



# Forensic Peer Best Practices

**The Regional Facilitation Center**

**DACUM Facilitators:**

Sharmalee R. Nadarajah, BS, PWS, CRM & Eric Martin, CADC III, CRM II, CPS

**DACUM Workgroup**

Malcolm Aquinas

Reina Bower

Shawn Bower

James Demry

John Johnson

Ricardo O'Alde

Sean Syrek

Haven Taylor

Trina Thomas

Erica Wimbish

Ricardo Verdeguez

**Editors**

Malcolm Aquinas

J. Thomas Shrewsbury

# Forensic Peer Best Practices

---

## The Regional Facilitation Center

### **DACUM Facilitators:**

*Sharmalee R. Nadarajah, BS, PWS, CRM & Eric Martin, CADIC III, CRM II, CPS*

### **DACUM Workgroup**

Malcolm Aquinas  
Reina Bower  
Shawn Bower  
James Demry  
John Johnson  
Ricardo O'lalde  
Sean Syrek  
Haven Taylor  
Trina Thomas  
Erica Wimbish  
Ricardo Verdeguez

### **Editors**

Malcolm Aquinas  
J. Thomas Shrewsbury

## Introduction

This best practice analysis is specifically designed for training purposes.

Competencies with specific KSA's (knowledge, skills and attitudes) are described in boxes for classroom participant self-assessment.

## Classroom Directions

This text is designed for in-class training.

1. Review and discuss a competency.
2. Ask each participant to complete the associated self-assessment box.
3. In groups have participants discuss their strengths and areas of needed improvement based on their self-assessment.
4. Facilitate a class discussion around the insights individuals gained through their self-assessment and group discussions.
5. Move forward to the next set of competencies and repeat the process.

## Methodology

1. **Stage One: Systematic Review of the Literature.** We identified 45 documents, manuals, credentialing standards, curriculum outlines, etc. specific to and related to Forensic Peer Services.

2. **Stage Two: DACUM Subject Matter Experts (SME).** The SME were assembled from experienced Forensic peers, all of whom are in long-term recovery from a substance use disorder and mental health. The workgroup analyzed the systematic review and generated best practices, edited language, and developed organizational storyboard attributes to each best practice.
3. **Stage Three: Quantitative Peer & Supervisor Likert Validation Surveys.** The facilitators developed survey questions for peers and supervisors regarding competencies and best practices. 60 peers and supervisors completed the Likert survey and feedback portion of the validation survey, with subsequent edits to competencies/practices based on results (mean, median, variance, confidence intervals, margins of error and standard deviation). (Appendix #2)
4. **Stage Four: Qualitative Managerial & Administrative Validation.** Draft document was distributed for validation through managerial and administrative review, with subsequent edits to competencies based on results.
5. **Stage Five: DACUM Curriculum.** Final edits to the Forensic Peer Best Practices were produced by the SME and curriculum assessment grids were produced for training and evaluation purposes.

This Competency Analysis was funded through The Regional Facilitation Center grant from the Oregon Health Authority, Health Services Division.

# Table of Contents

Introduction .....	1
Forensic Peer Core Principles & Values .....	5
The Sequential Intercept Model .....	10
SIM 0 .....	12
SIM 1 .....	15
SIM 2 .....	18
SIM 3 .....	24
SIM 4 .....	29
SIM 5 .....	33
Forensic Peer Advocacy .....	36
Ethical Considerations.....	39
Aid & Assist .....	41
PSRB & Civil Commitment .....	46
Child Welfare Court System .....	51
Appendix: Court Vocabulary	

# Introduction



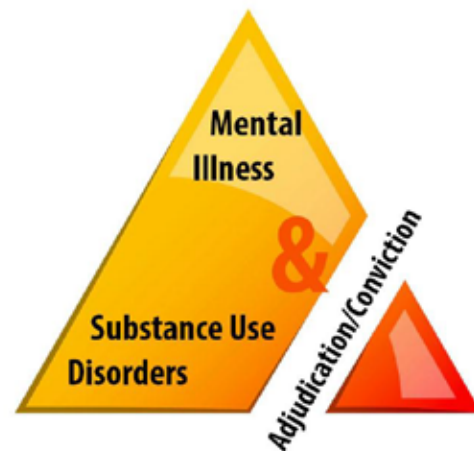
## What are Forensic Peer Services?

Forensic peers assist people through a variety of services and roles. Forensic peers inspire hope and make meaningful connections with our most stigmatized populations, those with substance use disorders, mental illness and adjudication or convictions.

Even more, those involved with the child welfare court system are often the most stigmatized when they are classified as “unfit” parents. Within the recovery community at large, members have shared anecdotes of wisdom or make self-deprecating jokes regarding their convictions and/or incarcerations. However, it is rare that someone would say this about removal of a child from their custody or termination of parental rights (TPR). People feel deep internalized stigma and shame when their child(ren) are removed from their custody for safety reasons. Forensic peers provide an invaluable understanding and sense of compassion for similar lived experiences.

Other roles include helping individuals to engage in behavioral health and recovery support services and to anticipate and address the psychological, social, and financial challenges of community re-entry. They also help maintain adherence to supervision conditions or child welfare reunification plans.

## Extreme Stigma and Discrimination



Forensic peers serve as community guides, mentors, coaches, and/or advocates, working to link newly discharged people with housing, vocational and educational opportunities, and community services. Among others, forensic peers help people by (a) role modeling healthy coping skills, (b) assist in effective problem-solving, and (c) responding in a timely fashion to prevent or curtail relapses and other crises.

Forensic peers embody the potential for recovery for people who confront the dual and triple stigmas associated with serious mental illnesses, substance use disorders, and court/criminal justice system involvement.

Forensic peers provide critical aid in the early stages of community reintegration, like how peer specialists assist those dealing with mental or substance use disorders who are not in the criminal justice system. However, beyond the

initial engagement phase, little is known empirically about the value forensic peers add to existing services. Nonetheless, in the limited number of settings in which they have been supported, case studies and several qualitative research studies clearly suggest using forensic peers is both a promising and cost-effective practice.

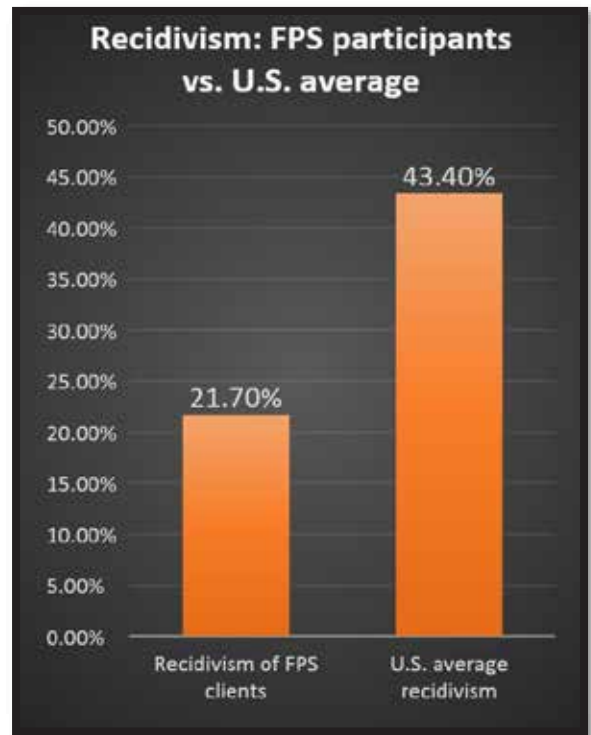


## Research on the effectiveness of Forensic Peer Services (FPS)

Many studies have shown the effectiveness of generalized peer services (SAMHSA):

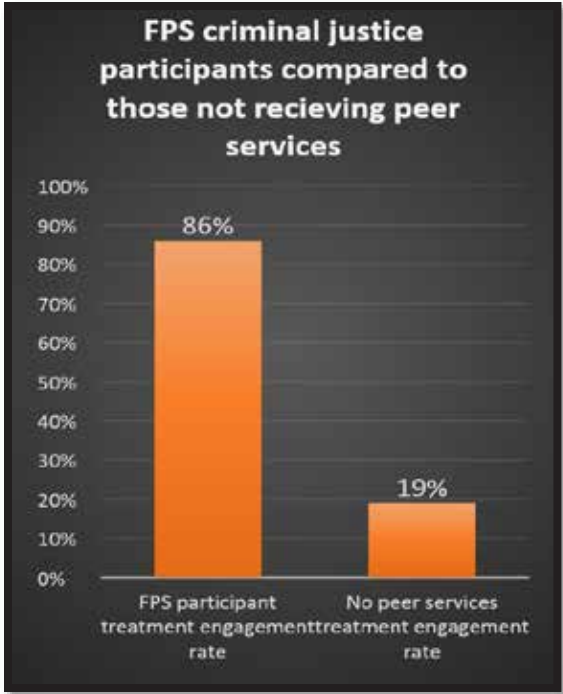
- facilitating recovery,
- reducing healthcare costs,
- enhancing treatment engagement,
- reducing recidivism,
- increasing housing,
- increasing employment,
- increasing psychological and emotional wellness,
- and reducing substance use.

Research in the field of forensic peer services is in its early stages. Findings on effectiveness are emerging. For example, the research by Bellamy (2019) showed that persons who received forensic peer services had a one-year post-discharge recidivism rate of 21.7%. This is significantly less than the United States recidivism rate of 43.4%.



Regarding substance use, several studies have shown benefits:

- The research study by Hyde (2022) showed that **86% of clients receiving forensic peer services engaged in SUD treatment**, compared to just 19% of those not receiving forensic peer services.
- The research study by Kelly (2020) showed that **most jail inmates with opioid use disorder who received forensic peer services started methadone upon release from jail.**



- A controlled study by Rowe (2007) showed that **clients receiving forensic peer services significantly reduced their alcohol consumption.**

Additional research findings include:

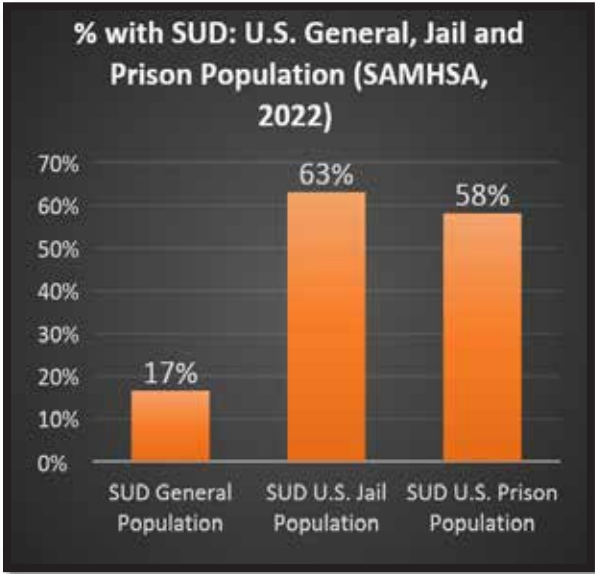
- Multiple research studies (Binswanger, 2015; SAMHSA, 2015) showed that forensic peer services **significantly lower hospitalization rates and overall healthcare costs.**
- Bagnell’s (2015) systematic review of 57 studies showed evidence that **forensic peers are very helpful to persons in prison, especially in helping to reduce high-risk behaviors.**
- The research by Binswager (2015) showed that **forensic peer services lead to reduced mental health symptoms and improved wellbeing** among persons served.

While more research is needed, the existing studies demonstrate significant promise in the specialized field of peer forensic services.

## The Future of Forensic Peer Services

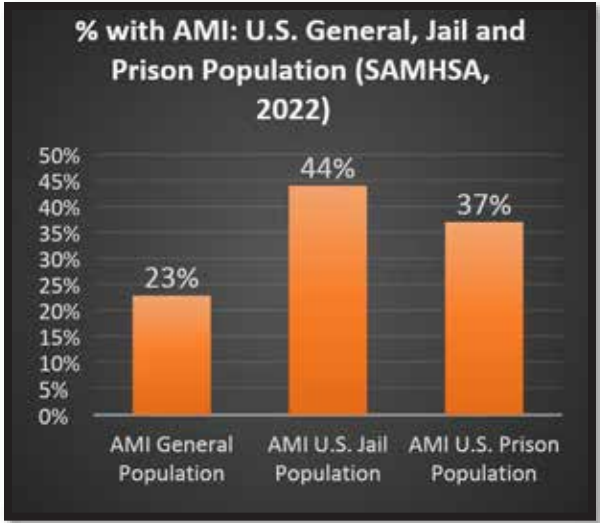
SAMHSA (2022) shows that **people who are incarcerated have a much higher rate of substance use disorders compared to the general population:**

- 17% of U.S. citizens have an SUD
- 63% of persons in jail have an SUD
- 58% of persons in prison have an SUD

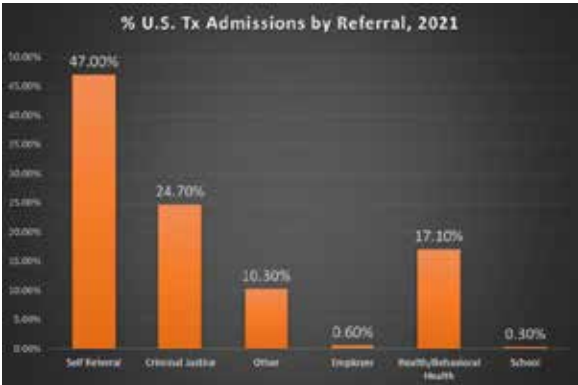


SAMHSA (2022) has shown that **people who are incarcerated have a much higher rate of mental health disorders compared to the general population:**

- 23% of United States citizens have a mental health disorder
- 44% of persons in jail have a mental health disorder
- 37% of persons in prison have a mental health disorder



Criminal justice systems recognize the need for substance use treatment. According to SAMHSA (2021), 24.7% of SUD treatment admissions were from the criminal justice system.



With greater recognition of the behavioral health needs of those involved with the criminal justice system and child welfare family court system, this field is likely to grow. As more municipalities adopt behavioral health inclusion and interventions in first responder crisis management, both the criminal justice continuum and child welfare will see significant developments.



## Forensic Peer Core Principles & Values

1. **Lived Experience:** Forensic peers have personal experience with the criminal justice system, civil commitments, or the Oregon Department of Human Services (DHS). They show that recovery is possible and give hope to clients and professionals in the court system. They also demonstrate how to regain civil liberties and rights.
2. **Respect and Non-Judgmental Support:** Forensic peers treat everyone with respect, no matter their background or situation. They offer support without judgment to build trust and a sense of safety.
3. **Recognition of Trauma:** Forensic peers deeply understand and are sensitive to the trauma that comes with legal problems, being incarcerated, having children taken away, or being under long-term supervision. They also understand how this trauma affects the person's family (especially children) and friends.
4. **Non-Coercive Services:** Forensic peers clearly know their role is to support clients, not to work for the prosecution or probation officers. They stand up for clients when talking with clinical teams.
5. **Upholding Confidentiality and Mandatory Reporting Responsibilities:** Forensic peers respect their duty to keep information private but also know when they must report certain things by law. They make sure their clients understand these rules too.
6. **Objective Forensic Advocacy:** Forensic peers teach and help clients to speak up for themselves and understand their legal rights.
7. **Supporting Lawful Choices:** Forensic peers encourage people to make choices that follow the law and respect legal conditions and court orders. They do not tell or encourage people to do things that might break the law or ignore rules from judges, corrections, or treatment programs.

### Prison Violence

From 2012-2018 nearly 19,000 complaints of sexual victimization were filed in U.S. prisons. Unnatural deaths (suicide, homicide, overdose, accidents) accounted for 17% of all prison deaths. 19% of prison inmates report physical assaults within the first 6 months of incarceration  
*(BOJ, 2020)*



8. **Trustworthiness:** When the law requires sharing information, forensic peers are always honest. This is especially true in court or when reporting abuse.
9. **Informing the system:** Forensic peers help the legal system understand its own practices and suggest ways to improve, including addressing racial and sexual identity disparities.
10. **Diversity, Equity, Inclusion, and Accessibility:** Forensic peers recognize the unique challenges faced by minorities, those with disabilities, and older adults within the criminal justice system. They ensure everyone is included and treated fairly.

## Definitions

**Accessibility** means making sure that everything (like buildings, technology, programs, and services) is designed so everyone can use them, including people with disabilities.

**Discrimination** is when a person or a group of people is treated unfairly or badly compared to others because of certain characteristics they have. Discrimination happens when people are denied opportunities, benefits, or equal treatment just because of who they are.

**Diversity** is about including people from all sorts of backgrounds and experiences, especially those who haven't always been included.

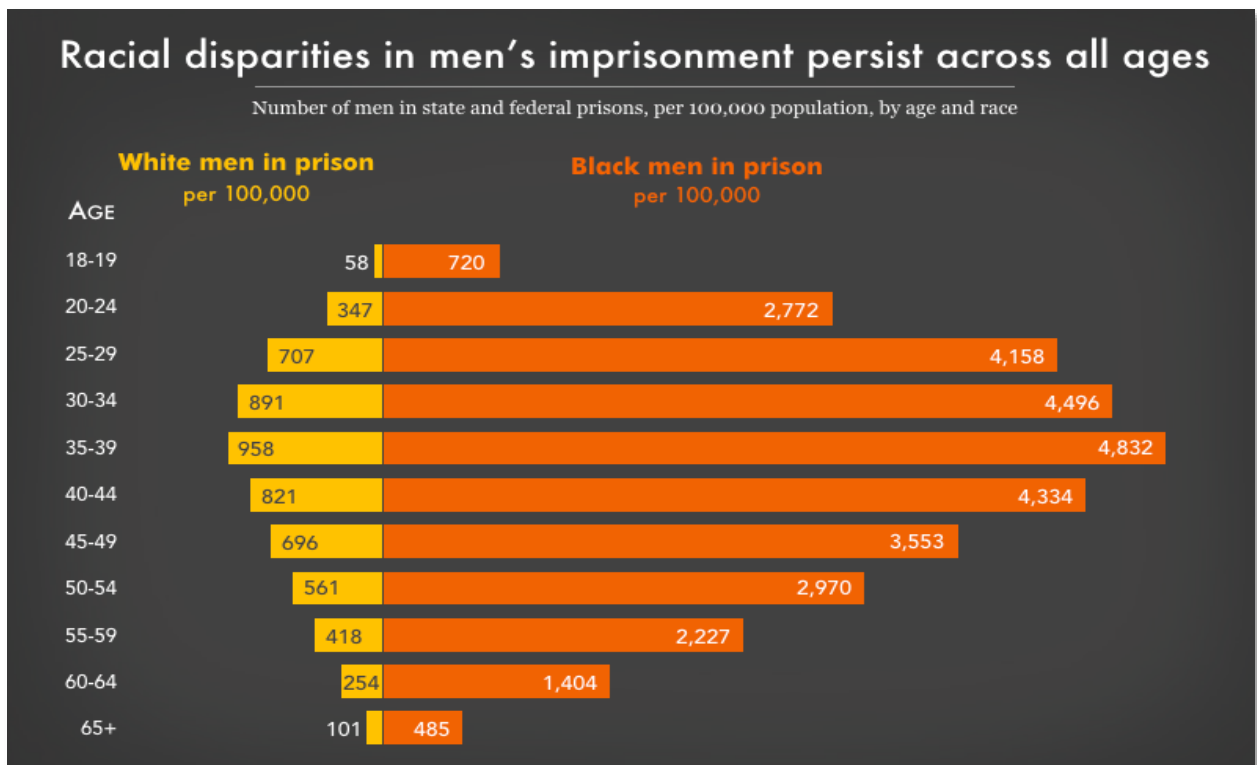
**Equity** means treating everyone fairly and justly, especially those who haven't been treated this way in the past.

