



Children's Justice Act Task Force

Meeting Minutes

Tuesday, February 4, 2024

Remote Teams Meeting

1:00 pm – 3:30 pm

Task Force Members:

X	CASA Christopher Hinkel	X	CAMI AC Member Gil Levy
X	Prosecuting Attorney Stacy Neil	X	CAMI AC Member Marilyn Reilly
	Person with Experience Working with Children with Disabilities VACANT		Attorney for Children Rahela Rehman
	Criminal Court Judge Hon Andrew Erwin	X	Lived Experience Expert Sherree Rodriguez
X	Law Enforcement Amy Ford	X	Parent Patty Terzian
X	Mental Health Professional Damon Holland		Person with Experience Working with Homeless Children and Youth VACANT
	Civil Court Judge VACANT	X	Child Protective Services Deena Loughary
	Health Professional Patti Kenyon	X	Health Professional Natalya Miller
X	Parents/Defense Attorney Emily Cohen	X	CAMI AC Member Beatriz Lynch
X	CAMI AC Member Tina Morgan		

Guests:

X	Kristen Khamnohack, Oregon Child Welfare	X	Jennifer Holman
X	Shelly Smith, Oregon Child Abuse Solutions (OCAS)		

CVSSD DOJ Staff:

X	Robin Reimer, CAMI Fund Coordinator		Kim Kennedy, GMS Section Manager
X	Amanda Shinkle, Grant Specialist		Shannon Sivell, CVSSD Director

Welcome Introductions were made to new members, and appreciation was given to Deena Loughary for her participation on the Task Force as she transitions to a new position in Oregon Child Welfare. Kristen Khamnohack will attend CJA Task Force and CAMI AC meetings moving forward.

Presentation from Oregon Department of Human Services (OR DHS), Family Preservation:

Jennifer Holman presented information at the request of the CJA Task Force. Family Preservation is part of both ODHS Child Welfare and ODHS Self Sufficiency. Family Preservation works to provide supports to keep families together.

Review of the current CJA priorities and report from OCAS: Robin reviewed the current CJA purposes and priorities. Shelly shared information about the current grant to OCAS. OCAS would like to modify the current grant to maximize services to MDTs and Child Fatality Review Teams. The group enthusiastically supports OCAS's goal.

OCAS requested recommendations on partners to develop resources, a timeline, and activities for each project. OCAS will amend the grant and draft a 'charter' for the group to review.



The group expressed appreciation for the work of the State Fatality Review team and encouraged inclusion of those members to make the data compilation process less of a barrier for local teams. The focus of fatality review is prevention.

Shelly will draft project recommendations and propose next steps. Robin will request to amend the current federal award from Children's Bureau.

Member updates: The group inquired about continued funding from the Children's Bureau in response to the recent Federal freeze in funds via Executive Order. Robin will reach out to the Children's Bureau. Several alliances, specifically NCA, are adjusting standards to comply with new Federal expectations around diversity, equity and inclusion.

The August 2024 meeting minutes were approved without edits.

Meeting adjourned 3:29 PM

Next meeting: Tuesday, April 22, 2025 from 1:00 pm-4:00 pm

Action Items:		
Item	Assigned to	Status
Distribution of the Safety Model sheet	Robin/Jennifer Holman	complete
Contact DPSST training coordinator to attend an upcoming meeting to discuss DPSST Training on Child Abuse	Robin	

We believe that everyone in Oregon deserves **opportunities to thrive and reach their full potential.**

Maximizing people's potential helps our communities thrive and benefits our entire state.

Self Sufficiency's Vision into Action



Child Welfare's Vision for Transformation

We believe **children do best growing up in their family and community** and on values related to honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of our communities of color.

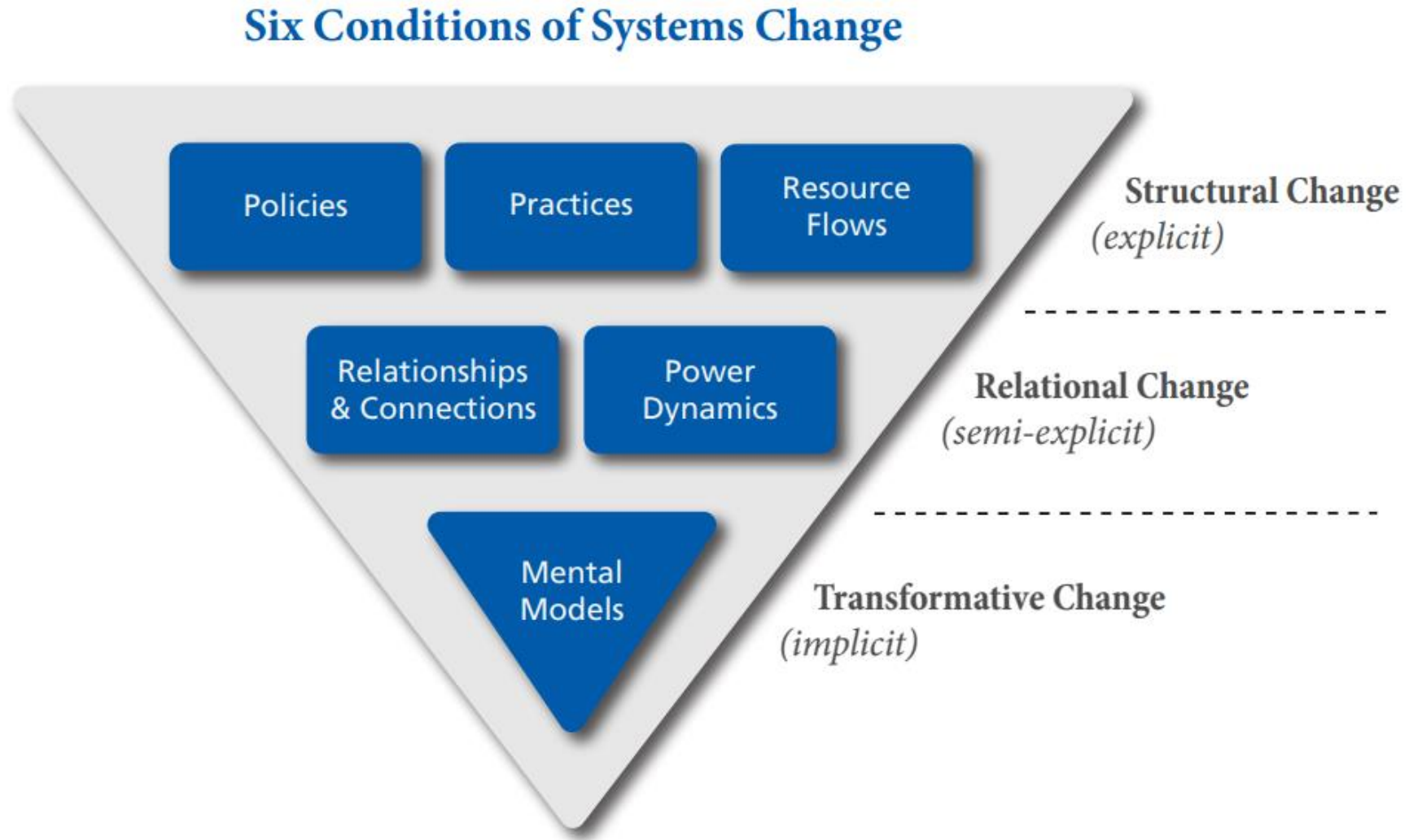
The Preservation & Reunification approach actualizes the Vision for Transformation and Vision into Action by **supporting...**

Systems in shifting to prioritize keeping families together and in their communities.



