



2008 Annual Training Conference



Creating Transparency through Findings Driven Reviews

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Review by the Findings

Creating Transparency in our Work.

History

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

Purpose

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

Intent

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

Advantages

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

Format

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

Format

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

Changes to Findings

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

Findings: New Order

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

Findings (cont'd)

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

Findings (cont'd)

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

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

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

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

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

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

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

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

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

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

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

There is a continuing need for placement.

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

Findings Exercise

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

Findings Exercise

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

Findings Exercise

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

Findings Exercise

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

What next:

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

Jacob Barker (Houston) Case

History:

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

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

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

At the review:

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

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

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

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

At the Review:

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

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

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

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

At the review:

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

Finding: There is a continuing need for placement.

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

At the review:

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

CRB FINDINGS:

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

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

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

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

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

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

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

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

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

There is a continuing need for placement.

Additional Findings:

Review Date: _____
Date of Last Review: _____

CRB CASE NOTES SHEET

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

"Please confirm the following:

Voluntary Custody/Placement: Yes No N/A

Basis of Jurisdiction:

Mother: _____

Father(s): _____

Plan: _____

Concurrent Plan: _____

ICWA Status of Mother: _____

ICWA Status of Father(s): _____

Been in care since _____ (____ months)

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

"We will first address placement efforts."

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

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

“We will now address services to the child.”

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

(Applies in all cases.)

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

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

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

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

"We will now address progress and compliance issues."

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

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

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

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

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

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

Additional Finding(s)

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

RECOMMENDATIONS:

Plan:

Placement:

Services to Parents:

Services to Children:

Parental Involvement in Services:

Visits:

Case Notes Supplemental Sheet

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

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

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

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

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

Notes:

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

Determine whether:

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

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

Notes:

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

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

Determine:

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

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

Notes:

- Consideration of child safety is paramount in all areas

Determine the child's needs:

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

Determine services being provided to address those needs:

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

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

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

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

ADDITIONAL ISSUES TO CONSIDER FOR CHILDREN 14 YEARS AND OLDER:

Determine whether:

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

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

Notes:

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

Determine whether:

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

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

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

Determine whether:

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

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

Adoption

Note:

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

Determine:

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

Guardianship

Determine:

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

Reside with Relative

Determine whether:

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

APPLA

Determine the date the case was staffed and the plan changed

APPLA Permanent Foster Care

Determine:

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

APPLA Independence

Determine:

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

APPLA Other

Determine:

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

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

Note:

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

Determine:

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

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

Determine whether:

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

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

Determine:

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

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

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

Return to Parent

Determine:

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

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

Adoption

Determine:

- Why return to parent is not an appropriate plan

Guardianship

Determine:

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

Permanent Placement with a Fit and Willing Relative

Determine:

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

APPLA

Determine:

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

APPLA Permanent Foster Care

Determine:

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

APPLA Independence

Determine:

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

APPLA Other

Determine:

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

There is a continuing need for placement.

Determine:

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

Additional Finding (s):

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

Recommendations:

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

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

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

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

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

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



2008 Annual Training Conference



Understanding Meth Addiction and Treatment

Eric Martin,
Addiction Counselor Certification Board of Oregon

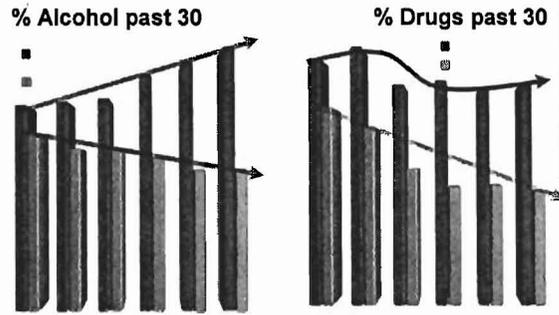


Methamphetamine Treatment

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

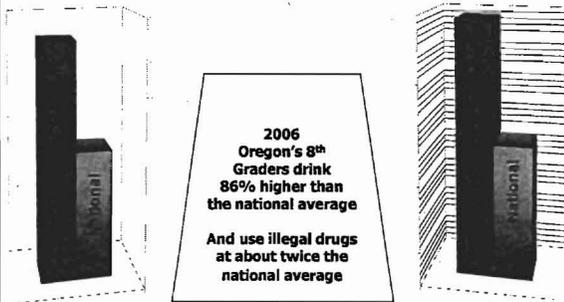
Jay Wurscher, CADC II
 Alcohol & Drug Services Coordinator
 DHS Child Welfare