**Inclusion** is about valuing and using the skills and talents of people from all different backgrounds.

# DISPARITY IN FOCUS

**Black men are much more likely to be in prison than white men, no matter how old they are.**

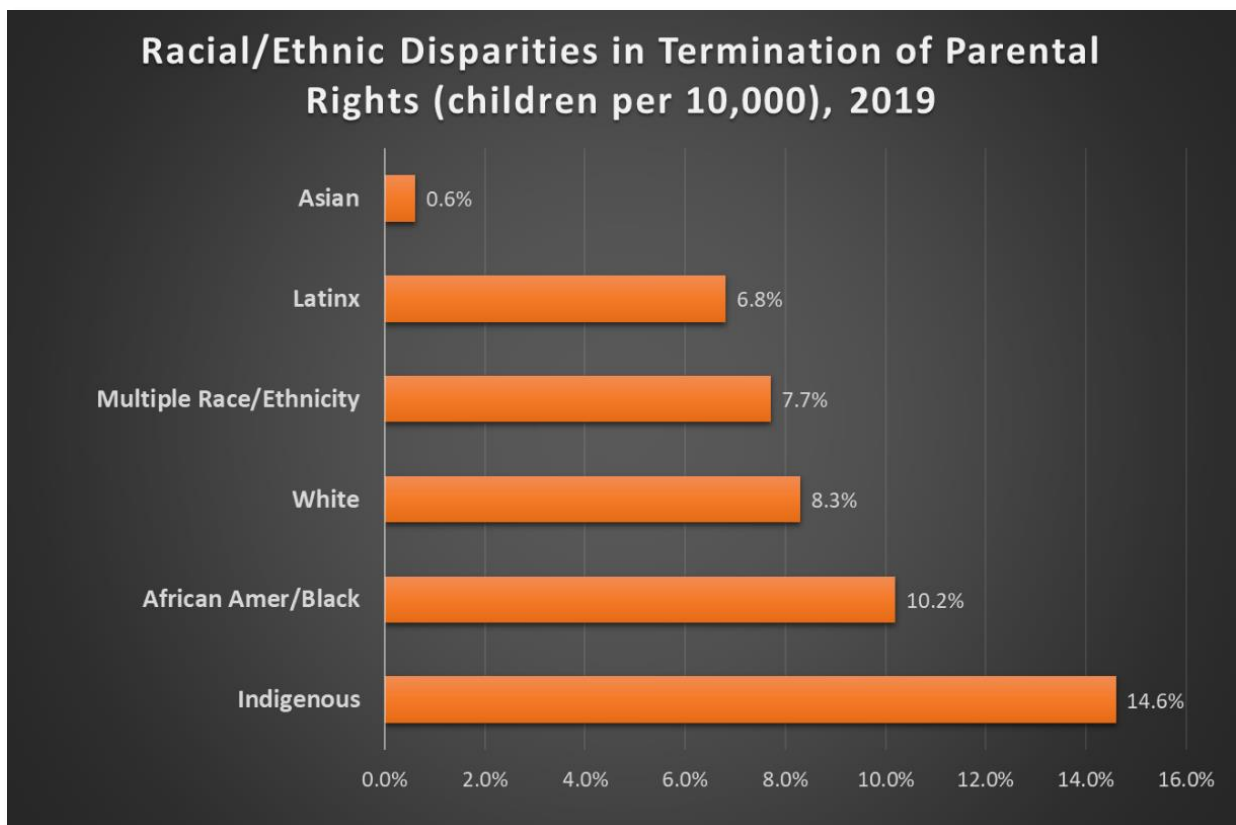
The following chart shows that for every age group, more black men are in prison compared to white men, based on numbers per 100,000 in the U.S.



# Black and Indigenous families are more likely to lose parental rights.

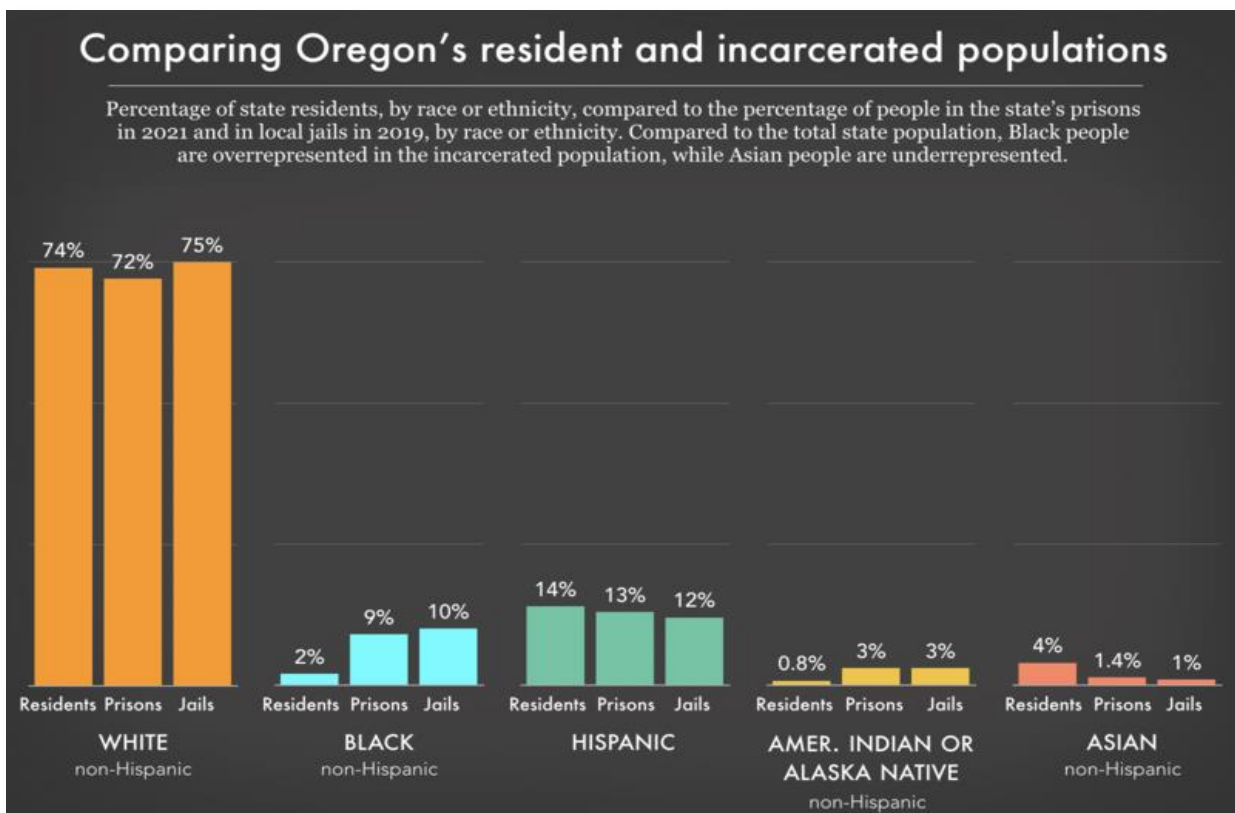
The following chart shows that Black parents are 1.23 times more likely to lose their rights compared to White parents, while Indigenous parents are 1.76 times more likely.

In percentages, this means Black parents have a 23% higher chance, and Indigenous parents a 76% higher chance, of losing parental rights compared to White parents.



# Black Oregonians are not treated equally by the law compared to White Oregonians.

A chart comparing the racial and ethnic makeup of Oregon's population to those in prisons and jails shows that Black Oregonians were about 4.63 times more likely to be sent to prison and about 4.93 times more likely to be sent to jail than White Oregonians in 2019. This suggests a significant unfairness in the legal system.



# The Sequential Intercept Model (SIM)

The **Sequential Intercept Model (SIM)**, developed in the early 2000s, is a tool to assist communities in (a) preventing individuals with mental health and substance use issues from entering the criminal justice system and (b) helping those already within the system from becoming further entangled. The SIM provides a cross-systems framework to develop more coordinated, effective, and humane community responses to improve outcomes.

## The SIM at a glance

### **Who?**

The SIM focuses on helping individuals with co-occurring mental and substance use disorders who often find themselves in trouble with the law.

### **Why?**

People with mental health and substance use issues often end up in the criminal justice system and don't get the help they need. In jails or prisons, they can be harmed both physically and mentally. If they are released without the necessary support, they might break the law again and get more caught up in the system. The SIM works to stop this cycle by ensuring they receive the treatment they have a right to.

### **What?**

The SIM identifies six areas (intercept points) where interventions can be made to prevent further criminal justice involvement for people with mental health and substance use issues: initial law enforcement contact, detention/first court appearance, jails/courts, re-entry, and community corrections.

### **Where?**

The SIM takes place in the community, within the court system, inside jails and prisons, and during the post-release period.

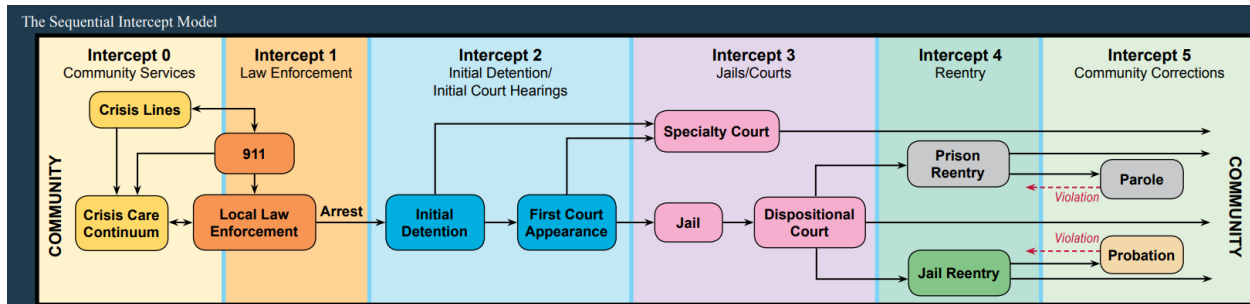
### **When?**

The SIM is a continuous process that's always in effect: before people enter the system, while they are within it, and after they are released.

### **How?**

The SIM involves collaboration across the criminal justice and mental health systems, involving police officers, judges, lawyers, jail and prison staff, probation and parole officers, the Psychiatric Security Review Board, treatment agencies, and peers with forensic experience.

# SIM Points of Intercept (Helping Spots)



## Intercept 0: Community Services

- Diverting people to local crisis services instead of arresting them.
- Making resources available without requiring people in crisis to call 911.

## Intercept 1: Law Enforcement

- Diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders.
- Allows people to be diverted to peer or behavioral health services instead of being arrested or booked into jail.

## Intercept 2: Initial Court Hearings/Initial Detention

- Diversion to behavioral health services by jail-based clinicians, peers, social workers, or court officials during jail intake, booking, or initial hearing.

## Intercept 3: Jails/Courts

- Diversion to behavioral health services through jail or court processes/programs after a person has been booked into jail.
- Services that prevent the worsening of a person's illness during their stay in jail or prison.

## Intercept 4: Re-entry

- Supporting re-entry back into the community after jail, prison, or state hospital commitment.
- Reduces further justice involvement of people with mental and substance use disorders.
- Involves re-entry coordinators, peer support staff, or community in-reach to link people with proper behavioral health services.

## Intercept 5: Community Corrections

- Community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

## Intercept 0 – Community Services, Outreach & Engagement

**Overview:** Connects people with peer or treatment services instead of arresting or charging them with a crime. A comprehensive continuum of crisis care will help reduce the adverse impacts too often seen with current crisis management, such as arrests or forced hospitalizations, which can result in additional trauma to the individual (Hajny, 2015). Evidence suggests that including peer workers on mobile crisis teams reduces subsequent use of crisis and emergency services (Bassuk, 2016).

- **Peer-run crisis response support** and/or respite, and street outreach is provided by people with lived experience with a mental or substance use disorder. They may also have been involved in the justice system. Peers can provide helpful information and support that is shaped by their own experience to help people with a mental or substance use disorder.
  - **Peer-run, or peer-staffed warmlines and hotlines** can serve as alternatives to 911. They link people to peer services, clinical treatment providers and services without the involvement of law enforcement. This allows emergency response agencies to direct their resources to other needs in the community.
  - **Peer co-responders and mobile crisis outreach teams** allow behavioral health peers or clinicians to respond to people in crisis in the community. In situations involving a public safety concern, a peer may accompany law enforcement. Mobile crisis teams can stabilize a person in crisis, identify underlying reasons for the person's symptoms (for example, the person stopped taking medication, or are experiencing illicit drug induced symptoms), and initiate a link to case management services or withdrawal management.
- Mobile crisis teams can also reconnect an individual with mental and substance use disorders to case managers or treatment providers who have already worked with them.
- **Peer collaborative SUD-focused early diversion strategies and LEAD (Law Enforcement Assisted Diversion).** Self-referral programs, active outreach, and opioid response teams are showing promising outcomes in reducing substance use, overdoses, and fatalities due to overdose. These strategies rely on partners from different fields, such as behavioral health peers, emergency medical services and fire departments, law enforcement, prosecutors, and public defenders (where applicable), working together to provide life-saving treatments and support.
  - **Peer programs connected to law enforcement-friendly crisis services.** Instead of arresting people in crisis or bringing them to a hospital emergency department, law enforcement officers can bring them to locations such as stabilization units, crisis living rooms, sobering centers or respite centers operated by peers. Processes that allow quick and simple drop-offs make this diversion option more effective.



## Intercept 0: Core Competencies & Prerequisites

1. Forensic peers have experience in all or most of the continuum of the criminal justice system from arrest, detention, arraignment, release with conditions, hearings, conviction, sentencing, diversion, incarceration, parole and/or probation.
2. Forensic peers self-identify as persons in recovery from substance use disorder and/or mental health disorder.
3. Forensic peers have participated in Forensic Peer Core Training and continuing education.
4. Forensic peers understand their role and the scope of their duties and understand the role and responsibilities of first responders (police, medical professionals, behavioral health clinicians, etc.).
5. Services may include motivation, support and transportation to withdrawal management services, or referral to addiction treatment and community recovery centers or support groups.
6. Forensic peers create an environment where individuals feel safe within the limits of confidentiality, fostering trust and safety through adherence to the confidentiality laws and regulations.
7. Forensic peers understand that they are Mandatory Reporters of abuse and neglect of at-risk populations – infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities, and residents of nursing homes and other health care facilities. Forensic peers understand that they are subject to penalties for failing to report abuse and neglect.
8. Forensic peers assist individuals with acquiring medical insurance, dental insurance, or care.
9. Forensic peers treat all participants equally and strive to connect consistently with individuals.
10. Forensic peers inspire hope through shared life experiences. Forensic Peer Mentors understand the meaning of the statement “I am the evidence that recovery is possible.”
11. Forensic peers understand that a trauma-informed model can decrease re-traumatization and may help individuals reduce personal risk and recidivism.
12. Forensic peers are aware of disparity issues and subsequent inequities within the criminal justice system. They use local data regarding disparity in sentencing, length of incarceration, and access to diversion programs. Forensic peers validate the individual’s trauma related to incarceration, supervision, and re-entry that may include separation from family and loved ones, lack of access to mental health, addictions, and physical health care and acts of violence against inmates by both staff and other inmates.
13. Forensic peers have an attitude of cultural humility, being mindful of diverse cultural norms as individuals reveal them.

## Class Discussion: Intercept 0

Does your community have these services? If so, do peers work in these services?	
<input type="checkbox"/>	Peer crisis support services?
<input type="checkbox"/>	Peer street outreach? Homelessness outreach?
<input type="checkbox"/>	Peer-run respite? Emergency short term transitional housing.
<input type="checkbox"/>	Peer warmlines/hotlines?
<input type="checkbox"/>	Peer co-responders working on a crisis team?
<input type="checkbox"/>	LEAD with peer services?
<input type="checkbox"/>	Peer-run stabilization units (crisis living rooms, sobering centers, withdrawal management)?
<input type="checkbox"/>	Peers may experience stigma working alongside first responders, police, and other crisis workers. How should peers address stigma experienced both internally and externally that contribute to the devaluation of those with behavioral health disorders?
<input type="checkbox"/>	Peers can inform the crisis continuum or the lack thereof. What service gaps have you observed based on your lived consumer experience?

## Intercept 1 – Law Enforcement

When law enforcement meets someone who is struggling or in crisis because of mental health or substance use problems, forensic peer support services can help guide that person into treatment and support them on their journey to recovery.

At Intercept 1, forensic peer support includes working with Crisis Intervention Teams (CIT) and getting the right training. Peers work alongside police and emergency workers to respond to crises. They also help reach out and follow up with people who may be at risk for involuntary hospitalization and/or further involvement in the criminal justice system.

### Key Elements for Diversion at Intercept 1

- **Training by forensic peers.** Training presented by forensic peers for dispatchers and law enforcement on mental health, mental crises, and substance use disorders can enhance the ability of dispatchers to determine when specialists in mental health or substance use is necessary. It can also instruct law enforcement officers on recognizing signs and symptoms of mental and substance use disorders and on de-escalating crises. This training equips responders with the necessary skills to effectively assist individuals with mental health or substance use disorders.
- **Partnerships involving forensic peers.** Forensic peer co-responders and LEAD programs involve partnerships between law enforcement, behavioral health clinicians, peers, and/or case managers. Specialized law enforcement responses can help people with mental and substance use disorders access the services they need.

- **Data sharing.** With data sharing, when agencies and systems compile and exchange information, it becomes easier to identify individuals who frequently use 911 or other emergency services—those who become "familiar faces" within the criminal justice and emergency systems. Law enforcement agencies, crisis services, and hospitals can use data to identify familiar faces and follow up after a crisis. Once these individuals are identified, they can connect individuals with the preventive care that they need.



---

*During the Victorian era, the prevailing attitude toward the poor and houseless was harsh and punitive. There were Vagrancy Acts which made houselessness a crime.*

*Police would remove people from public view, rather than offering genuine help or addressing the root cause of houselessness.*

---

## Intercept 1: Core Competencies

1. Forensic peers assist, support, advocate, and motivate individuals through the entire continuum of criminal justice involvement from arrest and detention, probation, post-prison or parole, and re-entry, or through Child Welfare court proceedings. Forensic peers understand and explain the system/structure of local, county, state, federal, military, and tribal criminal justice systems.
2. Forensic peers understand and can discuss the potential impact/consequences of decisions and/or actions (i.e., legal, behavioral, recovery, etc.)
3. Forensic peers understand the stigma, discrimination, and exploitation individuals face within the criminal justice system, including cultural/ethnic minorities, LGBTQ individuals, those with mental health challenges, those with substance use disorders and/or gambling disorders, and those with physical disabilities.
4. Forensic peers have a responsibility to know the guidelines and limitations of both HIPAA and 42-CFR Part 2 and other potential privacy laws. Forensic peers understand the necessity of obtaining signed Releases of Information for every supporting family member, stakeholder, agency and/or organization before attempting to contact anyone. Forensic peers have a clear understanding of the exceptions to confidentiality that include speaking with program staff, conversations with fellow mentors during staff meetings and when receiving permission from the mentee to contact others about a specific problem. Forensic peers share limits of confidentiality concerning coordination of care with other mentors, counselors, and supervisors.
5. Forensic peers comply with standardized chart notes in form and content, understanding that they are not “junior clinicians” or “junior probation officers.” They understand that clinical and/or legal conclusions should not be included in documentation. Forensic peers understand that their documentation routinely becomes a part of court records and in some cases, is open to public inspection in the case of a trial or legal audit.
6. Forensic peers adhere to their certification ethics, standards of behavior, and scope of practice.
7. Forensic peers understand the limits of their scope of practice and do not attempt to diagnose or label individuals.

