians, Indian custodian (if applicable), young adult, or former foster child.

   A. If parents, guardians, Indian custodian (if applicable), young adult or the former foster child are unavailable for the review, the caseworker must document the following:

      1. The reason the parents, guardians, Indian custodian (if applicable), young adult, or former foster child were not available; and

      2. The efforts that were made to involve the parents, guardians, Indian custodian (if applicable), young adult, or former foster child in the review.

   B. The meeting also may include the young adult, child, service providers, attorneys, family members and the substitute caregiver when a child or young adult is in substitute care.

      1. The caseworker must consider input received from the young adult, child, the service providers, safety plan participants, substitute caregivers, attorneys, a child's Court Appointed Special Advocate (CASA), persons with significant attachments to the child or young adult, 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, resource parents, attorneys, CASA, and family members as applicable.

   B. The reduction or elimination of the circumstances, conditions, or behaviors for which the department is providing services.

C. In substitute care cases, the case plan review must also include an assessment of the progress toward:

   1. Achieving a return home for a child, or
   2. Achieving independence for a young adult.

D. A review of the services being provided to the child or young adult and whether they are building upon the strengths and meeting the needs of the child or young adult including those identified in the CANS screening and, when applicable, the personal care services plan.

E. An assessment of the ability of the substitute caregiver to meet the identified needs of the child or young adult, as applicable, 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 or young adult?
      - 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 or young adult be placed in the home?
      - What is the substitute caregiver's ability to protect the child or young adult from inappropriate contact with those who would harm the child or young adult?
      - 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?
      - If the child is an Indian child, does this substitute caregiver meet the order of placement preference and is approved by the Tribe? What efforts are being made to place the child in a placement that does meet those requirements?
      - Does the substitute caregiver meet the family's placement preference?
      - Is this the substitute care placement the child or young adult requested?
      - Does the substitute caregiver support the child's attachment through visitations and working with the family?
   3. Supporting continuity and familiarity.
      - What is the parent(s)', guardian(s)', or Indian custodian (if applicable)'s relationship with the substitute caregiver or the child or young adult's ability to develop relationships with a substitute caregiver?
      - What is the substitute caregiver's proximity to the child or young adult'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 or young adult.
    - Does the substitute caregiver have a demonstrated capacity to meet the child or young adult's specific or unique needs, including needs identified in the CANS screening?
    - If the child or young adult 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 or young adult's specific needs?
    - Does the substitute caregiver have the ability to meet the child or young adult'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 or young adult?
    - Is the substitute caregiver able to identify and build upon the child or young adult's strengths?
    - If the child or young adult is receiving personal care services, does the substitute caregiver appear to be able to provide those services?
5. Meeting the child or young adult'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 or young adult and ability to provide the necessary nurture and support?
        (2) Willingness to provide care as long as needed?
        (3) Ability to recognize a child or young adult's needs and build on the child or young adult's strengths?
6. Supporting the child or young adult's cultural and religious background.
    - What is the substitute caregiver's ability to:
        (1) Appreciate, nurture, support and reinforce the identity of the child or young adult?
        (2) Support the child or young adult's development and help the child or young adult develop age-appropriate developmental and social skills?
        (3) Communicate with the child or young adult?
        (4) Honor and accommodate religious differences, and support the child or young adult's religious heritage and preferences?

F. 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 or young adult, when appropriate, and the certifier for the substitute

caregiver. Questions to consider include:

- Whether the plan is meeting the child or young adult'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 or young adult is progressing in the placement.
- Whether or not there has been a significant change in the pattern of the child or young adult'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, young adult, the certifier for the substitute caregiver, and the Personal Care Nurse manager in central office.

G. A review of the search for the child's relatives. The following questions may assist the caseworker 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?
7. If it is known or the Department had reason to know the child is an Indian child, were active efforts to prevent placement made and have placement preferences been followed?

Note: *A worker may decide to document the 90-day review in the Family Support Services case plan rather than in case notes when the information will soon be needed for an upcoming court or Citizen Review Board hearing. The case plan 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.*

H. A review of the family time and contact plan.

1. Does the family time plan meet the child's needs?
2. What opportunities are there for the child to have family time with other family members?
3. Does the family time and contact plan support progress toward the child's return home?

I. Consideration of sibling issues.

1. If the child or young adult has siblings in substitute care, are siblings placed together? If so, and there are supervision and/or therapeutic issues (i.e. 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?

J. JA review of Concurrent Planning.

1. What are the child's permanency needs?
2. In what ways has the family been 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 Termination of Parental Rights (TPR) has not been filed, what is the compelling reason not to pursue TPR?

V. 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".

A. When a child or young adult is placed into substitute care through a voluntary placement agreement and they are nearing the age when the applicable voluntary placement agreement will end, include this discussion as part of staffing with a supervisor and consider a family or youth decision meeting to discuss next steps towards.

VI. 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 the FSS case plan.

VII. Review and fully update the FSS Case plan at least every six months.

VIII. Document all of the following in OR-Kids after the face-to-face meeting with the parents, guardians, Indian custodian (if applicable), young adult, or the former foster child:

A. The services provided to the parents, guardians, Indian custodian (if applicable), young adult, 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 their 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. When a young adult is in substitute care, as applicable:

1. The young adult's education, health and mental health services to ensure their needs are being

met.

2. The services provided to support the young adult's transition to independence.
3. Other services provided to address the identified needs of the young adult, and
4. An assessment of the capacity of the substitute caregiver to meet the identified needs of the young adult.

D. 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.

IX. No later than seven days after the supervisor approves the updated FSS Case distribute it to the following individuals, as applicable, unless doing so would provide information that places another person at risk:

A. The parent(s), guardian(s), or Indian custodian (if applicable).

B. The young adult.

C. An Indian child's Tribe, if applicable, and

D. If involved with the court, also distribute to:

1. The CASA, and
2. Attorneys of record for the parents, guardians, Indian custodian (if applicable), and child, young adult, 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 Appendix 4.12.

III. Review and approve the updated FSS Case plan.

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, guardians, Indian custodian (if applicable), child, young adult, or former foster child, and

B. Whether meeting with the parents, guardians, Indian custodian (if applicable), young adult, or former foster child would facilitate the process of updating the FSS Case plan and keeping the parents, guardians, Indian custodian (if applicable), young adult or former foster child up-to-date about the contents of the updated FSS Case plan.

References

OARs

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: Post Adoption and Guardianship Support and Services

Post Adoption and Guardianship Support and Services

Introduction

Purpose

The purpose of this section is to provide specific guidance for working with families who request voluntary post adoption and guardianship services. It is meant to supplement and not replace the procedures in Chapter 7, Section 1 to 10, which apply to all types of Family Support Services (FSS). Families who request voluntary post adoption and guardianship services are among the populations eligible for federal funding under Title IV-E Prevention Services.

Overview

Parents or guardians are eligible to request voluntary services from Oregon Department of Human Services (ODHS) following a finalized adoption, including Tribal Customary Adoptions, or legal guardianship that occurred through ODHS. This includes the parents or guardians of children or young adults up to age 21 years who have an adoption or guardianship agreement in place. Services provided by ODHS can range from in-home supports to voluntary placement of the child or young adult in a residential treatment program, if necessary, to meet the child's or young adult's emotional, mental health and/or behavioral needs. All families who qualify for Family Support Services (FSS) receive case management services that include, at a minimum, monthly face-to-face contact by a Child Welfare caseworker or designee.

Families who request post adoption and guardianship services come to ODHS with a range of different challenges and concerns. All of them, however, benefit from a trauma-informed approach that is empathetic, inclusive and recognizes there are many different types of families with different family cultures and structures. The worker should also respect and be aware of any cultural differences that may exist between the family and the child's family of origin. The needs of these families may include, but are not limited to:

- Immediate crisis response and stabilization.
- Relief/Respite care, especially for a child who requires specialized care.
- Assistance in accessing or navigating:
    - Child Welfare contracted services.
    - Temporary placement services, such as Behavior Rehabilitation Services (BRS) or relative care.
    - Oregon Health Authority/Oregon Health Plan paid physical or mental health services.
    - Oregon Youth Authority/local Juvenile Department services.
    - Self-Sufficiency Program financial assistance or support services.
    - Other community services and supports.
- Assistance in navigating relationships with birth families.
- Assistance in maintaining the child's connection to their culture of origin, especially when the adoption or guardianship is transracial.

Families may also not know what supports or services are available to address the challenges they face, so they may need help understanding what is available and in coordinating with the various organizations that provide the services

they need. They may also benefit from non-professional services, such as support and mentorship from families with similar lived experiences. If the child is an Indian child or a recognized descendant of a Tribe, the child's Tribe may be able to provide critical support as well as cultural connection. There are also circumstances when a guardian is a member or descendant of a Tribe and can access critical services and supports.

Special Considerations for Family Engagement

Understanding the unique challenges that adoptive and guardianship families experience is critical to working effectively with them. A child or young adult who has been adopted or is in a guardianship may be demonstrating intense and pain-based behaviors due to past abuse that were not anticipated by the family or observed before the adoption or guardianship was finalized. These behaviors may be due to early childhood trauma, instability and unmet attachment needs that occurred prior to or after being placed in foster care. The child or young adult may also be experiencing grief and loss of their family of origin and cultural identity.

The child or young adult may act out their feelings of rejection and sense of not belonging by emotionally rejecting their adoptive parents or guardians, regardless of how patient and accepting the caregivers try to be. Because of these family dynamics, some caregivers may be contemplating or have already asked the child or young adult to leave the home. By the time a family reaches out to ODHS for help, they may be in a state of crisis and feel hopeless.

To address a family's needs, it is important to reach out and contact the family promptly following receipt of the FSS assessment to introduce yourself and assess the immediate needs of the child and family. Although Child Welfare rule (OAR 413-030-0009 (1) (d) requires caseworkers to make face-to-face contact with the family within 10 days of receiving the FSS assessment, the family may already feel ignored by other professionals or organizations. The caseworker establishing themself as a responsive and caring professional right away is critical to successfully preserving the child's or young adult's permanency.

In addition, If it is known or the Department has reason to know the child is an Indian child, all protections of ICWA/ORICWA apply including active efforts to prevent placement and order of placement preference. If the child is an Indian child, refer to and comply with OAR chapter 413 division 115 including Tribal notification and communication.

Initial Contact

Procedure

Within 24 hours of receiving the screening assignment, the worker must attempt to contact the family by phone call or video conference:

- To assess the urgency of the family's needs.
- If needed, to provide support to the family prior to initial face-to-face contact within 10 days of screening assignment.

During this initial contact, the worker:

- Listens to fully understand the family's concerns;
- Allows the family to vent and express themselves emotionally without becoming judgmental or jumping to conclusions;

- Avoids assuming the family is "giving up" or abandoning the child or young adult without further inquiry, assessment and consultation; and
- Ask questions and listens carefully to learn about family cultural practices and norms in order to prepare for a more successful and respectful home visit.

Holding a Family Preservation Meeting to Complete the Determination of Service Needs

In addition to helping coordinate services and supports, a facilitated family meeting may be an effective forum for discussing and identifying family needs and determining what services and supports may best meet the family's needs.

Procedure

Within 30 days of receiving the family support services screening information, the worker must determine the service needs and, if the family is willing, schedule and hold a Family Meeting for one or more of the following reasons:

- To identify family needs and effective services and/or supports to meet the identified needs.
- When a family could benefit from assistance in coordinating of natural supports and/or community services.
- To facilitate direct communication and planning between service providers and/or natural supports to relieve the family of the burden of coordinating services.
- Enhancing current support and/or services to the child, young adult and/or family, and
- Assessing what additional services or support are needed.

If a family is unable or does not attend the Family Meeting, the meeting is not held.

A child who is 14 years or older has the right to be invited and to select up to two meeting participants. Invitation of additional participants and younger children may also be considered.

The family must consent to anyone who is invited to participate in the meeting.

Meeting participants that are specific to the needs of families who request post adoption/guardianship services may include the following:

- Representative from the Oregon Post Adoption Resource Center (ORPAC).
- Adoption assistance/guardianship assistance (AA/GA) worker, if one is assigned.
- Self-Sufficiency Program Family Coach, if one is assigned.
- Child or Family Therapist.
- Extended family member(s) of the adoptive or guardianship family.
- The birth family, including extended family members of the birth family.
- If it is known or the Department has reason to know that the child is an Indian child, the child's Tribe and Tribal Community.

Ongoing Contact, Review and Update of In-Home Services

Procedure

After the Family Meeting and/or the determination of service needs, the worker maintains the following contact with the family:

- Weekly face-to-face contact with the family.
- Every-other-week face-to-face contact with the family after 60 days of weekly face-to-face contact.

The worker assesses the ongoing needs for in-home services and the effectiveness of services during each contact with the child and family. All services and supports must be culturally responsive, timely and relevant.

Additional Supports for Adoptive and Guardianship Families

Adoption and Guardianship Assistance

At the time of a finalized adoption or guardianship through Oregon's child welfare system, families apply for adoption or guardianship assistance (AA/GA), which is financial and/or medical assistance to help with the costs associated with the adoptive or guardianship child's needs. Families may apply for and access assistance in the form of a monthly payment and one-time reimbursement for nonrecurring costs associated with an adoption or guardianship. Families may also elect to 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. GA/AA can also be extended until age 21 under some circumstances as described is OAR 413-070-0918.

An adoptive or guardianship family may call their AA/GA coordinator to request renegotiation of the existing financial assistance through AA/GA if there are changes in the child's needs or the family's circumstances. In the event of the death or incapacity of a guardian, GA may also be transferred to a successor guardian if the requirements in OAR 413-070-0925 have been met.

Families who adopt children or enter a guardianship from other states' child welfare systems also may have access to such services from their child's state of residence prior to the finalized adoption or guardianship.

AA/GA 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/GA program.

During the course of an FSS assessment, the caseworker determines if a family has an AA/GA agreement in place and contacts the assigned AA/GA coordinator for assistance in assessing and/or supporting the family's needs.

Oregon Post Adoption Resource Center (ORPARC)

ODHS 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.

A caseworker may not be well-versed in adoption issues or may need some quick and helpful information about some

of the special needs that children in post-adoptive or post-guardianship homes may face. In addition to accessing on-line information, 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.

Some topics explored on-line or in these no-return-necessary packets include, but are not limited to:

- Needs of children who has been sexually abused.
- ADD/ADHD.
- Child attachment issues.
- Effective discipline and parenting strategies.
- Parenting children who have been exposed to substances.
- Transracial parenting.
- Mood disorders.
- LGBTQIA+.

Caseworkers also can borrow materials from ORPARC's Lending Library, obtain lists of adoptive and guardianship 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.

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.

The Oregon Adoption Registry provides the following three services for adoptees and other eligible parties:

- Maintains a Mutual Consent Registry
- Provides Non-Identifying Information
- Offers Assisted Searches

The **Mutual Consent Registry** is for eligible parties who would like to establish contact with their relative(s) should they also independently register with the Mutual Consent Registry.

People who may register with the Mutual Consent Registry include:

- An adult adoptee (aged 18 or older).
- An adoptive parent or guardian of a minor adoptee.

- A birth parent.
- A putative (alleged) father.
- An adult genetic sibling of an adoptee.
- An adoptive parent of a deceased adoptee.
- A parent or guardian of a minor genetic sibling of an adoptee.
- A parent or adult sibling of a deceased birth parent.

The Oregon Adoption Registry also provides Non-Identifying Information consisting of social, genetic and medical history about the adoptee and the birth family that was gathered at the time of the adoption. The following people are eligible to request non-identifying information:

- An adult adoptee.
- An adoptive parent of a minor adoptee.
- A guardian of a minor adoptee.
- A birth parent of an adoptee.
- Adult offspring of a deceased adoptee.
- A spouse of a deceased adoptee, if the spouse is the birth parent or guardian of any child of the adoptee.

The Oregon Adoption Registry can assist in locating parties involved in an adoption that was finalized in Oregon through our Assisted Search Program.

The following people may request an assisted search:

An adoptee, the adoptive parent of an adoptee under 18 years old, or the adoptive parent of deceased adoptee may search for:

- A birth parent
- An adult genetic sibling of the adoptee
- A putative father who is named in the records

The following people can search for an adult adoptee:

- A birth parent.
- An adult genetic sibling of the adoptee.
- A parent or adult sibling of a deceased birth parent.

The Registry contracts with a searcher who attempts to locate the party to let them know that someone is looking for them and would like to have contact. If the individual being sought would like to have contact, the searcher will notify the Registry and forms will be sent to the located party to register, at no charge. Information will not be released to

either party until both parties have completed the Affidavit for Release of Identifying Information form. If the person being sought does not wish to make contact, the registry will close the search file. The requesting party will be told that the person has been located and does not wish to have contact, but no other information about them will be released.

Individuals interested in the Mutual Adoption Registry, requesting Non-Identifying Information and/or an Assisted Search should be referred to the Adoption Search and Registry Program at Central Office. Any questions regarding the Oregon Adoption Search and Registry Program should be sent to: Adoption.registry@dhsoha.state.or.us.

References

Oregon Administrative Rule: Family Support Services 413-030-0003 to 0030

Adoption and Guardianship Assistance Program website https://www.oregon.gov/odhs/adoption/Pages/assistance.aspx

ODHS Child Welfare Procedure Manual: Chapter 7: Family Support Services

Chapter 7
Family Support Services

Section 10: Close a Family Support Services Case Plan

Close a Family Support Services Case Plan

ODHS is always working toward terminating Department 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, guardians, Indian custodian (if applicable), young adult, former foster child or department indicates the FSS Case plan goals have been achieved.
   B. The parents, guardians, Indian custodian (if applicable), young adult, or former foster child states that they are withdrawing the request for voluntary family support services.
   C. The caseworker has been unsuccessful in contacting the parents, guardians, Indian custodian (if applicable), young adult, 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, guardians, Indian custodian (if applicable), young adult, or former foster child determines that the FSS Case plan no longer is appropriate or effective.
   E. A child who had been placed in substitute care based upon a Voluntary Custody Agreement has returned to the parent(s)', guardian(s)', or Indian custodian (if applicable)'s home.
   F. A child who had been voluntarily placed in substitute care based on a parent(s)', guardian(s)', or Indian custodian (if applicable)'s request for voluntary placement has returned to the parent(s)', guardian(s)', or Indian custodian (if applicable)'s home or reaches age 18 years.
   G. A young adult who has been voluntarily placed in substitute care through a voluntary placement agreement reaches age 21 years.
   H. A young adult who has been voluntarily place in substitute care through a voluntary placement agreement has successfully transitioned to independence.
   I. Non-compliance with program conditions by a young adult who has a requested a voluntary placement agreement.
   J. The court dismisses a pre-adjudicated delinquent child from the department's custody, or the court relieves ODHS of the need to provide services to a pre-adjudicated delinquent, when services were previously ordered by the court.
   K. Another community service resource accepts responsibility for providing services to the child, young adult, former foster child or family.

II. When closing the family support services case after the final visit with the family or young adult 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 or young adult have been closed.

D. Complete the case closure narrative in OR-Kids.

E. Obtain the approval 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. Review and confirm that case documentation is completed.

VI. Review and approve closing the case.

References

413-030-0003 thru 0030 Family Support Services

Chapter 8

Certification and Support of Resource Families, Relative Resource Families, Adoptive Families and Respite Providers

Section 1: Foster Care Program Overview, Acronyms and Terms

Introduction

Values

In alignment with the Vision for Transformation, and federal and state laws, the Foster Care Program is committed to establishing processes to enable children who are unable to remain with their parents to be placed in the care of family, or others with a relationship to the child or the child's family., Whether the placement is with family or general foster care, a child needs to maintain connections to their cultures, communities, and Tribes. In OARs "relative" is broadly defined. The definition extends beyond genetics, adoption, or marital relationships. A family or Tribe may identify someone as a relative based upon the relationship, the culture, or Tribal custom.

Practice values for certification include:

- Placing children with relatives and others with whom they have a relationship. National research and experiences in Oregon indicate that children placed with relatives are:
    - As safe as or safer than children placed in non-relative resource families.
    - Just as or more stable than children in non-relative resource families.
    - Less likely to be separated from their siblings.
    - More likely to maintain community connections and or remain within their own neighborhood and schools.
    - More likely to achieve permanency when reunification is not possible.
- Treating resource parents as a valuable member of the child's team: This is critical to the success of our partnership with certified resource families. Resource families want to be heard, included, and engaged in decision making as appropriate.
- Retention and Recruitment of Families: Retention and recruitment of resource parents is the role of all Department employees. When resource families feel supported by Child Welfare, they are more likely to remain resource parents, and are more likely to encourage their friends, family, and community members to also become certified resource families. While some may think resource families leave their partnership with Child Welfare due to the stresses and demands of parenting, often the reason has more to do with challenges navigating system issues and dissatisfaction with the quality of contact they have with agency staff.

Acronyms and Terms

Throughout this chapter, the following acronyms and terms will be used. Refer to this section to identify their meanings.

- AAG – Assistant Attorney General
- ALJ – Administrative Law Judge
- BCU – Background Check Unit

- BSU – Business Security Unit
- BPG – Business Process Guide
- CANS – Child and Adolescent Needs and Strengths
- Certified family – refers to relative resource parents, child-specific non-relative resource parents, and general resource parents
- CDDP – Community Developmental Disabilities Program
- Child Welfare – Oregon Department of Human Services, Office of Child Welfare Programs
- Champion - Resource Family Retention and Recruitment Champion
- COA – Certificate of Approval
- CPS – Child Protective Services
- DELC – Department of Early Learning and Care
- FBI – Federal Bureau of Investigation
- FCC – Foster Care Coordinator
- I/DD – Intellectual or Developmental Disabilities
- ISP – Initial Safety Plan
- LEDS – Law Enforcement Data System
- LGBTQIA2S+ – Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Two-Spirit
- NCMEC – National Center for Missing and Exploited Children
- OAR – Oregon Administrative Rule
- OARE – Oregon Adoption Resource Exchange
- ODHS – Oregon Department of Human Services
- ODDS – Office of Developmental Disabilities Services
- ORICWA – Oregon Indian Child Welfare Act
- ORPARC – Oregon Post Adoption Resource Center
- ORS – Oregon Revised Statute
- OSP – Oregon State Police
- OTIS – Office of Training, Investigation, and Safety
- PSI – Psychosocial Inventory

- QRG – Quick Reference Guide
- RAFT – Resource and Adoptive Family Training
- REC – Race, Ethnicity, and Culture
- RFI – Resource Family Inquiry (module)
- RPPS – Reasonable and Prudent Parent Standard
- SAFE – Structured Assessment Family Evaluation
- SOGIE – Sexual Orientation Gender Identity and Gender Expression
- TCA – Temporary Certificate of Approval
- WIC – Women, Infants, and Children

Role of the Certifier

When Child Welfare makes decisions about substitute care for children who have already experienced trauma and separation from their parents and other important connections, certification staff carry the important responsibility for ensuring children are in a high-quality healing environment while they are placed in substitute care.

Throughout the certification assessment process and during the period of certification, certifiers are responsible to do the following with resource parents, potential adoptive families, and certified respite providers:

- With a curious and a non-judgmental approach, engage the family, develop a working relationship, and gain an understanding of who they are within the context of their social and cultural environment.
- Orient the family to the assessment process, their roles and responsibilities, and the Certification Standards.
- Gain an understanding of the family's strengths.
- Examine potential challenges a prospective family may have with parenting children who have experienced trauma, adjusting to the shift in the family due to child placement, and navigating various systems.
- For general applicants, work with the family to determine which children they believe they could best support, based on their current knowledge, skills, and schedule, while recognizing that resource parents often adjust as they gain experience and respond to children's changing needs.
- Assist the family in identifying training and skill-building activities to increase and refine their parenting skills, improve stability in children's lives, and promote success with caregiving responsibilities.
- Identify when applicants are not well suited for providing care or are not yet ready to do so.

In addition, certifiers:

- Maintain contact with caseworkers who have placed children with the family to exchange information about the child's needs, case plan, care being received, as well as the family's strengths, capacity, and areas of needed support.

- Maintain awareness of the children's case plan, prepare the family, and provide support through transitions and challenges.
- Help navigate situations when a resource parent's needs or the needs of children in their care are not being met, or they are being asked to take on additional tasks that would exceed their capacity.

Underlying all the certifier's interactions is a spirit of being in partnership with resource parents. Being in a partnership means each person has a sense of being valued, respected, and of being a part of a team. It is about each team member listening to each other and working together to accomplish the shared goal of providing the best care for a child.

Governing Authority

The purpose of this procedure is to set forth the Child Welfare processes for resource home certification, relative certification, and respite provider certification. This procedure is governed by applicable Oregon Revised Statute (ORS) and Oregon Administrative Rule (OAR) as listed below.

Statutory Authority: ORS 409.050, ORS 418.005, ORS 418.016, ORS 418.640, ORS 418.642, ORS 181A.190 - 181A.200

OAR 413-200-0260 to 413-200-0396, Resource Home Certification

OAR 413-203-0000 to 0145, Relative Certification

OAR 413-205-0000 to 0085, Respite Provider Certification

OAR 413-120-0440 to 413-120-0475, Criminal Records Check Requirements for Relative Resource Parents, Resource Parents, Adoptive Resources, and Other Persons in the Household

Chapter 8

Section 2: Inquiry Process

Inquiry

Overview

Oregon Child Welfare actively recruits families and individuals to become certified resource parents and certified respite providers. Resource Family Retention and Recruitment Champion staff field inquiries directly from a variety of marketing campaigns, community outreach and events. Child Welfare also collaborates with Every Child Oregon, a nonprofit organization that mobilizes community to uplift children and families impacted by foster care in Oregon, to manage Oregonians who inquire about foster care or respite. Every Child Oregon's Community Experience Center receives inquiries via an 800 number (800-331-0503) or electronically through their Every Child Connect Form.

The steps involved in the inquiry process are outlined below.

1. Inquiry Initiation:

Inquiries are received in one of the following two methods: either through the Every Child Community Experience Center (Every Child CX), or direct to a Champion. Inquiries from Every Child CX are input into an information exchange to the Resource Family Inquiry (RFI) module, and emails are generated to the assigned Child Welfare district inquiry email inbox and to the inquirer. That email inbox is managed by the District's Champion and/or designee. For inquiries that are not received through Every Child CX, the Champion creates the inquiry in the ODHS Connect Form landing page which is then sent into the RFI. Outlined below are the steps for each method:

Inquiries from Every Child CX

- Every Child Community Experience center:
  - Individuals may begin the certified resource parent or certified respite provider inquiry process by completing the Every Child Connect form at: www.everychildoregon.org/connect/ or by calling 1-800-331-0503.
  - If the inquirer selects "Ready Now" they will be connected to their local Child Welfare office and start the resource parent or certified respite certification process within 3 business days:
  - Every Child CX will forward the inquiry to the RFI module.
  - Every Child CX will send a warm handoff email to both the inquirer and the shared email inbox for the appropriate district.

Inquiries From Walk-In/Event/Direct to Champion

- ODHS Champion or Designee:
  - Proceed to section 2c to create an inquiry in the ODHS Connect Form at: https://everychildoregon.org/dhs-inquiry/

2. ODHS Response to Initial Inquiry

Once the inquiry is in the RFI, the Champion or designee for the corresponding district will manage the inquiry record and support the inquiring person(s) through the next few steps of the inquiry process. This includes guiding the inquirer to create an online learning account, assigning the correct training for the inquirer's path, explaining the application

and approval process including aspects of the SAFE Home study, and providing inquirers with an application. Once the Champion or designee receives the application, they will connect inquirers with the certification unit and provide ongoing assistance in a secondary role.

- The Champion or Designee will:
  - Monitor the district shared inquiry email inbox at regular intervals and respond to Warm Handoff emails from Every Child CX.
  - Reply All to the Warm Handoff email, or to inquiring person(s) directly, from the district shared email inbox, using the appropriate Welcome Email template within 1 business day. *See Links and Attachments Section of the General Resource Home/Certified Respite Inquiry to Applicant Business Process Guide for templates.
  - Make a phone call to the inquirer within 1 business day of receipt of Warm Handoff email or direct inquiry.
  - Confirm the Every Child CX inquiry has been passed through to the RFI module or create direct inquiry by entering information into the ODHS Connect Form/ landing page and assign self or designee if needed.
  - Select the local office and record the inquiry type.
  - Enter all required fields including parent 2 information if applicable.
  - Verify if the inquirer would like to receive texts from ODHS.
  - Validate inquiry record if needed.
  - Document the initial contact information in the RFI in notes and enter any questionnaire or survey answers.

Follow-Up Engagement to Inquirer:

- Informational Inquiries:
  - If during initial contact, an inquirer is not ready to proceed with the application and certification process, send the “How to Reconnect” email.
  - In the RFI, change the inquiry status to “Closed”, select a reason in the drop-down menu, and document reason with a non-contact note. *See links and attachments for template email.
- If there is no response to initial contact, engage all inquiries at the following intervals and follow the corresponding steps:
  - 5 business days: phone call, text, and email.
  - 1 month: phone call, text and send “How to Reconnect” email.
- For all non-responsive Every Child CX inquiries: Send inquiry information back to Every Child as follows:
  - Reply to the original inquiry email from Every Child CX team info@everychildoregon.org asking for the inquirer to be put back on the Exploring track to receive the marketing drip campaign (a series of messages sent over time to engage the inquirer).
  - If the original inquiry email cannot be located, provide the Every Child CX team with the inquirer’s first/

last name, and email address.

- Include any notes regarding correspondence i.e. times and method of contact, results of contact.
- In the RFI, change status to “Exploring”, select a reason in the drop-down menu, and document reason with a non-contact note.

- All other non-responsive inquiries:
  - In the RFI, change status to “Closed”, select a reason in the drop-down menu, and document reason with a non-contact note.

3. Application

Once initial contact has been made with inquirer, the Champion or designee will provide them with the application for either the resource home certification or certified respite program. Inquirers may request a paper or emailed version of the applications. Applications will be returned to the Champion and/or designee to create a Provider Record and move applicants (formerly inquirers) through to the Certification team for the home assessment process.

- The Champion or Designee will:
  - Send inquirer either the 1260A Application for Certification as a Resource Parent, Relative Resource Parent, or Approval as a Potential Adoptive Resource and the SAFE Home Study letter or the 4047 Application or Change of Status for Respite Provider Certification. Explain the submission process and how to return the application to the Champion or designee.
  - Notify the certification supervisor and/or designee of the application being sent.
  - Assist the inquirer in creating a Workday Learning account and enroll inquirer in required trainings (Orientation, Mandatory Reporting, Safe Sleep and either RAFT or Certified Respite).
  - Document contact and that application has been sent in RFI.
  - Provide continued support as needed to both the certification unit and the inquirer.

Upon Receipt of The Application:

- Review the form 1260A or 4047 for completeness and ensure the date received is filled in.
- Contact the applicant to acknowledge receipt of application or request additional information.
- Provide the application to the certification supervisor and/or designee within one business day.
- Send confirmation email to certification supervisor (and designee if appropriate) of delivered application and requirement for assignment to certifier within three business days.
- Update the RFI by checking “Application Received”, entering the date, and clicking “Proceed to Provider Record”.
- Add a secondary assignment for the Champion on the provider record in OR-Kids:
  - Navigate to the new provider in the Provider list.
  - Click on Actions.

- Select Create Assignment.
- Select Champion's name, under Type select Certification and Licensing, under Responsibility/Task select Recruitment, and under Role select Secondary.
- Click Assign.

- Document receipt of application in provider notes in OR-Kids.

4. Assignment for Certification Assessment

When the certification supervisor (and designee if applicable) receives the application from the Champion or designee, within 3 business days, they will ensure a certifier is assigned as Primary to provider record in OR-Kids and notify champion of assignment by replying to the "application received confirmation email. The Champion or designee will then send an introduction email to the applicant connecting them with their assigned certifier and cc the certification supervisor or designee. At this point in the process, the certifier will take on the primary role and begin the assessment steps of the home for either resource home or respite provider certification. The Champion will continue to provide support to the applicant and the certification unit as needed.

- Within 5 business days of assignment, the certifier will:
  - Update assignment to Primary in OR-Kids if needed.
  - Update OR-Kids with accurate demographic information and create a "Pending Certificate".
  - Contact new applicant and continue assessment process by providing additional certification materials.
  - Document contact and result in provider notes.

Follow-Up Engagement to Applicant:

- If an inquirer does not return the application that was sent to them within 30 calendar days, the Champion or designee will attempt to contact the inquirer to ensure effort has been made to engage the inquirer for the best customer service experience. The Champion or designee will use the following methods and intervals for that engagement:
  - Follow up with the inquirer by phone. If the inquirer wants to continue, ask them to return the application within 10 days.
  - If there is no response to the phone call at 30 days or no application is received within 10 days, use the steps for non-responsive Every Child EC or other non-responsive inquiries from section 2, Follow-Up Engagement to Inquirer.

Links and Attachments

Statewide General Resource Home/Certified Respite Inquiry to Applicant Business Process Guide

Chapter 8

Section 3: Assessment Overview

Applicant Assessment

The assessment process begins with a completed CF 1260A Application for Certification as a Resource Parent, Relative Resource Parent, or Approval as a Potential Adoptive Resource. While there are other documents that accompany an application, only the 1260A is needed for an application to be considered complete. Assessing an application involves gathering information and conducting an analysis about a family's ability to provide for the safety, health, well-being, and permanency needs of children in substitute care. Child Welfare must assess an application for either approval or denial within the given timeframe unless the application is withdrawn, management approval has been given to extend the assessment period, or a Temporary Certificate has been issued. The following are timeframes for Child Welfare's assessment:

- For general and child-specific non-relative applications - 180 days from receipt of the application.
- For relative applications - 60 days from receipt of the application.
- For adoption applications, Child Welfare must notify an applicant in writing if the assessment process has not been initiated within 180 days of the receipt of the application or Child Welfare determines they will not recommend an individual as an adoptive resource.

Types of Applicants

Following are the categories of applicants in Child Welfare. These applicants may be for foster care or adoption.

Relative Applicant

In some family systems, only genetic relatives are recognized as family; in others, both genetic and legal relatives are included. Additionally, godparents, neighbors, family friends, and others may be regarded as family based on their role in the family system or their emotionally significant relationship with the child or family. Because every family system is unique, Oregon Child Welfare uses a broad definition of a child's relatives to encompass all individuals considered family within diverse family structures.

A relative is defined in Oregon Administrative Rule (OAR) 413-070-0000.

There are four categories in which a person is defined as a relative:

- A person related to the child through a parent, including a putative father. This includes:
  - Genetic relatives that have prefixes of grand, great, or great-great.
  - Siblings, including siblings that are related through a putative father.
  - Aunts/uncles.
  - Nieces/nephews.
  - First cousins and first cousins once removed (a parent's cousin).
  - The spouses of any of the above-listed relatives.
  - The ex-spouses of any of those persons listed above as relatives if the child had a relationship with them prior to entering substitute care.

- A person with one of the following relationships to the child:
    - A sibling, also to include a sibling through an alleged genetic parent.
    - A person defined as a relative by the law or custom of the child's Tribe, if the child is an Indian child under the Indian Child Welfare Act or in the legal custody of a Tribe.
    - A person defined as a relative of a refugee child.
    - A child's stepparent or former stepparent if the child had a relationship to the former stepparent prior to coming into substitute care.
    - 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.
    - The adoptive parent of a child's sibling.
    - The unrelated parent of a child's half sibling if that half sibling is living with the unrelated parent.
- A person distantly related to the child. This includes those persons who the family or child identifies, or the person self-identifies, as being related to the child genetically, by adoption, or by marriage but to a degree other than specified above.
- A person not related to the child genetically 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. These are the people who, by the family's, parent's, child's value system, culture, and beliefs are identified as family members and act as family members. 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. This also includes individuals who have a genetic relationship to the child but whose prior legal relationship has been dissolved by adoption, and who are either identified by the child as a member of the family, or who self-identify as such.

The goal for every child requiring placement in foster care to have an initial placement with a relative or Tribal identified resource. A relative who indicates they want to be a placement resource must be given the opportunity to apply and be formally assessed for certification as opposed to being told they are not able to be certified prior to the submission and assessment of their application. It is important for the caseworker to partner with district certification teams to work through the certification process.

There may be times when there are multiple relatives interested in placement of a child. Efforts need to be made to schedule a meeting or meetings with the relatives, the child's parents, guardians, Indian Custodian, or others involved in the child's case and when appropriate, the child, to discuss the needs of the child and to come up with a plan for which relative is in the best position to pursue certification.

Child-Specific Non-Relative Applicant

A child-specific non-relative applicant is an individual applying to care for a specific child to whom they are not related. This type of application involves someone who has a pre-existing relationship with the child in need of placement or the child's family. Examples of a child-specific non-relative applicant may include a teacher, coach, neighbor, or family friend. These individuals may be proposed by the family as a placement resource due to their connection, even though the child or the child's family does not consider them to be relatives.

General Applicant

An applicant interested in caring for children from the general foster care population is called a general applicant. These individuals apply to care for children from the community who are often unknown to them prior to placement.

Assessment Models by Applicant Type

Use of the Relative Home Study for Relative Applicants

The certification of relative applicants is governed by OAR 413-203-0000-0145. The Relative Home Study (form 915950) is used for relative applicants and documents a relative's ability to meet the safety and well-being needs of a relative child requiring a foster care placement.

Additional Relative Home Study Assessment Requirements

The following are Oregon forms, processes, and requirements that are used in the assessment of relative applicants as a part of the Relative Home Study.

- Safety Home Environment and Privacy Acknowledgement (CF 0979). For more information, refer to Section 8 of this Chapter: Assessing the Home Environment.
- Criminal Records Check, refer to Section 6 of this Chapter: Assessing Criminal History.
- Child Welfare History Check, refer to Section 7 of this Chapter: Assessing Child Welfare History.
- Foster Care and Adoption Reference: CF 1255. When the SAFE reference form is not able to be obtained, reference form can be used to obtain the reference via phone.

The CF 1092 form series includes checklists designed to assure requirements and timelines have been met for various types of relative assessments.

- CF 1092A Relative Temporary Certificate of Approval Checklist
- CF 1092B Relative Convert Temporary Certificate Checklist
- CF 1092C Relative COA (No TCA Issued) Checklist
- CF 1092D Relative Adoption Home Study Addendum Checklist – Relative Caregiver
- CF 1092E Relative Adoption Home Study Addendum Checklist – Non-Caregiving Relative

Use of the SAFE Home Studies for General Applicants and Child-Specific Non-Relative Applicants

The certification of general and child-specific non-relative applicants is governed by OAR 413-200-0000-0396. For these applicants, Child Welfare uses SAFE, a standardized home study methodology used to assess individuals applying to become a resource parent, relative resource parent, or adoptive parent. All SAFE tools are copyrighted by the Consortium for Children. To use the SAFE methodology, certifiers must be SAFE certified by attending the SAFE 2-day training and have a SAFE certified supervisor. All SAFE supervisors must have completed both the SAFE 2-Day Training and the SAFE Supervisor half-day training – both provided by the Consortium for Children. When a certifier and

supervisor are SAFE certified, they receive access to all SAFE tools and documents needed to conduct a SAFE home study as well as access to the SAFE Resource Center, which contains home studies, tutorials, and skill building articles that can enhance their knowledge of the SAFE process. Ongoing SAFE training opportunities are available for certifiers and supervisors and can be accessed by connecting with the district's foster care coordinator.

SAFE is designed to provide a uniform and comprehensive home study process. The methodology consists of three components:

1. Information Gathering Tools

The Information Gathering Tools assist the certifier with focused interviewing so they can better identify strengths and areas that might need further exploration.

- The initial tool for gathering personal information from the applicant is SAFE Questionnaire I. Questionnaire I covers the following areas of family history and functioning:
    - Personal History
    - Parenting Practices
    - Personal and Family Values
    - Health
    - Support System
    - Work
    - Family Relationships
    - 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. The SAFE Harvesting Sheet is a way to help organize the information as well as plan the home study interviews.

- Questionnaire II is typically administered to the applicant in the home. It is completed by the applicant in the presence of the certifier or adoption worker. This questionnaire 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. Questionnaire II covers the following 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

While these tools help gather information and support the interview process, they are intended to guide the interviews, not replace them. Other Tools:

- The SAFE Reference Letter is sent by the certifier to individuals who have been identified by the applicant as references collecting information such as characteristics of the applicant, their experience with children, behaviors exhibited, and conditions experienced. When needed, the Foster Care and Adoption Reference form CF 1255 can be used to collect the reference via phone. Four references are needed in total.
- The SAFE Compatibility Inventory is an optional tool that can assist with placement, as it aids the certifier in assessing the willingness and ability of the prospective family to support certain needs, characteristics, and behaviors of youth in care. This comprehensive tool can also pinpoint the resources and services the family will need to sustain a successful placement.
- The SAFE Questionnaire for Adult Children is not required but is a strongly encouraged tool when applicants have adult children. This tool collects information from the applicant's adult child about their childhood relationship with their parent, their parent's personal characteristics, their childhood experiences, discipline, values held by their parent, and their feelings about their parent becoming a resource parent. This tool can be critical for assessing if an individual should be approved. For adoption, if the SAFE Questionnaire for Adult Children has not been used, document the reasoning.
- The SAFE Update Questionnaire is administered in the same way as Questionnaire II; never leaving the sight of the certifier. If there are 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.

2.The Structured Analysis

As the information is gathered, Structured Analysis begins. 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 SAFE Psychosocial Evaluation focuses on the entirety of an applicant's history identifying strengths as well as past issues, behaviors, or events that could or do affect the applicant's current functioning or ability to parent. The certifier will continue 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.

3. The Pre-Formatted Home Study Report

All components come together in the Pre-Formatted Home Study Report, which is created through the SAFE process. The certifier will follow the Psychosocial Narration Instructions and answer the prompts in each section. The certifier then recommends approval or denial, signing and dating the report before submitting it to the supervisor. The supervisor reviews the report, signs, and dates it, making the final decision on approval or denial.

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. The certifier evaluates 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. The certifier considers information independent of the Desk Guide through observation, assessment, and judgment and assesses the likelihood that issues which received a final desk guide rating of 3, 4, or 5 could 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

- Describe the issues/behavior or event that warranted the final SAFE Desk Guide Rating of 3, 4 or 5.
- Describe the societal, personal, cultural and/or family dynamic that contributed to or set the stage for the issue/behavior or event.
- Describe the frequency and severity or intensity of the issue/behavior or event.
- Describe how the issue/behavior or event influenced the Applicant's ability to function, both in the past and currently.
- If an issue, behavior, or event no longer affects the applicant and the rating is being erased, provide evidence to support that assessment.
- If an issue, behavior, or event is partially resolved and the rating is being reduced, provide evidence to support the assessment that it was reduced as well as address how it would or does affect current functioning, ability to parent, and how it would or does affect children in the home.
- If an issue, behavior, or event is not resolved and the rating is being sustained, indicate how it affects the applicant's current functioning, ability to parent, and how it would or does affect children in the home.

Mitigation is not only what the applicant tells the certifier; it needs to be corroborated by outside sources. Consider using the following outside sources:

- Correspondence from:
    - Therapists/Clinicians
    - Counselors
    - Mentors
    - Employers
    - Other Professionals
- Interviews with:
    - Spouses
    - Children
    - Relatives

- Neighbors
- Co-Workers
- Friends

If the certifier is unable to find an outside source, the rating is sustained, and the certifier will write about what is known and what the issue/behavior/concern may look like when parenting in the future.

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 SAFE 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.

- Use behaviorally specific language that provides clear description.
- Reference the source of any information cited.
- Present all essential and critical information.
- Avoid generalizations.
- Use person-first language.
- Avoid labels.
- Narrate the strengths of the resource family in a concise manner.
- Fully narrate any concern that received a final desk guide rating of 3 or higher.
- Fully narrate critical analysis for mitigation scores and evidence for such scores.
- Do not mention the final desk guide ratings within the study itself.

Role of 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 are 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:

- Follows the SAFE Home Study guidelines for supervision, utilizing the SAFE Supervisor Tools as a reference for ongoing supervision of the SAFE Process.
- Ensures that all necessary management approvals are obtained, including assessments and approvals for criminal history and child abuse history.
- Ensures the certifier's ongoing assessment of the family proceeds quickly, and the family is issued a 2-year certificate as soon as possible.
- Determines whether to 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.
- Approves the certificate in OR-Kids.

Additional SAFE Home Study Assessment Requirements

The following are Oregon forms, processes, and requirements that are used in the assessment of general and child-specific non-relative applicants in addition to the SAFE Home Study model:

- Family Financial Report (CF 1291), provided to the family after application, one per household.
- Safety Home Environment and Privacy Acknowledgement (CF 0979). For more information, refer to Section 8 of this Chapter: Assessing the Home Environment.
- Criminal Records Check, refer to Section 6 of this Chapter: Assessing Criminal History.
- Child Welfare History Check, refer to Section 7 of this Chapter: Assessing Child Welfare History.
- Foster Care and Adoption Reference: (CF 1255). When the SAFE reference form is not able to be obtained, this reference form can be used to collect the reference via phone.

The CF 1091 form series includes checklists designed to assure requirements and timelines have been met for various types of general and child-specific non-relative assessments.

- CF 1091A Temporary Certificate of Approval (Non-Relative) Checklist
- CF 1091B Convert Temporary Certificate (Non-Relative) Checklist
- CF 1091C General Applicant Checklist
- CF 1091D Renewal Checklist
- CF 1091E Adoption Only Application Checklist
- CF 1091G Current Caretaker Adoption Home Study Update Checklist

Chapter 8

Section 4: Assessment of Relative Applicants

Assessment of Relative Applicants

The Child Welfare Vision for Transformation is grounded in the belief that supporting parents and families helps children remain safe and healthy at home and in their communities. This approach not only ensures better long-term outcomes for children but also helps preserve the essential bonds and connections crucial to their well-being. It reinforces the understanding that children thrive when they are with their families.

When a child cannot safely remain in the home with a parent, Child Welfare prioritizes placement with a relative whenever possible. Relative placement offers stability, familiarity and a significant reduction in the trauma a child will experiences when entering foster care. Additionally, relatives play a key role in preserving a child's cultural identity and maintaining important community connections.

Relative Certification Tips (adapted from the Kinship Caregiver Assessment Agency Training Guide)

- Strive for authentic connection
    - Be intentional to build relationship and connection with the family.
- Stay curious
    - Get to know the relative and their family as a whole through conversations and observations. Maintain curiosity around how their family functions, their strengths, and areas where they need support.
- Assume good intent
    - Assume the relative will create a safe and nurturing environment.
- Focus on current functioning
    - Ask questions and actively listen to their responses. Listen for areas of vulnerability and potential supports we can provide or problem-solve together.
- Consider children's needs and abilities
    - Consider what each child needs based on age, history, development, and ability.
- Use common sense and exercise flexibility
    - "Good" or "safe" varies across families and cultures.
- Missing or incomplete information is not an automatic denial
    - Give people the time and flexibility to meet what is needed to be issued a certificate of approval.
- Allow time to answer
    - It may be intimidating to answer personal questions. Being patient builds trust during the assessment.
- Offer accessible services
    - Provide necessary accommodations (e.g. documents in large print). Address language barriers by ensuring the worker conducting the assessment is fluent in the same language as the relative or

utilize Language Services to assure an interpreter is available. Also provide materials and forms in the relative's preferred language.

- Offer culturally relevant services
    - When possible, ensure staff understand the racial, ethnic and cultural needs of relatives and/or children in care. Provide referrals to culturally competent services (e.g., therapeutic providers).
- Support the relative
    - Help make the placement work - offer creative solutions, safety improvements, or supports where needed. Be clear about what support the agency can offer or provide a referral for, and when the relative must do their own research to find support. Throughout the home study guide there are examples of help available to relatives. These examples are not exhaustive. Relatives may need help in other areas. The listed examples encourage relatives to ask for help, which is usually needed for unplanned relative placements.
- Be thorough yet concise in the home study documentation
    - Answer each question completely. Provide information to ensure accuracy and a thorough representation of the relative and household members' strengths, identified concerns, and the plan for supporting the relative family. Include all necessary facts, observations and context while using clear, direct language without extra words or repetition.

Relative Assessment Processes

The assessment of relative applicants may include (1) issuing a Relative TCA and (2) converting it to a Relative COA, (3) issuing a Relative COA without a Relative TCA, (4) completing a relative guardianship study or (5) completing a relative home study for approval as a potential relative adoptive resource. The following procedures outline the requirements for each of these processes:

1.Relative Temporary Certificate of Approval Assessment Process

The issuance of a Relative Temporary Certificate of Approval (TCA) involves an expedited process that allows relatives to serve as a placement resource for a child prior to completing all requirements for a Relative Certificate of Approval (COA). The assessment process to issue a Relative TCA typically begins when a certifier receives a request from a caseworker to certify a relative for the placement of their relative child.