Families and communities tell us what they need, when they need it, how they need it and who they need it from,
and we deliver.

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

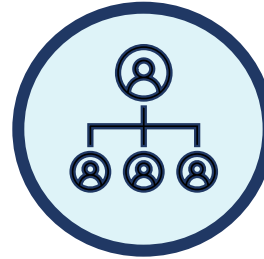


What elements are foundational for in-home work?

DATA & EQUITY



SUPPORTS & SERVICES



**INTRA-AGENCY
RELATIONSHIPS**



**COMMUNITY
ENGAGEMENT**



PRACTICE

CURRENT FAMILY PRESERVATION DEMONSTRATION SITES

COHORT 2

COHORT 1

Gresham

Washington County

Polk

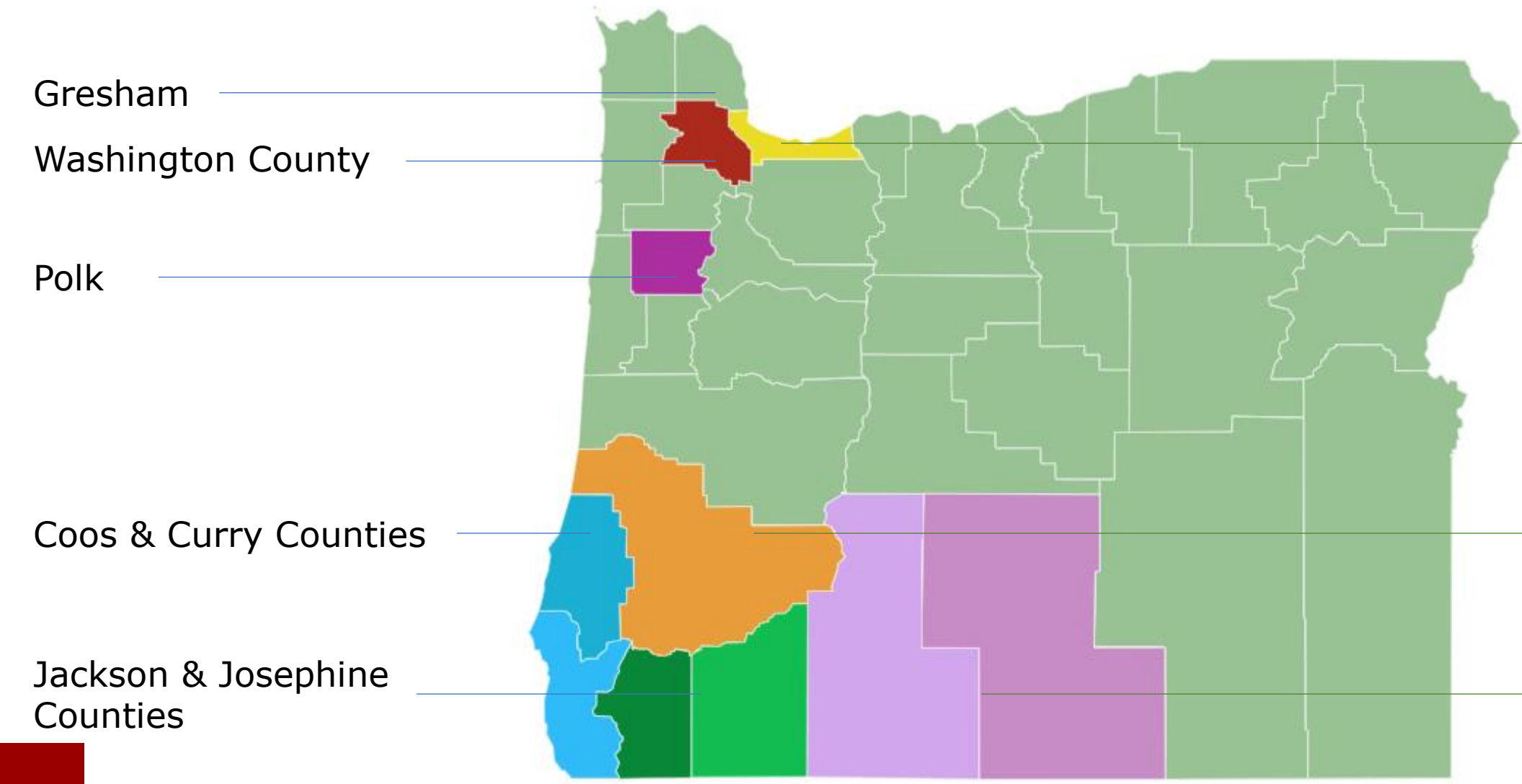
Coos & Curry Counties

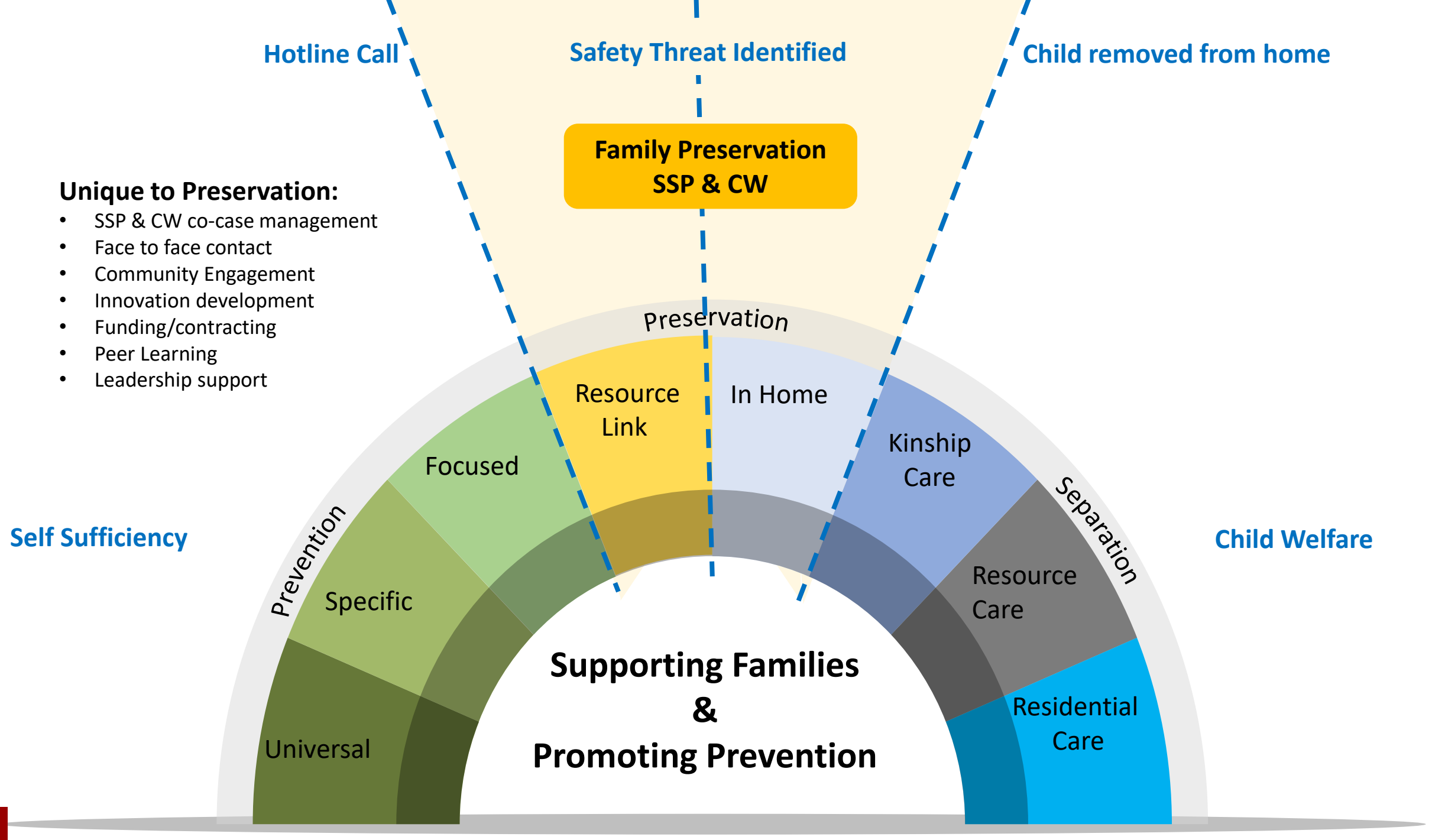
Jackson & Josephine Counties

Alberta

Douglas

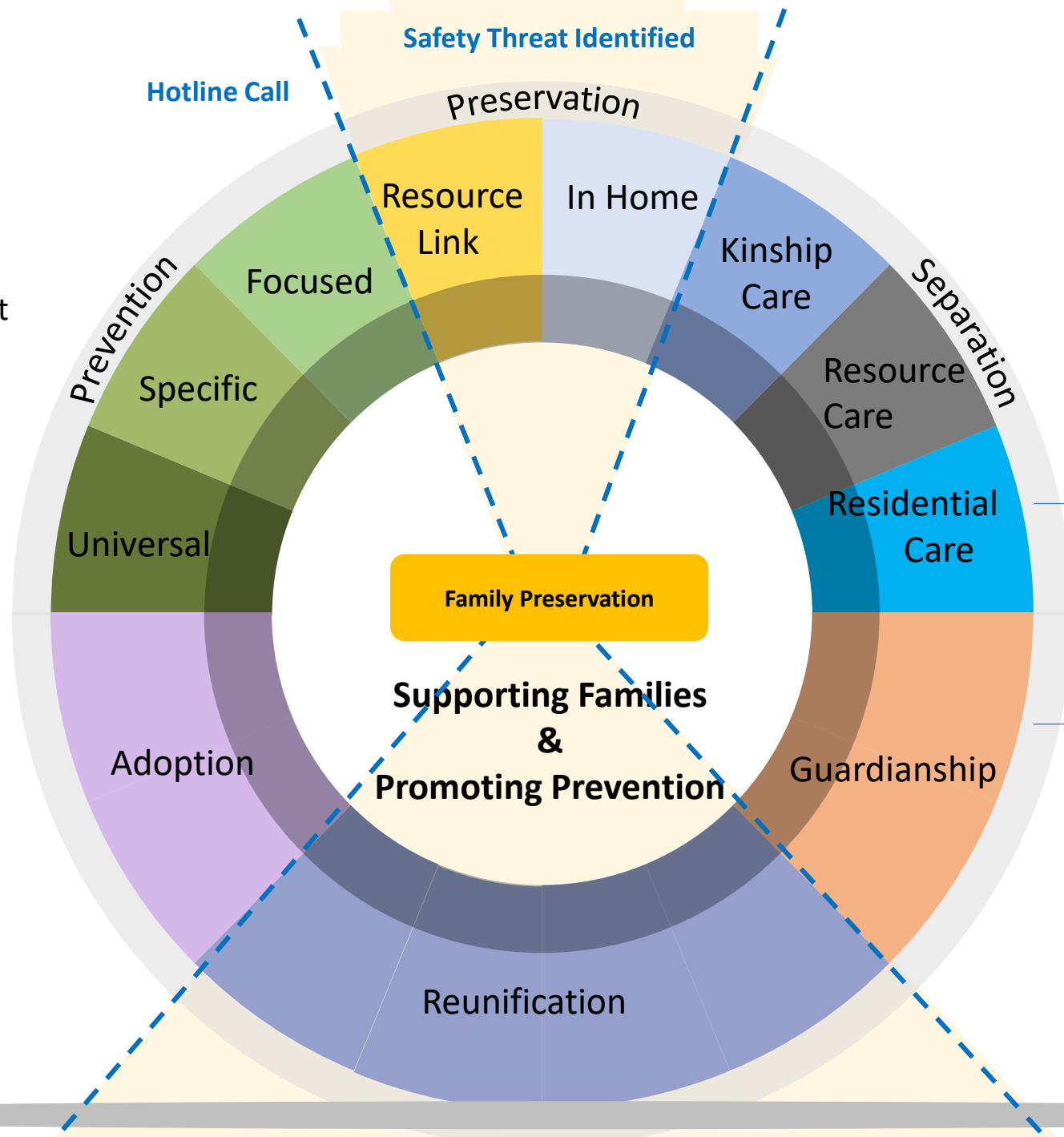
Klamath





2025:

- Continue focusing on relationships and mindset
- Add Cohort 3
- Expand scope to include Reunification beginning in Cohort 1
- Focus on ending foster care for BIPOC families beginning with Native and Black families



CJA 2024

ONGOING FUNDING TO OREGON CHILD ABUSE SOLUTIONS

CJA PURPOSE

Section 107(a) of CAPTA is improving the

- Assessment
- Investigation
- Judicial Handling

of child abuse including child sexual abuse and exploitation

CJA FEDERAL PRIORITIES

A. Assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and family;

B. Investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and

C. Assessment and investigation of cases involving children with disabilities or serious health related problems who are suspected victims of child abuse or neglect.

PROJECTS WITHIN THE PRIORITY AREAS SHOULD IMPROVE:

1. the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family;
2. the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;
3. the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
4. the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect

CJA AT CVSSD

Goals:

1. Cohesive plan for funding
2. Continuous, reliable funding for successful projects
3. Increased awareness and inclusiveness
4. Minimization of administration

OREGON CJA PRIORITIES FOR 2024-2027

Recommendation 1: Support **experimental or demonstration projects** to improve processes and procedures in investigation, prosecution, and judicial handling of abuse cases to improve timeliness, equity, and fairness

Recommendation 2: Provide **consistent and reliable support for established**, effective **trainings & resources** for investigation, prosecution and judicial handling of child abuse cases including improvement of communication with children and families

Recommendation 3: Support **preservation of, and access to, existing trainings, resources, technical assistance and expertise** to improve investigation, prosecution, and judicial handling of child abuse cases

Recommendation 4: Support projects to **evaluate the efficacy of protocols, policies, procedures, or trainings** related to investigation, prosecution and judicial handling of child abuse

RECOMMENDATION 1

Support **experimental or demonstration projects** to improve processes and procedures in investigation, prosecution, and judicial handling of abuse cases to improve timeliness, equity, and fairness

To increase the knowledge and resources of MDT professionals in their investigation, prosecution, and judicial handling of child abuse best practices.