Oregon vs. National 8th Graders Since 9-11



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

Oregon vs. National 8th Graders Since 9-11 Alcohol



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

And use illegal drugs at about twice the national average

Oregon Healthy Teens, 2006 & Monitoring the Future, 2006

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

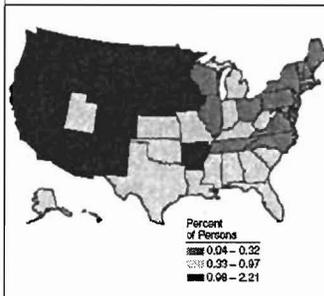
**Oregon is not "treatment" friendly
 Nor, does Oregon imprison addicts
 Rather, Oregon is "Catch & Release"**



OMHAS, 9/2004, SAMHSA 2005

Past year Methamphetamine use (use peaked in 2002)

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



The latest numbers from OAS

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

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

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

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

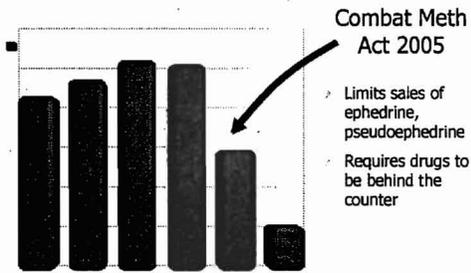


Top weed smokin' States (6.5-9.5% of population reports using marijuana in the past 30 days)

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

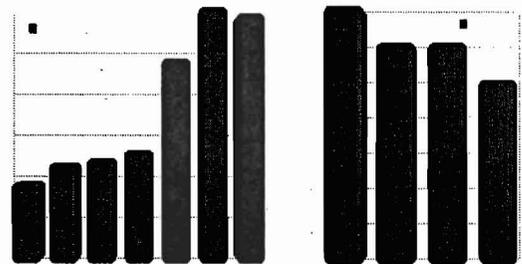


U.S. Meth Labs



In 2002 meth use peaked in the U.S.

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



Mexico ephedrine/pseudoephedrine imports largely from China



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

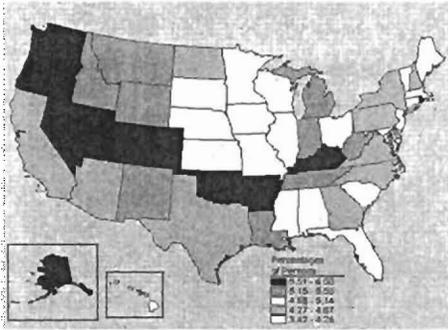
The latest numbers from OAS

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

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

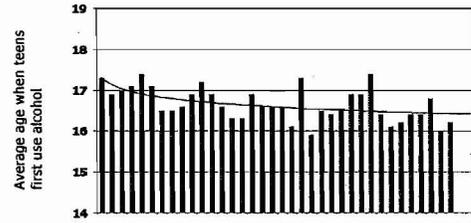
Non-medical use of painkillers past year 12+

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



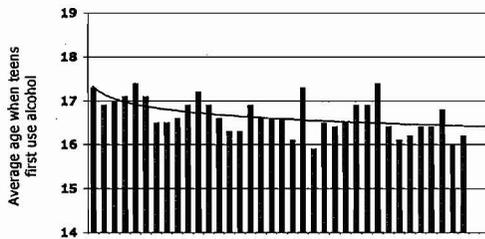
Mean age of Alcohol onset 1965-2002, NSDUH

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



Mean age of Alcohol onset 1965-2002, NSDUH

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



William White

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

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

Large studies and small identical twin studies

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

Up to 3 times higher rates of anxiety and depression

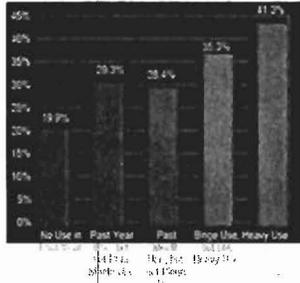


95% of U.S. Adult Alcoholics & Alcohol Abusers...