As soon as possible upon receipt of a request for expedited certification:

- Obtain available information from the caseworker about the child requiring the foster care service including:
    - Medical, dental, educational, developmental, and mental health needs.
    - Behavioral and supervision needs.
    - Child and Adolescent Needs and Strengths (CANS) Assessment
    - Supervision Plan and Level of Care
    - Visitation and Case Plan
- Contact the relative to arrange a time to meet at the home and to explain the certification process. Discuss

with the relative:

- That the home environment will be assessed, and that Child Welfare is able to help with items that may be needed to meet the needs of the child.
- That all adults living in the home will need to complete a criminal records check.
- That Child Welfare will be looking at internal and court database systems to review child welfare and public criminal history information. While consents are not needed for these database checks, notify the applicant these checks will be completed for all adult members of the household.

- With the information provided by the caseworker in the request, create an Inquiry in the RFI module. Refer to OR-Kids RFI Reference Guide for assistance.
- Prepare for the home visit by ensuring all required paperwork necessary for a Relative TCA is available and ready. This includes:
  - Application (CF 1260A)
  - Consent for Criminal Records and Fingerprint Checks (CF 1011F) for all adults in the household
  - Safety, Home Environment and Privacy Acknowledgement (CF 0979)
  - Copy of the Oregon Foster Children's Bill of Rights (DHS 9016) and Oregon Foster Children's Sibling Bill of Rights (CF 0262)
  - Copy of the Oregon Foster Parent Bill of Rights (CF 1019B)
- Conduct an initial home visit with each applicant and adult member of the household:
  - Explain the assessment process, requirements for certification, the role and responsibilities of Child Welfare and that as a relative resource parent they are mandatory child abuse reporters.
  - Conduct initial interviews to gather necessary information for the Relative Home Study Part 1 (form 915950).
  - Provide the applicant with a copy of the Resource Home Certification rules (413-203) and explain the importance of the applicant becoming familiar with them.
  - Have all applicants and adult members of the household complete and sign form 1011F Consent for Criminal Records and Fingerprint checks.
  - Answer questions of the applicant and provide assistance as needed with the required paperwork.
  - Complete the Safety, Home Environment and Privacy Acknowledgement form 0979, by conducting a walk-through of the home and outside areas. All items must be completed prior the issuance of a Relative TCA except for those the rule permits to be completed within 24 hours: smoke alarms, carbon monoxide detectors, and fire extinguishers. For further information regarding form 0979, review Section 8 of this Chapter: Assessing the Home Environment.
  - If the Relative TCA includes placement of an infant, discuss the Safe Sleep requirements. Observe where the infant will sleep and follow the guidance in Section 8 of this Chapter.
  - Inform the applicants of the requirement to complete Orientation, Mandatory Reporting and Safe Sleep training (if applicable), within 30 days of being certified and provide them with instructions on how to set up a Workday Learning account and how to register for training.

- Explain to the applicant that the next step is to process the background checks and receive approval by the supervisor to issue the Relative TCA and that they will be notified when a decision is made.

NOTE: *If an applicant or member of the household is not available for this contact, such that they are out of town or otherwise unable to participate in face-to-face contact, management approval can be given to delay contact. For more information, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Delay Contact.*

- Complete the following steps upon returning to the local office after the initial home visit:
  - Return to the RFI module. Using OR-Kids RFI Reference Guide, proceed to Create Provider Record.
  - Once the action to proceed has been completed, log into OR-Kids to continue updating the Provider Record, ensuring all demographic information is entered accurately, including all the members of the household. **Note:** *When two applicants apply and are not in a romantic relationship, OR-Kids will not accept a marital status of "Single". In this situation, the most appropriate option for marital status is "Unmarried couple".* Refer to OR-Kids Certification Resource Guide to complete a Pending Certificate.
  - Process the criminal records check for each applicant and adult member of the household by following the steps outlined in Section 6 of this Chapter: Assessing Criminal History.
  - Complete the child welfare history checks for each applicant and adult member of the household, if they were not completed prior to the home visit. Refer to Section 7 of this Chapter: Assessing Child Welfare History.
- Use the CF1092A Certified Family Assessment – Relative Temporary Certificate of Approval Checklist to confirm necessary steps have been taken.
- 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 Relative Home Study Part 1 (form 915950), and request approval from the certification supervisor.
    - In the OR-Kids provider record, return to the Pending Certificate and take steps to Approve the Relative TCA.
    - Refer to the OR-Kids Certification Resource Guide for assistance.
    - The Relative TCA is issued effective the date the Relative Home Study Part 1 is approved by the supervisor.
- When (1) a child is in need of immediate placement, (2) a relative has applied for certification, and (3) Child Welfare has not approved a Relative TCA, or it has been determined that further assessment is required, approval for this decision must be obtained from the Foster Care Program Manager or designee.
  - Prior to seeking approval from the Foster Care Program Manager, consult with the Child Welfare Program Manager in the decision making.
  - At any juncture when additional support is needed, consult with a Foster Care Coordinator.
  - Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules - Not issuing a TCA to a relative who is available for immediate placement.

- When approval has been given to allow additional time for assessment, if at any point during the assessment the certifier believes a Relative TCA can be issued, proceed with issuing the Relative TCA. Until then, continue through the assessment steps until a certificate can be issued, or it is determined a staffing with the foster care coordinator and AAG is required to pursue denial of the application.

- Once the Relative TCA is approved:
  - Contact the family to explain the Relative TCA is valid for up to 60 days during which time further assessment activities will be conducted to consider whether a Relative COA will be issued.
  - Contact the caseworker and inform them the child can be placed in the home.
- After the Relative TCA has been issued, complete all the remaining activities described in the subsection below, Assessment to Convert a Relative TCA to a Relative COA. These activities must be completed as soon as possible and within 60 days of issuing the Relative TCA.
  - There are instances when completing the assessment within the 60-day period is unattainable. For information regarding when and how to complete a Management Approval to Extend the Relative TCA, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Extending TCA 30 days or Extending TCA beyond 30 days.

Support for Relative Families After Issuance of Relative TCA

When a child is placed with a family through a Relative TCA, it is essential to provide consistent support to promote placement stability. Engage the family in conversations about any tangible needs that may impact their ability to continue caring for the child. Consider using resource parent flex funds help meet those needs.

Maintain regular communication about Family Time between the child and their parents. Clarify the relative resource parent's role in facilitating or supporting this time. Be mindful that, in cases where the relative has a prior relationship with the child's parents, they may experience a range of complex emotions, such as anger, sadness, or frustration and may need space to process these feelings with support.

Ensure the relative resource parent understands any restrictions placed by Child Welfare regarding contact between the child and their parents. These expectations may need to be revisited multiple times for clarity and consistency. Include the relative resource parent as an active member of the child's team and keep them informed of the status of the legal case, especially how it may impact the child's continued placement in their home.

Because the relative became certified through an expedited process, it is important to assist them in understanding how Child Welfare functions. Utilize the Relative Orientation Guide to inform the family about what to expect during the entire certification process, financial support provided by the agency, the role of the case worker, the development of a case plan, their role in court, what to expect from legal proceedings, and the certification rules that apply to their household and the care of the child placed with them. Let them know some of the unique aspects of their role:

- Possible invitation to participate in meetings regarding the safety of the children.
- May be interviewed about the history of the parents involved in the case, and their protective capacities.
- Invitation to court hearings and the opportunity to limited participation in the court process.

When a Child moves from a Relative Placement

When a child leaves the home of a relative, who has been specifically certified for their care, the certification terminates either on the expiration date of the certificate or 60 calendar days after the child has been moved from the home, whichever is earlier. When this occurs during the Relative TCA timeframe, the application is still "live", and a decision needs to be made on the application. The family may choose to withdraw the application, or they may choose to apply to become a general resource parent. Whether the family currently holds a Relative TCA or a Relative COA, if the family would like to become a general resource family, refer to section 24 of this Chapter: Updates to Certificates – Converting from Relative to General.

The Relative Certificate of Approval may remain open longer than 60 days after the child's placement in the home ends if the relative will provide certified respite care to support the child and family during reunification.

- If the family has a Relative Temporary Certificate of Approval, Part 2 of the Relative Home Study must be completed, and a full Relative Certificate of Approval must be issued prior to the certified respite care taking placed.
- When a decision has been made to keep the Relative Certificate of Approval open longer than 60 days after the child's placement in the home ends to allow for respite, enter a provider note to document this decision.

Another Child Proposed for Placement with a Family Holding a Relative TCA or Relative COA

When another child is proposed for placement with a relative resource parent:

- Staff with the supervisor considering the individual needs of each child and the family's ability to meet each child's needs including medical, behavioral, and supervision.
- Capacity must be considered and increased if deciding to place other children. If placement of additional children causes the family to be over capacity, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Exceeding Maximum Capacity.
- Identify what additional skill enhancements or training the family will need according to the child's needs, including Safe Sleep (if applicable).

In addition, dependent upon the relationship between the family and the child, follow the process below:

- When the child is a relative of the family:
    - Enter a provider note documenting the factors that were assessed in concluding that additional children will be placed with this family.
    - If the child requiring placement is an infant, discuss safe sleep and plan for Safe Sleep training within 30 days of placement.
- When the child is known to the family but does not meet the relative definition:
    - Refer to Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed. Refer to CF 1091A for Issuance of TCA and CF 1091B for issuance of COA.
        - Items completed for the relative assessment do not carry over/do not apply. Assessment activities must be completed again for new certificate type.
    - If the decision is made to place the child, issue the Child-Specific Non-Relative TCA and close the

Relative TCA or Relative COA.

2. Assessment to Convert a Relative Temporary Certificate of Approval to a Relative Certificate of Approval

For applicants who are issued a Relative Temporary Certificate of Approval (TCA) and will continue to provide care for the child, the certifier must complete the assessment to issue the Relative Certificate of Approval (COA) no later than 60 days from the date the Relative TCA was issued, unless Management Approval to extend the TCA has been given.

- Use CF 1092B Certified Family Assessment: Relative Convert Temporary Certificate Checklist to assure all steps have been taken to issue a Relative COA.
- Conduct home visits with the family as often as necessary to ensure needed support is provided and to complete the Relative Home Study Part 2 (form 915950). Document each home visit in OR-Kids Provider Notes.
- 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.
- Continue gathering information and interviewing applicants and others until all the information needed to complete the Relative Home Study Part 2 (form 915950), has been obtained.

To complete the assessment for issuance of a Relative COA during the 60-day period, the certifier will:

- Ensure the family has completed the following trainings within 30 days of issuance of the Relative TCA:
    - Orientation training
    - Mandatory Reporting training, and
    - If caring for a child 12 months or younger, Safe Sleep training
- Obtain two references. Utilize the CF 1255 Foster Care and Adoption Reference. References may be of any relation to the applicant.
- Connect with the caseworkers of the specific children in the home to discuss the child's adjustment and appropriateness of placement.
- Ensure completion Federal Bureau of Investigation (FBI) fingerprint-based criminal records check for each applicant and adult member of the household. Review and assess any applicable history.
    - If there is a criminal conviction requiring a fitness determination, confirm CF 0117 Management Approval for Specific Certification Rules has been completed. Refer to Section 6 of this Chapter: Assessing Criminal History.
- If applicable, ensure completion of out-of-state child welfare history checks for each applicant and adult member of the household. If having trouble receiving a response from another state, continue to attempt to contact that state. If the other state does not have records due to record retention, request a statement from that state indicating such.
    - If child welfare history requires management approval, confirm CF 0117 has been completed. Refer to Section 7 of this Chapter: Assessing Child Welfare History.

- If the relative resource parent has medical or mental health needs for which consultation with their provider is necessary to assess their ability to meet the child's needs, utilize the MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information. This form can be sent to the provider to request additional written or verbal information about potential impact of any identified health condition on the individual's functioning and ability to care for a child.
- Consult with the certification supervisor throughout the assessment.
- Complete the Relative Home Study Part 2(form 915950).
- Submit the Relative Home Study draft and supporting materials to the certification supervisor for review. The certification supervisor reviews the study, determines whether information needs to be added or edited and makes the final decision to approve or not approve the home study.

NOTE: *Information related to an individual's HIV status, is considered highly confidential information and must be held in the most strictly observed confidence possible to avoid consequences of casual or inappropriate disclosure of information. Any information related to an individual's HIV status is to be maintained in a locked file separate from the provider file and not uploaded in OR-Kids. In the home study, do not reference the individual's HIV status. Instead document that the individual "has a serious medical condition managed by a medical professional". If the certifier believes others need to know this information, they must follow the procedure set forth in OAR 413-040-0450(2) and ensure disclosure is consistent with the authorization signed by the individual that permitted disclosure of HIV information.*

- 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 factual information captured incorrectly can be corrected, but the assessment will not change, unless factual information indicates that a change in the assessment is warranted. Although it is preferred the applicant return the signature page, the applicant's signature is not required in order to consider the home study complete. The home study approval date is the date of the supervisor's signature.

Complete applicable steps in OR-Kids:

- Upload all documents related to the assessment of the applicant into the provider record.
- Return to the Pending Certificate in OR-Kids. Following the OR-Kids Certification Resource Guide, take the appropriate steps regarding Approving a Certification, Denying a Certification, or Withdrawing a Pending Certificate.
- When Approving a Certification, pay special attention to begin the certificate on or after the date of approval of the home study. Submit the certificate to the certification supervisor for approval in the electronic system.

NOTE: *Because a Relative COA does not expire, and a certifier does not conduct a renewal home visit, a certifier must use their 90-day visits to review the age of household members for any individual who is now 18 years old, and plan for completion of criminal and child welfare background checks.*

3. Issuance of a Relative Certificate of Approval (No TCA Issued)

There may be instances when the assessment of a relative does not result in the issuance of a Relative TCA, but the

certifier completes all the necessary steps in the entire process to ultimately issue a Relative COA. In these situations, refer to CF 1092C Relative COA (No TCA Issued) Checklist.

When a TCA will not be issued, Part 1 of the Relative Home Study should be completed because it is pertinent to the assessment of the family. However, staff should not sign Part 1 and should not check any of the boxes (Approved, Not Approved). Staff should type in the signature line "TCA not issued".

Situations which may result in assessment for a Relative COA without issuing a Relative TCA may include the following:

- Additional assessment required:
    - When a decision has been made that further assessment is necessary, it requires the approval of the Foster Care Program Manager or Designee. Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules - Not issuing a TCA to a relative who is available for immediate placement.
- Request for an ICPC home study:
    - ICPC home studies generally require full certification assessment to be completed prior to placement. A Relative TCA cannot be issued unless the request falls under ICPC Regulation 7 or under the ICPC Border Agreement. In these cases, approval from the Foster Care Program Manager or designee is not required to forgo issuing a TCA, unless the decision is made to deny the application.
- Relative applying both for approval as a potential relative adoptive resource as well as for approval as a relative resource parent but the child is placed with another relative:
    - In this case, since the child does not require a placement change, the relative would not be assessed for a Relative TCA and approval by the Foster Care Program Manager or designee is not required to forgo issuing a TCA. The certifier will follow the procedures for assessing the applicant as a potential relative adoptive resource, as outlined in Subsection 5 below.

4. Assessment of a Relative as Potential Guardian

To be considered as a potential guardian, the relative must have a relative certificate of approval and a completed guardianship study (form 2822). Refer to Section 24: Updates to Certificates – Updates for Guardianship

5. Assessment of a Relative as a Potential Adoptive Resource

All potential relative adoptive resources need an approved Relative Home Study (form 915950) and an approved Relative Adoption Home Study Addendum (form 957600) to be considered for the adoption selection process. This Relative Adoption Home Study Addendum must be approved within 12 months of the date of the adoption selection. Relative adoption training is required for approval to be considered as a potential relative adoptive resource. Central Office Adoptions Program staff are available for support and consultation regarding relative adoption applications.

Relative Adoptive Applicant Currently Caring for the Child

For relative resource parents caring for the child, the Relative Adoption Home Study Addendum (form 957600) is initiated through the adoption home study staffing outlined in this Procedure Manual Chapter 6, Section 5C Current Caretaker and Relative Caregiver Considerations and Procedures for Adoptions. Certifiers are required to participate in this staffing. Based upon information gathered from the staffing, the certifier begins the Relative Adoption Home Study

Addendum process.

Note: *When a resource parent holds a general Certificate of Approval under Division 200 and applies to adopt a relative child placed in their care, a child-specific SAFE adoption home study update is required. This situation may arise, for example, when a general resource parent previously adopted the child's sibling as a non-relative adoptive resource. Through that legal relationship, the individual is now considered a relative of the child. Despite this change in relationship status, because the individual remains certified as a general resource parent under Division 200, the appropriate process is to complete a child-specific SAFE adoption home study update. The Relative Adoption Home Study Addendum is used only for relative resource parents who are certified under Division 203 with a Relative Certificate of Approval. Therefore, in the example above, the addendum would not be appropriate. For these unique situations as there is not a specific Checklist, refer to CF 1092D or 1092E, depending on whether the child is in their care. The one difference to note is the SAFE adoption home study update and prior SAFE home studies will be submitted in place of a Relative Adoption Home Study Addendum and Relative Home Study Part 1 and Part 2.*

Based on the child's need for timely permanency, the Relative Adoption Home Study Addendum must be prioritized. Since the family is already known to the agency and has been caring for the child, the recommendation for completion is within 60 days or less.

- Use CF 1092D Relative Adoption Home Study Addendum Checklist (Relative Caregiver).
- Provide the CF 1260A Application for purpose of adoption.
    - If no information on the family's previous 1260A has changed, provide the previous CF 1260A to the family. Under "Type of Applicant" they will select Adoption (relative) and initial and date next to the box. They will also re-sign and date the bottom of the application.
    - If the family's information on the previously completed CF1260A has changed significantly such as an address change, new member of the household (adult or child), relationship status, employment status, etc., provide the family with a new CF 1260A to complete.
- Schedule a home visit to complete the Relative Adoption Home Study Addendum (form 957600). Inform the family that all members of the household will need to be available for the visit.
- Review the completed Application for adoption. Notice whether any household members have turned 18 since the last home study and plan accordingly for background checks.
- Conduct at least one home visit with the family, having face-to-face contact with each member of the household, including all adults and minor children.
- Assess the family's ability to maintain conditions in the home that provide safety and well-being for the children placed in the home.
- Observe and assess the safety of the physical environment, including walking through each room in the primary residence, the surrounding outdoor areas, and each building and structure on the property. Document on the Safety, Home Environment and Privacy Acknowledgement CF 0979. For more information, refer to Section 8 of this Chapter: Assessing the Home Environment.
- Confirm completion of required relative adoption training.
    - Identify with the family any areas in which they would like to develop a stronger knowledge base

or increase their skill level. Explore how the family learns best and discuss the variety of training modalities available to them.

- For all applicants and adult members of the household, confirm the child welfare checks, and criminal records checks were conducted as part of the relative certification.
- Obtain any necessary approvals on the CF 0117. Refer to Section 26 of this Chapter: Management Approval for Specific Rules.
- Complete the Relative Adoption Home Study Addendum (form 957600).
    - If the relative resource parent has medical or mental health needs for which consultation with their provider is necessary to assess their ability to meet the child's life-long needs for the purpose of adoption, utilize the MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information. This form can be sent to the provider to request additional written or verbal information about potential impact of any identified health condition on the individual's functioning and ability to care for the child long-term.
- When the supervisor approves and has signed the Relative Adoption Home Study Addendum, provide a copy to the applicants for review and signature.

Child Welfare may terminate the assessment process at any time if the family is no longer meeting Standards for an Adoptive Home or Certification Standards, a decision has been made prior to completion of a Relative Adoption Home Study Addendum, and/or if the addendum cannot be approved. In this situation, the family may choose to voluntarily withdraw the adoption application, or a decision would need to be made to deny the adoption application. Contact the Central Office adoption placement specialist for any denials of relative adoption applications.

Relative Adoptive Applicant Not Currently Caring for the Child

For relatives who submit an application for adoption who are not currently caring for the child, the Relative Home Study and Relative Adoption Home Study Addendum are completed simultaneously. Based on the child's need for timely permanency, the recommendation for completion is within 90 days.

- Use CF 1092E Relative Adoption Home Study Addendum Checklist (Non-caregiving relative).
- Complete all relevant assessment requirements outlined in this section: Assessment of Relative Applicants, to complete the Relative Home Study (form 915950).
- Complete the Relative Adoption Home Study Addendum (form 957600).
    - If the relative resource parent has medical or mental health needs for which consultation with their provider is necessary to assess their ability to meet the child's life-long needs for the purpose of adoption, utilize the MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information. This form can be sent to the provider to request additional written or verbal information about potential impact of any identified health condition on the individual's functioning and ability to care for the child long-term.
- When the supervisor approves and has signed both the Relative Home Study and the Relative Adoption Home Study Addendum, provide a copy to the applicants for review and signature.

Child Welfare may terminate the assessment process at any time if the family does not meet the Standards for an Adoptive Home or Certification Standards, a decision has been made prior to completion of a Relative Adoption Home Study Addendum, and/or if the addendum cannot be approved. In this situation, the family may choose to voluntarily withdraw the adoption application, or a decision would need to be made to deny the adoption application. Contact the Central Office adoption placement specialist for any denials of relative adoption applications.

Chapter 8

Section 5a: Assessment of General Applicants

Assessment of General Applicants

This section is intended for general applicants who have applied to provide foster care or who are seeking to adopt. The following checklists are applicable depending on the applicant type:

- CF 1091C General Applicant Checklist
- CF 1091E Adoption Only Checklist
- Within 5 business days of being assigned to a provider, complete the following:
    - Review Application (CF 1260A)
    - Ensure all demographic information is entered accurately in OR-Kids, including that all members of the household have been added. ***Note:*** *When two applicants apply and are not in a romantic relationship, OR-Kids will not accept a marital status of "Single". In this situation, the most appropriate option for marital status is "Unmarried couple".*
    - Create a Pending Certificate. Refer to OR-Kids Certification Resource Guide for assistance.
    - Make contact with the applicant to provide an introduction and discuss next steps; document the contact in provider notes.
    - Provide additional certification materials either via mail or at the first home visit.
        - Consent for Criminal Records and Fingerprint Check (CF 1011F), for each adult member of the household
        - Family Financial Report (CF 1291), for household
        - SAFE Questionnaire I, for each applicant
- Conduct an initial home visit, covering the following:
    - Meet with the applicants and each adult member of the household.
    - Explain the assessment process and requirements for certification as a resource parent or approval as a potential adoptive resource, and the role and responsibilities of Child Welfare.
    - Provide the applicant with a copy of the Resource Home Certification rules (413-200) and explain the importance of the applicant becoming familiar with them. For adoption, notify the applicant of the rules that apply to adoption applications 413-120-0190 to 413-120-0246.
    - Confirm all applicants have completed Orientation training, Mandatory Reporting and Safe Sleep training via Workday Learning.
    - Confirm completion of RAFT or that the applicants have a plan to complete RAFT prior to becoming certified.
    - Have all applicants and adult members of the household complete and sign form 1011F to consent to criminal records checks.
    - Answer questions of the applicant and provide assistance as needed with the required paperwork.
    - Using the Safety, Home Environment and Privacy Acknowledgement CF 0979, conduct a walk-through of the home and outside areas. For further information regarding form 0979, review Section 8 of this Chapter, Assessing the Home Environment.

- If the applicant is open to the placement of an infant (0-12 months), discuss the Safe Sleep requirements. Observe where the infant would sleep and follow the guidance in Section 8 of this Chapter: Assessing the Home Environment – Space and Bedrooms.
- Provide a copy of The Oregon Foster Children's Bill of Rights to be posted in the home.
- Provide a copy of The Oregon Sibling Bill of Rights, which needs to be made available to foster youth but is not required to be posted.
- Provide a copy of the Foster Parent Bill of Rights.

- Complete the following steps upon returning to the local office after the initial home visit:
  - Process the criminal records check for each applicant and adult member of the household by following the steps outlined in Section 6 of this Chapter: Assessing Criminal History.
  - Complete the child welfare history checks for each applicant and adult member of the household if they were not completed prior to the home visit. Refer to Section 7 of this Chapter: Assessing Child Welfare History.
  - Collect 4 references. Send the SAFE Reference Form to each reference provided. As an alternative, the CF 1255 Foster Care and Adoption Reference form, may be utilized to collect the reference via phone.

Continue to conduct home visits with the applicant family, gathering information for the home study.

- Gather personal, family, and social information using SAFE Questionnaires and conducting interviews with the adult and minor members of the household, adult children not living in the home, and others. For more information refer to Section 3 of this Chapter: Assessment Overview.
- Consider use of the SAFE Compatibility Inventory, outlined in Section 3 of this Chapter: Assessment Overview – Information Gathering Tools.
- Use the PSI to complete Desk Guide ratings for each psychosocial factor after each home visit.
- Continue gathering information and interviewing applicants and others until all the information has been obtained to confidently score each psychosocial factor.
- If the applicant has medical or mental health needs for which consultation with their provider is necessary to assess their ability to meet the child's needs, utilize the MSC 3010 Authorization for Disclosure, Sharing, and Use of Individual Information. This form can be sent to the provider to request additional written or verbal information about potential impact of any identified health condition on the individual's functioning and ability to care for a child.
- Consult with the certification supervisor throughout the assessment to determine whether any factors need further exploration.
- If the certifier is unable to complete the assessment for a resource parent applicant within 180 days of receipt of the application, follow steps outlined in Section 26 of this Chapter: Management Approval for Specific Certification Rules – Extending Response to an Application.
- If the certifier has not initiated an adoption home study within 180 days of the receipt of the application, the certifier must notify the applicant in writing.

- If there are concerns about approving a home study, staff with a foster care coordinator, an adoption consultant, or both to determine whether additional assessment is needed or if a staffing with the AAG is required.
- If the assessment indicates it is appropriate to approve for certification or adoption, use the SAFE Oregon Home Study template to write the home study following the prompts and instructions.
- Submit home study draft and supporting materials to the certification supervisor for review. The certification supervisor reviews the study, determines whether information needs to be added or edited and makes the final decision to approve or not approve the home study.

NOTE: *Information related to an individual's HIV status, this is considered highly confidential information and must be held in the most strictly observed confidence possible to avoid consequences of casual or inappropriate disclosure of information. Any information related to an individual's HIV status is to be maintained in a locked file separate from the provider file and not uploaded in OR-Kids. In the home study, do not reference the individual's HIV status. Instead document that the individual "has a serious medical condition managed by a medical professional". If the certifier believes others need to know this information, they must follow the procedure set forth in OAR 413-040-0450(2) and ensure disclosure is consistent with the authorization signed by the individual that permitted disclosure of HIV information.*

NOTE: *The Consortium for Children has numerous skill-building articles to assist in the assessment process. Foster care coordinators and adoption consultants can also assist in providing guidance.*

- 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 factual information captured incorrectly can be corrected, but the assessment will not change, unless factual information indicates that a change in the assessment is warranted. Although it is preferred the applicant return the signature page, the applicant's signature is not required in order to consider the home study complete. The home study approval date is the date of the supervisor's signature.

Complete applicable steps in OR-Kids:

- Upload all documents related to the assessment of the applicant into the provider record.
- For foster care applicants, return to the Pending Certificate in OR-Kids. Following the OR-Kids Certification Resource Guide, take the appropriate steps regarding Approving a Certification, Denying a Certification, or Withdrawing a Pending Certificate.
- When Approving a Certification, pay special attention to begin the certificate on or after the date of approval of the home study. Submit the certificate to the certification supervisor.
- For adoption applicants, if the home study will not be approved, return to the Pending Certificate in OR-Kids. Using the OR-Kids Certification Resource Guide, follow the steps for either Denying a Certification or Withdrawing a Pending Certificate. If the home study is approved, the certificate will be approved when the family is selected as the adoptive resource and the child is placed in the home for the purpose of adoption.

For general applicant families with an approved adoption home study, the certifier will:

- Work with the family to create a profile on the Oregon Adoption Resource Exchange (OARE).
- Continue to support the family and communicate about potential adoptive placements. This includes submitting the adoption home study to be considered for children featured on OARE who are waiting for an adoptive family as well as partnering with caseworkers for adoption planning.
- Refer to Chapter 6, Section 7 of this Procedure Manual for more details on adoption recruitment, matching, disclosure of information, adoption selection process, and transition.

Chapter 8

Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed

The issuance of a Temporary Certificate of Approval (TCA) involves an expedited process that allows certain individuals to serve as a placement resource for a child prior to completing all requirements for a Certificate of Approval (COA). This section outlines:

1. The eligibility criteria and assessment requirements for issuing a TCA to individuals who are not relatives and

2. The assessment requirements to convert the TCA to a COA.

Child Welfare may issue a TCA for purposes other than placing a relative when:

- The applicant is known to the child or the child's family, independent of Child Welfare involvement;
- The applicant is a former resource parent or respite provider for the child;
- The applicant is a previously certified or licensed resource parent with specific skills or knowledge to meet the needs of the child requiring placement; or
- The applicant does not meet any of the above but possesses specialized skills or knowledge to meet the specific needs of the child and approval is granted by the foster care program manager or designee. Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – TCA for Applicant not Known to Child.

1. Temporary Certificate of Approval Assessment Process

The assessment process to issue a TCA typically begins when a certifier receives a request from a caseworker to certify an individual known to a child or the child's family.

As soon as possible upon receipt of a request for expedited certification:

- Obtain available information from the caseworker about the child requiring the foster care service including:
  - Medical, dental, educational, developmental, and mental health needs.
  - Behavioral and supervision needs.
  - Child and Adolescent Needs and Strengths (CANS) Assessment.
  - Supervision Plan and Level of Care.
  - Visitation and Case Plan.
- Contact the individual to arrange a time to meet at the home and to explain the certification process. Discuss with the potential applicant:
  - That the home environment will be assessed, and that Child Welfare is able to help with items that may be needed to meet the needs of the child.
  - That all adults living in the home will need to complete a criminal records check.
  - That Child Welfare will be looking at internal and court database systems to review child welfare and public criminal history information. While consents are not needed for these database checks, notify the applicant these checks will be completed for all adult members of the household.
- With the information provided by the caseworker in the request, create an Inquiry in the RFI module. Refer to

OR-Kids RFI Reference Guide for assistance.

- Prepare for the home visit by ensuring all required paperwork necessary for a TCA is available and ready. This includes:
    - Application (CF 1260A)
    - Consent for Criminal Records and Fingerprint Checks (CF 1011F) for all adults in the household
    - Safety, Home Environment and Privacy Acknowledgement (CF 0979)
    - Copy of the Oregon Foster Children's Bill of Rights (DHS 9016) and Oregon Foster Children's Sibling Bill of Rights (CF 0262)
    - Copy of the Oregon Foster Parent Bill of Rights (CF 1019B)
- Prepare the additional paperwork to be provided to the applicant at the first visit. These documents are not required to issue a TCA but are required for the COA. If time permits, some of this paperwork can be completed during the first home visit. The additional forms include:
    - Family Financial Report (CF 1291)
    - SAFE Questionnaire I
- Conduct an initial home visit with each applicant and adult member of the household:
    - Explain the assessment process, requirements for certification, the role and responsibilities of Child Welfare and that as a resource parent they are mandatory child abuse reporters.
    - Conduct initial interviews to gather necessary information for the TCA Narrative.
    - Provide the applicant with a copy of the Resource Home Certification rules (413-200) and explain the importance of the applicant becoming familiar with them.
    - Have all applicants and adult members of the household complete and sign form 1011F Consent for Criminal Records and Fingerprint checks.
    - Answer questions of the applicant and provide assistance as needed with the required paperwork.
    - Complete the Safety, Home Environment and Privacy Acknowledgement form CF 0979, by conducting a walk-through of the home and outside areas. All items must be completed prior the issuance of a TCA except for those the rule permits to be completed within 24 hours: smoke alarms, carbon monoxide detectors, and fire extinguishers. For further information regarding form 0979, review Section 8 of this Chapter: Assessing the Home Environment.
    - If the TCA includes placement of an infant, discuss the Safe Sleep requirements. Observe where the infant will sleep and follow the guidance in Section 8 of this Chapter.
    - Inform the applicants of the requirement to complete Orientation, Mandatory Reporting and Safe Sleep training, within 30 days of being certified. Provide them with instructions on how to set up a Workday Learning account and how to register for training.
    - Explain to the applicant that the next step is to process the background checks and receive approval by the supervisor to issue the TCA and that they will be notified when a decision is made.

NOTE: *If an applicant or member of the household is not available for this contact, such that they are out of town or*

otherwise unable to participate in face-to-face contact, management approval can be given to delay contact. For more information, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Delay Contact.

- Complete the following steps upon returning to the local office after the initial home visit:
  - Return to the RFI module. Using OR-Kids RFI Reference Guide, proceed to Create Provider Record.
  - Once the action to proceed has been completed, log into OR-Kids to continue updating the Provider Record, ensuring all demographic information is entered accurately, including all the members of the household. ***Note:*** *When two applicants apply and are not in a romantic relationship, OR-Kids will not accept a marital status of "Single". In this situation, the most appropriate option for marital status is "Unmarried couple".* Refer to OR-Kids Certification Resource Guide to complete a Pending Certificate.
  - Process the criminal records check for each applicant and adult member of the household by following the steps outlined in Section 6 of this Chapter: Assessing Criminal History.
  - Complete the child welfare history checks for each applicant and adult member of the household, if they were not completed prior to the home visit. Refer to Section 7 of this Chapter: Assessing Child Welfare History.
  - Obtain two references. Utilize the CF 1255 Foster Care and Adoption Reference to collect the reference via phone. If it isn't possible to obtain the required two references prior to issuing the TCA, they must be obtained with 24 working hours. Examples of when the 24-hour delay may be necessary include:
    - All four possible references have been called, but no one could be reached.
    - The expedited certification process occurs late in the evening when references would likely be asleep.
- Use the CF1091A Certified Family Assessment – Temporary Certificate of Approval (Non-Relative) Checklist to confirm necessary steps have been taken.
- 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 Narrative (SAFE form), following the prompts, and request approval from the certification supervisor.
    - In the OR-Kids provider record, return to the Pending Certificate and take steps to Approve the TCA.
    - Refer to the OR-Kids Certification Resource Guide for assistance.
    - The TCA is issued effective the date the Oregon Temporary Certificate Narrative is approved by the supervisor.
  - If the assessment indicates concern with issuing a TCA, staff with a foster care coordinator to determine what additional assessment is needed to consider issuance of a TCA or if a full assessment is needed.
    - When a full assessment is needed, complete assessment requirements outlined in this section:
      - (1) Temporary Certificate of Approval Assessment Process. Also refer to CF 1091A

- (2) Assessment to Convert a Temporary Certificate of Approval to a Certificate of Approval. Also refer to CF 1091B.

- If the assessment reveals concerns about issuing a certificate of any kind, staff with the foster care coordinator and the AAG regarding whether to pursue denial of the application.

- Once the certificate is approved:
  - Contact the family to inform them they have been issued a TCA. Explain it is valid for up to 180 days during which time further assessment activities will be conducted to consider whether a COA will be issued.
  - Contact the caseworker and inform them the child can be placed in the home.
- After the TCA has been issued, complete all the remaining activities described in the subsection below, (2) Assessment to Convert a TCA to a COA. These activities must be completed as soon as possible and within 180-days of issuing the TCA.
  - There are instances when completing the assessment within the 180-day period is unattainable. For information regarding when and how to complete a Management Approval to Extend the TCA, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Extending TCA 30 days or Extending TCA beyond 30 days.

Supporting Families During TCA

When a child is placed with a family through a TCA, it is essential to provide consistent support to promote placement stability. Engage the family in conversations about any tangible needs that may impact their ability to continue caring for the child. Consider using resource parent flex funds help meet those needs (e.g. purchasing a carbon monoxide detector or fire extinguisher).

Maintain regular communication with the resource parent about Family Time between the child and their parents. Clarify the resource parent's role in facilitating or supporting this time. Be mindful that, in cases where the resource parent has a prior relationship with the child's parents, they may experience a range of complex emotions, such as anger, sadness, or frustration and may need space to process these feelings with support.

Ensure the resource parent understands any restrictions placed by Child Welfare regarding contact between the child and their parents. These expectations may need to be revisited multiple times for clarity and consistency. Include the resource parent as an active member of the child's team and keep them informed of the status of the legal case, especially how it may impact the child's continued placement in their home.

Because the resource parent became certified through an expedited process, it is important to assist them in understanding how Child Welfare functions. Inform the resource parent about what to expect during the entire certification process, financial support provided by the agency, the role of the case worker, the development of a case plan, their role in court, what to expect from legal proceedings, and the certification rules that apply to their household and the care of the child placed with them. Let them know some of the unique aspects of their role:

- Possible invitation to participate in meetings regarding the safety of the children.
- May be interviewed about the history of the parents involved in the case, and their protective capacities.

- Invitation to court hearings and the opportunity to limited participation in the court process.

When a Child moves from a Child-Specific Non-Relative Resource

When a child leaves a home that has been specifically certified for their care, the certification terminates either on the expiration date of the certificate or 60 calendar days after the child has been moved from the home, whichever is earlier. When this occurs during the TCA timeframe, the application is still "live", and a decision needs to be made on the application. The family may choose to withdraw the application, or they may choose to apply to become a general resource parent. Whether the family currently holds a TCA or a COA, if the family would like to become a general applicant family, refer to section 24 of this Chapter: Updates to Certificates – Converting from Relative or Child-Specific Non-Relative to General.

The Certificate of Approval may remain open longer than 60 days after the child's placement in the home ends if the resource parent will provide certified respite care to support the child and family during reunification.

- If the family has a Temporary Certificate of Approval, the full assessment must be completed, and a Certificate of Approval must be issued prior to the certified respite care taking placed.
- When a decision has been made to keep the Certificate of Approval open longer than 60 days after the child's placement in the home ends to allow for respite, enter a provider note to document this decision.

Another Child Proposed for Placement with a Non-Relative Family Holding a TCA or Child-Specific Non-Relative Family Holding a COA

When another child is proposed for placement:

- Staff with the supervisor considering the individual needs of each child and the family's ability to meet each child's needs including medical, behavioral, and supervision.
- Capacity must be considered and increased if deciding to place other children. If placement of additional children causes the family to be over capacity, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Exceeding Maximum Capacity.
- Identify what additional training the family will need according to the child's needs.
- Confirm completion of required trainings including Safe Sleep.

In addition, dependent upon the relationship between the family and the child, follow the process below:

- When the child is a relative of the family:
    - Enter a provider note documenting the factors that were assessed in concluding that additional children will be placed with this family.
- When the child is known to the family but does not meet the relative definition:
    - Review the eligibility criteria for issuing a TCA to individuals who are not relatives:
        - The applicant is known to the child or the child's family, independent of Child Welfare involvement;
        - The applicant is a former resource parent or respite provider for the child; or

- The applicant is a previously certified or licensed resource parent with specific skills or knowledge to meet the needs of the child requiring placement;

- If the applicant meets one of the above criteria, enter a provider note documenting the factors that were assessed in concluding that additional children will be placed with this family.
- If the applicant does not meet any of the above criteria but possesses specialized skills or knowledge to meet the specific needs of the child, approval by the foster care program manager or designee is required. Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – TCA for Applicant not Known to Child. If approval is granted, enter a provider note documenting the factors that were assessed in concluding that additional children will be placed with this family.
- Consider whether it is appropriate for this family to become a general provider. Refer to Section 24 of this Chapter – Converting from Child-Specific Non-Relative COA to General.

2. Assessment to Convert a Temporary Certificate of Approval to a Certificate of Approval

For applicants who are issued a Temporary Certificate of Approval (TCA) and will continue to provide care for the child, the certifier must complete the assessment to issue the Certificate of Approval (COA) no later than 180 days from the date the TCA was issued, unless Management Approval to extend the TCA has been given.

- Use CF 1091B Certified Family Assessment: Convert Temporary Certificate (Non-Relative) Checklist to assure all steps have been taken to issue a COA.
- Conduct home visits with the family every 90 days while the family is issued a TCA. Additional home visits are completed as necessary. Document each home visit in OR-Kids Provider Notes.
- 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.
- Gather personal, family, and social information using SAFE Questionnaires (QI, QII, and Questionnaire for Adult Children, when appropriate) and conducting interviews with the resource parents and members of the household (adult and minor), adult children not living in the home, and others.
- 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.

To complete the assessment of the family during the 180-day period, the certifier will:

- Ensure the resource parents have completed the following trainings within 30 days of issuance of the TCA:
  - Orientation training
  - Mandatory Reporting training, and
  - Safe Sleep training
- Discuss the resource parent's plan to complete RAFT as soon as possible but no later than 12 months of issuance of the TCA.

    - Ensure completion of the Family Financial Report (CF 1291) in order to assess the applicant's financial history and whether they have adequate financial resources to meet their own needs.

- Obtain two additional references (for a total of at least four references) using either the SAFE Reference Letter or the Foster Care and Adoption Reference form, CF 1255.
- Connect with the caseworkers of the specific children in the home to discuss the child's adjustment and appropriateness of placement.
- Ensure completion Federal Bureau of Investigation (FBI) fingerprint-based criminal records check for each applicant and adult member of the household. Review and assess any applicable history.
    - If there is a criminal conviction requiring a fitness determination, confirm CF 0117 Management Approval for Specific Certification Rules has been completed. Refer to Section 6 of this Chapter: Assessing Criminal History.
- If applicable, ensure completion of out-of-state or out-of-country child welfare history checks for each applicant and adult member of the household. If having trouble receiving a response from another state, continue to attempt to contact that state. If the other state does not have records due to record retention, request a statement from that state indicating such. If out-of-country 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 child welfare history requires management approval, confirm CF 0117 has been completed. Refer to Section 7 of this Chapter: Assessing Child Welfare History.
- If the applicant has medical or mental health needs for which consultation with their provider is necessary to assess their ability to meet the child's needs, utilize the MSC 3010 Authorization for Disclosure, Sharing, and Use of Individual Information. This form can be sent to the provider to request additional written or verbal information about potential impact of any identified health condition on the individual's functioning and ability to care for a child.
- Consult with the certification supervisor throughout the assessment to determine whether any factors need further assessment.
- Using the SAFE Oregon Home Study template, write the home study following the prompts and instructions, unless information has led to the decision to terminate the assessment process and proceed with denying the application.
- Submit the home study draft and supporting materials to the certification supervisor for review. The certification supervisor reviews the study, determines whether information needs to be added or edited and makes the final decision to approve or not approve the home study.

NOTE: *Information related to an individual's HIV status, this is considered highly confidential information and must be held in the most strictly observed confidence possible to avoid consequences of casual or inappropriate disclosure of information. Any information related to an individual's HIV status is to be maintained in a locked file separate from the provider file and not uploaded in OR-Kids. In the home study, do not reference the individual's HIV status. Instead document that the individual "has a serious medical condition managed by a medical professional". If the certifier*

believes others need to know this information, they must follow the procedure set forth in OAR 413-040-0450(2) and ensure disclosure is consistent with the authorization signed by the individual that permitted disclosure of HIV information.

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.*

- 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 factual information captured incorrectly can be corrected, but the assessment will not change, unless factual information indicates that a change in the assessment is warranted. Although it is preferred the applicant return the signature page, the applicant's signature is not required in order to consider the home study complete. The home study approval date is the date of the supervisor's signature.

Complete applicable steps in OR-Kids:

- Upload all documents related to the assessment of the applicant into the provider record.
- Return to the Pending Certificate in OR-Kids. Following the OR-Kids Certification Resource Guide, take the appropriate steps regarding Approving a Certification, Denying a Certification, or Withdrawing a Pending Certificate.
- When Approving a Certification, pay special attention to begin the certificate on or after the date of approval of the home study. Submit the certificate to the certification supervisor for approval in the electronic system.

Supervisor's Role

- Review the application, Questionnaire I, Questionnaire II, and Harvesting Sheet from the certifier. Meet with the certifier to identify any potential concerns or issues.
- Review the PSI 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 or prior to the date the COA is approved and issued.

Chapter 8

Section 6: Assessing Criminal History

Obtaining and Assessing Criminal History Information

Obtaining criminal history information is a key component of assessing an individual, whether they are applying for certification, seeking approval as a potential adoptive resource, being considered as a caregiver for children, or residing in a household where care will be provided. The Department refers to these types of individuals as “subject individuals”. Information regarding a subject individual’s criminal history is considered in relationship to all the information collected and observed as part of the assessment process. Criminal history information is assessed as part of the home study process and is also specifically addressed as part of OAR 413-120-0400 through 413-120-0475.

OAR 413-120-0000 definition Criminal Records Check Requirements:

- "Criminal records check" means obtaining and reviewing criminal records as required by these rules and includes any or all of the following:
    - An Oregon criminal records check where criminal offender information is obtained from the Oregon State Police (OSP) using the Law Enforcement Data System (LEDS). The Oregon criminal records check may also include a review of other criminal records information obtained from other sources.
    - A national criminal records check where records are obtained from the FBI. The national criminal records check may also include a review of other criminal records information.
    - A state-specific criminal records check where records are obtained from law enforcement agencies, courts, or other criminal records information sources located in, or regarding, a state or jurisdiction outside Oregon.
- "Criminal Offender Information" means records, including fingerprints and photographs, received, compiled and disseminated by the OSP, or by other states, for purposes of identifying criminal offenders and alleged offenders, and maintained as part of an individual’s records of arrests, the nature and disposition of criminal charges, sentencing, confinement, but does not include the retention by OSP or records of transfer of inmates between penal institutions or other correctional facilities, and release. It also includes the OSP Computerized Criminal History System.
- “Other criminal records information" means information obtained and used in the criminal records check process that is not criminal offender information from OSP. "Other criminal records information" includes but is not limited to police investigations and records, information from local or regional criminal records information systems, justice records, court records, information from the Oregon Judicial Information Network, sexual offender registration records, warrants, Oregon Department of Corrections records, Oregon Department of Transportation's Driver and Motor Vehicle Services Division information, information provided on the criminal records check requests, disclosures by a subject individual, and any other information from any jurisdiction obtained by or provided to Child Welfare for the purpose of conducting a fitness determination.

Required Criminal Records Checks

There are two types of checks that require consent prior to obtaining the information, a LEDS records check and a fingerprint-based FBI records check.

A LEDS Records Check, and an FBI Fingerprint-based Records Check are Required to be Completed On:

- An applicant seeking initial approval as a resource parent or relative resource parent;
- An applicant seeking approval as a potential adoptive resource;
- An adult member of the household of an applicant seeking initial approval as certified family or potential adoptive resource; and
- A potential informal respite provider or childcare provider, not otherwise licensed, listed or approved by a state or county entity with child-care licensing authority. If the care is to be provided in the home of the child care provider or the informal respite provider, these checks are also required for any adult member of their household.
    - An informal respite or childcare provider may be utilized after receiving the LEDS records check but prior to receiving fingerprint-based criminal records check results with a child welfare program manager or designee approval, recorded on the CF 0117 Management Approval for Specific Certification Rules.
    - Criminal records checks for informal respite providers and childcare providers follow the same process as applicants and must have a fitness determination if there are criminal convictions unless the certified family no longer plans to use them.
- Any individual required to have a criminal records check who has lived outside of Oregon for more than 60 consecutive days after their last criminal records check.
- An approved individual when they disclose, or Child Welfare becomes aware of, new or previously unknown criminal history must complete a new criminal records check.

Individuals Requiring a LEDS Check, but Not an FBI Fingerprint Check at Renewal:

- Resource Parent
- A potential adoptive resource when a previously approved adoption home study is being amended or updated within the 12 months prior to an adoption placement selection.
- Adult member of the household if the previously obtained FBI Fingerprint-based check was completed as part of this resource parent's certification.
- An informal respite provider for whom an FBI Fingerprint-based check was previously completed and no more than 2 years have lapsed since the last LEDS check.
- A child care provider, not licensed, listed or approved by a state or county entity with child care licensing authority for whom an FBI Fingerprint based check was completed and no more than 2 years have lapsed since the last LEDS check.

NOTE: *eCourt is an electronic court records system that Child Welfare staff have access to and may use as a supplementary resource to obtain additional information about a subject individual. It can be particularly helpful in providing preliminary insights prior to receiving full background check results from LEDS and the FBI. However, it is important to note that checking eCourt is not a required step in the approval process. Additionally, the use of other external search engines or commercial databases such as Lexis Nexis or Accurint to conduct background checks on subject individuals is not permitted. These platforms aggregate data from various public and third-party sources, which*

can be incomplete, outdated, or inaccurate, leading to potential errors such as mistaken identity or missing critical case details. Child Welfare background checks must be conducted using approved state and federal systems to ensure consistency, accuracy, and compliance with privacy regulations.

