

CHILDREN, ADULTS AND FAMILIES DIVISION  
Oregon Department of Human Services



Child and Family Services Review  
*Statewide Assessment*  
JULY 2007

## *Table of Contents*

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### **SECTION I: General Information**

A. Period Under Review and Contact Information .....	2
B. Brief History of Oregon Child Welfare .....	2
C. Continued Program Improvement: The Oregon Safety Model Implementation and the NRCs' reports.....	5
D. Overarching and Interwoven Issues .....	7
E. Requested Investment in Child Welfare .....	8
F. Data Sources.....	11

### **SECTION II: Safety and Permanency Data**

A. Oregon Data Profile.....	16
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### **SECTION III: Narrative Assessment of Child and Family**

#### **Outcomes**

A. Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect .....	33
Item 1: Timeliness of initiating investigations of reports of child maltreatment .....	33
Item 2: Repeat Maltreatment .....	35
B. Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate .....	38
Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care .....	38
Item 4: Risk assessment and safety management.....	41
C. Permanency Outcome 1 – Children have permanency and stability in their living situations .....	44
Item 5: Foster care re-entries .....	44
Item 6: Stability of foster care placement.....	49
Item 7: Permanency goal for child .....	52
Item 8: Reunification, guardianship, or permanent placement with relatives.....	54
Item 9: Adoption.....	57
Item 10: Other planned permanent living arrangement.....	61

D. Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children .....	64
Item 11: Proximity of foster care placement .....	65
Item 12: Placement with Siblings .....	66
Item 13: Visiting with parents and siblings in foster care .....	67
Item 14: Preserving Connections.....	69
Item 15: Relative Placement.....	71
Item 16: Relationship of child in care with parents.....	73
E. Well-Being Outcome 1 – Families have enhanced capacity to provide for their children’s needs .....	74
Item 17: Needs and services of child, parents, foster parents .....	74
Item 18: Child and family involvement in case planning .....	77
Item 19: Caseworker visits with child .....	79
Item 20: Caseworker visits with parents .....	81
F. Well-being Outcome 2 – Children receive appropriate services to meet their educational needs .....	82
Item 21: Educational needs of the child .....	82
G. Well-being Outcome 3 – Children receive adequate services to meet their physical and mental health needs .....	83
Item 22: Physical health of the child .....	83
Item 23: Mental/behavioral health of the child .....	85

**SECTION IV: Narrative Assessment of Systemic Factors**

A. Statewide Information System.....	88
Item 24: Statewide Information System .....	88
B. Case Review System .....	91
Item 25: Written Case Plan.....	91
Item 26: Periodic Reviews.....	94
Item 27: Permanency Hearings.....	95
Item 28: Termination of Parental Rights .....	98
Item 29: Notice of Hearings and Reviews to Caregivers .....	102
C. Quality Assurance System .....	104
Item 30: Standards Ensuring Quality Services .....	104
Item 31: Quality Assurance System .....	105

D. Staff and Provider Training .....	109
Item 32: Initial Staff Training .....	113
Item 33: Ongoing Staff Training .....	115
Item 34: Foster and Adoptive Parent Training .....	117
E. Service Array and Resource Development .....	121
Item 35: Array of Services.....	121
Item 36: Service Accessibility .....	124
Item 37: Individualizing Services.....	126
F. Agency Responsiveness to the Community .....	128
Item 38: State Engagement in Consultation with Stakeholders ...	128
Item 39: Agency Annual Reports Pursuant to the CFSP.....	130
Item 40: Coordination of CFSP Services with Other Federal Programs.....	131
G. Foster and Adoptive Home Licensing, Approval, and Recruitment .....	133
Item 41: Standards for Foster Homes and Institutions .....	133
Item 42: Standards Applied Equally.....	135
Item 43: Requirements for Criminal Background Checks .....	136
Item 44: Diligent Recruitment of Foster and Adoptive Homes ...	137
Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements .....	140
H. Workload and Staffing .....	143

**SECTION V: State Assessment of Strengths and Needs**

A. Strengths .....	146
B. Areas Needing Improvement .....	147
C. Onsite Review Sites .....	148
D. Oregon’s Experience with the State Assessment process .....	149
E. Participants in the State Assessment .....	149

**APPENDIX:**

A. Acronyms.....	152
B. Update from 2007 Oregon Legislative Session.....	161

# SECTION I

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## *General Information*

## A. Period under Review and Contact Information

<b>Oregon Department of Human Services Children, Adults and Families Division</b>	
<b>Period Under Review: 4/1/06 – 9/10/07</b>	
Onsite Review Sample Period: Foster Care (April 1, 2006 – September 30, 2006) In-home (April 1, 2006 – November 30, 2006)	
Period of AFCARS Data: FFY 2005	
Period of NCANDS Pseudo Data: FFY 2005	
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## B. Brief history of Oregon Child Welfare

### Division Description

The Department of Human Services (DHS) is Oregon’s health and human services agency. It is the largest state agency, serving about one million Oregonians and employing approximately 9,625 people with an operating a budget of \$10.1 billion during the 2005-2007 biennium. It encompasses a wide range of services including the Oregon Health Plan, Public Health programs, Mental Health and Addiction services, Senior and Disabled services, Self Sufficiency programs, Vocational Rehabilitation, and child protection.

The 2001 Legislature passed House Bill 2294, which authorized DHS to integrate the policy and program functions of the former Division of Adult and Families Services and former Division of the State Office for Services to Children and Families into the new Division of Children, Adults and Families (CAF). This division coordinates the self-sufficiency programs of Temporary Assistance for

Needy Families (TANF), Job Opportunity and Basic Skills, Food Stamps, Prevention Services, Employment Related Day Care, Temporary Assistance for Domestic Violence Survivors, Medicaid Eligibility, the Refugee Program, and the child welfare programs of Child Protective Services (CPS), Out-of-Home Care and Adoptions, and the Indian Child Welfare Act. Field services were originally separated organizationally from these program and policy areas.

In January 2003, field services (made up of approximately 100 field offices with 3,751 staff: 1,973 of them in child welfare) were integrated into CAF creating a single division to enhance communications between program and field services, and to promote accuracy and efficiency. In addition, the Office of Vocational Rehabilitation Services, with its own field Structure, became a part of CAF.

In addition to CAF, six of the nine federally recognized Tribes in Oregon have title IV-E foster care and adoption agreements with the Department to fund their programs.

### **Mission and Goals**

The mission of the CAF Division is to improve family capacity to be self-sustaining while creating a safe and permanent living environment for children.

#### **The goals of CAF are to:**

- Help individuals find and keep jobs, and advance to better employment.
- Help protect children and promote children’s safety in their homes.
- Increase competitive job placements and increase wages earned for persons with disabilities.
- Help children who are unable to live safely in their homes live in settings that provide safety, stability and continuity with their families.
- Provide accurate, timely benefits that support Oregonians as they work toward family stability and economic independence.
- Help prevent the need for public assistance in future generations.
- Expand program partnerships and increase the cultural competency of DHS staff and partners to better serve Oregon’s diverse communities.

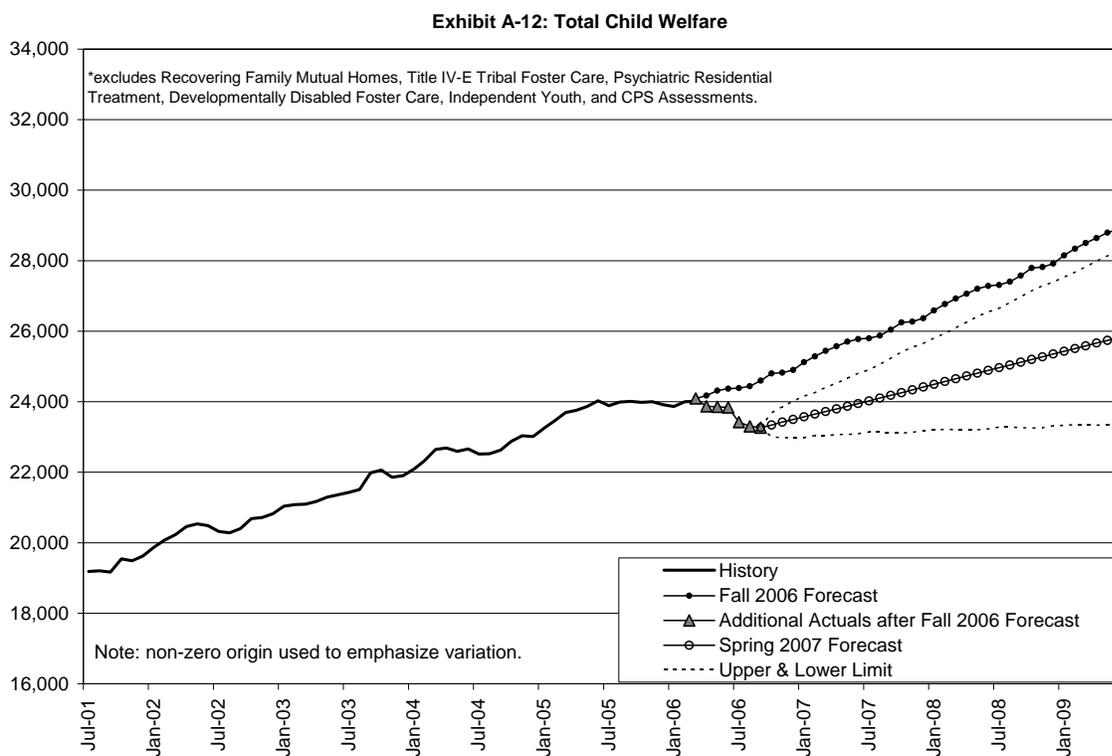
These fit well within the DHS Vision of “Better outcomes for clients and communities through collaboration, integration and shared responsibility.”

CAF’s commitment to safety, permanency, and well-being for children is also echoed by Governor Ted Kulongoski who stated in his 2007 inaugural address, “...government bears a special responsibility to children. Four years ago I said that when times are tough – children go to the head of the line. Well, times are much better now, but that changes nothing. Children still go to the head of the line.”

His commitment to children can be seen in the investments proposed in education, health care, and child safety for the 2007-09 biennium.

### Budget Challenges and Increased Caseloads

Overall, the child welfare caseload in terms of number of children served was on an upward trend for several years, increasing approximately 5 or 6 percent each year from July 2001 to July 2005. In early 2005, the in-home caseload began to decline, but increased growth in foster care caseloads absorbed most of this. Then around July 2005, the overall child welfare caseload flattened out and is now declining.



During this same time, Oregon and the nation struggled economically with Oregon having one of the highest unemployment rates in the nation. As a result of a decline in revenues to the state, budgets were reduced and child welfare staffing was allowed only a minimal increase. In addition, although the actual number of child welfare children's parents who were served by A&D treatment has gone up, the increase has not kept pace with the number of children entering care at least partly due to parental drug use.

**FFY 2000 – 2005 Child Welfare & CPMS Data - Parental Drug Abuse as Reason For Removal for Children Entering Foster Care in Oregon and Number Whose Parents Received A&D Treatment**

Year	Number Entering With Reason for Removal of Parent Drug Abuse	Foster Care Entrant's Parents Who Received Treatment	Percent
2000	2,024	1,466	72.4%
2001	2,192	1,621	74.0%
2002	2,471	1,791	72.5%
2003	2,715	1,702	62.7%
2004	3,151	2,023	64.2%
2005	3,855	2,054	53.3%

More recently, Oregon has moved slowly out of recession and is looking at ways to reinvest in programs for children and families. This will be discussed more in section I. E.

**C. Continued Program Improvement: The Oregon Safety Model Implementation and the National Resource Centers Reports**

Since the last Child and Family Services Review (CFSR) in 2001, Oregon has continued to actively strive for program improvements and best practices including the activities carried out in its CFSR Program Improvement Plan and beyond. As a part of this initiative, Oregon developed a performance measurement reporting system for management and staff (ORBIT), has been working with a number of the National Child Welfare Resource Centers, and has implemented additional reviews such as the Critical Incident Review Team (CIRT).

**Oregon Child Welfare Safety Model**

Child welfare program staff have worked directly with national experts to develop and implement the Oregon Child Safety Model, a more precise and consistent child

safety intervention strategy. This updated approach to child welfare work places child safety at the forefront of all DHS actions, but balances that priority with respect for families' dignity and an attempt to minimize the intrusiveness of the process.

The Oregon Child Safety Model reinforces more clearly the requirement that child welfare staff review, at every stage of a case, the need for continued intrusion in a family's life, while helping parents improve their ability to protect and safely parent their children. The model also includes a more comprehensive approach to the assessment of the parent's or caregiver's ability to act in a protective capacity by more clearly identifying conditions for safety within the family as well as conditions for return and the provision of any needed services.

These efforts were taken in part to restore a balance between collaboration and strong working relationships with stakeholders and partners while strengthening the agency's focus on child safety and our legal mandates for child protection. Partners historically have wanted to see the agency do more prevention work and intervene earlier with families on an at-risk basis. With the National Resource Center for Child Protective Services' evidence-based practice focused on safety threats and our responsibility for child safety, initially some community partners thought the agency would no longer be involved in cases of neglect. As we continue to meet with community partners and provide information and training about the model, these concerns are being addressed.

### **National Resource Center for Child Protective Services**

Following two high profile child welfare cases that occurred in late 2004, the Governor asked the National Resource Center for Child Protective Services (NRCCPS) to review Oregon's child safety intervention system. This review, which occurred in early 2005 examined 1) Oregon statutes, 2) administrative rules, policy and procedure, 3) training, 4) human resources, 5) relationships with courts and partners and 6) quality assurance. NRCCPS staff also conducted focus groups with a variety of staff across the state. Their report made 22 recommendations for improvement.

Oregon DHS has implemented a significant number of the recommendations and anticipates the majority will be completed following the current legislative session.

## **National Resource Center for Organizational Improvement**

As a follow-up to the review by the National Resource Center for Child Protective Services, the Department of Human Services requested technical assistance from the National Resource Center for Organizational Improvement (NRCOI) to identify opportunities for the Department to enhance child welfare services.

The NRCOI team focused their work on 1) staffing; 2) organization; 3) process, procedures and practice; and 4) infrastructure. They visited the state three times, reviewed data and electronic systems and met with administration and program staff. They also conducted focus group meetings with supervisors and line staff in several offices across the state and conducted an electronic survey of all child welfare staff.

DHS has formed the Child Welfare Improvement Plan Steering Committee to address the 14 findings and 76 recommendations from the report. The group has prioritized the findings and is in the process of implementing the recommendations.

### **D. Overarching and Interwoven Issues**

There are several themes which echo throughout this assessment:

- Repeated references to workload with regard to both the type and volume to be managed by front-line staff and supervisors,
- The steady decline in service resources available to child welfare families, and
- The challenges related to meeting the Adoption and Safe Families Act (ASFA) timelines given the needs (especially for addiction treatment services) of many child welfare families.

A 30% increase in Oregon's overall Child Welfare caseload since 2001, compounded by increasing demands on workers' time to maintain electronic record keeping, present the Department's case in court, and ensure quality face to face contact with all the parents and children on their caseload at least once every thirty days, create challenging working conditions for front-line workers. These conditions, coupled with retirements and turnover which result in a less experienced case-carrying and supervisory workforce, have caused Oregon to take a hard look at the scope of Child Welfare's mission and how services are provided. This Statewide Assessment makes reference to a number of studies, reports, and

on-going program improvement processes initiated over the past four to five years to ensure the most thoughtful consideration be given to these tasks.

Simultaneous with these workforce challenges, child welfare has had to absorb the effects of funding cuts to many of its contracted services<sup>1</sup> and those services provided to child welfare families by other DHS divisions such as Addictions and Mental Health or Medical Assistance Programs. For example low rates for reimbursement affect some of our most vulnerable clients – children with attachment issues – when they are assigned to the rolling caseload of less experienced therapists doing their clinical internships. The results then carry throughout Oregon’s child welfare system.

These themes also echo through the third overarching theme – the challenges related to meeting the ASFA permanency timelines for children. Not only does this process add pressure and timelines to the other two, each of the other two is essential to achievement of ASFA outcomes. Early identification of relatives and other foster care resources, including improved efforts to work with fathers, connecting parents with substance abuse issues to treatment resources, working with the courts, and developing rational rate structures that support rather than discourage establishment of guardianships and adoptions when appropriate are critical issues in this area.

These themes are not readily addressed in isolation, but rather require the coordinated efforts of all those involved in Oregon’s child welfare community to achieve the broader goals of timely safety, permanency, and well-being for children known to child welfare.

## **E. Requested Investment in Child Welfare**

The Governor’s Recommended Budget for the 2007-09 biennium includes a number of investments which would benefit children and families in Oregon. The three major investments affecting child welfare families are related to legal representation for workers, staffing, and alcohol and drug treatment services. (Please see Attachment B for an update of activities from the 2007 Oregon Legislative Session.)

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<sup>1</sup> Such as System of Care funded services and Homemaker services

## Legal Representation

In October 2005, the Emergency Board granted the Department of Justice and the Department of Human Services a special appropriation of \$2.5 million to help the problem of limited legal representation for child welfare caseworkers in dependency hearings. Not having legal representation presents a number of problems, ranging from delayed permanency for children to requiring caseworkers to act as attorneys. This not only diverts caseworkers from providing needed services, but also sets up a dynamic that impedes the caseworker's ability to work with parents.

This special appropriation helped the Departments develop criteria used by local DHS child welfare staff and the Attorney General to review all child welfare dependency cases going to court. The proposal for the special appropriation funds assumed that the District Attorneys would continue to provide the same level of services they now provide to child welfare caseworkers. However, with decreasing resources at the county level, this assumption was challenged shortly after at the April 2006 Emergency Board.

The Attorney General formed the Child Welfare Legal Representation Workgroup to examine the need for increased legal representation of the state and DHS in the juvenile dependency process and to recommend the next steps the Legislative Assembly should take to improve that representation.

As a result of those recommendations, an additional \$5.1 million in General Fund was included in the Governor's budget in order to:

Provide limited financial reimbursement for District Attorneys who enter into intergovernmental agreements with the Department of Justice regarding appearances in certain juvenile court hearings. These agreements will cover the shelter care and pre-jurisdiction proceedings and will provide more uniformity with respect to representation of the State in the early stages of dependency cases.

Provide additional Department of Justice attorneys for review and advice in foster care cases at the five and eleven month marks, two critical points in a case. The five month review is important because it is soon after the jurisdiction hearing prior to the Citizens' Review Board, and DHS either has developed or is developing the services to be provided to parents and children. Any issues or omissions can then be corrected at this early stage. The eleven month review is critical because by then required services will have been provided to parents and

children, and DHS will be deciding whether it can recommend that children be returned to parents. Legal review at this point can help in determining whether, from a legal perspective, further services are necessary for DHS to be able to successfully achieve reunification or an alternative course of permanency.

While this funding does not guarantee legal representation at every hearing, it does represent a significant step forward in providing legal services at critical points which ultimately will expedite permanency for children.

### **Child Welfare Staffing**

Findings from the National Resource Center for Organizational Improvement (NRCOI) prompted DHS to propose a funding package to improve the staffing and supervisor-to-worker ratio issues detailed in their report (see section I. C for more details of this report). The total proposed investment is \$3.8 million Total Funds.

The net result of this proposal would compare to current staffing ratios as follows:

<b>Workload</b>	<b>Current Ratio</b>	<b>National Std.</b>	<b>Proposed Ratio</b>
CPS Referrals	1:14 Cases	1:12 Cases	1:12 Cases
CPS Plans	1:14 Cases	1:12 Cases	1:12 Cases
CPS Screening	No Standard	No Standard	1:40 Cases
In-Home Plans	1:16 Cases	1:17 Cases	1:17 Cases
Foster Care	1:25 Children	1:15 Children	1:15 Children
Residential Care	1:40 Children	1:15 Children	1:15 Children
FC Certification	1:95 Children	No Standard	1:55 Homes
Adoptions	No Standard	1:12 Families	1:15 Children
Supervision Span	1:9.5	1:7	1:7

### **Alcohol and Drug Treatment**

As mentioned previously, availability of Alcohol and Drug (A&D) treatment services has been identified as an issue of particular importance to child welfare with the percentage of children entering foster care with parental drug use as a reason for removal increasing from 43.3% in 2000 to 62.4% in 2005.

As a part of a continuum of services to children and families aimed at keeping kids safe at home with their families, the Governor proposed an additional \$11.2 million in funding to allow more people to access evidence-based A&D treatment.

These services would be focused on families receiving TANF supports or who are in danger of having their children removed by child welfare due to parental substance abuse.

## **F. Data Sources**

There are a number of data sources referenced repeatedly in this assessment:

- The Oregon 2001 CFSR Final Report and PIP (available on the DHS website)
- Data from Oregon’s Quality Assurance Branch Reviews which have been local emulations of the Federal CFSR process (see Section IV item 31 of this Report)
- Information from the DHS Ways & Means Document prepared for the 2007-2009 Oregon State Legislative Session (available on the DHS website)
- The State Data Profile (see Section II of this Report)
- Information from the Oregon Repository Bringing [Child Welfare] Data Together (ORBIT) (see Section IV item 31 of this Report)
- Information garnered from Oregon Child Welfare System stakeholders

## **Stakeholder Input**

DHS used several sources of stakeholder input in the preparation of this report:

- Representation on the Statewide Assessment Workgroup
- Publications, studies, surveys and reports provided by stakeholder groups or agencies
- Stakeholder interviews conducted in the course of doing the Branch reviews which have been part of Oregon’s ongoing Quality Assurance Process
- Surveys and focus groups conducted in the course of the Statewide Assessment Process.

DHS conducted 5 surveys as part of the Statewide Assessment: the Foster Parent Survey, the Foster Youth Survey, the Tribal Survey, the Court Survey and the Caseworker Survey. The primary means of distribution for these surveys were emails which provided links to survey monkey sites, but hard copies were also made available to three groups (foster parents, Native American Tribes, and foster youth), and telephone contacts were made to broaden the participation on the Tribal survey. These survey results are to be used with caution as the respondent

populations do not always appear to be representative of their group’s statewide population as a whole.

1. The **Foster Parent Survey** addressed:

- foster parent’s involvement in case planning
- availability of services for children in foster homes
- foster parent training.

The survey was distributed through the Oregon Foster Parent Association [OFPA], and the majority of the 87 respondents filled out the survey at the March Oregon Foster Parent Association State conference in Eugene.

Additionally, the OFPA forwarded the electronic survey link to their email group of OFPA members. Analysis of the results showed that respondents were not representative of the Oregon foster parent population as a whole:

- 47.7% of the 87 foster parent respondents described themselves as fostering 8+ years as compared to the 14.% who have fostered children 8+ years in the general foster parent population
- 93% of the foster parent survey respondents were non-relatives while, of the 5,321 homes currently certified for children, only 3,308 (62.2%) were non-relative and 2,013 (37.8%) were relative homes.

When reading their comments and responses, please bear in mind that they tend to represent the views of more seasoned, non-relative foster care providers. Additionally, 39% of the 87 surveys left Question #7 (asking them to identify services needed for children or foster parent that are not available) blank.

2. The **Court Survey** was open ended and sought participants’ perspectives on cases they had handled involving:

- Foster care reentries
- Timeliness of adoptions
- Youth in other permanent planned living arrangements
- Placement stability.

The link to the site for the **Court Survey** was sent to those specifically involved in the court process: Judicial officers, District Attorneys, Court Appointed Special Advocates (CASA’s), members of Citizen’s Review Boards (CRB’s) and the Defense Bar. Of the 251 people who responded, nine were Judges, 21 were District Attorneys, 62 were members of the CRB’s, 86 were CASA’s, 33 were classed as ‘Other’ (such as members of the defense bar), and 40 did not identify their role. Since we are unable to speak to the representativeness of this group, their comments can only be used to broaden the perspective of the agency rather than a more rigorous application.

3. The **Caseworker** survey presented both open ended and multiple choice questions asking workers to provide their perspectives on:
- Placement stability
  - Efforts to meet policy on face to face contact with children and parents
  - Service availability for various types of services
  - Barriers to timeliness in reunification and adoption
  - Reasons for using Another Permanent Planned Living Arrangement as a case plan.

This survey was sent out to all caseworkers and received responses from 144 of the agency's approximately 1100 caseworkers.

4. The **representatives from the nine Federally recognized tribes** in Oregon were asked for their perspective of DHS work with their children on:
- Child safety
  - Permanency
  - Well Being
  - Staff and Provider Training
  - Jurisdictional information.

Twelve people provided responses. The 25 scaled and yes-no questions were each paired with sections asking for added information or comments.

5. Current and former **Foster Youth** were also asked for their perspectives on their experiences with Child Welfare. Two hundred twenty three youth from 18 identified counties answered questions about:
- Safety
  - Permanency
  - Well Being.

Seventy seven percent were still in the foster care. Thirteen percent had been out of foster care for a year or more and the other ten percent had exited foster care within the last year.

The youth survey was created by the Independent Living Program (ILP) Coordinator during an IL Coordinator's Peer to Peer Convening. The survey was reviewed by several IL Coordinators from other states. Oregon's ILP Coordinator used their feedback to finalize the survey. DHS then created both electronic (SurveyMonkey) and paper versions to collect the responses. The following staff and community partners were notified, via email, of the need to have youth complete the survey:

- DHS CETs, SOC Teen Experts, SOC Education Experts
- Child Welfare Program Managers, District Managers
- Child Care Facilities
- ILP Contractors
- Homeless & Runaway Transitional Living Programs
- WIA agencies and the Oregon Workforce Investment Board-Youth Committee
- Oregon Foster Parent Association
- Juvenile Rights Project
- PSU - My Life Project, and Project Success (youth with learning disabilities)
- Citizen Review Boards, and CASA's
- Job Corps
- Oregon Commission on Children & Families - Positive Youth Development Manager (who in turn sent it to all local Commissions)
- Chafee Education and Training Voucher recipients (small pool of emails)
- FosterClub - emailed survey to FosterClub youth members in Oregon
- Tribes.