# Class Discussion: Intercept 1

Developing partnerships	
<input type="checkbox"/>	Have you participated in training for dispatchers, law enforcement or other first responders regarding behavioral health crises? What are the most important concepts police, dispatchers and other first responders need to know about mental health and substance use disorders?
<input type="checkbox"/>	What skills do peers need to de-escalate a crisis?
<input type="checkbox"/>	How can peers participate in “data sharing” without violating a client’s confidentiality?

## Intercept 2 – Initial Detention / Initial Court Hearings

In situations where decisions are made to arrest individuals with mental or substance use disorders and charge them with specific crimes, peer support can help individuals process what has happened and prepare for what is coming next.

Peer support activities at this intercept include explaining the arrest, detention, and arraignment processes; helping to ensure that the individual feels safe and respected; and giving the individual hope that they can recover from mental and substance use disorders and cope with criminal justice system involvement.

### Key Elements for Diversion at Intercept 2

- **Peers or clinicians can screen for substance use disorders.** Using validated screening instruments for mental and substance use disorders allows jails to identify people with mental and substance use disorders. In Oregon, certified peers are authorized to perform SBIRT screening if they have received training. The [SBIRT Oregon website](#) has many useful screening tools in a variety of languages. Once they are identified, these individuals can be linked with jail-based or community-based services. Brief screenings can be done for all people entering the system. These screenings can be given by non-clinical staff at jail booking, in police holding cells, in court lockups, and prior to the first court appearance. A variety of screening tools exist, but it is important that the tool is validated in the location where it is used to make sure it provides data as intended.
- **Peers can assist with and respond to “data matching,”** linking information that

different systems have on an individual. Data matching between the jail and community-based behavioral health providers can help develop diversion options that account for all of a person’s needs. It can also help determine if newly arrested people have received behavioral health services. If they have, they can then be linked back to existing case managers and resources, improving service delivery.

- **Peer supported pretrial supervision and diversion services.** Some defendants pose a risk of criminal behavior or failing to appear in court but not to the extent that a jail stay is needed. Pretrial services with specialized mental health and substance use services can reduce the need to detain these people. These teams can make sure people with mental and substance use disorders get services in a timely manner and avoid getting worse while waiting for their case to be resolved.
- **Peer supported post-booking release.** Some programs allow defendants to be released into treatment while prosecution is postponed. These programs can improve the individual’s health and social outcomes by reducing the long-term impacts of a jail stay and criminal conviction.

# SBIRT Oregon

SBIRT (Screening, Brief Intervention, Referral to Treatment) represents an innovative, evidence-based approach to addressing substance use. Its core components include:

The SBIRT Oregon website contains several screening tools (and video demonstrations) which forensic peers can use. These tools are available in multiple languages.

## [SBIRT Oregon Screening Forms](#)



Workflows
Screening forms
Clinic tools
Video demonstrations
Training curriculum
Meds for SUDS
Billing and metrics
Screening app

### Brief screen



- Given to adults ages 18 and older.
- One alcohol question and one drug question. Positive responses warrant further screening.
- The alcohol question has been modified, with permission from the author, to be gender inclusive.
- Includes the PHQ-2 screening tool for depression.
- Note: not reimbursable using CPT 96160.
- [More information](#)

Download options ▾

### AUDIT



- Given to adults ages 18 and older when positive on the alcohol question on the Brief screen.
- 10 questions assess quantity of alcohol use and related consequences.
- Includes extra question about alcohol treatment.
- [More information](#)

Download options ▾

## Potential concerns involving forensic peers' use of screening tools and procedures

<p><b>Loss of Personal Touch:</b> Forensic peers might worry that the use of formal tools could make their interactions seem less personal and more clinical. This shift could potentially affect the trust and rapport they have built based on empathy and shared experiences.</p>	<p>Forensic peers contribute significantly to team efforts in managing persons at risk of harm. Their input is vital in assessing risk, formulating intervention strategies, and providing ongoing support.</p> <p><i>Screening tools are aids, not replacements, for forensic peers' intuition and empathy.</i></p>
<p><b>Over-Reliance on Tools:</b> There could be concerns about over-relying on these tools, which might lead to overlooking the nuances of individual situations that are not captured by standardized assessments.</p>	<p>Tools are just one part of the assessment process.</p> <p><i>Forensic peers' observations and interactions still play a crucial role in understanding and supporting individuals.</i></p>
<p><b>Boundary Confusion:</b> Forensic peers may be concerned about blurring the lines between their role and that of clinical professionals. They might feel that using these tools pushes them into the realm of clinical assessment, which is outside their scope of practice.</p>	<p>Using screening tools does not equate to clinical diagnosis.</p> <p><i>Forensic peers' role remains distinct, focusing on peer support and guidance, not clinical assessment.</i></p>
<p><b>Training and Competency:</b> Implementing validated screening tools would require additional training. Forensic peers might be concerned about the adequacy of this training and their competency in using these tools effectively.</p>	<p>Comprehensive training and ongoing support are indeed crucial to ensure that forensic peers feel confident and competent in using the screening tools.</p> <p><i>Input from forensic peers about screening tools and how they are implemented is critical to ensure a trauma-informed approach to prevention and intervention.</i></p>
<p><b>Resource Allocation:</b> There may be concerns about the time and resources needed to learn and implement these tools, potentially taking away from the direct support time with individuals.</p>	<p>Forensic peers' time is important.</p> <p><i>Use of screening tools is not intended to add to forensic peers' workload.</i></p>



<p><b>Ethical Implications:</b> Forensic peers might be worried about the ethical implications of using these tools, particularly regarding privacy and the appropriate handling of sensitive information revealed during the screening process.</p>	<p>While maintaining confidentiality is a key aspect of their role, forensic peers understand that their duty to protect the client and others can supersede confidentiality when a person poses a clear risk to themselves or others.</p> <p><i>Forensic peers must disclose promptly all relevant information that is necessary to protect the health, safety, and welfare of clients and others.</i></p>
<p><b>Impact on Dynamics of Support:</b> Using standardized tools could change the dynamics of the support offered by forensic peers. They might be concerned about losing the flexibility to tailor their approach to the individual needs of each person they support.</p>	<p><i>Forensic peers can integrate the screening tools into their natural interaction style, maintaining the flexibility to adapt their approach to individual needs.</i></p>
<p><b>Pathologizing Normal Reactions:</b> There's a risk of interpreting normal reactions to life situations as pathological when using standardized screening tools, leading to unnecessary interventions or referrals.</p>	<p>Because of their lived experience, forensic peers have unique insights into the complexities of the situations faced by people they support. While forensic peers use screening tools to identify certain risks or needs, they also recognize that the scores do not capture the full complexity of an individual's life and circumstances.</p> <p><i>Forensic peers can share their knowledge to ensure that individuals are not simply categorized or treated based on a numeric score, but are instead seen and supported in their entirety, with their unique backgrounds and needs.</i></p>

## Intercept 2: Core Competencies

1. Forensic peers understand the limits of their scope of practice and do not attempt to diagnose or label individuals.
2. Forensic peers utilize needs assessment tools or basic needs questionnaires to discover an individual's area of need and direct individuals to the appropriate services and community resources.
3. Forensic peers can communicate in language and lingo common within correctional institutions, while simultaneously avoiding slang/lingo that is derogatory towards criminal justice staff or others, including other races/ethnicities, those with mental health challenges, addictions, criminal histories, and/or alternative sexual identities/orientations.
4. Forensic peers help persons to better understand terminology, roles, and processes involved in the criminal justice and child welfare systems
5. Forensic peers address the issue of stigmatizing language by using respectful language to identify individuals, organizations, and the greater public safety system (e.g., criminal/offender is a defendant/client, treatment failure is an opportunity for growth, difficult clients are struggling individuals, etc.).
6. Forensic peers help individuals become empowered to negotiate and minimize criminal sanctions as they progress in recovery.
7. Forensic peers address child welfare issues and processes by advocating and supporting family reunification.
8. Forensic peers advocate for peer support and treatment interventions in the entire continuum of criminal justice involvement and educate the system, society, and communities regarding the cost-benefits of these interventions over traditional criminal justice models.
9. Forensic peers provide in-jail services, motivating and supporting inmates in addiction recovery. Forensic peers support and advocate for individuals who are experiencing physical and psychological impairments related to intoxication and withdrawal. Forensic peers provide overdose risk education, especially for those addicted to opioids that experience a decline in tolerance while incarcerated. Forensic peers support individuals in pre-release planning, goal setting, and maintaining compliance with conditions of release. Forensic peers assist individuals in locating and engaging with treatment services upon release, which could include Medication Assisted Treatment (MAT), for those dependent on opioids.

## Class Discussion: Intercept 2

Developing partnerships	
<input type="checkbox"/>	Have you performed screenings on clients? If so, how did you decide where to refer clients? Did you use a screening tool?
<input type="checkbox"/>	Have you seen a client in jail? Was it a challenge getting into the jail to see the client due to any part of your prior lived experience?
<input type="checkbox"/>	Peers often experience stigma from jail staff. Have you experienced stigma from jail staff? How did you manage it?

## Intercept 3 – Jails/Courts

After arrest, charges, and arraignment, additional opportunities exist to help divert individuals with mental and substance use disorders from the criminal justice system. Many mental health, drug/recovery, and other problem-solving courts use peer support services.

Peer support activities at this intercept include providing forensic peer support services on treatment court teams or Forensic Assertive Community Treatment (FACT) teams. In jails and prisons, peer support, particularly mentoring and facilitating support groups, is increasingly being made available to support individuals with mental and substance use disorders.

### Key Elements for Diversion at Intercept 3

- **Peers can be a part of Mental Health or Substance Use Disorder Treatment Courts** for high-risk/high-need individuals who work within the legal process to help treat the root causes of justice involvement. These programs provide services through a pre-plea or post-plea process. They may include drug courts, mental health courts, Driving While Impaired (DWI) courts, veterans' courts, and others.
- **Peers can work within alternatives to prosecution programming.** Some people may not need an intensive treatment court but still would benefit from services in the community. For these people, alternatives to prosecution programs, where a charge may be placed "on hold" and then dismissed when a person completes the program, may meet their needs. Programs that require clients to pay a fee or restitution prior to participation should

ensure that this does not result in negative consequences or unfair impacts among people with fewer resources.

- **Peers can be a part of jail-based programming and behavioral health care services.** Jail health care providers are required to provide medical and behavioral health services to people who are detained and need treatment. Trauma-informed and evidence-based spaces and programs for people with mental and substance use disorders help ensure that a jail stay does not worsen a person's illness. Jails can also use suicide prevention plans and procedures to prevent suicide among people with and without known mental health concerns.
- **Peers can develop and maintain partnerships with community-based providers of mental health and substance use treatment.** When jails partner with community-based providers, they can increase the number of treatments and services that people can access during their detention. This can also help build relationships between clients and providers, making it more likely that the person will feel comfortable with continuing services after they are released from jail. These "in-reach" services can also help identify people with mental and substance use disorders who may be better placed in community-based or inpatient treatment.
- **Peers can serve as mental health jail liaisons.** It takes a lot of work to figure out what community-based resources are available for people with mental and substance use disorders. Because of this, many of these people are not connected with important services. Mental health jail

peer liaisons and diversion clinicians can help make these connections. They can also provide another layer of treatment or programs in addition to the services delivered by the jail treatment provider.

- **Peers can collaborate with Veterans Justice Outreach.** Collaborations between Veterans Justice Outreach specialists, behavioral health specialists, and local justice system partners strengthen timely access to diversion resources and services for justice-involved veterans.

## Intercept 3: Core Competencies

1. Forensic peers offer support through hearings and sentencing, which may include advocacy for alternative sentencing and treatment, reminders regarding court appearances, transportation, and other supports.
2. Forensic peers are familiar with local child welfare procedures to assist and support the family reunification process. Forensic peers understand the Adoptions and Safe Family's Act (ASFA) time limitations, and family court mandates.
3. Forensic peers may need to report certain issues, such as drug use, risk of harm to self or others, and violations of parole or probation terms. They understand their obligations to report to court/probation/parole authorities and only share information that is required by contract or law. They avoid colluding with the criminal justice system against clients and only share legally mandated information.
4. Forensic peers do not engage in behaviors that could negatively impact the client's experience through the criminal justice system or undermine the trust and rapport that are fundamental to the peer-client relationship. Examples of unethical, unsupportive, and unprofessional conduct include (but are not limited to):
  - *Sharing Confidential Information*: Disclosing personal details about a client without consent, unless legally mandated, violates confidentiality norms.
  - *Gossiping or Badmouthing*: Speaking negatively or gossiping about a client with a parole officer or other third parties.
  - *Overstepping Boundaries*: Acting beyond the scope of their role, such as trying to influence parole decisions based on personal opinions or biases.
  - *Conflict of Interest*: Engaging in any behavior that benefits the peer personally at the expense of the client's best interests.
  - *Failure to Advocate*: Not standing up for the client's rights or best interests in interactions with parole officers.
5. Forensic peers demonstrate and relay proactive/prosocial problem-solving skills. Forensic peers demonstrate and model the effective use of mediation and conflict resolution skills.
6. Forensic peers understand and develop strategies to assist individuals to overcome institutional and organizational barriers to successfully accessing recovery and wellness supports and understand common types of recovery and wellness supports available within each intercept of the SIM.
7. Forensic peers identify support services while staying culturally attuned to individuals and their specific needs within criminal justice settings, including trauma-informed responses, and understand Lesbian, Gay Bisexual, Transgender, Queer, Questioning, Intersexual and Asexual (LGBTQIA) issues that are unique within criminal justice settings and how they can impact recovery and wellness.

## Forensic Assertive Community Treatment (FACT)

[Forensic Assertive Community Treatment](#) (FACT) is a service delivery model that is intended for individuals with serious mental illness (SMI) who are involved with the criminal justice system. These individuals may have co-occurring substance use and physical health disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT builds on the evidence-based assertive community treatment (ACT) model by making adaptations based on criminal justice issues—in particular, addressing criminogenic risks and needs. In this sense, FACT is an intervention that bridges the behavioral health and criminal justice systems.

### Key Components of FACT Teams

1. Forensic services that address criminogenic risks and needs
2. Client eligibility based on a set of well-defined criteria, including multiple incarcerations.
3. Client access to round-the-clock, individualized psychiatric treatment and social services that address immediate needs and improve stabilization.
4. Service delivery by an integrated, multidisciplinary team, including criminal justice specialists.
5. Cross-system mental health and criminal justice team member training
6. Implementation fidelity to ACT and quality control
7. Flexible funding and implementation support

## Class Discussion: Intercept 3

Developing partnerships	
<input type="checkbox"/>	After arraignment, what services can peers provide?
<input type="checkbox"/>	How can peers elicit motivation for change and instill hope vs coercing people into compliance?



## Intercept 4 – Re-entry

Individuals completing their sentences and transitioning from incarceration to the community are often facing significant challenges. Peer support is a critical component of reducing relapse and recidivism.

During re-entry, peers can aid with treatment planning and system navigation (accessing housing, employment, benefits, etc.). When begun prior to release, peer support activities include preparing individuals in jails, prisons, and the State Hospital to develop plans and identify resources to ensure uninterrupted treatment and connection with a recovery community.

### Key Elements for Diversion at Intercept 4

- **Transition planning by peers** improves re-entry outcomes by shaping services around a person's needs before they are released. Planning for re-entry should begin at intake and continue during the person's incarceration; it should involve providers and resources across criminal justice, behavioral health, and physical health care systems. Examples: Risk-Needs-Responsivity (RNR) Simulation Tool, Collaborative Comprehensive Case Plans (CC Case Plans)
- **Peers can assist with medication and prescription access upon release from jail or prison.** This is particularly important for medications used in the treatment of Opioid Use Disorder (OUD). When they are released, people should have enough medications and prescriptions to allow them to follow their treatment plans and

avoid relapse while waiting to see their community-based medical provider.

- **Peers can facilitate warm hand-offs from corrections to providers** increasing engagement in services. People who are picked up upon release and provided transportation directly to services often see more ideal outcomes compared to people who are simply released to the streets. Ideally, the community-based worker doing the pick-up would already have provided in-reach services throughout Intercept 3, built relationships, and become a trusted partner for the re-entry process.
- **Peers can participate in a re-entry coalition.** Many communities have a group that meets and plans for supporting people reentering the community from prison or jail. Partners from criminal justice, behavioral health, and all types of supportive services should be involved. These partners can help coordinate the processes and resources available to people with mental and substance use disorders as they plan their transition.
- **Peers can provide support services inside prisons or jails.** Individuals who have gone through the transition from jail or prison to the community can provide valuable peer support. They can help people plan for re-entry, identify safe housing, and learn about triggers or issues that could lead back to the justice system. Peer staff may be employed by the jail or by in-reach providers to deliver transition planning services.

## Intercept 4: Core Competencies

1. Forensic peers understand housing is a top priority for individuals re-entering society and do not mistake this as an entitled attitude or malingering for resources. Forensic peers understand that housing weighs heavy on individuals re-entering society and do not attempt to make the “peer relationship” the primary goal of individuals receiving initial services. Forensic peers are acutely aware of barriers individuals face, such as individuals experiencing homelessness who have difficulty charging their phone and receiving phone calls from potential housing resources regarding openings.
2. Forensic peers are knowledgeable regarding civil rights, fair housing laws, and legal protections for individuals with criminal histories and empower individuals to advocate for themselves. Forensic peers can provide individuals with State and Federal Housing Rights, including rights of individuals participating in MAT, federally assisted housing eligibility, and the procedures for filing discrimination and other housing complaints within your state. Forensic peers do not offer legal opinions, rather they collect information and make appropriate referrals. They also help individuals in building self-advocacy skills.
3. Forensic peers working within recovery housing organizations inform individuals of their rights and help them maintain legal compliance, including (but not limited to) housing protections for those participating in MAT.
4. Forensic peers stay informed about housing availability, programs that assist with deposits and move-in fees, property-specific restrictions, rental guidelines, and requirements. Forensic peers seek to be informed about city, county, and state re-entry programs that provide transitional housing.
5. Forensic peers are informed about available programs such as Rent Well for addressing negative rental and credit histories and other barriers that may prevent individuals from securing stable housing. Forensic peers assist individuals in correcting inaccuracies in their criminal history and credit history reports, understand how to find reliable sources to run credit reports, and can direct individuals to methods for challenging and/or removing unfavorable entries.
6. Forensic peers assist individuals in their application for a Certificate of Rehabilitation, if available in the individual’s state.
7. Forensic peers understand that private homeowners are more likely to accept a weighted application, letters of recommendation, certificates of rehabilitation, and explanations of prior history or current status than property management companies.
8. Forensic peers assist individuals in developing a narrative to explain their history to help overcome charges and convictions that are sometimes misleading regarding an individual’s history.