Limited Exclusions to the Requirements of Obtaining a Criminal Records Check Include:

- Rare circumstances where an individual is determined to be unable to consent to or obtain a fingerprint-based records check due to a physical or mental condition;
    - When an individual living in the home is unable to consent to a criminal records check, or it is unreasonable for that person to obtain a fingerprint-based records check those individuals must not be in a caregiving role or have child caring responsibilities.
    - This exclusion is documented on the CF 0117 Management Approval for Specific Certification Rules. This exclusion must be reviewed at a minimum at each renewal. If circumstances change at any juncture, the certifier must initiate the criminal records check process. For more information, refer to Section 26 of this Chapter: Management Approval for Specific Certification Issues – Household member who is unable to consent to a criminal records check or is unable to complete fingerprinting.

Criminal Records Check Considerations for Individuals Frequenting the Home

It is within Child Welfare's discretion to seek a criminal-records check on an adult individual frequenting the home. However, if the person has limited contact and there is no reason to be concerned, a check is likely not necessary. If the individual has a great deal of personal contact with the child, particularly unsupervised and there are aspects of caregiving involved, it may make sense to obtain the check. Discuss situations with the certification supervisor and FCC when there are questions about whether a criminal records check is warranted. When determining whether to obtain a criminal records check on an individual who does not live in the home, factors to consider include:

- Will the person be staying the night on occasion? What will the sleeping arrangements be?
- How much contact does the person have with the child?
- Does the person come into the home only/primarily when the child is away?
- Do they have any unsupervised contact with the child?
- Is the contact in a caregiving capacity?
- What is the relationship of the individual to the child or the resource family?
- Is there information about the individual that is concerning?

Overnight Guests in a Certified Family's Home

It is the responsibility of the certified family to ensure that all visitors to the home are safe and appropriate persons to be around children.

- When the certified family has guests staying in the home for a short period of time (a week or two), background checks are not automatically required.
- 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 informal respite or child care. If the visitor will be providing informal respite or child care, complete the required background checks described in this Section and in Section 7 of this Chapter.

- When the visitors are staying for more than a few weeks, consider them as additional members of the home and follow the procedure for assessing new members of the household. Examples might include but are not limited to:
    - A college student coming home for the summer
    - A friend or family member staying beyond a few weeks while looking for housing.
- After staffing with the certification supervisor, if additional guidance is needed, consider:
    - Consulting with the foster care coordinator
    - Convening a Safety and Well-Being Review Committee to discuss concerns and form a plan to ensure the safety of the children placed in the home.

Assessment of Criminal Records Check Information

The criminal records check process begins when the applicant or other individual completes a 1011F Consent for Criminal Records and Fingerprint Check. This consent is then emailed to the Background Check Unit (BCU) (BCU.CW.1011fs@dhsoha.state.or.us.). When a response is needed quickly for purposes of a TCA or Relative TCA, the BCU will process the request before 3:00 Monday through Friday. When the need arises outside of these hours, the ORCAH after-hours process is utilized which can be found on the OWL intranet site.

- For issuance of a TCA or Relative TCA, Review LEDS information received along with the information the subject individual provided on the 1011F. If there are no arrests or convictions, no additional steps in the criminal records check process are needed. If there is a criminal conviction, Management Approval on the CF 0117 documenting the Weighing Test and Fitness Determination is required prior to issuance of a TCA or Relative TCA.
- In addition to the above, for assessment of a COA/Relative COA, Review the FBI fingerprint-based information received. If there are no arrests or convictions, no additional steps in the criminal records check process are needed. If there is a criminal conviction, not previously approved, Management Approval on the CF 0117 documenting the Weighing Test and Fitness Determination is required prior to issuance of a COA/Relative COA

Arrests Not Leading to a Conviction:

Discuss with the subject individual the nature of the arrest. Consider whether this information presents concerns regarding current child safety or well-being that may impact the decision to issue a TCA or Relative TCA. A fitness determination is not required for an arrest that did not lead to a conviction. The information gathered and assessed is part of the overall assessment of the applicant.

NOTE: *For arrests that have not reached their full conclusion or disposition, such as an arrest for a DUI when the individual is participating in diversion, but has not yet completed it, a fitness determination is required.*

Use of Police Reports

In gathering information regarding criminal convictions, use of police reports provides one source of information as

part of the assessment process. The information is then discussed with the applicant and assessed within the context of the conviction. Obtaining all police reports is not a requirement to move forward with certification of an individual, including issuing a TCA or Relative TCA. The assessment of information in the police report is based on the connection to current functioning of the applicant and if the information contained has an impact on child safety or well-being. The information in the police report may be relevant as the weighing test is utilized.

Weighing Test and Fitness Determination:

"Weighing test" means the process in which an authorized designee considers available information to make a fitness determination when a subject individual has a criminal conviction.

"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.

Weighing Test

The following factors must be taken into consideration when assessing criminal convictions and completing a weighing test:

- When the applicant is a relative or has a caregiving relationship with the child requiring placement, whether placement of the child with the subject individual would provide for the child's safety, well-being and permanency, and may mitigate the trauma experienced by the child. Evaluate whether this potential placement resource:
    - Could provide the child with connection to their family constellation, cultural practices, identity, community and other familiar people, supports or resources.
    - May result in possible reduction in immediate and long-term trauma and improvement in well-being and safety.
    - Has an investment in maintaining the relationship with this child as well as with their family. Consider how these factors may increase the child's placement stability and permanency.
- The impact of cultural or societal forces such as structural racism or poverty and other impacts to marginalized communities, upon the subject individual and whether those forces contributed to the circumstances leading to a conviction.

  Structural Racism:
    - Increased law enforcement presence and surveillance in communities of color.
    - Targeting of "high crime" areas, often constitutes higher concentrations of Black or African American, Native American, Latinx and other people of color, which leads to higher law enforcement contact.
    - Racial profiling, in particular convictions initiated by traffic stops and contact due to questions of legal residency status impacting Latinx individuals.

  Effects of Poverty:
    - Escalation/development of criminal record created by inability of subject individual to pay fines/fees for minor infractions or meeting basic needs.

- Inability to post bail, resulting in pre-trial detainment.
- Parents with perceived substandard housing characterized as "neglect".
- Increased surveillance by CPS, schools and community organizations, leading to disproportionate contact by law enforcement.

Other Impacts to Marginalized Communities:

- Access to services and resources.
- Legal and other services not available in applicant's language.
- Financial/physical/psychological/developmental barriers to accessing legal services, complying with parole/ probation, attending legal proceedings.
- LGBTQIA2S+ Discrimination.
- Criminal justice discrimination based on SOGIE.
- Lack of support in probation, parole and re-entry programs around navigating employment, housing, public service and health care discrimination.

- The nature of the crime, including the relevancy of the crime or false statements made by the subject individual about the crime, to the ability to be approved as a certified resource parent.
  - Does the crime relate to possible safety or well-being issues regarding parenting a child in care? Does the individual acknowledge the conviction and speak honestly and about the circumstances surrounding the conviction?
- The details of the incidents that led to the criminal convictions.
  - What was occurring in the individual's life at the time?
  - How does the individual describe their life and circumstances leading to the criminal involvement?
- The details of the conviction, including periods of incarceration and compliance with parole, post-prison supervision, or probation.
  - Is the individual continuing to work on aspects of the conviction, check-ins, supervision requirements or is it completed?
  - If completed, do we have access to information about compliance, completion, etc.?
- The timeline and frequency of criminal convictions and criminal involvement not resulting in conviction, including arrests, criminal investigations and unresolved or pending arrests, charges, indictments, or outstanding warrants.
  - Has there been a pattern of behavior resulting in criminal convictions and arrests?
  - Was it a particular timeframe in their life?
  - How long of a period of time was the individual involved in the criminal system?
- The passage of time since the conviction and criminal involvement and likelihood of a repetition of offenses or the commission of another crime.
- Information suggesting changes in circumstances or behavior of the subject individual since the conviction

showing self-improvement including, but not limited to:

- The subject individual's experience in caregiving or parenting, engagement in substance use disorder or mental health treatment, work experience, relevant education or training, community involvement; and
- Information from references, community members, employers, or other sources with knowledge about the subject individual.

Fitness Determination

The Weighing Test analysis is documented on the CF 0117 Management Approval for Specific Certification Rules and is submitted to the certification supervisor. The level of manager able to make the fitness determination depends on the type of conviction and amount of time that has passed since the conviction. Refer to Appendix 8.3 Criminal Conviction – Level of Approval for a list of the ORS statutes applicable to criminal history fitness determinations and the level of approval required. The level of approval needed for each type of conviction are also listed in Section 26 of this Chapter: Management Approval for Specific Certification Rules – Criminal Conviction.

NOTE: *If the conviction is from a state other than Oregon, or from another country, and if there is not clear what level of approval to obtain, seek guidance from the assigned FCC.*

NOTE: *A Weighing Test and Fitness determination is not required for juvenile court adjudications and cannot be used as a basis for denial. Expunged records, whether juvenile or adult also do not require a weighing test or fitness determination and may not be used as a basis for denial.*

NOTE: *When a subject individual has a MUST DENY conviction, a weighing test is not required. However, a fitness determination is required to be documented on the CF 0117. The certifier documents the details of the conviction on the CF 0117 and indicates that the conviction requires a negative fitness determination. The supervisor marks Not Approved, signs, and dates the form.*

Arrests Involving an Already Certified Family

When a certified individual is arrested, an determination must be made regarding the continued certification and if there is a child placed in the home, a determination must be made regarding the continued placement. Within 24 hours of Child Welfare learning of the arrest, the Child Welfare program manager must decide whether to continue the placement of a child in the home. This decision is made with information available to Child Welfare. Factors to consider:

- Is the crime related to child safety?
- Is the individual in the home?

Document, in OR-Kids provider notes, the decision made regarding the continuation of the placement of a child in the resource home.

Consider whether the certified family should be placed on inactive referral status pending the assessment and gathering of information regarding the arrest. Information regarding the process for Inactive Referral Status can be found in Section 24 of this Chapter: Updates to Certificates – Inactive Referral Status.

If the arrest leads to a conviction, the fitness determination process, described above, must be utilized.

Contesting a Criminal Records Check

If Child Welfare determines that an applicant, or member of the household cannot be certified or approved, Child Welfare must notify the subject individual in writing that the subject individual:

- Has a right to inspect and challenge their Oregon criminal offender information through OSP procedures as adopted per ORS 181.555(3) and OAR 257-010-0035; 257-010-0035;
- May challenge the accuracy or completeness of any entry on the subject individual's criminal records provided by the FBI by filing a challenge with the FBI's Criminal Justice Information Services Division; and
- May appeal Child Welfare's determination of unfitness or indicate an intent to challenge information in the OSP or FBI report by requesting a contested case hearing pursuant to ORS Chapter 183 and OAR 413-010-0500 to 413-010-0535 provided that Child Welfare receives the request for a contested case hearing in writing within 30 days from the date of mailing the notice.

NOTE: *If an applicant wishes to challenge the accuracy or completeness of their criminal records provided by the FBI, more information is available at:* www.fbi.gov/checks. To challenge electronically: https://edo.cjis.gov or by sending a written request to:

FBI, CJIS Division
Attn: Criminal History Analysis Team
1000 Cluster Hollow Road
Clarksburg, WV 26306

OAR 413-010-0500 to 413-010-0535 describes the requirements and process for requesting a contested case hearing due to the denial or revocation of a COA/Relative COA or a denial of approval to be an adoptive resource, including denials based on the criminal records check, or false statement with regard to criminal history, of an applicant or member of the household.

Sharing Information

Criminal records check information is, in general, confidential information. Information must only be shared with those with a need to know, consistent with the criminal records check administrative rules and procedure.

An individual may have a copy of their FBI criminal records check.

Criminal records check information may be shared for the purpose of an administrative hearing.

Chapter 8

Section 7: Assessing Child Welfare History

Obtaining and Assessing Child Welfare History Information

Child welfare history checks are required for applicants, adult household members, child care providers, and informal respite providers, as well as for the adult household members of the child care or respite provider when care is provided in that individual's home. These checks include reviewing the OR-Kids electronic system and obtaining child welfare history from other states or countries in which the individual resided within the last five years.

- When the individual has an Unfounded allegation of abuse, Closed at Screening report, prior Oregon Alternative Response assessment, or unsubstantiated 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.
    - While there is no management approval needed for these types of reports or dispositions, assessment of this information is included in the home study.
- When an individual has a Founded or Unable to Determine allegation of child abuse/neglect (as the perpetrator), a similar disposition from another state, or a substantiated finding from the Office of Training, Investigation and Safety (OTIS), approval of the individual may not occur without CF 0117 Management Approval.
    - Staff with the certification supervisor and program manager, including the foster care coordinator as needed, to discuss the child welfare history and information gathered related to the approval to continue the assessment given the individual's child welfare history.
    - For details regarding information to be included in the CF 0117, refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Child abuse history for an applicant or other individual.
    - If the CF 0117 Management Approval for Specific Certification Rules is not approved for:
        - An applicant or member of the household who will remain in the home, refer to Section 25 of this Chapter: Closure of a Provider Record.
        - An informal respite provider or child care provider, notify the certified family that the individual is not approved.

When considering whether to issue a TCA or Relative TCA, child welfare history is assessed based upon information currently available. Lack of a record does not prohibit Child Welfare from moving forward. If new information is received that could change the approval decision, the information must be reassessed.

Out-of-State Child Welfare Checks

If there are challenges with receiving results from another state agency, review the Adam Walsh State Contacts for Child Abuse Registries for contact information to individually contact that state.

If the agency obtains an out-of-state child welfare check for an individual, and that individual reapplies within five years of having lived out of state, so long as they have not lived out of state since the original check was done, the dates of the prior check may be used to satisfy the requirement of this check.

Out-of-Country Child Welfare Checks (Non-Relative Applicants and Adult Members of Their

Household)

BCU does not conduct out-of-country background checks. When a subject individual has lived outside the United States within the previous 5 years, an out-of-country background check is required. First, identify whether the country in question maintains a child abuse registry by visiting the U.S. Citizenship and Immigration Services (USCIS) website: https://www.uscis.gov/adoption/home-study-information/child-abuse-registries-foreign-countries-and-geographic-entities.

If the country does NOT maintain a child abuse registry:

- Document in both a provider note and the home study that the country does not maintain a child abuse registry and therefore, no records request can be made.
- Save a copy of the USCIS webpage showing this information using the Print to PDF feature and upload it to the provider file cabinet as supporting documentation.
- In the Safety Tab in OR-Kids, under Child Welfare History Checks "International", select the box for No History. Under Date Approved, enter the date the certification supervisor determined adequate efforts were made to obtain the history. Select Complete and Save.

If the country DOES maintain a child abuse registry:

- Have the subject individual sign an MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information.
- Contact the Consulate or American Embassy for that country to inquire about the process for requesting a child abuse registry check.
- Contact the country's child protection agency to ask whether they have any records on the subject individual or can assist in gathering information.
- Document all efforts made to obtain child abuse information from the country.
- When results have been received:
    - In the Safety Tab in OR-Kids, under Child Welfare History Checks "International", select the appropriate box for the results received. Under Date Approved, enter the date the check was complete. Select Complete and Save.
- If no response is received:
    - Consult with the certification supervisor to determine if an appropriate amount of time has passed and whether the attempts to receive information from that country are adequate.
    - In the Safety Tab in OR-Kids, under Child Welfare History Checks "International", select the box for No History. Under Date Approved, enter the date the certification supervisor determined adequate efforts were made to obtain the history. Select Complete and Save.

If the agency obtains an out-of-country child welfare check for an individual, and that individual reapplies within five years of having lived out of country, so long as they have not lived out of country since the original check was done, the dates of the prior check may be used to satisfy the requirement of this check.

Additionally, if the Subject Individual was stationed outside the United States for a military deployment within the last 5 years:

- Obtain consent by having the subject individual sign an MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information for the military branch they served.
- Contact the military branch to determine their process for requesting a child abuse check and submit the request accordingly.
- Document and track all communications and include the results in the OR-Kids Provider file. If the branch cannot provide the check, or results are not received timely, consult with the certification supervisor to determine if an appropriate amount of time has passed and whether the attempts to receive information are adequate.

Chapter 8

Section 8: Assessing the Home Environment

Certified families are certified at a specific address and must reside at that address with the children placed in their care. As part of the certification process, the physical environment of the home is assessed. This includes all rooms within the home as well as any buildings located on the property. If a building on the property is a separate, independently occupied residence it does not need to be assessed.

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.*

The certifier utilizes the CF 0979, Safety, Home Environment and Privacy Acknowledgement to document the assessment of the home environment.

Assessment of the Home Environment includes:

1. Basic Safety and Living Conditions

Sleeping Arrangements

- Consider the developmental age, gender identity/expression, culture, specific needs, and relationship of the child to the certified family when determining appropriate sleeping arrangements.
- Each child placed in the home must have access to their own bed, and in no circumstance may a child share a bed with an unrelated person.
- Discuss with the applicant or the certified family the importance of safe sleep practices and the following Safe Sleep requirements for infants 0-12 months:
    - 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.
    - Do not use an inclined surface for sleep. Be aware that some infant products, such as loungers (for example a DockATot), swings, or inclined sleepers are widely marketed as safe for sleep but do not meet safe sleep requirements.
        - These products are not approved for unsupervised sleep because they increase the risk of suffocation or positional asphyxia if a baby rolls or shifts position.
        - They may only be used when the infant is closely supervised, such as during play or soothing periods.
        - These products do not replace a recommended safe sleep environment, which is always a firm, flat surface free of soft bedding, pillows, and loose items.
    - Sharing the same sleep surface with a child under the age of 12 months is prohibited.
        - Sharing a sleep surface refers to an infant and one or more adults or children sleeping together

on any surface, including a bed a couch, a chair, or a futon.

- The prohibition of sharing a sleep surface applies at all times, including naps.
- Infants may share a room with a resource parent or relative resource parent, as long as they have their own sleep surface such as a crib or bassinet.

- Sleep sacks may be used as long as they fit appropriately. Refer to height and weight recommendations for sizing.
- Swaddling is a practice that may be used for infants 2 months and younger, or until the infant is showing signs of rolling over, whichever comes first.
- Emphasize that all infants in care must be placed on their back to sleep. Explain that infants are less likely to choke when lying on their backs, and that placing an infant on their back is the most effective action reduce sleep-related infant deaths.
- Inform the applicant or certified family that no soft materials may be placed in the crib or under the infant. Infants 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 or lounger (products designed to keep an infant in a certain position, such as wedges, padded tubes, or mats with side bolsters)

If there is a plan to care for an infant, observe the sleeping environment in which an infant would be sleeping and confirm there is a flat, firm sleep surface free from any sleep hazards. If the infant sleep environment does not meet the requirements, work with the applicant or certified family to ensure a safe sleep environment prior to caring for an infant.

Document the following in a provider note:

- The current/planned sleep practices for children in care
- The information about safe sleep practices provided to the certified family
- The certified family's understanding of safe sleeping arrangements for infants and
- Any potential barriers to the acceptance of safe sleeping arrangements for infants.

Discuss with the certified family the need to have conversations with any caregiver supports (babysitters, respite care providers, and child care providers) regarding these important safe sleep practices.

If an infant is placed with a certified family, the caseworker and the certifier assess the sleeping environment and review the safe sleep requirements with the certified family every time contact occurs in the resource home.

- Verify that the home has safe and adequate drinking water and an adequate source of water source for personal hygiene and a working bathroom.
    - If the home utilizes a well for water, share with the resource parent that OHA and DEQ recommend regular water testing for safety.
- Verify that the home has the necessary equipment for the safe preparation, storage and clean-up of food.
- Verify that the home has a working telephone to make and receive calls. Additionally, discuss the need for the child to also have access to a phone and have the ability to call their CASA, attorney, caseworker, or Ombudsmen at any time.

2. Heating

Discuss with the applicant or certified family what type of heating system the home has, and that it is safely installed and maintained. If space heaters are utilized discuss with the applicant or certified family that the heaters are required to be plugged directly into a wall outlet and have tip-over protection.

3. Water Hazards

Identify any potential water hazards in or outside the home. A water feature could include a pond, a hot tub, swimming pool, or a natural water feature on or near the property. If there is a water feature, discuss with the applicant or certified family the safety precautions to take depending on the developmental level and needs of the child placed in the home. This discussion must include how access will be restricted or adequately supervised, for example: installing a fence around the pool, use of a pool alarm, pool cover, or door alarm. Resource parent flex funds or supports in the community may be an option to create the needed safety precautions around the water hazard.

4. Safety and Alarms

The home must have a 2-A 10-B-C or higher rated fire extinguisher. This can be obtained within 24 hours of a TCA. An operable smoke alarm must be located in each bedroom where a child placed in the home sleeps, as well as one on each floor of the home. Ask the applicant or certified family to demonstrate smoke alarms are working by pressing the test button on each. An operable carbon monoxide detector must also be located on each floor of the home, including within 15 feet of each bedroom where a child placed in the home sleeps. 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.

Discuss with the family these requirements and if they do not have the fire extinguisher or either of the monitors, and placement in their home is needed, Child Welfare may provide them to the family. Some offices keep these supplies in the office for immediate placement needs. Otherwise, they can be purchased with Resource Parent Flexible Funds.

5. Fire Safety and Escape Plan

The home and each bedroom must have at least one means of emergency exit and at least one additional means of

rescue from the home. This could be a window that an individual could access from the outside to reach a child inside a room.

Interior doors with locks must be operable from both sides of the door so a child is not prevented from leaving an interior room.

Some homes have barred windows, which may create an inability to be rescued or escape a home. Many have quick-release mechanisms which mitigates that concern. If a home does not have operable quick-release mechanisms on all barred windows, the home evacuation plan must be approved by child welfare program manager.

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.

The certified family must develop a written, comprehensive home evacuation plan, and share the plan with each child placed in the home who is developmentally capable of understanding such a plan. The plan must include a provision for the safe exit of a child who is not capable of understanding or participating in the evacuation plan. Provide examples if needed for the certified family to help them develop a plan if they are uncertain how to create one.

6. Dangers, Weapons, and Smoke, including Alcohol, Tobacco, and Cannabis Storage

Firearm Storage:

If an applicant or certified family has a firearm, discuss with them how they plan on storing the firearm. The child placed in their home must not have access at any time to the firearm. If the firearm is used for hunting, and there is a plan for the child to participate with the certified family, inform the certified family of the need for Child Welfare to approve the use of the firearm for hunting, which requires communication with the child's caseworker.

Firearm storage is governed by Oregon statute and covers all Oregonians. There is not a specific OAR or statute that applies to only certified families. There is, however, state law that covers all Oregonians who own firearms. The resource parent must comply with this state law regarding the storage of firearms:

Firearms must be secured, stored, transferred, and maintained in accordance with state law, including but not limited to ORS 166.392 to 166.403.

- ORS 166.395 generally requires a firearm in a home with a child to be secured with a trigger or cable lock, or in a locked container or in a gun room whenever the firearm is not carried by or under the control of the owner or possessor of the firearm or an authorized person, unless the owner of the firearm is a police officer, storage of the firearm is a covered by a policy of the law enforcement agency employing the police officer, and the firearm is stored in compliance with the policy.
- ORS 166.403 requires a person who delivers or transfers a firearm to a child to directly supervise the child's use of the firearm, unless a firearm other than a handgun is transferred to the child;
- In accordance with ORS 166.470 and, as a result of the transfer, the child is the owner of the firearm; or the firearm is temporarily transferred to a child by the child's parent or guardian or by another person with the consent of the child's parent or guardian for the purpose of hunting or target shooting.

Smoking and Substances

A child must not be exposed to second-hand smoke in any capacity, including tobacco, cannabis, or vaping. If an applicant or certified family uses tobacco or cannabis products, discuss the plan for these substances to be inaccessible to a child. Verify storage of the items and that it is reasonable that a child would not have access or be exposed to them.

Discuss with the certified family their plan for use of alcohol as well as storage. Inform the certified family that depending on the developmental level of the child and their specific needs, the certified family may need to change the way they use and store the alcohol in their home.

NOTE: *If throughout the assessment process, concerns are raised about an applicant's use of substances, utilize resources such as the foster care coordinator, and the local recovery support team.*

Medication:

The certified family must provide for the safe storage and administration of all medications in the household, taking into consideration the age, developmental level, and needs of the child. This includes medication belonging to the resource parent. Medication must be inaccessible to a child, unless that child is learning their own medication management. In that situation a plan must be created for the child to have access to their own medication.

Discuss with the applicant or certified family the plan for storing their medications as well as medication used by a child.

Assess the environment for additional potentially dangerous items and verify they are inaccessible to a child placed in the home. These items may include:

- Hunting and sporting equipment
- Poisonous chemicals
- Cleaning materials
- Outdoor tools and equipment
- Machinery
- Flammables and combustible materials

7. Pets, Supervision and Play

Household Pets

Assess the presence of household pets. Consider the following: Are the pets treated well by the family members? Are the pets comfortable with children? Is the pet an unusual pet that may pose unique threats to children? (e.g. large constricting or venomous snakes)? Does the pet have a history or likelihood of unpredictable behavior? If so, with whom? How does the family reduce risk?

Play equipment

Play equipment on the property must be in working condition and children must be appropriately supervised for their specific needs. Inspect play equipment for loose hardware such as screws, nuts, bolts, etc. and to ensure it is safe for

children.

Communication with the child's caseworker is crucial in determining the level of supervision needed.

8. Doors and Monitoring:

Children placed in foster care deserve privacy in their home environment. Monitoring a child by way of electronic monitoring is not allowed. Electronic monitoring does not include:

- Door monitors
- Window alarms
- Motion detectors
- Security system used for general home security such as "Ring" or similar security cameras.
- Audio or video baby monitors used to monitor a child placed five years of age and under; or
- Monitors recommended by medical or mental health providers for medical purposes or for understanding emotional or behavioral health. Monitors must be approved by Child Welfare.

Some families may want to utilize indoor cameras in common areas for various purposes. Discuss with the family why they use the cameras and what purpose they serve in the household. On a case-by-case basis, Child Welfare may approve such cameras. Considerations include the needs of the household, the privacy of the child in care, outside recommendations. Under no circumstances may a camera be used in a bedroom utilized by a child placed in the home or in a bathroom area.

9. Transportation

A certified family must have a reliable and safe means of transportation. Only a licensed and insured driver may drive a child placed in the home. Discuss with the certified family their plan for transportation and the requirements around driving.

For a child who requires child car seats, explain that they must be the appropriate size and type allowed by current law.

For current regulations, refer to the following website: https://www.oregon.gov/odot/safety/pages/belts-seats.aspx

10. Discipline and Privacy

Discipline

Certified families are required to demonstrate a willingness to understand the meaning of a child's behaviors and have the ability to develop and use appropriate discipline strategies to address those behaviors. Discuss whether the applicant has ever used physical discipline, and what their current plans for discipline include. Discuss Child Welfare's prohibition of any form of physical discipline, as well as other verbal forms of discipline including threats and derogatory comments. A certified family or any care provider of a child in the care or custody of the department must not subject a child to any of the following:

- Use or threaten physical force

- Use threats or intimidation
- Withhold food or other essential items
- Discipline all children in the household for the misbehavior of one child
- Intentionally cause pain
- Use derogatory remarks about the child or their family's identity
- Deny, or threaten to deny, contact with individuals approved in the child's visit and contact plan
- Assign extremely strenuous exercise or work
- Use or threaten the use of restraining devices
- Impose a consequence for bed-wetting or toileting accidents
- Direct or permit a child to punish or discipline another child
- Threaten removal from the resource family home
- Force or require a shower or bath as a consequence
- Impose extreme isolation that restricts the ability to talk with or associate with others
- Lock in a room or outside of the home
- Discipline in any manner due to the child discussing their child welfare experience, including their experience in the home of the resource family
- Use of a physical or chemical restraint

Discuss that when it comes to correcting a child's misbehavior, there is a difference between punishment and discipline. While punishment focuses on a penalty for the child's behavior, discipline is about teaching them how to respond differently in the future. Connecting and building trust with a child is the key to moving a child from reactivity towards receptivity.

Privacy

Discuss the importance of a child's privacy, and that information about the child in their home may not be shared unless needed to for their safety, health and welfare, or the safety, health and welfare of the community. Documents that related to the child and the child's family must be stored in a way to protect the privacy of both the child and the family. As social media is widely used, discuss with the certified family that a child placed in their home must not be identified or 'tagged' in posts.

11. Bills of Rights:

Provide to the applicant or certified family the Oregon Foster Child Bill of Rights and the Oregon Foster Children's Sibling Bill of Rights. Explain that the Foster Child Bill of Rights must be posted in the home, and the Sibling Bill of Rights must be accessible to the child.

Chapter 8

Section 9: Race, Ethnicity, and Culture; Sexual Orientation, Gender Identity, and Gender Expression

Race, Ethnicity and Cultural (REC) Identity

The Center for the Study of Social Policy (CSSP) defines race as "a social and political fabrication – with no inherent genetic, biological or scientific basis." Despite this lack of scientific basis, most individuals have a racial identity and are racially identified by others on the basis of physical appearance (particularly skin color), ethnicity and culture. Ethnicity, according to CSSP, "denotes groups that share a common identity based on ancestry, language, or culture. It is often based on religion, beliefs and customs, as well as memories of migration or colonization."

Culture refers to the total system of values, beliefs, attitudes, traditions, and standards of behavior that regulate life within a particular group of people. Culture includes components that organize people into social groups and that regulate both individual and group behavior. Cultural patterns are transmitted over time by a social group naturally as a byproduct of growing up in a community and in a family, whether it be the nuclear, extended or a resource family.

The 2020 Child Welfare Data Book indicates that Black and American Indian or Alaska Native children are overrepresented in Oregon's foster care system. This trend is also reflected in national child welfare data. Further, several studies cited in Child Welfare Practice to Address Racial Disproportionality and Disparity reveal that Black children are less likely to return home to their families, be adopted or achieve legal guardianship than other children. They are 30 percent more likely to be placed in congregate care. American Indian or Alaska Native children are more likely than other children to be removed from their homes and to experience termination of parental rights.

According to Ariella Hope Stafanson, in an article titled Supporting Cultural Identity for Children in Foster Care, (November 2019, American Bar Association), "cultural identity is a significant part of who children are and plays a key role in youths' lives. By identifying with a culture, which is often tied with an ethnic identity, a child acquires that group's core values and adopts their sociocultural practices and rituals. This identification helps shape the way a child positions themself [sic] in society, interacts with others, and thinks. Several studies show that having a strong, positive racial and cultural identity leads to:

- Greater self-esteem
- Higher education levels
- Better psychological adjustment
- Improved coping abilities
- Decreased levels of loneliness and depression."

Stafanson explains that cultural identity forms during the child's early years through the child's immediate family and close friends when the child learns their family's view of the world. This view becomes instilled as part of the child's identity. When the child reaches school age, "the child's worldview is embedded and internalized into the child's sense of self as an individual, unique person. This identity is then strengthened through everyday interactions, daily social and cultural practices, and reinforcement by immediate family and friends. Examples of these distinctive family practices include:

- Food
- Holidays and Age Milestones
- Music and Dancing

- Clothing – including ways of dressing for special occasions
- Hair – including ways to style or cut
- Language – speaking or hearing ones' language."

Resource parents are tasked with parenting children in a way that solidifies a positive sense of identity and a sense of belonging and connectedness to the child's racial, ethnic, and cultural group, to prepare them for ease of navigation with their communities, to navigate the messages and experiences they will face, and to counteract negative messages from media, community, and institutions. Certifiers are tasked with supporting resource parents in this undertaking.

Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)

NOTE: *The terms lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, two-spirit (LGBTQIA2S+), and other sexual and gender identities which are not otherwise specifically listed but which are equally important and valid, will be reflected below as LGBTQIA2S+.*

Everybody has a sexual orientation and gender identity, and it is important to be supported in the healthy development of these dimensions of identity. Within the past decade, additional data collection and research have helped child welfare professionals better understand that children who identify as LGBTQIA2S+ are overrepresented in the child welfare system. While we do not have Oregon-specific data at this point, at least three recent studies, cited in a 2021 Children's Bureau article, Supporting LGBTQ+ Youth: A Guide for Foster Parents, estimate that approximately 30% of children in foster care identify as LGBTQIA2S+. When compared to the experiences of their cisgender, heterosexual peers, LGBTQIA2S+ children are found to experience greater placement instability, higher rate of placement in congregate care settings rather than family settings, significantly greater rates of hospitalization for emotional reasons, and were twice as likely to report being treated poorly by the foster care system.

Certainly, some children who encounter the child welfare system may openly identify as LGBTQIA2S+ and may share that information with their caseworker and caregivers. However, for a variety of reasons, that is often not the case. Some children may not feel safe and/or comfortable sharing that information with others. Other children may not yet understand their sexual or gender identity, may not have exposure to language and information that helps them articulate to us their identity, or may be questioning their SOGIE.

According to research done by Dr. Caitlin Ryan, Director of the Family Acceptance Project, accepting caregiver behaviors protect children from adversity, help them thrive, and lead to good outcomes (better health, higher self-esteem, stronger social support, better family relationships, less likely to be depressed, think about and attempt suicide, and to have substance use problems). Conversely, caregiver rejecting behaviors put children at much greater risk for a host of poor outcomes. The research indicated that people with caregivers who exhibited high levels of family rejecting behaviors had six times greater depression, five and a half times more suicidal thoughts, eight times more suicide attempts, three times more illegal drug use, and three times more HIV/STD risk. Therefore, it is important for a certifier to understand the belief system of the applicant or certified family in order to do appropriate placement matching.

Children who experience foster care may also havemembers of their family whose connection and support are critical to their success. These important individuals in a child's life may also have diverse SOGIE, which may impact placement matching decisions.

A critical role of the certifier is having conversations with applicants and certified families about their understanding

of diverse SOGIE to allow for appropriate placement matching (as detailed in OAR 413-070-0600). For example, the Oregon Foster Child's Bill of Rights includes a child's right to determine and express their gender and sexual identity for themselves, including grooming themselves according to their culture and identity and to wear clothing that corresponds to a gender identity of their choice.

Share with applicants and certified families that children should be protected from demeaning or belittling comments from members of the household. Examples could include any derogatory remarks, teasing or taunting regarding one's identity or appearance.

Articulate to applicants and certified resource families that they are not to use derogatory remarks about the child's or their family's characteristics, physical traits, culture, ethnicity, language, immigration status, sexual orientation, gender identity and expression, or traditions of the child.

NOTE: *For additional tools which can help the certifier have discussions with applicants and certified families, refer to the following:*

- "Resources: Respect, Accept, and Support Children's REC and SOGIE", available on the OWL Certification Support page.
- "Supporting LGBTQIA+ Youth," state form ODHS 3990, available in English and Spanish, which provides helpful information for caregivers.
- "Oregon Foster Children's Bill of Rights", state form DHS 9016, which includes numerous references to the rights of children related to their REC and SOGIE.
- Chapter 5 Services to Children, section 41, Child Welfare Procedure Manual, which provides information for Child Welfare employees about supporting children receiving services from our agency. The case planning and supportive services arranged by the caseworker for the child in our care will need to be followed by certified resource families. The certifier can help applicants and current resource families understand their role and the expectations of certified resource families.

Chapter 8

Section 10: Assessing Child Welfare Employees as Applicants

A Child Welfare employee may serve as a resource parent, relative resource parent, child-specific non-relative resource parent, informal respite provider for a relative, certified respite provider, guardian, or adoptive resource. The procedures outlined in this section apply to all Child Welfare employees. 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 and Supervision of Resource Parents and Relative Resource Parents and Approval of Potential Adoptive Resources. Employees who are not Child Welfare employees must follow standard ODHS Human Resources policies and procedures to ensure there is no conflict of interest.

Application Process

Any ODHS employee interested in becoming a resource for a child in ODHS care and custody may fall under one of the applicant categories outlined in Section 3 of this Chapter: Assessment Overview – Types of Applicants. An employee whose connection to the child was created through their employment is considered a general applicant.

Child Welfare 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 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:

- 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 in their care, or
- 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, Child Welfare must assess each applicant following the OAR and procedure relevant to the type of applicant of the Child Welfare employee. Additionally, a Conflict-of-Interest process must be completed. If the Child Welfare employee is issued any type of certificate or is approved as an informal respite provider for a relative, 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 employment versus caregiver responsibilities.

TCA of a Child Welfare Employee

Child Welfare recognizes the value of placing children with relatives and others with whom they have relationships. When a Child Welfare employee applies to care for a child who is a relative, the application will be processed pursuant to OAR 413 Division 203. If the employee applies to care for a child with whom they have a personal connection that exists independently of their professional role, the application will be processed pursuant to OAR 413 Division 200. Both include the possibility to be issued a TCA, when appropriate. However, if the employee's connection to the child was established solely through their professional duties, they will be considered a general applicant. In such cases, issuance of a TCA requires approval by the foster care program manager or designee and may only be granted if it is determined to be in the best interest of the child. Factors which will be considered are the needs of the child, how the placement

with the Child Welfare employee is in the best interest of the child, what specialized skills the employee possesses that make them a good fit for the child, and how any conflict of interests will be mitigated.

Submission of Application and Assignment

The Child Welfare employee applicant submits an Application for Certification as a Resource Parent, Relative Resource Parent or Approval as a Potential Adoptive Resource form (1260A) to the certification unit in the Child Welfare local office associated with the home address of the applicant. No preferential treatment is allowed for the applicant. The application must fall in the normal order with all other applications received.

The employee's application and certification oversight must be managed by an office other than the one where the employee works. In counties with only one office, these applications will need to be routed to a neighboring county for processing.

Denial or Revocation of Certification

If there is a decision to deny an application or revoke a certification, follow OAR 413-200-0296, Responsibilities Regarding Denial or Revocation of a Certification and procedure outlined in Section 25 of this Chapter: Closure of a Provider Record. It is recommended to staff with the district manager and foster care program manager or designee prior to requesting Department of Justice involvement. The decision to deny or revoke a COA/Relative COA must also be reported to Human Resources by district management.

Employment vs. Certified Family Responsibilities

The certified Child Welfare employee, or Child Welfare employee providing informal respite must fulfill the responsibilities for a child in the same manner that any other certified family is required to fulfill these responsibilities.

The Child Welfare employee may not use ODHS 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 Child Welfare 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 employment responsibilities versus caregiver responsibilities.

The employee must clearly define their role to others in any case-related meetings. For example, stating, "I am here today as the resource parent of the child."

Placement Matching

No preferential treatment or special consideration is allowed for general applicant Child Welfare 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 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 primary considerations.

The Child Welfare 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 availability lists.

Confidentiality of Records

The certification supervisor for the certified employee must ensure the home provider record in OR-Kids is sensitized as soon as the home inquiry is completed.

The case worker or case worker's supervisor must ensure the child's case is sensitized in OR-Kids as soon as placement with a Child Welfare employee is being considered.

The Child Welfare employee must not have access to the child's case record or any other information that would not otherwise be available to any other resource parent.

Child Abuse Allegations and Assessments

When an assigned screening report involves any ODHS employee, ORCAH completes HR notification according to the ORCAH and ODHS Employee Restricted Cases Protocol.

Employees must comply with 413-015-0604 through 413-015-0608 Additional Screening Activities When a Report Involves a Resource Family or Respite Provider Certified by Child Welfare.

Human Resources Reporting

If, during the assessment of an employee for approval in a caregiving role— or during their provision of that role—the certifier becomes aware of any criminal history, such as an arrest or conviction, the certifier must consult with their supervisor. The supervisor is then responsible for reporting this information to Human Resources.

NOTE: *An employee who has been identified as an alleged perpetrator, reported perpetrator, or accused person in an abuse investigation—or has been arrested, charged, or convicted of a crime, or a traffic violation—must notify the Office of Human Resources within five calendar days. Any criminal or abuse-related activity that occurs while employed will result in a new criminal history check and fitness determination and may result in the employee being deemed unfit to perform their job functions. Refer to procedure for Reporting New Criminal or Abuse Activity:* https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me060-010-03.pdf

Chapter 8

Section 11: Resource Parents as Part of Child's Team

Supporting Resource Parents and Managing Certification

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.

Certifier's Role

- Inform the certified family of their right to involvement in the case planning process for a child in their 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 communication challenges between the certified family and the child's caseworker, seek input from the caseworker on ways to assist in improving this process.

Common Types of Case Involvement

Inform the resource parent that the most common types of involvement in the child's case plan involving a resource parent include:

- School involvement
    - Registration after the caseworker or the court has approved the school or educational placement
    - Responding to inquiries from the school, monitor children's educational progress, including regular attendance
    - Keeping records of report cards, school reports, educational testing and assessment results, disciplinary actions
    - Keeping samples of the child's school work
    - Keeping the caseworker informed of progress towards graduation by age 19
    - Encouraging the child's participation in school activities, social and sporting events, cultural events, and field trips
    - Participating as appropriate during educational assessments

- Health care
    - Attending medical and dental care appointments
    - Seeking Child Welfare approval prior to any medical procedure other than regular medical care
    - Transporting to, and participating in as appropriate mental health appointments
    - Following Child Welfare direction on immunizations for the child
    - Notifying Child Welfare as soon as possible when a child needs emergency medical treatment
    - Maintaining accurate documentation of all medical, mental health and dental appointments, including medical logs
    - Ensuring the certified family's understanding of medication management rules, including logs

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.

Child placement information is given to the certified family by the child's caseworker on the Child Placement Information Form DE 65583.

The caseworker can also share information from evaluations the child has received. This may include evaluations such as:

- Psychological evaluation,
- Mental health evaluation
- Educational testing results, IEPs or 504 plans, and
- Written reports from other professionals.

Copies of mental health and psychological evaluations must have information redacted that is not specific to the child. This includes any birth parent confidential information.

The child's family may also wish to share information regarding the child.

If requested, a certified family may have a child's social security number. Each year, around tax time, certified families ask whether children in foster care can be claimed on their personal income tax returns. Advise the certified family Child Welfare does not provide tax advice on income tax laws. 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.

Use of Social Media

Discuss with a resource parent their use of social media. Share with them that Child Welfare has created specific expectations for sharing a child's information on social media. Resource parents may post family pictures on social media sites that include a child, as long as the following conditions are met:

- There are no specific safety concerns related to the child's photo being posted.

- The child is comfortable with what is being shared on social media.
- The child is identified by first name only and is not tagged on the post.
- The child is not identified as a child experiencing foster care.
- Case specific information about the child or their family is not shared.
- Privacy settings and location settings are secured.

There are times when a parent may request that resource parents not share their child's photo on social media platforms, even if all the above parameters are met. Child Welfare asks that resource parents honor parents' wishes regarding their child's presence on social media.

When a Child Goes Missing from a Home Certified by Child Welfare

Certified families need to receive information on how to properly report if a child in their care goes missing from the home:

When a child experiencing foster care goes missing, certified families 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). The resource parent will need to be prepared to provide a physical description, including tattoos and piercings, what the child or was wearing when seen last, and a description of personality traits and any information about the child's routine, friends, activities, or social media presence will assist with making the report.

Disclosure of Child's SOGIE Statements

Oregon Revised Statutes 409.225, 419B.035, and 419B.881 were amended January 1, 2024, to protect a child's written or verbal statement about their SOGIE.

The primary procedural guidance about Senate Bill 209 (2023) is found in OAR 413-010-0076 and the Child Welfare Procedure Manual, Chapter 1- Introduction, Section 5. What follows is specific to certification (certifier and certification supervisor roles), related to this legislation:

- This legislation is about how Child Welfare must document, redact, and make decisions regarding the protection of information based on a child's statements about their SOGIE. This legislation did not require additional discussions with children about their SOGIE.
- For those in the care and custody of Child Welfare, these legislative protections are in place for both children and young adults receiving the service of foster care.
- If a child makes a statement about their SOGIE to their certifier or the certifier otherwise becomes aware of a child's statement about their SOGIE, the certifier connects with the child's caseworker and lets the child's caseworker know about the child's statements. The child's caseworker will then follow up with the child as needed. It's fine for the certifier to engage the child around any SOGIE statements the child makes while with the certifier.
    - It's the primary caseworker who has responsibilities for follow-up with the child to determine whether that information needs to be redacted from further disclosure, whether there is consent to share that information, or whether exceptions should be made for sharing the information to protect safety, well-

being, or if necessary for service delivery.

- Sharing information based on a child's statements about their SOGIE with the resource parent or a prospective resource parent (when seeking placement) requires a caseworker to:
    - Request the child's consent to the disclosure.
    - Request the child's attorney's consent to the disclosure.
    - Discuss with their supervisor whether there is an exception to provide SOGIE information. If it is decided that a basis exists to disclose SOGIE information, a written finding must be documented on the SOGIE confidentiality form (completed by the child's caseworker) and uploaded to OR-Kids.
- Certifier can access this SOGIE confidentiality form in OR-Kids case file, to see if consent was given or proper exceptions were given to share that information with a prospective/current resource parent.

- Sharing information about a child's statements about their SOGIE with prospective resource families or the resource family who will/is caring for the child (including for placement matching and at time of placement, using Placement Information form):
    - Certifier must ensure the child's primary caseworker has either obtained consent for sharing that information or that the child's caseworker has documented the finding for there being an exception to share the statements from the child about their SOGIE with a prospective/resource parent.
    - Name and pronoun protections: The name a child in care chooses to use, when not their legal name, and their pronoun, if connected to their SOGIE statement, has the protection of this legislation.
    - The resource parent will almost always need to know information about the child's statements about their SOGIE, so they understand their needs, can provide care in a way that best meets that child's needs, to keep the child safe, well, supported, and accessing services and activities that support the child.
    - If a child does not want the resource parent to know the information about their SOGIE, certifier must discuss that with the child's primary caseworker. Consider also involving the caseworker's supervisor, a foster care coordinator, and/or the equity coordinator, who can be helpful. Discuss why the child may be hesitant to have the information shared with their resource parent and plan how to address that.

- Documentation- this legislation doesn't change the information that is written in the provider notes, home study, or other certification/provider record documentation. Instead, the information that is captured in documentation regarding the child's statements about their own SOGIE is managed by the caseworker, who works with Child Welfare staff who ensure proper redactions as needed. However, if there is information that comes from a child's statements (or record of their statements) about their SOGIE, before giving the home study to the resource parents, ensure the caseworker has received consent from the child or their attorney on their behalf, or the caseworker has recorded the written findings that exception was made to be able to share this information with the resource parents. As part of their regular work, certifiers must be engaging in conversations with resource parents about their confidentiality requirements, per certification standards, 413-200-0377. The confidentiality requirements for certified families did not change based on this legislation.

- Refer to the GUIDANCE FOR THE DISCOVERY & REDACTION OF CERTIFICATION RECORDS, available on the OWL Foster Care Certification Support page, which was updated with the following information in the "Things

to Redact" section:

- Any written or recorded statement made by a child; memoranda of an oral statement made by a child if the statement concerns the child's SOGIE unless:
    - Child Welfare determines, in written findings, that failure to disclose the record is reasonably likely to jeopardize the child's safety or well-being;
    - Child Welfare determines, in written findings, that disclosure of the record is necessary to provide services to the child or the child's family; or
    - The child (14 years or older) has provided consent, or the attorney for the child (13 years or younger) has provided consent.

Connect with the paralegal assigned to the local office for any review of redacted materials or with questions related to the redaction of certification records.

Chapter 8

Section 12: Contact Requirements

Every contact with a certified family is 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. Each home visit includes:

- Ongoing assessment to ensure compliance with certification standards and that the family is providing safe and protective care;
- Support for continued professional development through ongoing training;
- 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.

Required Contacts in a Certified Home

Having regular contact in certified homes is a crucial role of the certifier. Home visits support the relationship with the certified family, allowing them time to ask questions and express concerns. There are specific requirements regarding contact, however, these are minimums and supervisors may require increased contact.

90-Day Visits

A certifier must conduct a minimum of one home visit every 90 days with certified families (unless more frequent contact is required by rule or management approval). These visits must include face-to-face contact with at least one certified individual. When there are two certified individuals, face-to-face contact must be made with at least one, and verbal contact is permitted with the other.

NOTE: *When moving from a TCA to a COA, no more than 90 days may lapse between home visits. For example: TCA issued January 1. 90-day visit is made on April 1. COA is issued on June 05. Best practice is to do a home visit at time of issuing the COA. At minimum, a visit must be done no later than June 30 (90 days from previous visit).*

NOTE: *Although not required, at 90-day visits, it is best practice to see each child and adult living in the household as it provides the certifier with a greater understanding of family dynamics and ability to confirm safe environments.*

Renewal Home Visits for General and Child-Specific Non-Relative Resource Parents

When an application for renewal is received before the current certificate expires, Child Welfare assesses whether to renew the COA for two additional years. The certifier must conduct a minimum of one visit to the home of the resource parents. Face-to-face contact must occur with each member of the household.