# SECTION II

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## *Safety and Permanency Data*

**Oregon Child and Family Services Review Data Profile: March 21, 2007**

CHILD SAFETY PROFILE	Fiscal Year 2003ab						Fiscal Year 2004ab						Fiscal Year 2005ab					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	20,552		32,694				23,529		37,865				25,063		40,110			
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	6,510	31.7	10,368	31.7			7,307	31.0	11,759	31.1			7,753	30.9	12,414	30.9		
Unsubstantiated	8,516	41.4	13,540	41.4			9,952	42.3	16,016	42.3			10,677	42.6	17,083	42.6		
Other	5,526	26.9	8,786	26.9			6,270	26.6	10,090	26.6			6,633	26.5	10,613	26.5		
<b>III. Child Cases Opened for Services<sup>4</sup></b>			5,291	51.0					6,136	52.2					6,458	52.0		
<b>IV. Children Entering Care Based on CA/N Report<sup>5</sup></b>			4,354	42.0					4,928	41.9					5,626	45.3		
<b>V. Child Fatalities<sup>6</sup></b>					14						8						18	
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup> [Standard: 94.6% or more]</b>																	5344 <sup>A</sup> of 5,926	90.2
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup> (12 months) [standard 99.68% or more]</b>																	15,923 of 16,027	99.35

The Permanency Data for FFY 2005 was based on the annual file created on 1/19/2007. All CFSR Round One safety results are on page 17; Permanency Round One results are on page 30. Oregon Child and Family Services Review Statewide Assessment

**Additional Safety Measures For Information Only (no standards are associated with these):**

	Fiscal Year 2003ab			Fiscal Year 2004ab			Fiscal Year 2005ab		
	Hours	Unique Childn. <sup>2</sup>	%	Hours	Unique Childn. <sup>2</sup>	%	Hours	Unique Childn. <sup>2</sup>	%
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>									
IX. Mean Time to Investigation in Hours (Child File) <sup>10</sup>									
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>									
XI. Children Maltreated by Parents While in Foster Care. <sup>12</sup>									

**CFR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)**

	Fiscal Year 2003ab				Fiscal Year 2004ab				Fiscal Year 2005ab			
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%
XII. Recurrence of Maltreatment <sup>13</sup> [Standard: 6.1% or less]												
XIII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>14</sup> (9 months) [standard 0.57% or less]												

### NCANDS data completeness information for the CFSR

Description of Data Tests	Fiscal Year 2003ab	Fiscal Year 2004ab	Fiscal Year 2005ab
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]			
<b>Percent of victims with perpetrator reported</b> [File must have at least 75% to reasonably calculate maltreatment in foster care]			
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 75%]			
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]			
<b>Average time to investigation in the Agency file</b> [PART measure]	Not reported	Not reported	Not reported
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]			

### FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year.

In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

**Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.**

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

## **Additional Footnotes**

- A. Absence of recurrence of maltreatment is computed using an alternative data source (a pseudo-Child File that contained only the data elements that were necessary to compute the Absence of the Recurrence of Maltreatment.) The rest of the profile is based on the OR official FFY2005 SDC submission.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003ab		Federal FY 2004ab		Federal FY 2005ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	8,460		8,962		9,845	
Admissions during year	4,976		5,544		6,197	
Discharges during year	4,313		4,455		5,019	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	351	8.1% of the discharges	271	6.1% of the discharges	277	5.5% of the discharges
Children in care on last day of year	9,123		10,051		11,023	
Net change during year	663		1,089		1,178	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	327	3.6	383	3.8	434	3.9
Foster Family Homes (Relative)	1,801	19.7	2,143	21.3	2,372	21.5
Foster Family Homes (Non-Relative)	4,819	52.8	5,118	50.9	5,595	50.8
Group Homes	115	1.3	113	1.1	120	1.1
Institutions	649	7.1	664	6.6	697	6.3
Supervised Independent Living	28	0.3	28	0.3	33	0.3
Runaway	198	2.2	265	2.6	285	2.6
Trial Home Visit	1,037	11.4	1,178	11.7	1,383	12.5
Missing Placement Information	1	0.0	1	0.0	0	0.0
Not Applicable (Placement in subsequent year)	148	1.6	158	1.6	104	0.9
<b>III. Permanency Goals for Children in Care</b>						
Reunification	3,665	40.2	4,335	43.1	5,157	46.8
Live with Other Relatives	36	0.4	30	0.3	15	0.1
Adoption	2,779	30.5	2,940	29.3	3,074	27.9
Long Term Foster Care	2,252	24.7	2,296	22.8	2,280	20.7
Emancipation	166	1.8	159	1.6	166	1.5
Guardianship	225	2.5	291	2.9	331	3.0
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0

<b>POINT-IN-TIME PERMANENCY PROFILE</b>	<b>Federal FY 2003ab</b>		<b>Federal FY 2004ab</b>		<b>Federal FY 2005ab</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,967	32.5	3,425	34.1	3,669	33.3
Two	2,325	25.5	2,614	26.0	2,951	26.8
Three	1,227	13.4	1,338	13.3	1,547	14.0
Four	718	7.9	709	7.1	830	7.5
Five	488	5.3	503	5.0	516	4.7
Six or more	1,398	15.3	1,462	14.5	1,510	13.7
Missing placement settings	0	0.0	0	0.0	0	0.0
<b>V. Number of Removal Episodes</b>						
One	6,939	76.1	7,775	77.4	8,600	78.0
Two	1,655	18.1	1,747	17.4	1,886	17.1
Three	400	4.4	415	4.1	434	3.9
Four	90	1.0	77	0.8	73	0.7
Five	24	0.3	23	0.2	18	0.2
Six or more	15	0.2	14	0.1	12	0.1
Missing removal episodes	0	0.0	0	0.0	0	0.0
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup></b> (percent based on cases with sufficient information for computation)						
	1,967	45.7	2,089	42.2	2,287	38.3
<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FY)						
	16.4		14.8		14.4	
<b>VIII. Length of Time to Achieve Perm. Goal</b>						
	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	2,719	8.7	2,795	9.1	3,186	8.7
Adoption	857	35.7	943	35.0	1,036	33.3
Guardianship	187	21.7	195	21.9	244	22.4
Other	410	33.3	380	43.0	456	38.4
Missing Discharge Reason (footnote 3, page 16)	140	10.1	142	8.9	97	10.7
Total discharges (excluding those w/ problematic dates)	4,313	13.1	4,455	13.6	5,019	13.8
Dates are problematic (footnote 4, page 16)	0	N/A	0	N/A	0	N/A

<b>Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4</b>			
	<b>Federal FY 2003ab</b>	<b>Federal FY 2004ab</b>	<b>Federal FY 2005ab</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification</b> <b>[standard: 122.6 or higher].</b>	N/A	State Score = 114.7	State Score = 118.5
Scaled Scores for this composite incorporate two components			
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>		25 of 47	29 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [ <b>national median = 69.9%, 75<sup>th</sup> percentile = 75.2%</b> ]		73.6%	76.1%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [ <b>national median = 6.5 months, 25<sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure<sup>B</sup>)</b> ]		Median = 6.5 months	Median = 6.3 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [ <b>national median = 39.4%, 75<sup>th</sup> Percentile = 48.4%</b> ]		37.6%	40.6%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [ <b>national median = 15.0%, 25<sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)</b> ]		16.1%	15.9%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	N/A	State Score = 89.6	State Score = 96.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>		19 of 47	24 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [ <b>national median = 26.8%, 75<sup>th</sup> Percentile = 36.6%</b> ]		17.6%	18.0%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [ <b>national median = 32.4 months, 25<sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)</b> ]		Median = 35.0 months	Median = 33.3 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [ <b>national median = 20.2%, 75<sup>th</sup> Percentile = 22.7%</b> ]		21.0%	21.9%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [ <b>national median = 8.8%, 75<sup>th</sup> Percentile = 10.9%</b> ]		10.1%	11.9%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [ <b>national median = 45.8%, 75<sup>th</sup> Percentile = 53.7%</b> ]		45.7%	48.3%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	N/A	State Score = 104.7	State Score = 107.8
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>		15 of 51	16 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 <sup>th</sup> Percentile = 29.1%]		24.2%	25.8%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 <sup>th</sup> Percentile = 98.0%]		97.8%	98.4%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 <sup>th</sup> Percentile = 37.5% (lower score is preferable)]		61.4%	62.7%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	N/A	State Score = 96.9	State Score = 96.7
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>		31 of 51	30 of 51
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? <b>[national median = 83.3%, 75<sup>th</sup> Percentile = 86.0%]</b>		84.4%	83.4%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? <b>[national median = 59.9%, 75<sup>th</sup> Percentile = 65.4%]</b>		64.5%	65.9%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? <b>[national median = 33.9%, 75<sup>th</sup> Percentile = 41.8%]</b>		33.5%	34.4%

**Special Footnotes for Composite Measures:**

- A. **These National Rankings show your State’s performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.**
- B. **In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.**

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2003ab		Federal FY 2004ab		Federal FY 2005ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	1,920	80.4	2,143	82.0	2,443	82.0
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	2	0.1	4	0.2	2	0.1
Foster Family Homes (Relative)	291	15.2	409	19.1	462	18.9
Foster Family Homes (Non-Relative)	743	38.7	803	37.5	937	38.4
Group Homes	12	0.6	10	0.5	10	0.4
Institutions	138	7.2	133	6.2	155	6.3
Supervised Independent Living	0	0.0	1	0.0	0	0.0
Runaway	27	1.4	44	2.1	35	1.4
Trial Home Visit	686	35.7	726	33.9	834	34.1
Missing Placement Information	1	0.1	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	20	1.0	13	0.6	8	0.3
<b>III. Most Recent Permanency Goal</b>						
Reunification	1,494	77.8	1,614	75.3	1,917	78.5
Live with Other Relatives	1	0.1	5	0.2	1	0.0
Adoption	325	16.9	372	17.4	408	16.7
Long-Term Foster Care	72	3.8	90	4.2	54	2.2
Emancipation	5	0.3	8	0.4	11	0.5
Guardianship	23	1.2	54	2.5	52	2.1
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0
<b>IV. Number of Placement Settings in Current Episode</b>						
One	1,081	56.3	1,120	52.3	1,218	49.9
Two	529	27.6	638	29.8	731	29.9
Three	173	9.0	217	10.1	273	11.2
Four	59	3.1	82	3.8	139	5.7
Five	36	1.9	36	1.7	46	1.9
Six or more	42	2.2	50	2.3	36	1.5
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (cont.)	Federal FY 2003ab		Federal FY 2004ab		Federal FY 2005ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	653	92.1	621	90.7	690	91.3
Adoption	1	0.1	2	0.3	0	0.0
Guardianship	3	0.4	7	1.0	12	1.6
Other	35	4.9	28	4.1	33	4.4
Unknown (missing discharge reason or N/A)	17	2.4	27	3.9	21	2.8
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	13.8		15.8		not yet determinable	

<b>ACFARS Data Completeness and Quality Information (2% or more is a warning sign):</b>						
	Federal FY 2003ab		Federal FY 2004ab		Federal FY 2005ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	6	0.1 %	3	0.1 %	3	0.1 %
Missing discharge reasons	140	3.2 %	142	3.2 %	97	1.9 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	3	0.4 %	5	0.5 %	11	1.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N=adoption count disparity).	8	0.9% fewer in the adoption file.	0	No discrepancy between foster care and adoption files.	6	0.6% fewer in the adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

	Federal FY 2003ab		Federal FY 2004ab		Federal FY 2005ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) <b>[Standard: 76.2% or more]</b>	1,793	65.9	1,801	64.4	2,073	65.1
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	119	13.9	166	17.6	186	18.0
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	4,950	86.4	5,394	85.4	6,022	84.3
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	489	9.8 (80.4% new entry)	468	8.4 (81.7% new entry)	516	8.3 (81.7% new entry)

### FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 03, FY 04 , and FY 05 counts of children in care at the start of the year exclude 135 , 142 , and 179 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 13.8 in FY 03. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 15.8 in FY 04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 05. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

# SECTION III

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## *Narrative Assessment of Child and Family Outcomes*

## **A. Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect**

In the last CFSR, this outcome area was rated as not in substantial conformity. Since that time, Oregon has made significant changes in policy, procedures and practices pertaining to this area. Oregon expects that the Oregon Safety Model will have a positive effect on safety outcomes for children.

**Item 1: Timeliness of initiating investigations of reports of child maltreatment:** How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Policy and Practice: The 2001 Federal Case Review found the state to be in compliance with the timeliness measure 66.7% of the time. As a result, this was found to be an area needing improvement.

Since 2001, Oregon has carefully reviewed the policy and practice related to timeliness of response. These reviews have resulted in several changes in policy and practice to improve our performance on this measure. The reviews and policy changes include:

- In 2001, with the assistance of Action for Child Protection, Oregon evaluated the length of time allowed in the screening process and the impact that Oregon’s “extended screening” model had had on timeliness of first contact on reports of child abuse and neglect. At that time, the screening policy allowed a screener up to five days to complete the screening process with the ability to have an exception for an additional five days if approved by the supervisor. The assessment timeframe started at the point the referral was assigned for field contact. The assessor then had up to seven calendar days to make contact and exceptions to that timeframe could be granted by a supervisor. The work with Action for Child Protection assisted in the development of a Guided Screening and Assessment Process (GAP) in 2003 to promote assessments which are comprehensive and consistent.
- In 2002, the Department requested a review of the Child Protective Services Intake Process. This review was completed by Public Knowledge in November of 2002. In addition to other findings, the report recommended increased access for managers to current reports on timeliness performance in counties and statewide to assist in achieving better outcomes. Other recommendations included more timely completion of the screening process and enhanced access to public agency information by screeners. The first

monthly Timeliness of CPS Response reports were posted on ORBIT beginning in September 2003.

- In 2003, the Department completed the development of the Guided Assessment Process within the Family and Child Information System (FACIS). Policies and rules were revised to achieve more timely, comprehensive and consistent screening and assessment practice. Additionally, the screening policy was revised to require that the screening process was completed the same work day that a call was received. The CPS assessment rule was revised to require immediate contact within 24 hours of assignment and non-emergent contact within five calendar days.
- In August 2004, the screening policy was updated again in relationship to timeliness of response. The rule now stated that the timeframe for response was to begin at the point that the call was received. Policy requirements also moved from allowing up to twenty-four days for making initial contact, to allowing no more than five calendar days, in non-emergent situations.
- In 2007, the Department completed the process of revising all policy and developing procedures to implement the Oregon Safety Model. This includes additional clarification in regard to timeliness. All child abuse reports requiring field assessment will receive an initial contact within 24 hours unless the information reported indicates that the child is currently safe allowing for a more planned response within 5 days. Timeliness of response is one of the performance measure now tracked on the Department Dashboard report, which receives constant review and evaluation at the district and branch level.

Data Analysis: According to Oregon's last CFSR review in 2001, Oregon met the timeliness performance measure on 66.7% of the cases reviewed. A September 2006 statewide case review found this measure met in 87.2 % of the cases reviewed and the January 2007 review score was 82.4%. In February 2007 Oregon's ORBIT report shows an achievement of timeliness of CPS contact in 77.4% of all referrals that month. Achievement was better for referrals with 24-hour response times (83.6%) versus referrals with 5-day response times (71.5%). Further, rural counties outperformed urban counties, achieving 84.7% of their timeliness goal, with urban counties achieving 73.1% of their timeliness goal. While this is an area that continues to need improvement, the state has made significant progress in performance and in monitoring of the measure. In 2007, the policy expectation regarding timeliness of response requires a much faster response than in 2001, yet the state's compliance is now improved.

A focus group identified the following areas to be addressed in order to improve timely response:

- The length of time CPS workers carry intake cases which may interfere with their ability to respond to new referrals;
- Coordination with LEA and concerns about compromising a criminal investigation by responding before LEA contact; and/or
- Workload or limited staff to respond to referrals

Conclusion: Timeliness of response to reports of child abuse continues to be an area that needs improvement, but the state has made significant progress in policy expectations, practice and monitoring of this important goal. Next steps that will continue to support improvement in this area include:

- Reorganization of CPS screening and assessment units allowing for earlier transfer to ongoing case management. This will increase the CPS assessor's ability to respond in a timely manner.
- Reduction in supervisory span to increase monitoring of timely response.

**Item 2: Repeat Maltreatment:** How effective is the agency in reducing the recurrence of maltreatment of children?

Policy and Practice: Since the CFSR review in 2001, Oregon has focused efforts on the improvement of child protective services assessments and the identification of safety threats that contribute to child abuse. The state has also worked to improve the assessment of parental capacity and the parent's willingness and ability to protect their children from future abuse. State activities focused on this area included the following:

- In 2003, Oregon completed the development of the Guided Assessment Process (GAP). The purpose of GAP was to guide screeners and assessment workers in gathering safety related information to make consistent and comprehensive child safety decisions by considering safety threats, risk influences and parental protective capacity. This model introduced the concept of safety throughout the life of the case and required review of safety plans at all critical junctures.
- In 2004 and 2005, after noting an upward trend in the repeat maltreatment data, research and CPS program staff completed a review of data as well as

case reviews to identify contributing factors related to the upward trend.

That review resulted in the following findings:

- The discovery that multiple reports on the same incident were mistakenly being coded as subsequent incidents of abuse. Clarification of intake practices with field workers contributed to a 2 to 3 percent decline in the recurrence rate.
  - Safety plans had been developed at the initial assessment in 81.4 percent of the cases when reabuse occurred. However the safety plans were found to be inadequate 35.7 percent of the time, due to lack of services.
  - Services were offered to families in 67.3 percent of cases reviewed, but the review determined that there were numerous cases where services could have been offered in response to the initial incident of abuse. In particular there was a lack of services to address domestic violence issues and neglect issues.
- 
- In response to the 2004/2005 research and case review, the CPS program provided information and training in all areas of the state to improve outcomes related to Absence of Maltreatment. This included efforts focused on appropriate data entry of incidents of abuse and elimination of duplicate entries related to the same event. This also included information on family risk factors most commonly associated with recurrence and the importance of developing adequate safety plans and identifying appropriate services for change in parental capacity.
  - In 2005, Wayne Holder with the National Resource Center for Child Protective Services reviewed Oregon's child safety intervention system. As a result of that review, child welfare program staff worked directly with national experts to adopt and implement a more precise and consistent child safety intervention model. The implementation of this safety intervention approach relates specifically to the anticipated improvement of outcomes in repeat maltreatment. The Oregon Safety Model rules and procedures went into effect in March of 2007. Research conducted by the child welfare research unit in 2004 shows that most reabuse occurs when a child remains in their own home. With OSM, in home safety plans will be reviewed every 30 days. The workers will be assessing any change in the protective capacity of the parent and changes in the ability and willingness of a parent to keep the child safe.

- In 2006 and 2007, policies and procedures were developed to include increased supervisory consultation and review of safety-related decisions.

Data Analysis: The 2001 CFSR found Repeat Maltreatment 6.8% for the data measure and 8% of the case files reviewed. From 2003 to 2006, Oregon's annual performance on repeat maltreatment improved from 8.2% in 2003 to 6.7% in 2006.

Information from the state's 2007 data profile for the FFY 2005 absence of repeat maltreatment measure was 90.2%. The new Federal Standard is 94.6% for this measure. In Oregon's January 2007 statewide quality assurance case review, 92.9% of the cases reviewed showed absence of repeat maltreatment. This is an area needs continued improvement.

The most common abuse types associated with recurrence of abuse are neglect and threat of harm, as found in a 2004 research report conducted by CAF Child Welfare research. The use of threat of harm as an abuse disposition has been increasing over the last several years and appropriate use of this category is a concern. Child Welfare is in the process of updating the "threat of harm" guidelines used to assist CPS workers in using the abuse category appropriately. Once the new guidelines have administrative approval, the CPS program staff will provide ongoing training in this more structured disposition tool.

The most common family stressors associated with recurrence are drug and alcohol abuse and law enforcement (LEA) involvement. In 2005, 44.7 percent of founded abuse reports indicated that familial drug use was a risk factor and 29.6 percent indicated that parental involvement with LEA was a risk factor. In Oregon, between 2000 and 2005, methamphetamine played a role for nearly 67 percent of children entering foster care due to parental drug use. Oregon's ability to provide treatment to families impacted by drug and alcohol issues and resulting in abuse to children has diminished and data has shown a direct impact on child safety.

Conclusion: Repeat Maltreatment continues to be an area needing improvement. The state has made continued policy and practice improvement. State research has also contributed to a better understanding of the incidence of recurrence of maltreatment and correlations with family stress factors. Strides have been made in the improved response to ongoing safety of children, but more work is needed to reach this goal.

Next steps:

- The Oregon Safety Model was fully implemented on March 20, 2007, but training and achieving fidelity to the model will require continuous training and process improvement efforts. Improved focus on safety throughout the life of the case and comprehensive assessment of parental capacity are intended to improve safety for children and reduce recurrence of maltreatment. Reorganization of CPS screening and assessment units allowing for earlier transfer to ongoing case management. This will allow CPS assessors to focus on more comprehensive assessments related to the initial report of abuse.
- The state plans to reduce supervisory span, which will increase supervisory monitoring, mentoring and consultation with workers on child safety decisions.
- The state will continue to work with community partners to advocate for and develop increased access to appropriate treatment resources for families, including but not limited to substance abuse treatment.

## **B. Safety Outcome 2--Children are safely maintained in their homes whenever possible**

In the last CFSR, this outcome area was rated as not in substantial conformity. Since that time, Oregon has made changes in policy, procedures and practices pertaining to this area with mixed success.

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.** How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Policy and Practice: The value of community partners and family involvement has long been an important part of child welfare practice in Oregon. Family decision meeting models have been a hallmark of planning with families. Development of family-support services involving family members is a standard practice for child welfare practice.

Data Analysis: These practices are reflected in the 2001 CFSR review ratings received for Item 3 and in subsequent state CFSR reviews. The 2001 rating was 75% compliance. However, statewide CFSR reviews conducted between 2003 and 2006 resulted in an average rating of 85%, and the two quarterly statewide reviews

in 2006 and 2007 scored 97.1% and 87.5% respectively. Due to the large disparity between results from the branch reviews in 2003-2006 and the two statewide reviews in 2006-2007 and the sample size not being statistically representative, we do not feel we can put significant weight on the improved scores at this time.

A number of services are available to prevent child placement. These include the following:

- Addiction Recovery Teams help clients quickly access screening, assessment, and chemical dependency treatment by coordinating between Child Welfare and contracted chemical dependency providers. The actual number of children's parents being served by treatment has gone up each year except between 2002 and 2003. However, the increase in the number of children benefiting from parental drug and alcohol treatment has not kept pace with the number of children entering care at least partly due to parental drug use.<sup>2</sup> Contracted positions, called Trackers are responsible to see that clients get to appointments and help them arrange childcare and transportation. With a service provider team in place to provide wraparound services, children are often able to stay in the home.
  
- Domestic violence programs are funded by other sources in all counties. These programs may prevent placement, because many children are able to remain with their parent in a shelter.

Family Based Services (FBS) also prevent child placement. These services include the following:

- Parent training
- Intensive Family Services
- Family Sex Abuse Treatment.
- Intensive Home Based services (13 counties only)

These FBS services are all contracted and have been in place for over a decade. FBS currently has a contracted capacity of 4,265 families or groups per year. This capacity decreased from 4,640 in 2003 as a result of budget reductions in the last two biennia. During that same time, there has been a growth in the child welfare caseloads. This has resulted in services being diluted to meet the additional demand. Further, the majority of FBS providers report being fully or over utilized.

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<sup>2</sup> Like many states, chemical addiction is having a significant impact on Oregon child welfare systems. FFY 2000-2005 Child Welfare Data indicates 62.4% of foster care entries are the result of drug usage.

A review of FBS contracted services will be conducted beginning in June, 2007. One goal of the review is to determine the ability to obtain evidence-based services with available funds. A particular interest is experientially based parenting services. DHS will collaborate with partners such the Oregon Social Learning Center to incorporate research based parenting models.

Stakeholder input from judges, district attorneys, CRB and CASA's indicate that the services most helpful to maintain children in their homes and prevent removal are those associated with drug treatment, parenting, mental health services, and caseworker support. Pending before the Oregon legislature are several budget packages and proposals to increase funding for addiction prevention and treatment. If these pass the additional resources will have a significant impact on the ability of the child welfare system to prevent child placement.

Conclusion: Child welfare workers in Oregon continue to make the best possible use of existing assistance. This is difficult given the lack of appropriate resources. Although the type and availability of services has not kept pace with growing caseloads and client numbers, Oregon still was able to improve it's rating on this item.

**Item 4: Risk Assessment and Safety Management:** How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Policy and Practice: Our Statewide CFSR Results for 2002-2007 reflect our struggle in this area. With an initial rating of 80% in 2001, the 2003-6 rating increased to 86%, but dropped back down to 77.4% and 82.5%, respectively, in the two quarterly reviews in 2006 and 2007.

In response to our ongoing attempts to improve our performance in assessing and managing risk in homes and foster homes, several strategies and policy adjustments have occurred since the 2001 CFSR review. DHS Child Welfare initiated six key strategies to address safety assessment and safety management in child welfare cases.

1. Oregon obtained an Annie E. Casey grant in 2001. Among other practice improvements the grant focused on the use of Team Decision Meetings. (TDM). The meetings were to be held whenever a placement in foster care was being considered with the goal of immediately accessing family knowledge and resources to prevent placement whenever possible and to make fully informed safety

decisions and plans. While the use of TDM's was viewed as a positive collaboration with families in making placement decisions, there were insufficient resources to adequately implement the model. TDM's in some instances resulted in creation of safety plans that were not adequate, because there was insufficient information this early in the CPS assessment to develop a safe and sustainable plan with the family. As a result, use of the TDM's is no longer required.

2. In December 2004 as the result of a child fatality and subsequent Critical Incident Response Team (CIRT) review, a Reunification process was put into practice as a Policy Memorandum. The process was later incorporated into the Safety Plan Review Administrative Rule. It specifically targeted issues that should be assessed when planning family reunification. The Oregon Safety Model has now replaced this rule.

3. Policy requirements have been in place for some time requiring monthly face to face contact with families and children. A 2004 Critical Incident Response Team (CIRT) review was made about a child who was nearly starving to death in a foster home despite sporadic, ongoing visits by the caseworker. Documentation about face to face contact in this case was too limited to determine the quality, content and detail of the visits. However, it was clear that the face to face contact in this case did not result in sufficient intervention to adequately protect the child. A formal policy transmittal memorandum was issued to child welfare staff on March 1, 2005, clarifying and providing direction about the quality and content of face-to-face contacts as well as documentation requirements for the existing policy. Clarification was also provided that unannounced visits to foster homes are recommended. Administrative rule was later changed to incorporate these practices into 30-day face to face visits. A checklist was also provided for staff use during their visits to enhance their quality.

4. At the same time that Administrative rules for 30 day visits and safety plan reviews at critical junctures were implemented, policy changed in regards to CPS allegations on an open case. If the CPS report reflected new allegations or safety threats, that report was referred to CPS screening. If it reflected the same general issue that was being addressed by the current service plan, the report went to the assigned worker.

5. This item appears to be affected by caseworker lack of experience and training in understanding safety threats. A primary goal in implementation of the Oregon Safety Model is providing workers and their supervisors with critical thinking tools to better assess the key factors necessary to development of an in-home safety and

services plan. It will assist workers to determine when children can be safely maintained in their own home. It provides greater clarity about conditions that should be present in the child's home to have an effective in-home safety plan.

Implementation of the Oregon Safety Model will lead to changes in practice that are intended to improve performance in on this item in three areas.

- A child safety meeting is used to review the protective action and develop the ongoing safety plan, confirm suitability of safety service providers and direct monitoring of the ongoing safety plan. An ongoing safety plan contains the following elements:
  - written document containing criteria for sufficiency
  - approved by a supervisor
  - reviewed every thirty days at every face to face contact with both the parents and child
  - changes to reflect changes in parental protective capacity
- Parental Protective Capacities are the behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe. These are an important element of the Oregon Safety Plan and are used as follows:
  - Protective capacities are assessed to develop the case plan in cooperation with the parents.
  - Protective capacities are dynamic and changing and will be assessed at every contact with the parents during ongoing case management. A parent's progress will result in changes to the safety plan and Child Welfare interventions to manage child safety.
- The conditions for return to the home are not dependent upon the parent's completion of services or achieving outcomes. Rather it is a set of behaviors, conditions or circumstances to manage safety in the home with supports and services to the parents. The conditions for return to the home are made a part of the case plan, and made available to parents, court, and parties to the case. They serve as the benchmark for caseworkers in making the safety decisions to return the child to the parents' home.

The use of the Child Safety meeting and other types of Family meeting, wraparound services provided by the Drug and Alcohol teams in branches, as well

as close collaboration with our contracted providers, probation and parole officers, and our TANF partners all work towards better monitoring of safety in the home.

6. To manage safety in foster care, relative care, and pre-adoptive homes, Oregon made major modifications to Certification Standards with the implementation of the Oregon Safety Model. One of the major goals for these changes was to provide certifiers more time for face-to-face contact with providers. The following are highlights of these changes that affect this item:

1. The standards were divided into two parts: one including certification standards for providers and the other for Department responsibilities for certification and supervision.
2. The standard for in-home visitation by the certifier changed from 1 year to 6 months.
3. When the home is overfilled, the certifier must visit every 90 days to assess the safety and well-being needs of each child in the home and to assess the willingness and ability of the provider to meet the needs of each child.
4. The ratio of children was reduced from 8 to 7 per two-parent family, 4 children for a one-parent family, and no more than 2 children in the home less than 3 years of age.
5. The certification time frame was increased from 1 year to 2 years to allow the certifier to lessen their workload in order to provide more time to support placements.
6. The requirement for training was increased from 10 hours per year to 30 hours over the 2-year certification period.
7. A new requirement was instituted for a Placement Support Plan, which individualizes training needs to address specific problematic behaviors for particular children, or to identify services needed to support the provider for the specific needs of the child.
8. Oregon has contracted with the University of Oklahoma to provide training to our Portland State University contracted trainers on behavior management of children with problem behaviors.

Even with these efforts, Oregon has not yet made significant improvement in this measure. To maintain a child in their home when there is identified abuse or neglect is a difficult decision. It requires skilled, experienced caseworkers who have a thorough understanding of child abuse dynamics and factors relating to the parents. This permits workers to better assess whether adequate monitoring and services can be utilized. Oregon has a significant number of newer workers who do

not have this level of training or experience and have not had access to supervision to assist them in determining whether an in home plan is sufficient to monitor child safety. Further there is a lack of adequate access to the types of intensive, in-home services that provide sufficient in-home monitoring to ensure child safety. Only 13 Oregon counties have Intensive In-Home Services.

Conclusion: The adoption of the new Oregon Safety Model stresses protective capacity and the need for caseworkers to confirm safe environments throughout the life of the case. This coupled with new policy, a new procedure manual, and extensive and expanded training should equip caseworkers to better address risk and manage safety in the home. Allowing certifiers more time in foster homes and lowering the ratio of children to foster parents are actions that should improve our performance on this item.

### **C. Permanency Outcome 1 – Children have permanency and stability in their living situations**

In the last CFSR, this outcome area was rated as not in substantial conformity. Since that time, Oregon has made changes in policy, procedures and practices pertaining to this area with mixed success. Changes brought by the Oregon Safety Model should have a positive impact on this outcome area. Workers will be evaluating on going case plans at least every 90 days including an ongoing assessment of a parent's protective capacity. It is anticipated that with additional legal representation Oregon's ability to identify and achieve permanency will improve.

**Item 5: Foster care re-entries:** How effective is the agency in preventing multiple entries of children into foster care?

Policy and Practice: The Department practice is guided by policies; *Monitoring Child Safety* I-B.1 and *Developing and Managing the Case Plan* I-B.3.1 with a revised implementation date 3/20/07. *Title IV-E-FC* and *General Assistance* I-E.6.1 with a revised implementation date of 2/07/07.

Data Analysis: The 2001 CFSR found that 20.41% of the children who exited foster care re-entered foster care within 12 months (the National Standard was 8.6%). One cause of the high re-entry rate was Oregon's misunderstanding of how trial home visits were to be used and recorded in AFCARS. Significant efforts were made to make Oregon's AFCARS compliant with federal requirements on this issue. After the changes were made, Oregon's re-entry rate was 10.06%. The

onsite review found no children in 35 cases reviewed re-entered care during the period under review. As a result of the overall review this item was found to be an “area needing improvement”.