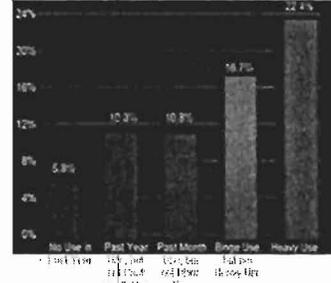
...started drinking before



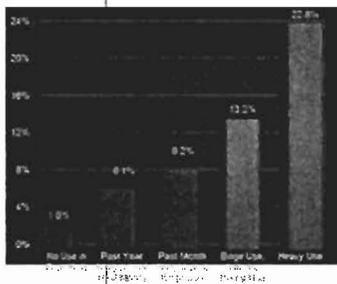
Heavy alcohol using 12-17 year olds are twice as likely to participate in violence than kids who don't drink



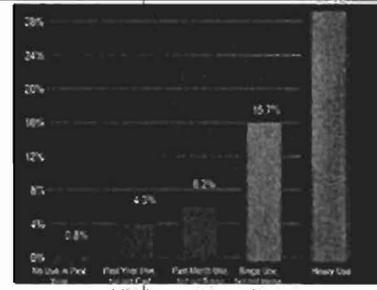
Heavy alcohol using 12-17 year olds are four times more likely to seriously attack others than kids who don't drink



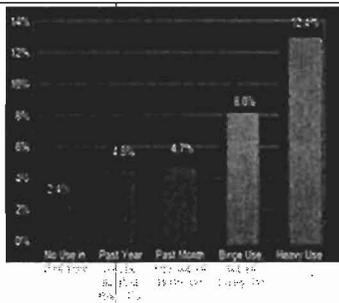
Heavy alcohol using 12-17 year olds are 12 times more likely to steal than kids who don't drink



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



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

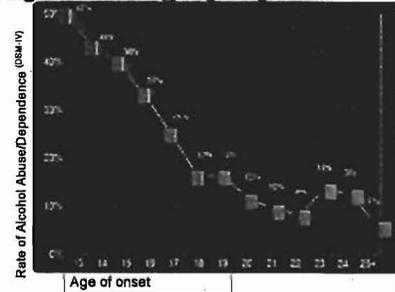


Risk of Alcohol Abuse/Dependence (DSM-IV) drops each year drinking is postponed

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

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

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



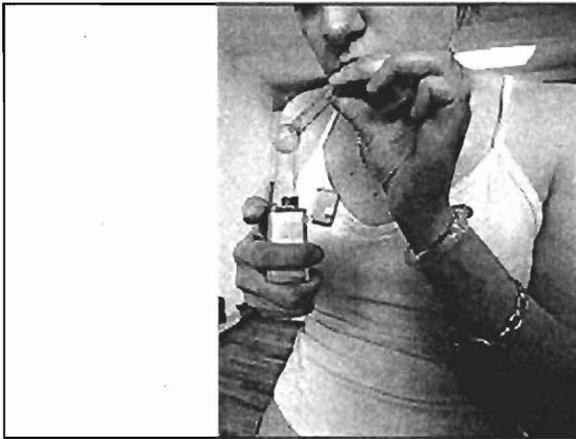
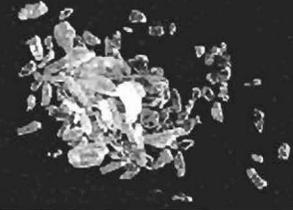
n=43,000 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

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

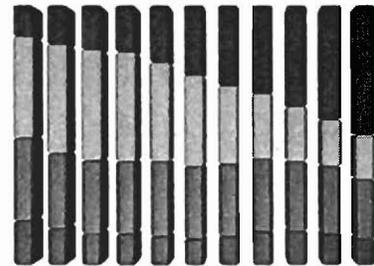
• Page 116 U,D,A

The "new" crack

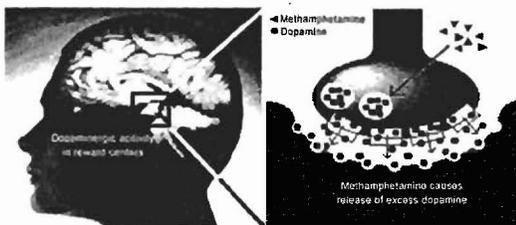
Mexican "Ice" "Shards"