Times When a Certifier May Consider Conducting a Home Visit:

- When necessary to support the certified family in caring for a child placed in the home e.g., after a child is placed into the home.
- When a change occurs at the family's physical address that could impact the safety of the environment.
- During a CPS assessment in order to describe the support available.
- After a Closed at Screening regarding a family.

Other Times When a Certifier Must Conduct a Home Visit:

- When the certified family moves.

- When a new person joins the home (not including the birth of a new child or when a child is placed into the home by Child Welfare or another agency).
- If at any time it becomes known that a member of the household is arrested or has a conviction that was not previously assessed.
- When developing a Placement Support Plan.

NOTE: *A certifier may also have occasional unscheduled home visits with the certified family. There may be times when the certifier is in the neighborhood, or for other reasons want to visit the family at a time that has not been previously scheduled. When making an unscheduled visit, respectfully acknowledge the interruption of the family's schedule and routine, be specific about the reason for the visit, and ask to take a bit of the certified family's time for the visit.*

Documentation of Contacts

- Document in the Provider Record of OR-Kids, information that was gathered and assessed during 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 of the children in the home. When entering an OR-Kids provider note for contact outside of a 90-day visit, select "other contact" as the contact type.

Refer to Appendix 8.8 Guide for Required Contacts in Certified Homes.

Chapter 8

Section 13: Safety and Wellbeing Review

Purpose

The Safety and Wellbeing Review is a comprehensive process aimed at ensuring the safety, health, and wellbeing of children in the care of certified or prospective resource parents, relative resource parents, and adoptive families. This review is initiated when there is:

- An issue of concern related to the home, members of the household, persons frequenting the home
- An allegation of abuse by a resource parent or household member
- A rule violation relating to the Resource Home Certification
- A Closed at Screening report related to a resource parent or household member.

The goal is to foster communication and collaboration among staff to address family dynamics and identify any needed interventions.

Review Structure:

Each child welfare office is responsible scheduling and developing a local protocol for Safety and Wellbeing Reviews. These include regularly scheduled review meetings at a minimum of two times per month.

This helps 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 of Abuse Involves Resource Family or Respite Provider Certified by Child Welfare. However, pre-staffings or post-staffings may take place during Safety and Wellbeing Reviews.

This review structure allows for a staff person to:

- Request a review of certified or prospective resource and adoptive homes
- Prepare any materials that need to be presented, including but not limited to, provider chronologies, summary of concerns, summary of certified family's strengths, summary of needs and behaviors of children placed in the home
- Provide materials to the review committee prior to the scheduled meeting

Standing Members:

- Child welfare program manager or designee
- Certification supervisor or designee
- Certifier
- Caseworker supervisor or designee
- Caseworker and
- ICWA representative, if applicable

Others to Consider:

- Social service assistant
- CPS or screening supervisor or designee
- Central Office program consultants & coordinators (foster care, safety, adoption, residential treatment, ICWA, permanency, Interstate Compact on the Placement of Children {ICPC}, or health and wellness) are used in complex cases, cases reviewed previously, or when the district or local office requires additional review participants.

Closed At Screening Reports

NOTE: *Refer to Chapter 3, section 24 of the Child Welfare Procedure Manual for the required actions during a CPS assessment involving a resource parent.*

When there is a Closed at Screening report, a Safety and Wellbeing Review Committee is required unless specific circumstances indicate the staffing is unnecessary, such as the issue has already been resolved or discussed with the resource parent. In these cases, the supervisor must document their decision and rationale in OR-Kids under the Lighting Bolt icon on the summary page.

The certifier and supervisor discuss what information to gather prior to the Safety and Wellbeing Review Committee.

If the Safety and Wellbeing Review Committee determines that there is a certification concern or a violation of certification standards, consider what additional actions are necessary, including but not limited to:

- Providing additional support to the family;
- Initiating a placement support plan;
- Invoking inactive referral status;
- Staffing with the AAG and foster care coordinator for consideration of revocation.

Information Only

When a certifier receives information only that is case noted by ORCAH and emailed to the certifier, which does not result in a Closed at Screening or CPS Assessment on a certified family, 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.

Document in OR-Kids – Refer to OR-Kids Reference Guide – Certification & Licensing Issues.

Elements of Provider Chronology

When there are complex issues or a long history of concerns related to a certified family, it may be helpful to create a chronology of a certification provider file. Below is a list of the different elements to be covered in a provider chronology. Organizing this information in chronological order of dates is often the clearest way to present the information, however the information can be presented in any way that would be most useful for the situation.

- Provider name, provider number, provider type and certification type, certification effective and end dates
- Current members of the household, including names and ages
- Children placed in the home (name, age, behavioral needs, CANS rating & supervision plans)
- Short synopsis of the family's motivation to provide foster care and any placement preferences (age, gender, number of children in the home, etc.) identified by the family
- Any pertinent or notable strengths or concerns identified in the home study (i.e.: history, personal characteristics, health issues, parenting experiences, etc.)
- Training or education completed by the certified family
- CPS assessments (summary of concern, final disposition, other notable issues/concerns from the assessment, and any follow up actions by caseworkers or Certification staff)
- Closed at Screening reports (summary of concern, outcome of issue/concern, and any follow up actions by caseworkers or Certification staff)
- Any other issues or concerns noted in case files, provider files, or Safety and Wellbeing notes regarding these providers and their caregiving capacity (summary of concern and how it was addressed/managed by the Agency & the providers)
- Placement Support Plans (reasons why plan was formed, actions & services the providers will engage in, actions or services the Dept will provider, conclusion of PSP – was it successful? Did providers follow through and demonstrate learning or changed behaviors?)
- Any Management Approvals granted? (Ratios/Overfill; childcare providers, Child Abuse history, etc. – summarize justification for the management approval)
- Any other collateral information gathered from references, service providers, DHS professionals, or others that provides pertinent information about the certified providers or the issues/concerns.

Chapter 8

Section 14: Placement Support Plan

Placement Support Plan Vs. Initial Safety Plan

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 Child Welfare. 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 must never be used in place of an Initial Safety Plan or Protective Action if there are Safety Threats or Present Danger identified.

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) must 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 are 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 resource 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 Child Welfare will provide to the certified family as well as any actions the certified family will participate in.

When the certifier learns that a certified family needs additional support, 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 Child Welfare will do to support the certified family.

Develop the written placement support plan that specifies:

- The actions or services in which the certified family will participate;
- The 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;
- 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 regarding the Placement Support Plan.

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 that the family 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.

Chapter 8

Section 15: Change in Household

Certified families may experience changes in household composition that require timely assessment and documentation. This section outlines several common scenarios. Please read through each scenario carefully to identify the one that best fits the circumstances of the household and follow the corresponding procedures accordingly.

Adding a Member of the Household

When a new adult who is not an applicant moves into the certified home, or the certified family hosts a visitor who is staying for an extended period (i.e. a college student coming home for the summer, a friend or family member staying in the home while looking for housing), the individual should be considered an additional household member. In such cases, follow the established procedure for assessing new household members. The certifier will:

- Have face-to-face contact with the adult member of the household, gathering information about the individual's relationship to the child placed in the home and the level of involvement they expect to have with the child, documenting the information in an OR-Kids provider note.
- Conduct background checks as outlined in Sections 6 of this Chapter: Assessing Criminal History and in Section 7 of this Chapter: Assessing Child Welfare History.
- In OR-Kids, add the individual as a household member and record background check information in the Safety Tab.
- It is not necessary to have the individual reflected on the application if they join the home outside of an application timeframe.

When an Individual Joins the Home as a Co-Applicant

Whenever possible, it is best practice to fully assess and approve an individual applying as a co-applicant (Parent 2) prior to them moving into a certified home. When an individual applies to join the household as the spouse or cohabitating partner of an already certified individual or as another adult who would like to be added to the certificate, the procedure followed by the certifier will depend on whether the currently certified individual is issued a TCA/Relative TCA (scenario A) or a COA/Relative COA (Scenarios B and C) at the time the additional applicant joins the household.

NOTE: *There will be some situations when management approval has been given to allow for an individual who is married, in a domestic partnership, or cohabitating, to apply as a single applicant. Such situations may be when an individual is in the military or stationed out of state, the individual will have limited responsibility for household management or care of the child placed in the home, or it is in the best interest of the child to allow for only one individual to be certified. In those situations, the certifier will meet with the new member of the household and follow steps outlined above in section a. Adding a member of the household.*

Steps to Add the Co-Applicant as Parent 2:

Upon learning of the individual's interest in being a co-applicant, the certifier will begin the assessment process as outlined in either scenario A, B, or C below. After collecting a completed 1011F Consent for Criminal Records and Fingerprint Check from the new co-applicant, process the background checks for the new co-applicant. Refer to the steps outlined in Section 6 of this Chapter: Assessing Criminal History and in Section 7 of this

Chapter: Assessing Child Welfare History. It is critical that OR-Kids accurately reflects all individuals living in the home. Only add the individual as Parent 2 if all background check results have been reviewed and there are no disqualifying findings or unresolved concerns.

In the OR-Kids provider record:

- Navigate to the Members tab to add the new co-applicant as a member of the household.
- Select Parent 2 as the member's role (Note: When adding a Parent 2, an error message will display stating "No family members may be designated with a role of Parent 2 when the Provider's Marital Status is Single").
- On the Home tab, select the Marital Status that most closely describes the relationship between Parent 1 and Parent 2. If the applicants are not in a romantic relationship, "Unmarried couple" is the best option.
- Update the Safety tab as each item is completed.

When the assessment of the co-applicant is complete and all the requirements to issue a joint certificate have been met, the certifier will follow the appropriate steps to close the existing single certificate in OR-Kids and create the new joint certificate, according to the applicable scenario (A, B, or C) described below:

(A) When an individual joins the home as a co-applicant and the certified individual is on a TCA/Relative TCA:

- Amend the current 1260A to add Applicant 2, having the applicant initial and date where changes were made.
- If the currently certified individual is a relative, complete all the relevant steps for Applicant 2 as described in Section 4: Assessment of Relative Applicants. If the currently certified individual is a non-relative resource parent, complete all the relevant steps for Applicant 2 as described in Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed. In addition to the steps outlined in the applicable procedure, note the following considerations specific to this scenario:
    - Previous background checks done for Applicant 1 remain valid and do not need to be repeated.
    - References previously obtained relate only to Applicant 1, before issuing a TCA/Relative TCA to both applicants, collect at least two references who know both individuals.
- If the currently certified individual is a relative, complete a new Relative Home Study Part 1 (form 915950). If the currently certified individual is a non-relative resource parent, complete a new Oregon Temporary Certificate Narrative (SAFE form). In either narrative:
    - Transfer relevant information about Applicant 1.
    - Update any information that has changed.
    - Complete all required sections for Applicant 2.
    - Document the assessment of both applicants as a caregiving unit.
    - Include the following statement: "This reflects the new information related to Applicant 2, who has joined the household and has applied to be certified".
    - Submit to certification supervisor for approval
- When the assessment of the co-applicant is complete and all the requirements to issue a joint certificate have been met, close the current certificate in OR-Kids:

- Open the current, single-parent certificate
- Under Options, select Additional Certification Actions
- Under Action, select Close
- The closure Effective From date should be the day before the new Certificate will begin
- Under Reason 1, select Other, document on provider note, select Save and send for approval.

- Create the new certificate in OR-Kids:
  - Confirm the Provider Type is accurate
  - Select Provider Work, Certification, Create Certification, and the Provider
  - Enter the date the joint application was received
  - The Effective From date should be the day after the previous certificate ended. (Note: This is an important step as there should not be a gap in certification dates).
  - The Effective To date should be the same Effective To date as the single certificate which was just closed. It is recommended that the certificate be issued for the remainder of the time on the original TCA/Relative TCA (rather than issuing for the duration of a new TCA/Relative TCA)

To Convert the TCA/Relative TCA to a COA/Relative COA:

- If the currently certified individual is a relative, complete all the remaining activities described in Section 4: Assessment of Relative Applicants to Convert the Relative TCA to a Relative COA. In addition to the steps outlined in Section 4, note the following considerations specific to this scenario:
  - Collect two additional references who know both individuals.
  - Assure there is a plan for Applicant 2 to complete Orientation, Mandatory Reporting, Safe Sleep training (if applicable), and RAFT within the required timeframe.
  - When the assessment of the co-applicant is complete and all the requirements to issue a joint certificate have been met follow the OR-Kids steps to convert to Relative COA.

- If the currently certified individual is a non-relative resource parent, complete all the relevant steps for Applicant 2 as described in Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed. In addition to the steps outlined in Section 5b, note the following considerations specific to this scenario:
  - If Applicant 1 and Applicant 2 are a couple, use the SAFE Questionnaire 1 & 2 (Couple) for Applicant 2, otherwise use (Single). If Applicant 1 has already completed SAFE Questionnaires 1 and 2 (Single), the pertinent questions from the Couple version may be asked verbally to Applicant 1.
  - A new Financial Form must be completed by both applicants to reflect changes in finances related to Applicant 2 joining the home.
  - Collect two additional references who know both individuals.
  - Assure there is a plan for Applicant 2 to complete Orientation, Mandatory Reporting, Safe Sleep training, and RAFT within the required timeframe.
  - When the assessment of the co-applicant is complete and all the requirements to issue a joint

certificate have been met follow the OR-Kids steps to convert to COA.

(B) When an individual joins the home as a co-applicant, the certified individual is fully certified, and the certificate is not due for renewal within 90 days:

- Provide a new 1260A to be completed by both applicants.
- If the currently certified individual is a relative, complete all the relevant steps for Applicant 2 as described in Section 4: Assessment of Relative Applicants. In addition to the steps outlined in Section 4, note the following considerations specific to this scenario:
    - Previous background checks done for Applicant 1 remain valid and do not need to be repeated.
    - Collect two new references who know both individuals.
    - Assure there is a plan for Applicant 2 to complete Orientation, Mandatory Reporting, and Safe Sleep training (if applicable), within the required timeframe.
    - For the Relative Home Study (915950), transfer relevant information from the previous home study for Applicant 1, updating any information that has changed, completing all required sections for Applicant 2 and documenting the assessment of both applicants as a caregiving unit.
- If the currently certified individual is a general resource parent, complete all the relevant steps for Applicant 2 as described in Section 5a: Assessment of General Applicants. If the currently certified individual is a child-specific non-relative resource parent, complete all the relevant steps for Applicant 2 as described in Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed. In addition to the steps outlined in the applicable procedure, note the following considerations specific to this scenario:
    - Previous background checks done for Applicant 1 remain valid and do not need to be repeated.
    - If Applicant 1 and Applicant 2 are a couple, use the SAFE Questionnaire 1 & 2 (Couple) for Applicant 2, otherwise use (Single).
    - Administer the Update Questionnaire to Applicant 1 using (Couple) if the applicants are a couple otherwise use (Single).
    - A new Financial Form must be completed to include information related to Applicant 2.
    - Collect four new references who know both individuals.
    - Assure there is a plan for Applicant 2 to complete Orientation, Mandatory Reporting, Safe Sleep training, and RAFT within the required timeframe.
- Do not create a pending certificate or change the current COA issued to Applicant 1 until all assessment activities have been completed for Applicant 2.
- For relative applicants, complete the Relative Home Study Parts 1 and 2 (form 915950).
- For general or child-specific non-relative applicants, use the Update PSI (last page of Update Home Study). Carry over the final Desk Guide Ratings for Applicant 1 and place in Column A. Determine whether there are any changes to the ratings for Applicant 1 and document new ratings in Column B. For Applicant 2, document initial ratings in Column B. Use the Oregon Home Study Update Couple template to document the new assessment.

- When the assessment of the co-applicant is complete and all the requirements to issue a joint certificate have been met, close the current certificate in OR-Kids:
    - Open the current, single-parent certificate
    - Under Options, select Additional Certification Actions
    - Under Action, select Close
    - The closure Effective From date should be the day before the new Certificate will begin
    - Under Reason 1, select Other, document on provider note, select Save and send for approval.
- Create the new certificate in OR-Kids:
    - Confirm the Provider Type is accurate
    - Select Provider Work, Certification, Create Certification, and the Provider
    - Enter the date the joint application was received
    - The Effective From date should be the day after the previous certificate ended. (Note: This is an important step as there should not be a gap in certification dates).
    - The Effective To date should be the same Effective To date as the single certificate which was just closed. The duration of the certificate does not change with the addition of a co-applicant.

(C) When an individual joins the home as a co-applicant, the certified individual is fully certified, and the certificate is due for renewal within 90 days (this scenario only applies to general and child-specific non-relative resource parents):

- Provide a new 1260A to be completed by both applicants (in lieu of Renewal/Change of Status Application).
- If the currently certified individual is a general resource parent, complete all the relevant steps for Applicant 2 as described in Section 5a: Assessment of General Applicants. If the currently certified individual is a child-specific non-relative resource parent, complete all the relevant steps for Applicant 2 as described in Section 5b: Assessment of Non-Relative Applicants when Temporary Certification is Needed. In addition to the steps outlined in the applicable procedure, note the following considerations specific to this scenario:
    - If Applicant 1 and Applicant 2 are a couple, use the SAFE Questionnaire 1 & 2 (Couple) for Applicant 2, otherwise use (Single).
    - A new Financial Form must be completed to include information related to Applicant 2.
    - Collect four new references who know both individuals.
    - Assure there is a plan for Applicant 2 to complete Orientation, Mandatory Reporting, Safe Sleep training, and RAFT within the required timeframe.
- Complete all the relevant steps for Applicant 1 as described in Section 24: Updates to Certificates: Renewal of a COA. In addition to the Renewal steps outlined in Section 24, note the following considerations specific to this scenario:
    - Administer the Update Questionnaire to Applicant 1 using (Couple) if the applicants are a couple otherwise use (Single).
- Do not create a pending certificate or change the current COA issued to Applicant 1 until all assessment

activities have been completed for Applicant 2.

- Use the Update PSI. Carry over the final Desk Guide Ratings for Applicant 1 and place in Column A. Determine whether there are any changes to the ratings for Applicant 1 and document new ratings in Column B. For Applicant 2, document initial ratings in Column B.
- Use the Oregon Home Study Update Couple template to document the new assessment.
- Once the assessment of the co-applicant is complete and all the requirements to issue a joint certificate have been met, the certifier must complete the following steps in OR-Kids – prior to the current certificate's expiration – to close the existing certificate issued to Applicant 1 and create a joint certificate for the remaining time on the 2-year certificate. This must occur before issuing the renewal certificate.
- Close the current certificate in OR-Kids:
    - Open the current, single-parent certificate
    - Under Options, select Additional Certification Actions
    - Under Action, select Close
    - The closure Effective From date should be the day before the new Certificate will begin
    - Under Reason 1, select Other, document on provider note, select Save and send for approval.
- Create the new certificate in OR-Kids:
    - Confirm the Provider Type is accurate
    - Select Provider Work, Certification, Create Certification, and the Provider
    - Enter the date the joint application was received
    - The Effective From date should be the day after the previous certificate ended. (Note: This is an important step as there should not be a gap in certification dates).
    - The Effective To date should be the same Effective To date as the single certificate which was just closed. The duration of the certificate does not change with the addition of a co-applicant.
- After the two-parent certificate has been created, issue the Renewal Certificate in OR-Kids. Refer to the Certification Reference Guide: Recertifying a Provider

When Resource Parents Separate or Divorce

Resource parents must notify their certifier of any extended absence of a member of the certified family as well as any other circumstance that could affect the safety, health, or well-being of a child in the home. When resource parents go through a separation and are living at different residences, or they are planning for divorce, it is important for the certifier to maintain ongoing communication with the child's caseworker regarding this change in family functioning, the caseworker's observations, and decisions needed regarding the safety and well-being of the children placed in the home. Further assessment must occur with both certified members regarding their relationship.

Steps Relevant to Either Separation or Divorce:

- If a certified member leaving the home results in the family being over capacity, consider the resource parent's

ability to manage the needs of the children in care, including the impact to the family's finances, and submit a request for management approval accordingly.

- Consider a Safety and Well-being staffing to discuss others' observations, how the family is managing safety and well-being for the children placed in the home as well as how the agency may continue to support the family including the potential for increased contacts in the home, etc.
- The certifier must document their analysis of all the information described in this procedure as well as decisions made in an OR-Kids provider note.

Steps Specific to Separation:

- Meet with both certified members regarding their perspective on issues such as:
  - How long they anticipate the separation
  - Whether they are pursuing divorce
  - Whether they both want to continue to be certified
  - Whether both members wish to spend time with the child placed in foster care
  - What care of the child would look like if both certified members are living in separate residences
  - Whether the child in care will be staying at both residences and if so, which residence would be the certified home
  - Potential impacts to the child's safety such as:
    - Power and control dynamics
    - Protection orders
- If the couple describes the separation as temporary, and both members want to remain certified, they would each need to continue their training requirements as well as be present for home visits.

Steps Specific to Divorce or Change to Single Certified Adult:

- If the family currently holds a TCA/Relative TCA, confirm with the family that their wish is to withdraw their joint application. If the family holds a COA/Relative COA, confirm that the individual leaving the home is voluntarily terminating their certification.
- The adult who would like to continue to be certified will complete a CF 1260A Application (not a CF 1001 Application, given the CF 1001 can only be used when the applicants and the status remain the same).
- Obtain new references for this individual to remain certified alone.
- For general or child-specific non-relative families, obtain a new CF 1291 Family Financial Report.
- Update the OR-Kids provider record to reflect the new composition of the household, including deactivating the certified person who will no longer be on the certificate. Follow the Certification Resource Guide instructions for Two Parent Household Changes to either reflect changes for Parent 2 or Parent 1 Roles. If EFT payments had been set up under the resource parent who is no longer certified, complete a new (DHS 0189) EFT Enrollment Form for Providers, Vendors and Contractors.

- The certifier must document their analysis of all the information described in this procedure as well as decisions made in an OR-Kids provider note. For general and child-specific non-relative resource parents, an Update SAFE Home Study will be completed at time of renewal.
- Close the current certification of the two-parent certified family and create a new certificate to the individual remaining certified for the remainder of the time on the previous certificate.
- For general or child-specific non-relative resource parents, if this change occurs within 90 days of renewal, follow the procedure outlined in Section 24 of this Chapter: Updates to Certificates – Renewal of a COA, for the single applicant.

Death of Resource Parent or Relative Resource Parent

If a certified family experiences the loss of one of the resource parents, the agency will use discretion in determining the appropriate time to address the family's certification status, given the sensitive nature of such a loss. It will be important to maintain ongoing communication with the child's caseworker regarding changes with the family, the caseworker's observations, and decisions needed regarding the safety and well-being of the children placed in the home.

- Ask the certified individual if they plan to continue providing foster care. If they would like to continue their certification, they will complete a CF 1260A Application (not a CF 1001 Application, given the CF 1001 can only be used when the applicants and status remain the same).
- Obtain new references for this individual to remain certified alone.
- For general or child-specific non-relative resource parents, obtain a new CF 1291 Family Financial Report.
- If the death of one of the certified members results in the family being over capacity, consider the resource parent's ability to manage the needs of the children in care and submit a request for management approval accordingly.
- Consider convening a Safety and Well-being staffing to discuss others' observations, how the family is managing safety and well-being for the children placed in the home as well as how the agency may continue to support the family during this time.
- The certifier must document their analysis of all the information described in this procedure as well as decisions made in an OR-Kids provider note. For general and child-specific non-relative resource parents, an Update SAFE Home Study will be completed at time of renewal.
- Update the OR-Kids provider record to reflect the new composition of the household, including deactivating the deceased person who will no longer be on the COA. Follow the Certification Resource Guide instructions for Two Parent Household Changes to either reflect changes for Parent 2 or Parent 1 Roles. If EFT payments had been set up under the resource parent who is now deceased, complete a new (DHS 0189) EFT Enrollment Form for Providers, Vendors and Contractors.
- Close the current certification of the two-parent certified family and issue a new COA to the individual remaining certified for the remainder of the time on the previous certificate.

- For general or child-specific non-relative resource parents, if this occurs within 90 days of renewal, follow the procedure outlined in Section 24 of this Chapter: Updates to Certificates – Renewal of a COA, for the single applicant.

Chapter 8

Section 16: Resource Parents Moves

Certified families may relocate for a variety of reasons and each type of move may have different implications for certification, placement stability, and case planning. The physical address is connected to the certification. When a certified family has a new physical address, they must be re-certified. This section outlines several scenarios such as moves within the same county or district, moves outside the county or district, moves out of state, and situations involving children with specialized funding or legal status. Please read through each scenario carefully to determine which applies to the family's situation and follow the appropriate procedures to ensure continuity of care for the child and compliance with certification requirements.

When an Applicant Family Moves to a New Residence

If an applicant family, who is not yet certified, moves within the same county or district, the currently assigned certifier will complete the actions to assess the new home environment. When there are multiple offices within a district, transfer the certification file to the applicable child welfare office, according to district procedure. If a family moves outside of the district, the certification supervisors from both districts must coordinate how the transfer of information and assessment responsibilities will occur. This includes arranging, with the new local office, the logistics of completing the requirements to certify the family.

The certifier completing the home study must:

- Provide the applicant with the 1260A Application they previously completed, asking them to amend the address, providing their initials and date of the change.
- Observe and assess the safety of the physical environment and complete a CF 0979 Safety, Home Environment and Privacy Acknowledgement
- Document in the OR-Kids provider record the circumstances of the family's relocation as well as the findings
- Update the address in OR-Kids. Refer to the OR-Kids Reference Guide - Certification: Address Updates.
- Complete the remaining steps in the assessment of the application for certification.

When a Certified Family Moves to a New Residence and There is a new Co-Applicant

When a certified individual moves to a new residence and another adult in the home applies as a co-applicant, the certifier must simultaneously assess the safety of the new residence and conduct background checks for the new applicant.

The certifier will:

Conduct a home visit with the currently certified individual and the new co-applicant at the new address:

- Collect a CF 1001 Application for Renewal or Change of Address for Applicant 1 only.
- Observe and assess the safety of the physical environment and complete a CF 0979 Safety, Home Environment and Privacy Acknowledgement (signed by both applicants).
- Collect a CF 1260A for Applicant 1 and the new co-applicant.
- Collect a completed 1011F Consent for Criminal Records and Fingerprint Check from the new co-applicant

and any new adult household members. (Note, previous background checks done for Applicant 1 and any formerly approved adult members of the household remain valid so long as there is no break in certification).

Complete the following steps upon returning to the local office after the initial home visit:

- Process the criminal records check for the new co-applicant and any new adult household members by following the steps outlined in Section 6 of this Chapter: Assessing Criminal History.
- Complete the child welfare history checks for the new co-applicant and any new adult household members by following the steps outlined in Section 7 of this Chapter: Assessing Child Welfare History.

If there are concerns with either approving the home environment or with approving the background checks for the adults in the home, staff with the certification supervisor immediately, and if necessary, the foster care coordinator to talk through available options. Assuming both the home environment and the background checks for the adults in the home can be approved, the steps in OR-Kids must be completed separately in the following order:

Step 1: Issue new certificate to Applicant 1 at new address:

- In the OR-Kids provider record, update the physical address
    - Refer to OR-Kids Reference Guide: Address Updates
    - Note: this will create a pending certificate for Applicant 1 at the new address
- Complete the certificate for Applicant 1 and send for approval
- Document in the OR-Kids provider record:
    - The circumstances of the certified individual's relocation, their change in household composition, and the continuance of the underlying certification of Applicant 1, while further assessing the new joint application
    - The findings from the home assessment

Step 2: Complete assessment of the new co-applicant (after the certificate for Applicant 1 at the new address is approved):

- The certifier will follow the procedures outlined in Section 15: Change in Household – b. When an individual joins the home as a co-applicant
    - The specific steps will depend on the certification type of the currently certified individual:
        - Scenario A: TCA/Relative TCA
        - Scenario B & C: COA/Relative COA

NOTE: *There will be some situations when management approval has been given to allow for an individual who is married, in a domestic partnership, or are cohabitating, to apply as a single applicant. Such situations may be when an individual is in the military or stationed out of state, the individual will have limited responsibility for household management or care of the child placed in the home, or it is in the best interest of the child to allow for only one individual to be certified. In those situations, collect a CF 1001 Application for Renewal or Change of Address. Follow the steps outlined in this Section: c. When a Certified Family Moves to a New Residence in the Same County or District. After issuing the certificate to the certified individual at the new residence, assess the other adult as a household member*

by following the procedure outlined in Section 15 of this Chapter: Change in Household – a. Adding a member of the household.

When a Certified Family Moves to a New Residence in the Same County or District

When a new physical address is entered into the system, OR-Kids automatically closes the current certification, and a new certification will need to be completed. Refer to OR-Kids Reference Guide - Certification: Address Updates. If the family moves within the same county or district, the currently assigned certifier will complete the actions to issue the new certificate within 10 business days of the family moving. When there are multiple offices within a district, transfer the certification file to the applicable child welfare office according to district procedure.

- Provide the certified family with form (CF 1001) Application for Renewal or Change of Address (as long as the applicants remain the same. If applicants change at the same time as the change of address, refer to scenario b. above: When a Certified Family Moves to a New Residence and There is a new Co-applicant).
- Communicate the move to all caseworkers involved in case planning for children in the home.
- Complete a home visit within 10 business days of the certified family's move to assess the new home environment and any changes in household members.
    - Observe and assess the safety of the physical environment and complete a CF 0979 Safety, Home Environment and Privacy Acknowledgement.
    - Assess the family's ability to meet the safety, health, and well-being needs of a child.
- Document in the OR-Kids provider record the circumstances of the family's relocation as well as the findings.
- Provide the results of the assessment to the supervisor and if the decision is to approve, issue a new certificate for the new residence for the time remaining on the previous certificate.
- When a non-relative resource parent moves within 90 days of renewal, follow the procedure outlined in Section 24 of this Chapter: Updates to Certificates – Renewal of a COA.

If the new residence does not meet certification standards, the certificate 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 caseworkers who have children placed in the home, that the previous certificate terminated. The agency may work with the family to bring the home environment into compliance. However, if ultimately that isn't possible, another plan for the children will need to be made.

When a Certified Family Moves to a New Residence in a Different County or District

If a family moves outside of the county or district, the child welfare program managers or designees from both districts must coordinate how the transfer of information, provider record, and any certification responsibilities will occur. Any certification concerns must be discussed.

The sending certifier must:

- Communicate the move to all caseworkers involved in case planning for children in the home.
- Notify the local office responsible for certification in the area where the family has relocated.

- Arrange with the new local office the logistics of completing the requirements to certify the family.

The receiving certifier must:

- Complete the steps in the above outlined procedure to issue the certified family a new certificate.

When a Certified Family Moves Out of State with a Child in ODHS Custody

When a resource parent intends to move outside the state of Oregon and plans to take the child with them, refer to Child Welfare Policy OAR 413-040-0200 Interstate Compact on the Placement of Children and Chapter 5 Section 13 of this manual.

The caseworker and certifier must work together to assess whether it is in the best interest of the child to move out of state with the certified family.

The caseworker must:

- Inform the court of the plan for the child to move out of state.
- If applicable, plan for the annual CANS screening that determines the level of care payment. The annual CANS screening may be completed by phone.

The certifier must:

- Review the certified family's certification to determine whether there are approvals for criminal history or founded or unable to determine child abuse dispositions, 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 pursuant to 413-090-0050.
- Notify the family their reimbursement rate will continue to be based on Oregon's rates.

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.

When a Certified Family Moves Out-of-State with a Child in ODHS Custody Whose Placement is Funded 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 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 Child 18-20

The caseworker and the certifier will:

- Work with ICPC to determine whether or not the receiving state 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.

The caseworker will:

- 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.

Chapter 8

Section 17: Resource Parents Supports

Supports for Oregon Resource Parents with Children Placed from Oregon

Foster Care Reimbursement

Shelter Rate

A daily shelter care payment is paid to the resource parent during the first 20 days a child is placed in substitute care. This shelter rate only applies to the child's first placement in foster care and does not apply for any subsequent placements.

Base Rate

All certified families who have placement of a child will receive a base rate reimbursement for care of the child. The monthly base rate is provided to the resource parent after the month in which the care has been provided. The rate is determined by the child's age (0-5, 6-12, 13-20) and is intended to reimburse the resource parent for:

- Food, including the cost to cover a child's special or unique nutritional needs;
- Clothing, including purchase and replacement;
- Housing, including maintenance of household utilities, furnishings, and equipment;
- Personal incidentals, including personal care items, entertainment, reading materials, and miscellaneous items; and
- Transportation, including the cost of gas, vehicle maintenance and repair associated with transportation to and from extracurricular, recreational, cultural activities, and childcare.

Lost Check

If a resource parent reports their check was lost in the mail, contact Business Security Unit (BSU) Business.Security@odhsoha.oregon.gov to see if the check has been returned by the post office, before having the payee complete an affidavit for a replacement. If BSU reports they do not have the check, provide the resource parent with MSC 138A Affidavit Concerning Lost Check. This form must be completed to replace a check that is not in one's possession. BSU considers it in their possession if they have at least 2/3 of the check, and they can verify at least 2/3 of the check number.

If a check is in hand, BSU will verify that it is outstanding.

If a check is not in hand, Child Welfare staff must complete the top portion of the form BEFORE the payee completes and signs the bottom portion. Do not alter once the affidavit is signed (except payment alert #). When the affidavit is signed and notarized, email Business Security according to the instructions **below.

Top Portion to be completed by Child Welfare staff (which can be found in OR-Kids):

- Check number
- Date of check
- Amount of check

- Payee ID (This is the OR-Kids provider number)
- Payee name and full address

The 3 boxes in the shaded area giving the choices of check not replaced, check replaced by terminal, & check replaced by revolving fund is only to be used by self-sufficiency offices who issued client checks, not to be used for OR-Kids checks.

Information to be completed by payee:

Federal Tax ID/SSN (for vendors only)

Checks: (One of the following must be marked)

- Not received: Did not get it in the mail.
- Destroyed: Received the check, but something happened to it to make it non-negotiable, and there are no verifiable pieces left of the check. (see the 2/3s rule above)
- Lost: Received the check but now can't find it.
- Stolen: Received the check, but it was stolen. Car or house broken into, purse/wallet stolen (includes lost purse/wallet with ID), or if contacted by police about other mail theft. If stolen is marked—the payee must file a police report.

These definitions are important. Some will mark lost but they didn't get it, so they assume it is lost.

If the affidavit is marked Lost, Stolen or Destroyed, they must mark either I DID* or I DID NOT endorse the check. If they mark "I DID" endorse the check, we must know how it was endorsed. *This question is not on the affidavit, but the answer determines if the check is replaced or not.

The payee then completes their name, address, and date before signing the affidavit. The signature must be done in the presence of the Notary.

Once the affidavit is completed, signed and notarized, email a scan of the affidavit to Business.Security@odhsoha.oregon.gov for the payment alert #. Write this number in the space provided on the 138A in BLUE ink. We request blue ink to distinguish the original Affidavit from any copies made. Once the payment alert is assigned, send the original Affidavit BSU:

Business Security Unit
500 Summer St NE E85
Salem OR 97301

BSU verifies that the check is eligible to replace. There are many variables that could make a check ineligible for replacement. (Example: a missing check that has been endorsed with the payee's name only, cannot be replaced.)

BSU will replace the check once the payment alert is assigned.

Mileage Reimbursement

- Family Time Mileage Reimbursement. When resource parents provide transportation for children to have

contact with their family, Child Welfare can reimburse the resource parent for their mileage. Certifiers can provide the form needed to submit mileage reimbursement claims.

- Medical Mileage Reimbursement. Reimbursement for medical transportation is processed through the Oregon Health Plan. The local Child Welfare office does not process this reimbursement. There are required forms that must be completed in advance of requesting medical mileage. Certifiers can provide families information about the process to receive medical milage reimbursement.

Risk Management Claims

The state of Oregon provides property and liability insurance for children in care 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:

- Educates and informs certified families of the risk management procedure during the certification process.
- Ensures risk management form (CF 0003) is available to certified families.
- 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,
- 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.
- Staffs the case with the supervisor and risk management if there are concerns about fraudulent claims.

Role of the Caseworker:

- Provides form, CF 0003 Foster Parents/Relative Caregivers Notice of Claim to the certified family upon request.
- Explains the process of risk management claims to the certified family.
- Notifies the certified family's certifier of potential of a risk management claim.
- 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.
- Staffs the case with the supervisor and risk management, if there are concerns about fraudulent claims.

Respite Care

Resource parents are supported by Child Welfare to utilize respite care, allowing them temporary relief of their responsibilities by another adult. Resource parents may utilize either a certified respite provider or an informal respite

provider who is known to the resource family or to the child, and who approved to provide this support. Refer to Section 18 for more information about Certified Respite Care and Section 19 for information about Informal Respite Care.

Child Care

Child care is the supervision of a child by a licensed, approved, or listed caregiver which is required due to the employment or education program of the certified family. A child care reimbursement through Child Welfare may be authorized for a resource parent with ongoing commitments related to full or part-time employment or attendance at college or another education program. In order to qualify for reimbursement both resource parents must be working or attending school. In limited circumstances a supervisor may approve for reasons other than paid employment or education. A resource parent's plan for use of a child care provider must have prior authorization from Child Welfare.

- When the certified family intends to use a licensed, registered, or approved childcare center, no assessment is required by the certifier. However, ensure 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 Department of Early Learning and Care (DELC), the certifier must conduct the background checks discussed in Section 20 of this Chapter, Child Care Provider Approval Process.

Child Care Reimbursement for Resource Parents Who Are Licensed Child Care Providers

When a resource parent who is also a licensed child care provider requests child care reimbursement for a child placed in their care, the agency may authorize reimbursement in addition to the foster care maintenance payment only if the resource parent is licensed as a child care provider.

Prior to eligibility for this reimbursement, management approval for the resource parent to operate as a child care provider must have been obtained in accordance with the process outlined in Section 26 of this Chapter: Management Approval for Specific Certification Rules – Applicant or certified family to also provide child care.

In this situation, the child care reimbursement is permissible because the resource parent is employed as a child care provider and, as part of their employment, must use one of their licensed child care slots to care for the child placed in their home by ODHS. Since that slot is being utilized for the placed child during the certified family's working hours, it cannot be filled by another client, and reimbursement helps offset the resulting loss of income while ensuring appropriate care for the child.

As the certifier for the family, it is imperative to be in communication with the licensor for the Department of Early Learning and Care (DELC) to ensure coordination and compliance. Communication with the DELC licensor should include confirming:

- That the child care license is active and in good standing
- The number of approved child care slots
- Whether the placed child fits within the age and capacity limits of the provider's license
- Any potential impact to the provider's license or required staffing ratios due to the placement

Flex Funds

Guidelines have been established for spending what is generally referred to as flexible funds or "flex" funds. These

guidelines are discussed in Chapter 5 Section 39. If the request is for a relative or child-specific non-relative resource parent, the funds shall be utilized from the local office with custody of the child. If the request is for a general resource parent, the funds shall be utilized from the local office certifying the family.

Community Supports

- 211Info offers support, resource referral, and additional after-hours support for resource parents. Resource Parents can speak with a 211Info Resource Parent Support Specialist by calling 2-1-1 and listening for the "parenting" option. It is also an option to text the keyword "foster" to 898211 or email foster@211info.org. This service is available Monday – Friday 8 a.m. to 6 p.m.. A searchable online database is available at 211info.org.
- Oregon Post Adoption Resource Center (ORPARC) provides a comprehensive lending library, training and support for relative resource parents, resource parents, guardian and adoptive parents. Their easy-to-use lending library contains how-to parenting guides, children's and teen books, information packets, digital downloads, and videos. Materials are mailed free of charge.
- Local support groups and resources vary across Oregon.
- Resource parents certified through Child Welfare, are eligible to receive a free state park access pass. Additionally, children experiencing foster care are eligible for a free fishing license.
- Children under age five who are experiencing foster care are automatically eligible for the Women, Infants and Children (WIC) program. WIC is a nutritional education program that also provides supplemental foods to promote good health. Through WIC, a family can receive free vouchers for baby formula, cereal, eggs, milk, peanut butter, juice, and other nutritional foods to meet the needs of the child. Resource parents are encouraged to contact the WIC office in their area to schedule an appointment. Mentioning they have a child newly placed in their care may give them priority in scheduling appointments.

NOTE: *For additional supports, check with the local Retention and Recruitment Champion or Resource Developer about what is available in the area such as With Love, Every Child, Project Lemonade, etc.*

Resource Parent Supports for Children Placed in Oregon Through ICPC

When a child is placed in Oregon through the Interstate Compact on the Placement of Children (ICPC), support responsibilities primarily lie with the sending state. The following guidelines clarify roles and financial responsibility:

Foster Care Reimbursement:

The sending state is responsible for all foster care reimbursement, including whether or not payments are made and at what rate. Oregon defers to the policies and rates of the sending state in all such cases.

Mileage Reimbursement & Risk Management:

These supports are also the responsibility of the sending state and are subject to that state's rules regarding eligibility and reimbursement.

Respite Care & Child Care:

The sending state bears primary responsibility for the financial support of the child and the placement.

- ODHS staff must always request support from the sending state first.
- If the sending state cannot or will not provide respite or child care support, ODHS may authorize use of ODHS funds because the family is certified in Oregon.

Flex Funds:

- Request approval from sending state.
- If the sending state is unable or unwilling to assist, use of ODHS Flex Funds becomes a local office-level decision, as the placement is not the fiscal responsibility of ODHS.

Community Supports:

Access to Oregon-based supports varies:

- Most local and community supports are accessible to Oregon resource families caring for out-of-state children placed via ICPC.
- Oregon State Parks passes are not available unless the child is in ODHS custody.

Chapter 8

Section 18: Certified Respite Care

Child Welfare supports resource parents in the utilization of respite care, to relieve them of their responsibilities by a person temporarily assuming responsibility for the care and supervision of a child. Respite care can range anywhere from part of a day up to 14 days. This section covers Certified Respite Care, meaning respite care provided by a certified respite provider or resource parent that has been issued a two-year certificate of approval.

NOTE: *A resource parent may use a babysitter for occasional, short-term care of a child. The use of a babysitter for this purpose does not require criminal history or child welfare background checks. The resource parent must ensure the babysitter is responsible and capable of assuming the care and supervision responsibilities and has the means to contact the resource parent when needed.*

Accessing Certified Respite Care

When the certified family does not have an approved informal respite provider or their regular informal respite provider is unavailable for needed care, they may request support from their certifier in identifying a certified respite provider. "Certified respite care" means respite care provided by either:

- A certified respite provider with an approved and active Respite Certificate of Approval (refer to Certified Respite Care later in this section), or
- A resource parent who has been issued a two-year COA.

Each local office or district will identify the most appropriate process for tracking certified respite care requests and matching families. For some districts this may occur through placement desk staff, for those without staff assigned specifically to placement, this may be managed by a cert tech, case aid, or other support staff.

Certifiers first look to their local certified respite providers by connecting with the certified respite provider's certifier. If they are not able to identify a certified respite provider due to availability or skillset, they may consider using another certified family who has previously been available to provide respite care to other resource families (refer to the process described above).

The Certified Respite Provider Approval Process

Overview

Respite care is a planned arrangement to relieve a family with an open child welfare case or a certified resource family of their responsibilities by an approved person temporarily assuming responsibility for the care and supervision of a child or young adult. Respite is a support provided to resource parents and relative caregivers when children are placed in foster care, as well as to parents during reunification.

Respite Certificates of Approval are issued to applicants who would like to provide respite care services to certified resource families and families of origin (parents throughout the rest of the procedure) with a current in-home child welfare case.

Procedure

Initial Application

- Upon receipt of an inquiry regarding a potential Certified Respite Provider.

- Review the inquiry and any other information received from the applicant(s). In OR-Kids, begin the process to open a Provider Record via the Resource Family Inquiry module.
- If the potential Certified Respite Provider has already completed an Application or Change of Status for Respite Provider Certification (Form 4047) and submitted to the Department, review the application for any follow-up needed.
- Contact the applicant as soon as possible (but no more than 10 business days) to arrange a time to meet at the home and to explain the respite 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).
    - Consents for background checks may be emailed to the applicant in advance of the home visit.
    - 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 Certified Respite Provider Applicant is available and ready. This includes:
    - Application or Change of Status for Respite Provider Certification, if not already complete (Form 4047).
    - Consents for background checks for all adults in the household (Form 1011F).
    - Safety, Home Environment and Privacy Acknowledgement (Form 979).

- At the home visit:
    - Verify identification of the applicant(s) and all other adult members of the household.
    - Provide the applicant(s) with a copy of the Certified Respite Provider rules (413-205-0000 to 413-205-0085) and explain the importance of the applicant becoming familiar with them.
    - Have all applicants and adult members of the household complete and sign Form 1011F to consent to background checks, unless already completed.
    - Assist the applicant in completing forms and answer any questions.
    - Conduct a walk-through, use the Safety Assessment: Home and Surroundings (Form 979), and take the following steps:
        - 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 respite care for an infant (child 0-12 months old), review the following:
            - Infant sleep requirements for certified caregivers, including respite providers:

- Place infants on their backs for every sleep.
- Use a firm, flat, and level sleep surface such as a crib, bassinet, or play yard meeting Consumer Product Safety Commission (CPSC) standards.
  - Firm means returns to original shape quickly if pressed on
  - Flat means like a table not a hammock
  - Level means not at an angle or incline
- Ensure infants sleep in their own safe sleep environment - not in an adult bed, couch, or other shared surface.
- Keep sleep areas free of soft objects, such as pillows, blankets, bumpers, or toys.
- Promptly transfer infants who fall asleep in an unsafe environment to a safe sleep surface.

  - An additional requirement for Certified Respite Providers interested in caring for infants includes completion of the guided self-study Course entitled: Safe Sleep for Oregon's Infants, available at: https://www.oregon.gov/dhs/CHILDREN/CIRT/Pages/Sleep.aspx
  - Upon completion of the Safe Sleep for Oregon's Infants knowledge check, a Certified Respite Provider must provide the completed knowledge check to their certifier (Pages 36-37).
  - The knowledge check must be uploaded into OR-Kids to verify completion before the Certified Respite Provider may provide care to a child under the age of 12 months.

- If the applicant has not already completed the required Certified Respite Provider Training, inform the applicant(s) of the requirement to complete training before being certified and support them with the information needed to complete training in Workday learn.
- Inquire with the applicant(s) the following to be documented on the Certified Respite Provider Approval Narrative (Form 100-98375):
  - Describe the applicant(s)'s motivation for and interest in caring for a child or young adult as a Certified Respite Provider and any relevant experience.
  - Has the applicant(s) ever applied to care for a child or adult with any public or private agency? (This includes foster care, adoption, daycare, adult foster care or developmental disabilities services.) If yes, describe details provided by applicant(s), including any prior denials to provide such care.
  - Describe the applicant(s) and other members of their home (children and adults). Describe relevant information shared about health and safety that should be considered.
    - Include any significant physical or mental health conditions or medications reported in the interview that could affect the safety, health, or well-being of a child or young adult.
  - Describe the applicant(s)'s and other household members' (children and adults) current use of alcohol or drugs.
  - Describe the home environment. Include any safety issues addressed, household rules, and any pets.

- Describe how the applicant(s) intend to welcome a child or young adult into their home for respite care.
- Describe sleeping arrangements and accommodation plans (if needed based on needs of children in respite). Describe the applicant's understanding and ability to meet safe sleep requirements and privacy requirements.
- Describe applicant(s)'s knowledge, skills, or experience related to maintaining a child's medical and mental health needs while in their care (for example, medication management, emergencies, and on-going services).
- Describe training completed by the applicant(s), such as mandatory reporter, Certified Respite Provider training, or any other training. Indicate when each training has been completed and if additional training needs have been identified.
- Describe the preferences and availability of the applicant(s) to care for youth from specific populations such as age, genders, developmental stages, health care needs, cultural identities, or other identities (LGBTQIA2S+).

- Explain to the applicant(s) that the certification will not be approved until the results of the background checks are obtained and assessed, training completion has been verified, all items on the 979 are complete (including smoke alarms, carbon monoxide detectors, and fire extinguishers), reference checks have completed, and a certification supervisor approves the Respite Certificate of Approval.

- After the initial home visit:
  - After the certifier has completed the initial home visit, complete the background checks, unless submitted prior to the home visit. The preferred way is to email the completed and signed 1011F to the BCU. (BCU.CW.1011fs@ODHSoha.state. or.us.)