- Facilitate a review and potential resources for the Oregon Drug Endangered Child (DEC), Karly's Law, and/or Child Fatality Review Statewide Model Protocols.
- Facilitate a review and potential resources for MDT members. Identify and coordinate trainings and resources for MDTs on national best practices (i.e. case review, case tracking, and MDT functioning).
- Provide project management to coordinate more resources for Oregon prosecutors. Working jointly with ODOJ and ODAA staff, identify gaps and help to develop tools (multiple modalities).

RECOMMENDATION 2

Provide **consistent and reliable support for established, effective trainings & resources** for investigation, prosecution and judicial handling of child abuse cases including improvement of communication with children and families

Every child in Oregon, who may be a victim of abuse and is identified by the local multidisciplinary team as needing a forensic interview, is interviewed according to national best practices by a qualified forensic interviewer.

- Forensic Interviewer training and resources through the Oregon Child Forensic Interviewer Training (OCFIT), advanced topic forensic interviewer training, statewide peer review, and maintain updated listservs ensuring evidenced based best practices are shared.
- OCAS will facilitate at least six trainings for MDT professionals to ensure they are equipped to identify suspected abuse and follow best practices for investigation, prosecution, and judicial handling. To achieve this goal, OCAS aims to train at least 60 first responders and MDT members in the Collaborative Child Abuse Response (CCAR).

To ensure that every designated medical professional in Oregon and other medical professionals working within CACs or in collaboration with CACs, has an active community of practice that can be accessed for advice, resources, professional development, and partnerships.

- OCAS will coordinate resources for medical providers (through the Medical Academy), provide a training series for child physical abuse training for primary care clinicians, facilitate the Medical Academy Advisory Committee, and maintain updated listservs for this cohort, ensuring evidenced based best practices are shared.

RECOMMENDATION 3

Support **preservation of, and access to, existing trainings, resources, technical assistance and expertise** to improve investigation, prosecution, and judicial handling of child abuse cases

To expand access to quality trainings, resources, and/or workshops for CAC professionals designed to build skills in diversity, equity, inclusion, access and belonging work. To initiate and build connections for professionals passionate about improving cultural-responsiveness within Oregon CACs.

- OCAS will provide **on-demand training series** for child physical abuse training for primary care clinicians to ensure that every child in Oregon has an equitable response to child physical abuse. Train 10-20 Primary Care Clinicians in topics related to child physical abuse that result in all Oregon children, regardless of their socio-economic, cultural, geographic, racial, and linguistic equity.

RECOMMENDATION 4

Support projects to **evaluate the efficacy of protocols, policies, procedures, or trainings** related to investigation, prosecution and judicial handling of child abuse

To ensure that Oregon professionals providing forensic child abuse interviews have guidelines and best practice resources available to them.

- Provide project management for maintaining and updating relevant documents and best practices for professionals providing forensic child abuse interviews.
- Provide training options for forensic interviewers (directly or through scholarships), facilitate a review and revision (if needed) of the Oregon Child Forensic Interviewing Guidelines, and facilitate a review of forensic interviewer training curriculum and update related training manuals.

To accurately assess what the most pressing needs in the field are and to evaluate our current training and technical assistance programming for their impact on children.

- OCAS will provide an evaluation for every training and collect data on the training objectives and to identify future training needs. Summary data report compiled quarterly.
- OCAS will partner with key stakeholders to identify critical training needs and collect data on the training objectives. Summary data report completed quarterly.

CONSOLIDATING EFFORTS WITH CACF FUNDING- BACKGROUND

- Proposed use of both CACF HBI 579 Deobligated State Funds and CJA funds to support MDT and Child Fatality Review work
- Time limited
- To Address Gaps in MDT and Child Fatality Review
- Working in alignment or collaboration with Statewide Child Death Review and Prevention Team and other state and national partners

CJA INPUT

Fatality Review

- Resources
- Training/Support
- Collaborative partners/stakeholders

MDT

- Resources
- Training
- Collaborative partners/stakeholders

2020 In-Home Criteria & Conditions for Return Guide

Each parent's ability to meet the four in-home criteria should be addressed immediately upon determining there is an impending danger safety threat requiring a safety plan. If parents cannot meet all four criteria and a child must be placed in substitute care, clear Conditions for Return statements should be developed for only the missing criteria. This process guides us to have the least restrictive plan for the family. Concise, specific, simple language and formatting gives the family a clear guide to the expectations for reunification and the best chance at successful timely reunification. The underlying value of this process is the belief that children should be with their family unless it's impossible to manage safety in their home. The developed Conditions for Return should be reviewed at each monthly contact with parents to identify barriers.

Below are all four in-home criteria descriptions with examples of when they are met, examples of when they are not met, and corresponding examples of a condition for return. These examples are intended to be ideas for language to consider. Conditions for Return statements should be customized to each parent's situation.

There is a home like setting where the parent(s) and child(ren) live?

This criteria requires us to determine if where a parent lives is suitable for implementing an in-home safety plan. The critical issue is sustainability. In other words, is there confidence that the place where a parent is residing is stable enough to establish and sustain an in-home safety plan over a reasonable period? This does not necessarily preclude motels or shelters from potential in-home safety planning locations. However, there needs to be assurance that the place where a parent is staying is not temporary – that there is a reasonable way to sustain the use of an in-home safety plan in that location.

Justification for meeting this criteria:

- There is an adequate home in which a safety plan can be maintained.
- [Name] has maintained a home in which a safety plan can be maintained.
- [Name] has historically been able to maintain a place to live.
- [Name] has housing difficulties but there is evidence that they can maintain a place where a safety plan could be monitored.
- [Name] has a residence (e.g home, trailer, apartment, hotel, shelter situation- in specific cases) that is sufficient to support the use of an in-home safety plan;
- [Name] is staying with someone else but the situation is stable enough to use an in-home safety plan.

<u>Examples when there was NOT a home-like setting:</u>	<u>Examples for Conditions for Return:</u>
1. [Name] has <u>no stable home</u> from which to implement a safety plan.	[Name] will have a stable home where an in-home safety plan can be maintained.
2. The living situation is too unpredictable for a safety plan.	The home environment will be predictable enough to allow for adequate safety services to manage child safety in-home.
3. <u>The home is</u> hazardous for the children. (Describe)	The home will be free from [the previously identified hazards] and there will be confidence that can be maintained with the oversight of safety service providers.
4. [Name] does not have the <u>resources</u> to maintain a home for an in-home safety plan.	[Name] will use resources and have a reasonable plan to maintain a stable home.
5. There is a <u>known perpetrator</u> of child abuse living in the home.	The home will be free from dangerous people who pose a safety risk to the child, and there will be confidence that can be maintained with the oversight of safety service providers.