National Routes of Admin

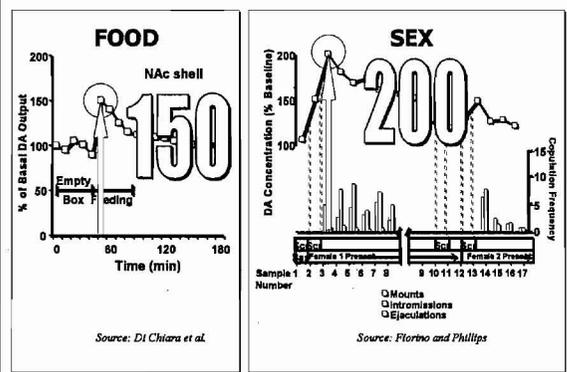


Source: SAMHSA, TEDS, 2002



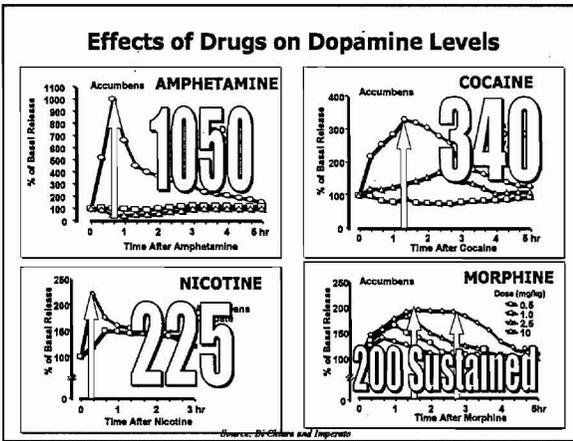
- Meth causes release of dopamine in pleasure & reward pathway
- Increases in catecholamines
- Reductions in MAO (antidepressant quality)
- Changes in Serotonin levels

Natural Rewards Elevate Dopamine Levels



Source: Di Ciano et al.

Source: Florino and Phillips



Go switch

Stop switch
Orbitofrontal Cortex

"endorphin mediated stop switch"

-Judgment

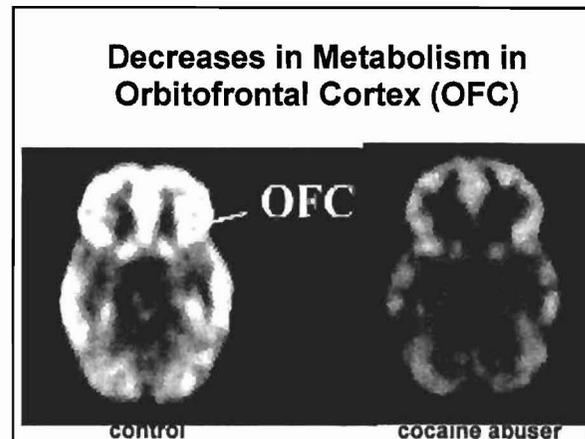
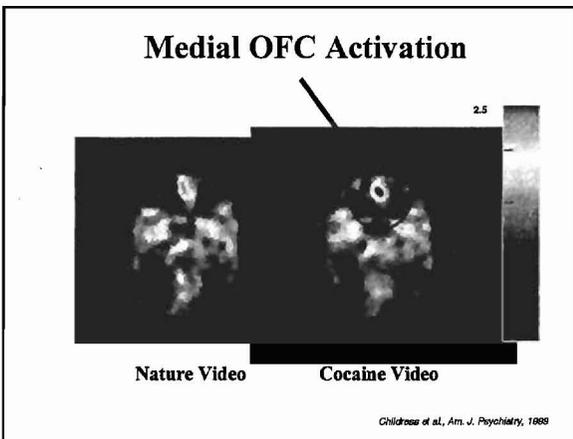
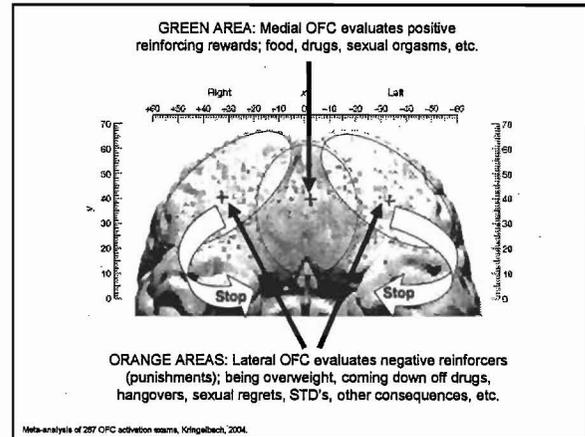
-Comprehension