Since Oregon’s last review, the re-entry rate, as measured in round one of the CFSR, showed improvement. In fact, between 2004 and 2006 Oregon’s re-entry rate was better than the national goal of 8.6% or less.

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006*</b>
CFRS Round 1 Re-Entry Rate	9.8%	8.4%	8.3%	8.0%

\*Calculated by state.

When examining the CFSR Round One re-entry rate for FFY 2006, Native American children and African American children have higher re-entry rates (13.6% and 12%, respectively). Further, older children have higher re-entry rates, with children age 9 and older having a re-entry rate of 11.8 percent, compared with children younger than 9 having a re-entry rate of 6.4 percent.

More recent information from the fall 2006 QA case reviews in Oregon demonstrate an overall rating of 89.5% and 94.1% from the spring 2007. However, based on the CFSR Round two measure of re-entry for 2005, 15.7% of children exiting foster care in 2004 re-entered within 12 months. This is considerably worse than the level Oregon will have to achieve to improve on Permanency Composite One.

A statistical study completed in Spring 2007 by Honors in Economics students at the University of Oregon examined some of the factors associated with foster care re-entry using a statistical analysis, based on the new CFSR re-entry measure for 2006. Contrary to the Round One measure, this analysis found that, controlling for all other factors, older children were less likely to re-enter care. Further Caucasian, Hispanic, and Native American children were all found to have a higher likelihood of re-entry, at the 90 percent confidence level. Of particular interest was the finding that special needs children and children with behavior and disabilities were all indicators of higher re-entry. The child’s behavior is an issue that remains consistent from the CFSR Round One findings.

Evaluation: As a result of the program improvement plan and subsequent work by the Department after the federal review, it was determined that a significant piece of the challenge was the discrepancies between the data and case review findings.

The difference between the State's data and the Federal CFSR case review was due to differences in definition of re-entry of a child. In addition, Oregon was not initially utilizing the *Trial Home Visit* as a data coding option and so children who came back into foster care within six months of return home were always being counted in the State's re-entry data.

In 2003, Oregon incorporated the Trial Home Visit definition for coding purposes to be consistent with the Federal definition. This included a policy Information Memorandum dated Sept. 23, 2003 for field implementation. Addressing this issue gave a clearer picture of Oregon's re-entry rate.

Since the last review period in 2001, Oregon has made several changes in policy and practice to improve our performance on this measure. These include:

- In 2003, the Department's policy regarding Service Agreements with families was expanded to include the required development and use of change goals in service agreements as a means to measure parental change.
- Policy was also changed to require supervisory review and approval of all cases prior to the child returning home for all reunifications plans, in an effort to better assess "readiness for the return home".
- In 2006 training and in 2007 policy change now requires a key concept of the Oregon Safety Model, "*Conditions to Return*" as a critical component of the case plan.

In further analyzing who the children are that re-enter care, a survey of the judicial partners occurred during March 2007 (see Court Survey in section I.F.) seeking judicial partner perspectives.

Drug Abuse was the most common type of parenting problem identified by all respondents, identified by 83.3% of all respondents. A distant second problem identified by respondents was a "failure to parent," (24.7% of respondents) which includes such things as parent skills and abilities. The third most often identified problem was domestic violence, which was identified by 20.3% of respondents.

What are the most common kinds of parenting or other problems that lead to re-entry into foster care?

Role	Total Respondents	Percent Responding		
		Drug Abuse	Failure to Parent	Domestic Violence
Judges & District Attorneys	30	96.7%	6.7%	16.7%
CASA	86	81.4%	38.4%	19.8%
CRB	62	82.3%	25.8%	22.6%
Defense Bar (OTHER)	33	84.8%	3.0%	27.3%
Role Not Stated	40	77.5%	25.0%	15.0%
<b>Total Respondents</b>	<b>251</b>	<b>83.3%</b>	<b>24.7%</b>	<b>20.3%</b>

Similarly, when asked what specific services were needed that would impact re-entry, respondents indicated that drug and alcohol abuse treatment were the primary services that would be useful (34.7% of all respondents). Homemaker services were also identified as having an impact on re-entry (22.7% of respondents), along with mental health treatment services (18.3% of respondents).

Are there specific services that have an impact on whether a child, once returned home, re-enters foster care?

Role	Total Respondents	Percent Responding		
		Drug Abuse Tx.	Homemaker Services	Mental Health Tx.
Judges & District Attorneys	30	30.0%	23.3%	10.0%
CASA	86	25.6%	15.1%	18.6%
CRB	62	41.9%	30.6%	27.4%
Defense Bar (OTHER)	33	51.5%	36.4%	21.2%
Role Not Stated	40	32.5%	15.0%	7.5%
<b>Total Respondents</b>	<b>251</b>	<b>34.7%</b>	<b>22.7%</b>	<b>18.3%</b>

Further, the survey asked whether or not the provision of services to prevent re-entry were a routine part of reviews and permanency hearings. In total, 47.0% of respondents said yes, service provisions were routinely addressed, with judges and district attorneys responding yes 63.3% of the time. An additional 13.9% of respondents indicated this planning was done sometimes. A total of 22.3% of respondents didn't feel that service provisions were routinely addressed prior to return home. Judges and district attorneys indicated a "no" to this question only 10.0 percent of the time.

Is the provision of services to prevent re-entry routinely addressed in review and permanency hearings before the child is returned home?

**Percent Responding**

<b>Role</b>	<b>Total Respondents</b>	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>	<b>Does Not Apply/No Response</b>
Judges & District Attorneys	30	63.3%	10.0%	16.7%	10.0%
CASA	86	51.2%	17.4%	12.8%	18.6%
CRB	62	45.2%	25.8%	17.7%	11.3%
Defense Bar (OTHER)	33	51.5%	30.3%	15.2%	3.0%
Role Not Stated	40	25.0%	30.0%	7.5%	37.5%
<b>Total Respondents</b>	<b>251</b>	<b>47.0%</b>	<b>22.3%</b>	<b>13.9%</b>	<b>16.7%</b>

Oregon needs to continue an inclusive approach to addressing the issue of re-entry of children into foster care by continually assessing the issue from various angles within the system, the Department, judicial, partners, services, families, and children.

Conclusion: Oregon has shown improvement in the area of re-entry since 2001. However, the redefinition of re-entry and Oregon's poor performance on this measure indicates there is more work to be done. Collectively, these policy and practice changes are intended to continue Oregon's practice of minimizing the re-entry of children who have been reunified.

**Item 6: Stability of foster care placement:** How effective is the agency in providing stability for children in foster care (that is, minimizing placement changes for children in foster care)?

Policy and Practice: Several policies and administrative rules have been changed since the last federal review in an effort to bring greater attention to several areas of the case management system. Placement stability and the importance of maintaining a child's out-of-home care placement has been a critical piece of several policies; *Placement Matching* I-E.3.1, *Monitoring Child Safety* I-B.1 and *Developing and Managing the Case Plan* I-B.3.1 with a revised implementation date 3/20/07.

On March 1, 2004, the Department instituted the requirement for face-to-face contact between the child and caseworker on a 30-day basis in an effort to increase the child's safety and address their needs while in care, including placement stability. Caseworkers continue to access flexible System of Care funding in order to address the specialized needs of individual children around safety, permanency and well-being including issues affecting placement stability.

Data Analysis: The 2001 Federal CFSR found that 85.7% (the National Standard was 86.7%) of all children in foster care during the previous 12 months had two or fewer placement settings. After AFCARS was resubmitted for the first CFSR, Oregon's stability rate was 87.0%, above the national standard. Of the 35 cases reviewed 85.7% were rated as strength.

During the Fall 2006 statewide review Oregon achieved 77.4% and in January 2007 achieved 82.1 percent. Oregon does not yet meet the National Standard regarding placement stability. The State composite score of 96.7 is below the national standard of 101.5 for placement stability. According to the data composite, in FFY 2005, 83.4% of all children served in foster care for at least 8 days but less than 12 months had two or fewer placement settings; 65.9% of all children served in foster care for at least 12 months but less than 24 months had two or fewer placement settings; and 34.4% of all children served in foster care who were in care for at least 24 months had two or fewer placement settings.

For children in care 12 months or less Oregon's stability measure has been slowly declining over the past several years. There is little variability in this measure by age, though infants through age 2 tend to have more placement stability (86.8% in care less than twelve months had two or fewer placements). Using Oregon's ORBIT reporting for FFY 2006 (does not exclude children in care <8 days), when stratified by race, the data show that children with multiple races have the highest rate of stability (87.6%), followed by Caucasian children (85.3%). The children with the lowest stability are Asian (75.4%), Native American (78%), and African American (78.1%).

Similar analysis by age and race has not been done for children in care for longer periods. However, the stability rate for children in care between 12 to 24 months improved in 2005 before declining to 64% in 2006, which is still above the national median, though below the national 75<sup>th</sup> percentile of 65.4 percent. The stability rate for children in care more than 24 months has been increasing over the past few years. However, this too is below the 75<sup>th</sup> percentile of 41.8%.

	<b>2004</b>	<b>2005</b>	<b>2006*</b>
Percent of Children with <=2 placements for children in care for less than 12 months	84.4%	83.4%	83.1%
Percent of Children with <=2 placements for children in care for 12 to 24 months	64.5%	65.9%	64.0%
Percent of Children with <=2 placements for children in care for 24+ months	33.5%	34.4%	36.2%

\*Calculated by state.

Evaluation: Oregon’s performance on placement stability needs to improve. Entry cohort data (first episode, first placement) examined by the foster care unit every six months indicates that though Oregon does not generally use “receiving centers” for initial placement into foster care, approximately one-third of first placements of children are with foster homes that provide care for 2 weeks or less. For the last six months of 2006, 31.9 percent of children entering foster care for the first time were placed in homes where the placement lasted two weeks or less. This rate of first placements into shorter-term emergency shelter care that does not remain the child’s placement has remained somewhat stable over the past several years.

Conversely, 15% to 16% of children are initially placed with relatives when first entering foster care (15.8% for children entering care in the final six months of 2006). There is often a struggle to quickly identify and then certify relative providers. However, Oregon has maintained a value of placing with relatives and works hard to find relative placements for children when they come into foster care. The delay in identifying and placing children with relatives is one of the issues that leads to a higher number of placements, since once a relative is identified Oregon’s preference is to transition that child to the relative placement. This is evidenced by the 30.5 percent of children in family settings on an average

daily basis in FFY 2006 being placed with relative, roughly double the rate seen upon initial placement.

Oregon believes that a focus on minimizing the number of placements early on will have an impact on each of the stability components. Therefore, Oregon tries to maximize the percent of children having his/her first placement with relatives and minimize the number and percent that enter a placement lasting a limited amount of time.

In further analyzing placement stability, a survey of the judicial partners occurred during March 2007 (see court survey in section I.F.) seeking judicial partner perspectives. When asked for the reasons for placement changes, nearly one-third of respondents indicated the child’s behavior was a factor. Several respondents commented that the foster parents lacked some of the skills and training necessary to deal with challenging behaviors. A total of 15.1% of the respondents indicated children were moved due to foster parent request. Placement moves due to finding a relative resource was indicated by 11.2 percent of all respondents. Finally, 5.6 percent of respondents indicated placement moves were due to finding a placement that put siblings together.

What do caseworkers report to you as reasons for a child's placement being changed?

Role	Total Respondents	Child Behavior	Percent Responding		
			Foster Parent Request	Placement with Relative	Placement with Sibling
Judges & District Attorneys	30	33.3%	23.3%	16.7%	10.0%
CASA	86	25.6%	18.6%	9.3%	4.7%
CRB	62	50.0%	14.5%	11.3%	1.6%
Defense Bar (OTHER)	33	45.5%	18.2%	24.2%	18.2%
Role Not Stated	40	0.0%	0.0%	0.0%	0.0%
<b>Total Respondents</b>	<b>251</b>	<b>31.1%</b>	<b>15.1%</b>	<b>11.2%</b>	<b>5.6%</b>

In response to the question about whether there are services that would increase the stability of children in foster care, 22.3% of respondents indicated better foster parent support would be helpful (usually respite care). In addition, 14.3% of respondents thought more foster homes would help with placement stability. Better

training was also indicated by 13.9% of respondents as likely being helpful in reducing child moves.

Are there services that could be provided to children or to foster parents that would lower the number of placements for children?

**Percent Responding**

<b>Role</b>	<b>Total Respondents</b>	<b>Better Support for Foster Homes</b>	<b>More foster homes</b>	<b>More/Better Trained Foster Homes</b>
Judges & District Attorneys	30	20.0%	23.3%	10.0%
CASA	86	20.9%	14.0%	19.8%
CRB	62	35.5%	21.0%	17.7%
Defense Bar (OTHER)	33	30.3%	9.1%	12.1%
Role Not Stated	40	0.0%	2.5%	0.0%
<b>Total Respondents</b>	<b>251</b>	<b>22.3%</b>	<b>14.3%</b>	<b>13.9%</b>

Conclusion: This is an area needing improvement. Oregon believes that the field offices and workers do value placing with relatives, but continue to struggle with identifying and certifying that relative prior to a child’s first placement. If the number of placements experienced by a child can be minimized early in the foster care episode, each of the permanency composite timeframes will show an improvement over time.

**Item 7: Permanency goal for child:** How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Policy and Practice: *Another Planned Permanent Living Arrangement* I-E.3.6.3, implemented 7-01-06 and *Developing and Managing the Case Plan* I-B.3.1 with a revised implementation date 3/20/07.

Data Analysis: In 2001, item 7 was different than it is now and cannot be compared to current results. The State’s CFSR case reviews on this item between the years 2003-2006 resulted in an average strength rating of 87%. The two quarterly statewide reviews based on the new standards in 2006 and 2007 rated this

item as a strength in 80.6% and 82.1% of cases, respectively. Revisiting 12 cases that failed to achieve adequate permanency goals for the child out of the 70 foster care cases in the two Oregon Statewide reviews revealed two key types of issues:

- Staff failed to document the permanency plan. Either the permanency plan that was entered was different than the plan that was being worked, or there was insufficient documentation about the plan in the electronic or hard case file
- The movement toward permanency did not occur within ASFA time frames for reasons such as caseworker turnover or appearance of another parent late in the case.

When a child enters foster care the likely permanency goal for that child is reunification. Should reunification not be the permanency goal, the following order of preference is used in determining the permanency goal: adoption, guardianship, live with other relatives, and another planned permanent living arrangement (APPLA). Oregon reviews the permanency plan of children in care every six months, usually as part of administrative court hearings or CRB hearings. To change a permanency goal, workers need to present the rationale for the change in the permanency goal to the court and obtain the approval of the court.

In March 2007, 223 foster youth in DHS custody were surveyed.

- To the question “Does your caseworker talk to you about your case plan (adoption, permanent foster care, going back to your parents, guardianship)? 21% of the 223 youth said always, 34% usually, 26% not usually, 13% never, and 6% did not respond to the question.
- To the question “How often does your caseworker talk to you about permanency, guardianship or adoption” 10% of the 223 youth said always, 27% usually, 29% not usually, 28% never and 6% youth skipped the question.

Evaluation: As a result of the initial CFSR review several actions and practice changes occurred which has assisted in the increased compliance and planning for children.

The Department developed a short-term group of staff that was deployed around the state to assist in staffing cases of children who had been in care for several months. Often, these intensive case reviews assisted caseworkers in moving cases forward, identifying and troubleshooting barriers and assisting in the permanency plan development.

Since this initial surge of case staffing several offices around the state implemented local practices that built on this effort by creating a 4-month review and an 8-month review process to better prepare cases for upcoming judicial reviews.

Oregon has concurrent planning for children. However, sometimes those concurrent plans are not worked to the extent needed. The adoption of the Oregon Safety Model in March 2007 now requires an increase in the overall standardization of the Department case reviews, to every ninety days which we anticipate will impact and positively increase the percentage of cases with appropriate permanency plans and concurrent plans.

An area that remains a weakness is the Department's lack of legal representation in all cases. Often times cases being reviewed for legal sufficiency will assist in the identification and implementation of a permanency plan that may be better supported by the case progress.

Future plans: The Department has requested an increased Legal Representation for the Department and it is currently before the Oregon Legislature. If approved, the package will provide additional funding for much needed legal representation for caseworkers in court, which will free caseworkers to do more social work with their families and, among other things, lead to more appropriate and effective permanency planning and concurrent planning for children.

An area that may require additional analysis is determining the permanency plans identified, how often these are changed, the length of time, efforts and services applied during the period and identify trends that warranted a change in the plan.

Conclusion: Since 2001, Oregon has made significant improvement on this item and with the assist of legal representation, focus on thorough and regular Department case reviews we anticipate the success to continue toward full compliance.

**Item 8: Reunification, guardianship or permanent placement with relatives:**  
How effective is the agency in helping children in foster care return safely to their families when appropriate?

Policy and Practice: Since 2001, Oregon has made changes in policy and practice to improve our performance on this item. *Another Planned Permanent Living Arrangement* I-E.3.6.3, implemented 7-01-06. *Monitoring Child Safety* I-B.1 and

*Developing and Managing the Case Plan* I-B.3.1 with a revised implementation date 3/20/07 are the driving policies for case planning.

Data Analysis: According to Oregon's data profile, Oregon improved with regard to the percentage of children exiting foster care that were reunified in twelve months from 73.6% in FFY 2004 to 76.1% in FFY 2005. Examining entry cohorts shows a similar pattern. Similarly, the median length of stay for children exiting to reunification declined from 6.5 months in FFY 2004 to 6.3 months in FFY 2005.

The State's CFSR reviews have show consistent and steady improvement on this item. The statewide CFSR reviews conducted between 2003 and 2006 resulted in an average rating of 76%. The two quarterly statewide reviews in 2006 and 2007 scored 90.0% and 94.7% respectively. Due to the large disparity between results from the branch reviews in 2003-2006 and the two statewide reviews in 2006-2007 and the sample size not being statistically representative, we do not feel we can put significant weight on the improved scores at this time.

Evaluation: Oregon has maintained a consistent overall reunification rate - approximately 64% of all children who are exiting foster care are exiting to reunification. In addition, in FFY 2006 1.1% of children exiting care exited to "Living with Other Relative." This percent has also remained stable over the past several years.

Oregon has continued the Title IV-E Waiver Subsidized Guardianship Program, which has been of great assistance to children and families. The case growth in this area has been steady over time. For example, between 2000 and 2006 the number of children exiting to guardianship increased from 181 children to 259 children, a 43.1% increase. In FFY 2006 4.6% of all children exiting foster care exited to guardianship. The Subsidized Guardianship program serves a critical need for many families and assist children in finding permanency.

Achieving the timeliness of reunification can be difficult, given the complexity of family problems. For example, in FFY 2006 the second most-often cited reason for removal in AFCARS was Parental Drug Use. Over the past several years Parental Drug Use has increasingly been identified as one of the reasons for removing a child.

Year	Number of Children Entering Foster Care	Number Entering With Reason for Removal of Parent Drug Abuse	Percent
2000	4,675	2,024	43.3%
2001	4,524	2,192	48.5%
2002	4,729	2,471	52.3%
2003	4,946	2,715	54.9%
2004	5,515	3,151	57.1%
2005	6,178	3,855	62.4%

Further, in FFY 2006, 52.9 percent of children who entered foster care had four or more reasons for removal. This highlights the complexity of working with these families towards reunification.

Treatment for the parents of these children entering foster care plays a critical role in when a child can safely return home. Current (October 2006) research in Oregon employs a matching system between two Department of Human Services entities to determine the level of A&D treatment services provided to the parents of children in foster care. While this research is currently in progress, preliminary information suggests that there is a continuing decline in the treatment services provided to this population.

In federal fiscal year 2000 almost 72 percent of the children whose parents had identified drug issues had their parents receive A&D treatment within 90 days of the child's foster care entry (90 days before or after foster care entry). This percent remained relatively steady between FFY 2000 and FFY 2002. In FFY 2003 and FFY 2004 the percent receiving treatment fell, so that approximately 62 to 64 percent of children's parents received treatment within 90 days before or after foster care entry. For children entering care during federal fiscal year 2005 only 53.3 percent of these children's parents received treatment.

The actual number of children's parents being served by treatment has gone up each year except between 2002 and 2003. However, the increase in the number of children benefiting from parental drug and alcohol treatment has not kept pace with the number of children entering care at least partly due to parental drug use.

Future Plans: It is believed the Safety Model and corresponding policy and procedure will impact this area in two primary ways:

1. The Model requires caseworkers to complete a Protective Capacity Assessment with each parent and this comprehensive assessment will allow

for the development of a more tailored and individualized case plan to address the safety threats which led to placement; which ultimately will result in more timely reunification and permanency for children.

2. As noted in Item 7, Oregon has implemented effective March 2007 procedure where the case plan is to be reviewed every 90 days through face to face contact between the caseworker and parent, caseworker contact with all providers, and caseworker consultation with their supervisor. These reviews will assist in more appropriate service provision to the child, parent(s), and foster parent(s).

Conclusion: Over the past several years, the State's CFSR reviews on this item have shown steady and consistent improvement. This is despite struggling with scarce drug and alcohol treatment services. With the continued use of the Assisted Guardianship Program Oregon expects to continue progress in this item. It is also anticipated the Oregon Safety Model and corresponding rules and procedure will guide Oregon to more timely reunification and permanency for children as a result of the concepts Protective Capacity Assessment and Conditions for Return.

**Item 9. Adoption:** How effective is the agency in achieving timely adoption when that is appropriate for a child?

Policy and Practice: Oregon has continually promoted adoption as the most viable permanency option for Oregon's foster children when return to parent is not feasible. Still, the 2001 Child and Family Service Review (CFSR) rated Oregon as needing improvement for timeliness to adoption. Since that time, Oregon has

1. Made the adoptions process more transparent,
2. Launched a concurrent planning workgroup,
3. Developed internal case-tracking tools to help provide managers with performance reports (ORBIT) at both the state and local levels
4. Shortened Placement Supervision from one year to six months prior to adoption finalization,
5. Streamlined the process for foster parents to become adoptive parents with the development of the progressive home study, the 90-day completion date of the home study and the quick processing of basic rate adoption assistance requests.
6. Streamlined the process to free children for adoption and shown steady and sustained improvement in its performance on timeliness of adoptions.

Although Oregon's performance on timeliness of adoptions measures has improved, our performance on Permanency Composite 2 in the Data Profile confirms that there are more issues to be addressed including:

- The need to perform an analysis to determine the profile of Oregon's waiting children. Initially, the focus was targeted to children who had been in care the longest who had multiple need
- Adoption assistance payment rates that are lower than the foster care rates for some children creating a disincentive for adoption in some instances
- Lack of legal representation for the agency at court hearings, creating delays in identifying legal parents, ICWA compliance and adjudication and disposition of the Juvenile Court petition
- Further analysis to review the length of time to litigate TPR petitions is required
- Delays in the recruitment and committee processes
- Issues raised at committee that should have been addressed/resolved earlier in the case
- Workload and staffing issues<sup>3</sup>
- Paper flow from field staff to central office is problematic

As a result of the 2001 CFSR findings, an Adoption Task Force was convened. This was a collaborative effort with DHS initiated by Oregon's Citizen Review Board (CRB). This very inclusive effort involved Court Judges, DHS staff, field and program, CASA, District Attorneys, Assistant Attorney General and foster and adoptive parents. It was comprehensive in scope and analyzed processes from the point of termination of parental rights to a finalized adoption. The goal was clear: "Decrease the average and median time to finalize an adoption following a termination of parental rights judgment or parents' voluntary release of a child for adoption." The Task Force met for one year from August 2001 to August 2002. A number of recommendations resulted from this effort and are detailed in their final report, "Adoption TASK Force Progress Report 2005".

An over arching theme in the recommendations was the need for clarity and accountability of the adoption process for all stakeholders. As a result, tools were developed to make the process more transparent. DHS developed an adoption checklist (Form CF252), which cites activities required in the adoption process and completion date. DHS created the Oregon Repository Bringing Information Together (ORBIT) Adoption Tracking Report, which details the process of the

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<sup>3</sup> A variety of factors have contributed to staff turnover in Child Welfare in recent years, and the relatively inexperienced workforce has contributed to delays

child through the adoption track. Brochures for both general applicant adoptive parents and current caretakers were developed to explain steps to finalization. CRB provided an adoption technical assistance guide for use in six-month reviews. The Juvenile Court Improvement Project (JCIP) developed data entry protocols for termination of parental rights cases. The incremental benchmarks captures in the Juvenile OJIN Integrated Network are as follows:

- **Average** time from the file date of the original dependency petition to the date parental rights were terminated
- **Average** time from termination of parental rights from the termination petition
- Number of Children Freed

	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006
<b>Average</b> Time to TPR from DEPD (months)	28.01	27.88	27.48	26.47	27.62	28.87
<b>Average</b> Time to TPR from TPR petition (months)	7.43	7.69	6.61	7.53	7.33	7.69
Number of children Freed	1025	932	956	1035	1056	1194

Adoption data entry procedures were presented at the August 2003 JCIP conference. CASA agreed to assist DHS in gathering necessary information to complete adoption, such as medical history.

A by-product of the Task Force was a greater understanding that timeliness to adoption finalization takes a collaborative effort. Progress of a child’s finalization of adoption was routinely measured at the six-month reviews as well as in court hearings. By June 2002, the median month to adoption was 37.2 months, down from 40 months in 2001. Specifically, there was improvement during the period between Termination of Parental Rights (TPR) and adoption finalization.

In August of 2002-August of 2003, DHS launched a workgroup to look at the tasks required for good concurrent planning. The workgroup produced a matrix and identified time frames and tasks to be completed from at the time of placement to adoption finalization. Concurrent planning has been infused in the training curriculum, however active supervision is needed to ensure it is being implemented fully and consistently statewide. More analysis is required in order to determine why concurrent planning is not happening consistently across the state.

Several policies changes have occurred to better guide practice improvement and support timeliness to adoption performance. One barrier to achieving the timeliness to permanency noted in 2001 was the lack of legal representation for the agency at court hearings. DHS has incorporated a specialized Legal Assistance Program for children who are likely to be freed for adoptive placement. Policy has since been written to clarify the appropriate use of the Department’s Legal Assistant Specialists. Another barrier that has been addressed is the processing of adoption by a current caretaker. Specific timeframes have been introduced through policy to expedite the home study assessment and approval process. The cumulative result of these various actions has improved timeliness to adoption outcomes.

Data Analysis: Since the Child and Family Service Review (CFSR) in 2001, the Department has demonstrated improved adoptions outcomes while continuing to maintain a high number of children who exit foster care via adoption.

<b>Children Exiting Foster Care to Adoption</b>					
<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
1071	1118	891	943	1033	1095
20%	23%	19%	20%	20%	20%

<b>Length of Time to Achieve Adoption within 24 Months from the Last Date of Removal</b>			
<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
13.9%	17.6%	17.9%	21.8%

<b>Median Months to Adoption</b>			
<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
35.8	35	33.3	32.1

While the 2006 data reflects significant improvement to that of 2001, continued efforts are needed. The Adoption program has identified other areas where delays are directly impacting the State's ability to meet the Length of Time to Achieve Adoption and Median Months to Adoption performance measures.

One concern is the delays resulting from appeals by biological parents to the termination of their parental rights (TPR). In 2006, there were 65 appeals to TPR; in 2005, there were 79. These numbers have remained fairly constant since 2001. Adoptions can sometimes be delayed a year due to appeals to the TPR. Currently DHS, in collaboration with the Department of Justice (DOJ), is piloting a project that offers a mediation process in TPR appellate cases. It is hoped that mediation will result in timely resolutions in TPR matters and reduce the delays to finalizing adoption. There are no findings to date, as the project began October 2006.

Another area that the Department is giving attention to is the adoptive family selection process. Oregon currently uses a committee process to select the most appropriate family to adopt a child based upon the needs of the child. Over the last year this process has been challenged by various community stakeholders. It is criticized as being a closed process. In several instances, the adoptions have been delayed while committee placement decisions have been questioned and reviewed. To address this issue, Oregon has received technical support and assistance from the National Child Welfare Resource Center for Adoption (NRC-A). The NRC-A conducted two focus groups, observed two committee determinations and reviewed all policies and rules related to the current committee. Their final report with recommendations is forthcoming. Based upon those recommendations the appropriate modifications will be made to avoid future delays to permanency.

Conclusion: Although Oregon has made sustained and significant progress around performance since 2001, we are not content with our current performance. The Oregon Adoptions unit will continue with efforts stemming from the 2001 CFSR, the Adoption Task Force, the Concurrent Planning Workgroup, the NRC-A and on-going internal efforts to identify and address means of improving the adoptions process in Oregon.

**Item 10: Other planned permanent living arrangement:** How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with this goal?

Policy and Practice: *Another Planned Permanent Living Arrangement* I-E.3.6.3, implemented 7-01-06 guides practice in this area. It is to be used in conjunction with other policies guiding permanency for children.

Data Analysis: The 2001 Federal CFSR found that 84.6% (the National Standard was 90%) of the cases reviewed had appropriately used the goal of Other Planned Permanent Living Arrangement. As a result, this was found to be an area needing improvement

The statewide CFSR reviews conducted between 2003-2006 resulted in an average rating of 79%. The two quarterly statewide reviews in 2006 and 2007 scored 85.7% and 94.1% respectively.