There are no barriers in the home to allowing safety service providers & activities to occur.

This condition is about whether the home environment is understood enough for an in-home safety plan to be implemented and to allow safety service providers to carry out planned activities without interference. To have confidence in establishing and sustaining an in-home safety plan, the home environment needs to have some routine and predictability.

Justification for meeting this criteria:

- There are no barriers that would prevent safety service providers from their role in monitoring the plan.
- While there may be active substance use, there are no barriers preventing safety services from monitoring safety.
- The home may have aspects that are out-of-control, but safety resources can control and manage the situation.
- The apparent crisis is situational and in-home safety services can address the crisis.
- Overall home environment is stable enough to accommodate in home safety services.
- Behavior and emotions are not aggravated or extreme, and can be managed by in-home safety services.
- There is enough routine to implement an in-home safety plan, focusing on specific days and times.
- While parent functioning may be out-of-control and affecting child safety, there is enough understanding of how the family operates to implement a safety plan sufficient to ensure the child's safety in-home.
- There is an understanding of the specific triggers that cause the safety threat to occur, to ensure the current plan is sufficient to manage safety.

<u>Examples of a home NOT free from barriers allowing for safety service providers and activities to occur:</u>	<u>Examples of Conditions for Return:</u>
1. [Name]'s substance use is so out-of-control that no level of safety service provider could maintain a child's safety in the home.	Substance use will be under control to a degree that safety service providers can ensure a child's safety.
2. There are <u>people</u> in the home preventing safety services from managing safety.	Specific individuals who were barriers to safety service providers ensuring safety won't have access to the home.
3. [Name] is <u>directly threatening</u> to the child.	[Name]'s behavior will not be directly threatening to the child.
4. [Name] demonstrates <u>cruel, aggressive or threatening</u> actions which are beyond safety service providers ability to manage.	[Name]'s behavior will no be longer cruel, aggressive or threatening to the degree that safety services can sufficiently manage child safety in-home.
5. <u>Violence</u> in the home <u>is out-of-control</u> and too dangerous for safety providers to manage.	Violence in the home will be understood and not so dangerous that safety service providers can't manage the plan.
6. There is a belief that <u>safety service providers would not be safe</u> when in the home. [Describe why they would not feel safe]	There is confidence that safety service providers will be safe when accessing the home.
7. A <u>child is extremely fearful</u> of the home situation. [Describe the situation causing fear]	The child will no longer be fearful of living in the home and is comfortable around the parent.
8. [Name]'s <u>behaviors associated with their mental health issues are extreme</u> and in-home safety services cannot sufficiently manage the behavior to assure safety.	[Name]'s mental health issues will be managed to a degree that safety services can manage child safety.

9. The home is <u>unpredictable</u> and there is not enough routine and organization to maintain a safety plan.	[Name] will have a predictable routine and structure in the home to a degree that in-home safety services are able to monitor safety in the home.
10. [Name] <u>views the child in such an extremely negative manner</u> that their actions (physical and/or verbal) cannot be managed by safety service providers to avoid the child being in a continually unsafe environment.	[Name]'s view of, and relationship to, [child] will improve to a degree that safety service providers are able to maintain the child's physical/emotional safety in-home.
11. <u>Unknown people who may pose a danger</u> have access to the household.	People who have access to the home will be known and will not impose a risk to child safety.
12. There is <u>no clear routine</u> in the home for safety providers to know when to monitor safety.	There will be an increased structure and routine in the home to a degree that safety service providers can monitor safety.
13. The child has a suspicious physical <u>injury which is known to be or reasonably suspected to be the result of abuse</u> and there is reason to believe that someone in the home caused the injury, so a plan cannot be created without some understanding of who/what caused the injury.	There will be an adequate understanding of who and what caused the injury to allow safety service providers to sufficiently manage the child's safety in the home.
14. The (insert unsafe family condition) is unpredictable and currently impacting child safety.	The specific triggers for (insert unsafe family condition) are understood and able to be managed to allow for child safety in the home.

At least one parent is willing to cooperate with the safety plan.

Willingness to cooperate with an in-home safety plan should be based on a caregiver's participation in safety planning and allowing – not interfering - with safety service providers. Willingness can exist when a parent or caregiver does not agree with the reasons for needing a safety plan. Willingness means a parent understands what the safety plan will entail, accepts who will be involved, the frequency and intrusiveness during daily and weekly home life that is necessary, and there is no intent to disrupt the plan. There must be confidence that a parent is willing to cooperate with a safety plan to assure sustainability.

Justification for meeting this criteria:

- [Name] agrees to and cooperates with an in-home plan.
- [Name] understands what is required and agrees to allow others into the home at the level required.
- [Name] avoids interfering with safety service providers.
- [Name] is open to exploring in-home safety options.
- [Name] does not reject or avoid involvement.
- [Name] is willing to consider what it would take to keep the child in the home.
- [Name] is open to the parameters of an in-home safety plan, arrangements and safety service providers.
- [Name] demonstrates an investment in having the child remain in the home.

<u>Examples of NOT being willing to cooperate:</u>	<u>Examples of Conditions for Return:</u>
1. [Name] is <u>unwilling to do</u> what it would take to keep the child in the home.	[Name] will be open to doing what the safety plan would require and show a willingness to commit to it.
2. Despite verbally agreeing to the plan, there is reason to believe [Name] <u>would not actually follow</u> the necessary requirements.	[Name] will show an ability to cooperate with the requirements of an in-home safety plan (by being active in case planning, visitation, etc).

3. [Name] does <u>not accept</u> the requirements of an in-home plan. [Name] will not agree to allow safety providers access to the home when necessary.	[Name] will show a willingness to allow safety services in the home and agree to the level of involvement from safety services necessary to assure child safety.
4. [Name] openly and adamantly <u>rejects the need for safety plan</u> .	[Name] will acknowledge the need for a safety plan, and show an ability to cooperate with an in-home safety plan (by being active in case planning, visitation, etc).
5. [Name] <u>limits or refuses access</u> to the home.	[Name] will allow safety providers and Child Welfare access to the home, as necessary.
6. [Name] avoids contact (related to safety planning) with Child Welfare or safety services.	[Name] will maintain consistent communication with Child Welfare and Safety Providers to a degree they can manage the in-home safety plan.
7. [Name] <u>does not want the</u> child in the home.	[Name] will express a desire to parent and have the child in the home.
8. There is evidence that supports [Name] <u>may flee with the child</u> .	[Name] will no longer be a risk to flee and will show a consistent commitment to cooperating with planning.

The necessary safety activities and resources are available to implement the plan?

Having necessary safety activities and resources means there are adequate safety services and safety service providers available at the level required to sufficiently manage child safety in the home. It also includes having access to safety services that are appropriate considering how impending danger is occurring. This criteria requires that safety service providers are

committed to participating in a safety plan and have been verified as suitable to manage a specific role in the plan. Safety service resources and providers must also be available and accessible at the specific times and for the duration necessary for managing child safety. Remember, as a parent makes progress towards the Expected Outcomes, the level and frequency of safety providers in the home may decrease.