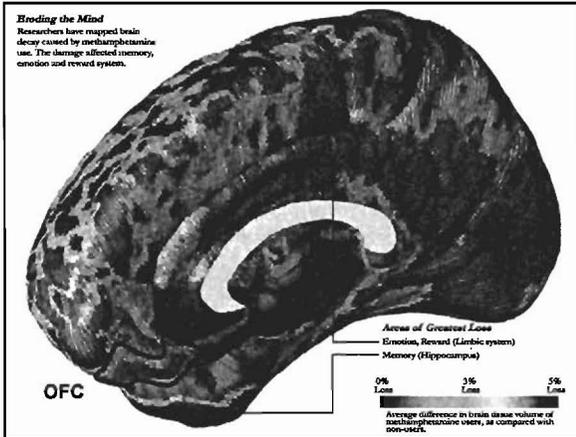
-Impulse Control

-Empathy

Old Alcoholics Anonymous Saying...

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





Short Term

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

chronic meth user with significant reductions in brain activity

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

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

Long Term

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

Normal Top

2 year chronic meth user

Normal

4 months clean

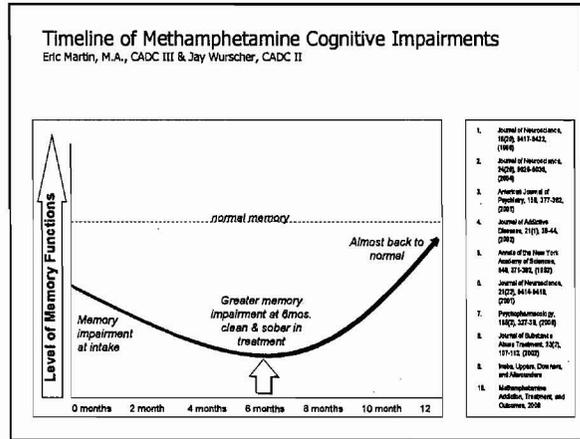
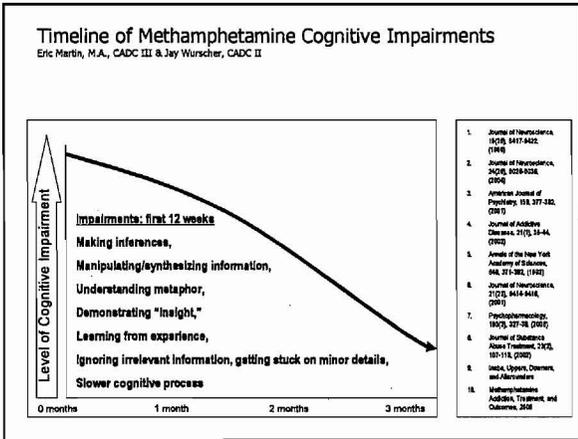
Glucose Metabolism Scan (Normal Front View)
 Source: Medical Center, Florida

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

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

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

one year clean & sober



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

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

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





2008 Annual Training Conference



Early Concurrent Planning

Lois Day, Department of Human Services



EARLY CONCURRENT PLANNING

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

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

- What are the elements of concurrent planning?