Oregon is not passing Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time. In particular, Oregon is struggling primarily with Component B of Permanency Composite 3, which shows that 62.7% of children who were in care for three years or longer exited care with a discharge reason of emancipation or reached their 18<sup>th</sup> birthday while in foster care. This number worsened slightly from the 61.4% for FFY 2004. In comparison, the National median is 47.8% and the 25<sup>th</sup> percentile is 37.5%. Clearly, Oregon must improve on this measure.

Evaluation: An area that we have spent considerable time analyzing and gaining knowledge around is the area covering children with a plan of Another Planned Permanent Living Arrangement (APPLA) and the plan which includes Permanent Foster Care. Many of these children and youth are represented in the Permanency Composite 3: Component B.

As a result of the last CFSR review Oregon engaged in a policy and practice review and discussions with community partners representing the Courts and CRB, attorneys for children, foster parents, youth advocates, and Department staff. As a result in July 2006, Oregon implemented new administrative rules regarding APPLA. This set of rules clearly identifies that:

- 1) every child needs and deserves a safe, nurturing and permanent home;
- 2) children need and benefit from familial attachments;
- 3) the purpose of permanency planning is to locate a permanent family or, if that is not possible, develop lifetime supportive relationships for a child in an out-of-home placement;
- 4) permanency planning must begin when a child enters substitute care; planning should be driven by the particular needs of each child; planning should

be family focused, culturally competent, and continuous; and planning should be accomplished with urgency;

5) permanency is best achieved by placing the child in a family-like setting that provides the child with caring, nurturing relationships and an enduring sense of stability;

6) APPLA is the least permanent of all plans and must be used only when the other more preferred permanency plans have been ruled out; and

7) when APPLA is utilized as a child's permanency plan, the plan must be reviewed at least once every six months to determine whether a more permanent plan has become appropriate for the child.

Following the implementation of the APPLA rule, training was provided in the fall 2006 with a DHS representative, member of the Citizen Review Board and a former foster care youth who was able to present on the importance of permanency from a youth perspective.

Several factors have long been a general understanding of the use of APPLA with a Permanent Foster Care Plan; generally we believe these plans are used for the older youth, often times with a relative placement, and possibility utilized more often with children of color. Through our continued evaluation of this grouping of children these general assumptions may not be as accurate as once believed which has redirected some of our attention. At the end of FFY 2006:

- Approximately 25% of the children in foster care have a plan of APPLA.

- The race of children

<u>APPLA plan</u>	<u>All Out of Home Care</u>
62% Caucasian	56% Caucasian
11% African American	7% African American
11% Native American	11% Native American
7% Hispanic (any race)	12% Hispanic (any race)
1% Asian/Pacific Islander	1% Asian/Pacific Islander
8% Race Not recorded	13% Race Not recorded

- Age distribution of children with a plan of APPLA

Age 0 – 5	1.9%
Age 6 – 12	19.3%
Age 13+	78.8%

- Children with APPLA and Permanent Foster Care
  - Placed With Relative 11%
  - Placed With Non-Relative 68%
  - Placed with a DD Foster Care Placement 21%
- How permanent is permanent foster care? Just over seventy-two percent (72.5%) of the children with a signed and Court approved permanent foster care agreement on 9/30/05, did not have a subsequent placement change by 9/30/06. In contrast, 75.4 percent of children in care on 9/30/05 did not have a subsequent placement change by 9/30/06. This comparison can mislead, since the non-permanent foster care children could very well have exited foster care. However, it does illustrate the reason that APPLA is not a preferred permanency goal.

Future Plans: As noted in Items 7 and 8 above, Oregon has implemented procedure where the case plan is to be reviewed every 90 days through face to face contact between the caseworker and parent, caseworker contact with all providers and caseworker consultation with their supervisor. These reviews will assist in addressing the appropriate use of APPLA permanency option.

Conclusion: Permanency Composite 3 is an area that continues to require attention for improvement in Oregon. This is especially true of Component B where Oregon had 62.7% (FFY 2005) of all children who were in care for three years or longer exit with a discharge reason of emancipation or who reached their 18<sup>th</sup> birthday while in foster care.

It is our understanding that continued improvements on this item will result in better outcomes for children in foster care for long periods of time. However, as more children in APPLA find other permanency options, other outcomes might be negatively impacted, at least in the short term, such as the time to adoption and time to reunification.

#### **D. Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children**

This area was considered a strength at the time of the last CFSR review with a finding of substantial conformity of 94.3%. Oregon has sustained a high level of practice in several of the individual items but has fallen numerically during the recent 5-6 years with the overall scoring.

**Item 11: Proximity of foster care placement.** How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Policy and Practice: The Department practice is guided by policy #I-E.3.1 *Placement Matching*, with a revised implementation date 3/20/07. The policy prescribes the requirements for assessing the child's needs when the Department initially places the child in substitute care to assure the child's safety; to identify the most appropriate, available substitute care provider who can meet the child or young adult's needs; and to prescribe the requirements for assessing the substitute care placement in meeting the child or young adult's need for safety, permanency, and well-being.

Data Analysis: This area was considered a strength at the time of the last CFSR review in 32 (91.4%) out of 35 cases reviewed. Since 2001, state quality assurance reviews indicate that practice has maintained a very consistent rate of 98-100% compliance with this indicator.

Evaluation: The state of Oregon remains consistent in maintaining the legal jurisdiction of the child in the county of their family's residence at the time of removal. The state does provide the ability to transfer legal jurisdictions to another county if in the best interest of the child.

The Department, guided by rule and practice, remains committed to placing children with relatives whenever possible (30.5% of family foster care is relative care, FFY 2006). The Department will actively seek other persons who know the child or family and can be certified as a foster family and most specifically seek these known individuals who can keep the child within the same neighborhood, community or school placement setting.

During this period of time Oregon has utilized practices and initiatives such as Neighborhood Foster Care, Family-to-Family, Strengths Needs Based Practice statewide and have placed a priority on maintaining a child's educational placement, which has led to supporting proximity of placement settings.

Conclusion: Oregon's priority in this area has been sustained over time, even with limited resources and often times complex placement needs. The practice of placing children locally, maintaining local legal jurisdiction, and supporting relative and educational placements has been the consistent thread throughout this area and we consider this one of Oregon's strengths.

**Item 12: Placement With Siblings.** How effective is the agency in keeping brothers and sisters together in foster care?

Policy and Practice: Placement with siblings is guided by two Department policies; *I-E.3.1 Placement Matching*, with a revised implementation date 3/20/07 and *I-F.6 Sibling Placement Planning in Adoption*, policy renewal date 05/01/06.

The policy provides the Department's value of sibling placement, attachment, and connections.

- (1) The Department values the preservation of the relationships of *siblings* (defined in OAR 413-110-0110) when in the best interests of the children, recognizing these relationships as the family relationships that can be the longest lasting.
- (2) The Department values the placement of siblings with the same substitute care provider or adoptive family whenever possible and when it is in the best interests of the children to do so.
- (3) If separation of siblings occurs in foster care, the Department views the separation as temporary and will work to reunite separated siblings when it is in the best interests of the children to do so

Data Analysis: This area was considered a "strength" at the time of the last CFSR review in 20 (83.3%) of the 24 cases reviewed. During this review period the Department has increased our ability for sibling placements and has sustained a high level of placement practice with CFSR ratings in the mid-90's during the preceding 4 years.

Evaluation: In September 2006, 40% of the cases with children in out-of-home care involved a sibling group. Of this group approximately 63% of the children were a part of a sibling group of 2 children. Twenty-six percent (26%) involved a group of 3 children and the remaining 11% had 4 or more siblings. The largest group (2 cases) had sibling units of 8 children.

In attempting to analyze this overall rating and percentage by drilling down into the subgroup population of siblings, the Department has found the likelihood of a sibling group of 2 children being placed together is approximately 68%. Placement of 3 siblings is 53%. The larger siblings groups remarkably show a significant positive placement rate of togetherness, in that siblings who are all placed together (25% of the time for siblings groups of 6 children) or partly placed together,

meaning that at least 2 of the siblings are together in the same placement occur 100% of the time for siblings groups of 7 or 8 children.

In addition, Oregon children who have been placed for adoption in FFY 2005 who had a sibling were placed adoptively together 94.4% of the time.

Future plans: Through case consultation and conversations with the Oregon Foster Parent Association, we believe an area needing growth for sibling placement is in the reconsideration of reconnecting siblings after the initial placement. At times when early planning decisions are made on a case to separate siblings, sometimes as a result of their individual needs and sometimes as a result of the lack of placement resources, it remains challenging to keep case planning and supporting parties focus on the need to reconnect and reconsider placement choices for the siblings. The Departments' new policy Placement Matching, requires case planning to reconsider the initial placement within the first 30 days which includes a reconsideration of the sibling placement needs. The formal policy additionally provides for at a minimum of a 90-day re-evaluation of the substitute care placement decision.

The Department has continued to place a priority on sibling placements through training and consultation. Policy clarification and practice has assisted to increase sibling connections when they are unable to live together through sibling visitation plans and participation in *Camp-to-Belong* activities. (*Camp-to-Belong* is a nationally recognized week long camp for siblings to reunite and rebuild relationships. The national organization, through leadership of advocates in Oregon, has developed a local *Northwest Camp-to-Belong*, which is a joint venture between Oregon, Washington, and Idaho).

Conclusion: The Departments practice and attention toward sibling placements has demonstrated very good outcomes for children and for CFSR findings; therefore, Oregon anticipates the federal review will too find this area as a strength for Oregon. However, we understand there always remains room for growth in keeping siblings together, connected, and supported.

**Item 13: Visiting with parents and siblings in foster care.** How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Policy and Practice: The Department practice is guided by policy *I-E.3.5, Visits and Other Types of Child and Family Contact*, with a revised implementation date

3/20/07, describe the Department's responsibilities in arranging frequent contact between any child or young adult in substitute care, the family, and other people with whom the child or young adult has a significant connection.

Data Analysis: This area was considered a "strength" at the time of the last CFSR review in 31 (91.2%) of the 34 cases reviewed. Since this time, Oregon's CFSR process had reported an increase in 2006 to 92.0% followed by a decrease in 2007 to 82.1% in our overall performance.

Evaluation: The Department continues to train staff, at the beginning of their employment and as an on-going training need, in identifying visitation needs and alternative options for visitation and contact among members. This ongoing training and support includes incorporating foster parents, relatives or other community members in the coordination, transportation, monitoring and documentation of visitation plans.

In some counties the Juvenile Court is becoming more engaged in the reviewing and ordering of visitation plans among parents, children and siblings.

Oregon is cognizant of the fact that visitation is one of the key indicators of successful reunification planning for children and families and acknowledge that available resources and time remain barriers to continual increases in visitation plans.

Oregon has long utilized Oregon Family Decision Making meetings as a method to work with the family on multiple levels, one of which in reviewing and reassessing visitation plans. The department has found success by incorporating the conversation of visitation within the judicial review process so the family, courts, attorneys, CASA, foster parents and other partners are well informed of the visitation arrangements, needs, barriers or challenges.

Future plans: There has been a renewed interest in increasing visitation options for families and efforts by the Department and advocates to address both the quality and quantity of visitation. The practice of utilizing "supervised" visitation is an area of inquiry considering that visitation services are often limited to having personnel resource available. The need to identify other sources and resources to assist in the visitation supervision, transportation and facilitation remains a constant need for the Department.

Conclusion: Considering that visitation plans and services are intended to be individually based and based on the “needs” of the children and parents, it remains reasonable to think that this area will always require additional support and work toward full compliance since “more” visits are always needed.

**Item 14: Preserving Connections.** How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Policy and Practice: The Department practice is guided by Policy #I-E.3.1 *Placement Matching*, with a revised implementation date 3/20/07 and in II-B.1 *Certification Standards for Foster Parents, Relative Caregivers and Pre-Adoptive Parents* and II-B.1.1, *Department Responsibilities for Certification and Supervision of Relative Caregivers, Foster Parents and Pre-Adoptive Parents* with a revised implementation date 3/20/07 and *Placement of Indian Children* implemented 1/02/02.

Data Analysis: This area was considered a “strength” at the time of the last CFSR review in 32 (94.1%) of the 34 cases reviewed. The practice and review findings has continued to be highly rated in Oregon in addressing this item. CFSR reviews in 2006 & 2007 have shown a rating of 90.3% and 97.4% respectively.

Evaluation: The Department continues to value a child and families connections to one another, within their communities whether it be faith, educational, recreational or native communities. Department efforts to provide visitation within communities and families homes, coordinate a child’s foster care experience so they may actively participate in school, recreational, cultural and faith activities are embedded within policy and practice. The Department and partners provide ongoing training and support to staff, foster parents, and partners around issues of cultural diversity, and community connections. Such examples of training and experiences include annual ICWA conference, Diversity Conference, and Native Teen Gathering.

The increasing Latino population in Oregon continues to pose its unique challenges with having Department staff, community service providers, legal representation, and the fostering community who can best serve these children. These challenges include the need for written and verbal communication tools and training needs.

A Youth Survey that was completed in Multnomah County (Portland) in December 2006, by 97 youth for purposes of client satisfaction resulted in 71% of the youth

reporting they are able to maintain contact with people they care about while 29% report they do not get to see people they care about enough.

A Youth Survey completed statewide in March 2007 for the purposes of the CFSR State Self Assessment resulted in 56.5% of the 223 youth responding that DHS always or usually helps them stay connected to or learn about their community, family and culture; 38.1% say not usually or never; and 5.4% declined to respond to this question.

Participation and consultation of Tribal representatives is an important aspect of casework with Tribal children. Tribal consultation is considered an on-going process with statutory and agency policy. Numerous opportunities are in effect that provides for consultation and collaboration with Oregon Tribes. Some of the structured involvement is through the Title IV-B child welfare plan development, SB770, Health Division Quarterly meetings, ICWA Quarterly Advisory Committee meetings, Quarterly ICWA Regional Liaison meetings, Tribal representation on statewide Child Welfare Advisory Committee, ICWA conference planning committee, Native American ILP conference planning committee, and other special initiatives.

The Oregon Tribes have identified “non-active efforts findings” as an issue that concerns them. While some of the assumptions were subjective, processes were put into place to address their concerns. Any non-active efforts findings are reported to the District Manager of the case and to central office for follow-up.

On an individual case basis, ICWA staffings are held monthly with a committee of knowledgeable and experienced DHS employees. They staff and consult with workers on cases of Indian children, as defined under the ICWA, with the purpose of ensuring compliance as to ICWA and the Department’s administrative rules. The committee provides a written recommendation to the worker that may identify and assure better compliance as to the ICWA requirements. The committee encourages the participation and support of Indian Tribes and the families in case planning and reviews to ensure culturally relevant resources are identified and offered to Indian children and their families.

A Tribal Survey completed in Spring of 2007 also for the purposes of the CFSR resulted in 25% of the 12 survey respondents indicated that DHS usually preserved and enhanced Indian children’s connections to their community, traditions and culture, Tribe and friends. 33% responded ‘not usually,’ or ‘never,’ and 42% did not respond to this question. Comments ranged from “there has been a renewed effort in the past five years by both the State and Tribe around cultural identity” to “only when it is convenient for the state worker”.

Future plans: Two groups requiring additional evaluation and resources are the Latino and the Native American child populations. As these populations have grown, the knowledge, resources and supports have not grown proportionately to meet the needs. Specific attention and work by the Department and communities will best serve these children and families. Some of the challenges we are facing include recruiting staff, foster parents and community service providers with the necessary skills sets. Additionally, many of the more traditional service offerings or delivery methods the department provides are less likely to be effective and utilized. More work in analyzing the needs and methodologies to provide services is warranted.

Conclusion: While Oregon has remained strong overall in this area, given the growing populations noted above, the Department will likely require additional Technical Assistance and Training, and resources to assist such program development and expertise.

**Item 15: Relative Placement.** How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

Policy and Practice: The Department practice is guided by policies # *I-E.1.1 Working with Relatives Toward Placement of Children*, implementation date 7/1/01, policy # *I-E.3.1 Placement Matching*, *II-B.1 Certification Standards for Foster Parents, Relative Caregivers and Pre-Adoptive Parents* and *II-B.1.1, Department Responsibilities for Certification and Supervision of Relative Caregivers, Foster Parents and Pre-Adoptive Parents* with a revised implementation date 3/20/07. Policy is to consider potential substitute care placements that meet the needs of the child in the following order of preference:

- (A) A relative who can and will meet the child's needs for safety and can be certified by the Department through a diligent search for the child's relatives;
- (B) A person who has a caregiver relationship with the child and can be certified by the Department;
- (C) An unrelated person to whom the child has significant attachment or who has significant attachment to the child, and can be certified by the Department; or
- (D) A foster parent who is certified by the Department, or a provider who is certified through a licensed child-caring agency.

Data Analysis: This area was considered a “strength” at the time of the last CFSR review in 33 (97.1%) of the 34 cases reviewed. Since this time Oregon’s CFSR

process had reported a statewide performance of 88.5% in the fall of 2006 and 100% in the spring of 2007.

Evaluation: Of the children placed in family foster care 30.5% of these placements are with certified relative caregivers. This standard has remained consistently stable during the recent 5 years ranging from 28% to 30.5% of family foster care placements. As of April 2007, Oregon had 5,321 certified families qualified to care for foster children. Of these certified families 38% of them were relatives to the child in their care.

Oregon remains committed to placement preference with relatives in Oregon law, administrative rules and practice. Relatives are often sought out as outlined in rule (413-070-0060 thru 0093) to search for and work with the relatives of children in the department's legal custody and for children in substitute care to develop placements and alternate permanency plans for them. The department rules identify relatives as the placement of preference, but in making placement decisions shall ultimately be guided by the best interest of the child.

In Oregon, relatives identified to care for a child are required to meet Department standards for certification the same as would be required of caring for a non-related child. The certification assessment includes assessing for a criminal records background check, child abuse background check, personal references, home safety check, and training requirements.

A unique public policy in Oregon has been to provide foster care payments to relatives only if the child is eligible for Title IV-E foster care funding. This long standing statute has come under reconsideration during the 2007 Legislative Session as a result of the Department's budget and proposal of a relative caregiver bill.

Throughout this assessment and analysis we have discovered that although we place children with relatives fairly consistently through our certification approval process we are finding differences in placement rates among various counties. This discrepancy in placements leads one to question the role of the initial assessment and the length of time between initial placement and subsequent placement to a relative. Are there practices, policies, philosophies that impact or impede relative placements.

Future plans: At the conclusion of this Legislative Session, the Department will likely engage in training of staff and community partners on the role of relative

placements and the role of relatives in case planning as a result of several bills currently in session.

Conclusion: Oregon practice of relative placements may require more individualized county plans and practice shifts rather than statewide initiative or policy changes.

**Item 16: Relationship of child in care with parents.** How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Policy and Practice: The Department practice is guided by policy *I-E.3.5, Visits and Other Types of Child and Family Contact*, with a revised implementation date 3/20/07. These rules describe the Department's responsibilities in arranging frequent contact between any child or young adult in substitute care, the family, and other people with whom the child or young adult has a significant connection.

Data Analysis: This area was considered a “strength” at the time of the last CFSR review in 25 (92.6%) of the 27 cases reviewed. Since this time Oregon’s CFSR process had reported a decrease in our overall performance for this item to 87.5% in 2006 and 79.3% in 2007 in this area and further analysis is necessary to understand why.

Evaluation: Oregon provides an array of services in order to support, promote and assess relationships between child and parents. These services may include Parent/Child Interaction Evaluations preformed by Psychologist, utilization of visitation plans and policies to support contact and frequent interactions. During the more recent years the Department has initiated efforts to increase contact between the child’s parents and the foster care provider in order to strength the relationships while jointly caring for the child. These efforts are most notably recognized as Team Decision Making meeting, Family Decision Meetings, or are demonstrated by fairly involved visitation plans including visits in the foster home. These foster family and birth family visits at times are centered on holiday or celebration for the child. At times the working relationship between the foster parent and birth parent has included joint visits for school meetings, WIC appointments, and other medical appointments. Additional funding for therapeutic or specialized visitation may also be available through our System of Care program. However, funding for System of Care has declined over the review period. In addition, the Department supports both a Parent Mentor and Parent Leadership program, which assists parents currently involved with child welfare in

negotiating the system and focusing on issues they need to address, including how to stay connected and involved in their child's life.

Future plans: The Department will need to increase our documentation and reporting systems in order to increase the capture rate of this item. The Department may need to access Technical Assistance and Training, and resources to assist such program development and expertise in order to comply with the desired outcome.

Conclusion: The CFSR interview process may provide a more clear sense of activities, services and supports being provided to the child and parents to enhance their relationship.

### **E. Well-Being Outcome 1 – Families have enhanced capacity to provide for their children's needs**

Oregon has focused on working with families to identify and meet the needs of their children for years. The focus of safety and improving the caretaker's protective capacity has become a clear priority for services in the past year.

Since the last review, service funding was cut due to state budget shortfalls. These cuts have occurred during a period of agency reorganization and when increasing numbers of drug involved families required services. Individual workers have experienced increased workloads in spite of agency efforts to provide relief. Administration has remained focused on increasing the quality of casework practice to families in spite of budget and workload challenges. Caseloads remain sufficiently high that it is rare for workers to make the required 30 day contact with all the children and all the parents on their caseload each month. The recently implemented Oregon Safety Model requires engagement with families while the worker keeps the clear boundaries around ensuring the child's safety.

**Item 17: Needs and services of child, parents, foster parents:** How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

Policy and Practice: This item was an area needing improvement in the 2001 CFSR review. Since then Oregon has made improvements to assess and provide needed services for children, their parents and foster parents.

At the time of the 2001 review, Oregon had just implemented a new policy that required workers to see their child clients every 30 days instead of the previously required every 90 days. In addition, Oregon had nearly completed an eight-year process focusing case planning around setting up systems of care for families, caseworkers and stakeholders to focus on meeting the children's needs for safety. At that time, 68% of the cases passed the Federal review.

Policy was again revised on March 1, 2006 regarding use of professional assessments for determining needs of children and parents. It now requires workers to document if recommendations made in the assessment were not followed. As a result they are more likely to follow up with services recommended by the evaluator or they must be able to justify why the service was not provided.

The Service Agreement policy was expanded to include required development and use of change goals in service agreements. Both workers and family members now have a clearer understanding of the expected outcomes and resultant behavioral changes that should be accomplished through involvement in a service.

A review of child welfare practice in Oregon was completed at the request of Governor Kulongoski in June 2005 by the National Resource Center for Child Protective Services. Results of that review lead to development and implementation of the Oregon Safety Model (OSM). Rule and policy changes were implemented in March 20, 2007 so its effect on practice is still being assessed. However, the intent of adopting the Model was to improve practice in many areas of child welfare and child safety including how services are offered to children, their families and foster parents.

Use of the OSM will impact the development and use of services. Workers will now use the Safety Assessment tool and the Protective Capacity Assessment (PCA) to determine services for families. The PCA provides workers with a structured approach for engaging and involving parents in a case planning process focused on addressing diminished caregiver protective capacities. Caregiver protective capacities are personal and parenting behavioral, cognitive and emotional characteristics that specifically and directly can be associated with protecting one's children. Lack of sufficient caregiver protective capacities can result in an unsafe child. The PCA is designed to focus intervention on caregiver engagement, the family's perspective, family needs and strengths; collaborative problem solving; and strengthening and empowering caregivers to resume their role and responsibilities for protecting their children.

In addition to the Safety Assessment and PCA, children receive a medical exam by a physician within 30 days of placement and a mental health assessment by AMH within 60 days. Children under age five who are victims of abuse are required to have an early childhood screening which is conducted by county health departments. In addition, case workers obtain and review educational records and assessments including school attendance, special education, and Individual Education Plans (IEP). The *Placement Matching* policy, though not a formal assessment, provides a process for determining the most appropriate placement services for the child.

Foster parent needs are assessed through the certification process and home study. As a part of the monthly face to face visits, case workers monitor safety issues in the home and placement support plans are developed to address foster parent needs around specific children in their care. (More details can be found in Policy # II-B.1.1)

The new model includes use of Expected Outcomes (expect change in behavior if the client successfully completes a service) and Action Agreements (describes activities used to accomplish the outcomes). These tools will provide workers with the ability to better determine service needs and to engage and support clients in receipt of those services.

Changes in administrative rules and implementation of the OSM also include greater oversight by supervisors to ensure worker follow through on assessing and providing for child, family and foster parent service needs.

Data Analysis: Federal findings for Oregon's 2001 PIP on this measure were 68.0%. Branch reviews in 2003 showed an increase to 77%. The statewide review in Fall, 2006 was down to 62.3% but the Statewide review in January, 2007 recorded an increase to 87.7%. At this point Oregon's performance on Item 17, while it has improved, still does not meet the federal benchmark of 90%. Comments from branch and statewide reviews from 2003-2007 related to why cases were given a needing improvement rating included:

- needs were not assessed, not assessed timely or thoroughly,
- assessed needs were not addressed,
- service agreements were not in the file and thus could not document the process of working with the family to identify needs and services,
- identified needs did not address the key issues which prevented the child from living safely at home.

The new Federal review instrument which was used on the statewide QA reviews in 2006 and 2007 requires a separate rating of foster parents, parents, and children's needs being assessed and met. This new organization of the review instrument makes it harder to achieve. In addition, the standard has increased from 90% to 95%.

Conclusion: This item continues to be an area where Oregon needs to improve.

**Item 18: Child and Family involvement in case planning:** How effective is the agency in involving parents and children in the case planning process?

Policy and Practice: This is an item where Oregon's performance in QA reviews has declined steadily since the 2001 Federal CFSR review. However, the new Oregon Safety Model Protective Capacity Assessment process, with its emphasis on collaboration with clients to develop the Case Plan should improve our performance in this area. This includes a review of the Safety Plan and an inventory of Parental Protective Capacity. Client self determination is a guiding principle for developing the Case Plan; however the Department determines the necessary Safety Plan, either in-home or out-of-home.

Data Analysis: In the initial review in 2001, our rating was 91.1% compliance of the cases reviewed. During the 2003-2006 branch reviews, the average rating was 84% and fell to a current rating of 81.5% in the 2007 statewide quarterly review.

Evaluation: State CFSR instruments for the period 2003-2006 were reviewed to examine the reasons an *Area Needing Improvement* rating was given for Item 18. A number of themes emerged:

- Lack of documentation
- Feeling that services and planning was being imposed rather than collaborative
- Lack of FDM's for planning purposes
- Lack of contact/communication with caseworker
- Fathers and/or youth were not included in planning
- Failure to include parents who had, in the early stages of the case, been uncooperative and actively involved in drugs, but were now clean and sober and willing to participate.

One of the over-arching themes of this assessment is the caseload/workload of caseworkers and their supervisors and the lack of time on the job and resulting lack of experience. Current supervisor workload makes clinical supervision and a

thorough review of case planning difficult. Also, collaborative and engaging work with families requires skill and experience. Adequate staff, supervision, and training are all elements that should impact the lack of written plans, the lack of documentation, and the lack of FDM's (see item 4 for more details related to changes around TDM's).

With lower caseloads, and more day-to-day training and consultation from a supervisor, workers can improve in these areas. If approved, the Governor's recommended budget currently being considered in the Oregon Legislature should have a positive impact.

From a Tribal perspective, the Spring 2007 survey completed for the CFSR state assessment indicated that 8.3% of the 12 respondents felt DHS always engaged parents and children in case planning, 25% felt they were usually engaged and 33% felt they were not usually engaged. 33% did not respond to this question.

While the CFSR comments cited lack of involvement by youth in case planning, the Youth Survey indicated more diversity of involvement.

When asked if DHS listened to what they wanted and needed in a foster home, 42% of the 223 survey respondents indicated that was usually the case with 19% answering always to this question. There were 14% who answered never, and 21% not usually.

The youths' response to whether their caseworker included them in making decisions about their lives, the largest percentage (39% of the 223) replied usually to this question with the second largest percentage (29%) responding always. 20% replied, 'not usually'; 8%, 'never'; and 4% declined to answer this question.

While it appears from this survey that caseworkers are doing a pretty good job of including youth, the inclusion of fathers and other relatives, particularly early in the life of the case is an area we have identified as needing improvement. It has been identified in the court survey by judges as an element that slows down the permanency process for children. Early and aggressive involvement of the father or fathers in a case is an area that we are focusing on in our consultation and training.

Case planning with drug-addicted parents, methamphetamine in particular, is an ongoing training need. A consistent profile emerges with these parents. Most often they are court-ordered into treatment and then, too often, the case planning is driven by the outcomes of drug screenings. The alcohol and drug teams in each branch are constantly training and consulting in regards to relapse, its implication

for treatment and the accurate and realistic measurement of the progress of parents in A&D treatment in an attempt to ameliorate the “formulaic” response to parents struggling to achieve and maintain sobriety. CAF’s Drug and Alcohol Services Coordinator has designed and delivered a number of training modules statewide on how to work with meth-addicted parents in the early stages of recovery. Emphasis is placed on communication with drug-addicted parents in an effort to increase engagement in attendance at treatment, appointments and visits in light of the ASFA timeframe requirements.

Conclusion: This item continues to be an area where Oregon needs to improve; however, the emphasis on collaboration with clients in the new OSM is expected to increase our performance.