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 Respite Certificate of Approval.*

- 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 respite applicant. In some cases, further assessment is needed prior to making a certification decision. Notify the applicants that further assessment will be conducted before a decision can be made.
- 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 Respite Certificate of Approval. 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 them 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, an inquiry should be created in the Resource Family Inquiry module (link 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 and scanned into the OR-Kids file cabinet. This is important if the applicant(s) makes contact with Child Welfare in the future, as 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*.*

- Gather information from two personal references for the applicant, with no more than one reference being a relative of the applicant(s) and document on Form 1255. Were the two references positive? What did they say about the applicant(s) current functioning and personal qualifications?
- Continue ongoing communication with the applicant during this time and document in OR-Kids when all of the following have been completed:
  - Certified Respite Provider training, knowledge check, and certificate of completion;
  - Safe Sleep for Oregon's Infants (if applicant intends to care for children under the age of 12 months) guided self-study completion and submission of knowledge check; and
  - Any outstanding items from the home visit on the 979 (including smoke alarms, carbon monoxide detectors, and fire extinguishers). This can either be verified through a second home visit or a video visit with the applicant.
  - Personal reference checks from 2 individuals with knowledge of the applicant(s). No more than 1 of whom can be a relative of the applicant(s).
- 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 Respite Approval Narrative (form 100-98375), following the prompts, and request approval from the certification supervisor.

NOTE: *Following the prompts on the Respite Approval Narrative (form 100-98375), write why the applicant(s) are being approved for a Respite Certificate of Approval, including information regarding their ability to maintain safety, health and well-being for children and young adults in care.*

- Once the certificate is approved, contact the family and inform them they have been approved as a Certified Respite Provider. Contact the Respite Care Coordinator to add the provider to the roster of available Certified Respite Providers. Open the home provider record in the OR-Kids system and activate the appropriate certification services.
- Manually complete the Respite Certificate of Approval (Form 100-111336) and seek Program Manager (or designee) approval via electronic signature. Provide a copy to the Certified Respite Provider and upload a copy

to the file cabinet.

Initial Application When the Applicant(s) has an Approved Adoptive Home Study from Another Licensing Agency

- Upon receipt of an inquiry regarding a potential Certified Respite Provider with a current approved adoption home study, the certifier will:
    - Review the inquiry and any other information received from the applicant(s). In OR-Kids, begin the process to open a Provider Record via the Resource Family Inquiry module.
    - If the potential Certified Respite Provider has already completed an Application or Change of Status for Respite Provider Certification (Form 4047) and submitted to the Department, review the application for any follow-up needed.
    - Obtain a copy of the approved adoptive home study from the licensing agency that issued the certificate.
    - Contact the applicant as soon as possible (but no more than 10 business days) to arrange a time to interview the applicant and to explain the respite certification process.
    - The interview of an applicant with an approved adoption home study may be conducted in-person or virtually.
- During the interview:
    - Provide the applicant(s) with a copy of the Certified Respite Provider rules (413-205-0000 to 413-205-0085) and explain the importance of the applicant becoming familiar with them.
    - Assist applicant in completing the application form (if not already completed) and answer any questions.
    - Discuss with applicant whether safe and required 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 respite care for an infant (child 0-12 months old), review the following requirements with the applicants for safe sleep for infants:
        - Infant safe sleep requirements:
            - 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.
            - Do not use an inclined surface for sleep. Be aware that some infant products, such as loungers (for example a DockATot), swings, or inclined sleepers are widely marketed as safe for sleep but do not meet safe sleep requirements.
                - These products are not approved for unsupervised sleep because they increase the risk of suffocation or positional asphyxia if a baby rolls or shifts position.
                - They may only be used when the infant is closely supervised, such as during play or soothing periods.
                - These products do not replace a recommended safe sleep environment, which is

always a firm, flat, level surface free of soft bedding, pillows, and loose items.

- Sharing the same sleep surface with a child under the age of 12 months is prohibited.
  - Sharing a sleep surface refers to an infant and one or more adults or children sleeping together on any surface, including a bed a couch, a chair, or a futon.
  - The prohibition of sharing a sleep surface applies at all times, including naps.
  - Infants may share a room with a respite provider, as long as they have their own sleep surface such as a crib or bassinet.
- Non-weighted sleep sacks may be used as long as they fit appropriately. Refer to height and weight recommendations for sizing.
- Swaddling is a practice that may be used for infants 2 months and younger, or until the infant is showing signs of rolling over, whichever comes first.
- Emphasize that all infants in care must be placed on their back to sleep. Explain that infants are less likely to choke when lying on their backs, and that placing an infant on their back is the most effective action reduce sleep-related infant deaths.
- Inform the applicant or certified family that no soft materials may be placed in the crib or under the infant. Infants 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 or lounger (products designed to keep an infant in a certain position, such as wedges, padded tubes, or mats with side bolsters)

- An additional requirement for Certified Respite Providers interested in caring for infants includes completion of the guided self-study Course entitled: Safe Sleep for Oregon's Infants, available at: https://www.oregon.gov/dhs/CHILDREN/CIRT/Pages/Sleep.aspx
  - Upon completion of the Safe Sleep for Oregon's Infants knowledge check, a Certified Respite Provider must provide the completed knowledge check to their certifier (Pages 36-37).
  - The knowledge check must be uploaded into the OR-Kids to verify completion before the Certified Respite Provider may provide care to a child under the age of 12 months.
- If the Applicant has not already completed the required Certified Respite Provider Training, inform the applicant(s) of the requirement to complete training before being certified and provide them with

information needed to complete the training and the post-training knowledge check in Workday learn. Applicant that have successfully completed the knowledge check, the training will be logged/uploaded in OR-Kids within 10 business days.

- Respite Applicants with an approved adoption home study have already undergone an extensive screening process. Therefore, with a copy of the adoptive certificate, some items in the interview can be abbreviated or waived. Inquire with the applicant the following to be documented on the Certified Respite Provider Approval Narrative (form 100-98375):
    - Describe the applicant(s)'s motivation for and interest in caring for a child or young adult as a Certified Respite Provider and any relevant experience.
        - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative.
        - It is important to ensure potential adoptive resources understand that the purpose of respite is to support current resource parents, families of origin, and children/youth in care, while also providing potential adoptive parents with valuable experience.
        - Inform applicants that becoming a Certified Respite Provider will have no impact on the adoptive process.
    - Has the applicant(s) ever applied to care for a child or adult with any public or private agency? (This includes foster care, adoption, daycare, adult foster care or developmental disabilities services.) If yes, describe details provided by applicant(s), including any prior denials to provide such care.
        - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative. This is where general information about the applicant's approved home study can be documented (e.g., dates of certificate, agency that issued certificate, etc.).
    - Describe the applicant(s) and other members of their home (children and adults). Describe relevant information shared about health and safety that should be considered.
        - This question is NOT required for applicants with an approved adoption home study. An abbreviated response such as "N/A – Approved Adoption Home Study" is adequate for this question.
    - Describe the applicant(s)'s and other household members' (children and adults) current use of alcohol or drugs.
        - This question is NOT required for applicants with an approved adoption home study. An abbreviated response such as "N/A – Approved Adoption Home Study" is adequate for this question.
    - Describe the home environment. Include any safety issues addressed, household rules, and any pets.
        - This question is partially required for applicants with an approved adoption home study. The home environment portion of this question may be waived with an approved adoption home study. However, the certifier should inquire about and document any specific

household rules or pets that may help with matching the family with a child or young adult needing respite care.

- Describe how the applicant(s) intend to welcome a child or young adult into their home for respite care.
  - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative.
- Describe sleeping arrangements and accommodation plans (if needed based on needs of children in respite). Describe the applicant's understanding and ability to meet safe sleep requirements and privacy requirements.
  - This question is partially required for applicants with an approved adoption home study. Sleeping arrangements do not need to be observed, but the certifier must inquire about capacity and applicant's understanding around safe sleep and privacy requirements.
- Describe applicant(s)'s knowledge, skills, or experience related to maintaining a child's medical and mental health needs while in their care (for example, medication management, emergencies, and on-going services).
  - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative.
- Describe training completed by the applicant(s), such as mandatory reporter, Certified Respite Provider training, or any other training. Indicate when each training has been completed and if additional training needs have been identified.
  - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative. This is where training completed in the adoption certification process should be identified (e.g., RAFT training).
- Describe the preferences and availability of the applicant(s) to care for youth from specific populations such as age, genders, developmental stages, health care needs, cultural identities, or other identities (LGBTQIA2S+).
  - This question is required for applicants with an approved adoption home study. Complete this section on the Approval Narrative.

- Explain to the applicant(s) that the certification will not be approved until the certifier has been able to confirm completion dates of criminal and child welfare background checks and the home safety assessment with the licensing adoptive agency that issued their certificate, and the applicant(s) has completed the required training to be a Certified Respite Provider.

- After the initial home visit:
  - After the certifier has completed the initial home visit, contact the adoption agency that conducted the adoptive home study and issued the certificate to confirm the dates of the required criminal background checks, child welfare background checks, and home safety assessment. Document these dates on the Approval Narrative.
  - References are not required for applicants with an approved adoptive home study.

- Continue ongoing communication with the applicant during this time and document in OR-Kids when all of the following have been completed:
    - Certified Respite Provider training, knowledge check, and certificate of completion;
    - Safe Sleep for Oregon's Infants (if applicant intends to care for children under the age of 12 months) guided self-study completion and submission of knowledge check; and
    - Confirmation from adoption agency of completed criminal background checks, child welfare background checks, and home safety assessment.
- When all of these actions have been completed, staff the assessment of this home with the certification supervisor.
- Once the certificate is approved, contact the family and inform them they have been approved as a Certified Respite Provider. Contact the Respite Care Coordinator to add the provider to the roster of available Certified Respite Providers. Open the home provider record in the OR-Kids system and select "Certified Respite Provider" under the safety tab and enter the approval date.
- Manually complete the Respite Certificate of Approval (Form 100-111336) and seek Program Manager (or designee) approval via electronic signature. Provide a copy to the Certified Respite Provider and upload a copy to the file cabinet.

Approved Adoptive Home Study by ODHS-Child Welfare

Approved adoptive applicants may provide certified respite based on the assessment completed however they must complete the Respite Orientation and complete the associated knowledge check.

If the approved adoptive applicant(s) will be caring for infants (0-1) they are required to complete the training Safe Sleep for Oregon's children and to successfully complete the associated knowledge check.

Safe Sleep for Oregon's Infants, available at: https://www.oregon.gov/dhs/CHILDREN/CIRT/Pages/Sleep.aspx

To document the completion of required training, the certifier will upload the certificate of completion into the OR-KIDS file cabinet and enter a provider note indicating the completion of the training requirements before the approved adoptive applicant may provide certified respite care.

Contesting Criminal Background Check

If the Department determines that an applicant, or member of the household cannot be certified or approved the Department must notify the subject individual in writing that the subject individual:

- Has a right to inspect and challenge their Oregon criminal offender information through OSP procedures as adopted per ORS 181.555(3) and OAR 257-010-0035; 257-010-0035;
- May challenge the accuracy or completeness of any entry on the subject individual's criminal records provided by the FBI by filing a challenge with the FBI's Criminal Justice Information Services Division; and
- May appeal the Department's determination of unfitness or indicate an intent to challenge information in the OSP or FBI report by requesting a contested case hearing pursuant to ORS Chapter 183 and OAR 413-010-

0500 to 413-010-0535 provided that the Department receives the request for a contested case hearing in writing within 30 days from the date of mailing the notice.

OAR 413-010-0500 to 413-010-0535 describes the requirements and process for requesting a contested case hearing due to the denial or revocation of a Certificate of Approval or a denial of approval to be an adoptive resource, including denials based on the criminal records check, or false statement with regard to criminal history, of an applicant or member of the household.

Sharing Information

Criminal records check information is, in general, confidential information. Information should only be shared with those with a need to know consistent with the criminal records check administrative rules and procedure.

Requests to view results of non-fingerprint-based LEDS criminal history checks must go through OSP via the process outlined in OAR 257-010-0035 Access by Individuals for Purpose of Review and/or Challenge.

Results of any national fingerprint-based criminal history checks on the subject individual can be shared by child welfare staff with the subject individual, if requested.

Criminal background check information may be shared for the purpose of an administrative hearing.

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 Respite Certificate of Approval. If approving the Certificate, sign the Oregon Respite Certificate of Approval template.

Renewal of a Respite Certificate of Approval

When a Certified Respite Provider is nearing the end of their Respite Certificate of Approval period, they may decide to renew the certificate for an additional two-year period. This process is called renewal and is used for both certified resource families and Certified Respite Providers.

Procedure

At the Certified Respite Provider's request, provide them with a new Application or Change of Status for Respite Provider Certification (Form 4047).

NOTE: *Once an application for renewal is received, Child Welfare must assess the Certified Respite Provider(s) and determine whether to renew the Respite Certificate of Approval for two additional years. Child Welfare may terminate the assessment process at any time if the Certified Respite Provider(s) is no longer meeting Respite Certification Standards and/or if a renewal application cannot be approved. The Certified Respite Provider(s) would need to either voluntarily withdraw the renewal application or a decision would need to be made to deny the application.*

To approve a renewal application the certifier must complete the following:

- Conduct at least one home visit with the Certified Respite Provider, which includes:
    - Face-to-face contact with each member of the household (including all adults and minor children).
    - Interview the family following the prompts on the Certified Respite Provider Approval Narrative to capture any updates on the following:
        - Describe the applicant(s)'s motivation for and interest in caring for a child or young adult as a Certified Respite Provider and any relevant experience that has changed since the previous certificate was issued.
        - Has the applicant(s) applied to care for a child or adult with any public or private agency since the previous certificate was issued?
        - Describe any changes for the applicant(s) and other members of their home (children and adults). Describe relevant information shared about health and safety that should be considered since the previous certificate was issued.
        - Describe any changes to the applicant(s)'s and other household members' (children and adults) use of alcohol or drugs since the previous certificate was issued.
        - Describe any changes in the home environment. Include any safety issues addressed, household rules, and any pets.
        - Describe how the applicant(s) have welcomed a child or young adult into their home for respite care since the previous certificate was issued.
        - Describe any changes related to sleeping arrangements and accommodation plans (if needed based on needs of children in respite). Describe any changes in the applicant's understanding and ability to meet safe sleep requirements and privacy requirements.
        - Describe any changes in the applicant(s)'s knowledge, skills, or experience related to maintaining a child's medical and mental health needs while in their care (for example, medication management, emergencies, and on-going services) since the previous certificate was issued. Inquire about any challenges they've faced while providing respite over the past 2 year period.
        - Describe training completed by the applicant(s) since the previous certificate was issued, such as mandatory reporter, Certified Respite Provider training, or any other training. Indicate when each training has been completed and if additional training needs have been identified.
        - Describe any updates to the preferences and availability of the applicant(s) to care for youth from specific populations such as age, genders, developmental stages, health care needs, cultural identities, or other identities (LGBTQIA2S+).
    - Provide the Certified Respite Provider(s) with a current copy of the Certified Respite Provider rules (413-205-0000 to 413-205-0085) and explain/highlight any recent changes.
    - Have the Certified Respite Provider(s) and all adult members of the household complete and sign Form 1011F to consent to background checks, unless already completed.
        - Inform the Certified Respite Provider(s) that new Child Welfare checks will be conducted through OJIN/eCourt and OR-Kids. Consents are not needed from the applicants for these databases.

NOTE: *The Application or Change of Status for Respite Provider Certification (Form 4047) and consent for background*

checks (1011F) may be sent to the Certified Respite Provider prior to the certifier's renewal home visit.

- Review and analyze the Certified Respite Provider's skills and abilities in providing respite care for a child or young adult in the care or custody of the department or receiving care in their home through an open child welfare case.
- Review and analyze any new background check information received for the Certified Respite Provider(s) and adults in the home (i.e., criminal records check and Child Welfare check). If there are any new or potentially disqualifying incidents staff with supervisor to determine whether management approval must be obtained.
    - 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 renewal of a Respite Certificate of Approval. 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 0117.
- Verify completion of the required Certified Respite Provider training again by all certified adults (within 6 months of the renewal application).
- 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 renew, complete the Respite Approval Narrative (Form 100-98375), following the prompts, and request approval from the certification supervisor.

Supervisor's Role

Review the renewal 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 renewal of the Respite Certificate of Approval. If approving the Certificate, sign the Oregon Respite Certificate of Approval template.

Orientation & Training Requirements

Procedure

The minimum requirements for orientation training for a Certified Respite Provider includes approximately one hour and 45 minutes of pre-recorded training. This training is broken down into various topics (times are approximate), and it includes the following topics:

- Section I: Introduction to Respite Care (15 min)
    - What is Respite Care?
    - Overview of the Oregon Certified Respite Care Program
    - Research and Outcomes Associated with Respite
    - Process of Becoming Certified

- Children and Young Adults in Care
- Roles and Responsibilities
- Confidentiality and Privacy

- Section II: Trauma Informed Parenting (30 min)
  - Video: Trauma-Related Behaviors - The Three E's (2:18)
  - Podcast: Trauma Informed Parenting – Dr. Bruce Perry (20:29)
  - Podcast: The Emotional Container in Real Life (3:38)
  - ODHS Discipline Policy
- Section III: Logistics, Emergencies, & Mandatory Reporting (40 min)
  - Travel
  - Seat Belts and Car Seat Safety
  - Safe Sleep
  - What To Do in An Emergency
  - Video: Mandatory Reporting (27:57)
  - Conclusion: Next Steps and Knowledge Check (5 min)

The orientation is available on the public facing ODHS website. Following completion of the training Certified Respite Provider applicants will complete the post-orientation knowledge check (also available on the website). After successfully passing the knowledge check the applicant will receive a copy of their certificate of completion (within 10 business days). If the applicant already has an assigned certifier, they will also receive a copy of the certificate.

There may be occasions where other accommodations need to be made for an individual, for example with applicants who are non-English speakers or those with other needs, i.e., applicants who are blind, hearing impaired, or have other needs for special accommodations. If the local branch office cannot arrange for these accommodations to support applicants with accessing the trainings through interpretation services or other modifications, contact the Respite Care Coordinator and see whether additional resources might be available.

Managing Certified Respite Providers

Overview

The Department is responsible for managing substitute care resources, including Certified Respite Providers. These responsibilities include:

- Ongoing assessment to ensure the Certified Respite Provider 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 Respite Providers who need additional support; and
- 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 Respite Provider at the following points in time:

- At least once every 90 days to support the relationship with the Certified Respite Provider, confirm a safe environment is provided, and assure compliance with certification standards.
    - If a two-parent Certified Respite Provider, face to face contact must occur with one of the certified adults, and at least verbal contact with the other certified adult. At renewal, the certifier must see all members of the household.
    - When a Certified Respite Provider is on Inactive Referral Status the home the 90-day visit requirement may be waived by the Program Manager or designee. Use Form 0117, Management Approval for Specific Certification Rules to document the approval.

NOTE: *Although not required to see each child (including foster children/young adults receiving respite in the home) and all adults living in the household at 90-day home visit contacts, it is always good practice to do so. Seeing children and adults who live in the home, or are receiving respite care there, provides the certifier with a greater understanding of family dynamics and the 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.

- When assessing a Certified Respite Provider for renewal.

- When the composition of the Certified Respite Provider'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.
    - 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.
    - If the addition to the home is not going to provide care in the Certified Respite Provider(s) home, the visit with that individual may be completed through a virtual visit.

NOTE: *Talk to Certified Respite Providers about their obligation to notify Child Welfare when someone joins or leaves the household. Whenever possible, the Certified Respite Provider(s) should notify the certification worker in advance of a new household member. Certified Respite Providers have up to one business day to notify their certification worker (or*

the certification worker's supervisor) of anyone joining or leaving the household.

- If the Certified Respite Provider has moved to a new home (see When a Certified Respite Provider Moves section that follows).

NOTE: *After the completion of a home visit, document in OR-Kids provider notes. Include the information gathered and assessed regarding the visit, the Certified Respite Provider'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 receiving respite in the home. Be sure to document any changes in the family dynamics.*

When a Certified Respite Provider Moves

Procedure

If a Certified Respite Provider indicates that they intend to move outside the state of Oregon, let them know that their Respite Certificate of Approval must be terminated and proceed with closing the certificate.

When a Certified Respite Provider moves to another residence in the state of Oregon, the certifier must terminate the Respite Certificate of Approval. The certifier may issue a new Respite Certificate of Approval for the residence after the certifier has done the following within 10 business days of the family moving:

- Provide the Certified Respite Provider(s) with Application or Change of Status for Respite Provider Certification (Form 4047).
- Schedule a home visit with the family to assess any changes in the home or any family configurations.
- Observe and assess the physical environment and complete a new Safety, Home Environment and Privacy Acknowledgement (Form 0979).
- Walk through each room in the home and each surrounding building;
- Provide the results of the assessment to the supervisor and recommend the opening of the Respite Certificate of Approval at the new residence.

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.*

- 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.
- If needed, obtain any management approvals prior to issuing the certificate.
- Upload the Respite Approval Narrative (Form 100-98375) and Safety, Home Environment and Privacy Acknowledgement (Form 0979) into the OR-Kids File Cabinet of the Provider Record.
- Change the physical address in the Provider Record; see OR-Kids Guide: Change Physical Address. A pending certificate will be created.
- 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 and sign the new Respite Certificate of Approval.

Applicants and Certified Respite Providers Who Provide or Intend to Provide Child Care

When a family currently providing in-home childcare applies to become a Certified Respite 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.

The Early Learning Division (ELD) licenses and regulates childcare facilities. Childcare regulations contain basic health and safety standards for childcare facilities and family day care, including the number and ages of children. When a child day care provider also provides respite care, the individual is responsible for including the number of children/young adults receiving respite 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 childcare regulations or approve or deny anyone from providing day care.

Procedure

When a licensed day care provider applies to become a Certified Respite Provider, the certifier must do the following:

- Secure a release of information from the applicant to the ELD allowing contact to learn the history and status of this childcare provider relating to safety and well-being of children.
- Assess the applicant or Certified Respite Provider's skills and abilities, along with the specific needs of the child(ren)/young adult(s) being considered for respite care.
- Consider the potential number and ages of children/young adults in the home when an applicant or Certified Respite Provider's plans to provide both respite and day care.
- Document if the family intends to provide respite during the day care's operating hours, or there will not be overlap (e.g., only doing respite on weekends).
- Assess the applicant's or Certified Respite Provider's plan for supervision of the children/young adults in the home.
- Consider any prior child safety concerns, assessments or other caregiving concerns during the period of time the family has been a Certified Respite Provider.
- Assess all information gathered, and based on the assessment, determine if the applicant or Certified Respite

Provider is able to meet the needs of both foster youth and children in the home receiving respite and those receiving childcare.

- Maintain contact with the ELD for updates, including concerns and total number of children in the home.
- Meet with the certification supervisor to review the assessment and recommendation.

Supervisor's Role

Determine if the assessment and recommendation to approve this individual providing both day care and respite 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 Respite Provider's home.

Ensure the certifier has informed the Certified Respite Provider of reporting any changes in circumstances or plans to increase or decrease the number of children in day care.

Applicants and Certified Respite Providers Who Provide or Intend to Provide Adult or Child Respite for Another Public or Private Agency or Individual

When a family approved to provide foster or respite by another public or private organization applies to become a Certified Respite Provider a thorough assessment should be completed to ensure the safety and well-being needs of both the children/young adults involved with child welfare and any children or adults receiving care in the home under another program (e.g., APD, I/DD, etc.).

When an individual who is approved by another organization or individual to provide care to non-household members (i.e., adult or child respite) applies to be a Certified Respite Provider, specific actions will need to occur to approve the applicant(s) for a Respite Certificate of Approval.

Procedure

When a respite provider applies to become a Certified Respite Provider, the certifier must do the following:

- Secure a release of information from the applicant(s) for the organization or individual who has approved the applicant(s) for respite to learn the history and status of this provider relating to safety and well-being of children and/or adults with disabilities.
- Assess the applicant or Certified Respite Provider's skills and abilities, along with the specific needs of the child(ren)/young adult(s) being considered for respite care.
- Inform the family that they are not able to provide concurrent respite care for children/young adults involved in child welfare when they are providing respite for another organization or individual unless that individual was assessed as a household member (e.g., an aging parent who is now in a care facility but stays at the home sometimes).

- Consider any prior child safety concerns, assessments or other caregiving concerns during the period of time the family has been a Certified Respite Provider.
- Assess all information gathered, and based on the assessment, determine if the applicant or Certified Respite Provider is able to meet the needs of youth and children involved with child welfare receiving respite, and any other individuals they may be providing occasional care for.
- Maintain contact with the organization or individual who approved the applicant(s) or Certified Respite Provider(s) for respite care, including concerns and total number of individuals in the home.
- Meet with the certification supervisor to review the assessment and recommendation.

Supervisor's Role

Determine if the assessment and recommendation to approve this individual providing respite for more than one agency or individual is thorough, and the certifier sought input from 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 organization or individual who approved Certified Respite Provider(s) for respite care (not certified by ODHS-Child Welfare) and reciprocal sharing of concerns or changes in the Certified Respite Provider's home.

Episode Approval

Procedure

Given the varying needs of the children and young adults in care each episode of respite care should be considered thoroughly by utilizing the following criteria.

- Child safety considerations: These considerations are relevant to all children or young adults in the care and custody of the Department being considered for respite care, as well as any children and/or young adults residing in the home of the Certified Respite Provider. These considerations include, but are not limited to:
    - The total number of anticipated children or young adults who will be in the home during the respite care episode.
    - The various ages and developmental stages of all anticipated children or young adults who will be in the home during the respite care episode.
    - The sexual orientation, gender identity and gender expression of all anticipated children or young adults who will be in the home during the respite care episode (when known).
    - Special health care needs or disabilities of all anticipated children or young adults who will be in the home during the respite care episode.
    - Behavioral health care needs of all anticipated children or young adults who will be in the home during the respite care episode, including any history of physical aggression or sexually reactive behaviors towards other children or young adults.
    - Any current supervision plan in place for the child(ren) or young adult(s) in care.

- Provider safety and capacity considerations: These considerations are relevant to the home environment and the Certified Respite Provider's capacity and experience and include, but are not limited to:
    - The size of the Certified Respite Provider's home and the anticipated sleeping arrangements, including number of bedrooms and beds.
    - The Certified Respite Provider's familiarity with the child(ren). For example, have they previously provided respite care to this child(ren)?
    - The anticipated length of time the respite care episode is to last.
    - The experience, knowledge, and skills of the Certified Respite Provider in responding to any specific safety needs identified for the child(ren) and/or young adult(s) in care.
    - Certified Respite Providers may not provide care outside of the ratio standards.
    - In accordance with OAR 413-205-0045, Requirements Regarding the Number of Children and Young Adults in the Home:
        - (1) A Certified Respite Provider may not exceed the following maximum capacity:
            - (a) A total of four children or young adults to one Certified Respite Provider adult living in the home;
            - (b) A total of seven children or young adults to two Certified Respite Provider adults living in the home;
            - (c) A total of two children under the age of three; or
            - (d) A total of 6 children or young adults in the care or custody of the Department.
        - (2) When counting the children or young adults under (1)(a)-(c) of this rule, all children living in the home are included and all young adults in the care or custody of the Department are included.
        - (3) A Certified Respite Provider may only provide concurrent care to multiple children or young adults in care under the following circumstances:
            - (a) When the children or young adults are currently in the same placement together with one certified resource family; or
            - (b) When the children or young adults in care are siblings or have a natural pre-existing relationship.
        - (4) A Certified Respite Provider may not accept a child or young adult for placement from another agency without prior approval of the Department.
        - (5) A Certified Respite Provider may not provide formal or informal adult foster care or child care without prior approval of the Department.

- Approval beyond 3 days for Certified Respite Care.
    - Given the experiences of children and youth in care as it relates to attachment, bonding, grief and trauma, it is important to ensure that, whenever possible, respite care for children and youth in foster care is brief, limited, and not experienced by the child or youth as another placement. Therefore, respite should be limited to 3 days/per month, per child.

- However, it is recognized that there are circumstances when a resource parent or family of origin may need respite for more than 3 days in a month per child. Some examples of reasons to approve an extended respite episode include, but are not limited to, when a resource family or other caretaker has:
    - Been hospitalized for an extended period of time or experiences a health emergency;
    - Is needed to provide care for another member of their family or loved one;
    - Has experienced the illness or death of a loved one and has to travel outside of the area unexpectedly; or
    - Has planned travel outside of the area and are unable to take the child or youth with them. This may occur for a number of reasons, including but not limited to:
        - An inability to obtain travel authorization for the child or youth; or
        - Travel plans that could disrupt the child or youth's education or path to reunification.
- Whenever a child or youth involved with child welfare may experience respite for more than 14 days it is critical to consider the following:
    - The age and developmental stage of the child and their understanding of the circumstances.
        - Generally speaking, older children may be able to experience respite for longer periods of time without experiencing the change in caretakers as traumatic.
    - The child's familiarity with the respite provider.
        - For example, is this a regular provider who the child knows and feels comfortable with?
    - The child's specific needs (physical or mental health, educational, treatment services, family time, etc.) and how they will continue to be met in an extended respite situation.
- Approval for respite beyond 14 days must be approved by a Child Welfare Program Manager.
- Whenever a child or young adult may be in respite for more than 14 days, in addition to Child Welfare Program Manager approval, it is recommended that the situation be staffed with a Foster Care Coordinator and/or the Respite Care Coordinator.

- Meet and Greets
    - Whenever possible a child or young adult should participate in a "meet and greet" with the potential new respite provider before care is provided.
    - Meet and Greets benefit both the child or young adult, as well as the Certified Respite Provider in determining the best fit and making for a smooth transition to respite care.

Supervisor's Role

While a supervisor is not required to approve every episode of planned respite, supervisors should consult with certifiers around their decision making for approval of respite. Special circumstances may require more supervisor consultation (e.g., a child or young adult with complex needs, a new Certified Respite Provider, an extended episode of respite, etc.)

Respite During Reunification

Respite is a support provided to resource parents and relative caregivers when children are placed in foster care, as

well as to parents during reunification.

This section covers the use of respite by parents during the reunification process, the role of the caseworker and certifier and the importance of collaboration and engagement between parents, certified respite providers. When the term certified respite provider is used, it could also refer to a certified resource parent who is providing respite care.

During the reunification process, a break from parenting, to focus on oneself, can be especially important. Respite can be a regular built-in break, or it can be used for emergent needs. No matter when or how respite is used, its purpose is to give parents time to take care of themselves, so they have a greater capacity to continue to take care of those who rely on them.

Respite is not only a great support to parents but can be important for the child in maintaining relationships that developed while in foster care or to build new relationships. Respite may help with the shift in parenting roles with the previous resource parent. If not provided by someone known to the child, respite can provide the chance for the child to build relationships with other children, pursue a special interest, have fun doing an activity they enjoy and/or get a break from their parent and/or siblings. As a part of the reunification process, respite can benefit the whole family system giving everyone breaks as needed.

What respite is not:

- Respite is not a placement.
- Respite is not a safety service.
- Respite is not required.

Supporting a parent in the use and selection of a respite provider

While respite is never required, is not a safety service, nor can a certified respite provider fulfill the role of safety service provider while simultaneously providing respite, respite is a much-needed support to help a parent during reunification. It is important to understand that most parents struggle with leaving their child in the care of someone unfamiliar, so the collaboration between caseworker and/or certifier, parent and potential respite provider is critical to ensure the success of the respite plan. A parent may struggle with the concept of respite as a support, fearing that this support is to oversee their progress, so it is critical that the parent and the person providing respite understand that this is not a placement of the parent's child, nor is it a way to oversee a parent during reunification. A caseworker must support the parent with what respite is and is not and develop a clear respite plan to help assuage such fears and clearly delineate the role and responsibility of all involved in the respite plan. Parents should know that all certified respite and/or certified resource parents are mandatory reporters. Caseworkers may need to revisit the offer of respite, if initially declined, to help the parent build trust that respite is a support.

Ways to support building trust that respite is a support to parents:

- Discuss fears and concerns.
- Assist the parent with selecting a certified respite provider if they do not have any supports that want to be certified as a respite provider.
- Connect with the parent's support system and address concerns or questions the support system may have.

- Connecting a parent with a certified respite provider.

The caseworker will collaborate with the certification team to discuss the parent's need for respite. If the previous certified resource parent is identified as the respite support, the caseworker will collaborate with the parent, certified resource parent and their certifier on how to best utilize the certified resource parent in the development of a respite plan. The certifier and/or certification supervisor will need to approve the resource parent to provide respite. Additionally, approval will be required if, by providing respite, the resource parent capacity would be exceeded. Document the approval decision on a form approved by the Department.

If the previous certified resource parent is unable to provide respite, the caseworker will collaborate with the certification team to identify potential certified respite providers. A list of potential certified respite providers, their contact information and a brief description of the potential respite providers should be provided to the parent. The parent should contact respite providers listed to help them make an informed decision on who is the best fit to provide respite for their child. The parent may need additional support around the selection of a certified respite provider and the caseworker should provide such support.

If the parent has identified someone, they would like approved and that person is willing to become a certified respite provider, please provide that information to the local certification team to begin the certification assessment process of the identified person. If the person identified by the parent cannot be approved, the certifier and certification supervisor must staff with the branch assigned Foster Care Coordinator or Statewide Respite Coordinator prior to notification to the respite applicant and the parent.

The caseworker must be willing to:

- Call the certified respite provider with the parent to gather the information the parent needs to make their decision on who provides respite to their child.
- Go with the parent to the certified respite provider's home to get a tour of the home environment.
- Ask questions the parent may want answered but may feel uncomfortable to ask.

Important Topics to be Covered by the Parent

The Parent Guide for Use of Respite During Reunification covers the following topics which are to be covered by the parent with the support of the caseworker when contacting a potential certified respite provider.

- Information about the child (routines, interests, likes, dislikes, behavioral considerations, allergies, etc.)
- Current need for respite (dates, times, duration)
- Rules and expectations the respite provider and the parent would have for the child
- Plan for communication during the respite period (i.e., text messages, phone call, email)
- Values and willingness to attend to both the family's and the respite provider's cultural beliefs.
- Example, the respite family does not practice a particular faith and the parent does. Discuss what will/will not be discussed with child to avoid any potential confusion.
- Medication management and medical care needs

- How to mutually reassure the child that this is just a break for the parent to help reduce the impacts of separation and trauma that a child may experience.
- Any questions the child may have.
- Transportation needs.

Respite Plan Development

- Name of certified respite provider
- Name of child utilizing respite
- Dates, Times, Duration and Transportation
- Completion of Respite Exchange Information, for each child
- Communication plan

Once a respite plan has been developed, the caseworker, parent and respite provider set a quick meeting (virtual or phone) to assure everyone has the same information and understanding of the respite plan. Confirm Child Respite Information form has been received by the respite provider for each child.

Tips to Help Prepare a Child for Respite During Reunification

Transitions can be hard and children, especially, need to be informed about what is happening based on their developmental level. It is helpful for children to be told about respite and that it is not a placement in foster care, but a support to the family. These steps may help ease any fears the child may have and may need repeating.

- Assure the child that this is only a short break, and they remain in their parent's care.
- Tell a child ahead of time when the respite care will happen and remind them as respite care gets closer.
- Tell the child when they will be back home.
- Encourage the child to ask questions or discuss any worries or fears they might have.
- Try to continue routines as much as possible.
- Provide an age-appropriate explanation of what respite is and how respite supports the health of everyone.
- Discuss with the child how to contact their parent, caseworker and/or attorney, if needed.
- Build in comfort calls so the child knows they will be talking to the parent and when.

Addressing Issues

In the event issues arise between a parent and a certified respite provider, it is important that mutual respect for each person is emphasized. Minor issues should be respectfully addressed between the parent and certified respite provider. If needed, the caseworker and/or certifier could provide support. Permanency and Certification supervisors could also be a resource for helping to sort out issues if necessary. If at any point the parent or certified respite provider/ or resource parent believe it is important to address the issue further, utilize OAR 413-010-0440 Informal Complaint

Review process or any other Complaint Review process under OAR 413-010-0400.

Documentation

When respite is being utilized to support reunification, the plan should be entered in case notes. This should include the respite care plan. If the plan changes, provide an update in case notes. Upload any relevant materials associated with respite into the file cabinet.

Supervisor's Role

While a supervisor is not required to approve every episode of planned respite, supervisors should consult with certifiers around their decision making for approval of respite. Special circumstances may require more supervisor consultation (e.g., a child or young adult with complex needs, a new Certified Respite Provider, an extended episode of respite, etc.)

Inactive Referral Status and Revocation

Procedure

There are several reasons why a Certified Respite Provider may be on inactive referral status, including the following:

- When a report of child abuse or neglect meets the criteria for a CPS assessment, the Certified Respite Provider is automatically placed on inactive referral status and cannot be utilized for respite care.
- When it becomes known that a member of the Certified Respite Providers family or member of the household is arrested or has a conviction that was not previously assessed and could impact the safety, health, or well-being of a child or young adult in care (see section that follows "Certified Respite Providers and Criminal Activity").
- When a Certified Respite Provider requests that their home be placed on inactive referral status for any reason, for up to 12 consecutive months.

When a Certified Respite Provider requests that their home be placed on inactive referral status the certifier must:

- Consult with the Certified Respite Provider to discuss the reasons for the inactive referral status request and the length of time the Certified Respite Provider does not to provide respite for children or young adults in foster care.
- Notify child welfare staff responsible for coordinating respite that the Certified Respite Provider is unavailable using local branch protocol for notification. This may include both certification staff and permanency staff who have utilized the Certified Respite Provider.
- Send the Certified Respite Provider a letter within 14 business 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 and email a copy to the Respite Care Coordinator.

NOTE: *Because Respite Certificates of Approval are not generated in OR-Kids, you are not able to place a Certified Respite Provider "on hold" as you are a certified resource family. Therefore, inactive status must be documented within provider notes. See Appendix 8.7, Example Inactive Referral Status Letter In OR-Kids.*

Certified Respite Providers and Criminal Activity

When an individual who is certified is arrested, an assessment must occur regarding the continued certification and if there is a child or young adult currently receiving respite care in the home, a determination must be made regarding the continued care. Within 24 hours of the Department learning of the arrest the Child Welfare Program Manager must make a determination of whether to continue the episode of respite care of a child in the home. This decision is made with information available to the Department. Factors to consider:

- Is the crime related to child safety?
- Is the individual in the home?

Consider whether the Certified Respite Provider should be placed on inactive referral status pending assessment and gathering of information regarding the arrest. Document the decision around keeping the provider in active status or placing them on inactive status in OR-Kids provider notes. If the arrest leads to a conviction, determination of the fitness of the individual must be made assessing:

- The details of the incident.
- The social context of the incident.

NOTE: *Special considerations should be taken when the subject individual is a relative or has a caregiving relationship with the child or young adult to determine whether continued respite care of the child or young adult with the subject individual would provide for the child or young adult's safety, well-being and permanency. It should also be assessed whether continuing to provide respite may mitigate the trauma experienced by the child or young adult. Consider the impact on the child or young adult.*

Revocation

In accordance with OAR 413-205-0020, when there is an allegation of abuse involving a Certified Respite Provider, the Certified Respite Provider must be placed on inactive referral status and shall not be utilized for respite care during the assessment process.

If the allegation disposition of the CPS assessment or a similar disposition from another Department division, agency or state is founded or substantiated, the Department must proceed with revocation of the Respite Certificate of Approval unless the Certified Respite Provider voluntarily terminates their Respite Certificate of Approval.

If the Certified Respite Provider requests a review or appeal of the founded or substantiated disposition, they will remain on inactive referral status until the review period has concluded.

Other reasons a revocation of a Respite Certificate of Approval may occur include the following:

- The Certified Respite Provider does not meet or no longer meets one or more of the Certified Respite Provider qualifications.
- The Department has determined that the Certified Respite Provider does not meet or cannot continue to provide for the safety, health or well-being needs of a child or young adult in the care or custody of the Department.

- The Department discovers a Certified Respite Provider has falsified information by act of commission or omission.
- The Certified Respite Provider fails to provide information to the Department or fails to inform the Department of any disqualifying condition, including a disqualifying condition that arises after the certification has been issued.
- The Certified Respite Provider is found to have interfered or hindered an investigation of abuse of a child or young adult.
- The Certified Respite Provider interferes with the good faith disclosure of information by an employee or volunteer concerning the abuse or mistreatment of a child or young adult in the home of the Certified Respite Provider, violations of respite certification requirements, criminal activity in the Certified Respite Provider home, violations of state or federal laws or any practice that threatens the health and safety of a child or young adult receiving care in the home of the Certified Respite Provider.

Safety and Well-being Reviews

While there is a formal Safety and Wellbeing Review processes required for certified resource families, the process for these reviews is less formal for Certified Respite Providers, as they are not providing ongoing placement for children or young adults in care. Nonetheless, these reviews can be helpful in providing increased communication and collaboration among staff to ensure the safety, health and wellbeing needs of children and young adults.

- Reviews of Certified Respite Providers should be considered whenever the following occurs:
    - An issue of concern was reported regarding the Certified Respite Provider(s) or another member of the household;
    - A closed at screening report was received by the Oregon Child Abuse Hotline regarding the Certified Respite Provider(s) or another member of the household; or
    - There is reason to believe the Certified Respite Provider(s), or another member of the household, has violated a rule.

CPS Assessments Involving a Certified Respite Provider

OAR 413-015-0601 through 0608 outlines the process and action steps when there is a CPS assessment on either a certified resource family or Certified Respite Provider.

- When the assigned certifier is notified that information received by a screener involving Certified Respite Provider is referred for a CPS assessment:
    - Within one business day after the CPS worker has made initial contact, the certifier must contact and notify the Certified Respite Provider and provide them with the following information:
        - The certifier is available to answer questions related to certification but will not discuss the specifics of the CPS assessment;
        - The Certified Respite Provider is immediately placed on inactive referral status pending the completion of the CPS assessment;
        - The Certified Respite Provider has the option of having a certified resource family or Certified

Respite Provider available for support during the assessment; and

- The names of resource families or Certified Respite Providers who have agreed to be available for support.

- Within one business day, the certifier must document the initiation of a CPS assessment and the placement of the Certified Respite Provider on inactive referral status in provider case notes in OR-Kids.
- Within one business day, the certifier must notify Child Welfare staff responsible for placement that the Certified Respite Provider is on inactive referral status.
- The certifier or certification supervisor must participate in the staffing initiated by CPS. The purpose of the staffing is:
  - To determine and coordinate the response to the referral;
  - To notify Department staff assigned to the provider and children or young adults of the referral; and
  - To share information regarding the resource family or respite provider, the children or young adults placed in the home or receiving services from the respite provider, any caregivers, and any other individuals living in the home of the resource family or respite provider.
- Within 14 calendar days of the verbal notification, Child Welfare must provide written notification to the Certified Respite Provider that they have been placed on inactive referral status and place a copy of the written notification in the certification file.
- The certifier must provide ongoing information regarding the Certified Respite Provider and any individuals living in the home to the assigned CPS worker and the caseworkers of each child or young adult placed in the home.
- The certification supervisor must ensure that the actions required in subsections (A) through (F) are completed if the certifier is unavailable.

- At the conclusion of a CPS assessment involving a Certified Respite Provider, the certifier or certification supervisor must do the following:
  - Participate in the post-staffing convened by CPS within five business days of the completion of the CPS assessment to:
    - Share information gathered during the CPS assessment, and the results of the CPS assessment;
    - Discuss and determine whether any additional actions in accordance with safety rules are required;
    - Determine who needs to be notified of the disposition of the CPS assessment and determine which staff will be responsible for providing notification; and
    - Discuss certification actions that have been taken and whether any additional actions described in OAR 413-205-0000 to 413-205-0085 are appropriate
  - During or within five business days of the post-staffing the certifier and certification supervisor must:
    - Staff the case and review all the information in the CPS assessment
    - Determine whether the information indicates certification actions described in OAR 413-205-

0000 to 413-205-0085 should be taken; and

- Ensure documentation of the results of the staffing in provider case notes in OR-Kids.

- After completing the staffing, if Child Welfare determines the Respite Certificate of Approval for the respite provider:
  - Must be revoked after a founded or substantiated disposition, the assigned certifier must initiate revocation of the certificate unless the respite provider voluntarily terminates their certificate as described in OAR 413-205-0025.
  - Will not be revoked after an unable to determine or inconclusive disposition, the assigned certifier must:
    - Submit written documentation supporting the continued certification to the District Manager or Child Welfare Program Manager for approval;
    - Upon receiving approval for continued certification from the District Manager or Child Welfare Program Manager, remove the respite provider from inactive referral status;
    - Within ten business days of receiving approval from the District Manager or Child Welfare Program Manager, send written notification to the Certified Respite Provider they are no longer on inactive referral status and retain a copy of the written notification in the certification file; and
    - Notify Child Welfare staff responsible for placement the respite provider is no longer on inactive referral status.
  - The CPS worker or supervisor, and the Child Welfare certifier or supervisor must meet with the Certified Respite Provider within ten business days of the completion of the CPS assessment to explain the disposition and any certification actions that will be taken unless Certified Respite Provider declines the opportunity for a meeting.

Supervisor's Role

Review certifier's assessment of the reason and need for "inactive" referral status.

Assure the Certified Respite Provider(s) continues to meet the certification standards.

Determine whether a safety and well-being review is needed for an incident involving the Certified Respite Provider(s) or other member of their household.

Staff with the certifier whenever there has been an allegation of child abuse against a Certified Respite Provider(s) or other member of their household.

Participate in any required staffings during the course of a CPS assessment on a Certified Respite Provider(s) or other member of their household.

Ensure all required actions are taken by the certifier when there has been a CPS assessment.

Assure any required approval has been made for criminal history, and required Management Approvals have been obtained, if applicable.

Advise the certifier on the process of revocation if it is determined that the Certified Respite Provider(s) or other member of their household no longer meets the certification qualifications and standards.

References and Forms

OARs

Chapter 413, Division 205 Respite Provider Certification

Chapter 413, Division 120 Criminal Records Check Requirements for Relative Caregivers, Foster Parents, Adoptive Resources, and Other Persons in the Household

Forms

Application or Change of Status for Respite Provider Certification DHS 4047

Request for Management Approval for Specific Rules CF 0117

Respite Certificate of Approval Narrative Form 100-e-98375

Respite Certificate of Approval 100-111336

Applicant Reference CF 1255

Safety, Home Environment and Privacy Acknowledgement CF 0979

Chapter 8

Section 19: Informal Respite Care

Child Welfare supports resource parents in the utilization of respite care, to relieve a resource parent of their responsibilities by a person temporarily assuming responsibility for the care and supervision of a child. Respite care can range anywhere from part of a day up to 14 days. This section covers informal respite care which is provided by an individual known to the certified family and/or the child in care when that individual is not a certified respite provider or a resource parent.

NOTE: *A resource parent may use a babysitter for occasional, short-term care of a child. The use of a babysitter for this purpose does not require criminal history or child welfare background checks. The resource parent must ensure the babysitter is responsible and capable of assuming the care and supervision responsibilities and has the means to contact the resource parent when needed.*

Informal Respite Provider Approval Process

When certifying a resource parent, ask them if there are individuals in their life that would be able to provide a break for them when needed. This could be relatives or friends of the resource parent. Discuss with them that these individuals would need to be at least 18 years of age and have the capacity to meet the needs of any child for whom they are providing respite.

The assessment of a potential informal respite care provider is the responsibility of both resource parent and their certifier. The certifier must conduct a criminal records check and child welfare history check and assess information from those checks. If the respite will be provided in the home of the informal respite provider, criminal records and child welfare history checks must be done on all adults in the home of the informal respite provider.

- The criminal records check process follows the procedure for applicants and others in the home of a resource parent or applicant. Assess any criminal history by interviewing the individual. Refer to Section 6 of this Chapter: Assessing Criminal History.
    - If informal respite care will be provided in the respite provider's home, all adult members of the prospective provider's household must have criminal records checks completed.
    - An informal respite provider may be approved on a temporary basis after assessing LEDS results, but prior to receiving the FBI results, with an approval by the child welfare program manager or designee. Approval is documented on the CF 0117 - Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Utilizing informal respite provider or child care provider prior to FBI results.
    - The child welfare history check follows the procedure for applicants and others in the home of a resource parent or applicant. Follow procedure outlined in Section 7 of this Chapter: Assessing Child Welfare History.
    - If informal respite will be provided in the respite provider's home, all adult members of the prospective provider's household must have child welfare checks completed.

Payments for informal respite care are made to the resource parent. The resource parent may be reimbursed $55 per day. "Per day" is defined as any part of a calendar day, not specific to overnight care. Program manager approval is needed if the respite episode will exceed 14 days, and the IV-E specialist must be notified. This should be a rare occurrence.

If an informal respite provider does not wish to be paid, the above requirement for background checks must still be

completed.