9. Forensic peers also support individuals in assessing the safety of various housing options and discuss the relapse potential associated with various environments.
10. Forensic peers advocate for housing for those with disqualifying crimes and educate systems and communities regarding the cost-benefits of clean and sober housing as well as Forensic Peer services. Forensic peers are also aware of predatory background check scams that exploit offenders seeking housing.
11. Forensic peers understand the imperative of an individual's desire for employment and how meaningful employment facilitates successful re-entry into society.
12. Forensic peers address employment challenges that include the development of job readiness skills and access to professional interview attire.
13. Forensic peers are knowledgeable about locating re-entry friendly employers and job opportunities.
14. Forensic peers instruct individuals on how to gather supportive documents such as letters of recommendation (including recommendations from previous employers, judges or probation/parole officers, volunteer supervisors), certificates of rehabilitation, and lost/misplaced vocational education records, to help reinforce their reported job skills and commitment to work.
15. Forensic peers facilitate the job application process by assisting with filling out job applications, writing resumes, and creating cover letters that present the individual's current situation in a positive and comprehensible format.
16. Forensic peers know how to research opportunities for restoring warrants to the court calendar, vacating warrants, correcting erroneous criminal history records, and applying for expungement or felony reduction at the state and county level.
17. Forensic peers have a basic knowledge of BOLI protections, MAT and addiction treatment rights, reasonable accommodations, local minimum wage, workers' rights, and the difference between 1099 and W-2 employment contracts.

## Class Discussion: Intercept 4

Developing partnerships	
<input type="checkbox"/>	What are the elements of a transition plan? Thinking about your own lived experience what needs did you have when transitioning back into the community?
<input type="checkbox"/>	How can peers go beyond simply identifying resources, and mobilize resources for individuals re-entering the community from incarceration?

## Intercept 5 – Community Corrections

Individuals who are placed on probation or parole benefit from peer support to assist them with understanding and adhering to the provisions and conditions of their probation or parole and to balance such responsibilities with sustaining their treatment and recovery.

Peer support providers work with both the individual as well as community corrections officers to access resources and services including housing, employment, and benefits.

### Key Elements for Diversion at Intercept 5

- **Peers can provide mental health training for community corrections officers.** Officers with specialized caseloads should receive additional, more in-depth training to learn about the specific needs of the people under their supervision (such as training in [Mental Health First Aid](#)).
- **Forensic peers focus on smaller specialized caseloads of people with mental and substance use disorders.** The use of smaller and specialized mental health or substance use caseloads shows promising results. Specialized caseloads allow community corrections officers to provide support that keeps their clients on the path to recovery, increases connections to services and appointments, and reduces the chance of violations and jail stays.
- **Peers can help develop community partnerships.** As people under community supervision get jobs and become more self-sufficient, they may no longer qualify for critical benefits. Community corrections officers can work with partners to make sure their clients have the support they need to remain independent, continue

recovering, and avoid going back to the criminal justice system. Example: [Forensic Assertive Community Treatment \(FACT\)](#)

- **Peers can make referrals and facilitate induction into medication-assisted treatment (MAT),** a substance use disorder treatment program that combines behavioral therapy with the use of medications approved by the Food and Drug Administration. These medications include methadone, naltrexone, and buprenorphine. MAT can help reduce the risk of overdose and relapse among people with substance use disorders once they are back in the community.
- **Peers can assist clients in accessing recovery supports.** Housing and employment with a livable wage are just as important as access to behavioral health services. However, many things can be barriers to employment and housing for people who have been in jail or prison. Community corrections officers can help reduce these barriers by helping their clients get government-issued photo identification, start, or reinstate health care coverage, and access criminal record expungement. Examples: Individual Placement and Support (IPS), Permanent Supportive Housing (PHS).

## **Intercept 5: Core Competencies**

1. Forensic peers facilitate self-assessment of medical, dental, hygienic, social, and emotional needs
2. Forensic peers facilitate the creation of a wellness plan based on the self-assessment of the individual.
3. Forensic peers model positive mental health, physical health, hygiene, and nutritional practices.
4. Forensic peers help clients explore solutions for avoiding possible risky situations that they may have previously encountered and assist individuals in developing relapse prevention plans and coping strategies.
5. Forensic peers introduce individuals to pro-social events and outings.
6. Forensic peers help individuals relinquish non-beneficial attitudes, beliefs, and behaviors learned as survival mechanisms in criminal justice settings by being constructive role models.

## Class Discussion: Intercept 5

### Developing partnerships



As people transition to longer term supervision, intensive services often decrease. How can peers provide ongoing support, resources, and connection during this time?

# Forensic Peer Advocacy in the Court System

Advocacy is a vital component of the peer movement. We advocate for (a) our clients and (b) changes in systems. As a community of people in recovery, we influence and create change by speaking directly to those with power, including policymakers, judges, court staff, attorneys, law enforcement, jail/prison staff, psychiatric institutions, healthcare providers, child welfare staff, case managers, parole and probation officers, crime victim advocates, and expert witnesses.

## **Examples of forensic peer advocacy at the individual level include:**

- Assisting clients in understanding their rights and legal proceedings.
- Providing emotional support during trials or meetings with attorneys.
- Advocating for appropriate services such as treatment for mental health and/or substance use disorders.
- Attending meetings with clients and attorneys, probation, parole, caseworker professionals and advocating with the clients permission to do so.
- Connecting with agencies that provide housing, employment, and educational services and advocating on behalf of client when necessary.

## **Examples of forensic peer advocacy at the systems-level include:**

- Working towards reforming criminal justice policies and laws that negatively impact individuals, especially those related to sentencing, rehabilitation, and reentry.

- Raising awareness about the challenges faced by individuals in the criminal justice system and advocating for community support and understanding.
- Working with police departments and other law enforcement agencies to improve interactions with individuals with criminal histories and to advocate for fair treatment.
- Advocating for better mental health and substance abuse treatment options within the criminal justice system.
- Providing training to professionals within the criminal justice system, including lawyers, judges, and law enforcement, on topics such as mental health, trauma-informed care, and the importance of peer support.
- Speaking out against bias, stigma, and discrimination within the criminal justice and mental health systems.
- Being part of committees/councils that makes recommendations for improved coordination between the mental health and criminal justice system.



## Special Considerations

Forensic peers often encounter unique situations in their work. Here are some important considerations that require special attention and thoughtful handling:

- 1. Find common ground, not battlegrounds.**  
Sometimes, if someone is very passionate about something, they might seem too pushy or like a bully. This can make others not want to talk to them or even argue with them. If people don't listen enough and aren't patient, both sides can get upset. It helps to try to understand where the other person is coming from and look for things you both agree on.
- 2. Advocacy is a team sport, not a solo run.**  
Doing all the advocating by yourself can be too much sometimes. It's good to make friends and connections so others can help you. For example, defense attorneys can negotiate with the prosecutors or present to the judge on behalf of your client.
- 3. Hope for all, compare none.** When you're helping different clients, it's important to keep a hopeful attitude about each one of them. Everyone is different, and they all have their own stories and challenges. It's not fair or helpful to compare them to each other, either when thinking about them or talking about them.
- 4. Court Day Playbook: Prepare, Focus, Support.**
  - **Get ready before court:** Make a list of the good things your client has done. Before the court date, tell your client what to expect in court.
  - **Stay focused in court:** Don't let anything distract you. Watch and listen carefully and write down important points. If you're allowed, you might even speak in court.
- **Talk after court:** After the hearing, sit with your client and explain what happened and what comes next. Offer support because court can be very challenging.
- 5. Clarity Quest: Guiding Clients to Understanding.** Many systems (like courts, jails, and hospitals) can be confusing and not always clear, especially for clients with mental health challenges and past trauma. As a forensic peer, your job is to help your client really understand what's happening in their case. A big part of your job is to arrange meetings with your client and important people, like their caseworkers, lawyers, and probation officers. In these meetings, you'll ask questions to make things clearer about what's being decided, why the decision was made, and what will happen next. This helps make sure your client knows what's going on.
- 6. Finding Common Ground.** As a Forensic Peer, your primary focus, along with other mental health service providers, is to assist individuals in their journey to recovery. It's important to understand that the justice system primarily seeks equitable punishment, while Child Welfare's main concern is ensuring the safety and well-being of children. Your role involves encouraging and supporting collaboration among these diverse systems, all with the aim of achieving outcomes that benefit your clients. Recognizing the differing goals of each system, your task is to work towards finding common ground and solutions
- 7. Educating for Change.** As a forensic peer, you will share your knowledge about (a) the recovery process, (b) mental illness, and (c) the experiences of adjudicated individuals with courts, community justice

staff, police, first responders, and child welfare workers. Doing so will help your clients receive the care they need to thrive.

8. **Working with Families.** As a forensic peer, you play a crucial role in advocating for your clients' well-being with their families and close allies. This involves providing them with information and education about various services like medication assisted therapy (MAT). Research shows that family members often discourage their loved ones from continuing Medication Assisted Therapy (MAT) early in the treatment process. This can be detrimental to the client because MAT is most effective when used for the long term.
9. **Medication Decision Advocacy.** As a forensic peer, you play a crucial role in educating and informing others about

medication use, including Medication Assisted Treatment (MAT). Sometimes, both family members and professionals may express concerns about medication side effects or impose their beliefs on clients. For instance, clients on MAT (like Methadone or Buprenorphine) may experience a brief period of drowsiness during the day when the medication is most effective, often referred to as "the nods." It's common for some family members and professionals to find this condition unsettling and may exaggerate these side effects when talking about it to others, saying things like "they're nodding off all the time." However, forensic peers prioritize client choice and their rights when it comes to medication decisions. Your role is to support clients in making informed choices about their treatment.

# Ethical Considerations

Forensic peers, in their advocacy roles, may encounter several ethical situations that require careful navigation. These situations often arise from the dual responsibilities of being both an advocate with lived experience in the criminal justice system and a professional working within or alongside that system. Some possible ethical situations include:

1. **Confidentiality vs. Disclosure:** Forensic peers must balance the need to maintain client confidentiality with situations where disclosure is necessary for safety or legal reasons. This includes determining what personal experiences to share for advocacy purposes while respecting the privacy of their own and others' histories.
2. **Dual Relationships:** Forensic peers may find themselves in dual relationships where they have a professional role with someone they also know personally. This can create conflicts of interest and challenges in maintaining professional boundaries.
3. **Advocacy vs. Client Autonomy:** While advocating for what they believe is in the best interest of their clients, forensic peers must also respect the autonomy and choices of those clients, even if they disagree with those choices.
4. **Resource Allocation:** In situations where resources (like housing, treatment programs) are limited, forensic peers may face ethical dilemmas in deciding how to equitably distribute these resources among clients.
5. **Cultural Competence:** Ensuring that their advocacy respects and incorporates the cultural, ethnic, and social backgrounds of their clients, avoiding any form of cultural insensitivity or bias.
6. **Handling Personal Bias:** Forensic peers must be aware of their own biases, especially those stemming from their personal experiences, and ensure these do not influence their professional judgment and advocacy.
7. **Advocating within Legal Constraints:** Forensic peers must navigate advocating for clients within the confines of the law, even when those laws might not align with their personal beliefs about justice or rehabilitation.
8. **Mandatory Reporting:** Encountering situations where forensic peers are legally obligated to report certain information (e.g., threats of harm), which might conflict with their role as a supportive peer.
9. **Professional Competence:** Recognizing the limits of their training and expertise, especially when clients need specialized legal or medical assistance, and making appropriate referrals.
10. **Managing Expectations:** Ethically managing the expectations of clients, being transparent about what is realistically achievable, and avoiding making promises that cannot be kept.
11. **Responding to Unethical Practices:** Deciding how to respond if forensic peers witness unethical practices within the criminal justice or mental health systems.

12. **Influence of Personal Experience:** Their personal experiences can be a powerful tool in advocacy, but forensic peers must avoid projecting their own experiences onto their clients or assuming their experiences are universal.
13. **Privacy vs. Advocacy:** Striking a balance between sharing their story for advocacy purposes and maintaining their right to privacy.
14. **Conflict of Interest in Policy Advocacy:** When involved in policy advocacy, ensuring that their personal experiences do not lead to conflicts of interest, particularly when policies might affect them directly.

15. **Empowerment vs. Overreliance:** Ensuring that their support empowers clients rather than creating an overreliance on the forensic peer, fostering independence and self-advocacy in their clients.

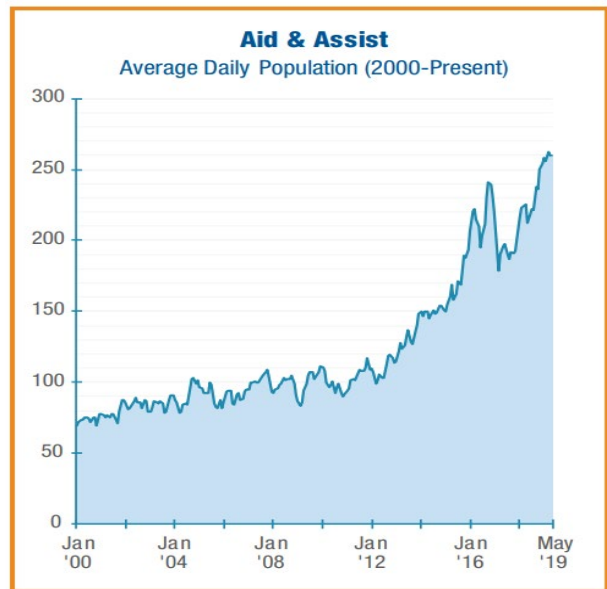
These ethical situations require forensic peers to continuously engage in self-reflection, seek supervision and guidance, and adhere to professional ethical standards to navigate these challenges effectively and maintain the integrity of their advocacy work.

## RECOMMENDED READING

Council of State Governments (2020). *The advocacy handbook: A guide for implementing recommendations of the criminal justice/mental health consensus project*. [https://csgjusticecenter.org/wp-content/uploads/2020/02/advocacy han](https://csgjusticecenter.org/wp-content/uploads/2020/02/advocacy_han)

# FPS Aid & Assist

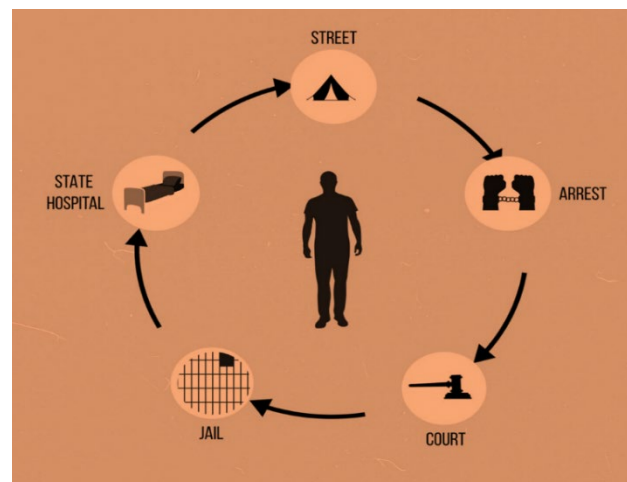
When people are accused of a crime and can't participate in their trial because of mental illness, the court may order them (ORS 161.370) to undergo mental health treatment so they can become well enough to "aid and assist" in their own defense. In most cases, they are sent to the Oregon State Hospital (OSH) for treatment, or community restoration services. When a defendant is unable to aid and assist in their own defense (ORS 161.370), it is essential for attorneys and judges to communicate with community mental health to find out whether the defendant may be restored in the community. If the community can support a particular client, the court may order the client directly to community restoration and avoid jail and the State Hospital.



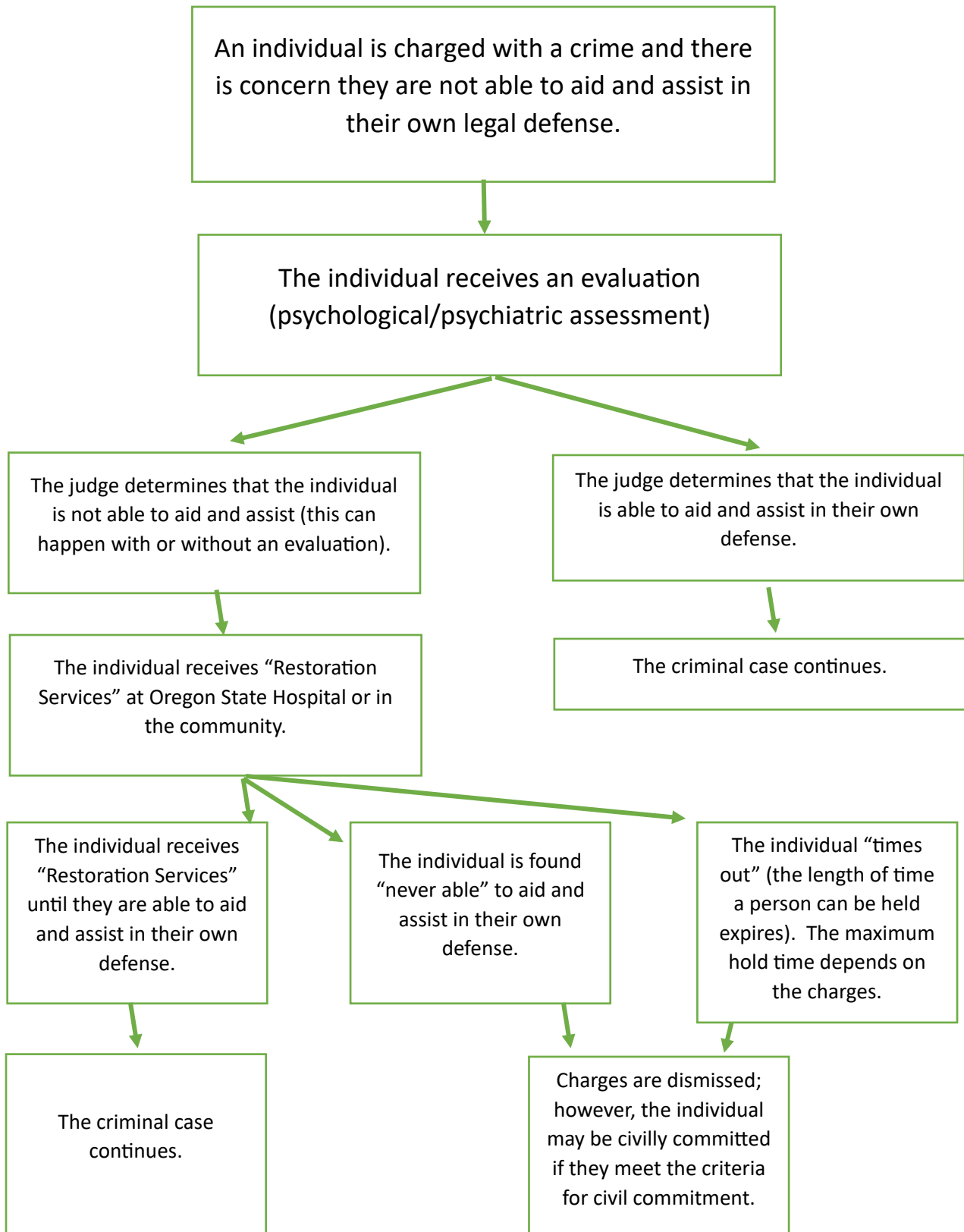
## Fitness to Proceed Statutes

<p><b>ORS 161.360:</b> Defines fitness to proceed, applies to all criminal fitness evaluations:</p> <ul style="list-style-type: none"> <li>• understand the nature of the proceedings</li> <li>• assist and cooperate with their counsel</li> <li>• participate in the defense of the defendant</li> </ul>	<p><b>ORS 161.365:</b> Defines process for initial court-ordered evaluations when court has reason to doubt defendant's competency to stand trial (note that a .365 evaluation is not required for a court to make a finding that a defendant is unfit to proceed)</p>	<p><b>ORS 161.370:</b> Defines process for subsequent court-ordered evaluations and how defendants are restored (State Hospital or Community Restoration)</p>
--	--	---

*Oregon's current Aid and Assist crisis largely revolves around homelessness and instability in the social determinants of health. Forensic Peers can assist with this crisis through helping to ensure stability in the lives of individuals under aid and assist court orders.*



# The Aid and Assist Process



## Incompetency vs Competency

### Incompetency is:

- Inability to understand the nature of the court proceedings,
- Inability to assist and cooperate with their defense attorney,
- and inability to participate in their own defense due to a “qualifying mental disorder”.