**Item 19: Caseworker visits with child.** How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Policy and Practice: *Monitoring Child Safety I-B.1* is the Department policy to direct practice. This policy has recently been revised as of 3/20/07. Prior to this policy revision it was referred to as *Caseworker Contact with Child, Parents, and caregivers*. The current policy incorporated the requirements of the face-to-face contact that has been in place since 2004, and added the additional responsibility and focus to describe the responsibilities of the Department in monitoring child and young adult safety and well-being.

Data Analysis: This area was considered an “area needing improvement” at the time of the last CFSR review, while finding 34 (68%) of 50 cases reviewed rated as strength. That finding would tend to support the field’s expressed concern that the ORBIT reports developed to track worker face to face visits with parents and children on open plans is under-reporting workers achievements in this arena. In September 2003 statewide worker contacts with children were documented at 34.4%. Since that time, there has been steady improvement, and the January 2007 ORBIT reports on this measure showed timely contacts being made 68.5% of the time, with a 10.4% improvement indicated on the ORBIT over the last year.

- During spring 2006, the Citizen Review Board (*Judicial Administrative Hearing Review Board*) conducted a survey during the reviews to ascertain face-to-face compliance. In this survey the board identified 68% of the contact between child and caseworker to be within the 30-day requirements.
- A Youth Survey that was completed in Multnomah County (Portland) in December 2006, by 97 youth for purposes of client satisfaction resulted in

61% of the youth reporting they receive enough contact by their caseworker while the remaining 39% indicated they would like to have more contact.

Evaluation: The Department instituted policy and training of staff on the 30 day face-to-face requirement which in Oregon was required for any child the Department has an “open case plan” on regardless of their legal custody or placement setting. In addition, the Department implemented policy which requires the caseworker to also have contact with the foster care provider every 30 days and to physically visit the foster home at least every 60 days.

Training has been provided to Department staff in an effort to increase the quantity and quality of visitation and discuss techniques that may aid in the more frequent visits such as; scheduling visits around school calendars, visits later in the day after school is excused, look for opportunities to coordinate visits among other activities or events.

In order to capture the policy compliance Oregon developed an ORBIT information reporting system (see Section IV item 31). This tool has been used as a case management tracking, supervisory and management tool.

A Youth Survey completed statewide in March 2007 for the purposes of the CFSR State Self Assessment resulted in 55% of the 223 youth responding that they always or usually see their caseworker every 30 days; 26% responded that they do not usually see their caseworker every 30 days, and 13% said they never see their caseworker every 30 days. 6.3% of the surveyed youth did not respond to this question.

Future plans: The Department will require additional Technical Assistance and Training, to identify resources to assist in program development, staffing allocation and expertise to ensure quality contact occurs along with the quantity.

It is believed that if passed, the additional funding included in the Governor’s recommended budget for legal representation and for child welfare staffing will have a positive impact on this outcome. In addition, we are currently discussing the best investment option for the new funding available from Title IV-B to improve Oregon’s performance on face-to-face visits with children.

Conclusion: Oregon needs to improve its performance in this outcome area.

**Item 20: Worker visits with parents.** How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Policy and Practice: *Monitoring Child Safety I-B.1* is the Department policy to direct practice. This policy has recently been revised as of 3/20/07. Prior to this policy revision it was referred to as *Caseworker Contact with Child, Parents, and caregivers*. As noted under item 19, the previous and current policy identified here outlines the Department staff responsibilities of regular face-to-face contact with parents.

Data Analysis: This area was considered an “area needing improvement” at the time of the last CFSR review, while finding 21 (75%) out of 28 cases rated as strength. The Department faces challenges around performance on this item, similar to the challenges with the face-to-face for children.

Evaluation: Many of the practices, policies and information provided in item 19, translate to this item as well.

The Oregon Citizen Review Board survey in March 2006 regarding the Department’s policy of 30 day caseworker contact with parents ranged from 16% with fathers to 33% with mothers. Contact with the foster parent caregiver resulted in 59% of the time.

Future plans: The Department will require additional Technical Assistance and Training, to identify resources to assist in program development, staffing allocation and expertise to ensure quality contact occurs along with the quantity.

Conclusion: Oregon practice of face-to-face contact with parents may require more individualize county plans and practice shifts rather than statewide initiative or policy changes.

## **F. Well-Being Outcome 2—Children received appropriate services to meet their educational needs**

**Item 21: Educational needs of the child:** How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Policy and Practice: Policy (I.-B.3.1) requires that the child’s case plan include education.

Data Analysis: In the 2001 CFSR, the child's educational needs were assessed and addressed by caseworker or foster parents in 82.1% of the cases. The Juvenile Rights Project provided training across the state about the significance of meeting the child's educational needs. In the branches reviewed between 2003 and 2006, on average 92% of the children and youth reviewed were having their educational needs assessed and met.

In the two recent statewide CFSR reviews, reviewers found this item met in 87.5% and 86.2% of the cases reviewed, respectively. A March 2007 survey of 223 foster youth found 79% felt DHS usually or always helped them meet their educational needs and goals. The other 16% stated that DHS did not usually or never helped them with their educational goals. 6% of the surveyed youth did not respond to this question. When asked what DHS could have done to meet their educational needs, youth expressed various needs including scholarships, supports for GED's, supports for participation in athletics, and continuity around schools.

Forty-five percent of the 87 foster parents surveyed found it moderately easy to get educational assessments for the children in their care. Forty percent found it hard to medium hard to get educational assessments. Waiting lists for educational testing can be a barrier to getting a child's Individualized Educational Plan.

Evaluation: One factor which might contribute to the drop in performance on this item is caseworker turnover with new workers not having had the JRP training on the importance of getting the child's educational needs addressed. Another barrier the state faces with regard to successfully completing this item is the Federal IDEA language that prevents caseworkers from filling the parent role in planning for the child's education. Finally, the Oregon economy has not afforded as much flexible system of care funds, which would affect the State's ability to afford sports fees, tutoring, etc. for foster youth.

Conclusion: This is an area on which Oregon will continue to work towards improving.

### **G. Well-being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

Even though Oregon pioneered in providing children with universal health care through the Oregon Health Plan, Oregon's performance on Well Being 3 was not in substantial conformity with federal standards in the 2001 Oregon CFSR. In the

onsite review 88.6% were rated strength on Item 22 and 88.4% were rated strength on Item 23.

Policy and Practice: Policy (I.-B.3.1) requires caseworkers to develop a case plan. This includes meeting the child's routine and special medical and mental health needs. Each child in foster care is to have their needs assessed within 60 days of entering care for health, mental health and dental care, and to obtain all indicated follow up services in a timely manner. Health and dental care needs are assessed by medical professionals, while children are referred to AMH for a mental health assessment.

**Item 22: Physical health of the child:** How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Data Analysis: In the 2001 CFSR, 88.6% of Oregon's children had their physical health needs assessed and met in a timely manner. On average in the branch reviews across the state between 2003 and 2006, 80% of the cases reviewed had their health needs met. Reasons for "area needing improvement ratings" included assessments or immunizations not occurring within state mandated time frames, not having sufficient records in the case file to indicate services had occurred, lack of ability to get dental services due to a shortage of dentists who accept the Oregon Health Plan, and foster parent's or caseworker's failure to follow up with needed services.

The case reviews revealed a geographic bias in the degree to which children's health needs were assessed and met. Cases in Portland were likely to have the children's medical and dental needs met 86.3% of the time. Cases from suburban counties (Washington, Clackamas, Marion and Lane) had their children's medical and dental needs met 80.8% of the time. Children in the remaining rural counties had their medical and dental needs met 77.9% of the time. In the statewide reviews in September 2006, health needs were met for 75.7% and in January 2007, health needs were met for 88.4% of the children or youth whose cases were reviewed.

Seventy-two percent of the 87 foster parents surveyed in 2007 found it easy or relatively easy to obtain medical care for children living in their homes. From the Stakeholder interviews conducted for the CFSR branch review during 2003-2006 Oregon judges reported that when children entered foster care, their physical and dental health needs were addressed. Seventy-one percent of the 223 foster youth surveyed for the 2007 State Assessment reported getting the services they wanted.

Of those that reported having additional needs, 11% reported they needed more dental services, and nine percent reported needing medical care; 8% had ‘Other’ needs; 3% wanted more mental health services. Respondents could indicate need in more than one category. 10% of youth surveyed did not respond to this question.

Evaluation: On March 20, 2007, Oregon adopted a new set of policies as part of the OSM. Policy II-B.1 requires foster parents to maintain health records for children, obtain medical care for children, manage prescribed medications, and practice positive behavior management methods. Although the behavior management system and medication logs were used previously, the prior policy was not as clear in declaring the foster parent’s responsibility for maintaining the child’s health records.

Health care, dental and mental health resources are inadequate for any child in the state except those who are well insured. There is a statewide shortage of dentists and dental care and a statewide shortage of medical doctors who accept the Oregon Health Plan. Rural counties have a dearth of providers and long distances to access services. There is a lack of universal insurance.

In 2004 and 2005, the Oregon Commission on Children and Families listed lack of access to health and dental services, as one of the top five gaps in services for Oregon’s children<sup>4</sup> Therefore, many children and their caregivers must travel long distances to get the services they need. For foster parents in rural areas, this is an understood responsibility for the children in their care.

Policy I-B.3.1 requires the caseworker to “review of the child or young adult’s education, health, and mental health services to ensure the needs of the child or young adult are being met” by the caseworker every ninety days for children who are in foster care. As noted above, judicial officers around the state report that when children enter foster care they do get their teeth fixed and their health care needs met. However, DHS does not routinely address mental or physical health of children in in-home cases unless it is a reason for which the case came to the attention of the agency or it came up in routine casework as an area needing attention.

Barriers to performance include lack of providers, lack of universal health care insurance or coverage, large rural population, and a low level of reimbursement to providers making some unwilling to participate.

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<sup>4</sup> <http://oregon.gov/OCCF/Documents/PhaseIII/2006BiennialUpdateReportFinal.pdf> , 2006 County Biennial Updates Coordinated, Comprehensive Plans for Children and Families, Summary of Contents, p 6 [March 6, 2006].

Conclusion: Oregon needs to continue working in this area in order to improve performance to the CFSR target.

**Item 23: Mental/behavioral health of the child:** How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Data Analysis: Outcome WB2 Item 23, Mental Health met with compliance rate of 88.4% in 2001. In the two statewide QA reviews, performance was at 71.4% in spring 2006 and 90.5% in fall 2007. There is a bias toward more children in urban areas getting their needs met. Rural children's needs were met in 74.3% of the cases reviewed. For suburban cases, the rate climbed to 82.1% and for Portland area cases, the rate was 83.7%,

Branch QA reviews from 2003-2006 found that 77% of children and youth reviewed had their mental health needs met. Comments from the cases reviewed with mental health needs rated as needing improvement indicated issues including:

- Lack of information about the children's mental health needs in the file,
- Mental health needs identified but no mental health screening or assessment completed, and
- Delays in screenings and assessments.

The review data compare with data from surveys of caseworkers, foster parents and foster youth conducted for this state assessment. Approximately 40% of the foster parent respondents found it easy or relatively easy to get mental health services for the children in their care while 33% found it hard or moderately hard. Approximately 20% of the caseworkers who responded reported challenges in getting mental health assessments for children or youth and 30% found it difficult to get mental health treatment. In addition, managed care services around the state have limited the number of sessions per client in most cases. However, only 3% of 223 youth surveyed indicated they wanted mental health services that were unavailable.

Evaluation: Oregon's mental health system for children was reorganized in the past two years with a program called the Children's Mental Health Initiative. During the restructuring, previously available services were temporarily unavailable (for a month or two at most).

Low rates of reimbursement for mental health services result in many child welfare clients being seen by interns or practicum students. New practitioners often have a high turnover. Stakeholders have reported that some children and youth refuse to continue in treatment after being expected to repeatedly report their stories to another new provider. One presiding judge reported that most teenagers are so “through” with Mental Health services because they basically find the whole process worthless.

Stakeholders in one rural county, in which 83% of the cases were assessed as having the children’s mental health needs assessed and met stated: “Mental health services are not adequate to meet the needs of the clients. One provider cannot ethically serve all. Services are limited and hard to get. Mental health services are especially limited. The service provider has had a vacant therapist position. Even when filled, there are issues with one counselor who is to do family counseling, couple counseling, and individual counseling with the same family. The mental health therapist used to go to a town in our county sixty miles away, and then brought kids on the mental health bus to the therapy office here. Kids needing mental health service needed to miss a day of school each week to get mental health service--kids didn't use the bus much and it is no longer in service.” Foster parents also noted that it is not likely to find a person skilled in helping a three year old bed wetter and an angry teen and work well with bi-polar and schizophrenic clients and sex abuse survivors. For some of those issues, “people need to travel 90 miles to” . . . the nearest community with mental health providers.

Conclusion: Oregon needs to continue working in this area in order to improve performance to the CFSR target.

# SECTION IV

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## *Narrative Assessment of Systematic Factors*

## A. Statewide Information System

**Item 24: Statewide Information System:** Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Yes, Oregon uses the Integrated Information System (IIS), the Family and Children Information System (FACIS), and the Adoption Recruitment and Management System (ARMS) to manage its child welfare programs. IIS, FACIS, and ARMS track clients, providers and services statewide, provide fiscal functions, and produce management and federal reports. The status, demographic characteristics, location and goals for the placement of every child who is, or within the immediately preceding 12 months, has been in foster care is available to field staff via displays in the secure FACIS electronic case-file interface or can be tracked through reports generated using the child welfare data mart with the exception of developmentally delayed children whose foster care is provided by Seniors and People with Disabilities [SPD]. Their status as being in SPD substitute care, demographic characteristics and goals for placement are displayed in FACIS and the data mart, but their actual Foster Care location is tracked by SPD.

IIS was developed in phases from 1979 to 1984 and FACIS was developed and interfaced with IIS from 1994 to 2000. Development of FACIS provided a case planning/management tool, capturing narrative information and producing case-related forms. The FACIS system is also available for use by the six federally recognized Tribes in Oregon with title IV-E agreements. ARMS was developed in 1998, and allows detailed tracking of children who are proceeding to adoption. These are the systems which support the preparation of the Federal AFCARS and NCANDS reports. Migration of these key data systems to a new server in Summer of 2005 resulted in much better screen response and refresh times in FACIS making use of the electronic case-file more sustainable for front-line staff.

During the previous CFSR process, DHS CAF set a non-mandated goal to “Develop a culture that values data and recognizes its importance in the child welfare program.” We have accomplished the above in three significant ways

- Development of performance reporting platforms (ORBIT and the Dashboard)
- Development of the Guided Assessment Process Template (GAP), and
- Development of a technical training program for field users of the child welfare information systems

In 2001, Oregon’s Statewide Information System was rated ‘3,’ in substantial conformity, with the comment that it “could be better utilized to provide managers and supervisors with sufficient reports on field practice.” Since that time, Oregon has developed OR-BIT (Oregon Repository-Bringing Information Together) and a Dashboard for internal use by CAF managers and staff, to provide them a current and important feedback loop on performance. ORBIT provides a platform for performance reporting of Federally defined outcome measures as well as process measures such as timeliness of CPS response, adoption case tracking and worker face-to-face contacts with adults and children. These reports are produced regularly according to a calendar schedule.

These reports display case activity and performance measures aggregated at the state, district or branch level, while also providing case detail reporting at the branch, supervisor and worker levels. This combination of aggregated and detailed level reporting, staff can look up the case details which define their performance on these reports. This not only provides staff with a better picture of what is rolled-up in the aggregate reports, it allows them to validate reports by looking at case level details. While this is fine in theory, the reality is that there is little time for data checking in the life of Oregon caseworkers unless it is in the course of using prospective reporting tools, and data integrity checks are often limited to that which can be accomplished by research and quality assurance staff in the course of their work.

Caseworkers, supervisors and their support staff in the field also carry most of the burden of data input, routinely providing the data needed to make important business decisions. If data doesn’t reflect actual activities, efforts are made to update the data to reflect actual practice. Calling these indicators performance measures serves to underscore the importance these activities have to the Department achieving its mission and responsibilities. By and large, reports are based on data fields which have been checked for validity or on fields where Oregon is specifically seeking to improve data quality. Field staff are fairly sensitive to perceived error rates - such as the system’s inability to track certain kinds of supervisor-authorized exceptions in Face to Face contact – particularly since the reports are used as performance measures and track all the way down to the worker level. Although such omissions are more concentrated in some reports (such as Face to Face contacts) more than others (such as those based on AFCARS or NCANDS reporting), the credibility of the entire reporting system suffers as a result. ORBIT and other reports allow staff to track and analyze important

processes related to casework, and helped to inform casework staff about performance expectations.

In order to increase data standardization and case practice across the state, CAF Field Services invoked significant policy changes over the last six years. CAF adopted a Guided Assessment Process Template (GAP) which structured case decision-making and provided capture of basic case management decision points. GAP provided data beyond basic demographic/fiscal/reference and mandatory reporting elements. The Oregon Safety Model has refined the initial effort to bring clarity and structure to decision-making.

CAF also has developed a technical training program for CAF field users, which includes Tribal staff, of the child welfare information systems. In the most recent calendar year, 122 classes were conducted, with 3133 hours of technical training being delivered to 1079 students.

Current systems are not SACWIS compliant, however, and do not meet all the needs of current child welfare practice. In September 2002, a Technical Assistance Review of FACIS was conducted by ACF to assess its conformance with SACWIS functional requirements. The review identified the following issues in relation to federal SACWIS requirements met by FACIS:

- Screening – met 92.5% of requirements
- Assessment – 65%
- Placement/Family Support – 24%
- Eligibility – 21%
- Case Management, Court Processing, Adoptions, Provider, Fiscal – 0% (although some of this functionality is present in the other child welfare systems)

Current system development tools are obsolete, no longer being supported by their vendors, and finding skilled developers for the software is difficult.

These DHS systems currently provide regular data transfers to the Division of Child Support (weekly) and the Oregon Judicial Department (daily).

When this item was discussed with the members of the CFSR State Assessment Team, which included representation for CAF field staff and various external partners, they mentioned a number of areas with the current systems that they felt were in need of improvement including:

- Separation of systems – the ARMS, certification, and other specialized systems are separate from the FACIS system so at times multiple systems must be accessed in order to find information.
- Systems are not user friendly by today’s standards
- No perpetrator database
- Information is sometimes entered into the forms section of the FACIS system, which isn’t uploadable into the database

For all these reasons, Oregon has initiated a plan to build a compliant SACWIS system. The request for the Design, Development and Implementation proposals was posted Spring of 2007, and proposals are due in July 2007. The current plan is for the new SACWIS system to be operational in 2009.

## **B. Case Review System**

Overall, this systemic factor was rated as an area needing improvement in the 2001 CFSR review. Although FDM’s and strength/needs-based planning engaged families in individualized planning, some cases did not have current and/or meaningful case plans. In addition, several issues were identified with respect to timely permanency hearings (including data input and tracking problems), need for tracking by both Judicial and Child Welfare Staff, and lack of knowledgeable legal representation for the State. Since 2001, Oregon has made efforts and progress in this area, including adding prompts and other tools in FACIS around case planning.

**Item 25: Written Case Plan.** Does the State provide a process that ensures each child has a written case plan, to be developed jointly with the child, when appropriate, and the child’s parent(s), that includes the required provisions?

Yes. Detailed instructions related to Developing the Child Welfare Case Plan are listed in The Child Welfare Procedure Manual, Chapter III “Managing Child Safety In and Out of Home”, and in Child Welfare policy I-B.3.1, “Developing and Managing the Case Plan”.

As a result of Oregon’s Program Improvement Plan, in May 2002, the FACIS system was updated adding clarifying instructions to guide caseworkers to develop a case plan containing all required provisions; a discussion of the child’s individualized needs; a description of specialized services to meet those needs; and documentation of efforts to involve the child and family in the case planning

process. In addition, the FACIS case plan narrative section was updated in October 2002.

Effective March 2007 the Oregon Safety Intervention Model was implemented. Child Welfare policy I-B.3.1 “Developing and Managing the Case Plan” was updated. Chapters one through three of the new Child Welfare Procedure Manual were distributed, mandatory state-wide training on the Oregon Safety Model was provided, and the case plan began being recorded in a new CF-333 form series.

CF-333A – Child Welfare Case Plan (Child in Substitute Care, DHS has Custody);  
CF-333B – Child Welfare Case Plan (Child in the Home, DHS has Custody);  
CF-333C – Child Welfare Case Plan (Child in Home Care, Parent has Custody);

Timeline for Case Plan Development: Within five days of receipt of the case from the Child Protective Service (CPS) worker, the caseworker must complete a review of the Child Welfare case history; review all case documentation including the actions and decisions of the most recent CPS assessment; and review the ongoing safety plans by contacting all participants in the safety plan to verify their continued commitment and determine whether the ongoing safety plan assures the safety of the child.

The caseworker must develop the written case plan within 60 days of a child’s removal from home, or within 60 days of the completion of the CPS assessment, in cases where the child remains in the home of a parent or legal guardian<sup>5</sup>.

The case plan must be reviewed every 90 days<sup>6</sup>. This review must take place in a face-to-face meeting. The meeting may include the child, service provider, safety plan participants, substitute caregivers, attorneys, a child’s CASA, persons with significant attachments to the child, and family members. If a parent or legal guardian is not available for the review, the caseworker must document the reason they were unavailable, and the efforts made to involve them in the review.

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<sup>5</sup> The supervisor may authorize an extension of the time for developing the case plan when the court has not yet conducted the disposition hearing and the Department intends to include any court-ordered activities or services in the case plan; or in circumstances where information essential to the development of the case plan is not yet available due to circumstances beyond the control of the Department.

<sup>6</sup> The supervisor must review the caseworker’s documentation of the case plan review, and document completion of the review in FACIS every 90 days. The supervisor must review, approve, and sign the six-month case plan review submitted for required administrative review.

Participants in Case Plan Development: Persons involved with the Department in the development of the case plan include the parents or legal guardians, unless their participation threatens or places other participants at risk; and may include the child, adoptive parents, and Indian custodian when applicable, other relatives, persons with significant attachments to the child, the substitute caregiver, and other professionals when appropriate<sup>7</sup>.

The April 2007 Tribal Survey asked ‘Does DHS engage your Tribe in the child’s case planning?’ 50% of 12 respondents stated “usually”; 17% said “not usually,” and 8.3% (one respondent) said, “never.” The remaining survey respondents (25%) did not reply to this question.

In a March 2007 DHS Youth Survey, 55% of those 223 surveyed indicated their caseworker talked to them about their case plan usually or always, 26% indicated their caseworker did not usually talk to them about their case plan, and 13% indicated their caseworker never talked to them about their case plan. When asked if they felt like their caseworker included them in making decisions about their lives, 68% of the 223 surveyed said they did, 20% said “not usually” and 8% indicated that their caseworker never included them in the decision making process.

Additionally, a March 2007 Foster Parent Survey indicated that 67% of the 87 surveyed reported that they helped develop the service plan and 82% reported being aware of the plan.

Requirements for the Case Plan: The caseworker must analyze information gathered during the protective capacity assessment and collaborate with parents to develop the case plan. The case plan must include all of the components listed in Policy I-I.2, Narrative Recording, which contains all Federally required provisions.

Historically, Oregon has not tracked timeliness of case plan development, but with the Oregon Safety Model’s expectation that case plans be developed within 60 days of a child entering sub-care or within 60 days of the completion of the CPS assessment for children in In-Home cases on the 333 case plan form (formerly known as a 147 report), a process performance report will be developed as part of Oregon’s on-going quality assurance and program improvement plans.

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<sup>7</sup> A court may authorize an exception to the involvement of the parents or legal guardians when it determines that reasonable efforts, or active efforts in an ICWA case, to return the child home are not required, as described in Child Welfare Policy I-E.3.6, “Achieving Permanency”, OAR 413-070-0515.

The child’s parents are encouraged to attend and participate in the Oregon Family Decision-Making Meeting and Family Decision Meetings (unless doing so would place another person at risk), and participate in the development of the case plan while working with DHS Child Welfare. Policy I-I.2 Narrative Recording requires that the caseworker must provide a copy of the case plan to the parents or legal guardians of the child, the Indian child’s Tribe when applicable, and if involved with the court, the CASA and attorneys of record, as soon as possible but no later than seven working days after the case plan is approved by the supervisor, except when doing so would provide information that places another person at risk as per Department Procedures for Maintaining Confidentiality described in Department Policy I-A.3.1.

The Oregon Family Decision-Making Meeting (OFDM): An Oregon Family Decision-Making Meeting must be considered in the case planning process whenever a child has been removed from the family home for more than 30 days. The purpose of the OFDM is to develop a family plan that provides for the safety, attachment and permanency needs of the child. To the extent possible, the family plan is to be included in the case plan. The meeting can also be used to assist with the Protective Capacity Assessment. The role of the OFDM is described in ORS 417.365 to 417.375 and in OAR 413-040-0008.

**Item 26: Periodic Reviews.** Does the state provide a process for the periodic review of the status of each child, no less frequently than once every six months, either by a court or by administrative review?

Yes. CAF Child Welfare Policy I-B.3.2.1: Substitute Care Placement Reviews, clearly defines the type of case reviews needed, and the timeframe in which they are expected. To insure that everyone is trained in the requirements under ASFA, the agency delivers training to caseworkers specific to periodic case reviews, and training for local and regional court systems.

Administrative reviews are required to be held every six months for every child in an out of home placement, and in the department’s legal custody (exceptions include: children hospitalized or placed in detention on a long-term basis). The child welfare office with responsibility for the administrative review is found in the county holding legal jurisdiction. If a child’s placement is co-managed (e.g., county mental health case management provided), participation is requested by all parties, with the department caseworker taking the lead on gathering information for the review. For non-finalized adoptive placements on fully free children, the supervising department office is responsible for the administrative review. While

no DHS data is available on timeliness of Administrative Reviews, a monthly green bar report (CP2594CL – 96-272/ASFA Tracking Report) is generated to help monitor overdue Administrative Reviews and Permanency Hearings. Due to delayed receipt of CRB findings and court orders, data entry of Administrative Reviews and Permanency Hearings held within the previous month is often not completed by the time the report is generated, so this usability of this report is limited.

The local CRB meets on a regular basis to review substitute care cases for the branch or branches in their area. Each board consists of a coordinator who is an Oregon Judicial Department employee, and three to four community volunteers. The volunteers receive 16 hours of orientation training approved by the Oregon Supreme Court and eight hours of training annually. Since the passage of the ASFA and Oregon’s conforming legislation, all CRB volunteers have received comprehensive training on the requirements of the Act.

CRB schedules vary depending on the size of the branch. While large branches may hold CRB reviews on a monthly basis, smaller branches in rural areas may be held every two or three months, in some cases, requiring that reviews be held early or within the 30-day grace period after the due date. Regardless of the frequency, compliance with timelines is achieved. In instances where CAF has failed to include a case plan at the CRB meeting, the file is rejected and reset for review 30 days out. The CRB reviews are thorough and geared specifically to focus on the mandates of ASFA. In 2005, CRB volunteers reviewed 7,173 cases involving 8,820 children and youth offenders. In these reviews, 21,278 legal and interested parties attended the reviews to provide input on planning for children and families. The findings made by the CRB are substantially the same as those made by the court at a permanency hearing. The Oregon CRB has taken this approach to insure that timelines, safety, health and well-being are consistently reviewed throughout the life of the case, not only during permanency hearings.

CAF support staff assists the caseworkers by tracking all upcoming reviews and scheduling and submitting required documentation. After the review, the CRB findings or court orders are used as input documents for this tracking system. The Integrated Information System (IIS) uses this data to produce tracking reports, which are distributed to each field office and the CRB.

Depending on the scheduling of court hearings for the case, administrative reviews are sometimes held at court, rather than before the CRB, to avoid unnecessary

duplication. The six-month review is recorded on Form CF 333 series, and placed in the case file. The administrative review requirement may be met by:

- 1- a local CRB review,
- 2- a permanency hearing or other court hearing meeting the definition of a complete judicial review, when the court relieves the CRB of its responsibility to review the case (OR 419A.106 (1) (b), or
- 3- an internal review committee by the agency, followed by CRB review no later than 30 days after the internal review

Documentation requirements for the administrative review include: the CF 333 series, and a signed recommendation of the findings of the CRB or internal review committee. In instances where the court relieves the CRB of its responsibility to review the case, a court order showing a complete judicial review was held is added to the case record.

**Item 27: Permanency Hearings.** Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Yes. As required by ASFA, Oregon schedules and participates in permanency hearings for children in substitute care 12 months from the date of jurisdiction (or 14 months from the day of placement), and at least every 12 months thereafter.

CAF Policy requires the division to develop a permanency plan and a concurrent permanency plan for each child in CAF custody within 60 days of placement. CAF reviews the permanency plan internally for each child at eight months of placement to assess case readiness for a 12-month review or permanency hearing. This internal review is designed to examine the case and evaluate whether the steps necessary to place the child in a timely manner in accordance with the plan have been taken. By taking an early look at each child's case, the intent is that at the time of the permanency hearing, CAF has made all required reasonable or active efforts and a sound recommendation for permanency can occur at the hearing. Paralegals are also on staff to assist in difficult cases and provide valuable assistance with the permanency planning process.

The six month CRB review also serves the purpose of preparing the case for the permanency hearing; however, many of the reviews are canceled when the time frame to conduct the CRB review coincides with the court review.