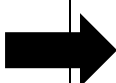
Justification for meeting this criteria:

- There are adequate resources for an in-home safety plan [describe those resources].
- Identified safety services that are available match up with how impending danger is occurring.
- Safety service providers are logical given family circumstances and what must be managed to assure child safety.
- There is confidence that safety service providers are open and understand their role in an in-home safety plan.
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan.
- Safety services are immediately available and accessible in time and proximity.

<u>Examples</u> of there NOT being sufficient safety activities and resources available:	<u>Examples</u> of Conditions for Return:
1. There <u>are not enough safety providers or resources</u> available at the level and/or times necessary to monitor safety. (Describe: what level of supervision is needed, and at what times)	There will be enough safety providers and resources necessary to manage an in-home safety plan with [Name]. There will be an SSP in the home during all waking hours. If the parent and child leaves the home the SSP will accompany them and not let them leave their sight.
2. Safety providers or <u>services are not available</u> at the times necessary to control and manage the danger. (Describe times: after school, weekends, when working parent is home)	[Name] will partner with Child Welfare to identify safety service providers who can be available at [the necessary times described in the in-home criteria assessment].

3. [Name] is <u>not able to provide basic care</u> , the child(ren) need constant attention and there are not enough safety service providers to provide the required monitoring and support.	[Name] will partner with Child Welfare to identify safety service people who can be available to provide the necessary monitoring and support to ensure child safety.
4. There are not enough safety service providers available to ensure the <u>child(ren)'s special needs</u> are met.	[Name] will partner with Child Welfare to identify services and supports who can ensure that the child(ren)'s special needs are met.

Sample Formatting

In-Home Criteria	Conditions for Return
<p>Ms. Jones was not able to meet criteria for an in-home plan.</p> <ul style="list-style-type: none"> • Home like setting: <u>NOT MET</u> Ms. Jones does not have a stable home in which a safety plan can be implemented. She has struggled with maintaining a stable home for the last year. • There are no barriers for Safety Services: <u>NOT MET</u> The child is extremely fearful of Ms. Jones's home situation. She doesn't trust Ms. Jones given their history. No level of safety services could overcome this barrier. • Willing to cooperate with the plan: <u>MET</u> Ms. Jones demonstrates she would be invested in having her child remain in the home and that she would agree to the requirements of an in-home plan. • Sufficient safety services available: <u>NOT MET</u> There are not enough people or services available to ensure that the children have their basic needs met after school and on weekends. 	 <ol style="list-style-type: none"> 1. There will be a stable home where an in-home safety plan can be maintained with Ms. Jones. 2. The child will no longer be fearful of the home, and there will be adequate safety service providers to ensure emotional safety for the child. 3. Ms. Jones will partner with Child Welfare to identify safety service people who can be available after school and on weekends to ensure the child's basic needs are met. As progress is made, the frequency of safety providers needing to be in the home may decrease.

Frequently asked questions:

What if a parent goes into residential treatment and the child can join them?

Answer: Typically, all Conditions for Return are met when a parent is in a residential program. A common concern is the parent's sustainability in the program. We should not underestimate the level of commitment a parent makes prior to entering into treatment. They give up nearly every aspect of control in their life. Parents often are motivated by the plan of having their children with them. Our treatment providers are experts on treating substance use disorders and we should rely on their judgement to know when to reunite the family. We shouldn't delay reunification and deny the family the opportunity for success. Residential Programs are full of mandatory reporters, parenting instructors, and a multitude of supports that provide safety and expertise on the parent's progress and readiness. Communication between Child Welfare and the treatment program is key to supporting the parent in recovery and reunification.

What if a parent appears to meet conditions for return but the court has ordered the concurrent plan be implemented?

Answer: We are required to make efforts to implement the ordered plan, but each situation is unique, so you will want to staff the situation with your supervisor and the assigned AAG to consider a change in the court order.

What if you cannot assess a parent's situation as they are out-of-state, incarcerated, or missing?

Answer: You can simply note that the parent's situation will be assessed when they are available.

Why can't I just list the in-home criteria as conditions for return?

Answer: The in-home criteria tells us what was missing that required a removal. The purpose for Conditions for Return is to have a concise, accurate, and understandable list of what is minimally required for reunification (or to meet in-home criteria). This is critical both for the parent to know what is required before their child to return home, and for the caseworker to know when to return the child.

What if all the criteria were not assessed at removal due to the parent clearly not meeting one?

Answer: We need to do our best to assess each criteria as if they would have met the other three. For example, to assess barriers to allowing safety services and activities to occur: if they had a home, enough safety providers, and would cooperate with a plan, would there be barriers to the safety service providers monitoring safety in the home?

Do I have to update the in-home criteria each month?

Answer: When a child is in foster care, the in-home criteria box becomes a historical record of why we removed. In-Home cases should describe how the criteria is currently met. Changes can be made as a parent's circumstances change as the Ongoing Safety Plan is updated.

What if the parent loses an in-home criterion after conditions for return were developed?

Answer: Conditions can be added and/or updated, when necessary. For example, if you have a parent who had a home but has since lost it, your updated Condition may read: [Name] has lost their residence, and will establish a home where an in-home safety plan can be monitored. We want to communicate that we are not moving the goal for a parent, but accurately reflecting how the in-home criteria should be met given their new circumstances.

OREGON SAFETY THREATS GUIDE

IMPENDING DANGER THREATS

(*THIS GUIDE HAS BEEN MODIFIED FROM THE ACTION FOR CHILD PROTECTION GUIDE)

This guide identifies and explains the 15 universal safety threats and includes a 16th safety threat added in the Oregon Child Welfare Safety Model. Remember that safety threats present in the form of behavior, conditions, or circumstances. Examples within this reference guide refer to impending danger. Regarding any family behavior, condition, or circumstance being considered as a safety threat, remember that the safety threshold criteria must always apply.

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

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affect the safety of a child. This includes situations in which parents'/caregivers' whereabouts are unknown. The parent's/caregiver's whereabouts are unknown while the CPS initial assessment is being completed and this is affecting child safety. This safety threat applies when a child's parent or caregiver is present and available but does not provide supervision or basic care. The failure to provide supervision and basic care may be due to avoidance of protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other parent/caregiver issues co-exist with the lack of supervision like substance use or mental health. Compare this threat to the safety threat concerned with impulsiveness and lack of self-control.

Application of the Safety Threshold Criteria

The parent or caregiver who normally is responsible for protecting the child is absent, likely to be absent or is incapacitated in some way or becomes incapacitated and is not available. Nothing within the family can compensate for the condition of the parent or caregiver which meets the out-of-control criterion. An unexplained absence of parents/caregivers is obviously a situation that is out-of-control. Without explanation, the children have been abandoned and are totally subject to the whims of life and others. They are totally without parent or caregiver protection. Nothing can control the absence of the parents or caregivers.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying. Regarding absent parents/caregivers and in the absence of a family network that imposes itself, vulnerable children left without parents or caregivers will suffer serious effects.