### Incompetency is NOT:

- Dangerousness is not a reason for incompetence even if dangerousness is due to a qualifying mental disorder.
- Severe symptoms do not automatically render a person incompetent to proceed.
- Lack of factual knowledge does not mean incompetence.
- Incompetency must be a result of a “qualifying mental disorder”, it is generally not: antisocial conduct, personality disorders, substance-induced disorders, or disorders of sexual behavior.

## Defense Attorney Obligations

If an attorney is concerned about their client’s ability to aid and assist in their own defense, it is their ethical duty to raise the concern with the court. Some individuals may perceive that their attorney is “working against them.” When, in fact, it is their ethical responsibility to notify the court if they have such concerns.

## Mink & Mossman Orders:

**Mink Order:** On May 15, 2022, Judge Owen Panner ordered that defendants who are declared unable to proceed to trial pursuant to

ORS 161.370 must be admitted to a state hospital within seven days for restoration services.

**Mossman Order:** At a hearing on August 29, 2022, Federal District Court Judge Michael Mosman issued a ruling intended to bring OSH into compliance with the Mink Order, which requires OSH to admit and assist patients for competence restoration within seven days. The order was sought by Disability Rights Oregon (DRO) and Metropolitan Public Defender (MPD) and is designed to reduce time to admission for people waiting for hospital care while in jail by: (1) prioritizing forensic admissions until the hospital reaches compliance with the Mink order, and (2) limiting the length of restoration in alignment with national trends.

**“.370” Services:** The primary treatment goals for patients under a .370 order are stabilization and achieving a level of capacity so they can cooperate with attorneys and participate in their own defense. Services at Oregon State Hospital or Community Restoration may include:

- Psychiatric and psychological assessments and treatment, including diagnoses, medications, and therapy.
- Residential placement:
- Oregon State Hospital
  - Locked 24/7, secure perimeter, 24-hour supervision.
- SRTF (Secure Residential Treatment Facility)
  - Lock Locked 24/7, egress controlled by staff, 24-hour supervision, Off-site privileges based on safety and level of care needed, up to 16 residents.
- RTF (Residential Treatment Facility)
  - Unlocked, 24-hour awake supervision, up to 16 residents.

- RTH (Residential Treatment Home)
  - Unlocked, 24-hour awake supervision, up to 16 residents.
- Adult Foster Homes (mental foster home or medical foster home)
  - Unlocked, 24-hour staff, up to 5 residents.
- Transitional and supportive housing
  - Part-time staff monitoring
- Community Restoration Services: Community restoration services” means services and treatment necessary to safely allow a defendant to gain or regain fitness to proceed in the community, which may include supervision by pretrial services.
  - Mental Health Treatment
  - Substance Use Treatment
  - Assertive Community Treatment (ACT)
  - Forensic Assertive Community Treatment (FACT)
  - Housing
  - Medication
  - Skills Training
  - Peer Supports
- Medical services, dental services, and/or physical therapy.
- GED classes for people ages 18-21.

Other services from Oregon State Hospital or Community Restoration Services may include:

- Benefit eligibility and coordination, transition planning for discharge.
- Legal Skills: teaching basic legal terminology and ideas that will assist individuals in becoming able to aid and assist in their own defense.
- Rehabilitation services that engage people in therapeutic activities aligned with their interests and strengths.
- Occupational therapy to assist with people’s daily living skills such as cooking, personal finance, and public transit.



## Additional Core Competencies with Aid & Assist Clients:

1. Forensic Peers help navigate the process of Aid and Assist court proceedings and explain the nature of forensic evaluations which can be very long and sometimes frightening for individuals.
2. Peer supports making extra effort to connect with these individuals.
3. People in forensic settings people may be slow to trust and connect, so be mindful of boundaries while also putting in extra effort if a person doesn't seem receptive to peer services.
4. Consider the culturally specific needs of the individual.
5. Be mindful of the risk of "peer drift" into clinical case management. Forensic peers provide service with individuals not for individuals. Personal recovery plans created with individuals, not for individuals. Recovery may include both substance use and mental health. There can also be recovery from criminality. Recovery looks different for everyone, so it is important to identify what the individuals wants their recovery to look like. Personal recovery plans should have a clear connection to personal values and what's most important to the individual. Peers assist in breaking recovery plans down into steps and milestones.
6. Forensic peers working on a "clinical team" such as ACT, FACT, or IDT (interdisciplinary treatment team) resist pressures to become clinical case managers or "mini-clinicians".
7. Forensic Peers keep their relationship in the center of every interaction.
8. Forensic Peers differentiate that personal recovery and clinical recovery (restoration) may not be the same.
9. Forensic Peers are mindful of restrictions individuals face under community restoration.
10. Forensic Peers understand the rights of clients and their rights to confidentiality, and understand that allied providers, including Oregon State Hospital, will need information about you, your role, and agency affiliation before they release information or develop a cooperative relationship with you. This is similar to the experiences of peers performing outreach to residential treatment agencies as well.
11. Forensic Peers are obligated to comply with agency policies and may need to clarify medication policies with their clinical team and supervisor. Forensic Peers should understand the medication policies of individuals under the PSRB. Forensic Peers may participate in assessing safety, adhering to agency policies, the limits of their training, and ethical standards.
12. Forensic Peers work with supervisors to read and understand OSH evaluations.
13. Forensic Peers are mindful of individuals with IDD, Intellectual and Developmental Disabilities.

# PSRB (Psychiatric Security Review Board) and Civil Commitment

## What is PSRB?

- When someone commits a crime and is found by the Courts to be “guilty except for insanity,” they are placed under the jurisdiction of the Oregon Psychiatric Security Review Board (PSRB).
- Individuals found guilty except for insanity are typically placed under the jurisdiction of the PSRB, depending on the offense, for 5 years, 10 years, 20 years, or life.
- Historically, PSRB authority over an individual has lasted longer than Department of Corrections’ system authority.
- While under PSRB jurisdiction, an individual can be housed in the Oregon State Hospital or in a variety of residential treatment settings, ranging from Secure Residential Treatment Facilities to independent living. The PSRB determines what kind of facility is appropriate based on the level of treatment, care and supervision the individual requires.
- Oregon State law is explicit that PSRB must put public safety first. ORS 161.351(3) states: “In determining whether a person should be committed to a state hospital or secure intensive community inpatient facility, conditionally released or discharged, the board shall have as its primary concern the protection of society.”
- Most PSRB clients begin their treatment at the Oregon State Hospital. When clients are conditionally released, they are carefully monitored by the PSRB. They are subject to immediate return to the state hospital if they violate the terms of their conditional release order.

## PSRB Civil Commitment ORS 426.701

All people charged with a crime have the constitutional right to aid and assist in their own defense. If a court believes a mental disability may prevent someone from assisting in their own defense, the court puts the criminal case on hold while an evaluation is completed to determine the person’s competency and whether they need treatment to restore competency. In some cases, a court may find, in light of an evaluation conducted under ORS 161.370, that there is no substantial probability that, in the foreseeable future, the defendant will gain or regain the capacity to stand trial. In response to this finding, a court or district attorney may dismiss the charges and/or initiate commitment proceedings.

ORS 426.701 is known as a PSRB Civil Commitment and is available when there is reason to believe that a person is extremely dangerous due to a qualifying mental disorder that is also resistant to treatment. This requires the judge to appoint a qualified examiner to evaluate the individual. Commitment under this statute is for two years, and the individual is under the jurisdiction of the PSRB for the commitment period. The individual may be recommitted indefinitely, every two years if the court finds he or she continues to meet jurisdictional criteria. Conditional Release is permitted under the Civil Commitment program. In some limited circumstances, a district attorney may initiate a PSRB Civil Commitment in cases where the individual’s GEI or prison sentence is coming to an end, but there is evidence that supports the necessary criteria for this statute.

**See Appendix: OSH Patient Handbook under PSRB**

## **The functions of the Psychiatric Security Review Board:**

1. Accepting jurisdiction over Guilty Except for Insanity (GEI) clients.
2. Balancing the public's concern for safety with the client's rights.
3. Conducting hearings, making findings, and issuing orders.
4. Monitoring the progress of each client under its jurisdiction.
5. Revoking conditional release, when necessary, if clients violate their conditional release terms;
6. Maintaining up-to-date histories on all clients.

## **The Board assesses readiness for conditional release planning by:**

1. Reviewing the exhibit files containing reports and evaluations by the client's providers of various disciplines.
2. Listening to witness testimony, including cross examination when the Board needs additional information.
3. Cross examining witnesses to obtain additional information.
4. Considering the risk to society that the client may pose if returned to the community, using:
  - a. Clinical judgment of professional staff
  - b. Results of psychological testing and risk assessments
  - c. Recommendations of the Oregon State Hospital's Risk Review Panel; and
  - d. The availability of resources in the community to compensate for any residual risk.

## **When release is appropriate and the Board approves a verified plan, the Board orders the client released from the state hospital subject to the Board's specific conditions. An overview of these conditions includes:**

1. An appropriate housing situation;
2. Mental health treatment and supervision;
3. The designation of a person who agrees to report on a monthly basis to the Board concerning the released person's progress and who also agrees to notify the Board's director immediately of any violations of the release conditions; and
4. Any other special conditions deemed appropriate and/or necessary such as abstaining from alcohol and drugs or submitting to random drug screen tests.

## **Critical incidents and grounds for revocation could include:**

1. Arrest
2. Positive UAs
3. Refusing medications
4. Psychiatric or medical hospitalization
5. Need for revocation due to violent or dangerous behaviors
6. Other circumstances deemed to be serious

7. Violation of the terms of the conditional release plan
8. A significant change in mental health status
9. Absconding from supervision
10. Loss of the availability of appropriate community resources

## Peer Competencies for PSRB Clients

1. Peers assist with housing placement and transitions to community living:
  - SRTFs, RTFs, RTHs, Adult Foster homes, Semi-independent living (similar to Supportive housing), and independent living.
  - Peers are NOT involved in decision making in placement process (they are involved in facilitating transitions in residency, and in advocacy, etc.)
2. Peers assist clients in understanding the PSRB process.
  - The PSRB
  - Hearings
  - Broad overview of the “leveling system” and monitoring (Clinical team basically becomes parole officer)
3. Peers assist clients in finding self-directed recovery.
  - What does self-directed recovery look like?
  - Working with a participant to figure out what wellness and recovery looks like in the context of long-term or permanent PSRB placement?
  - Finding purpose, connection and community, even as board monitoring may continue in the long-term.
  - Finding hope through long-term or permanent board supervision.
4. Peers understand the Risk Review process and the restrictions for individuals under PSRB jurisdiction
5. The bare minimum communication required by the PSRB is through the submission of PSRB monthly progress reports. Case monitors are responsible for submitting these reports for each client they supervise to the Board on the 10th of each month. When completing reports, it is expected that providers are using multiple sources to verify that clients are meeting their conditional release requirements and not solely relying on a client’s self-report.
6. Individuals under PSRB jurisdiction often are moved into different counties because of issues with finding appropriate levels of care. Peers can help individuals find new community supports and integrate into these new communities.
7. PSRB has a lot of mandatory aspects of treatment unlike most behavioral health services (e.g. not taking meds and getting revoked, not going to treatment and getting revoked, etc). Peers supporting them through these mandates. While PSRB has mandatory treatment and medications, they must balance the rights of society and the safety of the community.
  - Peers avoid adversarial relationship with clinical teams (focusing on working together, not against one another; cooperation and collaboration)
  - Peers refer medication issues to clinical team.

- If medication issues arise, supporting clients by focusing on their feelings around it, asking questions about why they want to stop taking meds or change meds to paint a clear picture (asking about side effects), making potential consequences clear (while making it clear that we do NOT have an opinion on whether they take it or not), then advocating for Peers with clinical team if they want to move forward.
  - Peers assist clients in self-education and empowerment around the medication they are taking, and promote self-advocacy skills when addressing issues of medications, their concerns, side-effects, etc. with their clinical team and prescriber.
8. When reporting mental health symptoms or behaviors to the clinical team, peers stay objective and do NOT diagnose or label. “DESCRIBE, NOT DIAGNOSE”.
- Peers can be utilized by a clinical team to be eyes and ears, so making sure we don’t cross the line into becoming mini-clinicians.
  - Keeping in mind that everything we share has an IMPACT.
9. Mutual negotiation and informed consent.
- Peers begin PSRB client relationships with a thorough review of informed consent and limits of confidentiality, including Mandatory reporting requirements.

## Civil Commitment

Civil commitment is a process in which a judge decides whether a person alleged to be mentally ill should be required to accept mental health treatment. A civil commitment is not a criminal conviction and will not go on a criminal record. However, some occupational licenses do require disclosure of a history of civil commitment.

When a civil commitment petition has been filed, an investigator from the Community Mental Health Program (CMHP) investigates the need for the commitment. Depending on the investigator’s decision:

- The case may be dismissed without a hearing,
- The person may go into a diversion program, or
- A hearing may be held.
- Sometimes, a hold can be resolved/dismissed prior to the completion of an investigation.

If a hearing is held, the person has a lawyer, and witnesses testify. The judge then makes a decision whether the person should be committed. A person can be committed if the judge finds by clear and convincing evidence that the person has a mental disorder and, because of that mental disorder, is:

- Dangerous to self or others, or
- Unable to provide for basic personal needs like health and safety.

A person can also be committed if the judge finds that the person is:

- Diagnosed as having a major mental illness such as schizophrenia or manic-depression, and

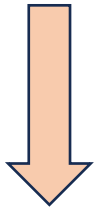
- Has been committed and hospitalized twice in the last three years, is showing symptoms or behavior similar to those that preceded and led to a prior hospitalization and,
- Unless treated, will continue, to a reasonable medical probability, to deteriorate to become a danger to self or others or unable to provide for basic needs.

If the person is committed, the person may be hospitalized or may be required to undergo treatment in some other setting, including outpatient treatment.

- 14-day CC diversion (gateway to a “choice” where you get to retain some of your rights).
- CC placement (lack of CC beds at OSH; people are largely being held in local hospitals and with resources that aren’t meant to be serving that need).
- ORS 426.510 Sexually dangerous Civil Commitment Statute: A sexually dangerous person, according to the law, means a person who because of repeated or compulsive acts of misconduct in sexual matters, or because of a mental disease or defect, is deemed likely to continue to perform such acts and be a danger to other persons.

# The Child Welfare System, ASFA Timeline, Reunification, and Termination of Parental Rights

Over the last 10 years in Oregon there have been 60,000 to 77,000 cases of suspected child abuse reported each year. About half of those reports result in referrals for investigation, and a third of those often result in “founded” cases of child maltreatment. Of founded cases, about half involve parental alcohol and/or drug use.



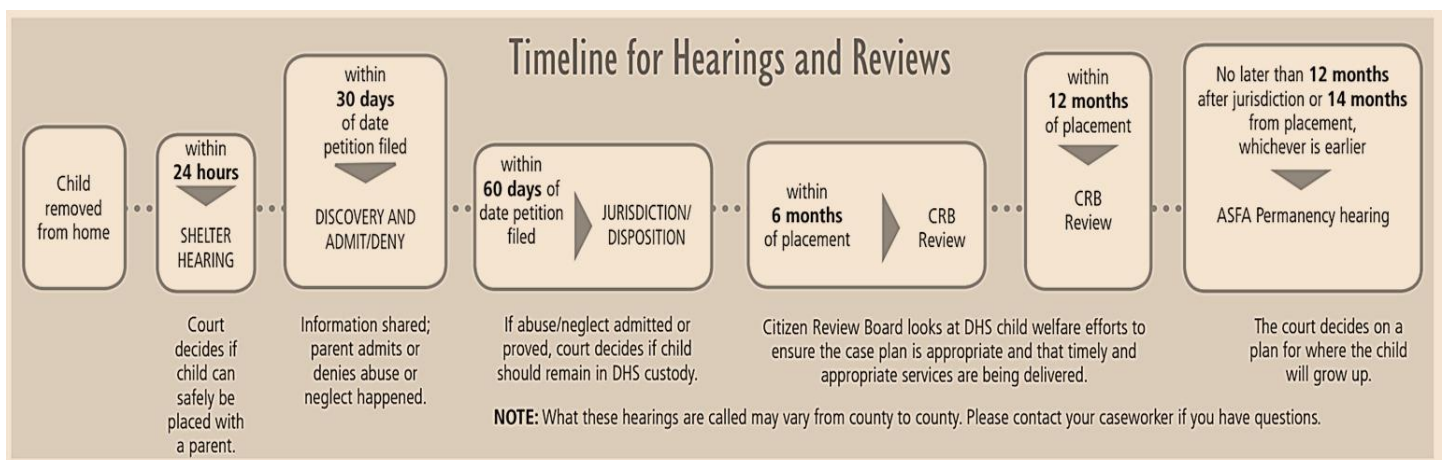
- 70,000 cases per year
- 35,000 “screened-out”, and 35,000 screened-in and referred for investigation.
- 12,000 cases are “founded” after investigation, 23,000 cases have no findings.
- 6,500 children are placed into foster care.
- 750 children are adopted out.

Summary 2017-2021	2017	2018	2019	2020	2021
Founded cases	11,013	12,581	13,543	11,487	10,573
Children in foster care on 9/30	7,758	7,382	6,842	6,026	5,269
Children adopted	707	679	792	877	696

## ASFA Timeline

This process is divided into four phases: 1) Investigation, 2) Pre-jurisdiction, 3) Jurisdiction, and 4) After-jurisdiction. In 1997, Congress made significant changes to the federal child abuse and neglect law. Prior to 1997 there were seven million children languishing in foster care in the United States. For many, foster care was a revolving door where children would enter foster care, be returned to parents, then repeatedly enter foster care again. In an effort to bring safety, security and stability to the lives of children through the passage of ASFA in 1997. These changes became the Adoption and Safe Families Act (ASFA). ASFA focuses on the health and safety of a child.

This process is divided into four phases: 1) Investigation, 2) Pre-jurisdiction, 3) Jurisdiction, and 4) After-jurisdiction.



A child who is not safe with a parent may be removed from his/her home temporarily. A child removed from home may be placed with relatives, foster parents or residential treatment providers. During this time child welfare staff, the courts and the parents work to determine what changes need to occur in order for the child to return safely to the parent's home.

ASFA and Oregon law shortened the time a parent has to make changes. In most cases, DHS will work with parents to make changes to address concerns about the child's safety. Oregon law also requires a concurrent plan (such as adoption, guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement) be developed for the child. This concurrent plan will be used if the parents cannot provide a safe home for a child. Relatives, foster parents or others in the community may provide information to the child welfare staff to help build both plans. This may be done in a Family Decision Meeting.

Foster parents or relatives may provide support to parents. They can also help with visits between the child and parents. If the child cannot be safely returned to the parent's home, the court will have a permanency hearing. This hearing will be held no later than 14 months after a child is removed from home. The permanency hearing may be held sooner if a parent is not working toward making changes. The hearing may result in a plan to terminate or relinquish parental rights and place the child for adoption, place the child with a fit and willing relative or another planned permanent living arrangement.

### **Peer Services**

All families involved with child welfare receive a comprehensive child safety assessment by child welfare staff. This safety assessment measures many things, one of them being services parents need to assist them in becoming safe for their children once again. Peer mentors are one of the primary service recommendations by child welfare staff as mentors use their personal experience of both recovery from addiction and successfully navigating the child welfare system, to engage parents. That experience, and the chance to learn directly from a person who has come through the system, provides the hope and motivation that recovering parents in the ODHS system need. Recovery support services are deeply appreciated by both parents and ODHS caseworkers as they are so instrumental to successful outcomes in child welfare cases that involve parents with substance use disorders. Peers working in the child welfare system, typically have their own lived-experience which includes a prior "open case" with child welfare.