CAF uses the PL96-272/ASFA tracking report to notify branches when permanency hearings are due. The report tracks permanency hearings 14 months from the date of placement rather than 12 months from date of jurisdiction. Branches are instructed to manually change the tracking report’s projected permanency hearing due date for children with jurisdiction established less than 60 days after placement. This tracking mechanism, along with a person appointed within each branch to oversee legal tracking duties, helps to protect the integrity of the process.

Oregon’s marked improvement in meeting permanency hearing timelines is illustrated by the OJIN data from FFY’s 2001 through 2005<sup>8</sup>:

Oregon Judicial Department - Juvenile OJIN Integrated Network					
Length of Time to First Permanency Hearing					
For Petitions Filed Between 10/1/2000 and 9/30/2005					
This report shows the percent of 1st permanency hearings held within 425 days of petition file date. The data reported has the following limitations which may impact a court’s statistics:					
* The date the petition was filed is used as a proxy for entry into foster care, regardless of whether the child is in care or not.					
* This report does not capture those dependency cases that did not have a permanency hearing, but should have.					
* The 425 day time frame is used as a proxy for the 14 month compliance timeline to capture most cases meeting the statutory					
	FFY2001	FFY2002	FFY2003	FFY2004	FFY2005
<b>Filed within 425 days</b>	1383	1545	1834	2423	2894
<b>Filed after 425 days</b>	738	736	695	743	536
<b>Percent within Timeline</b>	65.2%	67.7%	72.5%	76.5%	84.4%

The Oregon Judicial Department, often in collaboration with CAF, has developed and sponsored many activities to make training and information available to all who have a role to play in the juvenile court processes, including trainings, development of performance measures, and model court programs. Examples include:

- New judges receive training specific to ASFA and the dependency process as part of the Judicial Departments “New Judge Orientation Training” seminar.

<sup>8</sup> Source: Oregon Judicial Department OJIN Report 22a (Time to First Permanency Hearing)

- For current judges, the Juvenile Court Improvement Project (JCIP) sponsors an annual two-day training called, “Through the Eyes of a Child.”
- Training materials have also been developed for judges outlining all the key findings that must be made during a permanency hearing.
- The Judicial Department more recently developed an electronic ‘bench book’ for judges who hear dependency matters. This bench book includes a “prompt for process” component that allows a judge on the bench to access a checklist containing key findings that need to be made at the permanency hearing.
- In addition to the training and technical assistance guide developed on permanency hearings, OJD developed a statewide performance measure for the courts, on time to first permanency hearing. Courts are sent quarterly reports on the timeliness of first permanency hearings held. Currently the JCIP is developing an error report to accompany the time to first permanency hearing report that shows children who came into care during the same time period, which are currently in care and did not have a permanency hearing.

OJD established a “model court” program whereby inclusive multidisciplinary teams in the local court communities work to improve such things as timeliness of hearings. These local teams are currently experimenting with different performance measures to “field test” them for possible adoption as state wide performance measures. These teams are the epitome of collaboration as, once a measure is decided upon, the members of the group (caseworkers, lawyers, CASAs, CRB) each develop strategies that their own sector of the dependency community will follow to “move the numbers” on the adopted performance measure. The Court Programs and Services Division staff is providing data reports to the local teams so they can measure their progress and make adjustments. The results of these local efforts will be compiled and analyzed as the basis for the adoption of the new state wide performance measure in the fall of 2007.

During the last CFSR, stakeholders voiced concerns such as: poor permanency plan and hearing preparation, a serious need for judicial training, and a lack of legal representation for the agency. In October 2005, the Emergency Board granted the Department of Justice and DHS a special appropriation of \$2.5 million to help with the problem of limited legal representatives for child welfare caseworkers in dependency hearings. While this package does not guarantee legal representation at every hearing, it does represent a significant step forward in providing legal services at critical points which ultimate will speed up permanency for children.

CAF and OJD have made significant progress in these areas by enhancing their data tracking and analysis procedures; and, sustained collaboration and training efforts. Together, these efforts are leading Oregon in the direction mandated by ASFA.

**Item 28: Termination of Parental Rights:** Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

Yes. Oregon’s policy and practice continue to be in accordance with ASFA time frames and circumstances. In Oregon’s TPR administrative rules, the permanency plan for the child is reviewed at the six months Citizen Review Hearing and prior to the 12 month permanency hearing. Within this administrative rule (OAR 413-110-0240), DHS is directed to file a TPR petition of the parents of a child in DHS custody who has:

- (a) been in care for 15 of the most recent 22 months; or
- (b) been determined by the court to be abandoned; or
- (c) a parent who has been found by a court of competent jurisdiction to have:
  - (A) Committed murder of another child of the parent;
  - (B) Committed manslaughter of another child of the parent;
  - (C) Aided, abetted, attempted, conspired or solicited to commit murder or voluntary manslaughter of another child of the parent; or the child or another child of the parent; or
  - (D) Committed felony assault that resulting serious bodily injury to the child or another child of the parent

Oregon law and DHS administrative rules allow for the department to file for TPR in such cases of extreme conduct (defined in statute 419.502), where conduct and conditions seriously detrimental to the child exist and such conditions are unlikely to change as in cases of severe or chronic neglect or abandonment. The department may also file a petition to terminate parental rights if a parent is unfit due to condition or conduct (ORS. 419.504), neglect (ORS 419.506) and abandonment (ORS.508)

Consistent with Oregon law, the pursuit of TPR is solely for the purpose of freeing the child for adoption. The department must prove by clear and convincing evidence that there are legal grounds to terminate parental rights **and** it is in the best interest of the child to do so. In the cases where ICWA applies, the burden of proof is beyond a reasonable doubt. Before proceeding with the filing of a TPR petition, DHS requests Juvenile Court approval of the change of plan from

reunification to adoption. The department closely examines the viability of the plan of adoption, specifically on the likelihood of freeing the child, the capacity to place the child in an adoptive placement and the ability to sustain the placement (provision of necessary resources) (Determining the Appropriateness of Adoption, OAR 413-110-0300 to 0360). Caseworkers staff cases with the Assistant Attorney General (or the Multnomah District Attorney for Metro) and the DHS Central Office Legal Assistant Specialist to determine if a legal case exists for TPR and if it is in best interest of the child to proceed. Questions of adoptability are addressed at Adoption Council. These protocols are in administrative rule and in the companion procedural manual.

In those areas in which the department is required to file a petition to terminate parental rights, consistent with ASFA, if there are compelling reasons not to pursue TPR, they must be documented in the case file.

Among the reasons currently identified by rule:

- (a) The child is being cared for by a relative (permanent placement)
- (b) DHS has not provided to the family the services deemed necessary for the safe return of the child
- (c) It is not in the best interest of the child

Achieving ASFA timeliness: In Permanency Outcome 1 Item 7 Permanency Goal for Child in the federal CFSR 2001 only 61.8% of the cases reviewed met this standard. Subsequent branch reviews from 2003 through 2006 show improvement in this item with 87% of the cases making the standard. In the 2006 Statewide CRSF review 80.6% of the cases passed and in the 2007 statewide review 82.1% passed. Reviewers considered the guidelines established by AFSA regarding termination of parental rights and the change of the goal to adoption when rating this item.

Children’s placements in substitute care are reviewed by the Citizen Review Board every six months; a permanency hearing is scheduled at 12 months. The permanency goal for the child is presented in both hearings and the progress toward reunification or the need to launch the current plan is determined. Supervisors also have the MOBIUS reports (commonly known as the “green bars”) available to them to insure compliance with pursuit of TPR at 15 of the 22 months or documentation of the compelling reason in the case plan. The Oregon Judicial Department, Juvenile OJIN Integrated Network, provided the following data on the timeliness of filing for TPR within 15 of the 22 months:

	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006
15 of 22 months; number of petitions due	283	395	571	660	917	1149
Number of Petitions Filed	105	165	194	229	381	568
Number of Petitions filed on time	42	71	61	120	194	209
Per Cent of Petitions Filed on Time	40%	43%	31%	52%	61%	37%
Per Cent Due with No Reasonable Efforts Finding	-	0.25%	0.18%	0.30%	0.76%	0.78%

The vast majority of petitions which were due but were not filed had exceptions. The following is a summary of the OJIN data for the exceptions based on compelling reasons granted by the courts; please note that there may be more than one exception per petition.

	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006
Best Interest & Other Plan	193	227	294	348	394	348
Parent work plan	2	22	97	124	158	202
Relative Placement	21	40	79	75	202	109
DHS No Reasonable Efforts	-	1	1	2	7	9

In a March 2007 court survey distributed to Judges, district Attorney, CRB, CASA and the Defense Bar, the question was asked: “When granting an exception to DHS for not filing a TPR petition within 15 of the last 22 months, what are the reasons the court routinely considers and allows?”

Of all 251 court survey respondents, 36.7% indicated that parental progress or engagement in services was the reason that the court allowed TPR petitions to be delayed beyond 15 of 22 months in care. Over 53 percent of Judges and District Attorneys indicated this was the reason for granting a delay in filing TPR’s.

The second most frequently cited reason for not filing was “child’s special needs”, which was chosen by 13.5% of all respondents. Finally, the lack of an adoptive resource was chosen by 11.6% of all respondents.

When granting an exception to DHS for not filing a TPR petition within 15 of the last 22 months, what are the reasons the court routinely considers and allows.

Role	Percent Responding			
	Total Respondents	Parent Making Progress	Child Special Needs	No Adoptive Resource
Judges & District Attorneys	30	53.3%	20.0%	20.0%
CASA	86	26.7%	5.8%	7.0%
CRB	62	51.6%	16.1%	11.3%
Defense Bar (OTHER)	33	54.5%	39.4%	30.3%
Role Not Stated	40	7.5%	0.0%	0.0%
<b>Total Respondents</b>	<b>251</b>	<b>36.7%</b>	<b>13.5%</b>	<b>11.6%</b>

Oregon’s TPR criterion requires that DHS proves current unfitness. Parental improvement and/or engagement in services is a key reason for not filing TPR. In a recent Court of Appeals case, the court reversed the termination of a mother “that the state failed to prove by clear and convincing evidence that mother’s condition rendered her unfit as of the time of the termination hearing.” In light of this decision and the Sensitive Case Review, Ramona Foley Assistant Director, DHS/CAF and Jim Neely Deputy Assistant Director, DHS/CAF Field Services wrote a memo to clarify procedures regarding two critical practice issues:

- Court approval for the plan of adoption prior to filing a TRP petition
- CAF should continue to offer services throughout the period of time that CAF has an open juvenile case

- CAF will continue to provide reasonable services to parents after a TPR petition is filed, even if a court enters an order relieving CAF of making reunification efforts.

**Item 29: Notice of Hearings and Reviews to Caregivers.** Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Yes. This area was identified as a strength during the last CFSR.

The local Child Welfare (CW) branch notifies caregivers of children who have been placed in CW custody and in out-of-home care of any court hearing or administrative review concerning the child. The notice is by mail, by phone or in person and relates to every court hearing and their right to attend and have an opportunity to be heard. All legal custodians and parents must be invited and encouraged to participate in Administrative Reviews and Permanency Hearings.

Case records must contain documentation that written advance notice was provided to those invited to attend the Administrative Review or Permanency Hearing.

The local DHS office also provides the names and addresses of interested persons to be invited to the CRB review to the local CRB to assure that written notice of the review is provided to the Department and all other appropriate individuals.

In the 2003 DHS/OJD memo of understanding, DHS agrees to provide complete names and addresses for all interested parties, including the name, current address and telephone number of a contact person for each legal parent. The CRB and DHS understand that the following parties are required by law to be invited to the review:

- A. Parents who currently have legal rights (including Stanley putative fathers) to the child being reviewed. (This does not include parents who have relinquished their parental rights, have had their parental rights terminated or whose termination of parental rights is on appeal.)
- B. Children 14 years of age and older and younger children who are able to understand and participate in the decision-making process without excessive anxiety or fear.
- C. Attorneys for parents and children.
- D. Substitute care providers.

- E. Court-Appointed Special Advocates (CASA's).
- F. Any Assistant Attorney General or Deputy District Attorney actively involved in the case.
- G. Native American Tribe, if applicable.

In the March 2007 Foster Parent Survey, 82% of the 87 survey respondents said that they knew about court and CRB hearings; 11% said they did not know about the hearings; and 7% did not respond to this item on the survey

The law also requires the CRB to notify other interested parties. DHS recommends who is to be listed in this category. This might include, on a case-by-case basis, therapists, involved relatives, school personnel, juvenile counselor, courtesy supervision worker, Developmental Disabilities worker, Interstate Compact worker, Adoption worker and the like. DHS agrees to also list those parties whom the CRB has requested to be invited at the previous review. If a child/family is Native American, and a Tribe is involved or entitled to be involved in a case, the Tribe must be listed on the CRB 700 or the case may be continued to allow for this notification.

The Department implements recommendations of a local CRB as appropriate. The Department gives written notification to the local CRB of any recommendations which the Department does not intend to implement. This notification is given within 17 days of receipt of the CRB recommendations.

Foster parents, pre-adoptive parents and relative caregivers have been an integral part of the case review process. Children's caregivers are notified and given an opportunity to be heard in court reviews.

The Department provides copies of the Substitute Care Case Plan narrative to appropriate individuals.

### **C. Quality Assurance System**

Oregon substantially achieved the quality assurance systemic factor in the last CFSR review, with a QA process in which each region reviewed its branches every other year. Around the time of the last site review, Oregon's central office quality assurance staff was cut by 80% and the assistant regional administrator's positions (10 to 25% of whose time was dedicated to Quality Assurance) were eliminated. Since that time, Oregon elected to base its Quality Assurance on the Federal CFSR process in order to familiarize staff and management with the federally established

standards and procedures and explore the use of those standards. Oregon used fewer central office staff and more field staff to conduct branch reviews in all areas of the state. In the past four years, Oregon reviewed 458 cases around the state using the CFSR model of case reviews.

**Item 30: Standards Ensuring Quality Services.** Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Yes, Oregon has used policy and practice standards as a measure for casework practice for over a decade. Oregon’s policies require that children with an open service plan, whether remaining at home or in foster care, have face to face contact with a caseworker every thirty days. Exceptions are allowed for children in other permanent planned living arrangements, and children in residential treatment. For the other permanent planned living arrangement children or youth, the face to face contact may occur every 90 days; and for the children or youth in residential treatment, it must occur every sixty days.

Certification standards have been in effect in Oregon for decades. Certification standards continue to require criminal records checks and child abuse background checks for all adult members of the household. DHS policy provides clear guidelines on the personal qualities needed in foster parents and in the types of discipline foster parents may and may not use with children.

In the recent implementation of the Oregon Safety Model, standards have been strengthened to require face to face contact with each adult member of the applicant household. The number of children that a foster home may serve has been lowered, including not allowing more than two children under the age of three. In the rare case in which a Program Manager makes an exception, such as in the need to keep siblings together, the certifier will monitor the safety by visiting the foster home every ninety days. For more detail on the March 2007 Certification Standards, please see Item 41.

Foster parents are to work collaboratively with DHS and health care providers to get the children’s needs assessed and met. Children entering foster care are to have a mental health, dental health and physical health assessment within 60 days of entering care, and receive all required follow up. Foster parents are to keep medication logs for each child on medications in their home. A registered nurse visits the foster home for an assessment of children’s special needs or personal care and develops a personal care plan.

**Item 31: Quality Assurance System.** Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Yes. After the 2001 Federal CFSR, Oregon’s Quality Assurance Process was modified to replicate key elements of the Federal CFSR process. Oregon began conducting case reviews in local branches, developed branch level Program Improvement Plans based on the findings of those reviews, and provided branch level monitoring of Federal outcome measures which the 2001 CFSR had identified as areas needing improvement.

Since 2001, Oregon has conducted comprehensive branch-level case reviews in 35 counties in all areas of the state consistent with Federal CFSR sampling and review methods used in the first Federal review. On-site review teams were primarily seasoned managers and supervisors from other geographic areas of the state. They found tremendous added value in using the review as both a QA process and a training tool, with some supervisors telling us they used their CFSR materials and experience in their daily work with line staff. Stakeholder interviews provided systemic and case specific information. Simultaneously, CPS consultants reviewed a random sample of 10% or more branch CPS referrals received within the previous six months. Information from the case review, the CPS review and the stakeholder interviews were shared with Branch management in an exit interview and reviewers jointly defined strengths and areas of concern. In total, 458 cases were reviewed with the CFSR instrument via the branch review process.

In spring of 2006, at the request of ICWA Manager Mary McNevens, the QA Unit developed an Indian Child Welfare Act (ICWA) review instrument based on materials shared by other states and which Oregon modified with Tribal input. It is used along with the CFSR instrument when an ICWA case is being reviewed.

At the conclusion of each branch review, PIP consultants were assigned to the branch to help them draft a Program Improvement Plan to deal with the areas needing improvement. The PIP consultant and the CPS or Family Based Service consultant for that branch would visit 60 to 90 days after the exit interview to jointly finalize a Program Improvement Plan with the branch. Starting with branches reviewed in 2005, the consultants conducted follow-up visits six months

after the review to discuss the branch's progress in meeting the PIP goals and make further recommendations.

The third piece of Oregon's QA process was focused on providing measurement for continuous system improvement. Thanks to grants obtained by the Child Welfare Partnership at Portland State University, CAF Child Welfare was able to develop intranet-based, ORBIT performance measure reports for outcomes identified as needing improvement and related process measures. ORBIT allows Child Welfare personnel from line staff to managers to view state, district, count and branch level summaries on each of these measures as well as allowing them to view the case-level details displayed by branch, service unit or worker.

Historically, summary performance data has been viewed with some suspicion, and there has been much speculation that the system data perhaps were not correct. Providing workers with views of the case-level details that are used to construct the summaries allows them to check the information as it is extracted for reporting purposes and to both engage critically in and trouble-shoot the reporting process. ORBIT provides reports on the following topics:

- Reabuse / Repeat Maltreatment
- Timeliness of CPS Response
- Timeliness of Caseworker Face to Face Contact with Children and Parents (Both prospective and retrospective reports)
- Foster Care Re-entry
- Stability of Foster Care Placements
- Timeliness of adoption
- Timeliness to reunification
- Adoption Goals
- Adoption Tracking

Additionally, Field staff and CAF Administration have identified key strategic measures for program improvement which are included in a hard-copy Dashboard report used by District Managers and central office upper management to review branch and district performance each month.

From 2001 through mid-2006, these three elements (branch-level CFSR case Reviews, local improvement plans and program performance reporting) were the backbone of Oregon's Quality Assurance process. Although very valuable as a means of familiarizing participants with Federal methods and standards, replication of the CFSR case review process has proven a labor intensive and expensive means of evaluating a relatively small sample of cases. The increasing difficulty of recruiting reviewers has given us clear notice that it is time to modify our process.

Furthermore, the branch by branch sequence of reviews made it difficult to provide branches with the timely feedback they need for continuous system improvement. As a result, Oregon is working to develop a new system of quality assurance that will provide more timely and consistent feedback to workers and branches, and that will address processes as well as outcomes in its on-going system monitoring.

In order to explore alternate quality assurance methods, prepare for the 2007 Federal review and provide baseline data for the implementation of the Oregon Safety Model, Oregon conducted statewide case reviews in September 2006 and January 2007 using the new Federal CFSR case review instrument and samples of 50 to 60 in-home and foster care cases per review. For the January 2007 review, foster care cases were chosen from the four sample types designated by the new Federal sampling procedure. Formal program improvement plans were not required from these first two statewide reviews due to the imminent implementation of the Oregon Safety Model, however, results of the statewide reviews were provided and discussed with District Managers, Child Welfare Managers and central office staff. CPS consultants participated as team members but no specific CPS review occurred. 110 cases were reviewed via the quarterly review process. Additional statewide reviews will compare practice after implementation of the Oregon Safety Model.

Simultaneously, the NRC-OI was providing technical assistance to the agency, and their December 2006 Technical Assistance Report made a series of recommendations for improvement of the quality assurance process. Oregon also established a workgroup to develop quality assurance processes necessary to the successful implementation of the Oregon Safety Model. As a result, Oregon is currently updating its quality assurance processes to

- Eliminate duplicative case reading and establish a single, comprehensive process of case review. This case review process will touch on safety and permanency practices throughout the life of the case and include topics such as
  - Assessment of case plans (assessment of parental protective capacities, safety plans and action agreements)
  - ICWA search or rule out
  - Diligent Relative search or rule out
  - Minimum Certification requirements
  - Case transfer processes
  - Face to Face contacts
  - Achievement of Hearings and Administrative deadlines

- Support a clinical supervisory review process that will encourage statewide fidelity to the Oregon Safety model and consistency of practice across the state
- Develop a comprehensive reporting system that will establish and prioritize timely interim, process measures in support of achieving Federal outcomes set forth in the CFSR. Oregon is already investigating reporting platforms which are more field-friendly and accessible than the current platforms. To the best of our ability, this system will also provide quarterly reports of Federal performance measures.
- Develop training in support of accurate data entry and the use of quality assurance information.
- Develop a comprehensive and replicable method of obtaining stakeholder feedback on a regular basis
- Conduct research into
  - The characteristics or experiences of children who are victims of re-abuse, abuse in Foster Care, or who re-enter the system quickly or frequently to address the question ‘Is our path a safe path for children?’
  - Statewide consistency of screening decisions, dispositional determination and assessment of case plans
  - Cul-de-sacs or bottlenecks in the permanency process
- Conduct an annual CFSR-style case review to provide consistent measures, including stakeholder interviews, as Oregon transitions to its new quality assurance process.

Oregon is currently looking into the possibility of working with the NRC-OI to develop a quality assurance process which is fully supportive of the field’s efforts to implement and evaluate the Oregon Safety Model.

#### **D. Staff and Provider Training**

In the 2001 CFSR, Oregon received a rating of 2 (not in substantial conformity) on the training section. Although training of Foster Parents, Adoptive Parents and staff of state licensed training facilities was rated as a strength (Item 34), the lack of initial core training for new workers prior to their carrying a caseload (Item 32) and the fact that staff were not getting ‘a set number of hours of on-going training’ during a year were identified as areas needing improvement. Since that time, the Department and the Child Welfare Partnership (CWP) at Portland State University (PSU) have set about addressing those areas of concern by

- Establishing a required and improved initial Core training for newly hired case-carrying staff
- Improving offerings in and accessibility to ongoing training activities.

They have also conducted major, statewide training efforts in support of the March 2007 implementation of the Oregon Safety Model, and continue to invest in workforce development to promote the professionalization of Child Welfare as a clinical field of practice.

The Partnership (CWP), established in 1995 to provide a systematic, responsive training program for the professional development of child welfare staff and providers with the goal of helping families and children achieve safety and timely permanence, remains the primary provider of child welfare training. In collaboration with DHS, the CWP continues to develop and deliver training for specific staff groups, as well as for foster and adoptive resource families and partners. Additional components of the Partnership include research and graduate education. This allows DHS to link university-based research on child welfare programs and populations with best practice and to provide advanced degree training through the Masters of Social Work program.

Although classroom training continues to be the primary method of training delivery, the Partnership, in conjunction with the Department, is working to improve its training support and distance learning infrastructure by offering an improved web-based training registration system, monthly training newsletters, net link (intranet) trainings, and video conferencing capacity with plans to expand its web-based training opportunities in the next year. High workloads in Oregon make it prohibitive for staff to be away from their branch offices for extended period of time to attend trainings, and distance learning methods are being explored to address this ‘barrier’ identified in the 2001 CFSR, especially for on-going trainings.

Training’s primary focus in 2006 and 2007 has been addressing the critical training needs of our staff for full implementation of the new Oregon Safety Model. The Oregon Safety Model emphasizes safety throughout the life of the case, and requires that workers think from a permanency framework from day one. A great deal of activity has taken place since June 2006:

- Development of the Oregon Safety Model Procedure Manual with revised policy that is clear, precise and provides step-by-step direction. The Procedure Manual gives our Child Welfare Professionals a tool to utilize in their daily work in determining services in cases assigned to them.

- In the fall of 2006 a series of two day trainings on the concepts of the Oregon Safety Model were conducted across the state. All current Child Welfare Professionals were required to attend. This mandatory training had 96% attendance (1,491 people), with the remaining 4% required to do make up the training in some way because they could not attend for specific reasons. Following the statewide training on the concepts of the Oregon Safety Model, a web site was developed to capture frequently asked questions.
- In March of 2007 the Oregon Safety Model Rules Training was conducted. This training was required for all Child Welfare Professionals. This training covered rules pertaining to:
  - Child Protective Capacity Program
  - Developing and Managing the Case Plan
  - Placement Matching
  - Monitoring Child Safety
  - Visitation
  - Family Support Services
  - Voluntary Placement
  - Department Responsibilities for Certification
  - Certification Standards for Foster Parents
- One day trainings were developed specifically for supervisors and conducted across the state on the Oregon Safety Model. The focus of this training was to give supervisors the opportunity to work with the new Oregon Safety Model Procedure Manual and to work through cases with very specific direction from the Oregon Safety Model.
- Trainings on the changes made to FACIS, the electronic case file, to accommodate Oregon Safety Model implementation

Other training objectives that have been undertaken since the last CFSR include improved training support and efforts to promote workforce development in the field of Social Work.

Achievements in the area of improved training support include

- The development of a monthly training newsletter that promotes training and keeps CW staff up to date on training initiatives and offerings for professional development;
- Implementation of a new DHS Learning Center registration system to enhance the identification and tracking of individual training records on

every Child Welfare employee and enable better reporting options to supervisors. Through this website, staff throughout the state can:

- Register for training
- Communicate with training management
- Identify training needs
- Take on line computer based courses
- Participate in team room information forums
- Link to learning resources
- Child Welfare supervisors can pull data and training records of their employees
- Utilize an individualized professional development training plan (IDP)

CAF requires registration for all staff for training and checks registration records against attendance in a computerized training records system. Supervisors are notified when training records have discrepancies or when their staff have not completed training.

- Increased the use of technology for other training venues, such as:
  - computer based training
    - Web-based tool pages - to enhance learning and provide ongoing training. This way staff can find important information relevant to their work and know procedures required of them. Examples include, but are not, limited to the CW Paternity Tools Website, The New CW Procedural Manual, and Oregon Safety Model Frequently Asked questions.
    - Providing on-going training by web-based methods increases information that can be taught while minimizing travel and cost for the field and providing learning opportunities pre and post classroom training.
  - NetLink - Net Link training is provided on a monthly basis with 22 to 24 trainings offered per calendar year. This allows staff, caregivers and community partners to participate in training from their desk, at home or office.
  - Technical Assistance and Learning Support – The state is initiating a technical assistance component to its learning system. Supervisors and managers can submit requests for individualized training, coaching, and mentoring that is a supplement to classroom training.
  - Video conferencing technology
    - 45 Video Conferencing sites have been added to the state in the past year. With these additions, there now is V-Con equipment

in every county in the state of Oregon. This allows staff to attend training in their local areas, decrease travel time and increase worker efficiency.

- Training is also working to develop pre- and post-training evaluations to better identify and understand learning gaps for our staff. Currently evaluations are in place for every training, but primarily evaluate learner satisfaction with the training event that they completed.
- Formalization of a process for reviewing and discussing best practice in child welfare and best practice in child welfare training through the establishment of a Child Welfare Training Committee that meets 6 times per year. Through direct involvement, selected committee members are responsible for recommending and creating strategies for a coordinated training process that will meet our training needs and adhere to DHS training standards, best use of our resources and directly lead to the professional development of our child welfare professionals.

Continuing work in the area of Workforce Development includes

- CAF Administration involvement with Portland State University's School of Social Work to bring Bachelors of Arts/Bachelors of Science degree in Social Work (BSW) to begin fall term of 2008-09. A cohort of 30 students will be selected by spring term 2008. The BSW program will offer stipend assistance for the senior year.
- The Masters of Social Work (MSW) program through Portland State University continues to be well received. At the end of December 2006, the program supports 25 on campus students and 31 students in the distance program (16 in Salem, 15 in Ashland). The total cohort of 56 students includes 34 current DHS employees. CAF Training Services has increased communication to field Program Managers regarding policies and procedures needed to support the MSW program.
- In addition, DHS also supports staff to attend several annual conferences such as Shoulder to Shoulder (foster parent, CRB, CASA, CW combined conference); NCAN conference in April 2007; Statewide Diversity Conference; And Drug and Alcohol DEC training.

Through the combined improvements to initial training, ongoing training, and support for all types of training and workforce development, Child Welfare training has demonstrated marked efforts to improve since the last CFSR review.

**Item 32: Initial Staff Training.** Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses

services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Yes. In Oregon, statute and law requires that all child welfare caseworkers receive pre-service training that covers Core concepts in protective services, child welfare best practice, legal risk, and learning our adopted safety model concepts and principles around child safety, permanency, and well being in preparation for their work in child welfare. All newly hired staff are required to attend pre-service Core training that includes both a classroom and a field component in order to develop skills appropriate for their job classification prior to being assigned a caseload. This required Core training is part of a larger year-long training program in which all newly hired CW staff are expected to participate. It provides a solid core of knowledge and skill practice. Training includes practical, hands-on, experiential activities that are specific to the “how to” of doing the work.