Appendix 2.4

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the parent's or caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports. The absence of parents or caregivers meets the imminence criteria. The threat is immediate.

This threat includes both behaviors and emotions as illustrated in the following examples:

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable and unavailable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores; does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.
- Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child, and the parent/caregiver is present or approves.
- Child has been abandoned or left with someone who does not know the parent/caregiver.
- Parent/caregiver has left the child with someone and not returned as planned.
- Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or what would be normally acceptable.
- No one knows the parent's/caregiver's identity.
- Parents'/caregivers' unexplained absence exceeds a few days.

2. One or both parents' or caregivers' <i>behavior</i> is violent and/or they are acting (<i>behaving</i>) dangerously.
--

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active. When seen in an intimate partner relationship the violence is generally part of a pattern of power and control which one partner exerts over the other.

Application of the Safety Threshold Criteria

Appendix 2.4

To be out-of-control, the violence must be active. It moves beyond being angry or upset, particularly related to a specific event. The violence is representative of the person's state-of-mind and is likely pervasive in terms of the way the person feels and acts. There is nothing within the family or household that can counteract the violence.

The active aspect of this behavior and could easily result in aggression toward family members and children, specifically, who may be targets or bystanders. Vulnerable children are those who cannot self-protect, who cannot get out of the way and who have no adult who is able to protect them and/or may intervene in the violence. These children could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent behavior. It is conclusive that the violence and likely harmful effects could or will occur soon to the extent that the violence:

- Is a pervasive aspect of a person's character or a family dynamic.
- May or may not be predictable.
- Has a standing history or there is a recent severe incident.

This threat includes behaviors as illustrated in the following examples:

- Violence includes hitting, beating, physically assaulting a child, spouse or other family member.
- Violence includes acting dangerously toward a child or others, including throwing things, brandishing weapons, aggressively intimidating and terrorizing. This includes making believable threats of homicide or suicide.
- Family violence involves physical and verbal assault on a parent, caregiver or member of the child's household, in the presence of a child, the child witnesses the activity and the child demonstrates an observable, significant effect.
- Family violence occurs and a child has been assaulted or attempted to intervene.
- Family violence occurs and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug labs, gangs, drive-by shootings).
- Due to the batterer's controlling behavior, the child's basic needs are unmet.

3. One or both parents' or caregivers' <i>behavior</i> is impulsive or they will not/cannot control their <i>behavior</i>.

This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of parent or caregiver self-control that places vulnerable children in jeopardy. This threat also includes parents or caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse. This safety threat is different than the first safety threat concerned with no adult in the home to routinely provide supervision and protection. That safety threat is based on consistent neglectful parent's or caregiver's behavior; this safety threat is tied specifically to a caregiver's spontaneous reactions or failure to control their behavior.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes parents or caregivers who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed parents or caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared to, say, the lack of self-control to exercise. The effects of the threat could result in severe effects as parents or caregivers lash out at children, fail to supervise children, leave children alone or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors, other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.

Appendix 2.4

- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable parent or caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot or will not control sexual offending behavior.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

4. Parents' or Caregivers' perceptions of a child are extremely negative.

"Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out-of-control because their point of view of the child is so extreme and out of touch with reality that it compels the parent or caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the parent's or caregiver's perception or explaining it away to the parent or caregiver. It is out-of-control.

The extreme negative perception fuels the parent's or caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the parent or caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the parent or caregiver. Anything occurring in association with the standing perception could trigger the parent or caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be evil, demon-possessed, deformed or deficient.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child; perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

5. A family <i>situation or behavior</i> is such that the family does not have or use resources necessary to assure a child's safety.
--

"Basic needs" refers to the family's lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

Application of the Safety Threshold Criteria

There could be two things out-of-control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The second question of control is concerned with the parent or caregiver's lack of control related to either impulses about use of resources or problem solving concerning with use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has insufficient food, clothing, or shelter affecting child safety.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.

- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

6. One or both parents' or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.

This refers to parents or caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also refers to parents or caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

Application of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the parent or caregiver is serious and high. This is no passing thing the parent or caregiver is feeling. The parent or caregiver is or feels out-of-control. The parent or caregiver is either afraid of what he or she might do or beyond self-limits and forbearance. A request for placement is extreme evidence with respect to a parent's or caregiver's conclusion that the child can only be safe if he or she is away from the parent or caregiver.

Presumably, the parent or caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The parent or caregiver has concluded that the child is vulnerable to experiencing severe effects.

The parent or caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the parent or caregiver might react toward the child at any time and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregivers threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.

- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parents/caregivers are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

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

This refers to parents or caregivers who anticipate acting in a way that will result in pain and suffering. “Intended” suggests that before or during the time the child was mistreated, the parents’/primary caregivers’ conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. “Seriously” refers to an intention to cause the child to suffer. This is more about a child’s pain than any expectation to teach a child.

Application of the Safety Threshold Criteria

This safety threat seems to contradict the criterion “out-of-control.” People who “plan” to hurt someone apparently are very much under control. However, it is important to remember that “out-of-control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Parents or caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that parents or caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse.

- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrongdoing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

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.

This refers to basic parenting that directly affects a child's safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child's basic needs or the lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

Application of the Safety Threshold Criteria

When is this family condition out-of-control? Parents or caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out-of-control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don't perform. The lack of aptitude must be clear. The basis for ineptness may vary. Parents or caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable and may have plenty of pertinent knowledge, but simply don't care or can't generate sufficient energy to act. Remember, any of these are out-of-control by virtue of the behavior of the parent or caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.

Appendix 2.4

- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

<p>9. Parents' or Caregivers' <i>attitudes and behavior</i> result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication that the caregivers will flee.</p>

This threat is selected if the facts suggest that the family is acting in such a way in order to hide the child from CPS. Attempts to avoid CPS access to a child can include overtly rejecting all attempts by CPS to enter the home, see a child, and conduct routine initial assessment information collection. The key to parents or caregivers rejecting CPS involvement is the term "overt." The rejection is far more than a failure to cooperate, open anger or hostility about CPS involvement or other signs of general resistance or reluctance. Rejecting CPS intervention must be blatant to meet the safety threshold criteria. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by CPS, the current status of the child or the potential consequences for the child must be considered severe and immediate.

Application of the Safety Threshold

Appendix 2.4

Like other safety threats, it appears when people do things deliberately that they are under control. Certainly overt rejection of CPS or an attempt to flee must be considered a deliberate act to prevent CPS from having access to a child; it is a planned-out intention to hide a child. People who solve their problems by such behavior can be considered to be out-of-control and desperate. Furthermore, parents or caregivers who need to keep secret what is happening in their family represent people who are out-of-control. Certainly, families who are transient for purpose of keeping things secret do not possess within their ranks anything that serves to control such behavior. Overt rejection of CPS could be an expression of a parent's/caregiver's rights; however, until access to the child can be gained through legal means, the conclusion about the rejection representing a safety threat remains the same.

Judging severity is speculative with respect to this safety threat. An assumption prevails concerned with a conservative point of view that parents or caregivers who overtly reject CPS intervention as defined here or who might flee are doing so for some critical reason. It is consistent with a "worst scenario" perspective. A child might already be seriously hurt or may be in serious danger.