OR-Kids Payment:

Reimbursements for respite care are done through OR-Kids. The payment codes are:

Service Type Description: Informal Respite Service Category: Caregiver Services Service Code: 1167 Budget Source: Contracted Foster Care Service Certified Respite Care – Foster Care

Chapter 8

Section 20: Child Care

Child care needs are discussed with a resource parent during the certification process. For purposes of resource parent certification, child care refers to care required due to the resource parent's employment or educational programs. A child welfare supervisor may approve child care reimbursement payments for reasons other than employment or educational programs when it is in the best interest of the child.

Child care may be provided by various sources including, licensed child care centers, licensed in-home child care providers, after school programs, governmental programs (such as a county parks and recreation program), or private non-profits (such as a Boys and Girls Club). Child care may also be provided by individuals who are not required to be licensed. Typically, this is because the individual only provides care to a particular child or sibling group, or is known to the family and therefore, the individual is exempt from requiring licensure by the Department of Early Learning and Care (DELC). Questions regarding an individual's requirement to be licensed are directed to DELC. Appropriate child care settings will be discussed between the resource parent and the child's caseworker to determine whether the setting will meet the individual needs of the child.

NOTE: *A resource parent may use a babysitter for occasional, short-term care of a child. The use of a babysitter for this purpose does not require criminal history or child welfare background checks. The resource parent must ensure the babysitter is responsible and capable of assuming the care and supervision responsibilities and has the means to contact the resource parent when needed.*

Child Care Provider Approval Process

When a resource parent identifies a potential child care provider who is not required to be a licensed child care provider, a government agency, or non-profit such as Boys and Girls Clubs, inform them that these individuals would need to be at least 18 years of age and have the capacity to meet the needs of any child for whom they are providing child care. The assessment of a potential child care provider is the responsibility of both the resource parent and their certifier. The certifier must conduct a criminal records check and child welfare history check and assess information from those checks. If the child care will be provided in the home of the child care provider, criminal records and child welfare history checks must be done on all adults in the home of the child care provider.

- The criminal records check process follows the procedure for applicants and others in the home of a resource parent or applicant. Assess any criminal history by interviewing the individual. Refer to Section 6 of this Chapter: Assessing Criminal History.
    - A child care provider may be approved on a temporary basis after assessing LEDS results, but prior to receiving the FBI results, with an approval by the child welfare program manager or designee. Approval is documented on the CF 0117 - Refer to Section 26 of this Chapter: Management Approval for Specific Certification Rules – Utilizing informal respite provider or child care provider prior to FBI results.
- The child welfare history check follows the procedure for applicants and others in the home of a resource parent or applicant. Assess any child welfare history by interviewing the individual. Refer to section 7 of this Chapter: Assessing Child Welfare History.

Child Care Payments

- A resource parent may be reimbursed up to $375 per child, per month for child care expenses.
- Child care reimbursement may be authorized for a child up to the age of 12. Child care reimbursement may be

authorized for a child older than the age of 12 if supervision is required and the reimbursement is approved by a child welfare supervisor.

- Authorization for the reimbursement for child care payments must be documented on the Child Welfare Resource Parent Child Care Authorization (CW 0162). The resource parent must submit the Child Welfare Child Care Invoice for Resource Parent and Relative Resource Parent (CW 501F). This process may be facilitated by either the certifier or the caseworker for the child.
- Once an Adoption Assistance or Guardianship Assistance Agreement is in place, Child Welfare may not continue to reimburse for child care payments.
- Child Care reimbursement payments may be made on behalf of a child placed in another state under ICPC or placed in Oregon under ICPC in a Child Welfare–certified home.
- Child care reimbursements may be made on behalf of a child placed in a home certified by a Tribe when Child Welfare has custody of the child.

OR-Kids Payment:

Authorizations are processed and approved through local office protocols.

- Service Category: Child Care for Foster Parents
- Service Type: Child Care for Foster Parent Reimbursement 0-5
- Child Care for Foster Parent Reimbursement 6-12
- Child Care for Foster Parent Reimbursement 13-20

Refer to Chapter 5 Section 37 of the Child Welfare Procedure Manual for more information about Child Care Reimbursement procedures.

Chapter 8

Section 21: Resource Parent Training

Overview

Child Welfare supports initial and ongoing training for resource parents, relative resource parents and potential adoptive resources in order to:

- Support effective and trauma-informed parenting for children placed in the care of ODHS;
- Provide context and an understanding of children's behaviors related to their trauma responses.
- Convey the importance of self-care while also meeting the safety, health, and wellbeing needs of children.

The goal of training is for participants to have a foundational understanding of working with Child Welfare, to understand the expectations of resource and adoptive families in caring for children, while continuing to develop skills to parent to the unique needs of children experiencing foster care. Training provides information and tools to assist children in processing the experience of removal from their family and supporting family ties.

This section covers training requirements and skill enhancements available to certified families and pre-adoptive parents.

Required Trainings

All foster care and adoptive applicants are required to participate in the following:

- Orientation to Child Welfare and the role of a certified family
- Mandatory Reporting of Child Abuse in Oregon
- Safe Sleep (for relative resource parents, this is only required if the child placed is 12 months or younger)

Training completion is tracked through Workday Learning. Each certified individual must create a Workday Learning account in order to complete required and ongoing trainings. Workday Learning is the place of record for all training completion. When a provider record is closed, it is important for the learner account to be made "inactive". This can be done by any staff who have Affiliation Manager status. Workday Learning Guides specific to certification needs can be found at the Certification Staff Resources OWL page. For assistance using Workday Learning as an Affiliation Manager, refer to the Certification Staff Resources on Resource Family Training OWL page.

Orientation

Orientation is intended to provide a high-level overview of information related to the Child Welfare system. It covers the role and expectations of resource and adoptive parents, case planning and the court dependency process and supports available to resource parents. Orientation is provided through a computer-based training accessed via Workday Learning. In order to receive completion credit for computer-based trainings in Workday, each individual will need to log into their own Workday Learning account and complete the training.

There are two versions of Orientation, depending on the provider type, each with their own Orientation Guide that can be accessed within Workday Learning and is also available on the Resource Family Training OWL. Each version of Orientation is available in English and Spanish:

Non-Relative:

English: https://wd5.myworkday.com/oregon/learning/

course/250d2b2a00501000c26c21e03cc40000?type=9882927d138b100019b928e75843018d

Spanish: https://wd5.myworkday.com/oregon/learning/course/ffee51a6b2f61000c0f4bad3ab3b0001?type=9882927d138b100019b928e75843018d

Relative:

English: https://wd5.myworkday.com/oregon/learning/course/2e1b9a5149011001ad6a02bfa4ba0000?type=9882927d138b100019b928e75843018d

Spanish: https://wd5.myworkday.com/oregon/learning/course/5ee8724ea8f21001137d7a2a64cb0000?type=9882927d138b100019b928e75843018d

Orientation is required for all families who become certified by Child Welfare for the purpose of foster care or pre-adoptive placement. For general resource parents or adoptive applicants, Orientation must be completed prior to becoming certified. For relative or child-specific non-relative providers, Orientation is required within 30 days of placement.

Certifiers, other certification staff, or Retention and Recruitment Champions with the Affiliation Manager role in Workday, can directly assign Orientation training to participants who have a Workday Learning account.

To learn more about becoming an Affiliation Manager, and accessing other resources related to Workday Learning, refer to the Resource Family Training OWL page.

Mandatory Reporting

All certified families are defined as mandatory reporters in Oregon statute. Certified families who have caregiver employees, including informal respite providers and non-licensed childcare providers, must train each person in the responsibility of mandatory reporting. Mandatory Reporting of Child Abuse in Oregon is a required training and is accessed in Workday Learning.

Safe Sleep

All non-relative resource parents are required to complete Safe Sleep for Oregon's Infants in Workday Learning. Relative resource parents are required to complete the training if they have a child placed with them who is 12 months or younger. This training covers safe sleep practices and the specific guidelines for children 12 months or younger who are experiencing foster care. It includes a short video, a self-study guide, a knowledge check and a survey.

Resource and Adoptive Family Training (RAFT)

RAFT is required for general and child-specific non-relative resource parents. RAFT modules may be recommended for relative resource parents based on the needs of the child and the support or skill enhancement the relative may need to meet the wellbeing needs of the child in placement. RAFT is a series of in-person or virtual trainings based on a standardized curriculum. Families may start RAFT prior to or after applying to become a resource or adoptive parent. RAFT must occur before or within 12 months of issuance of a COA.

To learn more about RAFT content as a certifier, review:

RAFT Sessions in Detail (a course description of each RAFT session)

RAFT and SAFE Home Study Connection Tool (a tool for certifiers to use during the SAFE Home Study assessment while families are completing RAFT)

As the certifier, discuss the plan for completing RAFT within 12 months from the issuance of the initial certification. Provide each prospective / certified individual with information on how to register for RAFT within Workday Learning. Staff with the Affiliation Manager role in Workday Learning can assign RAFT to the family to complete in Workday.

Sometimes when a certified family has been certified for several years, it is appropriate to recommend taking one or more of the RAFT sessions again as a refresher course.

If a family is struggling to complete RAFT, consult with the certification supervisor and foster care coordinator. Invite the caseworkers of any children placed in the home to participate in the consultation.

- During consultation, determine what supports are available to assist the family to complete the required training, if the certified family's lack of RAFT completion creates a safety or well-being concern for any children placed in the home and, if so, what actions Child Welfare needs to take to address the issue.

Waiving RAFT

Management Approval may be given to waive RAFT for:

- A resource parent with written documentation of completion of equivalent training content from another licensed child-caring agency within two years of their application.
- A child-specific non-relative resource parent who would benefit from specific training based on the needs of the child placed in the home.
- An applicant or resource parent who cannot participate in RAFT due to lack of English proficiency or receptive language impairment that cannot be addressed by currently available accommodations.
- A potential adoptive resource who is requesting alternate training.

In these circumstances, the plan for training will be documented in the SAFE home study – Specialized Parenting section.

Additional Training

Reasonable and Prudent Parent Standard

All applicants and certified families must receive information on the Reasonable and Prudent Parent Standard (RPPS) and, how to apply the standard. The certifier documents how the family is applying the RPPS in their initial assessment as well as ongoing assessment of the family. Families can complete a computer-based training to further their learning on the RPPS. Certifiers, other certification staff, or Retention and Recruitment Champions can assign this training in Workday Learning to individuals with Workday Learning accounts: Being a Resource Parent: The Reasonable and Prudent Parenting Standard. Refer to Chapter 5, Section 34 for information about application of the RPPS.

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 including trainings delivered live on Zoom as well as on-demand/computer-based trainings accessible at any time. For a list of all trainings available to resource and adoptive parents refer to the Resource Family Training Catalog. The trainings listed on the Resource Family Training Catalog are located in Workday Learning and can be assigned to families to complete by certification staff and Retention and Recruitment Champions. Other ongoing training may be obtained through various community resources, collaborative efforts between the local offices and community partners, regional or national conferences, support groups, books and articles, and other electronic resources available online or through various libraries.

General and child-specific non-relative resource parents must obtain thirty (30) hours of ongoing training for each 2-year period of certification. The 27 hours of RAFT completed during the first two-year certification period, count toward the required 30 hours of ongoing training during the first biennium. Relative certificates of approval do not expire and there is no training requirement. However, skills enhancement opportunities can be encouraged based upon the needs of the child in care.

Meet with the certified family to discuss the following:

- The parenting challenges they have been presented with by the children in their home.
- Topics or information that would be useful in further developing care-giving skills. Review the Resource Family Training Catalog to identify upcoming topics that might be helpful for the certified family.
- Information from children who have been or are currently placed in the home, 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 in the home, including medical, mental health, educational or developmental issues the children may have.
- Support groups that may be available in their area.
- Supports available through 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.
- What they have learned from the trainings they have attended.

Ongoing plans for training or skill enhancement are discussed during regular contacts within the certification period. When discussing ongoing plans for training with certified families:

- Encourage the family to complete their ongoing training in a variety of methods. This includes: classroom training, online/webinar style training, 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 podcasts.
- Additional resources can greatly expand the learning opportunities that might be available locally. Training can be coordinated with local school districts, educational service districts, Head Start, Early Intervention, local Indian Tribes or Tribal organizations, mental health organizations, the local commission on children and families, hospital education programs, public health or WIC offices, and public libraries.

Awarding Training Hours

All training hours are recorded in Workday Learning. Each certified family member will need to create their own individual Workday Learning account.

Each certified family member can track their own credit hours by:

- Locating, registering, and completing trainings through Workday Learning or
- Attend trainings outside of Workday Learning and enter the self-reported non-Workday training into their Workday Learning record.

Direct certified families to the Workday Learning for Resource Families webpage for additional guides on how to access training within Workday Learning.

If the training was completed within Workday Learning, no additional awarding of credit is needed as the Workday Learning system automatically captures training hours and completion on the training transcript.

Self-Reported Non-Workday Training:

- **Classroom Training:** Training hours are awarded for the scheduled hours of the specific live delivery/zoom training. For example, if Transitioning Children with Sensitivity is scheduled from 8 a.m. to noon, attendance at this training is 4 training hours.
- **Books, Videos, Podcasts, or Other Training Materials:** Resources for these materials include:
  - Public library
  - Oregon Post Adoption Resource Center (ORPARC) Lending Library

Certified families are encouraged to use the WDL: Self-Reported Training for Resource Families when adding non-Workday training into their Workday Learning record. While it is preferred for families to enter their own Self-Reported Training in Workday Learning, if families need support, they may submit the CF 0034 Report of Certified Caregiver Training for Credit form to their certifier who would then search in Workday Learning for the learner's record. Select Actions > Additional Data > View All to access the Self-Reported training section and follow the Self-Reported Training guide to update the record.

- 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 time they participated in the service may be counted as training credit. For example, if the certified family was involved in the first or last 15 minutes of the child's session; 15 minutes may be counted as training credit.

- Support Groups

  The hands-on experience of 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.

Structured Support Groups

This type of support group includes a designated leader, or facilitator directing the meeting, and includes an agenda or outline of items to 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 Resource Parent Association that provides support group meetings in their area. In some counties, there are multiple structured support groups, such as groups for parenting children in care with medical needs, a group solely for relative resource parents, a group for Spanish, or other non-English speaking certified families, or a group for those caring for teens. In some counties, Department staff lead the support group.

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 receive one-on-one mentoring. This could also include larger informal group gatherings.

Training Hours for Support Groups

Both structured and unstructured support groups may 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 groups based 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 are completed at structured support groups and individual essay/reports (similar to short book reports) are 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 resource parent advisory committee or local resource 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.

As a certifier, it is important to stay informed about the various training opportunities available to certified families. Direct resource parents to the (public facing page) for current training offerings. Discuss the family's training progress at each required contact, ensuring they are completing training hours throughout their two-year certification period and not waiting until the end to get it done. Affiliation Managers may assign training to a certified family in Workday Learning.

Resource Parent Training Support Funds

Each District is given a specified amount of flexible funds dedicated to support training for certified families. These funds can be used to provide a variety of supports. Funds are distributed to each district and districts are responsible for tracking and utilize the funds. Certifiers may connect with their certification supervisor about how to access these funds.

Chapter 8

Section 22: Complaint Review for Certified Families

When a family has requested an informal or written complaint review, Founded Disposition Review, or a Contested Case Hearing, a Child Welfare employee does not have an advocacy role in the process as this conflicts with OARs.

Inform every certified family of the right to have a complaint reviewed when they disagree with an action or decision made by Child Welfare or believe their rights have been violated under the Foster Parents Bill of Rights ORS 418.648. There are four procedures available to certified families to have a specific issue resolved:

- Informal Complaint Review 413-010-0440
- Written Complaint Review 413-010-0420
- Review of a CPS Founded Disposition 413-010-0770 – 413-010-0746
- Contested Case Hearings 413-010-0500 – 413-010-0535 and described in more detail in Section 25 of this Chapter: Closure of a Provider Record.

Applicants or certified families have the option of bypassing the informal complaint review at the local office by sending a written letter of complaint directly to the ODHS Director, the Child Welfare Director, or the Child Welfare Deputy Director as well as the Governor's Advocacy Office or by filing a (DHS 0170) Customer Service/Privacy Complaint or Report of Discrimination. When an individual submits a written complaint that does not fall under the exceptions to a review, 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, and the individual will have no further review rights. (OAR 407-005-0100 through 407-005-0120). Complaints that are not subject to a written review include:

- The individual has requested or is eligible to request a Contested Case Hearing.
- The complaint is presently subject to a juvenile court proceeding.
- The individual has initiated court action.
- The individual's complaint has been reviewed by a judge.
- The complaint is regarding a CPS disposition.
- The complaint is regarding an Adoption Committee decision.

Chapter 8

Section 23: Certification Records

Confidentiality

Per Oregon laws, information retained by Child Welfare for a certified family is confidential and not available for public inspection.

The following records may be made available to an applicant or certified family:

- A copy of the home study and any update home studies.
- A copy of the CF 1291 Family Financial Report, and other documents they have completed and submitted to Child Welfare.
- The individual's own FBI report (provided in-person or mailed through the Post Office).

Other information that may be released about an applicant or certified family:

- A resource parent's name, address, and phone number to the Oregon Foster Parent Association.
- An applicant's or resource parent's information to a law enforcement agency for the purpose of a criminal investigation.
- Information about a resource parent when ordered by a court of competent jurisdiction.

If the applicant or certified family is working with an attorney and the attorney contacts the agency, obtain an MSC 3010 Authorization for Disclosure, Sharing, and Use of Individual Information in order to speak to their attorney.

A certifier cannot disclose any other third-party information in the family's certification file to the certified family.

If it is unclear whether records may be released, consult with the assigned foster care coordinator and if necessary, Certification AAG.

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.

Records Requests

All requests for certification records, with the exception of the records a certifier may provide to an applicant or certified family, go to public records. A document becomes a record once it is finalized. If it is in pending status, it does not yet constitute a record. More information about Public Records requests can be found on their website.

Discovery/Disclosure

Because foster care is considered a service provided to children and families, information from a certification record related to a child and the care of a child placed by Child Welfare must be provided as discovery on an ongoing basis. This aligns with ORS to ensure the juvenile court, the attorneys for the parents and the child, the CASA, and if applicable, the child's Tribe have information to address the needs of the child and the parents. Refer to Appendix 8.9, Guidance for the Discovery and Redaction of Certification Records. The resource parent name, address, other identifying information, and information that is not specific to the child or the care of the child will routinely be removed

from records through redaction. On a case-by-case basis, Child Welfare may determine that other information must be disclosed, consistent with state and federal law and ODHS administrative rules.

Chapter 8

Section 24: Updates to Certificates

Renewal of a Certificate of Approval Issued to General Applicant or Child-Specific Non-Relative

When a certificate issued to a general or child-specific non-relative resource parent is nearing expiration, the family may apply to renew their certificate for up to two additional years. Relative certificates do not expire and therefore, do not need to be renewed.

- Use CF 1091D Certified Family Assessment: Renewal Checklist to assure all steps have been taken to issue a new COA.
- Send Application for Renewal or Change of Address (CW 1001) and other paperwork to the family up to 90 days before the expiration of the COA.
- Schedule the renewal home visit well in advance of the expiration of the certificate to allow for time to complete all renewal activities. Inform the resource parent that all members of the household will need to be available for the visit.
- Review the completed Application for Renewal. Notice whether any household members have turned 18 since the last certification and plan accordingly for background checks.
- Conduct at least one home visit with the resource parents, having face-to-face contact with each member of the household, including all adults and minor children.
- Complete SAFE Update Questionnaires with the certified members in the same manner as Questionnaire II is administered.
- Interview resource parents and members of the household to determine what has changed in the last certification period. Assign final Desk Guide ratings and Mitigation ratings for each factor in the Desk Guide. Refer to Instructions for Updating a SAFE Home Study on the SAFE website.
- Assess the family's ability to maintain conditions in the home that provide safety and well-being for the children placed in the home.
- Observe and assess the safety of the physical environment, including walking through each room in the primary residence, the surrounding outdoor areas, and each building and structure on the property. Document on the Safety, Home Environment and Privacy Acknowledgement CF 0979. For more information, refer to Section 8 of this Chapter; Assessing the Home Environment.
- Discuss and confirm completion of required training hours. Refer to Section 21 of this Chapter: Resource Parent Training.
    - Identify with the resource parents the areas in which they would like to develop a stronger knowledge base or increase their skill level. Explore how the family learns best and discuss the variety of training modalities available to them for gaining additional skills.
- Ensure receipt of completed and signed 1011F forms by applicants, adult members of the household (excluding a child 18-20 in the care or custody of the Department), and any new or previously approved informal respite providers and child care providers. Process the criminal records checks according to steps outlined in Section 6 of this Chapter: Assessing Criminal History.

- A fingerprint-based criminal records check is not required at renewal unless the subject individual 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, a new fingerprint-based criminal records check must be completed as well as an out of state child welfare history check prior to issuing the renewal COA. Out-of-country checks must be requested and efforts made to obtain information.

- Ensure completion of child welfare history checks for each applicant and adult member of the household (excluding a young adult in the care or custody of the Department) and any new or previously approved informal respite providers or child care providers. If there is currently an open CPS assessment regarding this certified family, wait until the conclusion of the assessment to determine renewal. For information, refer to Section 7 of this Chapter: Assessing Child Welfare History.

- Contact caseworkers who have had children placed in this home to discuss any strengths or concerns regarding the resource parents. It is best to connect with caseworkers prior to the home visit with the family to ensure if there are any issues/concerns, they may be addressed at that time. Consider reviewing OR-Kids case notes of children formerly or currently placed in the home, to gather information about their needs.

- Obtain any necessary approvals on the CF 0117. Refer to Section 26 of this Chapter: Management Approval for Specific Rules.

- Complete a SAFE Update Home Study. If the supervisor approves the SAFE Update Home Study, the renewal COA maybe issued on or after the supervisory signature on the Update Home Study.

- If any assessment activity required for renewal is not yet completed, do not sacrifice the quality of assessment. OAR 413-200-0287(7) states “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 renewal activities are completed. When the new certificate is issued, it is issued for two years from the day the Update Home Study was approved.

Child Welfare may terminate the assessment process at any time if the resource parents are no longer meeting Certification Standards and/or if a renewal application cannot be approved. In this situation, the family may choose to voluntarily withdraw the renewal application, or a decision would need to be made to deny the application. Contact the foster care coordinator for consultation in these situations.

If moving forward to renew the COA:

In OR-Kids:

- Issue the Renewal Certificate in OR-Kids. Refer to the Certification Reference Guide: Steps to Re-Certify/ Renewal of a Provider

- If the current certificate was extended in OR-Kids, and all renewal assessment activities are completed, issue the renewal COA for two years following the date from when the certificate expired (example: COA 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 COA that ends 6/30/19.)

NOTE: *If all documentation required for Renewal is not completed on or before the expiration date of the COA, and:*

- A Renewal Application is signed and dated prior to expiration of the COA, the COA 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.
- A Renewal Application is not signed prior to expiration of the COA, but at least one document required for renewal is received prior to expiration: the Renewal Application will be considered timely, and the COA may be extended if management approval is documented on the CF 0117.

Updates for Adoption for Non-Relative Current Caretaker or General Applicant

All potential adoptive resources need an approved adoption home study to be considered for the adoption selection process. This adoption home study must be approved within 12 months of the date of the adoption selection. Central Office Adoptions Program staff are available for support and consultation regarding adoption applications.

For non-relative Current Caretakers, the adoption home study is initiated through the adoption home study staffing outlined in this Procedure Manual Chapter 6, Section 5C: Current Caretaker and Relative Caregiver Considerations and Procedures for Adoptions. Certifiers are required to participate in this staffing. Based upon information gathered from the staffing, the certifier begins the adoption home study update process. Based on a child's need for timely permanency, the adoption home study update must be prioritized. Since the family is already known to the agency and has been caring for the child, the recommendation for completion is within 60 days or less.

- Use CF 1091G Current Caretaker Adoption Home Study Update Checklist.

For general applicants with an approved adoption home study who are waiting to be selected, an adoption home study update is required annually until the family is selected as an adoptive resource. Once adoption selection occurs, the child is placed, and the certificate is opened, the family's certification follows the two-year renewal cycle.

- The CF 1091G outlines the process to update an adoption home study for Current Caretakers. This can also be a helpful tool when updating an adoption home study for general applicants as the process and forms are the same.
- Provide the CF 1260A Application for purpose of adoption.
    - If no information on the family's previous 1260A has changed, provide the previous CF 1260A to the family. Under "Type of Applicant" they will select Adoption (general or child-specific non-relative) and initial and date next to the box. They will also re-sign and date the bottom of the application.
    - If the family's information on the previously completed CF1260A has changed significantly such as an address change, new member of the household (adult or child), relationship status, employment status, etc., provide the family with a new CF 1260A to complete.
- Schedule a home visit to complete the adoption home study update. Inform the family that all members of the household will need to be available for the visit.

- Review the completed Application for adoption. Notice whether any household members have turned 18 since the last home study and plan accordingly for background checks.
- Conduct at least one home visit with the family, having face-to-face contact with each member of the household, including all adults and minor children.
- Complete a SAFE Update Questionnaire with the adoptive applicant in the same manner as Questionnaire II is administered.
- Interview the adoptive applicant and members of the household to determine what has changed since the last home study. Assign final Desk Guide ratings and Mitigation ratings for each factor in the Desk Guide. Refer to Instructions for Updating a SAFE Home Study on the SAFE website.
- Assess the family's ability to maintain conditions in the home that provide safety and well-being for the children placed in the home.
- Observe and assess the safety of the physical environment, including walking through each room in the primary residence, the surrounding outdoor areas, and each building and structure on the property. Document on the Safety, Home Environment and Privacy Acknowledgement CF 0979. For more information, refer to Section 8 of this Chapter: Assessing the Home Environment.
- Confirm completion of RAFT and required adoption training.
    - Explore with the family any areas in which they would like to develop a stronger knowledge base or increase their skill level. Explore how the family learns best and discuss the variety of training modalities available to them.
- Ensure receipt of completed and signed 1011F forms by applicants, adult members of the household (excluding a young adult in the care or custody of the Department), and any new or previously approved informal respite providers and child care providers. Process the criminal records checks according to steps outlined in Section 6 of this Chapter: Assessing Criminal History.
    - A fingerprint-based criminal records check is not required at renewal unless the subject individual 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, a new fingerprint-based criminal records check must be completed as well as an out of state child welfare history check prior to approval of the adoption home study. Out-of-country checks must be requested and efforts made to obtain information.
- Ensure completion of child welfare history checks for each applicant and adult member of the household (excluding a young adult in the care or custody of the Department) and any new or previously approved informal respite providers or child care providers. If there is currently an open CPS assessment regarding this family, wait until the conclusion of the assessment to determine approval. For more information, refer to Section 7 of this Chapter: Assessing Child Welfare History.
- Contact caseworkers who have had children placed in this home to discuss any strengths or challenges for the family. It is best to connect with caseworkers prior to the home visit with the family to ensure if there are any issues, they may be addressed at the home visit. Consider reviewing OR-Kids case notes of children formerly

or currently placed in the home, to gather information about their needs.

- Obtain any necessary approvals on the CF 0117. Refer to Section 26 of this Chapter: Management Approval for Specific Rules.
- Complete a SAFE Adoption Update Home Study.
    - Assess, for the purpose of adoption, the family's ability to meet the child's current and life-long needs for safety, permanency, and well-being. This should include an assessment of the applicant's current medical and financial information.
- Confirm all documents listed on CF 1091G are completed within the timeframes listed.

Child Welfare may terminate the assessment process at any time if the family is no longer meeting Standards for an Adoptive Home or Certification Standards, a decision has been made prior to completion of an adoption home study, and/or if an adoption home study cannot be approved. In this situation, the family may choose to voluntarily withdraw the adoption application, or a decision would need to be made to deny the adoption application. Contact the Central Office adoption placement specialist for any denials of adoption applications.

If the adoption home study update occurs within 90 days of the expiration of the COA, refer to OR-Kids steps outlined in this Section under Updates to Certificates – Renewal.

Updates for Guardianship

This section applies to both relative and non-relative resource parents. When there has been a decision to implement the concurrent plan of guardianship with an identified potential guardian (see chapter 6, section 14a) there must be an assessment of the potential guardian's ability to meet the current and long-term needs of the child. The completion of this assessment needs to occur as timely as possible to move permanency forward for the child. This assessment is completed through the Guardianship Study (Form 2822). Form 2822 fulfills the requirement outlined in OAR 413-070-0665(2)(c) for the potential guardian to have an "updated home study".

- The Child Welfare certifier is responsible for completing the Guardianship Study (Form 2822) for a Child Welfare–certified family and for a family the caseworker has recently referred to Child Welfare certification. The caseworker will notify the certifier of the identified potential guardian and request timely completion of Form 2822.
- For a potential guardian who is currently certified by an agency other than ODHS Child Welfare, the caseworker is responsible for timely completion of the Guardianship Study (Form 2822). Examples of this may include out-of-state families certified through ICPC, Office of Developmental Disability Services (ODDS) certified families or BRS certified families. For potential guardians certified by an agency other than ODHS Child Welfare reference (Ch. 6 Section 14a)
- Guardianship Study (Form 2822) is not required for potential guardians who have an approved adoption home study from a licensed adoption agency and who were identified through guardianship recruitment efforts. Reference procedure specific to guardianship recruitment in this section.

Under ICWA/ORICWA a good cause finding is required if Child Welfare is considering a durable guardianship with a potential guardian who is outside of placement preferences. The Child Welfare certifier will partner with the caseworker

to ensure this required process has occurred prior to selection of the guardian. If the plan is a permanent guardianship, the potential guardian must meet one of the ICWA/ORICWA placement preferences. ORS 419B.365(5)(a)(C)(iii) does not provide a good cause exception for a permanent guardianship.

When there has been a decision to implement the concurrent plan of guardianship (as described in chapter 6, section 14a) and a potential guardian has been identified, the caseworker will notify the Child Welfare certifier of the request to complete the Guardianship Study (Form 2822) for the identified potential guardian in preparation for the process to formally select the guardian.

Form 2822 is independent of the home study process and timeline. Regardless of when the most recent home study was completed, a Form 2822 must be completed for the potential guardian to be considered for formal selection as the guardian. A new home study or home study update is not required for formal selection of the guardian as Form 2822 fulfills the updated home study requirement outline in OAR 413-070-0665(2)(c). Certifiers must follow the required home study and renewal timelines for certification purposes as outlined in this Chapter.

The certifier's assessment of the potential guardian and completion of Form 2822 includes the following:

- Gathering information about the child to have a general understanding of the child's current and life-long needs.
    - Conversations with the child's caseworker to gather verbal information and ask additional questions.
    - Reviewing relevant documents in the child's file.
- A minimum of one face to face meeting with the potential guardian to discuss their ability and commitment to meet the current and long-term needs of the child. As part of this meeting:
    - Review the duties of the guardian as outlined on the Duties of a Guardian Form CF 0975 to ensure the potential guardian is comfortable with the responsibilities involved in being a guardian, including the statutory requirement to provide an annual report to the court.
    - Discuss the local office and court approval process to establish guardianship.
    - Discuss a mediation referral and the mediation process including a Cultural Continuity Agreement if applicable.
    - Discuss supports for the potential guardian to include guardianship assistance, Oregon Post Adoption Resource Center, and other post permanency resources provided by Child Welfare.
- Assessment of the potential guardian's ability to:
    - Support the child's identity, including race, ethnicity, cultural identities, language, national origin, immigration status, sexual orientation, gender identity, gender expression, disabilities, spiritual beliefs, and socio-economic status.
    - Meet the child's safety needs, including physical and emotional safety. Assess any child abuse reports and other certification concerns and how they were resolved.
    - Meet the physical and mental health needs of the child, including the developmental, educational, medical, social and emotional needs.
    - Support the child's long-term connections and ongoing contact with parents, relatives, siblings, cultural connections, community connections, and other important individuals to the child.

- Meet the attachment needs of the child and demonstrate a lifelong commitment to the child, including fully integrating the child into the potential guardian's life and home.

In a scenario where a Child Welfare-certified resource parent is married, in a domestic partnership, or cohabitating is being considered alone as the potential guardian, approval by the local child welfare program manager is required.

- This approval is documented on the Management Approval Form CF 0117.
- A new CF 0117 form is required for the purpose of Guardianship even if there is already prior approval for certification. This additional approval is required due to the consideration of this certified family as a permanency resource compared to the temporary nature of foster care.

Refer to Section 26 of this Chapter for more detail regarding Management Approvals for Specific Certification Rules.

After completion of Form 2822, the potential guardian, the certifier, their supervisor, and the caseworker individually review and sign the form.

The certifier will provide the signed Form 2822 to the caseworker to be submitted for the formal selction of the guardian. The certifier should be an ongoing support to the family and available to collaborate with the caseworker throughout the process to formally select the guardian. The certifier can support the potential guardian in creating an All About Me Book/photo book or other materials about themselves or the child which can be a support for permanency preparation or transitions when needed. Refer to chapter 6, section 14a for detailed information on the process to formally select a guardian.

If the potential guardian is formally selected as the guardian , the certifier partners with the child's caseworker to support the family through the Guardianship Assistance process. See Procedure Ch 6 Section 14B: Establishing Guardianship Assistance and OAR 413-070-0905 to 0919 for more detail. To be eligible for Guardianship Assistance

the selected guardian must be fully certified and have an approved home study which includes training requirements. In rare circumstances, the Child Welfare Permanency Manager may approve an exception to this eligibility requirement for Guardianship Assistance. (Refer to OAR 413-070-0917)

Converting from Relative COA to General

Follow the steps outlined below when a relative resource parent wishes to provide substitute care as a general resource home. When the family currently holds a Relative TCA, the certifier must complete the assessment to issue the Relative COA first and then follow the process to change the certificate to general.

- Provide the family with a CF 1260A Application
- Complete SAFE Home Study using SAFE assessment tools.
- RAFT, if not completed within two years prior to the new application, should be completed prior to placing unrelated children in the home.
- Orientation, Mandatory Reporting and Safe Sleep training, if completed under prior certificate, do not need to be repeated.
- Use CF 1091C General Applicant Checklist. Items completed for the relative assessment do not carry over.

Because the relative was certified under Division 203 and is now applying to be a general applicant under Division 200, assessment activities must be completed again. For example, 1011Fs, background checks, including new fingerprint-based checks, references, Safety, Home Environment and Privacy Acknowledgement (CF 0979), etc.

- Review all documentation for this family including previously completed home study, provider notes from Safety and Wellbeing Review Committees, caseworker feedback, CPS assessments, closed at screening reports, and any requests for management approval.
- If manager approval was given previously for criminal history or child welfare history, a new approval would be required in order to change the certificate type to general.
- In cases where the child for whom the family is certified remains in the family's care, maintain the relative certificate until the assessment as a general resource parent is complete.
    - Inform the child's caseworker of the family's desire to care for unrelated children and discuss the child's needs, services, and capacity of the family to take on the care of additional children without compromising this child's stability.
    - After all assessment requirements have been completed, to issue a General certificate:
        - Close the Relative certificate
        - Change provider type to General
        - Refer to the Certification Resource Guide on OR-Kids OWL to issue the General certificate. Ensure there is not a gap in days between the date the Relative certificate is closed and the date the General certificate is approved/effective – to show the family was continuously certified throughout the duration of the relative placement.
- In cases where the child for whom the family is certified has left the home and the relative resource parent is not providing respite to the child to support reunification, close the certificate.
    - After all assessment requirements have been completed, to issue a General certificate:
        - Change provider type to General
        - Refer to the Certification Resource Guide on OR-Kids OWL to issue the General certificate.
- Work with the family to determine the age range, gender, types of needs, and number of children for whom they would be well-suited to care. Consider use of the SAFE Compatibility Inventory.
- In consultation with the supervisor, evaluate all of the information gathered through the process above.
- If the decision is to approve the application, change provider type to general and refer to the Certification Resource Guide on OR-Kids OWL to issue the general certificate.
- If the decision is not to proceed with approval of the application to change from relative to general, Child Welfare can handle this in one of 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 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, the certifier and certification supervisor can proceed toward denial of the application by contacting the foster care coordinator and requesting a staffing with the AAG.

Converting from Child-Specific Non-Relative COA to General

Follow the steps outlined below when a child-specific non-relative resource parent wishes to provide substitute care as a general resource home. When the family currently holds a TCA, the certifier must complete the assessment to issue the COA first and then follow the process to change the certificate to general.

- Provide the family with a CF 1260A Application
- Review the most recent SAFE home study, paying particular attention to any changes since the original study as well as previous mitigations.
- Review provider notes from Safety and Wellbeing Review Committees, caseworker feedback, CPS assessments, closed at screening reports, and any requests for management approval.
- Consider the training needs of the family to be inclusive of the new population they will be caring for. RAFT, if not completed prior to the new application, should be completed prior to placing unrelated children in the home.
- Mandatory Reporting and Safe Sleep training are required unless, completed under prior certificate.
- Complete new Safety, Home Environment and Privacy Acknowledgement, CF 0979.
- Complete 4 new references since this family is applying to provide general foster care.
- If manager approval was given previously for criminal history or child welfare history, a new approval would be required in order to change the certificate type to general.
- In cases where the child for whom the family is certified remains in the family's care, maintain the certificate until the assessment as a general resource parent is complete.
    - Inform the child's caseworker of the family's desire to care for additional children and discuss the child's needs, services, and capacity of the family to take on the care of additional children without compromising this child's stability.
- In cases where the child for whom the family is certified has left the home, their certificate remains active until: the assessment is complete, the family voluntarily withdraws their application and terminates their certificate, or the application is denied, and certificate revoked.
- Work with the family to determine the age range, gender, types of needs, and number of children for whom they would be well-suited to care. Consider use of the SAFE Compatibility Inventory.
- In consultation with the supervisor, evaluate all of the information gathered through the process above.
- If the family's application is submitted within 90 days of the renewal time frame, the renewal process may be used, including the use of the Update Home Study to document the decision to issue a general COA.
- If the family's application is submitted outside of the 90 days prior to the renewal time frame, the evaluation of the decision to issue a general COA is documented in a provider note. It is helpful to label the provider note

"Evaluation to change from Relative or Child-Specific Non-Relative Certificate to General COA".

- Because this information is contained within a provider note rather than an Update Home Study, it will be important to review this provider note and include the information as a part of the next renewal.

- For the OR-Kids process, refer to the guide on OR-Kids OWL - Change or Correct a COA.
- If the decision is not to proceed with approval of the application to change from child-specific non-relative to general, Child Welfare can handle this in one of 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, the certifier and certification supervisor can proceed toward denial of the application by contacting the foster care coordinator and requesting a staffing with the AAG.

Inactive Referral Status

Inactive Referral Status means a period of time, not to exceed 12 months, during which neither Child Welfare nor any other agency may place an additional child with the certified family.

Below are reasons a certified family may be placed on inactive referral status. Each reason has an associated form letter that can be used to communicate with the certified family the reason for the inactive status, the date the inactive status is expected to end, as well as possible next steps.

1. When a certified family is the subject of a report of child abuse or neglect that meets the criteria for a CPS assessment (DHS 2677 a)

2. When Child Welfare has determined that inactive referral status is appropriate (DHS 2677 b) due to issues such as:

- The special needs of a child currently in the home which require so much of the resource family's care and attention that no other children should be placed in the home.
- The resource family or members of the household are experiencing significant family or life stress.
- The resource family does not currently meet one or more of the certification standards.

3. When a certified family requests that their home be placed on inactive referral status (DHS 2677 c)

An additional reason for a certificate to be placed on inactive referral status is during the revocation process, which is described in more detail in Section 25 of this Chapter: Closure of a Provider Record– Revocation of a certificate.

When Child Welfare has determined inactive status is appropriate due to reasons such as the family's capacity or not meeting certification standards, schedule a time to explain the reasons for the decision with the certified family.

- 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 Child Welfare's determination.

- There may be occasions when the reasons surrounding the inactive referral status may be addressed by developing a Placement Support Plan. For more information, refer to Section 14 of this Chapter: Placement Support Plan.
- When Child Welfare has initiated inactive referral status, it is important to have regular contact with the family to assess the family's progress with the issues that necessitated the inactive referral status. In order to remove inactive status, the certifier must determine that the certified family can maintain conditions in the home that provide safety and well-being for the children placed in the home as well as any additional children who may be considered for future placement.
- If necessary, adjust the certified family's placement capacity in OR-Kids according to their capacity to care for children placed with them.

When placing the provider on inactive referral status, the certifier will take the following actions:

- In OR-Kids, Using Additional Certification Actions, select Place on Hold and select the reason.
- Document in Provider Notes the details related to the inactive referral status
- Notify child welfare staff responsible for placement that the certified home is unavailable, using the local office protocol.
- Send the resource parent a letter within 14 days confirming the inactive referral status (Refer to DHS 2677 a, b, c). The letter must contain the reasons for and length of the inactive referral status. Scan this letter into the file cabinet in the Provider Record in OR-Kids.

While a certificate is placed on hold, OR-Kids will not recognize whether any children remaining in their home have a birthday that moves their age to the next age category (birthday batch). The certifier must manually close the certificate, add the appropriate age service and issue a new certificate in order for proper reimbursement to occur.

During inactive referral status, all certification standards and responsibilities remain in effect, including required home visits. Remind the family that even during inactive referral status they have the responsibility to notify the agency of anything covered under required notifications.

When a Certificate is Due for Renewal While on Inactive Referral Status

- If the inactive referral status was due to a CPS assessment:
  - The certificate cannot be renewed when a CPS assessment is being conducted. The certificate must be extended in OR-Kids until the conclusion of the CPS assessment. Based on the outcome of the assessment, the certifier may then either initiate the renewal process or take steps outlined in Section 25: Closure of a Provider Record.
- If the inactive referral status was initiated by Child Welfare due to concerns related to the family's ability to meet certification standards:
  - The certificate must be extended in OR-Kids until Child Welfare has determined that the family can meet certification standards.
- If the inactive referral status was initiated by the family because they needed a break and they would like to

renew their certificate:

- Begin the renewal process. Because the family can be on inactive referral status for up to 12 months, any remaining time on the inactive referral status can be carried over to the new certificate.

When the inactive referral status ends:

- In OR-Kids, use Additional Certification Actions to remove the Place on Hold status from the certificate;
- Document the removal of the inactive referral status in a provider note in OR-Kids;
- Confirm the end of the inactive referral status with the family by having a conversation as well as following up with written notification; and
- Notify child welfare staff responsible for placement that the certified home is available, using local office protocol.

Chapter 8

Section 25: Closure of a Provider Record

Discussing Concerns with an Applicant or Certified Family

When a certifier becomes aware of information that could impact an individual's ability to become or remain certified, it is important to be honest with the family as soon as possible, allowing them the opportunity to explain their perspective or take action to relieve the concern.

If Child Welfare decides to deny the application or revoke the certificate, the certifier's disposition and approach play a critical role in maintaining the dignity of the family and demonstrating transparency. The following actions taken by a certifier can help ensure the conversation is conducted with professionalism and clarity:

- Demonstrate empathy and compassion, acknowledging the family's effort and interest in being a resource.
- Communicate clearly and honestly which standards were not met and why, avoiding jargon or vague language. Be transparent about what, if anything, can be done in the future.
- Use professionalism and neutrality, remaining calm, unbiased and respectful, even if the family is upset or defensive. Focus on policy and facts, not personal opinions.
- Actively listen to the family's perspective and provide opportunity for the family to ask questions. The certifier can validate their feelings without necessarily agreeing.
- Be aware of and respectful towards the family's cultural background and communication style.
- For foster care applicants or certified families, assure the family understands they have a right to a contested case hearing where they would have an opportunity to provide evidence of their ability to meet the certification standards.
- While it is true that Child Welfare may deny an application if the applicant has had an application for certification denied or revoked within the previous five years, it is important to not use this rule to discourage applicants from exercising their right to a contested case hearing.

Voluntary Withdrawal or Termination

When an applicant requests to voluntarily withdraw their application, or a currently certified family requests to terminate their certificate, the certifier must discuss this request with the certification supervisor.

Most often, if the applicant verbally withdraws their application or requests to terminate their certificate, Child Welfare will accept their request. In these cases, the certifier will follow up by letter to the applicant indicating the date the verbal withdrawal was received. A copy of the letter is uploaded into OR-Kids file cabinet. Utilize the Voluntary Withdrawal or Termination form CF 1007 for written withdraw.

There are circumstances when Child Welfare my elect not to accept a voluntary termination request. These include but aren't limited to, when allegations of abuse or neglect have been made against the certified family or when Child Welfare plans to issue a Notice of Denial or Revocation.

If Child Welfare accepts the family's voluntary withdrawal or request to terminate their certificate, the certifier will document the reasons for the closure in a provider note. Refer to OR-Kids guidance in Section 29 of this chapter: Closing a Certificate, Provider Payments, and Closing a Provider Record.

Denial of Application for Foster Care

When an applicant has failed to demonstrate they meet certification standards or for other situations justifying denial outlined in OAR Division 200 or Division 203, Child Welfare may terminate the application process and proceed with denial. Applicants have the burden of proof to demonstrate they meet the safety, health, and/or well-being needs of a child.

When a certifier and their supervisor believe an issue cannot be resolved or alleviated through the applicant's explanations or actions, the certifier may meet with the family to explain the reasons for their concerns. The certifier may also discuss with the applicant the process of denial, including their right to a contested case hearing, as well as their option to withdraw their application.

- If an applicant chooses to withdraw the application rather than receive a notice of denial, refer to Section 25 of this Chapter: Closure of a Provider Record – Voluntary Withdrawal or Termination.
- If the certifier and supervisor believe the applicant may be unwilling to voluntarily withdraw their application, or there is question about legal sufficiency, schedule a meeting with the foster care coordinator and AAG prior to discussing the decision with the applicant.
- If the decision is made to pursue denial, DOJ will draft a letter that documents the certification standards that the applicant does not meet and states Child Welfare's intent to deny the application. The letter also includes information regarding the applicant's right to request a contested case hearing.
    - Once DOJ has drafted the Proposed/Final Order, the letter will be sent to the applicant through certified mail.
    - If the applicant does not respond to the Proposed/Final Order with a written request within 30 days, it becomes a Final Order on the 31st day after it was sent.

Denial of Application for Adoption

When an adoptive applicant has failed to demonstrate they meet standards for an adoptive home or for other situations justifying a denial outlined in OAR 413 Division 120, Child Welfare may terminate the application process and proceed with denial. Applicants have the burden of proof to demonstrate they meet the safety, health, and/or well-being needs of a child.

When a certifier and their supervisor believe an issue cannot be resolved or alleviated through the applicant's explanations or actions, the certifier may meet with the family to explain the reasons for their concerns. The certifier may also discuss with the applicant the process of denial, including the option to withdraw their application.

- If an applicant chooses to withdraw their application for adoption rather than receive a notice of denial, refer to Section 25 of this Chapter: Closure of a Provider Record – Voluntary Withdrawal or Termination.
- If the certifier and supervisor believe the applicant may be unwilling to voluntarily withdraw their application for adoption, or there is a need for consultation, schedule a meeting with the adoption placement consultant and AAG prior to discussing the decision with the applicant.
- If the decision is made to pursue denial, the adoption placement consultant will provide the certifier with a letter template to draft the denial letter, documenting the standards the applicant does not meet and stating

Child Welfare's intent to deny the application.

- Applicants for adoption are not provided a Contested Case Hearing process unless a reason for denial is based on the applicant's criminal history. However, the applicant may choose to file a petition for judicial review pursuant to ORS 183.484.

If an applicant applies for both foster care and adoption, Child Welfare must provide a denial for each program area. If uncertain of which denial process to use, contact the assigned foster care coordinator and the adoption placement consultant.

Revocation

When a certified family has violated one or more of Child Welfare's certification standards, they cannot maintain conditions that provide safety and well-being for children placed in the home, or circumstances occur justifying revocation, outlined in OAR 413 Division 200 or Division 203, Child Welfare may consider revocation of a certificate.

- Consult frequently with the certification supervisor and with the caseworkers of children placed in the certified family's home when a certified family has violated certification standards.
- 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. Otherwise, Child Welfare will proceed to revoke the certification.
- The decision to revoke must always be reached after thorough assessment of the circumstances. The certifier's assessment includes, but is not limited to, consideration of the following:
    - 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?
    - Has the certified family demonstrated a pattern of certification violations or non-compliance with certification standards?
    - Does the certified family fully understand the nature of the certification violations and the impact on child safety and well-being?
    - Is the certified family able and willing to provide safety and well-being for children placed in the home?
    - Is the certified family able and willing to work with Child Welfare to mitigate the current situation?
- 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 to meet certification standards. Some AAGs prefer a consult form. Connect with the assigned paralegal if this form is required.
- When a decision has been made to revoke a certificate, immediately connect with the caseworker and supervisor for any children placed in the home to determine a trauma-informed plan for their transition.
- Once children are moved from the home, place the certified family on Inactive Referral Status, outlined in Section 24 of this Chapter: Updates to Certificates – Inactive Referral Status.
- Consult with the supervisor regarding scheduling a meeting with the certified family to explain the reasons the

certificate is being revoked.