### **Parents have limited time to make changes**

Most parents will be given the chance to make changes. Changes may include better parenting practices and a lifestyle free of alcohol or drug abuse. DHS and others will work with parents to make these changes. The law allows only a limited time to make changes so a child can be safely placed with a parent. This is called reunification. However, if the parent does not make those changes and children cannot be reunified with parents within the limits outlined in ASFA, the courts may terminate the parental rights of parents (TPR).



## Important Considerations for Peers Working in Child Welfare

- Peers are often employed on ART or FIT Teams. These are Addiction Recovery Teams or Family Involvement Teams. It is important for these teams to have diverse staff and a minimum reflective of the diversity of the clients. Having culturally specific peers with lived child welfare cases is important for advocating for clients within child welfare.
- TPR (Termination of Parental Rights) rates are higher for racial and ethnic minorities compared to white TPR rates. This reinforces the need for referral and access to culturally specific treatment, recruitment of a diverse peer workforce with same lived-experience. Research shows that Child Welfare caseworkers are less likely to perform African American in-home visits compared to white in-home visits. Equitable services must be rendered to all racial ethnic groups and this can be accomplished through a diverse workforce representative of the population being served. It is also important to understand the fears of the Latinx population, their fears of TPR, deportation, and familial separation.
- Peers provide training for ODHS workers, educating staff on the nature of peer services, help expedite access to treatment, recovery is possible, people can change, fostering a system of support/motivation/encouragement vs being punitive. Peers need to understand caseworkers' primary mission and obligation is to keep children safe, not necessarily help parents. Peers educate ODHS partners about simple things like the length of time it takes to ride public transportation, and knowing the transit system.
- Keeping in mind that Caseworkers' have the mission of protecting children first and foremost, sometimes Caseworkers view the SUDs system as a "tool" to assist them in achieving their obligations. They may be focused on looking at drug levels of UAs, and they may express a desire for parents to participate in a certain level of treatment, not fully understanding how ASAM works.

Sometimes caseworkers push people into treatment just to get UAs, due to limitations of ODHS UA budgets, or they may want a client to enter residential treatment simply because the client has no where to live. Peers can help Caseworkers understand that residential SUDs treatment is not a housing program and people must meet ASAM criteria and fall within the federally required admission priorities of the agency. This is coupled with problems clients may experience with their personal health insurance and being able to obtain treatment services. While Medicaid covers most services, working class insurance often can have high deductibles and limited reimbursement for services like UAs. ODHS staff will sometimes refer clients to specific treatment programs that they like, not realizing that they may be violating the client's right to choose their own service provider.

- Clients often view peers and behavioral health services as being a part of the ODHS system, "all one thing". Peers need to maintain strict confidentiality with their child welfare clients to build trust and rapport. Peers need to avoid excessive disclosure with child welfare staff that is unnecessary and could often be categorized as "gossip". Once this boundary is crossed, child welfare staff may view peers as "mini-caseworkers" who serve the objectives of child welfare.
- Peers assist clients with system navigation. Of all clients, child welfare clients have the biggest "to do" list. This can often be overwhelming. The "to do" list may include:
  - May also include English classes for those not proficient in English.
  - Participating in Treatment.
  - Participating in mutual aid groups (12-step, Celebrate Recovery, Wellbriety, etc.).
  - Parenting classes.
  - Seeking full-time employment.
  - Anger Management /DV classes.
  - Occupational preparation/training classes.

- Peers need to understand the intersection of Child Welfare and the Criminal Justice System. Often clients are involved in both systems simultaneously.
  - 3<sup>rd</sup> Party Restraining Orders: These types of restraining orders prohibit an offender from having contact with their victim (spouse or significant other). Sometimes an offender may ask a peer to contact their victim on their behalf to relay a message. This is a violation of the 3<sup>rd</sup> Party Restraining Order, where a 3<sup>rd</sup> Party (a peer) has made contact with a victim on the offenders behalf.
  - Family Treatment Courts are the intersection of Child Welfare and the Criminal Justice System. They help parents become reunified with parents and simultaneously keep parents out of prison.
  
- Peers recognize that systems are not perfect and there is an inherent bias against dads in the child welfare system, often for good reason. This inherent bias creates disparity for a lack of referral sources for single dads attempting to retain custody of their child, where the mother is not in the picture. For example, there are very few Dad & Kid residential treatment programs. For many decades the Medford ONTRACK Dad's Residential Program was the 1<sup>st</sup>

and only program on the West Coast, where Dad's can go to treatment with the child. NARA also has a Dad & Kids treatment program.

- There is also an inherent bias against single parents without familial support. Single parents are sometimes left out of planning, compared to when family members are involved.

## NEWER EVOLVING PEER SERVICES

**Peer-run Child Welfare Recovery Housing:** Iron Tribe operates peer-run recovery housing for parents and children. The offer:

- Stabilization beds
- Reunification Houses (Post-Res, or concurrent Outpatient).
- Alternative to residential when there is a long wait list or Spanish language residential treatment is not available.

**PCRCP:** Parent Child Representation Program  
About 1/3<sup>rd</sup> of counties now have case managers that work with defense attorneys. Some are peers, most are (CADCs, QMHPs, Social Workers). The Parent Child Representation Program helps support defense attorneys with their child welfare clients, and creates a clearer boundary when peers are actually working for the defense of clients as both supporters and advocates.

### Child Welfare Terminology

**ASFA - Adoption and Safe Families Act:** 1997 legislation passed by the U.S. Congress that creates a time limit on required changes parents must make in order to maintain or re-obtain custody of their child(ren).

**ART Team:** The Addiction Recovery Team is a group of child welfare employees tasked with facilitating the clients use of community recovery services. The ART team typically includes peers with lived child welfare experience.

**Attorneys:** In the adult criminal justice system there are typically two attorneys, the prosecutor and the defense attorney. In the child welfare system there are three attorneys: 1) The child welfare attorney (similar to a prosecutor), 2) the parent(s) attorney (similar to a defense attorney), and 3) the child(ren) attorney representing the interest of the child.

**CASA - Court Appointed Special Advocate:** Specially trained volunteers that the local court appoints to advocate for the best interests of children who have been traumatized by abuse or neglect to make sure these children are safe and thrive.

**Caseworker:** Caseworkers investigate reports of safety concerns for Oregon's children and families. This includes conducting child safety assessments of alleged child abuse or neglect, evaluating whether a child is at risk of being harmed and, if needed, determining appropriate services to ensure child safety.

**Certifiers:** Certifiers work to identify and certify relative resource parents, resource parents and adoptive parents across all ethnic and cultural groups. This work includes home studies, interviewing and evaluating appropriateness of substitute care placements when children are unable to live safely at home.

**Concurrent Plan:** An alternate plan that is developed if parents are unable to make substantial changes needed to provide safety for their child(ren). The concurrent plan may be a plan for adopting child(ren) out to a relative, or other placement towards the goal of permanent placement.

**DR - Differential Response:** Differential response, also called alternative response, is a system reform that establishes multiple pathways to respond to child maltreatment reports. Differential response encourages community agencies to help support families that are considered low risk, allowing child protection services to focus on the more serious cases in which child abuse and neglect have been confirmed. Differential response has also been recognized as a strategy that could be used to reduce racial disproportionality and disparity in the child welfare system. This flexible, strengths-based practice recognizes that variations in families' needs require different approaches and provides options for using family involvement and community resources in case planning and service provision.

**FDM - Family Decision Meeting:** Family Decision Meetings are first held within 60 days of a child's placement. The purpose of these meetings is to look at the needs of children and get the best ideas about their safety and permanent care. Meetings are held to learn the strengths of a family and build a plan based on those strengths.

**FIT - Family Involvement Team:** FIT teams are similar to ART Teams, and often include peers. The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the Family Dependency Court.

**ICWA - Indian Child Welfare Act:** It established minimum Federal standards for the removal of Indian children and provides guidelines for the placement of Indian children in foster or adoptive homes which reflect the unique values of Indian culture. ICWA protects the interests of both Indian children and tribes. Most Child Welfare offices are staffed with at least one ICWA worker to advocate for the interests of native american children.

IR

**ODHS - Oregon Department of Human Services:**

**Open Case:** An open case occurs when there is substantial evidence of abuse or neglect that warrants an investigation.

PCRP

**Permanency and Permanency Caseworkers:** Child welfare agencies use a variety of strategies to achieve permanency for children. Permanency planning involves decisive, time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families. Permanency plans include the goal for permanency, the tasks required to achieve the goal, and the roles and responsibilities of all involved.

**PS - Protective Services Caseworkers:** PS caseworkers investigate reports of safety concerns for Oregon's children and families. This includes conducting child safety assessments of alleged child

abuse or neglect, evaluating whether a child is at risk of being harmed and, if needed, determining appropriate services to ensure child safety.

**Removal:**

**Reunification:**

**Screener or Hotline Screener:** Screeners respond to reports of safety concerns. Screeners determine appropriate levels of response and interventions including protective, family support and other community services. Our hotline receives more than 600 calls within any 24-hour period.

**TPR - Termination of Parental Rights:**

## Bibliography

1. About Criminal and Juvenile Justice (2022). SAMHSA website, Last Updated: 03/02/2022. [About Criminal and Juvenile Justice | SAMHSA](#)
2. Adams WE, Lincoln AK. Forensic peer specialists: Training, employment, and lived experience. *Psychiatr Rehabil J*. 2020 Sep;43(3):189-196. doi: 10.1037/prj0000392. Epub 2019 Oct 17. PMID: 31621351.
3. Allen, J. The Importance of Peer Support. New York State Office of Mental Health. [PowerPoint Slides].
4. Bagnall, A. M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L., & Wright, N. (2015). A Systematic Review of the Effectiveness and Cost- Effectiveness of Peer Education and Peer Support in Prisons. *BMC Public Health*. DOI 10.1184/s12889-015. 15:290.
5. Baron, R. (2011, June). Forensic peer specialists: An emerging workforce. Center for Behavioral Health Services & Criminal Justice Research, Rutgers University. From [http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/forensic\\_issues/Policy%20Brief.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/forensic_issues/Policy%20Brief.pdf)
6. Bassuk, E., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9. <https://doi.org/10.1016/j.jsat.2016.01.003>
7. Bellamy, Chyrel, Ph.D., (2019) Peer support on the “inside and outside”: building lives and reducing recidivism for people with mental illness returning from jail. July 2019 *Journal of Public Mental Health*
8. Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders
9. Binswanger, I. A., Whitley, E., Haffey, P.-R., Mueller, S. R., & Min, S.-J. (2015). A patient navigation intervention for drug-involved former prison inmates. *Substance Abuse*, 36(1), 34-41. <https://doi.org/10.1080/08897077.2014.932320> Jail, Prison, Supervision or Probation
10. Cobbs, R., Sherk, J., & Jucovy, L. (2009). *Mentoring Former Prisoners: A Guide for Reentry Programs*. Public/Private Ventures.
11. Davidson, L., & Rowe, M. (2008, May). Peer support within criminal justice settings: The role of forensic peer specialists. The CMHS National Gains Center. From <http://static1.1.sqspcdn.com/static/f/784909/23284205/1376071906957/ForensicPeerGAINSCenter+1.pdf?token=E08OPKVnwOdGrfzexqUsv33bmOY%3D>
12. Fletcher, D. R., & Batty, E. (2012). *Offender Peer Interventions: What do we know?* Centre for Regional Economic and Social Research.
13. Fletcher, R. (2007). *Mentoring Ex-Prisoners: A Guide for Prisoner Reentry Programs*. U.S. Department of Labor.
14. Forensic Assertive Community Treatment (FACT), SAMHSA, PEP19-FACT-BR

15. Hajny, J., Miccio, S., Bergeson, S., Rae, H., & Lyons, P. (2015). Peer as crisis service providers [PowerPoint slides]. The National Coalition for Mental Health Recovery. [https://www.nasmhpd.org/sites/default/files/Peers%20as%20Crisis%20Service%20Providers\\_SAMSHA\\_6.10.15.pdf](https://www.nasmhpd.org/sites/default/files/Peers%20as%20Crisis%20Service%20Providers_SAMSHA_6.10.15.pdf)
16. Hyde J, Byrne T, Petrakis BA, Yakovchenko V, Kim B, Fincke G, Bolton R, Visher C, Blue-Howells J, Drainoni ML, McInnes DK. Enhancing community integration after incarceration: findings from a prospective study of an intensive peer support intervention for veterans with an historical comparison group. *Health Justice*. 2022 Nov 8;10(1):33. doi: 10.1186/s40352-022-00195-5. PMID: 36348203; PMCID: PMC9644600.
17. Jaffe, M. (2012). Peer Support and Seeking Help in Prison: A Study of the Listener Scheme in Four Prisons in England. (Doctoral Dissertation).
18. Jaffe, M. (2012). The Listener Scheme in Prisons: Final Report on the Research Findings. (Doctoral Dissertation).
19. James, N. (2015). Offender Reentry: Correctional Statistics, Reintegration into the Community and Recidivism. Congressional Research Service.
20. Kelly, S. M., Schwartz, R. P., O'Grady, K. E., Mitchell, S. G., Duren, T., Sharma, A., & Jaffe, J. H. (2020). Impact of methadone treatment initiated in jail on subsequent arrest. *Journal of Substance Abuse Treatment*, 113, 108006. <https://doi.org/10.1016/j.jsat.2020.108006>
21. Logan, A., Dunning, R., Finkle, M., & Benet, J. (2014). Forensic Peer Support through Trauma Informed Care in a Mental Health Court. [PowerPoint Slides].
22. Mentoring Befriending Foundation, (2011). Reducing Offending. [PowerPoint Slides].
23. Miller, L. D., & Massaro, J. (2008). Overcoming Legal Impediments to Hiring Forensic Peer Specialists. Delmar, NY: CMHS National GAINS Center.
24. Ministry of Justice, (2013). Transforming Rehabilitation: A Summary of Evidence on Reducing Reoffending. Ministry of Justice Analytical Series. <http://www.justice.gov.uk/publications/research-and-analysis/moj>
25. Munetz, M., & Griffin, P. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, vol 57, No. 4, p. 544-547.
26. National Alliance on Mental Illness, (2012). Promising Practices Guide: Supporting The Recovery of Justice-Involved Consumers. Arlington, VA.
27. Newman, M., (2014). Peer Support in the Criminal Justice System. Salt Lake City, UT. Utah State Division of Substance Abuse & Mental Health. [PowerPoint Slides].
28. New York Department of Community Justice, (2014). Intercept 5: Probation, Mental Health, and Peer Specialist Supervision Groups. NYS SCJS JMHCP Technical Assistance Bulletin.
29. Peer support and social inclusion. From SAMHSA. (2015, July 2). <http://www.samhsa.gov/recovery/peer-support-social-inclusion>
30. Prisoners Education Trust, (2010). Peer Support for Learning: Adding Value. Learning Matters Briefing 2. Surrey, UK.

31. Prisoner Reentry Toolkit for Faith-Based and Community Organizations. United States Department of Labor Center for Faith-Based and Community Initiatives.
32. Randall, M., & Ligon, K. (2014). From Recidivism to Recovery: The Case for Peer Support in Texas Correctional Facilities. Austin TX. Center for Public Policy Priorities.
33. Randall, M., & Ligon, K. (2014). Integrating Peer Support Into the Re-Entry Process: Maintaining Continuity of Care and Reducing Recidivism at the Local Level. Austin, TX. Center for Public Policy Priorities.
34. Razavi, M., Ayala, J., Burnham, V., Carson, E., Dumas, L., Fitzpatrick, K., Martin, E., Bichsel, R., Sanden, S., & Syrek S. (2017). Substance Use Disorder Forensic Peer 10 Best Practices Curriculum. The Regional Facilitation Center, Portland, Oregon.
35. Ray, B., Watson, D. P., Xu, H., Salyers, M. P., Victor, G., Sights, E., Bailey, K., Taylor, L. R., & Bo, N. (2021). Peer recovery services for persons returning from prison: Pilot randomized clinical trial investigation of SUPPORT. *Journal of Substance Abuse Treatment*, 126, 108339. <https://doi.org/10.1016/j.jsat.2021.108339>
36. Rees, D. J. (2011). Developing a Solid and Effective Peer Driven Forensic Peer Support Program. Towanda, PA. Pennsylvania Office of Mental Health and Substance Abuse Services.
37. Richey, M. (2015, August 14). For the formerly incarcerated, peer mentoring can offer a chance to “give back.” The Council of State Governments Justice Center.
38. Rowe, Michael, Ph.D., et al, (2007). A Peer-Support, Group Intervention to Reduce Substance Use and Criminality Among Persons With Severe Mental Illness
39. Short, R., Woods-Nyce, K., Cross, S. L., Hurst, M., Gordish, L., & Raia, J. (2012). The Impact of Forensic Specialists on Risk Reduction and Discharge Readiness in a Psychiatric Facility a Five-Year Perspective. *International Journal of Psychosocial Rehabilitation*. Vol 16(2) 3-10
40. South, J., Bagnall, A. M., Hulme, C., Woodall, J., Longo, R., Dixey, R., Kinsella, K., Raine, G., Rooke, S., Vinall-Collier, K., & Wright, J. (2015). Peers in Prison Settings. [PowerPoint Slides].
41. Taylor, C., & Becker, P. (2015). Are your Friends Crucial or Trivial? Peer Support’s Effect on Recidivism. *Justice Policy Journal* 12(1)
42. Vandeplasschen, W., Colpaert, K., Autrique, M., Rapp, C., Pearce, S., Broekaert, E., & Vandeveldde, S. (2013). Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery Oriented Perspective. *The Scientific World Journal*: Volume 2013, Article ID 427817. Retrieved from: <http://dx.doi.org/10.1155/2013/427817>
43. Wallis E. Adams, M.P.H., Ph.D., and Alisa K. Lincoln, M.P.H., Ph.D (2021)
44. Wolff N, Jing Shi. Contextualization of physical and sexual assault in male prisons: incidents and their aftermath. *J Correct Health Care*. 2009 Jan;15(1):58-77; quiz 80-2. doi: 10.1177/1078345808326622. PMID: 19477812; PMCID: PMC2811042.
45. Woodley, E., & Filone, S. Forensic Peer Support In Your Organization. [PowerPoint Slides].





# Appendix 1: Court Vocabulary

**AB INITIO:** Latin for "from the beginning."

**ABANDONMENT:** When a parent leaves a child without adequate care, supervision, support, or parental contact for an excessive period of time.

**ACCESS:** Parenting time (once called visitation).

**ACCRUAL:** The total amount of child support that is owed.

**ACCUSATORY INSTRUMENT:** To begin a criminal action, the state files this document to accuse a person of committing a criminal offense. It may be an "indictment," an "information," or a "complaint."

**ACKNOWLEDGMENT OF PATERNITY:** A voluntary written statement made by a mother and biological father in which they admit that the man is the father of the child. A properly executed statement filed with the center for health statistics has the same legal effect as a court order.

**ACKNOWLEDGMENT:** Saying, testifying, or assuring that something is true.

**ACTION, CASE, SUIT, LAWSUIT:** These are terms for a dispute brought to a court to decide. An action or case may be civil or criminal.