Initially, Child Welfare Core training included Child Protective Services, Freeing and Placing Children for Adoption, Social Services Assistant, and Pre-Service. With the implementation of the Oregon Safety Model an Integrated Core was developed. Integrated Core training encompasses three previously distinct trainings, the Introduction to Casework Practice, Child Protective Services Core and Legal Issues. Additional curriculum topics were developed and added to the Child Welfare Integrated Core Training to include Case Plans and Caregiver Protective Capacities, Planning Meaningful Visitations, Working with Caregivers, and Neglect. See detailed table below for classes and attendance for FY2006.

<b>Classroom Training</b>	<b>Attendance</b>
Child Protective Services Core	89
Integrated Core	128
Social Service Assistant	38
Legal Risk	64
Systematic Safety and Risk Assessment	95
Case Work Practice	85
Freeing and Placing	88

Field Observation is a transfer of learning follow-up required for CPS workers who have completed the classroom component of Child Welfare Core Training. Department of Human Services CPS consultants and Child Welfare Core Trainers, who have experience conducting CPS assessments, accompany these workers on a CPS assessment in their branch. This provides an opportunity for individual hands-

on coaching, modeling, and observation of the worker. A template is used to support the trainers and consultants who are conducting the field follow ups to focus on agreed upon keys areas of skill and knowledge needed for successful CPS assessment. The trainee and their supervisor are given written feedback regarding strengths and abilities demonstrated by the trainee as well as additional activities that could support the employee’s professional development.

Field Follow-up typically involves approximately 2 to 4 hour of observation and coaching of the worker while conducting the assessment plus written feedback. At present, this is only provided for caseworkers with specific assignment to CPS, but we are exploring whether we have the capacity to expand it to all case carrying workers.

All new hires are required by policy to complete this initial Core class in order to have cases assigned to them, and staff training records are tracked and retained. We have an average of 177 students per year complete this coursework, and 97% of new hires complete Core and are eligible to be assigned cases immediately. For the less than 3% of Core participants who receive an incomplete, we notify their supervisors who are then are held responsible for seeing to it that their new staff attend a make up session to receive a certificate of completion.

Additionally, all newly hired staff are encouraged to attend NEO- New Employee Orientation- to introduce them to the Department of Human Services, and get oriented to their work in public welfare, and the agency’s mission and core values. A NEO website has been developed where new hires are directed to go for resources, forms, and so on. This website is linked to our new DHS Learning Center.

Next steps include plans to evolve the current initial training into a Year-Long Training Plan which would include:

- **Integrated Basic Core:** Separate classes for safety and permanency planning have been merged into one integrated five-week curriculum required for all entering workers. This Core curriculum has been implementing on-going changes to integrate all the Oregon Safety Model components into the training to prepare our new staff in the practice model they will utilize in their daily work.
- **Supportive use of Distance Delivery:** Providing additional content by web-based methods increases information that can be taught while minimizing travel and cost for the field and providing learning opportunities pre and post classroom training.

- **Field Activities Guide:** A workbook and on-the-job training guide has been developed identifying specific learning activities for the first year on the job. This takes advantage of and recognizes the many content experts in the field and reinforces classroom knowledge through structured transfer of learning activities. The purpose is to provide on-going transfer of learning and to apply the skills they learned in their Core class with practical hands on activities. It also engages the supervisor in mentoring role with their new staff as it requires new staff to discuss important topics with their supervisor.

**Item 33: Ongoing Staff Training.** Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

We are currently designing and developing the core objectives for a specific Child Welfare Supervisory training that all supervisors will be required to attend and have plans to make this class available by January 1, 2008. Currently, supervisors are required to attend a series of key management courses through the Department of Human Services, and need to complete these courses within their first year of employment as a supervisor. These courses are human resource courses such as “The Essentials to Human Resources and management; Conflict Resolution, Creating a Diverse workforce, Cultural Diversity, Effective communication, New manager training, Process Improvement , and Core Values training that covers the agencies core values of Integrity, Stewardship, Honesty, Responsibility, and Diversity.

There continues to be ongoing, specialized training for seasoned CW staff such as: Certifier and Adoption Worker Foundations Training; Freeing and Placing Children for Adoption; Supervising Training (returning 2007); Eligibility Training for Title IV-E Eligibility Staff; Father’s Paternity Training; Domestic Violence 101; and Social Service Assistance Training.

On-going training particularly lends itself to Distance Learning strategies and Net-Link trainings are currently provided on a monthly basis with 22 to 24 trainings offered per calendar year. This allows staff, caregivers and community partners to participate in training from their desk, at home or office. Class information is available online at the Partnership’s Net Link Central.

<b>Net Link Trainings</b>	<b>Attendance</b>
Transitioning Children with Sensitivity	14
CFSR	22
Matching Children’s Needs to Family Strengths	7
Promoting Permanency	14
Effective Visitation Planning	32
Guardianship	9
Challenging Teens	11
Confidentiality	18
Relatives as Caregivers	12
What Color is Math? FASD	7
Promoting Permanency	14
Transitioning Children	8
Confidentiality in Child Welfare	18
Emergency Placement	18
Visitation	23

**Other recent on-going training opportunities include**

- A Paternity training was completed to reflect the changes caused by the passage of Senate Bill 234. These significant changes required a stand-alone training. Web based tools were developed to enhance learning and provide ongoing training and immediate information to staff.
- Early in 2007 CAF offered specific training to DHS staff interested in the CAF procedures associated with the DHS Conflict of Interest policy. This policy addresses CAF staff wanting an exception to being a Foster Parent, respite provider, relative Foster Parent, legal guardian or adoptive parent.
- The Behavior and Crisis Management training received a lot of focus during the spring of 2007. Due to the high number of Foster Parents in need of this training, extensive effort was made to provide numerous offerings in March, April, May and June. This class will continue to be offered and is part of the development and training for 2008
- Identification and development of a project plan with PSU to provide more specialized and advanced practice in-service training to child welfare services employees and supervisors in the 07-09 biennium, July 1, 2007 to July 1, 2009. We are currently determining most effective training curriculum and are targeting the training to be available in late 2007

A Tribal survey conducted in spring 2007 asked Tribal representatives to evaluate DHS workers’ knowledge and training around ICWA and cultural issues. 33% of

the 12 respondents reported it was at least acceptable; 16.6% said it was poor, and 17% identified it as very poor. The remaining respondents did not provide a response (33.3%). When asked what areas of caseworker training they felt should be enhanced to improve outcomes for children and families, the responses were around ICWA, caseload management, emotional intelligence workshops, net link opportunities around best practice standards, stressing contact with Tribal workers when any questions arise, and morale building.

**Item 34: Foster and Adoptive Parent Training.** Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Yes, Oregon provides pre-service training as well as continuing education for foster and adoptive parents. Our training is a comprehensive process that offers simultaneous preparation and selection of prospective foster and/or adoptive parents. Participants prepare for the role of foster parent, relative caregiver and/or adoptive parenting by taking part in Foundations Training as required by Departmental rules. They are also required to attend annual training for professional development at a minimum of 15 hours per year. This represents an increase, as per a request from the Oregon Foster Parent Association, from the previous 10 hour on-going training requirement. CAF Administration along with the Partnership will be working on the redesign of the Foster/Relative/Adoptive Parent Training program to meet the annual training needs with the recent budget cut to the program.

The Child Welfare Partnership provides extensive educational opportunities for foster, relative and adoptive parents. Partnership training staff worked extensively with Foster Care Certifiers and Adoption Workers as well as with foster parent associations to identify needs related to ongoing training for provider families. An online training calendar is available to all providers.

The Foster/Relative/Adoptive Parent Training Sub-Committee is a sub-committee of the Child Welfare Training Committee. It provides a formal process for reviewing and discussing foster parent training needs. Committee representation includes Central Office staff, Field staff, Child Welfare Partnership, Oregon Foster Parents Association, Oregon Post Adoption Resource Center and foster parents.

Examples of key areas of focus in the past year have been:

- Updating and standardizing the Pre-Service Training curriculum to ensure training consistency for all provider parents across the State of Oregon
- Updating Foster Parent Handbook that is distributed during orientation training
- Preparation for Spanish translation of the Pre-Service curriculum and Behavior Crisis Management curriculum

The Foster, Adopt, Relative Parent Trainers developed Annual Training Plans with each branch in their regional area. The plans articulated a shared vision and agreement between the Partnership Trainer and the branch to make available quality training on a consistent basis in all areas of the state. Annual Training Plans are a new way of doing business that shares both the commitment and responsibility for making training available to the families who care for Oregon’s children in out of home care.

Additional training is available to foster, adoptive, kinship, and birth parents through the online Foster Parent College website. These interactive courses provide valuable information, insights and advice from experts on dealing with serious child behavior problems. Also, families were sponsored into several conferences including Shoulder to Shoulder, Oregon Foster Parent Association State Conference; Families are Us, the Marion/Polk Foster Parent Conference, and the NCAN conference.

We do not have administrative data on the percentage of foster parents currently completing these yearly requirements, and will focus on these types of statistics for future reference. We do have individual certifiers track their provider homes for completion and ensure that they have access to training.

The Foster/Relative/Adoptive Parents were offered 361 trainings. Total attendance for these trainings was 4,323. Examples of classes offered include:

- Family Life Skills: Raising Responsible Teens
- Psychotropic and Other Medication Management and Documentation
- Foster Parents in the Juvenile Court Room
- The Heart of the Matter: Basic Child Development isn’t so Basic Anymore
- 2<sup>nd</sup> Tuesday Educational Support Group:
  - ✓ Four Parenting Styles
  - ✓ Emotion Coaching Parenting Style
- Attachment Issues: How to Help

○ Addictive Family Dynamics

Oregon trains branch staff to deliver certain components of the foster and adoptive parent training program. As the delivery of this training occurs by staff at the local level, the frequency and effectiveness of the training across the State is somewhat inconsistent. We are currently reviewing and evaluating foster and adoptive parent satisfaction and learning in the future.

In a March 2007 survey conducted for this assessment, foster parents were asked to rank how useful they felt their training was. For initial training, 65% of the respondents felt the training was useful while 73% felt their ongoing training was useful.

In the Tribal Survey conducted for this assessment in April 2007, tribes were asked, “Based on your experience with DHS foster/adoptive parents, would you rate their knowledge and training around ICWA and cultural issues as....Very Poor, Poor, Acceptable, Excellent?” None of the 12 survey respondents rated Foster Parent knowledge on these topics as excellent; 25% of the 12 survey respondents rated the knowledge as “acceptable”; 25% rated it as “poor”; 16.7% rated it as “very poor”, and 4 survey respondents, 33.3%, did not respond to this question. Suggestions to enhance training were around basic information on cultural differences and diversity, poverty education, “all of it enhanced”, and other supports like networks of foster/adoptive parents.

Oregon’s 2007-2009 Foster/Relative/Adoptive Parent Training Goals are to

- Look at new ways to structure the Foster Parent training program within the current budget
- Providing additional trainings for Foster Parents on Behavior Crisis Management
- Increase Net Link distance delivery training for Foster Parents
- Develop a centralized library as a viable/valuable user friendly option for Foster Parents

## **E. Service Array and Resource Development**

This area was rated as in substantial conformity in the last CFSR review, however, services to teens and residential treatment resources were lacking.

**Item 35: Array of Services.** Does the State have in place an array of services that assess the strengths and needs of children and families, that determines other

services needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable and that help children in foster and adoptive placements achieve permanency.

The State of Oregon was identified as being in compliance with this item during the 2001 CFSR review. The Department of Human Services provides a full spectrum of services from Family Preservation and Family Support to family reunification, adoption support and independent living services.

DHS provides Family Preservation and Support services by contracting for:

- Intensive Family Services
- Parent Training
- Family Sex Abuse Treatment
- Intensive Home-Based Services
- Supportive Remedial Day Care services
- Homemaker services
- Family Support Teams/Addiction Recovery Teams.

DHS also funds the Family Preservation and Support programs through the State Commission on Children and Families, which provide safety net services for families whose issues do not reach the level of impairing child safety.

As described in its web-based materials,

The Oregon Commission on Children and Families (OCCF) facilitates the development of a local community plan for the children and families in each of Oregon's 36 counties.

- In each community, the quality and supply of child care is recognized as a key need. Federal child care funds distributed through the OCCF system address local child care needs as they are identified in the local plan and focus on continued development of an integrated system of early care and education in each county.
- Federal and state laws mandate that the court shall appoint a CASA for every abused and neglected child involved in a dependency case. In 1987, the Oregon Legislative Assembly enacted what is now [ORS 419A.170](#), mandating the appointment of a Court Appointed Special Advocate (CASA) for each of these children.
- Healthy Start is a voluntary home visiting and family support program that assists first-time families in giving their newborn children a “healthy

start” in life. Based on the successful Healthy Families America model, Healthy Start of Oregon offers all first-birth families, during the prenatal period or at the time of birth, a free screening and information on topics such as child development, infant care and how to keep their baby healthy. Many families are eligible for home visits for up to three years, during which a trained parent coach helps them build skills to cope with challenges and provides them with ongoing support.

During 2004-2005, Healthy Start provided screening and referral services to over 7,000 families and evidence-based intensive home visiting for nearly 4,400 of Oregon’s most vulnerable families. Healthy Start has demonstrated positive outcomes in reducing children’s risk of maltreatment and increasing their readiness for school.

- The Oregon Commission on Children and Families, through local commissions on children and families, provides state oversight and support of Oregon’s Relief Nurseries. Currently, Relief Nurseries are operating in Portland, Eugene, Cottage Grove, Bend, Salem, Albany and Roseburg.
- The Oregon Commission on Children and Families has joined the Governor’s Office, Oregon Department of Education, Oregon Department of Human Services, and Oregon Department of Community Colleges and Workforce Development to share leadership, through the Partners for Children and Families collaboration, in the development of community schools across the state. These lead agencies are working together to:
  - Create a statewide policy framework
  - Develop guiding principles
  - Provide incentives
  - Access pooled funds”
- [Juvenile Crime Prevention Advisory Committee \(JCPAC\)](#) was created by the 1999 Oregon Legislative Assembly as part of a new Juvenile Crime Prevention program. State JCP funds are distributed to the thirty-six counties and nine federally-recognized Indian tribes under guidelines and [criteria](#) established by the JCPAC. Other JCPAC responsibilities include:
  - Approving county and tribal juvenile crime prevention plans
  - Recommending juvenile justice and juvenile crime prevention policy to the Governor and the Legislature
  - Working with tribal governments to develop tribal juvenile crime prevention plans

- Coordinating planning and implementation of other federal grants focused on high risk youth
- Overseeing and approving funding and policy recommendations of the Juvenile Justice Advisory Committee<sup>9</sup>

The Commission also serves as the conduit for DHS funds supporting the following activities initiated by all nine Federally recognized Oregon Tribes:

- Make respite care of children available
- Improve parenting skills
- Stabilize families in crisis
- Reduce household risk factors
- Prevent foster care placements
- Strengthen the parent-child relationship
- Increase accessibility to services
- Find permanent home placement for children

Specific details of these programs can also be found at the commission’s website at <http://www.oregon.gov/OCCF>

Time-limited Family reunification services are provided by the Department through services such as:

- Homemaker services
- Foster Care Prevention Services
- System of Care services.

Adoption promotion and support services include, but are not limited to

- Post Adoptive Support Services
- Purchased Adoption Home Studies
- Private Adoption Supervision and Finalization Services
- Diligent Recruitment and supportive services

For youth whose permanency plan includes emancipation and independent living, DHS administers Oregon’s Chafee Independent Living programs: Transition Services; Employment; Postsecondary Preparation; Mentors and Interactions with Dedicated Adults and Services to Former Foster Youth. DHS also contracts for life skills training, provides for small discretionary funds to assist youth in their transition, an Independent Living subsidy program for children in DHS custody and Chafee Housing services to former foster youth. More details on these program

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<sup>9</sup> <http://www.oregon.gov/OCCF/Mission/Progs/miprogram.shtml>

offerings can be found in the *DHS FY 2007 Annual Progress and Service Report* in support of Oregon’s five year *Child and Family Services Plan*.

In 2005, Oregon also created a program called “Family Support and Connections”(FS&C) funded by Community-based Child Abuse Prevention (CBCAP) grant monies to identify TANF families with high risk factors and offer them preventative services. Highlights of this program include:

- Collaborative teams of Self Sufficiency, Child Welfare and FS&C along with other community partners.
- Front-end support and interventions to “at risk” TANF families including:
  - Home visiting and other face to face contacts
  - Strengths-based family assessments
  - Individualized services based on the families needs
  - Joint outcome driven case planning
  - Concrete emergency services

In addition to these services, DHS also has many contracts for services across the state that address the service need of children beyond basic foster care, including:

- Approximately 50 contracts with providers of Behavioral Rehabilitation Services to address the behavioral and emotional needs of children in care. On any given day approximately 700 children are receiving these services.
- Since 2005 DHS has fostered contractual relationships with nine different Mental Health Organizations for the treatment of Mental Health conditions.
- Care Coordination teams designed to facilitate comprehensive planning and coordination of individualized services are accessible to every area of the state.
- 12 new contracts for treatment foster care have been implemented and distributed across the state in July, 2007.

**Item 36: Service Accessibility:** Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State’s CFSR?

Yes, Family support and preservation services, family reunification services, adoption services and independent living services are available in each county in the state, although there may not be specific programs operating in each community in each county. Tribal services are available within the jurisdiction of each Tribe.

Stakeholder interviews during the branch reviews found that the limited resources in smaller, rural communities exacerbated by limited transportation resources present particular challenges in obtaining behavioral health and medical services for both children and adults. 71% of the 223 youth surveyed for the State Assessment indicated that they were getting what they wanted in terms of services, however 11% of the surveyed youth indicated wanting dental care that they were not currently getting and 9% indicated wanting medical care that they were not currently getting. Less than 3% of the 223 youth surveyed indicated wanting mental health counseling that they were not currently receiving. Staff turnover due to low wages contributes to the lack of availability of staff in rural communities and further compounds the difficulty in obtaining services. Interviewees reported they frequently need to travel outside of their home county to receive needed services such as comprehensive medical and developmental assessments and dental services, especially in rural areas.

- **Behavioral Health:** The length of time between assessment of needed treatment and obtaining treatment services is reportedly lengthy for residential care services. Children frequently have to leave their home county to receive residential or professional foster care services for mental health, behavioral rehabilitation services and alcohol and drug treatment. Stakeholders in small communities have commented on the difficulty of having a single mental health staff person serving as the domestic violence individual counselor for both parents, the child's play therapist, a family counselor, a group counselor, a drug and alcohol treatment counselor, etc. Three percent of the youth in metropolitan areas feel they need mental health services they are unable to obtain. Fewer than 30% of seasoned Foster Parents responding to a survey in April 2007 identified Mental Health Services as easy to obtain.
- **Dental Care:** Stakeholders in half the rural counties identified lack of sufficient dental care as a major gap. Children frequently are required to travel outside of their home community to obtain dental care and are frequently put on six to eight month waiting lists. Less than 30% of seasoned Foster Parents reported Dental health services as easy to obtain in the April 2007 Foster Parent Survey.
- **Transportation** to needed services is difficult to obtain in rural communities where there is no mass transit system and distances to appointments may be great. Stakeholders in twenty three out of twenty five rural counties described this as a barrier. In one rural county, the county seat and main location for services is a four-hour drive for some of the residents, and requires traveling through an adjoining state. For the majority of rural areas,

the nearest services are often located one to two hours a way if they have access at all.

- Some in-home clients in the custody of DHS do not have access to the Oregon Health Plan due to parents who are working poor and make over the cutoff for enrollment in the Oregon Health Plan, but do not have enough money for private insurance.
- Some counties are not populous enough to have full time Independent Living Program (ILP) staff, and share staff with other counties, so a staff member is not present daily, and does not have the level of weekly programs that are available in larger counties.

#### Service Strengths:

- The physical health care needs of children are being met when they enter the child welfare foster care system.
- Family Sex Abuse Treatment (FSAT) is reportedly effective as a resource when utilized. Most counties have access to contracted services.
- Independent Living Services (ILP) are very effective in the communities where they are available.
- The 2007-2009 Oregon Governor’s recommended budget has allocated funding increase alcohol and drug treatment capacity for child welfare and TANF families. This plan also supports funding of recovery housing development that would supply three additional housing development specialists to develop “Recovery Homes” for families at risk of becoming involved on the child welfare system or reuniting with their children.
- The Children’s Mental Health Initiative has reorganized and increased the availability of services to children through a variety of local contracts. This program has given priority to children in the foster care system.

CFSR branch reviews conducted between 2003 and 2006 indicated under Item 17 an overall compliance rate for needs and services being met at 77% of 458 cases reviewed. This is nearly a 10% increase over the 68% achieved in the 2001 Federal CFSR. As anticipated the counties with the highest percentage of compliance were predominantly in the metropolitan area. However, urban counties adjacent to the largest metropolitan area did experience lower rates of compliance. This may be attributed to the rapid growth of the metropolitan area and subsequent population growth in adjacent counties that may be experiencing a lag in their ability to meet the service needs at the same pace as the population growth.

A Foster Parent survey conducted in April 2007 noted that of the 87 seasoned foster parents who returned the survey, 49% found it ‘easy’ to access physical health services, 26% found it easy to access both mental health and dental services, and only 17% found it easy to access early intervention and educational assessment services for their foster children. The foster parents who responded to the survey had more years of experience than average foster parents and none were relative providers.

**Item 37: Individualizing Services:** Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

Policy and statute required an Oregon Family Decision Meeting to be considered when a child has been removed from the home for more than 30 days, and if one is not held, the reason must be documented in FACIS. The purpose of the Oregon Family Decision Meeting was to include families in the planning for their child’s future, either to return home or to go to some other permanent placement, to describe the needs of individual children and parents, and to identify the services required to meet those needs.

With the implementation of the Oregon Safety Model, policy now requires the Child Safety Meeting for each case in addition to the caseworker considering the Oregon Family Decision Meeting. A Child Safety Meeting is required to develop an Ongoing Safety Plan. The safety plan is unique and individually drafted for each family. It is to state the safety threats that were identified in the CPS assessment to which the child was vulnerable and for which there was insufficient parental protective capacity" is the identified, unmanaged safety threats. These unmanaged safety threats are what require continued Child Welfare intervention (and juvenile court involvement) to occur as well as the development of the Ongoing Safety Plan. Even when parents are unavailable a Child Safety Meeting is necessary to develop the Ongoing Safety Plan. If a parent is incarcerated, DHS should work with the jail to have the parent participate in the meeting telephonically.

The Safety Model emphasizes the importance of one-on-one relationships between caseworkers and clients and in many instances, casework (such as reviewing/ updating Action Agreements) may be best done between the caseworker and the client rather than through a meeting. There are times within the life of a case, such as the 90-day review, when it may be helpful to have a meeting led by the caseworker where parents, change service providers, and others meet to coordinate case planning and implementation.

Service needs that exist systemically both across the state as well as in rural areas of the state frequently result in an inability to meet the specific individualized needs of children identified in their plan. Some of the areas of difficulty have been indicated through CFRS branch reviews and stakeholder input is as follows:

- Children with multiple handicapping conditions are difficult to place and provide with comprehensive services.
- Multiple assessments address varying needs and require coordination.
- Children’s needs must often be fit within the existing service systems rather than the services being wrapped around the child’s needs.
- Waiting lists for needed services often result in children getting served by the first available resource rather than the most appropriate resource.
- 43 new treatment foster care placements have been developed under contract with private providers to provide foster care placement with individualized wraparound services to the children in these placements.
- System of Care funds are utilized to allow for flexibility in meeting the individualized needs of children.
- Title IV-E funds are utilized to meet the individualized needs of children.

#### **F. Agency Responsiveness to the Community**

This area was listed as being in substantial conformity in Oregon’s 2001 CFRS review. Stakeholders indicated that Department administration was extremely responsive and noted that the Department strove for responsiveness at all levels. Stakeholders also stated that at all levels the Department was getting better at asking for help including local workers asking for input before case level decisions are made. Since the 2001 CFRS, much effort has been expended to continue to develop an on-going culture of consultation and cooperation with stakeholders, community partners and Tribes.

**Item 38: State Engagement in Consultation with Stakeholders.** In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Community stakeholders are involved at every level of the DHS Child Welfare service delivery continuum, ranging from planning for allocation of funding to

case level decision making to changes in policy, practice and reporting requirements. Examples of consultation and coordination with stakeholders in implementing the provisions of the CFSP include (but are not limited to):

- Family Decision Meetings
- JOIN Project Quarterly Meetings (JOIN is a database project developed with input from the Juvenile Court Improvement Project, Citizen Review Board, DHS Child Welfare, Oregon Youth Authority and the Department of Justice. Data needed to track children and young adults for the State and Federal periodic review requirements is electronically collected from Child Welfare, OYA and OJIN [the Oregon Judicial Information System] and stored in the centralized JOIN database.)
- Juvenile Court Improvement Project Steering (JCIP) Committee and subcommittees for training and data/outcomes – CAF staff are members of the steering committee as well as both subcommittees
- Child Welfare Advisory Committee (CWAC)
- Children’s Justice Act Task Force (CJA)
- Foster Parent Advisory Committee
- Domestic Violence Advisory Committee
- Citizens Review Board
- ICWA Quarterly Meetings
- Regular meetings between District Managers and Juvenile Court Judges

Department staff work in collaboration with partners on each of these groups to focus on the needs of children. Examples of this work include:

- Draft Rule and Procedures are shared and discussed with CWAC to obtain input and feedback – CWAC includes representation from many partners including courts, CRB, CASA, foster parents, parents, Tribes, AMH, JRP, Commission on Children and Families, etc.
- Joint issues related to sharing of data between JCIP and CAF are discussed at the JOIN group.
- Coordination and alignment of goals and workplans are discussed in the JCIP groups. Updates on recent issues are shared and discussed by both CAF and court-related staff. The JCIP Steering Committee reviews and approves JCIP grant applications, and goals and workplans developed by the two subcommittees. CFSR processes and outcomes are regularly discussed at meetings and training is provided at the annual judges conference. Members of the committee also provide input, recommendations and action review

regarding the JCIP Strategic Plan. JCIP provides input into the Child and Family Service Plan and annual updates.

- Issues related to ICWA compliance, resource availability, inter-governmental processes, etc. are discussed between Tribal and Department staff at the ICWA Quarterly meetings. Training and assistance is also provided to Tribes under their Title IV-E agreements.

Although Oregon’s philosophy has been, and continues to be, one of inclusion and collaboration with internal and external partners and stakeholders in relation to child welfare goals, vision, and policy, recently efforts around the implementation of the Oregon Safety Model were taken in part to restore a balance between collaboration and strong working relationships with partners and stakeholders and strengthening the agency’s focus on child safety and our legal mandates for child protection. Some partners perceived this as a “push back” and felt that CAF was less interested in stakeholder input. In response to stakeholder concerns, CAF extended the comment period for the draft Rules and held discussion sessions in which those reviewing the draft rules could meet with program managers involved in drafting the rules in order to address some of the concerns prior to the close of the review and comment period. Partners historically have wanted to see the agency do more prevention work and intervene earlier with families on an at-risk basis. With the National Resource Center for Child Protective Services’ evidence-based practice focused on safety threats and our responsibility for child safety, initially some community partners thought the agency would no longer be involved in cases of neglect. As we continue to meet with community partners and provide information and training about the model, these concerns are being addressed.

Related to youth involvement, Oregon has made a commitment to sponsor a Foster Care All-Star each year. Oregon’s All-Stars have made significant contributions to child welfare and ILP trainings and have been involved in presentations to Oregon’s Legislature, the nation’s capitol, and various conferences around the country.

Five ILP contractors have “official” youth advisory councils; however, all ILP contractors ask youth for input either formally (surveys) or informally (during classes or one-on-one discussions with youth). A youth is also included as part of the Program Review Teams lead by the Human Research Institute, which was awarded the contract to conduct a review of all contracted ILP providers.

Many youth are involved at the local level in child welfare programming and improving the foster care system. Some examples of how that is being done include:

- Survey of youth in care in the district - ages 13 through 20
- Teen panel presentations during foster parent training
- Regular Teen Stakeholder meetings

**Item 39: Agency Annual Reports Pursuant to the CFSP.** Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

The Department has a participatory Title IV-B planning process for development of the five year Child and Family Services Plan (CFSP) and the Annual Progress and Service Report (APSR). The Oregon Commission on Children and Families (OCCF), the Citizen’s Review Board (CRB), JCIP and the Tribes all participate in the planning process and submit information which is included in these reports.

Throughout the year, program staff consult with community partners and stakeholders to plan for the delivery of and assess the strengths and areas needing improvement for Child Welfare service delivery. On a systemic level, through participation on the various groups mentioned in item 38, especially the CWAC, JCIP, and ICWA groups. On a local level, District managers, branch managers, and program managers meet regularly with community partners and stakeholders to address issues specific to their community, families and children.

The Federal Compliance Unit staff notify stakeholders and central office program staff that information (as outlined in the program instructions issued by ACF) is needed to meet the reporting requirements. The various stakeholders and community partners such as Tribes and JCIP, as well as CAF program staff compile and submit information on activities and progress towards the plan, which is then assimilated into the CFSP and APSR.

Since the 2001 CFSR, Central Office program staff have been encouraged to develop an on-going culture of collaboration, consultation and cooperation with stakeholders, community partners and Tribes in the development, implementation and evaluation of the success of the CFSP.

