

Understanding OCS Decision Making

A Guide For Understanding the
State's Decisions in Child Welfare Cases

Step One: Investigation

- OCS receives a report
- Screened in / screened out
- ICWA procedure
- Contact with children
 - Type of danger is identified - safety plans and info gathering vs emergency removal
 - Impending danger vs present danger
- Court process / initial placement determined
- Transfer to family services

Safety Threats

1. No adult in the home is performing parenting duties and responsibilities that assure child safety.
2. One or both caregivers are violent and/or acting dangerously.
3. One/both caregivers are not/will not/cannot control their behavior.
4. A child is perceived in extremely negative terms by one or both parents/caregivers.
5. The family does not have or use resources to assure a child's safety.
6. One/both caregivers are threatening to severely harm a child or are fearful they will maltreat the child and/or request placement.
7. One/both caregivers intend(ed) to seriously hurt the child.

Safety Threats (continued)

8. One/both parent lacks parenting knowledge, skills, and motivation necessary to assure a child's safety.
9. A child has exceptional needs that affect his/her safety which the parents/caregivers are not meeting; cannot meet or will not meet.
10. Living arrangements seriously endanger the child's physical health.

Safety Threshold Criteria

- Has to meet ALL of these threshold in order for the safety threat to apply for OCS:
 - Family condition is out of control
 - Family condition is likely to result in a severe effect
 - Severe effect is imminent (reasonably could happen very soon)
 - Family condition is observable and can be clearly described and articulated
 - There is a vulnerable child involved (child cannot self-protect, susceptible to severe consequences due to size, mobility, social/emotional state; young children age 0-6; physical/mental developmental disabilities; isolated from community; lacks ability to judge/anticipate the presence of danger; consciously or unknowingly provokes or stimulates threats and reactions; poor physical health or limited physical capacity)
- This is used at removal & throughout the case when safety threats are identified

Step Two: Family Services

- Case is transferred to long-term worker
- Worker meets with relevant people on the case (parents, children, placement)
- Coordinate initial services
- Caseworker visits
 - 1x per month with each child, 1x per month with each parent
- Case planning
 - Ongoing: must be updated regularly

Determining Placement Needs

- Alaska has a shortage of treatment homes/residential placements/mental health services
- Fairbanks and many rural communities have a shortage of foster homes
- Considering family placements
 - Obligation to explore family placements; age? Location? Relationship with the child?
 - May not consider “bonding” when looking at placement changes
 - Out of state placements cannot occur until after adjudication unless it’s with a safe parent
 - Out of state placements must be approved by both states in an ICPC request - this can take between 6-12 months depending on the state involved
- ICWA placement preferences
- Placement disruptions

Determining Visits

- Babies should have visits a minimum of 2x per week for “bonding”
- Visits may vary between 1-3x per week for other children, with increasing visits closer to reunification
- Traumatic visit considerations
 - OCS typically requires a letter from MH professional to stop visits
 - Sometimes affected by court order
 - May continue visits if evidence is needed for court
 - Trying to determine the difference between something being distressing for a child vs traumatic
- What happens when parents miss visits?
- Visits with other family members besides parents (Who is eligible? How often?)
- Maintaining sibling connection & how to advocate for it

When Children Need Services

- MH services in Alaska
 - Treatment centers
 - MH providers
 - Therapeutic foster care
- PT/OT/ST
- Special education requirements
- Parent involvement vs FP involvement
- What if OCS seems to be denying services? (ie GAL requests a trauma assessment that is not completed, wants increased therapy appointments with a specialist, etc)

Parents Rights vs Child's Needs

- Unlike GALs, OCS has multiple competing obligations when making case decisions:
 - Parents legal rights
 - Internal OCS policy / supervisor's directives
 - Court orders & directives
 - Children's needs
- ICWA cases have additional restrictions/regulations
- Sometimes caseworkers agree with the GAL, but are prohibited from following through on GAL's requests for one of the above reasons
- Case scenario examples

Children's Case Planning

- Children have the right to contribute to their case plan. This is particularly important with older children who have access to ILS services
 - Children can also disagree with OCS recommended services and have the right to negotiate about this. For example: a child is recommended to engage in therapy. The child cannot be *forced* by OCS to attend. They have the right to request a different intervention or make their needs/desires known
- Case planning & efforts need to always apply to achieving permanency goals
 - Must also address child's needs or child safety concerns
 - This applies to both parent's case plans and children's case plans
 - Parents plans need to be altered to contribute to successful permanency outcomes: the changes that parents need to engage in are intended to make the home and family environment safe enough for the children to be reunified. May be edited as time goes on to support a different goal.
- Many workers do **not** consider the children's desires (even though they're supposed to). This is something you can advocate for as the CASA, if you know your child's wishes, or see that they are not being reflected appropriately in case planning initiatives.

What OCS can actually do

- Sometimes parties on the case are frustrated at OCS and want them to solve problems that they cannot easily solve
 - Ex: Teenager skipping school, problematic teen dating relationship, parents and children having contact outside of OCS visits, child running away from placements, etc
- OCS can make calls to request placement for a child
- OCS can send referrals or applications for treatment
- OCS can (sometimes) offer transportation to specialized services or daycare
- OCS can (sometimes) offer transportation to visits
- OCS can coordinate visits

What OCS cannot do

- Guarantee a particular court timeline
- Guarantee a particular placement (family placement, therapeutic placement, residential treatment, etc)
- Guarantee child's enrollment/engagement in services (limited ability to control this)
- Control permanency outcomes (if a child has a permanent placement, family members willingness to take a child, viable adoption options, etc)
- OCS cannot use any sort of physical force with children so even if they run away, staff are limited in what they can do to try to regain custody of the child. This also applies to visitation when a child resists
- Guarantee parents engagement in services

How To Address Concerns With OCS

- Bring concerns about the way the case is being handled to your GAL first: they may have already discussed this with OCS or be planning on discussing it
- Find potential options to solve your problem! If you are aware of a potential placement, a service provider that may be a good fit, etc, talk to your GAL and the caseworker about it. Sometimes caseworkers are new and not aware of all available services. You may be able to think outside the box in a way that the caseworker is not.
- Be respectful. Most OCS workers do not respond well to being told what to do by someone that they don't think understands the case, and they are used to their decisions being attacked by other parties on the case. This can make workers very defensive at times. If you can be respectful, they may be more likely to evaluate your input.
- Remember: lots of workers do NOT understand what a CASA does. We are working to try and change this but there is high turnover so sometimes you will be working with someone who has never used a CASA. They may not understand that you have access to all of the discovery or that you are working as closely as you are with your GAL. They may not realize you are seeing your child 2x per month. Be patient and try to be a squeaky wheel for issues that are very important. Continued follow-up can make a big difference in the caseworker's decisions.

Questions?