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

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

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



2008 Annual Training Conference



Oregon Safety Model and the Case Plan

AJ Goins, Department of Human Services





2008 Annual Training Conference



AJ Goins

Annajeane Goins

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

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

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

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

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

Child Information

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

Mother's Information

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

Father's Information

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

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

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

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

Mother's Information

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

Father's Information

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

Legal Status:

Selections for the above list are:

Legal

Putative (Alleged Biological)

The Forms advisor verbiage for this narrative field is:

Document information regarding the following questions.

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

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

Identified Safety Threats

Identified Safety Threats

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

Safety Analysis

Safety Analysis

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

Disposition

Disposition

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

Indian Child Welfare Summary

Indian Child Welfare Summary

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

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

Hearing Information

Type of Hearing:

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

Dispositional
Jurisdictional
Review
Permanency
CRB
Other (Explain)

Type of Hearing Narrative:

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

Legal Information

Jurisdictional Basis:

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

Location of Child

Type of Current Placement(s):

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

Type of Current Placement(s) Narrative:

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

Relative Search and Current Placement

Relative Search and Current Placement:

Case: CLIENT, CASSANDRA - FT17143

Worker: Calvin Caseworker (60XN)

Date: 02/08/2007

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

Child Safety and Well Being

Child Description, Their Needs and Well-Being:

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

Youth Transitional Programs and Services:

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

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

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

Protective Capacity

Relationship: _____

Protective Capacity

Available selections for the field above are:

- Mother
- Father
- Legal Guardian
- Other

Forms advisor verbiage for this narrative field is:

Describe existing parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian or those that have existed in the past.

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

Relationship: _____

Protective Capacity

Available selections for the field above are:

- Mother
- Father
- Legal Guardian
- Other

Forms advisor verbiage for this narrative field is:

Describe existing parental protective capacities (cognitive, emotional and behavioral) of the parent or guardian or those that have existed in the past.

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

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

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

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

Ongoing Safety Plan

Ongoing Safety Plan:

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

* SAFETY THREATS

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

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

Visitation Plan

Visitation Plan:

Attach a copy of the visitation plan OR

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

Permanency Planning

Case Plan Development:

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

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

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

Primary Permanency Plan:

Explanation:

The selections available for the above field are:

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

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

Conditions for Return:

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

Expected Outcomes:

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

Actions:

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

Concurrent Permanency Plan:

Explanation:

The selections available for the above list are:

1. Adoption
2. Guardianship

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

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

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

Progress to Date:

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

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

Primary and Concurrent Permanency Plan Parental Discussion:

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

Filing Decision

Filing Decision:

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

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

Case: CLIENT, CASSANDRA - FT17143

Worker: Calvin Caseworker (60XN)

Date: 02/08/2007

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

Substitute Caregiver Information

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

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

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

Face-to-Face Contact

Caseworker Contact with Child and Parent:

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

Contact dates with child:

COREY CLIENT (C)

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

CORDELIA CLIENT (D)

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

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

Contact dates with mother:

CASSANDRA CLIENT (A)

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

Contact dates with father:

CLINT CLIENT (B)

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

Contact dates with relative caregiver/foster parent/provider:

Forms advisor verbiage is not provided for this narrative area.

Collaterals, Relatives, others:

Forms advisor verbiage is not provided for this narrative area.

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

Child and Family Information

Mother Information

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

Father Information

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

CASA Information

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

Attorney Information

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

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

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

Other Significant Persons/Relatives:

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

Additional Information

Forms advisor verbiage is not provided for this narrative area.

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

Signature

Caseworker: _____

Date: 02/08/2007

Supervisor: _____

Date: 02/08/2007

Mailing Information

Copies of this form mailed by (signature): _____

Date: 02/08/2007

To:

Mother: _____

02/08/2007

Father: _____

02/08/2007

Attorney: _____

02/08/2007

Legal Guardian: _____

02/08/2007

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

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

Child Information

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

Mother's Information

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

Father's Information

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

Case:
Worker:
Date: 10/12/2007

Identified Safety Threats

Identified Safety Threats

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

Safety Analysis

Safety Analysis

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

Disposition

Disposition

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

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

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

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

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

Indian Child Welfare Summary

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

Hearing Information

Type of Hearing:
Permanency

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

Legal Information

Jurisdictional Basis:

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

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

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

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

Location of Child

Type of Current Placement(s):
Relative foster home

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

Relative Search and Current Placement

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

Child Safety and Well Being

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

Case: _____

Worker: _____

Date: 10/12/2007

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

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

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

Youth Transitional Programs and Services:

None at this time

Protective Capacity

Relationship: Mother

Protective Capacity

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

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

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

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

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

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

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

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

Relationship: _____
Protective Capacity

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

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

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

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

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

Ongoing Safety Plan

Ongoing Safety Plan:

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

* SAFETY THREATS

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

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

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

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

Visitation Plan

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

Visitation Plan:

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

Permanency Planning

Case Plan Development:

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

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

Explanation:

Conditions for Return:

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

Expected Outcomes:

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

Case: _____

Worker: _____

Date: 10/12/2007

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

Actions:

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

Concurrent Permanency Plan: Adoption

Explanation:

Progress to Date:

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

Primary and Concurrent Permanency Plan Parental Discussion:

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

Filing Decision

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

Filing Decision:

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

Substitute Caregiver Information

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

Face-to-Face Contact

Caseworker Contact with Child and Parent:

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

Contact dates with child:

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

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

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

Child Information

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

Mother's Information

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

Father's Information

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

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

Mother's Information

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

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

Father's Information

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

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

Identified Safety Threats

Identified Safety Threats

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

Safety Analysis

Safety Analysis

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

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

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

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

Case:
Worker:
Date: 11/ 8/2007

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

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

Disposition

Disposition

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

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

Indian Child Welfare Summary

Indian Child Welfare Summary

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

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

Hearing Information

Type of Hearing:
CRB

Type of Hearing Narrative:
CRB hearing

Legal Information

Jurisdictional Basis:

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

Location of Child

Type of Current Placement(s):
Relative foster home

Type of Current Placement(s) Narrative:

Relative Search and Current Placement

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

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

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

Child Safety and Well Being

Child Description, Their Needs and Well-Being:

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

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

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

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

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

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

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

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

flu. Both she and had an ear infection as a result of a cold they had. Both did well with the prescribed antibiotics, making a full recovery.

Family came to for Christmas. The house was full and the girls had the opportunity to spend time with aunts, uncles and cousins they rarely see. Both girls reported that their cousin, "the new baby" got too much attention. They had a fun Christmas and when their mom got home from they had a second Christmas with her at

Youth Transitional Programs and Services:
N/A

Protective Capacity

Relationship: Mother

Protective Capacity

Enhanced Protective Capacities:

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

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

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

Case: 5

Worker:

Date: 11/ 8/2007

Diminished Protective Capacities:

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

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

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

Relationship: Father

Protective Capacity

Protective Capacity:

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

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

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

Diminished protective capacities:

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

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

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

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

Reasonable/Active Efforts to Prevent Placement

Reasonable/Active Efforts to Prevent Placement:

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

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

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

Ongoing Safety Plan

Ongoing Safety Plan:

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

Visitation will be held in DHS office.

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

*** SAFETY THREATS**

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

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

Visitation Plan

Visitation Plan:

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

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

Permanency Planning

Case Plan Development:

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

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

Case:

Worker:

Date: 11/ 8/2007

Explanation:

Conditions for Return:

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

Expected Outcomes:

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

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

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

Actions:

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

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

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

programs. _____ will participate in the parenting program at both group and individual levels. _____ Childhood staff will report progress and concerns to DHS to assist _____ in developing parenting skills.
_____ will actively look for employment and a house or apartment for herself and her girls.
_____ will engage in the recommended out patient services for his alcohol and drug abuse with _____. _____ will participate in the color UA system with DHS to support his sobriety.
_____ will engage in parenting group offered by _____, and in individual training with parent mentor, I
_____ will actively look for employment and a house or apartment.

Concurrent Permanency Plan: Adoption

Explanation:

Progress to Date:

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

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

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

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

Primary and Concurrent Permanency Plan Parental Discussion:

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

Filing Decision

Filing Decision:

Circumstances for TPR do not exist at this time.

Substitute Caregiver Information

Face-to-Face Contact

Caseworker Contact with Child and Parent:

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

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