Imminence is obvious. Fleeing can happen immediately. The van could be packed and the family gone by this evening. People who flee are desperate and act very impulsively. Overt rejection of intervention immediately results in no access to a child and to the opportunity to determine if a child is safe.

This threat is illustrated in the following examples.

- Parents/caregivers avoid talking with CPS; refuse to allow CPS access to the home.
- Parents/caregivers manipulate in order to avoid any contact with CPS; make excuses for not participating; miss appointments; go through various means and methods to avoid CPS involvement and any access to a child.
- Parents/caregivers avoid allowing CPS to see or speak with a child; do not inform CPS where the child is located.
- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, suspicious.
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

10. Parents' or Caregivers' attitude, behavior, perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs), which are either organic or naturally induced as opposed to induced by parents or caregivers. The key here is that the parents/caregivers, by not addressing the child's exceptional needs, will not or cannot meet the child's basic safety needs.

Application of the Safety Threshold Criteria

The parent's or caregiver's ability and/or attitude are what is out-of-control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either. If you are not doing what is required to assure the exceptional needs are being met daily, then, nothing within the family is assuring control.

This does not refer to parents or caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur and are required for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/Caregiver refuses to obtain treatment for the child who threatens suicide, attempts suicide, or appears to be having suicidal thoughts.
- Child is so withdrawn that basic needs are not being met.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

11. The family *situation* is such that living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

Application of the Safety Threshold Criteria

To be out-of-control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples.

- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.
- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.

- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

12. The *situation* is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.

The key word is “serious,” and suggests that the child's condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability). The presumption related to this safety threat is there is some connection, either alleged or confirmed, between the physical injuries or physical symptoms and child abuse or neglect. During the initial contacts with a child, physical injuries and physical symptoms may be obvious (as in a present danger), but insufficient information has been gathered to connect the child's condition to abuse or neglect. However, this item remains a safety threat until such time as the abuse or neglect as the cause of the child's condition is ruled out.

Application of the Safety Threshold Criteria

Serious physical effects of abuse or neglect are out-of-control when they are health or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked aggressive, assaultive caregiving behavior. No control exists within the family to care for and nurture the child respective of the physical condition.

Severe is qualified by the nature of the child's condition and the impending results of no protection and questionable medical care and follow-up.

Imminence is qualified by whether the child's condition will not improve or worsen if left unattended.

Note: *Many of the examples are also consistent with present danger. The injuries identified in the examples would be apparent at first contact. These remain here in this listing to emphasize the importance of addressing serious injuries to children as a result of abuse or neglect, the need for immediate medical care, and the relationship of these kinds of concerns to other family conditions and behaviors that represent a continuing state of danger – impending danger. Some of the examples, such as failure to thrive, may not be apparent at the initial contact.*

This threat is illustrated in the following examples.

- Child has severe injuries.
- Child has multiple/different kinds of injuries (e.g. burns and bruises).
- Child has injuries to head or face.
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out-of-control reactions (e.g. serious bruising across a child's back as if beaten in an out-of-control disciplinary act).
- Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.).

- Child has physical symptoms from abuse or neglect which require immediate medical treatment.
- Child has physical symptoms from abuse or neglect which require continual medical treatment.
- Child appears to be suffering from Failure to Thrive.
- Child is malnourished.

13. The *situation* is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in parents or caregivers.

Key words are “serious” and “lack of behavioral control.” “Serious” suggests that the child’s condition has immediate implications for intervention (e.g., extreme emotional vulnerability, , suicidal thoughts or actions). “Lacks behavioral control” describes the provocative child who stimulates reactions in others.

Application of the Safety Threshold Criteria

The condition of the child is what is out-of-control. The child is a source of danger to him or herself. The damage has been done and the child cannot control it. Family members cannot control the child with respect to preventing what the child may do which could result in severe effects. Additionally, caregivers and even others can be so provoked by the child’s behavior that they are not able or wanting to control their reactions against the child.

The child’s emotional and behavioral conditions are so extreme that the child is seriously disturbed and self-destructive or behaves in ways that others will be a danger to him or her. The results could be suicide, self-mutilation, being physically abused, etc.

The child’s emotion and behavior are so profound that he or she is an immediate danger to him or herself without protection. The severe effects could be immediate. The child’s condition may or may not be a result of previous maltreatment. This threat is illustrated in the following examples.

- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.
- Child’s emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is so withdrawn that basic needs are not being met.

14. The *situation* is such that a child is fearful of the home situation or people within the home.

“The home situation” includes specific family members and/or other conditions in the living situation. Other people in the home refers to those who either live in the home or frequent the home so often that a child daily expects that the person may be there or show up. (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out-of-control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out-of-control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child's fear and assure a sense of security? To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child's terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child's fear could result in severe effects.

Whatever is causing the child's fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

15. Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.
--

Parents/caregivers do not or are unable or unwilling to explain maltreating conditions or injuries which are consistent with the facts. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

Application of the Safety Threshold Criteria

You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out-of-control.

Typically this safety threat occurs in connection with a serious injury. So the severity question is already answered. Research (such as that associated with the Battered Child Syndrome) supports a concern that one serious unexplained or non accidental injury reasonably may be followed by another.

When the cause of an injury is not known, then, what might be operating could result in another injury in the near future.

Note: *An unexplained injury at initial contact should be considered a present danger. If the injury remains unexplained at the conclusion of an initial assessment/investigation, the lack of an acceptable explanation must be considered an impending danger.*

This threat is illustrated in the following examples.

- Parents/caregivers acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Parents/caregivers express concern for the child's condition but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse and 2) the lack of an explanation or 3) an explanation that makes no sense.
- Parents/caregivers accept the presence of injuries and conditions but do not explain them or seem concerned.
- Sexual abuse has occurred in which 1) the child discloses; 2) family circumstances, including opportunity, may or may not be consistent with sexual abuse; and 3) the parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- "Battered Child Syndrome" case circumstances are present and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' appearance, and there is no explanation for the child's symptoms.
- Parents'/caregivers' explanations are far-fetched.
- Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parents'/primary caregivers' explanations.
- History and circumstantial information are incongruent with the parents'/primary caregivers' explanation of the injuries and conditions.
- Parents'/caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.

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. (*This safety threat has been added in the Oregon Child Welfare Safety Model)

This safety threat occurs in family situations in which the parent has previously abused and/or neglected a child(ren) and the behavior or conditions that resulted in that abuse or neglect were serious enough to require removal and the behavior or condition has not been remediated. The behavior or conditions have not allowed for reunification with the child or children that were removed.

Appendix 2.4

Application of the safety threshold criteria:

This situation meets the safety threshold criteria in that the *severity* of the behavior, condition or circumstance is such that it requires current removal of the child(ren) or has required permanent removal of the parent's child(ren) through relinquishment prior to termination or termination of parental rights. The situation is *out of control* in that the behavior, condition, or circumstance resulting in the removal of children has not changed. Exposure of a child to this *severe* and *out of control* behavior condition or circumstance that has not changed requires *immediate* intervention