**ACTION:** A lawsuit or proceeding in a court of law.

**AD LITEM:** "For this lawsuit."

**ADJUDICATE:** To make a final decision; to give a judgment or a decree.

**ADJUDICATION:** The judge's decision in a case or action or another term for 'trial' in juvenile court.

**ADMINISTRATIVE PROCESS:** A quasi-judicial process that is similar to but not exactly the same as a judicial process. Child support and paternity are often established through an administrative process by the Child Support Program.

**ADMISSIBLE:** Evidence that is properly introduced in a trial.

**ADMISSION:** Saying that certain facts are true.

**ADOPTION:** Legal proceeding whereby a person or persons take a child or other person as their own child and thereby acquire the rights and incur the responsibilities of a parent.

**AFFIANT:** Someone who signs an affidavit.

**AFFIDAVIT:** A written statement under oath.

**AFFIRM:** To declare that something is true.

**AGREEMENT:** A verbal or written resolution of disputed issues.

**ALIMONY:** A payment of money (or property instead of money) from one spouse to the other; it is called spousal support in Oregon.

**ALLEGATION:** A claim or statement that has yet to be proved or supported by evidence.

**ALTERNATE CARE:** The type of care arranged for a child when a parent is not present.

**ALTERNATE JUROR:** To avoid having to retry a case when a juror is excused before the end of trial (for example, because of illness), the court may seat a few extra or "alternate" jurors to hear the trial and be available to replace any juror who is excused. Regular and alternate jurors sit together during the trial. Some judges do not tell jurors which ones are the alternates until the jury is ready to deliberate. State law limits how many alternate jurors the court may seat.

**ALTERNATIVE DISPUTE RESOLUTION:** A process to resolve a dispute instead of a traditional courtroom trial. Common forms of alternative dispute resolution are mediation, arbitration, and settlement conferences.

**AMEND:** To add to or change a claim that has been filed in court.

**ANNULMENT:** A marriage is ended legally, and the marriage is declared void, as though it never took place. In the eyes of the law, the parties were never married. It is available under very limited circumstances.

**ANSWER:** After a plaintiff files a "complaint" in court to start a civil action, the defendant files a paper called an "answer" to respond to the claims the plaintiff makes in the complaint. The complaint and answer are called "pleadings."

**ANSWER:** The written response to a complaint. In it, the defendant admits or denies the allegations in the plaintiff's complaint and states any defenses and counterclaims that may apply.

**APPEAL:** A legal action where one party asks a higher court to review the judge's rulings or decision.

**APPEARANCE:** The participation in the proceedings by a party, either in person, by electronic means, or through an attorney.

**ARGUMENT, CLOSING ARGUMENT:** After the parties have finished presenting evidence (through witnesses, documents, and the like) of the facts to support their positions, each side may make a closing argument to the jury. Either before or after closing arguments, the judge instructs the jury on the law to follow to reach its decision. Each side reviews the evidence for the jury and offers its version of how the evidence proves or disproves the case.

**ARGUMENT:** Persuasion by laying out the facts, the law, and the reasoning that connects them. Arguments may be made in documents filed in the court or orally at a hearing or trial.

**ARREARS:** In child/spousal support proceedings, monies owed as a result of the obligor's failure to make payments in accordance with a support order.

**ASSAULT:** A physical attack that usually results in injury.

**ASSETS:** Money, property, and other items to which a value may be assigned.

**ATTORNEY:** Someone who is qualified to represent clients in court proceedings.

**AWARD:** To give or grant by formal process.

**BEST INTERESTS OF THE CHILD:** In deciding custody, the court must consider those facts that directly affect the well-being of the child.

**BIOLOGICAL FATHER:** The man who fathers a child by impregnating the mother.

**BURDEN OF PROOF:** The responsibility to convince the fact-finder that one's own position is the most persuasive. In a family law case, the burden of proof usually is on the moving party and generally the proof must be by a preponderance of the evidence. The burden of proof is by clear and convincing evidence in some circumstances.

**CAPITAL CASE:** This is a criminal case where the state charges that the defendant committed aggravated murder and seeks the death penalty. The case is tried in two phases: the guilt phase and the penalty phase. The guilt phase involves presenting evidence for the jury to decide whether the defendant is guilty of aggravated murder. If the jury finds the defendant guilty of aggravated murder, the jury comes back for the penalty phase to hear other evidence on four questions set out by state law. The jury's answers to those questions determine the sentence.

**CASE, CASE LAW:** Previous cases decided by courts of appeal are published and used by judges to make decisions in current, similar cases.

**CERTIFICATE OF SERVICE:** A written statement that says the date that the document was provided to the other parties.

**CHANGE OF VENUE:** The removal of a proceeding begun in one county or district to another county or district for trial or other proceeding.

**CHALLENGES:** State law authorizes the judge and the lawyers to excuse individual jurors from service in a particular case for various reasons. If a lawyer wishes to have a juror excused, he or she must use a "challenge" for that juror. Challenges, or reasons to dismiss a juror, are of two kinds:

- For cause – State law lists several specific reasons to excuse jurors "for cause." For example, a juror who is related to or employed by one of the parties in the case may be excused for cause. The law does not limit the number of "for-cause" challenges.
- Peremptory – Each side in a trial can use a limited number of challenges without giving a reason. These are called "peremptory" challenges. State law sets the limit, which varies somewhat by the type of case. A peremptory challenge does not imply that the juror is not competent in any way. Often a juror excused in one case is selected in another.
- State and federal law prohibit parties and lawyers from using these challenges to exclude jurors based on race, ethnicity, gender, or other reasons that indicate bias against an entire segment of the community.

**CHILD ABUSE:** Hurting a child physically, sexually or emotionally.

**CHILD PROTECTIVE AGENCY:** An agency authorized by state law to protect the well-being of children.

**CHILD SUPPORT GUIDELINES:** Administrative rules that a judge or hearings officer must follow when setting the amount a parent must pay in child support.

**CHILD SUPPORT ORDER:** A written order of the court or the Child Support Program that states which parent must pay child support, which parent will receive child support, the amount of the child support payment, and how often the payments must be made.

**CHILD SUPPORT WORKSHEET:** A document, used to enter financial information and calculate the amount of child support according to the child support guidelines.

**CHILD SUPPORT:** A financial obligation that parents owe to their child(ren).

**CIVIL ACTION OR CASE:** This is a legal dispute that does not involve prosecuting a criminal charge and is between parties who are individuals, businesses, or government entities; instead one or more parties usually called plaintiffs

seek a judgment against other parties usually called defendants. In most civil actions that juries hear, the plaintiffs seek money damages.

**CLEAR AND CONVINCING EVIDENCE:** Evidence that proves a fact substantially more likely than not.

**CLERK/BAILIFF:** The courtroom clerk, sometimes called a bailiff, is a court employee who serves the judge and the jury and helps maintain order in the courtroom. The clerk keeps a record of the papers, exhibits, orders and rulings the judge makes during trial, and the verdict. The clerk usually administers the oath or affirmation to jurors and witnesses. Other court staff may be in the courtroom, such as a court reporter.

**CLOSING STATEMENT:** The statements made by each party (or their lawyers) at the end of a hearing or trial. Typically, this statement highlights the version of the facts that best supports each side of the case, how these facts were proven during the testimony, how the law applies to the case, and why the judge should rule for one side and not the other. The statement itself is not evidence, and the closing statement may refer only to what has been received in evidence.

**COHABITATION:** Two people, not married to each other, who live together in an intimate relationship or married people who live in the same residence.

**COMMON LAW MARRIAGE:** A common law marriage occurs when a man and woman who are eligible to marry agree to live together as husband and wife without a formal ceremony or a marriage license. In a common law marriage, both spouses must intend to be husband and wife. Oregon does not have common law marriage.

**COMPETENT WITNESS:** A witness who has firsthand knowledge of relevant evidence and who is able to tell the judge or jury about it.

**COMPETENT:** A competent person is able to understand the oath and proceedings and is legally qualified to be a witness or party.

**COMPLAINANT:** The one who files the lawsuit, same as plaintiff or petitioner.

**COMPLAINT:** The plaintiff files a "pleading" called a "complaint" to bring a dispute to the court to decide. In a civil action, the complaint lists the plaintiff's claims against one or more defendants; in a criminal action in state court, the state uses a complaint or other accusatory instrument to accuse the defendant of committing a criminal offense.

**COMPLAINT:** A legal paper that starts a case; also called a petition or pleading.

**CONFIDENTIAL:** When a conversation, information or other communication is confidential, none of the participants can testify in court about what was said. Confidentiality is different with different professionals. A person should ask the professional person (attorney, mediator, therapist, counselor) what the rules are for that profession.

**CONTEMPT OF COURT:** An act or omission tending to obstruct or interfere with the orderly administration of justice or to impair the dignity of the Court or respect for its authority.

**CONTEMPT:** The willful failure to follow a court order. One party to a lawsuit can ask the court to find the other party in contempt of court.

**CONTESTED CASE:** A legal proceeding in which one party opposes, resists or disputes what another party has requested.

**CO-PARENTS:** Parents who share responsibility for raising a child even though the parents no longer live together.

**CORRECTED JUDGMENT:** A judgment that has correct information and that replaces a judgment that has errors. Formerly called an amended judgment.

**COUNSEL:** Judges and lawyers often refer to the lawyers who represent parties in a trial as "counsel." It is both singular and plural.

**COURT ORDER:** Any order made by a judge; the order may be written by the judge or submitted by a party or attorney and signed by the judge. The parties may agree to a parenting plan and, when the judge signs it, it becomes a court order or judgment.

**CRIMINAL ACTION/CASE:** In these actions, the government accuses individuals or organizations of conduct that the legislative branch of government has defined as a crime. Jurors determine whether the defendant is "guilty" or "not guilty."

**CROSS EXAMINATION:** Each party "examines" witnesses by asking them questions relevant to the issues in the case. First, the party or party's lawyer who called the witness to testify ask questions, called "examination" or "direct examination." The opposing party or lawyer then may ask that witness questions, called "cross examination."

**CUSTODY:** The legal arrangement for raising a child and how decisions about the child will be made. Custody has two parts: legal and physical. Legal custody is decision-making responsibility for the child; physical custody refers to the home in which the child lives. Parents may agree to any custody arrangement that is in the best interest of the child.

**DECISION:** A court's judgment, order or decree that settles a dispute and decides an issue.

**DECLARATION:** A written statement that is certified to be true under the penalty of perjury.

**DECREE:** A ruling given by the court, typically in a court of equity.

**DEFAULT JUDGMENT:** Relief granted by a court when an opposing party fails to answer a complaint or appear for trial.

**DEFAULT:** A party's failure to answer a complaint, motion, or petition within the time allowed.

**DEFENDANT:** In a criminal action, the defendant is the party accused of committing a crime. The person the case is brought against; also called a respondent.

**DELIBERATIONS:** After the court instructs the jury on the law, it sends the jury to the jury room to "deliberate" or discuss the evidence and reach a verdict. "Deliberations" describes the jury's work of discussing the evidence, finding the facts, applying the law as the court instructs, and deciding the verdict.

**DEPENDENT:** A family member who is supported financially by another person, usually one with a legal support obligation.

**DEPOSITION:** Before trial, one party may "depose" another party or a witness by asking that person questions under oath. A court reporter makes a record of the questions and answers and then "transcribes" the testimony in writing. Both the questioning and the written transcript are called "depositions." Parties take depositions for several reasons, including to substitute for testimony at trial when the witness is ill or cannot attend, or to help discover information to help prepare for trial. A party may use parts of a deposition at trial but only for limited purposes. A recorded out of court examination made under oath. Usually a lawyer asks questions of a party or witness to learn their version of events.

**DISCLOSE:** To reveal, tell or expose new information.

**DISCOVERY:** A means to get documents, answers, and other information from a party or parties to a lawsuit. Examples of discovery are a request for production, interrogatories (written questions) and depositions (questions which are usually asked in person and on the record).

**DISMISS or DISMISSAL:** To terminate a case without further consideration or hearing. To dismiss without prejudice means the matter can be refiled and brought to court again. To dismiss with prejudice means that the matter cannot be refiled.

**DISSOLUTION OF MARRIAGE:** The legal end of a marriage, also called divorce.

**DISSOLUTION:** The termination of a legal relationship such as a partnership or marriage.

**DIVISION OF CHILD SUPPORT:** The state agency that handles child support when one of the parents is receiving public assistance or the parent or child is on the Oregon Health Plan or cases in which the child is receiving state-paid foster care or is in the custody of the Oregon Youth Authority. The county District Attorney's office handles child support issues when no public assistance is involved.

**DIVORCE:** The end of a marriage by an official decision in a court of law.

**DNA TESTING:** A way to determine the parents of a child by genetic testing.

**DOCKET:** A "docket" or "trial docket" is the list or calendar of cases set for trial or other hearing at a specified time and date.

**DOCUMENTS:** Pieces of paper that contain information.

**DOMESTIC VIOLENCE or ABUSE:** A pattern of behavior by an intimate partner, cohabitant or family member used to establish power and control over another person through fear and intimidation, often including the threat or actual use of violence. Abuse of family members can take many forms, including emotional abuse, economic abuse, sexual abuse, using children, threats, intimidation, isolation, and a variety of other behaviors used to maintain fear, intimidation and power.

**EMANCIPATION:** A legal process that gives a person 16 years old or older legal independence from his or her parents or guardians.

**ENFORCE:** To require a person to comply with a law, regulation or order.

**EPPDAPA:** The Elderly Persons and Persons with Disabilities Abuse Prevention Act. This law has rules for issuing restraining orders to protect elderly persons and persons with disabilities.

**ESTABLISH:** A process to prove or confirm the truth or validity of something (such as to establish paternity) or to set up something that is intended to continue (such as a child support obligation).

**EVIDENCE:** Testimony of a witness under oath or affirmation or any object that is received by the court to prove the existence or non-existence of facts in a case.

**EX PARTE PROTECTIVE ORDER:** An order by the court, issued without notice to the other side that prevents another person from harming or damaging a person and in some cases may restrain all contact.

**EX PARTE:** Latin phrase for contact with the judge without notice to the opposing party. Judges are not allowed to have ex parte contact with parties except under limited circumstances. Ex parte also may be a short matter that is not on the court calendar and that quickly resolves a limited issue in the case.

**EXAMINATION OR DIRECT EXAMINATION:** See “Cross Examination,” above.

**EXEMPTIONS/EXCUSES/DEFERRAL/POSTPONEMENT:** State law requires every person who meets the basic qualifications to serve on a jury when called unless the person requests, and the court grants, a delay or an exemption. State statutes list the reasons a court may defer or excuse a person from jury service. The [Oregon State Bar Handbook for Jurors](#) has more information. Oregon state courts work with jurors who have schedule conflicts to defer jury service to a later, more convenient time. Courts can usually accommodate requests to defer service if the juror sends a request to the court as soon as possible after receiving the summons. The summons has information on how to request waiver or deferral. The law does not now permit requests by electronic mail.

**EXHIBIT:** A physical object that is offered in evidence during a trial or hearing.

**EXHIBITS:** In addition to calling witnesses to testify, parties may offer objects, such as documents, books, letters, and pictures, as evidence. Each item is marked or labeled with a number or letter or both for reference. The parties and the court use that label when referring to the object during the trial. If the court receives or “admits” these objects in evidence, the jury reviews those items along with the witness testimony during deliberations.

**FACILITATOR or FAMILY LAW FACILITATOR:** A court employee who helps parents who do not have attorneys by providing assistance with common family law forms and giving information about court procedures and other sources of help in the community. A court facilitator does not give legal advice.

**FAMILY COURT:** A trial court that has jurisdiction over all family cases, including divorce, child support, paternity, domestic abuse, and juvenile cases.

**FAMILY LAW:** The area of law, also known as domestic relations law, which generally refers to divorce, dissolution, custody, parenting time, support, and paternity.

**FAMILY ABUSE PREVENTION ACT (FAPA):** The law that authorizes courts to issue protective orders (a special type of restraining order) when there has been violence or other forms of abuse within a family. FAPA orders may include orders for custody and parenting plans.

**FATHER’S RIGHTS:** Judges are required to base decisions on the best interests of the child; they may not discriminate between parents on the basis of gender.

**FILIATION PETITION:** Legal papers that ask the court or a child support agency to declare who is the father of a child. A parent can ask the court to make an order regarding custody, parenting time, and child support once paternity is established.

**FILING:** Giving the court clerk one’s legal papers.

**FOREPERSON, PRESIDING JUROR:** After the judge instructs the jury and sends the jury to deliberate, the jury’s first task is to choose one of its members to be the foreperson or presiding juror. The foreperson/presiding juror leads the discussion and ensures that the jurors discuss the issues: Openly, fully, in an orderly way, and with respect for every juror’s opinion. The foreperson oversees the voting process, counts the votes, and completes and signs the verdict form.

**FORM:** A model document to work from or a legal paper with blanks that can be filled in.

**FOSTER CARE:** A program that pays money to a person, family, or institution to raise someone else's child.

**FREQUENT AND CONTINUING CONTACT:** Parenting plans should give a child regular contact with both parents so the child has a genuine, on-going relationship with each parent, unless it puts the child in serious danger.

**GARNISHMENT:** A legal process that allows part of a person's wages and/or assets to be withheld for payment of a debt; also known as wage-withholding.

**GRANDPARENT’S RIGHTS:** Grandparents and others who have an established relationship with a child may ask a court to make orders giving them time with the child. Also called thirdparty rights.

**GUARDIAN:** A person appointed by the court to protect a child or incapacitated person. Note: A guardian does not have a duty of support the child or incapacitated person in care.

**GUARDIAN AD LITEM (GAL):** A person appointed by the court to represent the interests of a minor or incapacitated party in a court case.

**GUIDELINES:** See Child Support Guidelines.

**HEARING:** A proceeding scheduled by the court at a particular date and time that may or may not include presentation of evidence by the parties.

**HEARSAY:** Hearsay is an out-of-court statement that is presented as a true statement in court. Hearsay generally is not admissible in a trial or hearing, but there are many exceptions to the hearsay rule.

**HOME STUDY:** A professional investigation of the living situation of each of the parents for the court's use in determining parental rights and responsibilities, custody and parenting time.

**HYBRID CUSTODY:** One parent has primary physical custody of one or more of the children and shared physical custody of another of the children.

**IEP:** Stands for "individualized education program." An IEP is designed to meet the exceptional educational needs of public school students who are eligible for special education services.

**INCOME:** Any form of periodic payment to a person, regardless of source, including wages, salaries, commissions, bonuses, workers' compensation, disability, pension or retirement program payments, and interest.

**INDIAN CHILD WELFARE ACT (ICWA):** A federal statute that includes special rules courts must follow if a Native American child is involved in a custody proceeding (including adoptions, guardianships, and foster care).

**IN LOCO PARENTIS:** Latin phrase referring to a person who, although not the legal or biological parent of the child, is treated as a parent.

**INTERPRETER:** A person who is able to translate, orally or in writing, spoken or sign language into the common language of the court.

**INTERSTATE:** A case which involves two or more states.

**INTRASTATE:** A case which involves two or more courts within a state.

**IRRELEVANT:** Evidence which is not important to the case and which will not tend to prove or disprove any of the issues.

**JOINT CHILD:** A term used in child support determinations meaning a dependent child who is the son or daughter of both the mother and father involved in the child support case. In those cases where only one parent seeks child support, a joint child is the child for who support is sought.

**JOINT CUSTODY:** A court order that grants both parents decision-making authority for their child.

**JOINT LEGAL CUSTODY:** A court order that allows both parents to make major decisions about a child's health, education, and wellbeing.

**JOINT PHYSICAL CUSTODY:** A court order that provides that a child will spend about the same amount of time living with each parent.