- Once the notice of intent to revoke is approved, send by certified mail to the certified family.
    - If 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 Proposed/Final Order becomes a Final Order on the 31st day after it was sent.
    - When the certified family requests a contested case hearing, follow Contested Case Hearing Process below.
- Until the final order is issued, the family's certificate is considered valid and does not expire. If the certificate would have expired during the period between Child Welfare's initiation of the revocation and the receipt of the Final Order, the certifier must extend the certificate in OR-Kids. Once the final order of revocation is received, the certificate can be terminated, and the Provider Record closed.

NOTE: *When a certificate has been revoked, Child Welfare has the discretion to require a waiting period of up to five years before assessing another application from the family and may include that information in the notice of revocation.*

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 Child Welfare should be considered. As a result of the hearing, the hearings officer reports findings, and recommendations to the Child Welfare Director, who makes a final order on the matter.

- An applicant or certified family has the right to file a Request for a Contested Case Hearing within 30 days of receiving notification by Child Welfare for one or more of the following reasons:
    - The base foster care rate has been reduced or terminated
    - Level of Care rates have been denied, reduced or terminated
    - Level of Personal Care rates have been denied, reduced or terminated
    - Denial of an application to provide foster care or revocation of a certificate
    - Denial of an adoption application or adoption approval based on criminal history
- 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 Child Welfare with the proposed order to deny or revoke, it often provides details of whom to specifically send the request within Child Welfare.
    - 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.
- The family requesting the contested case hearing has 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.

  - 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 the request must be sent to the child welfare program manager within three working days of receipt.

- 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 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.
- The proposed order will be reviewed by the DOJ, and
  - If the child welfare program manager agrees with the order, will advise the child welfare director to sign the order.
  - 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 Rule 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 as revoked or denied, whichever is appropriate to the case. Refer to Section 29 of this Chapter: OR-Kids for Certification – Closing a Certificate, Provider Payments, and Closing a Provider Record.
- Scan a copy of the final order in the OR-Kids Provider Record File Cabinet.
- Document the denial or revocation of the application or certificate in OR-Kids, Provider Notes.

Chapter 8

Section 26: Management Approval for Specific Certification Rules

Management Approvals

Whenever it becomes known that one of the following conditions are present for an applicant or certified family, the certifier must complete the CF 0117, Management Approval for Specific Certification Rules. Multiple reasons may be selected on the form. The form will populate questions to be addressed based upon each reason selected.

1. Another Agency, with Whom Child Welfare Does Not Have an Inter-Division Placement Agreement, to Place a Child in the Child Welfare–Certified Home.

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: An agency, with whom Child Welfare does not have an Inter-Division Placement Agreement, requests to place a child in a home certified by Child Welfare.

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 home.

When an Inter-Division Placement Agreement is in place, such as the one between Child Welfare and the Office of Developmental Disability Services (ODDS) for child foster homes, the CF 0117 isn't required and the certifier will follow the procedures of the Inter-Division Agreement, including completion of the MSC 5031 Inter-Division Foster Care Placement Approval form.

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.

Questions to be considered for Management Approval:

- What is the basis for the request by the other agency to place this child with this certified family?
- Is there is a supervision plan in place documenting the other agency's responsibilities, supervision, and payment?
- What are the current functioning and service needs of the child proposed for placement in relationship to the certified family's skills to meet those needs?
- What is the certified family's motivation and interest in having the child placed in the home?
- Is the child likely to pose a risk to any child currently placed in the certified home?
- Through conversation with the caseworker, address the functioning and needs of children currently placed in the home and how the child proposed for placement is likely to fit considering current dynamics in the certified home.

2. Applicant or Certified Family to Also Provide Child Care.

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: A family currently providing child care applies to become a resource parent or a resource parent informs the certifier of their intent to provide child care.

For applicants who are currently providing child care on an informal basis and are exempt from licensing requirements,

or currently certified families who are wishing to provide this type of child care, consider their span of supervision and how this individual will assure the safety and wellbeing of all the children in their care.

When an applicant is registered/licensed by DELC, secure a release of information, between DELC and Child Welfare, to allow information sharing regarding the history and status of this provider relating to safety and well-being of children. DELC's child care regulations contain basic health and safety standards for child care homes and centers, including the number and ages of children. When an individual provides child care out of their home and also provides foster care, the individual is responsible for including the number of children in the care and custody of the Department and the number of children for whom they are providing child care. That total cannot exceed the number of children for whom they have been registered/licensed to care by DELC. Child Welfare cannot give permission to waive the child care regulations or approve or deny anyone to provide child care.

Questions to be considered for Management Approval:

- What is the relationship of this individual to the children placed or proposed for placement?
- What are the number and ages of children for whom this individual currently provides care or is applying to care in the child care setting? If necessary, specify the hours each child is present.
- Confirm that when combining children in child care and children placed by Child Welfare, the total will not exceed the number of children for whom they have been licensed to care.
- What is the plan for supervision of the children in the home?
- What are the needs of the children placed or being considered for placement?
- Address any prior child safety concerns, assessments, or other caregiving concerns.
- Address the applicant's or certified family's skills and abilities to meet the needs of children in child care and placed by Child Welfare.
- Address the plan for continual assessment of the applicant or certified family's ability to meet the needs of children in child care and placed through the Child Welfare, including maintaining contact with DELC, when applicable.
- For individuals who are registered/licensed by DELC, after obtaining an authorization to speak to the licensor, address the individual's history and status as a child care provider.

3. Applicant to be Studied by Office in Another County

Level of Approval Required: certification supervisor (in office completing certification)-> child welfare program manager (in office completing certification) -> certification supervisor (in applicant's county of residence) -> child welfare program manager (in applicant's county of residence).

Required When: An applicant is to be assessed by a Child Welfare office other than the one in the county or district in which they reside or when there is a request for an office other than the one in the applicant's county of residence to manage the certification of a resource parent. Management Approval is not required, for this reason, when an intercounty agreement has been established or when the counties involved are served by one program manager for the district.

These situations often occur when a family is applying for a relative child. It may be that the office with custody of the child requires the assessment to occur within a timeframe that isn't possible for the office in the applicant's county of residence. It can also occur when an applicant resides in one county but actually lives closer in proximity to another county office and requests to work with that office instead. For currently certified families this sometimes arises when the family moves to a neighboring county, within close proximity, but wants to keep the well-established relationship they have with their certifier. The county requesting to complete or retain the certification, will initiate the Management Approval, routing it first to the program manager of their own office. If approved, the CF 0117 is then sent to the office in the applicant's county of residence. Once approval has been given by both offices, the assessment for certification can begin.

Questions to be considered for Management Approval:

- Why is this applicant not being assessed by the office in their county of residence?
- Is it feasible for the county completing certification to maintain this provider and conduct regular home visits after certification has been issued?
- If this is a relative or child-specific non-relative applicant who later decides to become a general applicant, address the plan to either transfer the family to their county of origin or submit another management approval to continue their certification as a general applicant.

4. Barred Windows That Do Not Have Operable Quick Release Mechanisms

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: A certified family's residence has barred windows that do not have operable quick release mechanisms.

Barred windows are metal bars that are installed to prevent intruders from entering the home. The certifier will identify whether the home has barred windows when completing form 0979. If the barred windows have quick release mechanisms, they must be accessible inside the home and not require use from outside of the home. The quick release mechanism must not require any special knowledge to operate. Ask the applicant to demonstrate how the quick release mechanism works. If it is verified that the barred windows have operable quick release mechanisms, the approval is not necessary. If there are not operable quick release mechanisms, the certifier must obtain Management Approval for the home to be certified. The Certifier will assess the applicant's plan for escape by another means of exit and rescue and will document this plan on the Home Evacuation Plan, CW 0043.

Questions to be considered for Management Approval:

- What is the plan for evacuation of the home in an emergency?
    - Who is responsible for what actions in this evacuation plan?
    - What is the plan for assisting infants, young children, disabled individuals, or navigating any other special considerations of the home environment?
- Include a copy of the evacuation plan with this document.

5. Child Abuse History for a Currently Certified Family, Including Founded/Unable to Determine Dispositions, or Similar Findings

Level of Approval Required: certification supervisor -> child welfare program manager.

Required when: At the conclusion of a CPS assessment, a Founded or Unable to Determine disposition has been identified with a resource parent as the perpetrator.

Refer to Chapter 3 Section 24 of this Procedure Manual: Report of Abuse Involving a Resource Family or Respite Provider Certified by Child Welfare for more information about a certifier's responsibilities at the conclusion of a CPS assessment.

If the CF 0117 Management Approval for Specific Certification Rules is not approved, refer to Section 25 of this Chapter: Closure of a Provider Record.

Documentation must address how, despite the issues in the CPS assessment, the resource family can:

- Meet the safety and well-being needs of a child placed in the home.
- Maintain conditions in the home that provide safety, health, and well-being for the child.

Questions to be considered for Management Approval:

- What was the severity of the abuse?
- What were the circumstances surrounding the abuse?
- What has the certified family's response been?
- Is there indication of their increased awareness of the part they played?
- Is there indication that their awareness and actions following the CPS assessment will lead to a decreased likelihood of this happening again?
- Identify themes in the certified family's ability to meet children's safety, health, wellbeing and attachment needs (Consider use of a provider chronology and attach to this document).
- Has the family had any challenges caring for children with specific needs or behaviors?
- What have children shared about this family's care and home environment?
- Which supports or trainings have been offered and what conversations have taken place to further equip the certified family?
- How did the certified family respond to these? Were supports and training accepted? Has there been evidence of new information being put into practice?
- Is there a possibility the concerns can be alleviated through the development of a placement support plan?

6. Child Abuse History for an Applicant or Other Individual, Including Founded/Unable to Determine Dispositions, or Similar Findings

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: An applicant, member of the household, child care provider, or informal respite provider was the

identified perpetrator of a CPS Assessment with a Founded or Unable to Determine disposition.

For more information, refer to Section 7 of this Chapter: Assessing Child Welfare History.

Questions to be considered for Management Approval:

- When the individual is a relative or has a relationship with the family or child requiring placement, consider whether the placement may mitigate the trauma experienced by the child due to the existing relationship and whether the placement would provide for the child's safety, well-being and permanency.
- The age of the individual and the passage of time since the child welfare assessment occurred.
- The details of the incident that led to the disposition including but not limited to:
    - The age of the victim
    - Relationship of the individual to the victim
    - The nature of the abuse and whether serious injury occurred
    - Whether a child was removed from the individual's care
    - Whether the individual was arrested and/or convicted of a crime related to the abuse.
- Information suggesting changes in circumstances or behavior of the individual since the disposition showing self-improvement including, but not limited to:
    - The individual's experience in caregiving or parenting and engagement in services to address the issue of concern.
    - How information collected from references or other sources mitigates the issues that led to the disposition.
    - Individual's perspective and insights about the child welfare assessment.

7. Consideration Alone as a Foster Care Applicant, Despite Being Married, in a Domestic Partnership, or Cohabitating

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: During the assessment, of an application for foster care, it becomes known that the individual applying is married, in a domestic partnership, or cohabitating but the spouse or partner is not an applicant.

Questions to be considered for Management Approval:

- What is the reason the spouse or partner is not applying?
- What level of involvement does the spouse or partner expect to have in the parenting of children placed in this home. Consider involvement in:
    - Discipline
    - Routines
    - Services to the child such as medical or educational
- For applicants known to the child, what level of connection has the spouse or partner had with the child

previously?

- Consider this question in light of whether the spouse or partner is parenting other children in the home. How will the applicant ensure the child is fully integrated into the home and has a sense of belonging despite the spouse or partner not being certified?

8. Consideration Alone As a Potential Guardian, Despite Being Married, In a Domestic Partnership, or Cohabitating

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: A currently certified provider, who is married, in a domestic partnership, or cohabitating has applied as a guardian, but the spouse or partner is not requesting to be considered as a potential guardian. This approval is completed as a part of the 2822 Guardianship Study. A new CF 0117 is required for the purpose of guardianship even if prior approval was given for certification. This additional approval is required due to the consideration of this provider as a permanency resource compared to the temporary nature of foster care.

Questions to be considered for Management Approval:

- What is the reason the spouse or partner is not being considered as a potential guardian?
- What level of involvement has the potential guardian's spouse or partner had in parenting this child thus far?
- What is the child's level of attachment with the spouse or partner? How does the child refer to the spouse or partner?
- What level of involvement does the spouse or partner expect to have in the parenting of this child after the guardianship is established?
- How will the potential guardian message to the child the reason for the spouse or partner not also being a guardian?
- How will the potential guardian ensure the child is fully integrated into the home and has a sense of belonging despite the spouse or partner not being a guardian. Consider this question in light of whether the spouse or partner is parenting other children in the home.
- If the potential guardian and their spouse or partner were to separate, what impact would there be to the child? For this question, consider housing, stability, financial resources, daily routines, and the relationship between the child and spouse or partner.

9. Consideration Alone as an Adoptive Applicant, Despite Being Married, In a Domestic Partnership, or Cohabitating

Level of Approval Required: certification supervisor -> child welfare program manager -> central office child permanency program manager.

Required When: An adoption home study is being completed either for a general applicant or a relative caregiver or current caretaker and the applicant is married, in a domestic partnership, or cohabitating but the spouse or partner is not an adoptive applicant.

Questions to be considered for Management Approval:

- What is the reason the spouse or partner is not applying to adopt?
- What level of involvement has the applicant's spouse or partner had in parenting this child thus far?
- What is the child's level of attachment with the spouse or partner?
- What level of involvement does the spouse or partner expect to have in the parenting of this child after the adoption is finalized?
- How does the child refer to the spouse or partner? How might this change after the adoption has finalized?
- How will the adoptive applicant message to the child the reason for them adopting alone?
- How will the adoptive applicant ensure the child is fully integrated into the home and has a sense of belonging despite the spouse or partner not adopting. Consider this question in light of whether the spouse or partner is parenting other children in the home.
- If the adoptive applicant and their spouse or partner were to separate, what impact would there be to the child? For this question, consider housing, stability, financial resources, daily routines, and the relationship between the child and spouse or partner.

10. Criminal Conviction

Level of Approval Required: See below

Required When:

- Subject Individual has a Felony conviction listed on Criminal Conviction Levels of Approval that is not a must deny – more than 5 years, but less than 10 years from date of subject individual's authorization.

  Level of Approval: certification supervisor -> child welfare program manager -> district manager -> central office foster care program manager.

- Subject Individual has a Felony conviction listed on Criminal Conviction Levels of Approval that is not a must deny – more than 10 years from the date of the subject individual's authorization.

  Level of Approval: certification supervisor -> child welfare program manager -> district manager.

- Subject Individual has a conviction other than those listed on Criminal Conviction Levels of Approval that is not a must deny and not one of the above referenced Felony convictions.

  Level of Approval: certification supervisor -> child welfare program manager.

- Subject Individual has a conviction listed on Criminal Conviction Levels of Approval that is a MUST DENY.

  Level of Approval: certification supervisor.

  In this situation, a fitness determination is required to be completed. Document the details of the conviction and indicate that the conviction requires a negative fitness determination. The supervisor marks Not Approved, signs, and dates the form.

For more information about requirements for criminal records checks, refer to Section 6 of this Chapter: Assessing

Criminal History.

Weighing Test for Fitness Determination:

- When the subject individual is a relative or has a caregiving relationship with the child requiring placement, address whether the placement may mitigate the trauma, due to the existing relationship, and whether the placement would provide for the child's safety, well-being and permanency.
- The impact of cultural or societal forces such as structural racism or poverty and other impacts to marginalized communities, upon the subject individual and whether those forces contributed to the circumstances leading to a conviction;
- The nature of the crime, including the relevancy of the crime or false statements made by the subject individual about the crime, to the ability to be a certified resource parent;
- The details (or facts) of the incidents that led to the criminal convictions;
- The details of the conviction, including periods of incarceration and compliance with parole, post-prison supervision, or probation and any subsequent convictions;
- The timeline and frequency of criminal convictions and criminal involvement not resulting in conviction, including arrests, criminal investigations and unresolved or pending arrests, charges, indictments, or outstanding warrants;
- The age of the subject individual and the passage of time since the conviction and criminal involvement and likelihood of a repetition of offenses or the commission of another crime; and
- Information suggesting changes in circumstances or behavior of the subject individual since the conviction showing self-improvement including, but not limited to:
    - The subject individual's experience in caregiving or parenting, engagement in drug, alcohol or mental health treatment, work experience, relevant education or training, community involvement; and
    - Information from references, community members, employers or other sources with knowledge about the subject individual.

11. Delaying Face-to-Face Contact With an Applicant or Member of the Household Who Has Completed Required Paperwork but is Unavailable for Face-to-Face Contact

Level of Approval Required: certification supervisor.

Required When: During an assessment for issuance of a TCA/Relative TCA, an applicant or other member of the household is not available for the required face-to-face contact i.e. they are out of town, but they are able to complete required paperwork.

- For an applicant, the required paperwork includes the 1011F and the 1260A Application.
- For another household member, only the 1011F is required.

If the individual can complete the necessary paperwork and is available for phone or virtual contact, they may be added to the application and their background checks can proceed. A date and time for the face-to-face contact must be

scheduled within seven calendar days of the date the individual becomes available.

If the individual is out of town and unreachable or unable to complete the paperwork, they should not be added to the application.

- If the unavailable individual is the spouse or partner of the applicant, a CF 0117 Management Approval must be requested under the reason "Consideration alone as a foster care applicant, despite being married, in a domestic partnership, or cohabitating". This allows the applicant to be assessed as a single applicant, until the partner returns to the home and becomes available to participate in the paperwork and interviews. Upon their return, a new CF 1260A Application must be completed with both applicants.
- If the unavailable individual is another household member, they should not be added to the application. The applicant must inform Child Welfare when the individual returns so background checks and interviews can be conducted.

Questions to be considered for Management Approval:

- With whom is contact being delayed, why are they unavailable, and when is it anticipated they will become available for contact?
- What attempts have been made to contact this individual by phone? If phone contact was made, what was learned from this initial phone interview?
- Summarize what is known about this individual's relationship with the child proposed for placement, the role they expect to have with the child, their knowledge and skills to address the child's needs, and the individual's current functioning.
- What is the plan to assure contact will be made with the individual within 7 calendar days of when they become available?

12. Exceeding More Than 2 Children Under The Age of 3

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: More than 2 children under the age of 3 will be placed with a certified family. This also applies when a certified family wishes to provide respite care and in doing so, they exceed the above referenced maximum capacity.

The limit of 2 children under the age of 3 includes all children in the care and custody of ODHS, the family's own children, and other children residing in the home and being cared for by the certified family.

This approval is required whenever the family exceeds more than 2 children under the age of 3. If a child of this age leaves, reducing the family to their capacity limit, other than changes to OR-Kids capacity, no additional action is necessary. In the event there is a request to place another child, under the age of 3 in the home, causing the family to exceed capacity once more, another approval would be required. Whenever a family has been approved to exceed capacity, contact in the family's home is required every 90-days.

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 and allows the provider to acknowledge when they may be struggling.

Questions to be considered for the Management Approval:

- Through conversation with the caseworker, considering medical, emotional, behavioral, and supervision needs:
  - Identify the needs of the children currently placed in the home
  - Identify the needs of the children being proposed for placement
  - Identify what impact there may be by placing additional young children in the home and whether it is reasonable for this certified family to meet each child's individual needs.
  - Consider whether the certified family has effectively been able to ensure each child's case plan needs are being met.
- How much experience does this certified family have caring for the total number of children being considered?
- If there have been concerns expressed about the care of children placed in their home, how were the concerns addressed and were they resolved?
- How does this certified family manage stress?
- Will this certified family need additional supports to meet the needs of these children? If so, what supports are available?
- Will the certified family request assistance or seek out additional training when needed?
- Are there adequate sleeping arrangements identified for each child?
- What will be the plan for transporting the children? Is the family's car large enough to transport all children at once including space for the car seats needed?
- Is the home emergency or fire escape plan reasonable considering the number, ages, and needs of the children?
- If the certified family has caretaking responsibilities for others, such as other children, adult children or other dependent adults, what impact do these responsibilities have on the certified family's ability to provide care to multiple young children?

13. Exceeding The Maximum Number of Children

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: More than 4 children will be placed with a single certified individual or more than 7 children will be placed in a home with two certified individuals (only 6 of whom may be children in the care/custody of the Department). This also applies when a certified family wishes to provide respite care and in doing so, they exceed the above referenced maximum capacity.

In all cases, the total number of children residing with a certified family includes all children in the care and custody of ODHS, the family's own children, and other children under the age of 18 residing in the home and being cared for by the

certified family.

This approval is required whenever the family exceeds capacity. If a child leaves, reducing the family to their capacity limit, other than changes to OR-Kids capacity, no additional action is necessary. In the event there is a request to place another child in the home, causing the family to exceed capacity once more, another approval would be required. Whenever a family has been approved to exceed capacity, contact in the family's home is required every 90-days.

NOTE: *Best practice suggests frequent contact with the provider by phone, email, and in person. This provides additional insight related to 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 and allows the provider to acknowledge when they may be struggling.*

Questions to be considered for the Management Approval:

- Through conversation with the caseworker, considering medical, emotional, behavioral, educational, and supervision needs:
    - Identify the needs of the children currently placed in the home
    - Identify the needs of the children being proposed for placement
    - Identify what impact there may be by placing additional children in the home and whether it is reasonable for this certified family to meet each child's individual needs.
    - Consider whether the certified family has effectively been able to ensure each child's case plan needs are being met.
- How much experience does this certified family have caring for the total number of children being considered?
- If there have been concerns expressed about the care of children placed in their home, how were the concerns addressed and were they resolved?
- How does this certified family manage stress?
- Will placing additional children in the home reduce the certified family's ability and desire to form individual relationships with each child?
- Will this certified family need additional supports to meet the needs of these children? If so, what supports are available?
- Will the certified family request assistance or seek out additional training when needed?
- Is the certified family's home large enough to provide adequate space for each child, including bedroom space?
- What will be the plan for transporting the children? Is the family's car large enough to transport all children at once?
- Is the home emergency or fire escape plan reasonable considering the number and needs of the children?
- 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 in the home?

14. Extending Assessment Period For an Application

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When:

- Assessment activities to issue COA have not been completed within 180 days of receipt of the application.
- Assessment activities to issue Relative COA have not been completed within 60 days of receipt of the relative application.

While the agency must make every attempt to complete assessment activities timely, there may be instances when an application cannot be fully assessed within the required timeframe. Circumstances that may lead to requesting an extension include but are not limited to:

- Illness or unavailability of the applicant;
- Information received during the assessment process requiring additional time to assess;
- Additional information from the applicant was requested but not received timely.

Questions to be considered for Management Approval:

- What is the reason for the extension?
- What are the circumstances which prevented the completion of the home study and assessment activities?
- What is the plan to ensure completion within a reasonable amount of time?

15. Extending TCA 30 Days

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When:

- Assessment activities to move from a TCA to a COA have not been completed within 180 days.
- Assessment activities to move from a Relative TCA to a Relative COA have not been completed within 60 days.

Questions to be considered for Management Approval:

- What circumstances have prevented the completion of the assessment activities within the required timeframe?
- What additional assessment activities need to be completed to issue the COA?
- What is the plan to complete the remaining assessment activities within the next 30 days?

16. Extending TCA Beyond 30 Days

Level of Approval Required: certification supervisor -> child welfare program manager -> central office foster care program manager.

Required When:

- Assessment activities to move from a TCA to a COA have not been completed within 180 days
- Assessment activities to move from a Relative TCA to a Relative COA have not been completed within 60 days and approval is needed to extend the TCA beyond 30 days.

Questions to be considered for Management Approval:

- What progress has been made toward the completion of the assessment activities within the last 30 days?
- What circumstances have prevented the completion of all the required assessment activities?
- What additional assessment activities need to be completed to issue the COA?
- What is the plan to complete the remaining assessment activities within the next 30 days?

17. Household Member Who is Unable to Consent to a Criminal Records Check or is Unable to Complete Fingerprinting

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: A household member is unable to consent to a criminal records check or is unable to complete fingerprinting.

For more information about requirements for criminal records checks, refer to Section 6 of this Chapter: Assessing Criminal History

Questions to be considered for Management Approval:

- What are the circumstances necessitating this approval?
- Would this individual have any caregiving responsibilities with children placed in the home?
- Are there any potential safety concerns related to this individual's contact with children in the home?
- Are the circumstances necessitating this approval likely to change in the future?

18. Issuing Relative or Child-Specific Non-Relative Certificate to an Applicant Who is an Adult Foster Care Provider

Level of Approval Required: representative of Office of Developmental Disability Services Adult Licensing Unit -> certification supervisor -> child welfare program manager.

Required When: A relative or child-specific non-relative applicant is licensed by the Office of Developmental Disabilities Services (ODDS) to operate an adult foster home.

Child Welfare does not have an Inter-Division Agreement with Adult ODDS, allowing for the use of the existing certification in order to place a child in the home. Therefore, when placement of a child in the custody of Child Welfare

is proposed with an individual who is licensed by Adult ODDS, Child Welfare must assess the individual for certification. This is one of the rare circumstances when dual certification would be considered.

The certifier must contact the adult foster care licensor to discuss Child Welfare's desire to certify this home. The certifier will discuss with the licensor pertinent information about the provider's experience and skill, information related to individuals currently in the home and the child proposed for placement and gather information to answer the questions below. Before routing the completed CF 0117 to the child welfare program manager, the certifier will obtain approval on the form from a representative of the ODDS licensing unit by emailing it to: DD.LicensingFoster@odhsoha.oregon.gov

NOTE: *When approval is given to issue a certificate to an individual who is also licensed to provide adult foster care, approval is only for the identified child and does not establish a precedent for other placements in this home.*

Questions to be considered for Management Approval:

- What is the reason for this request?
- Why is placement in this home in the best interest of this child?
- What is the expected duration of placement?
- What is the long-term plan for this child?
- After speaking with the licensor, describe the experience and skill level of the provider as it relates to managing the needs of the adults placed in the home while also meeting the needs of the child proposed for placement.
- Identify the gender and age of each individual receiving services in the home. Indicate if there are vulnerabilities or behavioral challenges demonstrated by the individual (i.e. was this individual a victim of physical or sexual abuse? Do they have current or history of sexualized or grooming behaviors? Do they have current or history of physically aggressive behavior?). Describe any other risks or concerns.
- Identify the gender and age of any other children or adults residing in the home. Provide a description of any known risk factors specific to the child or adult, including any vulnerability or behavioral challenges.
- Describe the sleeping arrangements of the home.
- Does this provider have the capacity to continue to meet the needs of the adults in the home and also meet the needs of the child proposed for placement? (Any child proposed for placement would count against the provider's maximum capacity).
- Provide any additional information relevant to the consideration of this request.
- Provide a statement that expresses understanding that approval is given for this specific child only and does not establish a precedent for other placements in this home.

19. Not Issuing a TCA To a Relative Who is Available for Immediate Placement

Level of Approval Required: certification supervisor -> child welfare program manager -> central office foster care program manager.

Required When: A child is in need of immediate placement, a relative has applied for certification, and Child Welfare has not approved a Relative TCA, or it has been determined that further assessment is required.

Questions to be considered for Management Approval:

- What efforts have been made to certify this relative? Summarize information gathered through interviews and observation regarding each applicant's ability to meet the children's safety, health, and well-being needs. Document the family's strengths and describe any additional assessment needed. If the applicant does not meet the requirements for approval, document the reason. If a CF 0117 was completed for criminal history or child welfare history, state whether or not it was approved. However, do not include the details of that history on this form.

NOTE: If the applicant has a criminal conviction listed on Criminal Conviction Levels of Approval that is a MUST DENY, approval by the Foster Care Program Manager to not issue a TCA is not required.

20. Monitors Recommended by Medical or Mental Health Providers That Would Otherwise Be Considered Electronic Monitoring

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: Monitors, such as video cameras or other listening devices, are recommended by medical or mental health providers for medical purposes or for understanding emotional or behavioral health.

Questions to be considered for Management Approval:

- Identify the name, title, and employer of the professional who has recommended the use of video monitoring or listening devices for medical purposes or to monitor or record the behavior of a child?
- Summarize the child's behaviors, diagnosis and needs that have prompted the recommendation of monitors. For how long and how recently have these issues been present?
- Summarize the supervision plan in place.
- Explain how the video monitoring or listening devices will benefit the child and how they would help the providers and the child's team address the child's medical or behavioral needs.
- Explain what alternatives have been explored to support this child before considering the use of video monitoring or listening devices.
- Where will the devices be installed? How will the certified family ensure privacy to the child?

21. Renewal Application Not Received Prior to Expiration of Certificate

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: A Renewal Application is not signed before the COA expires, but at least one document necessary for renewal, or verbal indication from the family expressing their interest in renewing the certificate, is received before the expiration date.

When this occurs, and management approval is given, the Renewal Application will be considered timely, and the COA

may be extended.

Questions to be considered for Management Approval:

- When was the renewal application provided to the family?
- What indication does the agency have that the family desires to renew their certificate? When was this received?
- What attempts were made to renew the certificate timely?
- What assessment activities remain to issue the new COA?
- What is the plan for completing the assessment activities within the extended timeframe?

22. Respite Care to Continue Longer Than 14 Consecutive Days

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: Respite care is needed to continue longer than 14 consecutive days.

There may be instances when respite care is needed to continue longer than 14 consecutive days. For example, a certified family has an 18-day vacation, and it would not be appropriate to change the child's placement for 4 days. Payment to the foster parent may continue, but IV-E payment may not be claimed after 14 consecutive days have passed until the respite period ends.

Questions to be considered for Management Approval:

- Where will the respite care occur? In the certified family's home or in the respite provider's home?
- What is the respite provider's familiarity with the child?
- What does the certified family report about the respite provider's skills and abilities to provide care for the child for an extended period?
- Considering the age and developmental stage of the child and their ability to understand the circumstances, what potential impact might it have on the child to be in respite longer than 14 days?
- How will the respite provider continue to meet the child's specific needs (physical, mental health, educational, treatment services, family time, etc.) in an extended respite situation?
- Has there been communication with the Title IV-E specialist to turn off IV-E payments?

23. TCA For An Applicant Not Known to Child

Level of Approval Required: certification supervisor -> child welfare program manager -> central office foster care program manager.

Required When: Issuing a TCA to an applicant who is not known to the child or their family, but has a skill set or knowledge to meet the specific needs of the child requiring placement.

This situation may be considered in limited circumstances. Management Approval must not be sought without careful

analysis of the needs of the child along with what is known about the family, their skills and abilities, and the agency's plan to support the placement. Staff with the foster care coordinator who will facilitate the process of the request being reviewed.

Questions to be considered for Management Approval:

- How far along is the certification process? For instance, have all the interviews been done, information gathered but the writing of the home study has not yet been completed?
- Was the applicant previously certified in Oregon, with a Tribe, or other state or jurisdiction?
- What training has been completed? Has the applicant completed most or all of RAFT?
- What are the needs of the child? Does the applicant have knowledge to meet those needs?
- How will the applicant and child be supported with this placement? What level of contact will occur between the certifier and the family? Are there referrals for training or other supports that could be made? Is there an experienced resource parent to connect the applicant with to be a support? Consider a KEEP referral for the family.
- Has information about the child been communicated to the applicant? Does the applicant understand this particular child's needs?
- What skills and abilities does this applicant possess that demonstrate their ability to meet this child's specific needs?
- Has case planning information been provided to the applicant, for instance the family time plan, medical/ mental health appointments, and educational plans?
- Are there indications this applicant may be able to provide continuity and placement stability, beyond providing a placement for a few days?
- If applicant is an employee, beyond their employment with Child Welfare, what specific skills do they demonstrate that make them a good fit for this child?

24. Utilizing Informal Respite Provider or Child Care Provider Prior to FBI Results

Level of Approval Required: certification supervisor -> child welfare program manager.

Required When: An informal respite provider or child care provider will be utilized prior to receiving the FBI fingerprint-based results.

For more information about requirements for criminal records checks, refer to Section 6 of this Chapter: Assessing Criminal History.

Questions to be considered for Management Approval:

- Is there anything concerning that would indicate the need to obtain fingerprint results prior to being utilized for informal respite care or child care?
- How long has this individual lived in Oregon? Is there any reason to believe there may be criminal or child

welfare history in another state?

25. Waiving RAFT Requirement In Favor of Individualized Plan for Training

Level of Approval Required: See below

Required When: An individualized plan for training will be used in the place of RAFT for:

a) An applicant or resource parent who has documentation of completion of equivalent training.

Level of Approval Required: certification supervisor.

b) An applicant or resource parent who cannot participate in RAFT due to lack of English proficiency or receptive language impairment that cannot be addressed by currently available accommodations.

Level of Approval Required: certification supervisor.

c) A resource parent with a Child-Specific Non-Relative COA who would benefit from training specific to the needs of the child placed in the home.

Level of Approval Required: certification supervisor.

d) A potential adoptive resource who is requesting alternate training.

Level of Approval Required: certification supervisor -> child welfare program manager -> central office adoption program manager.

NOTE: *Document the individualized plan for training in the Specialized Parenting section of the SAFE Home Study.*

Questions to be considered for Management Approval:

- Fully explain the rationale for the applicant or resource parent to not complete RAFT.
- Confirm whether the applicant or resource parent has already completed or will complete training that addresses:
  - The mental, emotional, and physical impacts of abuse, including sexual abuse and rape of a child.
  - Knowledge and skills related to applying the reasonable and prudent parent standard for the participation of the child in age-appropriate or developmentally appropriate activities.

26. Other: Approval Not Listed on This Form But Allowed/Required by Oregon Administrative Rules

Level of Approval Required: As determined by OARs.

Required When: OARs allow for Management Approval for a reason not captured on the CF 0117.

Questions to be considered for Management Approval:

- What is the rule that allows for management approval?
- What are the circumstances of this request?
- Address and any pertinent information to be considered.

Chapter 8

Section 27: Partnering with Tribes

Inter-Governmental Partnerships

Utilizing a Home Certified/Licensed by a Federally Recognized Tribe for Placement of a Child in ODHS Child Welfare Custody

Child Welfare is able to accept the certificate (or license) issued by a federally recognized Tribe for placement of a child in the care or custody of ODHS Child Welfare. As sovereign nations, federally recognized Tribes are able to complete their own licensing or certification of resource families. Tribes establish and maintain standards for the homes they license/certify.

When requesting to utilize a home certified/licensed by a Tribe for placement of a child in ODHS Child Welfare's custody:

- Share information with Tribe staff regarding the needs of the individual child needing placement.
- Talk with Tribe staff about whether this would be a good fit.
- Discuss with Tribe staff how Child Welfare can best partner with the Tribe.
- Seek input from Tribe staff about how to best engage with, support, and collaborate with the certified/licensed resource family.
- Consider any additional engagement opportunities that may be available; offer alternatives and choice that are respectful to the family and their customs.

Avoid Dual Certification:

It is best practice to not dually certify homes. A family has the opportunity to be certified/licensed by either a federally recognized Tribe or by Child Welfare. A home certified by a federally recognized Tribe which accepts placement of a child in the care and custody of ODHS Child Welfare will have access to all the services and supports as Child Welfare–certified resource homes (e.g., base rate payment, flexible funds for resource parents, child care reimbursement, personal care, and level of care).

If a family requests to be certified/licensed by both Child Welfare and a Tribe, immediately involve the Office of Tribal Affairs in the discussion. District manager and program manager involvement and approval would be necessary for a family to be dually certified/licensed. Typically, dual certification/licensing causes challenges and complexities and does not add any benefits.

NOTE: *Child Welfare may also accept the certificate (or license) issued by a federally recognized Tribe for the purpose of certified respite for a child in the care or custody of ODHS Child Welfare. When requesting to utilize a home certified/licensed by a Tribe for the purpose of respite, the certifier will follow the procedure above. After the Tribe has given approval, the certifier will collect the certified family's provider number and gather W-9 information for direct payment.*

Tribe Requests to Utilize a Child Welfare–Certified Resource Parent for Placement of Tribal Children Being Served Through Tribal Jurisdiction

Child Welfare may authorize a Child Welfare–certified home to be utilized as a placement resource for Tribal children being served through Tribal jurisdiction.

When a Tribe reaches out to inquire if a Child Welfare–certified resource parent may be utilized for a child receiving

services through the Tribe, certification staff:

- Discuss with the Tribal worker the child's needs and whether the Child Welfare–certified family could be a good fit for the child.
- Discuss with the Tribal worker the supports, training, services, and collaboration between the Tribe and Child Welfare so the child's needs are able to be well-supported and placement stability is improved.
- Share with the Tribal worker the OARs regarding certified families (aka certification standards/rules) and answer questions, so they are familiar with the standards and requirements in place for Child Welfare–certified resource families and Child Welfare certifiers.
- Consider and discuss any additional engagement opportunities, offering alternatives and choice that are respectful to the child, the child's family, and the Tribe's customs.

Certification & ORICWA, ICWA, Reporting Requirements, Cultural Continuity Agreements, and Keeping Tribal Children Connected to Their Tribe and Culture.

The certifier assigned to a resource family who is caring for an Indian child:

("Indian child" is defined in OAR 413-115-0000 as "…any unmarried person who has not attained 18 years of age and: (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.)

- Supports the resource parent's understanding about the importance of and connection with the child's Tribe, family, and cultural connections.
    - Partners with the caseworker to connect the resource parent with the right people who can support their learning and help them connect with cultural activities.
    - Supports the resource family to build connections with the child's Tribe and the child's family of origin.
        - Consider ways certifier can become more familiar with and create relationship with the child's Tribe (e.g. ask caseworker if certifier can be invited to their conversations with the Tribe; learn about the Tribe and create a relationship with the Tribe; offer to go with resource parent to cultural events and opportunities to connect with the child's Tribe)
        - Consider ways certifier can learn about and connect with the child's family, to support the resource family's success creating a positive relationship with that family, in support of the child (e.g. ask to be invited to/go to family meeting when possible; ask caseworker about relatives and ways to support the child's relationship with relatives)
- Develops and monitors the resource parent's training plan:
    - Identifies and encourages opportunities for the resource parent to learn from the child's Tribe how to promote, protect, and preserve the child's connections with the child's Tribe, family, and community.
    - Shares information with and acquires information from the caseworker regarding the resource family's engagement with these opportunities.
    - Ensures resource parent has received training and understands key content about ICWA, ORICWA, including why ICWA exists, ORICWA/ICWA Placement Preferences, the importance of maintaining

cultural connections, and encourages learning more comprehensively about Tribal history.

- When the resource parent is a non-relative or a non-Tribal member, it is especially important to have an immediate discussion about ORICWA/ICWA Placement Preferences and what that means for placement of the child, including likely changes if plan changes to concurrent plan.
- Coordinate with the caseworker for this discussion.
- Certifier communicates (ongoing) with the caseworker to inquire about diligent efforts being made to place with a relative and to meet placement preference criteria.
- Certifier communicates with caseworker when any new relative information is obtained, so it can be incorporated into the diligent relative search.
- Caseworker and certifier may utilize regional ICWA specialist or Tribal Affairs coordinators to be prepared for the discussions and to ensure necessary steps are being taken as to the diligent relative search process.

- Shares training and cultural activity opportunities with the resource parent during certifier contacts and whenever new opportunities become available and known to the certifier. Some sources of information include:
  - The child's Tribe; coordinate with caseworker, talk with Tribal contact, and follow the child's Tribe's materials (e.g. the Tribe's website, social media page, publications, etc.)
  - The ODHS regional ICWA specialist, if available for the district
  - ODHS Tribal Affairs OWL page: https://dhsoha.sharepoint.com/teams/Hub-ODHS-Tribal-Affairs (certifier shares relevant information with the resource parent because this intranet site is not directly accessible to resource parents)
  - ODHS Resource Parent training page: https://www.oregon.gov/odhs/providers-partners/foster-care/Pages/training-schedule.aspx
  - ORPARC: Statewide Training page, Tribal Resources page, and Tribal Library Collection page
  - National Indian Child Welfare Association: Resources for Service Providers page
  - National Child Welfare Resource Center for Tribes
  - Child Welfare Information Gateway's Indian Child Welfare Act page
  - Child Welfare Capacity Building Collaborative : Resource Library page
  - Smoke Signals (www.smokesignals.org ; resource parent can sign up and share with Tribal child)
  - Websites for the nine federally recognized Tribes in Oregon
  - Native Wellness Institute

- Communicates with the resource parent and caseworker about cultural events and activities which are available to support the child's positive identity development and understanding of and connection to their Tribe, family, and culture.

- Communicates with the caseworker for the Indian child, to stay apprised of the steps being taken to establish a cultural continuity agreement:

[A CCA is defined in OAR 413-115-0000 as "…a written agreement developed between the Indian child's tribe and proposed guardians in guardianship proceedings or proposed adoptive placements in adoption proceedings, with the Department's assistance, that ensures ongoing cultural connections between the Indian child and the Indian child's tribe and describes how the Indian child's cultural needs, including the value to the Indian child of establishing, developing or maintaining a political, cultural, social and spiritual relationship with the Indian child's tribe, tribal community and extended family, will be met on an ongoing basis."]

- The caseworker's steps for CCA include: discusses CCA with the Tribal representative and resource parents; when a CCA is requested by the child's Tribe, acquires releases of information, and refers for mediation
- The mediator's steps with CCA include: informs participants of the process, conducts in-person or virtual mediation, drafts agreement, facilitates participant signatures on CCA, and provides agreement to court (for TPR, adoption finalization, or guardianship)
- If the Indian child's Tribe requests a CCA: an adoption or guardianship, whether or not the resource parent is a relative or Tribal member, cannot finalize until the resource parent enters mediated cultural continuity agreement with the child's Tribe, outlining how the resource family will keep the child connected to the Tribe, family, extended family, and culture.

Applicants and Certified Families: Application & Person Management- ORICWA/ICWA Reporting:

ORICWA requires the Child Welfare to annually report data regarding how Child Welfare is following ORICWA/ICWA placement preferences and the number of Tribal resource homes.

- Certifier reviews the completed application, noting information from applicants about American Indian and Alaska Native heritage. Have conversations with applicants when the application does not provide that information, asking that the application be updated with missing information.
- Certifier updates Child Welfare's electronic record (OR-Kids Person Management) with information about the applicant/resource family's information, with respect to the ORICWA reporting requirements:

NOTE: *The following terminology is important for certifiers to understand related to applicants and certified resource families and ORICWA/ICWA:*

- Tribal Foster Home: One (or both) certified individuals is an enrolled member of the same Tribe as the child.
- Indian Home: Need to meet federal definition: one (or both) certified individuals is an enrolled member of a federally recognized Tribe that is a different Tribe than the Tribe of the child whom they foster.

- When an applicant or resource parent self-identifies as but is not enrolled an enrolled member of or a citizen of a federally recognized Tribe, or if the resource parent says they could be enrolled but are not, this is not a Tribal Foster Home nor an Indian Home.
  - Encourage the applicant or resource parent to explore enrollment, particularly so if they want to care for enrolled member children. (NOTE: some Tribes only do enrollment once per year, but others may expedite).
  - If the applicant or resource parent says they'd like help exploring enrollment with a Tribe, ODHS Tribal

Affairs has offered to assist certifiers and resource parents.

Chapter 8

Section 28: Partnering with the Office of Developmental Disability Services (ODDS)

Inter-Agency Partnerships

Effective collaboration between Child Welfare and ODDS is essential to ensuring children and young adults with intellectual and developmental disabilities (I/DD) receive consistent, high-quality care in foster settings. This partnership supports continuity of placement, appropriate certification and funding, and the coordination of individualized supports tailored to each child's needs. The following sections outline key considerations for approving continued placements for individuals receiving I/DD services, managing certification requirements, and supporting resource parents when the placement is funded by Child Welfare. For more information pertaining to placement and service planning for children in the custody of Child Welfare who are eligible for I/DD services, refer to Chapter 5, Section 14 of this Procedure Manual.

Approval of Individual Receiving I/DD Services to Remain in Their Child Foster Home Until Turning 26

HB 3256, which went into effect January 1, 2024, gives ODDS the authority to approve an individual who turns 18 to stay in their current ODDS-funded child foster home setting until turning 26. Variance approvals are never guaranteed. Therefore, a child's team should have a back-up plan and never assume continued placement will be approved. Refer to the Policy Transmittal dated 1/23/25 for additional details. The following conditions are required for such approval:

- The individual is participating in one of the following activities:
  - Working on completion of their Individualized Education Program
  - Enrolled part-time or full-time in a university, college, vocational school, or trade school
  - Participating in a job training or apprenticeship program, or
  - Working on building skills to increase or maintain independence
- The individual's ISP team supports the individual's continued placement in their current child foster home as documented in the individual's ISP.
- The certifier of the child foster home and the individual's services coordinator support the individual's continued placement in their current child foster home as indicated on form 6001A (ODDS Variance Supplement Safety Assessment – Provider Serving Children and Adults in the same Home).
- A variance request is completed and submitted to ODDS in accordance with OAR 411-346-0210. The variance request must include the completed 6001A form.
- ODDS has approved the variance request.

If a Child Welfare–certified family wishes to remain certified by Child Welfare in order to continue to care for a child aged 18 to 26 whose placement is funded by ODDS, who has left the custody of ODHS Child Welfare, and who has received ODDS approval to remain in their child foster home, the following steps must be taken in OR-Kids:

- Placement Entry personnel must close the individual's placement
- The Certifier must add the individual as a member of the household:
  - In the Provider Record - Home Members group box, click "insert" to open an OR-Kids/Client Index Search page.

- Search for and select this individual – selecting the role of "Adult Foster Care Recipient"

Because these individuals are listed as members of the household, when it comes time for the certificate to be renewed, they will be required to have a criminal records check and a child welfare history check. If it is determined the individual is unable to submit fingerprints due to a physical or mental condition that makes compliance unreasonable, the certifier may request management approval to not obtain fingerprints. Refer to Section 26 of this Chapter – Household member who is unable to consent to a criminal records check or is unable to complete fingerprinting.

When an Individual Who Holds an Adult DD License is Identified as a Relative or a Person with a Significant Relationship to the Child or the Child's Family

When Child Welfare identifies that an ODDS-licensed Adult Foster Home provider is either a relative of the child being placed in foster care, or an individual wishing to be certified to support a specific child due to a relationship with the child or their family, Child Welfare would need to certify the home and fund the placement in order to place a child in the home. There is no Inter-Division Agreement allowing for Child Welfare to honor the license that is issued by the Adult DD system. In these circumstances, the certifier must contact the adult foster home licensor to discuss Child Welfare's desire to certify the home. Doing so requires Management Approval. Refer to Section 26 of this Chapter – Issuing relative or child-specific non-relative certificate to an applicant who is an adult foster care provider.

Supporting a Child-Welfare–Certified Family Caring for a Child Receiving I/DD Services Whose Placement is Funded by Child Welfare

When a Child Welfare–certified family is caring for a child receiving I/DD services whose placement is funded by Child Welfare, the certifier plays an essential role in supporting the placement. The certifier must remain actively engaged and informed about:

- The supports being provided to the child by the individual support plan, and
- The responsibilities of the resource parent, particularly in connection with the individualized family support plan.

The certifier is responsible for coordinating with:

- The Child Welfare caseworker, and
- The CDDP services coordinator.

Maintaining clear and consistent communication ensures that both the child and the resource family receive the appropriate and coordinated supports they need. Since ODDS and Child Welfare are integral parts of the same agency working collaboratively, it is essential to coordinate closely to avoid overlapping or duplicating services. Regular connection with the child's team helps ensure supports are effectively aligned and provided in a complementary manner.

Chapter 8

Section 29: OR-Kids for Certification

OR-Kids

OR-Kids is the electronic system of record for all provider files associated with Child Welfare certification activities. The RFI module is used to create and track all inquiry activities up to the point an inquirer submits an application for certification to Child Welfare. Upon application submission a provider record is created in OR-Kids and all certification activities, documents, and certifications are tracked and stored in the OR-Kids system. The OR-Kids system also tracks all placements and payments associated with certified providers.

The OR-Kids OWL SharePoint page is the hub for all Reference Guides (RG), Quick Reference Guides (QRG), and Business Process Guides (BPG) for the OR-Kids system. Commonly used guides related to certification work can be located in the "Certification" category and/or the "Placement and Services" category. Refer also to the Video Media Library tab on the OR-Kids OWL page for links to several brief micro-learnings about various OR-Kids functions.

NOTE: *In the Basic groupbox on the Home Provider page of a provider record, the "Certified By" field is used to display which agency is working with the family. (This field has no relation to whether the family has been issued an active certificate.)*

- All families working with Child Welfare for certification, certified respite, or adoption must have "Certified by DHS-CW" as the value selected in the "Certified By" field of the provider record. This value must never be changed, even if the provider record is closed.