**JUDGE:** A court officer who supervises hearings and trials and pronounces judgment.

**JUDGMENT:** A court's decision.

**JURISDICTION:** The authority of the court to hear a case. There are two types of jurisdiction: personal jurisdiction and subject matter jurisdiction. A court may exercise personal jurisdiction when a party to a lawsuit is present in Oregon or has sufficient contacts with Oregon. A court may exercise subject matter jurisdiction when a law or rule says that it may.

**JURY COORDINATOR:** The jury coordinator is a court employee who:

- Helps jurors schedule their service
- Answers jurors' questions about jury service
- Gets juror information to ensure proper payment
- Helps orient jurors to jury service and the courthouse setting
- If you have questions about jury service in your local court, this is the person to contact.

**JURY INSTRUCTIONS:** The judge gives the jury instructions at the beginning of the trial, before deliberations, and at the end of the trial. Instructions at the beginning of the trial usually include rules for juror conduct. Instructions before deliberations outline the law that the jury must apply in determining the facts and deciding the verdict; the judge may give those instruction before or after final argument. At the end of trial, the court may give some final guidelines about what jurors may discuss with others, what they need not discuss if they choose not to, information about debriefing sessions for jurors in emotionally difficult cases. Judges frequently meet with juries after trial to get feedback about jury service and about what the judge, lawyers, and jury coordinator can do to improve jury service for future jurors.

**JURY SELECTION:** When a judge is ready to begin selecting jurors for a trial, the judge sends a request to the jury assembly room to send a jury panel to the courtroom so that the judge and lawyers may question the panel and select the number of jurors needed for that trial. The questions help the judge and lawyers determine whether the jurors can serve without bias or prejudice or whether some reason exists that might interfere with the juror's ability to serve. This process is also known as "voir dire."

**JUVENILE:** A person younger than the legal age of adulthood, which is 18 years in Oregon.

**LEGAL CUSTODY:** A parent's right and responsibility to make decisions about a child's health, education and wellbeing.

**LEGAL FATHER:** A man who is recognized by law as the parent of a child. The legal father need not be the biological father.

**LEGAL PARENT:** A person who is recognized by law as the parent of a child.

**LEGAL SEPARATION:** A legal end to a domestic relationship in which the parties remain married. A court may divide assets and make other orders in a legal separation.

**LIMITED LEGAL SERVICES:** An arrangement with an attorney to receive help with some part of a case for a set fee or limited fees.

**LITIGANTS:** These are the parties in an action; in most jury trials, parties have lawyers to represent them.

**LONG ARM JURISDICTION:** A means to allow the court to obtain jurisdiction over a person who is not found within Oregon. The exercise of long-arm jurisdiction is limited by due process.

**MEDIATION:** A process in which the disputing parties use a third party to assist them in reaching a settlement of the dispute. The process is private, informal, and non-binding. The mediator has no power to impose a settlement, but rather attempts to assist the parties in reaching a mutually acceptable resolution to the dispute.

**MINOR:** A person under the age of 18 years.

**MODIFICATION:** A change or alteration, like modification of an order in which a new order is issued that changes the terms of the original order.

**MODIFICATION ORDER:** An order of the court that alters, changes, extends, amends, limits, or reduces an earlier order of the court.

**MODIFY:** To alter, change, extend, amend, or limit a previous provision or order.

**MONEY JUDGMENT:** A specific amount of money awarded by the court to a person or entity. A judgment may be collected by legal means.

**MOTION:** Application to a court for an order, ruling or decision.

**MOTION TO DISMISS:** A paper filed with the court asking for the dismissal of a case, petition, complaint, defense, or claim.

**NON CUSTODIAL PARENT:** The parent who has not been granted legal custody of the parties' child, a parent who is not the primary caretaker of the child.

**NON JOINT CHILD:** A term used in child support determinations meaning the legal child of one but not both of the parents.

**NOTICE:** A written announcement or warning.

**NOTICE AND FINDING OF FINANCIAL RESPONSIBILITY (NFR):** The pleading used by the Child Support Program that begins the administrative process to establish child support or paternity.

**NUNC PRO TUNC:** Latin term that means now for then. It indicates a corrected judgment is effective on the date of the original erroneous judgment or an order the judge signs now is effective on an earlier date.

**OATH:** Swearing or affirming that a statement is true. An oath may be made in person or in writing.

**OBJECTION:** A party or the party's lawyer may object to a question another party or lawyer asks a witness, a witness's answer, an exhibit, or improper argument as not proper under the law. The judge "rules" or decides whether under the rules of evidence the objection is proper ("sustained") or not proper ("overruled"). The jury must accept the judge's ruling.

**OBJECTION:** A formal protest made by a party over evidence or allegations that the other side tries to introduce.

**OBLIGATION:** Something that must be done because of a legal duty, such as an obligation to pay child support.

**OBLIGEE:** Commonly refers to the person to whom child or spousal support is payable.

**OBLIGOR:** Commonly refers to the person ordered to pay child or spousal support.

**OFFSET:** Amount of money taken from a parent's state or federal income tax refund before he or she receives it, or from administrative payments like federal retirement benefits, to pay a child support debt.

**ON THE RECORD:** The official recording, taken down by a court reporter or recorded by electronic means, of what is said in the courtroom. If the judge makes a ruling "on the record," it means he or she made the decision orally in the courtroom.

**ONE-TRIAL/ONE DAY (POPULARLY KNOWN AS "ONE-DAY/ONE-TRIAL"):** Most state courts have shortened the term of jury service. In most larger courts, the term is now one trial or, for jurors not selected for trial or grand jury, one day. Courts in counties with fewer citizens are also shortening the terms as much as they can but may not be able to adopt

one-trial/one-day terms yet because state law limits how often courts may require a citizen to serve as a juror. Many trials are longer than one day.

**OPENING STATEMENT:** Before calling witnesses, each party or the party's lawyer may present an opening statement to tell the jury what the case is about and what evidence each expects to offer to prove or disprove the claims made. Some judges allow lawyers to make "mini-opening statements" before jury selection to help potential jurors understand a little about the case and the questions the lawyers may ask during jury selection.

**OPENING STATEMENT:** The introductory statement made by each party (or their lawyer) at the start of a hearing or trial. Typically, this statement explains the version of the facts best supporting each side of the case and how these facts will be proven. The opening statement is not evidence.

**OPPOSITION:** The name of the paper filed in response to and that disagrees with another party's motion.

**ORAL ARGUMENT:** The part of a trial when lawyers or parties summarize their position, cite the law, and answer the judge's questions.

**ORDER OF FILIATION:** An order by the court legally declaring a man to be the biological father of a child, usually done on the basis of the filing of a paternity petition.

**ORDER TO SHOW CAUSE:** A court order directing a person to appear in court and respond to a legal petition, motion or complaint.

**PARENT-CHILD CONTACT:** A court determination establishing the conditions under which a parent may be with his or her child, also known as parenting time.

**PARENTING CLASSES:** Classes that help parents focus on the needs of their children and give parents information to provide a nurturing non-threatening home environment.

**PARENTING PLAN:** A written document that says the days and times a child will spend with each parent. A plan also may contain provisions regarding other aspects of parenting, such as a prohibition against derogatory statements about the other parent. Parenting plans may be general or detailed, but a parenting plan must include the minimum amount of time a child will spend with the non-custodial parent.

**PARENTING TIME:** A court decision about the times that a parent may be with his or her child.

**PARTY or PARTIES:** The technical legal word for the people who are part of the case and who have a right to sit at counsel table and ask the court to rule one way or another. In family law cases, the parties usually are the people whose names are on the case as petitioner and respondent; however other people, such as interveners and children attending school, also maybe parties.

**PATERNITY:** A determination that establishes a man as the legal father of a child. If the parents were never married, paternity usually must be established before a court may award the man custody or parenting time.

**PATERNITY SUIT:** A lawsuit to decide who the father of a child is if the parents were not married when the child was born.

**PENDENTE LITE:** Temporary or prejudgment arrangements or orders for custody, child support, parenting time, spousal support, possession of the family home, and other temporary orders that will be in effect until the final trial or hearing.

**PERJURY:** A false statement made on purpose while under oath in a court proceeding.

**PETITION:** A legal paper that starts a case.

**PETITIONER:** The person or agency who files papers to start a lawsuit; also called plaintiff.

**PETITION FOR CUSTODY:** If parents have never been married, instead of filing a dissolution of marriage (divorce) petition, they file a petition for custody under ORS 109.103 to get a custody order and parenting plan. They may need to establish paternity first.

**PLAINTIFF:** The person who files papers to start a lawsuit; also called petitioner. The plaintiff is the person or entity who files a complaint to bring a legal dispute to court for decision.

**PLEADING:** The process by which parties file papers in court, including papers to begin a case, papers to respond to issues that are raised by another party, and counterclaims.

**PLEADINGS:** The parties in the action file papers called pleadings that state their claims against each other. In a civil case, the plaintiff files a complaint, then the defendant files an answer, and often the plaintiff files a reply to the answer.

**POWER OF ATTORNEY:** When a person (the "principal") authorizes someone else (the "agent" or "attorney in fact") to take care of business for the principal. A power of attorney authorizes the agent to do whatever is necessary to manage the principal's assets. A "limited" or "special" power of attorney can be made more restrictive, by setting time limits for the agent to serve, limiting the agent to certain actions, or authorizing the agent to manage only particular assets.



There are "general" powers of attorney, "limited" or "special" powers of attorney, and "durable" powers of attorney. A general or limited power of attorney ends when the principal durable power of attorney stays in effect if the principal becomes incapacitated.

**PREJUDGMENT RELIEF:** Temporary arrangements or orders for custody, child support, parenting time, spousal support, possession of the family home, and other temporary orders that will be in effect until the final trial or hearing.

**PREPONDERANCE OF THE EVIDENCE:** Evidence that proves a fact more probably than not.

**PRIMA FACIE:** From the Latin for "from first view." Prima facie evidence is sufficient to support a certain conclusion unless contradictory evidence is presented. A prima facie case is sufficient on its face because it is supported by the necessary minimum evidence and free from obvious defects.

**PRIMA FACIE CASE:** A case sufficient on its face and supported by the requisite minimum of evidence.

**PRIMARY PHYSICAL CUSTODY:** A type of court order or arrangement in which a child lives with one parent more than the other parent.

**PRIMARY RESIDENCE:** Oregon law allows parents who agree on joint custody to designate one home as the primary residence. This is the home where the children will spend more overnights. There is no definition in the law for this term. The term is also used to determine public benefits. If a person receives TANF or public assistance, there are rules about this designation which may affect eligibility to receive benefits. Parents should consult with a caseworker or an attorney regarding the consequences of indicating a primary residence in a parenting plan.

**PRO BONO:** Legal work done for free; from the Latin meaning "for the good."

**PRO SE:** A person who represents himself or herself without an attorney; also called selfrepresented person.

**PRO TEM JUDGE:** A lawyer appointed by the court to act as a judge on a temporary basis.

**PROCEEDINGS:** Generally, the process of conducting judicial business before a court or judicial officer. A "proceeding" refers to one of the separate steps in that process, such as a motion or hearing.

**PROOF:** Evidence that tends to establish the existence or truth of a fact at issue in a case.

**PROOF OF SERVICE:** The form filed with the court that proves that court papers were formally served on (delivered to) a party in a court action on a certain date.

**PROTECTIVE ORDER:** A court order which is meant to protect a person from another person.

**PSYCHOLOGICAL PARENT:** Sometimes a person who is not a biological parent (like a stepparent or live-in partner) takes on major responsibilities for a child and is seen by the child as a "parent". In certain cases, a judge may provide for the child to continue to have scheduled time with this psychological parent.

**PUBLIC BENEFITS:** Also called "public assistance". Money or medical assistance received by a parent based on need, or based on the needs of the children who live with them. Benefits are paid by the Adult and Family Services Division, Department of Human Services. Types of public assistance include Temporary Assistance to Needy Families (TANF) and Oregon Supplemental Security Income.

**PUTATIVE FATHER:** The person said to be the father of a child but who has not yet been declared to be the legal father.

**QUALIFIED DOMESTIC RELATIONS ORDER (QDRO):** An order or judgment by a court and approved by a pension plan, that divides a pension plan for a division of property or to pay for child or spousal support.

**REBUTTAL:** Evidence presented at trial by one party in order to overcome evidence introduced by another party.

**RECESS:** A short break in a trial ordered by the judge.

**RECONCILIATION:** A married couple or partners in a domestic partnership who, once separated, get back together.

**RECORD:** A written account of the proceedings in a case, including all pleadings, evidence, exhibits, and judgment submitted during the case.

**RELEVANT:** Evidence which tends to prove or disprove an issue in the case.

**RELIEF:** The redress or assistance awarded to a party by the court.

**RESET:** To put on the court calendar again.

**REST:** When one party finishes presenting evidence to support the party's claims or dispute the other party's claims, the party "rests."

**RESIDENCY:** The usual, official place of residence; the place where a person makes his or her home.

**RESPONDENT:** The party who answers a complaint in a civil case or a party against whom an appeal is brought.

**RESTRAINING ORDER:** A court order that tells a person to stop doing something for a certain amount of time. Some examples are FAPA orders, stalking protective orders, and EPPDAPA orders.

**RETURN OF SERVICE:** A statement that is filed in court to show that a complaint or other document has been served on (delivered to) a party.

**RULES OF COURT:** Many court procedures are controlled by statewide rules, such as the Uniform Trial Court Rules (UTCRC), and by local court rules. The state and local rules can be found in the county law library or at the OJD website at <https://stage-courts.oregon.gov/>.

**SAFETY FOCUSED PARENTING PLAN:** A parenting plan created for families when there is mental illness, drug addiction, domestic violence, child abuse, or other circumstances that may not be safe for a child or parent.

**SEPARATE PROPERTY:** Property and debt that is considered to belong to just one party in a marriage or domestic partnership. It may have been acquired before the marriage or from an inheritance or gift.

**SEPARATION:** Married persons living apart, either informally by one leaving the home or agreeing to "separate" while sharing a residence, or formally by obtaining a "legal separation" or negotiating a "separation agreement" setting out the terms of separate living.

**SEPARATION DATE:** The date when one spouse (or both) or one partner (or both) decides that the marriage or partnership is over and takes some action to show this (like moving out of the house).

**SERVICE:** Providing a copy of the court papers to the other side.

**SERVICE BY PUBLICATION:** When service is done by publishing a notice in a newspaper or by posting on a bulletin board at the courthouse or other public facility after a court determines that other means of service are impractical or have been unsuccessful.

**SETTLEMENT:** An agreement of terms reached through negotiation by parties involved in a legal dispute. When a settlement is reached, the parties may appear before a judge to put the settlement on the record.

**SETTLEMENT CONFERENCE:** A meeting with or without a judge before trial to explore ways to settle the issues. The meeting usually includes the parties and lawyers but others may participate by agreement.

**SHARED PHYSICAL CUSTODY:** The technical term for when the child lives with each parent about the same amount of time (such as alternating one week with one parent, one week with the other parent).

**SHOW CAUSE ORDER:** A court order telling a person to appear in court in person or in writing and present evidence to show why the orders requested by the other side should not be granted. A show cause order is usually based on a motion and affidavit asking the judge to make certain decisions.

**SOLE LEGAL CUSTODY:** A court order in which one parent has the legal authority to make the major decisions affecting the child, like health care, education, and religion. If the parents do not agree on a decision concerning the child, the parent with sole legal custody has the right to make the final decision.

**SPOUSE:** Husband or wife.

**SPOUSAL SUPPORT:** Court-ordered support of a spouse or ex-spouse; also called "maintenance" or "alimony."

**STANDING:** Standing is a legal term that means a person or entity has sufficient connection to and/or harm from a law or action to participate in a lawsuit or raise a claim.

**STATUS QUO:** A child's usual place of residence, current schedule and daily routine for at least the last three months.

**STATUS QUO ORDER:** A court may enter an order that keeps the "status quo." See above. A court may enter an order that keeps the "status quo" and will stop the other parent from moving the child, interfering with the child's usual routine and schedule, and hiding the child. See above.

**STATUTE:** A law passed by Congress or a state legislature, Oregon Revised Statute, ORS.

**STIPULATED JUDGMENT:** An agreement between the parties that settles a case and is in writing and signed by both parties (or their attorneys) and by a judge.

**STIPULATION:** An agreement between opposing parties on any fact or issue related to the proceeding or trial, such as an agreement on child support on a temporary or final basis.

**SUBPOENA:** A paper issued by the court requiring a person or entity to appear in court and/or bring documents. This is an order to appear at court at a set time, usually used to summon witnesses to court to testify or to bring documents.

**SUMMONS:** A document directing a sheriff or other officer to notify the person named in the summons that a lawsuit has been started against him or her in court, and that he or she must go to court on the day listed in the summons and/or file an answer to the complaint.

**SUPERVISED VISITATION:** Visitation or parenting time between an adult and a child that happens in the presence of another adult. The court may order supervised visitation when necessary to protect a child.

**SUPPORT ORDER:** A court or administrative order for the support of a child, spouse or domestic partner. A support order can include monetary support; health care; payment of debts; or repayment of court costs and attorney fees, interest, and penalties; and other kinds of support.

**TEMPORARY ORDER:** A temporary order is any order made in a case before the final order or judgment is made. These are generally short-term decisions by the judge about child support, child custody, parenting time, possession of the family home, attorney fees, spousal support or the payment of debts until a final court order can be issued.

**TEMPORARY PROTECTIVE ORDER OF RESTRAINT:** This prejudgment order, sometimes called a status quo order, restrains the parties from moving the child, interfering with the child's usual schedule, and hiding the child.

**TESTIFY:** To give evidence under oath as a witness in a court proceeding.

**TESTIMONY:** Evidence presented orally by witnesses during trials, before grand juries, or during administrative proceedings.

**TRANSITION:** The moving of a child from one place where they are taken care of to another place where they will be cared for, such as from one parent's home to the other parent's home.

**UCCJEA:** Uniform Child Custody Jurisdiction and Enforcement Act. This law establishes rules regarding which state's court may make custody and parenting time decisions for a particular child.

**UNCONTESTED DIVORCE:** When a respondent agrees to or does not dispute any of the petitioner's requests in a divorce case, so there are no disputed issues for the court to decide.

**UNDER OATH:** All witnesses must swear or affirm to tell the truth if they want their statements or testimony to be considered as evidence. These statements are considered to be "under oath".

**VENUE:** The proper county in which a case may be heard or tried.

**VERDICT:** This is the formal finding or decision by a jury in a jury trial or by the judge if there is no jury.

**VISITATION:** The time that third parties, often grandparents or stepparents, will spend with children. When the time with children is for parents, it is called parenting time.

**VOID:** Having no legal force or effect.

**VOIR DIRE:** From Old French, meaning "to speak the truth," voir dire is the process of questioning prospective jurors before a trial to select qualified jurors for the trial.

**WAGE ASSIGNMENT:** A voluntary agreement by an employee to transfer (or assign) parts of future wage payments to pay a debt, like child support.

**WAGE ATTACHMENT:** An involuntary transfer of a portion of an employee's wage payment to repay a debt, like child support.

**WAGE WITHHOLDING:** A legal procedure that allows deductions to be made from wages or income on a regular schedule. The deductions are used to pay a debt, like child support. Wage withholding often is incorporated into a child support order. It can be voluntary or involuntary. Also known as "income withholding."

**WAIVER:** The intentional and voluntary relinquishment of a known legal right.

**WITNESS:** Person who gives testimony under oath or affirmation regarding what he/she saw or heard.

**WITNESS LIST:** The list of people a party intends to call as witnesses during a trial or hearing.

**WRIT OF ASSISTANCE:** An order of the court that directs law enforcement to help recover custody of a child from a person who does not have legal custody.