Worker Assignments

An accurate worker assignment to OR-Kids provider records is critical for data accuracy and tracking workload and case/provider load. The OR-Kids worker assignment lets others know the type of work being completed by staff assigned to a provider record. There are three levels to provider record assignment: type, responsibility/type, and role.

- The Certification and Licensing type applies to certification staff who are responsible for any work, including recruitment, certification assessment, training, home studies, placement coordination, supervision, related to the certification of a family, regardless of the type of provider (i.e. relative, child-specific non-relative, general, adoption, certified respite), except certification technicians, SSA/case aides and Central Office ICPC staff. Refer to the OR-Kids Assignment Reference Guide for appropriate assignment selections for these specific positions.
    - The Certification and Licensing type also applies to workers who are assessing families solely for Adoption. (The Adoption assignment type is reserved solely for Central Office staff and is not to be selected by certification staff.)
- Certification staff who are responsible for assessing or managing a provider will choose "Certification" as their responsibility type. If there is a responsibility to the provider that does not fall under "Certification", select "Other". Child Welfare certification staff do not use the "Licensing" responsibility as the term "Licensing" is not reflective of the work by Child Welfare certification staff.
- Every open provider record must have one Primary worker. If a staff member is not the primary worker responsible for the provider or is not the supervisor of the work being completed on the provider record, then the staff member will be assigned as Secondary.
    - When a family has a finalized adoption or guardianship, the provider record remains open for AA/GA

services. The primary assignment is transferred to the Central Office staff person managing the AA/GA services when the local office closes the certification. In OR-Kids, the assignment to the AA/GA worker will show as either Adoption or Guardianship Assistance, Central Office (designation), Primary (worker).

- In the future, if the family returns to the agency for certification, the Central Office staff person will transfer Primary assignment to the local office worker who is managing the active certification. If a family has an active certification (any type) Primary worker assignment must be with the local office staff managing that certification.

Closing a Certificate

When a family's certification ends it is important to intentionally close the certificate in OR-Kids, rather than letting the certificate expire, so the reason for the closure can be entered and saved in the electronic record.

- If a certificate ends due to expiration the option to document a closing reason is not available; therefore, it is not possible to gather data to understand why families exit.
- Intentionally closing a certificate provides the opportunity to document both the closure reason and the specific date the certificate was ended (closed) in a manner that allows for reports to be pulled with this data.
- Additionally, when a certificate ends/closes, enter a Closing Narrative in Provider Notes to document the specific reasons why the certificate is closing, information about the family's partnership/relationship with the agency, and any issues that may impact certification if the family returns in the future.

Provider Payments

The provider record must be open for a provider to receive a payment. The certificate does not necessarily need to be opened for payment to be received.

- If a one-time payment is being issued to the provider a certificate does NOT need to be open in the provider record.
- If the provider is receiving payment for a placement, they need to have an open active certificate through the end of the month of that particular placement. For example, if a child is in placement from June 1 - June 27 and the provider's certificate is closed on July 2nd, as long as their provider record is still open, they will receive the payment because the certificate was active through the end of the month the child was in placement. Keeping certificates open/active for payment that are many months past is not necessary. Certificates must be closed in a timely fashion to accurately reflect the current status of a provider's certification.

Closing a Provider Record

Provider records are opened and closed from the Home Provider page. Once all payments are completed and a provider is no longer providing or receiving services, the provider must be closed. Closing a certification will not close the provider record. The OR-Kids system treats the certification of the provider as a separate piece of work that is stored within the provider record.

- All certificates, active placements, and open services must be ended/closed prior to closing a provider record.

- When closing a Provider Record, it is also important to set the certified individual's Workday Learning account to "inactive". This can be done by any staff who have Affiliation Manager status. For instructions on how to update a learner's account status, refer to Section 2 of this Guide.
- Refer to the OR-Kids OWL page for the Opening and Closing Provider Records Reference Guide for the detailed steps on how to close a provider record.
- A worker must have an active assignment to a closed provider record to upload documents to the File Cabinet of a closed provider.
- Provider notes may be entered on closed providers without being assigned as a worker to the provider record.

Placement Service Entry

It is imperative staff are being careful and conscientious when selecting the Placement Service when entering placements of children. Caseworkers and Certifiers should communicate clearly with Business Support staff regarding the relationship of the child in placement to the certified family to ensure the correct Placement Service is selected.

When the provider is a relative of the child, per "a-d" of the Relative definition in OAR 413-070-0000, to include individuals identified by the family or the child as a relative regardless of genetic or legal relationship (kith), the following Placement Services should be selected:

- Family Shelter Care Relative 0-5, 6-12, or 13-20
- Family Foster Care Relative 0-5, 6-12, or 13-20
- If we know or have reason to know ICWA applies, refer to the OAR 413-115-0000 "Extended family member" definition and OAR 413-115-0090 for ICWA/ORICWA placement preferences.

When the provider is known to the child or family, but does not meet the Relative definition as defined in OAR 413-070-0000, the following Placement Services should be selected:

- Family Shelter Care Non-Rel 0-5, 6-12, or 13-20
- Family Foster Care Non-Rel 0-5, 6-12, or 13-20

When the provider did not know the child or the child's family prior to the current episode of foster care service or did not know the child or the child's family prior to the involvement of the agency with the child and their family, the following Placement Services should be selected:

- Family Shelter Care Non-Rel 0-5, 6-12, or 13-20
- Family Foster Care Non-Rel 0-5, 6-12, or 13-20

Relative Provider Records

The section only applies to providers certified under OAR 413-203 Relative Certification.

OR-Kids Relative certificates:

- Certified Services:

- You may add Relative certified services for all ages (to prevent the need to make additional certificate changes in the future) with the condition the Cert Capacity and Provider Capacity accurately reflects the number of relative children in need of placement whom the provider is certified to care for.

- Certificate Renewal:
  - Approved Relative Certificates of Approval do not expire, per Relative Certification OAR. Renewal home study assessment activities are not required.
  - Background checks do not expire for certified providers, members of the household, informal respite providers, and childcare providers.

OR-Kids will require a Certificate End Date to be entered to approve a Relative Certificate of Approval. Newly created full certificate of approvals on Relative providers will calculate an end date of 4 years from the entered certificate Effective From date (1461 days counted including start and end date).

If a currently certified Relative provider has a certificate that is due for renewal, no renewal home study assessment activities are required. This means no update home study, or new background checks are required to be completed. A home visit is not required unless a required 90-day contact is due.

However, to continue with ongoing certification in OR-Kids, a renewal certificate must be created in OR-Kids if a Relative certificate of approval needs to be open beyond 4 years after the certificate was initially issued. The dates from the most recently issued certification (that is due for renewal) must be entered in the required fields in the Safety tab.

Complete the following steps in OR-Kids:

1. In the Safety Tab Under Document Type:

- Insert **Home Safety Assessment - Renew** and enter the Home Safety Assessment date from the previously issued certification.
- Insert **Home Study – Update** and enter the Home Study date from the previously issued certification.
- Click Save

2. In the Safety Tab Under Background Checks for All Adult Members of the Household:

- Under Law Enforcement Checks, insert **In-State Crim Ck. – Renew** and enter the In-State Crim Ck date from the previously issued certification. Check the applicable checkboxes for the subject individual, enter the Approval date from the previously issued certification, and click Complete.
- Under Child Welfare History Checks, insert **In-State - Renew** and enter the In-State date from the previously issued certification. Check the applicable checkboxes for the subject individual, enter the Approval date from the previously issued certification, and click Complete.
- Click Save

3. Select and Create Re-Certification Under Provider Work on the OR-Kids Desktop

4. Open the Renewal Checklist and Review for Accuracy.

- After review, select Checklist Complete.

5. Click Save

- ***NOTE:*** *A warning message will appear indicating the checks, assessments, and studies fall outside typical timelines associated with the tasks.* **Click Continue and proceed**.

6. Select Approve Radio Button and Submit to Supervisor for Approval

Chapter 9
Working with the Courts and External Partners

Section 1: The Courts

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 their 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. ODHS 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. ODHS Office of Child Welfare Programs Child Protective Services Rules Chapter 413 Division 015.

Forms

I. CF 1270: ICWA Eligibility form
http://ODHSforms.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 their 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 their 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. ODHS Child Welfare Policy I-A.4.3: Identifying Legally Recognized Parental Relationships

Forms

I. CF 418 Father'(s) Questionnaire

II. CF 464 Protective Custody Report

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. ODHS 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 resource parent or grandparent has been granted intervenor status , resource 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 resource 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 resource 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 resource 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 resource 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. ODHS Child Welfare Policy I-A.4.3: Identifying Legally Recognized Parental Relationships

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. ODHS has not provided to the family of the child such services as ODHS deems necessary for the child to safely return home, if ODHS 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 their 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 ODHS made diligent efforts to place the child with relatives or persons with a caregiver relationship to the child and to place with child with their siblings and a brief description of the efforts made if the court orders removal or continuation in custody.

IV. Written findings as to whether ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS.

Procedure

Responsibility for issuing the summons depends on local practice. If ODHS 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, LEA, other child welfare agencies, hospitals, doctors, courts).

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 ODHS 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 pursuant to ORS 419B.881.

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 ODHS 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, consult with a Paralegal or 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 ODHS 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 be disclosed to other parties; 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 records before a party is given access to the records.

Protection of Sexual Orientation, Gender Identity and Expression (SOGIE) Information:

Any written or recorded statement made by the child regarding their sexual orientation, gender identity or gender expression (SOGIE) is exempt from disclosure by ODHS Child Welfare pursuant to either a records request or through discovery unless:

- The Department determines, in written findings, that failure to disclose the record is reasonably likely to jeopardize the child's safety or well-being;
- The Department determines, in written findings, that the disclosure of the record is necessary to provide services to the child or the child's family; or
- There is documented consent from the child, 14 years and older to disclose; or a consent is obtained from the attorney for the child if the is 13 years or younger.

See Chapter 1 Section 5 – Confidentiality regarding specific guidance on what constitutes a SOGIE record, how to

obtain child or child's attorney, how to document consent, how to determine whether the Department will exercise discretion to disclose without consent and how to document the Department's exercise of that discretion.

Procedure

The following standardized guides for identification, preparation and distribution of Discovery documents have been developed. The guides include guidelines on redacting confidential information from documents.

- Discovery and Redaction Guide
- Discovery and Redaction Guide-Certification Records
- Disclosure Analysis Resource Guide

For guidance on responding to disclosure requests outside the context of the open dependency case, reach out to your branch paralegal and AAG.

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 or clear and convincing evidence in any case where the ICWA applies. 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 AAG. In cases involving an Indian child, the caseworker should meet with the AAG 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 should work with the AAG to ensure that proper notice as required by ICWA has been provided to the Tribe and all parents and Indian custodian's which must occur 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. If the caseworker has any questions about their testimony they should reach out to the AAG to discuss trial preparation.

The Indian Child Welfare Act requires the party seeking the 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 "Family 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 resource home licensed, approved, or specified by the Indian child's Tribe.

C. An Indian resource 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 their 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 ODHS 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 resource 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 ODHS:** If the court finds it is in the best interest and welfare of the child to be placed in the legal custody of ODHS, the court may, but is not required to, grant guardianship of the child to ODHS. The court may also specify the particular type of care, supervision, or services to be provided by ODHS 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 their 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 ODHS, the court's order must include the following:

I. A determination whether ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 "Family 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 ODHS.

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 ODHS.

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 "Family Reports," Section 1.A.5 of this chapter. The caseworker should follow local practice requirements for submission of Family 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 their 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 ODHS, 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 ODHS to consider additional information in developing the case plan or concurrent case plan.

If the child is in the legal custody of ODHS 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 ODHS, and the decision after the review hearing is to continue the child in the legal custody of ODHS 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 ODHS.

II. The expected timetable for dismissal of ODHS' 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 ODHS is not required to make reasonable efforts to make it possible for the child to safely return home, if ODHS 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 substitute 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 "Family 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS, 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 ODHS 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 their 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 ODHS 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 ODHS 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 ODHS has offered appropriate services pursuant to the plan, and whether ODHS 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 ODHS 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 ODHS 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 ODHS to develop the concurrent permanent plan.

V. Order ODHS 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 ODHS 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 their supervisor and, if appropriate, the assigned assistant attorney general - 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 their sibling.

III. Ensure that the caseworker has complied with the Indian Child Welfare Act requirements and and Oregon Indian Child Welfare Act.

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 their first court hearing to provide training and support.

Legal References

I. 25 USC §§ 1901 to 1963: Indian Child Welfare Act ORICWA - 419B.600 -665

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. ODHS Child Welfare Policy I-AB.4: CPS Assessment http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-ab4.pdf

LI. ODHS Child Welfare Policy I-B.1.1: Authority for Providing Services http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-b11.pdf

LII. ODHS Child Welfare Policy I-B.3.1: Developing and Managing the Case plan http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-b31.pdf

LIII. ODHS Child Welfare Policy I-B.3.2.1: Substitute Care Placement Reviews http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-b321.pdf

LIV. ODHS Child Welfare Policy I-E.3.6: Achieving Permanency http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-e36.pdf

LV. ODHS Child Welfare Policy I-I.3: Court Reports http://www.ODHS.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. Family 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 Family 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 Family Report for a disposition hearing and a permanency hearing.

For most hearings, the Family 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 substitute care, the caseworker does not provide the exact address and instead indicates that the child is in a ODHS Child Welfare certified resource 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.

Note: *That if there is a SOGIE record contained within the information about the child, refer to Chapter 1 Section 5 regarding ability to include this information in the report.*

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 their 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 Family Report (i.e., a copy of the action agreement or a psychological evaluation).

Most courts prefer that subsequent Family Reports not repeat the same information in prior Family 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 Family 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. 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 their supervisor for direction.

I. Prepare a Family Report. 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 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 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 substitute 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. ODHS Child Welfare Policy I-I.3: Court Reports

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 their 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 their 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 their 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.

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 their supervisor about the confidentiality of ODHS records.

II. Refers to Section 1.C of this chapter for information on responding to subpoenas.

III. Refer to Chapter 1 Section 5 – Confidentiality if any SOGIE record is part of the information or records subpoenaed.

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 their 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 ODHS 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.

VIII. Refer to Chapter 1 Section 5 – Confidentiality if any SOGIE record is part of the information or records subpoenaed.

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 their 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 their ability to comply, the caseworker should consult with their 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 their 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 their 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 their supervisor and seeks approval to consult with an AAG if a subpoena requires the caseworker to appear for a deposition.

VI. Consults with their supervisor if the time to respond to the subpoena, summons, or court order is less than 24 hours or is otherwise unreasonable. Then staff with an AAG to determine any additional response or potential Motion to Quash.

VII. Consults with their supervisor and 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 their AAG if the caseworker has any questions about their ability to testify.

IX. Refer to Chapter 1 Section 5 – Confidentiality if any SOGIE record is part of the information or records subpoenaed.

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 their 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 their 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 their 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 their 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 their 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 local office Paralegal:

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, consult with their supervisor and the AAG as needed.

   A. If the Department does not have the requested records, the local office paralegal 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 their 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 their 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 their supervisor about any court order requiring the testimony of a Department employee or the disclosure of a Department record.

V. Notifies their 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 their supervisor and seek approval to consult with an AAG. If the disclosure includes protected health information, the disclosure must be logged on the ODHS 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 their 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 their 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 their supervisor and seeks approval to consult with an AAG.

XI. Refer to Chapter 1 Section 5 – Confidentiality if any SOGIE record is part of the information or records subpoenaed.

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 their paralegal 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, consult with their supervisor and AAG, as needed.

IV. If the Department does not have the records, the branch Paralegal will respond to requesting party.

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 their supervisor and consult with an AAG, if needed. The court order must contain specific findings to permit the release of drug and alcohol records under federal law.

VII. Determine if these records contain SOGIE information. If so, refer to Chapter 1 Section 5 for further guidance and consult with an AAG on next steps.

VIII. 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 ODHS 2097.

IX. If the court order requires the disclosure of drug and alcohol records, consults with their supervisor and seeks approval to consult with an AAG.

X. Consults with their supervisor and seeks approval to consult with an AAG if disclosure of the records to certain persons would be harmful to a child.

XI. Notifies their supervisor and seeks approval to consult with an AAG if the order is from an out-of-state court.

XII. Notifies their 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 Review

Procedure

The local office Paralegal:

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, 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, seek 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 local ofice Paralegal 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

I. 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.

II. 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 their AAG.

III. Refer to Chapter 1 Section 5 – Confidentiality if any SOGIE record is part of the information or records subpoenaed.

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

I. Contacts the AAG assigned to the local branch. If possible, this contact should be made by the ODHS 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.

Role of the Supervisor

I. Review any orders served on the caseworker.

II. 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.

III. Consult with the caseworker and branch Paralegal about the disclosure of Department records, the testimony of a Department employee, or other questions involving summonses, subpoenas, or court orders.

IV. Consult with an AAG on issues involving the confidentiality of Department records

V. Assist the caseworker in preparing to testify in court.

Drug and alcohol information regarding a parent cannot be disclosed without a court order or 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. Refer to ODHS 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 ODHS 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 ODHS 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

I. ORS 40.270

II. ORS 419B.839

III. ORS 419B.884

IV. ORS 419B.893

V. ORS 419B.896

VI. ODHS Child Welfare Policy I-B.1.2 Responding to Subpoenas, Summonses and Court Orders

VII. ODHS Child Welfare Policy I-A.3.1 Procedures for Maintaining Confidentiality

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 substitute care, or a man claiming or alleged to be the biological father and paternity is being addressed in court.

See Appendix 9.2 for the chart Fathers at a Glance and Search and Notice Requirements for additional information regarding fathers. This tool is also available at the ODHS website: http://www.ODHS.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 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 ORkids, , OVERS, Vital Statistics, Self Sufficiency Program (SSP) may be used. Remember to document your search results in case notes.

The caseworker uses Form CF 5600 Child Welfare Parentage Testing and Division of Child Support

Procedure

I. Obtain supervisor approval for ODHS 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. 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 substitute 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 9.2 for the chart *Fathers at a Glance and Search and Notice Requirements* for additional information regarding fathers. This tool is also available at the ODHS website: http://www.ODHS.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 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 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 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. ODHS policy I-A.4.3: Identifying Legally Recognized Parental Relationships

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.ODHS.state.or.us/training/caf/paternity_tools/

III. Pamphlet 1536: What You Need to Know about a Child Protective Service Assessment http://ODHSforms.hr.state.or.us/Forms/Served/ce1536.pdf

IV. Pamphlet 9027: If Your Child is in the Custody of ODHS

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 Facilitator (FEF), or if a FEF is not available, the caseworker, schedules a Family Engagement 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. ODHS Child Welfare Policy I-B.3.1 Developing and Managing the Case plan http://www.ODHS.state.or.us/policy/childwelfare/manual_1/i-b31.pdf

II. ODHS Child Welfare Policy I-E.3.6 Achieving Permanency http://www.ODHS.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.

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. ODHS 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 Family 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 Family 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 Engagement 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 resource parent 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 Substitute/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 ODHS 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 Family 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 Engagement 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 resource 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 Substitute/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, ODHS, 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 Family 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 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 substitute 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 ODHS 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 ODHS 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. Resource 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 ODHS 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 ODHS 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 ODHS is implementing the board's prior recommendations or the reasons why ODHS 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. ODHS made reasonable or active efforts prior to placement to prevent or eliminate the need to remove the child from the child's home

III. ODHS made reasonable or active efforts to provide services for the child to safely return home, if the case plan is return to parent

IV. ODHS 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. ODHS completed steps necessary to finalize the concurrent plan, if the case plan is something other than return to parent

VI. ODHS 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. ODHS 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 ODHS 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 ODHS wishes to challenge any CRB finding or recommendation.

IV. Within 17 days, notifies the CRB in writing if ODHS 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 ODHS 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 resource parent's name in OR-Kids in the CASE tab. Be sure to look under both resource 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 ODHS

These assessments are located under the resource parent's name in OR-Kids in the CASE tab. Be sure to look under both resource 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 ODHS: 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 ODHS 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 ODHS notify those parties following the review.

II. Ask the ODHS 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 ODHS 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 ODHS assessed safety. They will not be making findings directly regarding the OHCA.

Q: Is there policy that supports ODHS 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 ODHS, **ODHS 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).

ODHS values and is committed to using trauma-informed practice. **It is extremely important that parents whose children are in the custody of ODHS 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 resource 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 resource 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 resource 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 resource parents to be emotional. Caseworkers have skills to support families and resource 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, ODHS/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 ODHS/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 ODHS Child Welfare district office.

II. Recognizes the party status of the CASA and provide ongoing discovery upon CASA's appointment and collaborate in case planning conversations.

III. 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.

IV. 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.

V. Makes an appointment to meet with the CASA as soon as the CASA is appointed.

VI. Exchanges contact information with the CASA and preferred modes of communication (i.e., telephone call, e-mail).

VII. Discusses how the CASA and caseworker can work together to achieve safety, permanency and well being for the child.

VIII. Returns a communication from a CASA within 48 hours.

IX. Shares the caseworker's Family Reports with the CASA and receives the CASA court report prior to the court hearing according to local court practice.

X. 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.

XI. Shares with the CASA Child Welfare's determination of a CPS assessment involving an allegation of abuse or neglect in the resource home of the child within 10 days of the determination.

XII. Notifies the CASA of the following: ODHS/Child Welfare staffing's, provider staffing's 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 ODHS/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 resource 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)

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. (ODHS Form 3010), 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.

IV. For questions regarding disclosure of SOGIE information or a SOGIE record to a service provider see Chapter 1 Section 5 – Confidentiality and consult with an AAG for additional guidance.

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 ODHS electronic information system, including names, addresses and phone numbers.

V. Document phone conversations with service providers and community partners in case notes in the ODHS 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 ODHS 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 ODHS 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

Consult with the caseworker regarding the best plan for the youth.

Legal Reference

ORS 419B.550

Procedures

When faced with an unresolved legal issue, you:

I. Consult with your supervisor and if necessary your AAG.

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 AAG 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.

B. 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. Remember that there are only 21 days to file an objection to a Motion to Intervene so consulting with the AAG as soon as the pleading is filed is essential to determine what position ODHS will take regarding the request.

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

Consult with the caseworker and AAG regarding intervenor status and requirements listed in rules and statutes.

Legal References

I. ORS 419B.116 Intervention; caregiver relationship

II. ORS 419B.875 Parties to proceedings

C. 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.

ODHS 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 ODHS custody. Furthermore, ODHS 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 ODHS 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 ODHS 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 ODHS 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

Consult with the caseworker and AAG, as needed, regarding rules and statutes related to grandparents.

Legal References

I. ORS 109.119 (1)-(7) Rights of Grandparent, Child-Parent Relationship, Ongoing Personal Relationship

II. ORS 419B.116 Intervention; caregiver relationship

III. ORS 419B.875

D. 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 carefully 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.

Prequalifying Considerations:

- ODHS must have guardianship of a child (0-17 years of age) before it is appropriate for ODHS to act regarding significant legal matters on behalf of a child, and legal changes of name or sex designation are among these.
- ODHS does not take direct action to effect a legal change of name or sex designation for young adults (18 years of age and over) even if ODHS does have guardianship of them. ODHS can, of course, support young adults through the process. Young adults may seek assistance from their attorney or CASA.

Note: If these legal changes are being requested by a transgender youth, please also see Chapter 5, Section 41: "Sexual Orientation, Gender Identity and Expression" as well as Chapter 1, Section 5 "Confidentiality" specifically related to disclosure of a record of SOGIE information for additional information and direction.

How to Support Young Adults During These Changes

- The following are ways ODHS can support the young adult:
  - Do have respectful conversations to ensure the young adult is making an informed decision and understands the significance of the change.
  - Do offer to meet with the young adult and young adult's attorney to discuss the ramifications.
  - Do consider the benefit of the young adult meeting with a counselor to discuss the change and offer to help arrange counseling if the young adult is interested and counseling is not in place.
  - Do not complete the paperwork on behalf of the young adult. Do encourage the young adult's attorney to assist with completing the forms and guiding them through the legal process.
  - Do 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 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 ODHS, unless the young adult's attorney is willing to draft and file the pleadings.

How Parents Can Make Vital Records Changes for Their Child(ren)

Parents may want to legally change their child's vital records themselves but may not know how to go about it. ODHS can refer parents to their assigned attorneys and can also provide them with this link to the Public Health Division's webpage showing how to make vital records changes: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/CHANGEVITALRECORDS/Pages/LegalAmendVR.aspx#birth

This link is provided here only so that ODHS can share it with parents who want to make changes to the vital records of their children themselves. When ODHS will be taking direct action to change the vital records of a child, the procedure below is followed.

Procedure

- When seeking approval for legal changes of name or sex designation of a child (0-17 years of age), you must:
  - Consult with your supervisor to determine whether to request Program Manager approval for the change.
  - Consider the following in preparation for completing the Request for Legal Change of Name or Sex Designation (de2706) form:
    - Has DOJ been consulted about the change?
    - Has the permanency consultant been included in this planning?
    - What is the child's ability to understand the impact of the change?
    - Has the caseworker met with the child and explained the implications of the change? If not, has another person done so and who is that person?
    - Do the parents support this change, and do they retain their parental rights?
    - Have the child's attorney, therapist, Tribe, CASA been notified of the change?
    - Will the child's attorney carry out the legal change?
    - Why is the change in the best interests of the child?
    - How long has the child been in care?
    - What is the age of the child and how long has the child been in the custody of ODHS?
    - How would making the change benefit the child and the child's case plan or how would not making the change negatively impact the child and the child's case plan?
    - What is the permanency plan and the status of achieving the plan?
    - For name changes, does the child desire the change? If yes, how do we know? If no, why is the change being pursued and who is pursing the change?
    - For name changes, will the child be taking the last name of a provider, relative or other person known to the child? If yes, what's the position of that person regarding the name change?
    - For name changes, why does ODHS support making a legal name change rather than an unofficial name change?
  - Be certain to consult with the Tribe when the child is affiliated with a Tribe and document efforts to consult and responses from the Tribe.
  - Email the completed form to Program Manager and supervisor.
  - Respond to any requests for additional information.
  - Document the response from the Program Manager in a case note to provide case file documentation of the decision.
  - Upload the completed request form, with approval section complete if approved, into the OR-Kids File Cabinet.
  - If the change is approved, move forward with efforts to effect the change or notify those concerned if the change is not approved.

Role of the Supervisor

- Consult with the caseworker and determine whether to support the request to the Program Manager for approval of the proposed change.
- Consult with the Program Manager regarding the request before authorizing the caseworker to proceed.
- Ensure the caseworker completes the request process.
- Contact DOJ for assistance, following approval, if the child's attorney is unable or unwilling to proceed with the legal name change process.
- Consider whether there is a need to disclose a SOGIE record to facilitate the name change and ensure compliance with Chapter 1, Section 5 and the provisions of ORS 419B.881 and 409.225 governing the disclosure of a SOGIE record by ODHS.

Chapter 9

Appendix 9.1: Disclosure to LEA When Individuals Have an Arrest Warrant

Disclosure to LEA When Individuals Have an Arrest Warrant

Two state laws including administrative rule apply to disclosure of Child Welfare (CW) information to a Law Enforcement Agency (LEA) when an individual (e.g. parent or a youth) has an arrest warrant.

ORS 659A.212(1) requires public employees to notify either their immediate supervisor or supervisor's designee, if the employee reasonably believes that an individual receiving services from the state is subject to a felony or misdemeanor warrant for arrest. The statute then requires the supervisor or designated agency to contact and notify the Oregon State Police about the individual who has a warrant.

ORS 409.225, which mirrors federal law, prohibits ODHS from disclosing or using the contents of any CW records that contain information about an individual receiving services for purposes other than those directly connected with the administration of child welfare laws unless required or authorized by statutes addressing juvenile court or CPS records. Oregon administrative rule, OAR 413-010-0065, authorizes a manager or manager's designee to disclose to LEA an individual's current address when LEA provides the name and social security number of the individual and the officer satisfactorily demonstrates that the individual is a fugitive felon, the location or apprehension of the felon is within the officer's duties and the request by LEA is made in line with those duties.

How do these apparently conflicting laws and rule apply to CW practice?

Because federal law supersedes state law, CW is not authorized to initiate a conversation with LEA to disclose information on an individual unless ODHS determines such disclosure is directly tied to the administration of child welfare laws. A CW worker or supervisor might do this, for example, if LEA were investigating or the District Attorney's office were prosecuting a parent for child sexual abuse and such actions were necessary to protect a child in CW custody.

For individuals who have an arrest warrants, only a CW supervisor or designee can and should disclose the individual's current address when LEA initiates a request with CW per OAR 413-010-0065 as described above. Not doing so might risk violating the law on obstruction of justice. Internally, CW staff must also notify a supervisor or supervisor's designee once staff learns an individual has an arrest warrant, however, unless disclosure is directly tied to the administration of child welfare laws, the CW staff, supervisor or supervisor's designee is not authorized to initiate disclosure of that information to LEA.

Is Child Welfare obligated to notify and/or inform LEA that a parent who has an active warrant is visiting and when they are visiting?

The short answer is "no." If LEA is the one initiating the request, however, there may be circumstances when CW would be authorized to disclose information about a scheduled visit, such as, for example, when a parent's "current address" could be interpreted to mean their current whereabout if the parent is visiting at the time the request is made. Given the complexity of interpreting state and federal statutes, it is highly recommended local CW offices consult with their assigned AAG on a case-by-case basis when LEA requests information about a parent.

In general, CW staff should not interfere when law enforcement is arresting or making plans to arrest an individual. This includes not warning the individual in advance. While LEA decides how and when to make the arrest, it is not considered interference for CW staff to provide suggestions to LEA on how best to minimize trauma to the child as well as to the other individuals involved, including the individual who has the outstanding warrant.

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 <u>not</u> 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 Substitute 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 ODHS 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 ODHS 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 ODHS 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." (ODHS Policy I-E.3.6) ODHS must provide written documentation of the efforts made to provide such necessary services. These efforts must be timely.

V. **Permanency Goals** (as stated on ODHS 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. (ODHS/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 (ODHS/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 (ODHS/CAF Policy I-F.3.2,) or secure the Relinquishments (ODHS/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 (ODHS/CAF Policy I-F.3.)

C. Write and submit the Recruitment Bulletin (ODHS/CAF Policy I-G.1.2.)

D. Convene Sibling planning committee (ODHS/CAF Policy I-F.6/OAR 413-110-0110 to 413-110-0140.)

E. Complete the Adoption Home Study (ODHS/CAF Policy I-G.1.3/OAR 413-120-0190 to 413-120-0240.)

F. Complete the Committee process (ODHS/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 (ODHS/CAF Policy I-G.1.9.)

B. CAF Adoption Unit issues Designation letter (ODHS/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 (ODHS/CAF Policy I-A.4.3.)

IV. Placement & Supervision

A. Determination of Adoption Assistance (ODHS/CAF Policy I-G.3.1/OAR 413-130-0000 to 413-130-0130.)

B. Develop and implement Transition plan (ODHS/CAF Policy I-G.1.5/OAR 413-120-0000 to 413-120-0080.)

C. Supervise placement until finalization (ODHS/CAF Policy I-G.1.10/OAR 413-120-0800 to 413-120-0830.)

V. Finalization (ODHS/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 ODHS 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. (ODHS/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 SUBSTITUTE CARE: Use this goal when a relative provider or a resource 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. (ODHS/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 substitute care with the resource parent(s), and with the child separately.

III. Discuss and give written notification to the legal parent(s).

IV. Discuss permanent substitute care with the child's attorney and CASA.

V. Obtain approval by the permanent substitute care review committee.

VI. Develop and obtain a signed agreement between ODHS, the resource parent(s), and the child.

VII. Request a court hearing to review and approve the permanent plan and name the permanent resource care parent(s) in a court order.

VIII. Provide any services necessary to support and maintain the placement.

_____ Once Permanent Substitute Care is established, face to face contact is every 90 days. (ODHS/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. (ODHS/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 Substitute 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 ODHS 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 (ODHS) and the Citizen Review Board (CRB). The Indian Child Welfare Act (ICWA) mandates that ODHS 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) ODHS, 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, ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS 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 ODHS to provide services and make efforts with biological parents or Indian custodians.

In addition, since the federal and state law mandate that ODHS 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. ODHS 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. ODHS 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, ODHS 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, ODHS 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 ODHS 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 ODHS's effort to provide the service in a more creative manner. For example, if ODHS 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, ODHS, 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, ODHS 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, ODHS 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, ODHS 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 ODHS 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 substitute 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. ODHS shall consider the use of a family decision meetings in each case in which a child is placed in substitute care.(22) When ODHS 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 ODHS 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, ODHS shall incorporate the family plan developed at the family decision making meeting into the ODHS 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 ODHS 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. ODHS 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 ODHS.

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 ODHS, at a minimum the worker shall have face-to-face contact with the family, the child and the provider in accordance with ODHS 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.

Chapter 10: Eligibility

Section 1: Targeted Case Management (TCM)

Targeted Case Management (TCM)

Overview and Introduction

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 eligibility does not determine or affect the services provided to children, young adults, and families.

TCM services are activities performed by the caseworker to assist a child or young adult in obtaining necessary medical, social, educational, counseling, or other services. TCM claims can only be made for activities that link the child or young adult 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.

TCM Eligibility Criteria

Caseworkers provide case management services to all clients on their caseloads. This does not mean, however, that all activities for all clients are eligible for a TCM claim. To be eligible for TCM funded activities, clients under the responsibility of the Child Welfare (CW) division of the Oregon Department of Human Services (ODHS) or the Oregon Youth Authority (OYA) must meet the following criteria (as specified in the Medicaid State Plan Amendment (SPA)):

- Not Title IV-E eligible;
- Under age 21;
- Medicaid eligible and enrolled in Oregon's Medicaid;
- Citizen or legal permanent resident;
- Reside in the state of Oregon;
- In substitute care. This includes children and young adults in shelter care, foster care, group homes, residential treatment centers, subsidized independent living, and paid relative placements; and
- Living in an in-home setting and receiving services from CW.*****

****Note that although our State Plan criteria includes claiming TCMs for children and young adults in an in-home setting, CW claims Title IV-E funds for this population, which makes them ineligible based on the first criteria.***

Clients who are NOT eligible for TCM services include:

- Those who are IV-E eligible (note that CW claims Title IV-E funds for children or young adults in in-home settings);

- Age 21 and over;
- Not Medicaid eligible and not enrolled in the Medicaid Management Information System (MMIS);
- Non-citizens;
- Living outside the state of Oregon;
- Those receiving services prior to an open case;
- Clients 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
- Clients who are in both an Aging and People with Disabilities (APD) or Office of Developmental Disabilities Services (ODDS) developmental disabilities (DD) paid placement and enrolled in APD/DD medical.

NOTE: *APD/DD Services completes TCMs for children and young adults 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.*

TCM Certification

All caseworkers and staff documenting TCMs must complete TCM certification training. The TCM training includes:

- Completing the computer-based training (CBT) located in Workday: ODHS-CW -Targeted Case Management (TCM) for Caseworkers; and
- Connecting with the Federal Revenue Specialist (FRS) or another designated person in your local office for additional training.

Upon completion of training, the caseworker or staff documenting TCMs will:

- Contact the Office Manager to request that they enter your TCM certification into the OR-Kids Maintain Worker page, effective on the date training was completed.
- Contact the FRS or branch designated TCM coordinator for ongoing assistance as needed.

OR-Kids will not allow a TCM activity to be recorded or verified by an "uncertified" caseworker or other staff member or for a date prior to their TCM certification date.

Documenting TCM Activities

TCM services are activities performed by the caseworker to assist a client with obtaining necessary medical, social, educational, counseling, or other services. TCM activities must link the child or young adult to a resource that meets an identified need for services. Caseworkers are responsible for documenting these activities and entering TCM claims, 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 Aide may create the TCM activity based on a case note if the listed worker conducting the activity is the caseworker. TCMs must be verified by the caseworker who conducted

the activity, or their supervisor, regardless of who helped enter the claim information on the case.

Entering a TCM

To enter a TCM, the worker launches the TCM module directly from the case note within the OR-Kids case. The module provides a list of participants that are eligible for a TCM on the date that the activity was completed and a list of acceptable TCM activities. The caseworker or staff selects the category and activity from the drop-down menus. A full list with definitions and more information about resources, categories, and activities is available in the **TCM Resources, Categories, and Activities** section of this chapter. The caseworker or staff then enters a narrative to support that selection.

Text from the case note can be copied and pasted directly into the TCM narrative. The TCM narrative must include:

- Date of service
- Name of provider/person providing the service
- Nature, extent, or units of services
- Place of service delivery
- The first name and person ID of the child or young adult 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.

NOTE: *The TCM module includes functionality to automatically copy the same narrative from one child or young adult's TCM claim to others on the case if you are claiming for multiple case participants.*

Verifying a TCM

If the person entering the TCM is the caseworker who conducted the activity, they can immediately verify and create the TCM from within the TCM module.

A supervisor may also enter and verify TCMs on behalf of a caseworker if that worker is no longer available to enter and/or verify it themselves.

If the person entering the TCM is not the caseworker who conducted the activity or their supervisor, they can create the TCM which will add it to the case under the TCM expando. Saved TCMs that have not been verified show up with a status of "Unverified". Then the caseworker or supervisor will need to navigate to the pending, unverified TCM to review and verify it.

- To verify the TCM, the caseworker or their supervisor will review the pending TCM, mark the "TCM Activity Verified" check box, and click Save.
- TCMs that are verified and saved appear under the TCM expando on the case with the child or young adult's name, date of service, and the status "Ready to Submit".
- Verified TCMs are automatically submitted to MMIS during the batch process.

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 it in RMSS. This is done using the same process as described above for entering TCMs. If a TCM has already been documented and submitted for the child or young adult in the same month, the RMSS TCM will also need to be documented as a case note and the TCM checkbox must be marked to help identify the activity. Auditors look for (and expect to find) a match of the RMSS hit in the TCM documentation for that child or young adult.

Important Considerations for TCMs

- Only one TCM claim can be verified and submitted per child or young adult per month for reimbursement.
- A child or young adult must be Title XIX eligible and enrolled in Medicaid to qualify for federal reimbursement. MMIS checks the Title XIX status after a claim is submitted.
- To be able to document a TCM, the date of the activity must fall on or after the worker's TCM Certification Date.
- Activities provided by the caseworker must be for linking the child or young adult with the appropriate resource to qualify as a TCM activity.
- Providing a service is not the same as linking and is not eligible for Targeted Case Management reimbursement. For example, arranging for transportation of a child or young adult to a therapy appointment is a TCM activity. Driving the child or young adult to the therapist's office is not a TCM activity.
- If a child or young adult does not meet the TCM eligibility criteria on the date of the activity, the TCM module will display an error message letting you know why a TCM claim cannot be saved or submitted. If you believe the child or young adult should be eligible, review the case information including the child or young adult's address, age, and IV-E status for the specific date of the activity. A child or young adult may be eligible on another day of the same month. Contact the FRS or designated TCM person at your local office for assistance if needed.
- Sometimes a claim will be denied by MMIS after submission. Review the TCM Claims and MMIS section of this manual for more information and contact the Federal Revenue Specialist for assistance if needed.

Managing TCMs

OR-Kids provides search functionality under the Utility menu to assist the worker in locating and managing their TCMs. To find a list of TCMs needing to be verified, the caseworker will:

- Log into OR-Kids
- Select the Utility menu on the OR-Kids desktop
- Select the TCM Search menu item
- Select the Worker tab
- Enter the dates you want to search
- Select "Unverified" from the Billing Status drop-down

- Select the Search button for a list of TCMs that meet your criteria
- The TCM search can be conducted using the child or young adult's name or by the caseworker name. For a caseworker looking for unverified TCMs, use the Worker tab on the TCM search page. Enter the caseworker's last name and first name, or worker ID. Deselecting the "Sounds Like" checkbox narrows your search. Click the Search button.
- Click the radio button next to the correct worker displayed and select the Continue button.
- 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 caseworker.
- 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.
- Saving will change the TCM claim status to "Ready to Submit". The TCM claim will automatically be sent to MMIS during one of the overnight batches.

The caseworker will be returned to the list of unverified TCMs to repeat the process, as needed.

NOTE: *Your options for searching TCMs includes: All, Denied, Expired, Ineligible, Paid, Ready to Submit, Submitted, Unverified, Void and Void Submitted.*

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 verified, which prevents case closure.

The caseworker or staff member who created the TCM may void it. Here are the steps:

- Click on the case file expando
- Click on the TCM expando
- Click on the TCM hyperlink that you want to void
- Go to the options drop-down box (bottom left corner)
- Select the drop-down box
- Select "Void"
- Select "Go"
- Select "Close"
- Refresh the case to verify that the TCM has been voided

TCM Resources, Categories, and Activities

Resources

A resource is defined as an individual or organization that acts to provide medical, social, educational, counseling, or other services needed by a child or young adult. Characteristics of a TCM resource may be:

- Public or private.
- Formal or informal. For example:
    - Neighbors
    - Family friends
    - Volunteer programs
    - Recreational services
    - Church/religious organizations
- Fulfilling the child or young adult's specific necessities, such as:
    - Job training
    - Employment
    - Medical/dental care
    - Educational assistance
    - Financial assistance
- Addressing the needs of an abused/neglected child or young adult or a child or young adult from a dysfunctional family. Such services may include, but are not limited to:
    - Counseling services
    - Drug and alcohol services
    - Support groups
    - Child or young adult/parent interaction groups
    - Psychological evaluations
- Providing community support services to the child or young adult, including but not limited to:
    - Child or young adult/parent aide
    - Interpreter
    - Recreational activities
    - Court Appointed Special Advocate (CASA)
    - Big Brother/Big Sister
    - Tutor
    - Visiting nurse

NOTE: *The child or young adult's legal parent cannot be identified as a resource because CW is required by federal law to make reasonable efforts to return a child or young adult 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 or young adult and family cannot be billed as a TCM activity and the "family" cannot be considered a "resource." (We face significant audit consequences 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 or young adult and can be identified as a "resource" for TCM purposes. They may provide placement, day care, respite care and other assistance for the child(ren) or young adult(s).

TCM Service Categories

The description of each TCM service category below is from our federally approved Medicaid State Implementation Plan. Following each 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 or young adult 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 caseworker makes preliminary decisions about needed medical, social, educational, or other services. Service activities may include contacting parent(s) to gather family information, referring the child or young adult to developmental evaluation, and requesting the child or young adult's medical records.

TCM Service Category: Counseling/Treatment Related Services

Description: The caseworker identifies counseling and/or treatment services needed. Service activities may include consulting with the supervisor to reassess the plan, contacting the child or young adult to discuss counseling, or arranging transportation for counseling.

TCM Service Category: Medical/Dental Related Services

Description: The caseworker will link the child or young adult with appropriate medical and dental related services. Service activities may include consulting with hospital staff regarding a child or young adult's progress, contacting the caretaker regarding dental needs, or requesting the child or young adult's medical records.

TCM Service Category: Permanency and Adoption Related Services

Description: The caseworker will work with the child or young adult and other interested parties to develop a case plan to obtain permanency. Service activities may include contacting the caretaker regarding permanency options, consulting with the AG's office, or attending the sibling staffing.

TCM Service Category: Placement Activities

Description: The caseworker will coordinate placement activities necessary to provide the most appropriate placement for the client. Service activities may include consulting with the Interstate Compact on the Placement of Children (ICPC) program for the child or young adult's transition, contacting a relative to gather family information, or reviewing the child or young adult's special needs with a provider.

TCM Service Category: School/Education Related Services

Description: The caseworker will identify school and education needs and coordinate parents, providers, teachers,

and other interested parties to connect the child or young adult with the needed services that are the most appropriate. Service activities may include consulting with the school regarding behavioral and emotional issues, contacting the child or young adult for progress in the Independent Living Program (ILP), or consulting with a speech therapist.

TCM Service Category: Miscellaneous Services

Description: The caseworker will connect the child or young adult with other services identified that are needed and appropriate for the child or young adult. Service activities may include consulting with the tribe to reassess the safety plan, contacting the caretaker and the child or young adult to reassess the safety plan, or contacting the child or young adult regarding maintaining a job.

TCM Service Activities

TCM activities are the specific tasks a caseworker performs to link the TCM child or young adult with the resources needed. There are approximately 14 to 22 service activities in OR-Kids for each service category.

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

TCM Service Category	Service Activities
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
	Refer child for developmental evaluation
	Refer for sex abuse victim counseling
	Refer for sex offender counseling
	Refer to day treatment program.
	Refer to mental health professional

TCM Service Category	Service Activities
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/ODHS 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
	Contact parent to gather family info
	Contact relative to gather family info
	Prep/submit request for sub guardianship

TCM Service Category	Service Activities
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.

TCM Service Category	Service Activities
Miscellaneous Services	Arrange visit with siblings/extended family
	Assess for day care services & resources
	Consult Tribe Re services
	Consult Tribe to reassess the case plan
	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

TCM Claims and MMIS

After a TCM claim is verified and saved, it is sent to MMIS in a nightly batch and the status will change to "Submitted". MMIS processes the claims and adds a diagnosis code. This system also looks for duplicate entry of TCMs from CW and other agencies to prevent paying twice for the same client in the same month. MMIS returns a batch with payment status every Monday, updating TCMs to either "Paid" or "Denied" status in OR-Kids. However, any given TCM may take a month or more for MMIS processing.

How to View TCM Status in MMIS

- Login to MMIS
- Select Claims and Search
- Enter the client's Prime Number into Recipient ID field
- Select Search
- Sort by date – look for date Occurred in the FDOS field. TCMs show up as a Professional NPI Claim. Select between the two fields.
- The claim will be listed as Paid or Denied or Adjusted/Voided
- If it was denied, select the Error code to view the denial reason

MMIS TCM Error Codes

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
Other denial reasons
IV-E Eligible in converted data – Not showing IV-E eligible in current data
Child is not enrolled in Medical in MMIS

Chapter 11: Worker Safety and Well-Being

Section 1: Definitions of Staff Safety

The intention of the Workforce Safety and Well-being Chapter is to build an equitable, consistent, and informed Oregon Child Welfare workforce. While the potential harm from the "nature of the job" is present, every precaution and opportunity should be taken to identify, define and protect the safety of our staff. This requires multiple levels of responsibility and accountability from individuals, supervisors, policy makers and leadership. This shared responsibility will lead to safer conditions for our workforce and better outcomes for the children and families and families we serve. This chapter was co-created alongside staff of every role across every district in the state. Revisions and changes are expected to be made as our agency's safety culture shifts.

"Safety" to be described as a state to which protection from hazards, conditions, danger, risk, or injury are controlled to preserve the health and well-being of the Oregon Child Welfare Workforce. Safety is to be further defined and experienced in various aspects:

I. **Physical Safety:** Protection in the visible world from hazards, conditions, danger, or injury to the physical body.

II. **Psychological Safety:** The belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes and that the team is safe for interpersonal risk taking (Edmondson, 1999).

III. **Emotional Safety:** Security and protection from circumstances which elicit reactive feelings, emotions, and environments that negatively impact mental health.

IV. **Worksite/Occupational Safety:** Proactive worksite protection from office and community environmental hazards.

V. **Financial Safety:** Protection from fiscal instability to provide security in agency funding, staff stability in position and compensation.

VI. **Social Safety:** Protection from identity-based discrimination and prejudice including, but not limited to: race, gender, sexuality, sex, disability, caste, language, country of origin, religious affiliation, and socioeconomic standing.

Other terminology related to workforce safety:

I. **Workforce Well-being:** The simultaneous and holistic supports for ongoing individual and organizational care related to health, happiness, stability and overall life satisfaction.

II. **Safety Culture:** A culture in which values, attitudes and behaviors support a safe, engaged workforce and reliable, consistent leadership and operational support. (Vogus, Sutcliffe & Weick, 2010). Safety cultures strive to balance individual accountability with system accountability and value open communication, feedback, and continuous learning and improvement (Chassin & Loeb, 2012).

III. **Equity:** Distinguished from equality, equity refers to fairness and justice by acknowledging adjustments needed to minimize bias, systemic imbalances and barriers.

IV. **Unsafe:** An imminent harmful action or environmental condition, which could lead to physical, psychological, sexual, spiritual, or emotional impact.

V. **Uncomfortable:** The feelings associated with being ill-equipped or incompatible. This could present as an experiential disadvantage or cognitive dissonance that threatens previously adopted beliefs.

Understanding and having awareness of the difference between being uncomfortable and unsafe can assist in navigating new experiences; ones that do not compromise an aspect of safety. Using this Venn Diagram below can assist in determining which you are experiencing.

Unsafe or Uncomfortable Venn Diagram



TBD Chapter