Key collaborators, include but are not limited to:

- Juvenile Courts

- Juvenile Court Improvement Project (JCIP)
- Tribes
- Child Welfare Advisory Committee (CWAC)
- Oregon Commission on Children and Families (OCCF)

**Item 40: Coordination of CFSP Services with Other Federal Programs.** Are the State’s services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

In Oregon, CFSP services are coordinated with the services and benefits of other public and private agencies serving the same general population of children and families.

As a result of the reorganization and integration of the Department of Human Services, staff from various divisions within the Department are co-housed in many communities, which encourages a cooperative and collaborative planning process.

DHS coordinates its service delivery system with all other key federal programs serving the same general population of children and families. These key programs include (but are not limited to):

- Oregon Judicial Department (including the Division of Child Support (DCS), the Juvenile Court Improvement Project and the Citizen’s Review Board); examples include: membership on the JCIP committees as discussed previously, DCS/DHS/OYA committee which looks at issues that develop between the systems which lead to interruption or slowing of performance on child outcomes – a major focus has been on cross-training to better understand each Department’s systems
- Medicaid, administered by the DHS Division of Medical Assistance Programs (DMAP). Staff from CAF and DMAP confer daily to ensure that children in foster care have access to needed health services, medications and treatments. CAF has been involved with the project to update the Medical Management Information System (MMIS) from its inception, ensuring that the needs of foster care children are addressed in the new MMIS system.
- TANF, administered by the DHS Office of Self-Sufficiency Programs (SSP); the Family Support and Connections program is an example of joint efforts to address the safety and well-being of children. In addition to

CBCAP funding, TANF is also being used to expand this program. Oregon’s philosophy is also to look at TANF as a children’s program in that functioning, self-sufficient families tend to result in better outcomes for children.

- Agreements with public or private agencies or contractors to perform title IV-E or IV-B functions, and whether services provided under the agreements or contracts are monitored for compliance with State plan requirements. For example, the Oregon Commission on Children and Families (OCCF) administers many of the Family Preservation and Support services in Oregon. This is monitored by the OCCF submission of an annual report to be included in the APSR, as well as OCCF providing periodic financial information to CAF Child Welfare.
- Title IV-E, Title IV-B and Title XX, are all coordinated and administered by DHS Children, Adults and Families. Six tribes have a Title IV-E agreement with the State of Oregon, including:
  - Klamath Tribes
  - Coquille Indian Tribe
  - Confederated Tribes of Grand Ronde
  - Confederated Tribes of Siletz Indians
  - Confederated Tribes of the Umatilla Indian Reservation
  - Confederated Tribes of Warm Springs

The CAF Federal Compliance Unit provides training and monitors Tribal compliance with State plan requirements for the Title IV-E program.

### **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

This area was rated as in substantial conformity in the last CFSR review. With the implementation of the new Oregon Safety Model, certification standards have been strengthened again to emphasize health and safety. Although Oregon has been successful in recruiting an increasing number of family foster homes, we have not been able to keep up with the increased need from rising caseloads.

**Item 41: Standards for Foster Homes and Institutions.** Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Yes, Oregon has had long standing Administrative rules governing the “certification” of family foster care and the “licensing” of child placing agencies.

These rules have been reviewed regularly adopting new state or federal regulation requirements and compared to standards set forth by national organizations and foundations, and other states standards. Oregon has referred to and utilized information from organizations such as Child Welfare League of America, Annie E. Casey Foundation, Casey Family Programs, and Council on Accreditation, and states that are neighboring Oregon or states with similar population.

Oregon adopted the practice by these administrative rules for all families caring for children in the states legal custody to be certified caregivers as of September 2001. The certification of the person providing care includes relative caregivers and non-related foster parents. This standard of certification for all persons is regardless of whether a foster care payment is being made or not.

In March 2007, new Certification Standards were implemented. These standards place a more focused emphasis on safety and well being for children by increasing the certification oversight of foster homes and relative caregivers. The following is a summary of some of the changes made to the Certification Standards: (The rules were separated to identify the role and responsibility of the certified family and the role and responsibility of the department in the certified and monitoring of the family.

1. Increased requirement for department certification staff to visit the certified home at a minimum of every 180 days.
2. Minimum training requirements for certified caregivers has increased from 10 hours to 15 hours per year. Training plans may include additional training requirements beyond the 15 hours to meet a child's specific needs or increase a certified family or individual's skills.
3. Certified caregiver to child ratios have been decreased to four children to one certified adult, seven children to two certified adults and a maximum of two children under the age of three. All ratios include the certified family's own children living in the home.
4. Various approvals and oversight have been put in place to ensure safety and additional supervision of children in foster care.

These rules; *II-B.1 Certification Standards for Foster Parents, Relative Caregivers and Pre-Adoptive Parents* and *II-B.1.1, Department Responsibilities for Certification and Supervision of Relative Caregivers, Foster Parents and Pre-Adoptive Parents*, identify the requirements for department foster homes, relative homes and for adoptive homes. These standards are applied equally across the program areas.

- Standards identify department responsibilities to visit and maintain contact with the caregiver in addition to the responsibility of the caseworker responsibility for 30-day face-to-face contact as described in detail under item 19.
- Standards identify the requirements of the department and the caregiver in renewal of certification which includes training requirements of the caregivers, renewal of criminal record background checks.

Licensing rules for Private Child Caring Agencies remain the same as they were in 2001. A process of developing new licensing rules began in 2004 with broad external community partners and provider support and review. These new licensing rules are in final stages of review before being implemented within the next several months. These licensing rule changes more completely represent the current and varying types of private child caring agencies (foster care agencies, residential agencies, therapeutic boarding schools, academic boarding schools, adoption agencies, day treatment agencies, and outdoor youth programs).

Currently rules exist for foster/adoption agencies that mirror the department rules for certification of foster homes, relative caregivers and adoptive families, and rules that apply to residential agencies, boarding schools and outdoor youth programs. However, these current rules do not include specific regulations for a number of programs and agency types that have been created over the last several years. The proposed changes will better ensure a greater level of safety, supervision and training requirements in each of the agency types.

Licensed agencies in which DHS Child Welfare children are placed have additional contractual requirements or certification requirements for additional services and supervision requirements for specific population groups that go beyond the minimum private child caring agency licensing rules. In the late 1990s contracts with agencies became Behavioral Rehabilitation Services (BRS) contracts. Since 2001 more of the agencies contracted with have become BRS approved. This provides a higher quality of service to the children and an increased level of safety and support.

Many of the existing BRS contracts are approximately 5 years old. Many of the service needs and safety needs of children have changed over these 5 years. Anecdotal stories have suggested children, particularly girls, have become more physically aggressive and need additional support to provide for their safety. Additionally, the needs of children nearing the age of 18 are becoming more significant regarding transition to adulthood. It is clear the safety and service needs

of children are different than 5 years ago but specifics are needed and an intensive needs assessment is underway to research the effectiveness of current contracts in meeting the safety and service need of children. Contracts will be rewritten based on the outcomes of these needs assessment. These contracts are anticipated to begin April 1, 2008.

**Item 42: Standards Applied Equally.** Are the standards applied to all licensed or approved foster family homes or child-care institutions receiving IV-E or IV-B funds?

Yes, it is the department's requirement for all foster homes and child-caring agencies to be certified or licensed in order to receive placement of children and subsequent funding. As noted under item 41, the department rules exist for foster/adoption (Licensed Child Placing Agencies) that mirror the department rules for certification of foster homes, relative caregivers and adoptive families. *Oregon Administrative Rule 413-200-0301, effective 3/20/07, Purpose of Certification Standards*

*(2) These rules apply to any person requesting a Certificate of Approval, any person who has a current Certificate of Approval, or any person who is requesting re-certification to provide immediate, temporary, or permanent care for a child or young adult in the care or custody of the Department. The person may be an adult related to the child, an unrelated adult with an existing relationship to the child, or an adult unrelated and unknown to the child.*

As stated in Item 41; Oregon adopted the practice by these administrative rules for all families caring for children in the states legal custody to be certified caregivers. The certification of the person providing care includes relative caregivers and non-related foster parents. This standard of certification for all persons is regardless of whether a foster care payment is being made or not.

*Oregon Administrative Rule 413-210-020*

*(1) License Required:*

*(a) No private child-caring agency shall provide or engage in residential care or treatment without a license from the agency;*

*(b) A private child-caring agency licensed by the agency shall neither assume a descriptive title nor purport under any descriptive title or claim to provide services governed by these rules except as it is permitted to do so within the scope of its license;*

This area was identified as a strength in the 2001 federal CFSR review as well as Oregon successfully passed the Title IV-E federal review in September 2005.

**Item 43: Requirements for Criminal Background Checks.** Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The Oregon legislature previously took advantage of the provision in the federal code (42 U.S.C. 671(a)(20)(A)) which allowed states to “opt-out” of the specific federal requirements for criminal background checks for foster/adoptive families. Passage of the Adam Walsh Child Protection and Safety Act in 2006 eliminated the opt-out provision from federal law, but states that previously took advantage of the provision are permitted to continue to opt-out until October 1, 2008. Until that time Oregon will continue to conduct criminal background checks according to our existing rules (Oregon Administrative Rules 413-120-0400 through 413-120-0470), which differ somewhat from the current federal requirements. Oregon rules require foster/adoptive applicants, and any other adult household members, to undergo a statewide criminal background check. A nationwide fingerprint-based FBI check is also conducted anytime an individual meets any of the following criteria:

- Individual has lived outside Oregon within the past five years
- Individual discloses a previous arrest or conviction
- The statewide criminal check reveals a previous arrest or conviction

A fingerprint-based FBI check may be run even if none of the criteria listed above is met if there are questions about the true identity of the individual being checked.

Oregon rules permit us to license a foster home or approve a home for adoption after completion of the statewide check. If a home is licensed after a statewide check is completed, and a subsequent FBI check reveals criminal history that was not previously known, a foster license or adoption approval may be revoked. Once it is known that an individual has a criminal conviction in his or her history, an exception must be requested and approved before a family can be issued a foster license or approved for adoption. Any and all criminal convictions require approval of an exception by management personnel before foster licensure or adoption approval can occur, regardless of the age or severity of the conviction(s). The more severe the conviction, the higher the level of management approval that

is required. Some extremely severe crimes are automatically disqualifying and ineligible for an exception at any level.

Oregon rules has been extended beyond federal regulations to assess arrest history in addition to convictions and have included the requirement of the foster parent or adoptive placement; *within one working day all certified families must report any arrests or court conviction for any member of the household.*

**Item 44: Diligent Recruitment of Foster and Adoptive Homes.** Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children whom foster and adoptive homes are needed in the State?

Yes, Oregon maintains by policy and practice a high value of searching for relatives and persons who are known and have a relationship with the child. The state attempts early in the life of the case to seek out utilize these individuals as placement options for the child. This is with the understanding as noted above the relative or known individual must meet the states certification requirements. In September 2006, the over all count of “certified families for children” was 5,309 or which 2,878 or (54%) were specially certified for a relative child or a child in which they had a relationship with the child.

Generally, recruitment campaigns are funded and staffed by volunteers, non-profit organizations, community organizations and small, specialized grant funds. There are significant local community efforts to recruit families for foster and adoption throughout Oregon. Often these efforts are more child specific and locally based. Oregon has utilized civic organizations, faith communities, cultural fairs and individual communities. As noted in the states Title IV-B annual plan, one such county example of an active community partnership for recruitments included recent projects and presentations at:

1. School presentations (McKay, Cascade, Sprague, Gervais, Woodburn)
2. Health Fairs (Highland)
3. World Beat International Fair
4. Northwest Baby Fest
5. Many Faith based presentations (English & Spanish) & 2<sup>nd</sup> Annual Faith Based Breakfast w/over 300 in attendance
6. KSND radio PSA and interview
7. Statesman Journal Articles
8. Mailings to all of our existing foster families in an effort to get new referrals.

9. Heart Gallery
10. Partnership with CASA in an effort to recruit for both programs
11. Ike Box presentation
12. Child Abuse Prevention Rally
13. St. Vincent de Paul Ministry Fair

Oregon was fortunate to receive a Family-to-Family grant from Annie E. Casey Foundation (2001 – 2005). This grant made it possible to have some success developing strategic campaigns recruiting homes. A few of the successes were recruiting in neighborhoods with the highest proportion of children coming into care by using a “geo mapping” strategy of identifying communities with a high placement rate and using the local school catchments area to reach out. This strategy was used as well with faith based organizations who have had an interest in recruiting foster homes from their communities. The Family-to-Family initiative sites included four different counties ranging from our Portland metropolitan area to smaller rural areas of Klamath and Jackson Counties in Southern Oregon.

The family-to-family grant also funded the development of a statewide *Neighborhoods Count* campaign which included recruitment campaigns designed to bring community partners to the table who would at some point take the lead in community recruitment. As noted above the Marion County community efforts is a good example of how this initiative became a community need not just a state need. The success of this program was in part a result of having staff dedicated to do this work. Although the funding for this project ended there are still remnants of this work in some communities.

Oregon has utilized a contract through the Boys and Girls Aid Society to answer a *Foster/Adoptive Parent Inquiry* phone line, which answers all inquiries about adoption and foster care in the state of Oregon.

Through a separate contract with the Boys and Girls Aid Society, child specific recruitment has occurred for Adoptive placements for children. This longstanding contract and partnership has developed into regular contact and coordination with local and statewide media organizations. This coordination includes working through partnerships with a media outlet in Boise, Idaho who feature Oregon children waiting for adoption. In addition, this is how Oregon accesses the registration of eligible children with adoption exchanges such as the Northwest Adoption Exchange and Adopt US kids.

Another systemic issue that has been identified and may impede our ability to recruit adequate numbers of foster and adoptive homes is the DHS web site has no recruitment link that is user friendly and encourages those interested to seek further information locally.

Two areas of specific efforts and unique challenge is the representation of Native American and Hispanic children needing care.

In April 2007 the state self assessment survey of tribal communities asked

- “Does DHS identify culturally appropriate homes for children removed from their parents?” No respondents said “always”, 33% of the 12 respondents stated “usually,” 33% said “not usually”, and 8% said “never”.
- ”Based on your experience with DHS foster/adoptive parents, would you rate their knowledge and training around ICWA and cultural issues as....Very Poor, Poor, Acceptable, Excellent?” None of the 12 survey respondents rated Foster Parent knowledge on these topics as excellent; 25% of the 12 survey respondents rated the knowledge as “acceptable”; 25% rated it as “poor”; 16.7% rated it as “very poor”, and 4 survey respondents, 33.3%, did not respond to this question.
- The state has struggled keeping pace with the growth of Hispanic children and families in Oregon. The census results also show rapid growth of the Hispanic population between 1990 and 2000. The projected growth rate between 1990 and 2000 was estimated to be 73 percent (Oregon Commission on Hispanic Affairs). Given this growth rate the state has struggled attracting staff and providing foster and adoptive resources for children that represent these communities. Oregon has been adopting many training materials, forms and resources into Spanish translation but have struggled with the growth trends. Regardless of these active and diligent efforts of recruiting resources for children, Oregon remains challenged by the overall numbers of children requiring substitute care placements and the ability to have an adequate supply of families awaiting children at the time children need families. The growth rate of the average daily population of children in family foster care versus the average daily population of available certified foster families has not kept up with the same growth rates.

	<b>FFY2001</b>	<b>FFY2002</b>	<b>FFY2003</b>	<b>FFY2004</b>	<b>FFY2005</b>	<b>FFY2006</b>
Homes	4,450	4,532	4,450	4,830	5,373	5,309
Children	6,185	6,135	6,371	6,824	7,497	7,734

### **Item 45: State use of Cross Jurisdictional Resources for Permanent Placements**

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Policy and practice in the area of inter-jurisdictional/interstate placements is primarily dictated by the terms and requirements of the Interstate Compact for the Placement of Children (ICPC). The ICPC has not changed in the past forty six years, however the American Public Human Services Association (APHSA) has proposed a new version of the ICPC that is designed to address many of the commonly perceived shortcomings of the existing Compact. The 109<sup>th</sup> US Congress urged states to adopt the new Compact. Individual states must achieve legislative enactment of the new Compact into state statute in order to become members of the new ICPC. The Department of Human Services supports the new ICPC and is seeking legislative passage through the introduction of House Bill 2173 during the 2007 Oregon legislative session. If passage is not achieved during the 2007 session, DHS will continue to work with our state legislature towards passage of the new ICPC during the interim session proposed for 2008.

In addition to the newly proposed replacement for the current ICPC, the US Congress recently passed legislation that directly impacts practice in the area of interstate placements of children. President Bush signed the Safe & Timely Interstate Placement of Foster Children Act of 2006 into law in July of last year. In addition to urging states to adopt the new ICPC proposed by APHSA, the federal act places additional requirements on states, the most significant of which is a requirement for states to complete home studies within 60 days of receipt of a home study request from another state. In order to improve practice in this regard the Department of Human Services is seeking legislative approval for a funding package that will result in the creation of several Department staff positions that will be solely dedicated to completing home studies requested by other states for the purpose of placing children in Oregon. Feedback from the Court Survey indicated that the ICPC process is one of major deterrents to achieving permanency for children in a timely manner.

Independent of the response to these changes on the national level regarding inter-jurisdictional placements, in 2006 the Department undertook an analysis of data compiled over a year-long period in order to determine if the work associated with the processing of interstate placement requests was equitably and efficiently

distributed among the responsible Department personnel. Analysis of this data resulted in the redistribution of work among personnel in the Department's central ICPC Unit.

The primary factors that contribute to good performance when it comes to interstate placements are the speed with which the ICPC Unit in central office processes incoming and outgoing placement requests and the speed with which field offices process incoming requests, including completion of requested home studies, once they are received from the ICPC Unit. The ICPC Unit typically processes requests in less than 24 hours. Time frames for processing by field personnel can vary depending on local workload and other factors that cause delays in the home study process, such as completion of criminal background checks. Historically DHS has performed well relative to our counterparts in other states with regard to the length of time (typically 60 – 90 days) it takes for the Department to respond to incoming placement requests.

As indicated above, the Department is seeking legislative approval of funding for additional staff positions, which will be specifically dedicated to improving performance in the area of interstate placements. DHS is also seeking legislative enactment of the new Interstate Compact for the Placement of Children. Currently ICPC and Department IT staff are working together to develop an electronic data report to be distributed regularly to field offices. The report will track branch-by-branch performance in the timeliness of handling incoming interstate placement requests from other states.

Oregon will comply with requests from other states for either a foster study or adoption study whether the child is legally free for adoption or not. A barrier to Oregon's request for studies is often the other state's policy that will not allow an adoption study if Oregon's child is not yet legally freed for adoption. This can greatly delay permanency for children when they remain in Oregon's foster care system while a relative family is available for placement in another state. We will ask for an addendum to the foster study, requesting specific wording that reflects the placement would also be appropriate for adoption if the child were legally free. We have used that to meet our policy, which requires an adoption home study if the child's official plan is for adoption.

When Oregon has an adoptive family (not yet finalized) planning to move out of state, our legal unit works with the field office to expedite finalization in order to avoid an ICPC request. If we do not obtain finalization, the other state often requires the family to engage in entire adoption application process when perhaps a

safety assessment and supervision of the placement would suffice. Another barrier is a lack of progress reports, which can delay permanency for a child and result in a legal finding of “no reasonable efforts”, jeopardizing funding for relatives caring for children. We have also experienced other states denying placement with birth parents based on previous criminal history that is not a current safety issue for the child.

Oregon recruits throughout the United States for adoptive homes. CAF contracts with Boys and Girls Aid Society (BGAS) when considering out of state general applicants (not relatives or current caretakers) at adoption committees. BGAS will work with Oregon’s ICPC and the state’s adoption unit or contracted agency in order to clarify information such as licensing, training requirements, etc. This BGAS contract assists the field offices in alleviating workload.

Oregon has long been a leader in breaking down barriers to cross-jurisdictional adoptive placements as evidenced by the 2003 Adoption Across Boundaries Award from Voice for Adoption. Oregon continues to list children through Northwest Adoption Exchange and is active with Adopt US Kids.

Prior to 2007, there were no formal procedures in place for non-ICPC, cross-jurisdictional placements in Oregon, and regionalized practices were inconsistent. Oregon’s Child Welfare Program Managers recently created the Interdepartmental Working Agreement for Courtesy Supervision, Out of County Placements, Transfers and Home Studies establishing standardized practices and procedures to be used by all Oregon Child welfare Offices to facilitate placement and supervision of children across county lines.

## **H. Workload and Staffing**

Although not an identified systemic factor in the federal CFSR State Assessment Instrument, Oregon maintains that issues around resources, staffing and workload are an important “unspoken” systemic factor worthy of discussion. Since 2002, the number of caseworkers and supervisors has increased by approximately 13% while the average child welfare caseload increased by approximately 30%.

In response to the findings of the National Resource Center for Child Protective Services (NRCCPS) and the National Resource Center for Organizational Improvement (NRCOI), the Department of Human Services (DHS) submitted a budget request to the legislature to bring Oregon’s staffing for child welfare services into alignment with national standards for the purpose of ensuring proper

services and safety of children who are at threat of harm. The department was successful in the 2005 session to receive some funding for legal representation and paralegal services and has submitted an expanded budget request this session.

The current staffing standards had not been reviewed by the legislature since prior to the implementation of ASFA. The caseload standards have remained the same but not the workload. Some types of caseloads do not have a staffing standard, such as CPS screening or adoption workers. These positions are carved out of the existing allocation. There is a very high worker to supervisor ratio, based on a staffing decision in the early 1990's, which virtually prohibits clinical supervision of casework staff.

According to the National Resource Center for Child Protective Services report from June 2005, "Studies confirm that current national caseload standards may be twice what is reasonable to perform competently. With that said, Oregon's workload situation even exceeds these outdated national standards." The National Resource Center for Organizational Improvement (NRCOI) followed in their report in December 2006, stating that "strengthening supervision is perhaps the most important action the Department can take to improve services."

In addition to the general workload issues being seen in many states' child welfare systems, Oregon has been one of the few states that did not have legal representation in court dependency matters. Caseworkers have been responsible for a variety of legal tasks including: writing and filing petitions; interviewing and preparing witnesses for trial; writing affidavits; preparing legal discovery documents; presenting cases in court; cross examining witnesses; and writing draft court orders. With the implementation of ASFA, these tasks greatly increased.

During this time, Oregon's child welfare services staggered under the impact of methamphetamine. The use of this drug was directly related to a significant increase in foster care caseload, and a wide array of new workload associated with the effects of this drug. At the same time, there were budget cuts in department programs for drug and alcohol treatment, mental health services, and medical coverage, impairing caseworkers' ability to obtain services for clients to prevent removal of children from their homes or to insure safe settings for reunification.

These and other factors have resulted in a significant increase in workload and in caseloads that already have an out of date staffing and supervisor ratio.

Oregon is attempting address the issues identified above. The Governor’s 2007-09 recommended biennial budget includes additional funding to increase access to alcohol and drug treatment services, to increase legal representation for caseworkers, and to bring the worker and supervisor staffing ratios in line with national standards. In addition, a number of workgroups have begun to review and make recommendations around workload and staffing, supervision, and training as a result of the NRCOI report. The NRCOI and other National Resource Centers will continue to be involved in these efforts with us.

# SECTION V

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## *State Assessment of Strengths and Needs*

## SECTION V: State Assessment of Strengths and Needs

### A. Strengths

#### Primary Areas of Strength:

*Determine and document which of the seven outcomes and systemic factors examined during the State Assessment are primarily strengths, citing the basis for the determination.*

The following outcome and systemic factors are considered strengths for Oregon. Although there may be some items within the outcome or systemic factor that need improvement, overall the determination is one of strength.

**Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children.** This area was considered a strength at the time of the last CFSR review with a finding of substantial conformity of 94.3%. Since that time, Oregon has sustained a high level of practice in several of the individual items in this outcome. Oregon remains committed to placing children with relatives and within their community whenever possible, which can be seen in the high ratings of performance on *Proximity of foster care placement, Placement with siblings, Preserving Connections, and Relative placement.*

**Foster and Adoptive Home Licensing, Approval, and Recruitment.** This area was in substantial conformity in the last CFSR. With the implementation of the new Oregon Safety Model, certification standards have been strengthened again to emphasize health and safety. The department requires all foster homes and child-caring agencies to be certified or licensed in order to receive placement of children. Oregon also has a strong process related to ICPC.

**Case Review System.** This area was not in substantial conformity in the last CFSR; however since that time, clarifying instructions, system prompt, and other tools have been added to strengthen written case plans. CRB continues to be an area of strength and much work has been done by DHS and OJD on the importance of timely permanency hearings. Therefore, Oregon sees this area as one of our primary strengths during this review period.

**Safety.** With the implementation of the Oregon Safety Model, and the emphasis it brings to safety throughout the life of the case, it is believed that outcomes around safety will continue to improve. The message is clear that everyone's job is ensuring the safety of the child. Although implementation of the model was too

close to the time of the statewide assessment for us to be able to analyze and evaluate its effect, we expect safety will be an area of strength in Oregon as the model is put into practice.

## **B. Areas Needing Improvement**

### Primary Areas Needing Improvement:

*Determine and document which of the seven outcomes and systemic factors examined during the State Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas that the State would like to examine more closely during the onsite review.*

**Permanency Outcome 1 – Children have permanency and stability in their living situations.** Although Oregon has shown significant improvement around item 9 *Adoptions*, we continue to be challenged by most of the other items in this outcome. Most noteworthy - item 6 *Stability of foster care placements* and item 10 *Other planned permanent living arrangement*. Both of these items are areas Oregon would like to focus on in the onsite review to explore the causal factors leading to placement instability and towards APPLA being chosen as the permanency goal.

**Service Array and Resource Development.** This systemic factor looks at service array, accessibility and individualization. Our analysis identified a number of service gaps or shortfalls in addition to some strengths. Examples of gaps/shortfalls included dental services, decreased System of Care funds, transportation, alcohol and drug treatment, and mental health services. Therefore, Oregon has identified this area as a primary area needing improvement.

**Workload and Staffing.** Oregon has identified child welfare workloads and staffing levels as an additional systemic factor. This factor reaches across many, if not most, of the outcomes and other systemic factors. Over the years, legislation like ASFA has continued to increase the workload of staff in the child welfare system without any additional funding. Oregon also struggled with increased caseloads due to factors like meth at the same time that revenues in the state were declining. This exacerbated the workload problem.

**Statewide Information System.** Although taken in total, CAF's multiple information systems provide a wealth of information relative to our children, navigating the systems is challenging at times. In addition, the current "system" is not SACWIS compliant and is built in languages and on platforms that are difficult

to maintain. Additionally, our current system lacks the ability to track and search for individual perpetrators without knowing previous victim names. For all of these reasons, Oregon has identified information systems as a primary area needing improvement.

### C. Onsite Review Sites

In addition to Multnomah County, Oregon’s largest metropolitan county, the following sites have been selected for onsite review.

#### Marion County

Marion is considered a “medium-sized” site, with approximately 283 child welfare staff serving 2,275 children. For Oregon, Marion has a diverse population and has both a rural and urban component. Of note, Marion has a larger than average Hispanic population.

County	% living in Poverty	% White	% Black	% Hispanic	% Native American	% Asian	% Native Hawaiian/ Pacific Islander	% Other - more than 1 race	Persons per sq mile
Marion	14.1%	72.9%	1.2%	20.9%	1.6%	2.0%	0.4%	2.2%	240.6
<b>Statewide</b>	<b>12.0%</b>	<b>81.6%</b>	<b>1.8%</b>	<b>9.9%</b>	<b>1.4%</b>	<b>3.4%</b>	<b>0.3%</b>	<b>2.3%</b>	<b>35.6</b>

Source: Oregon Blue Book (<http://www.sos.state.or.us/bbook/local/counties/counties.htm>)

When compared with counties nationwide (i.e., Z-score), Marion scored above average on 3 composites and below average on composite #3 Permanency for children and youth in foster care for long periods of time. Unlike the other 2 sites, Marion scored well on Placement Stability consistently on all 3 time measures.

County	Children Served	Composite 1	Composite 2	Composite 3	Composite 4
Marion	2,275	0.23	0.16	-0.09	0.62

Marion is located in the Willamette Valley corridor of Interstate 5 and includes Salem, the state capital. Marion also has a specialized ICWA unit and services to address needs of families of inmates at the Oregon state prison.

#### Deschutes County

Deschutes is considered a “small-sized” site, with approximately 41 child welfare staff serving 250 children. It includes both a rural and urban component.

County	% living in Poverty	% White	% Black	% Hispanic	% Native American	% Asian	% Native Hawaiian/ Pacific Islander	% Other - more than 1 race	Persons per sq mile
Deschutes	10.3%	91.2%	0.4%	5.2%	1.2%	0.9%	0.1%	1.8%	38.2
<b>Statewide</b>	<b>12.0%</b>	<b>81.6%</b>	<b>1.8%</b>	<b>9.9%</b>	<b>1.4%</b>	<b>3.4%</b>	<b>0.3%</b>	<b>2.3%</b>	<b>35.6</b>

Source: Oregon Blue Book (<http://www.sos.state.or.us/bbook/local/counties/counties.htm>)

Deschutes is relatively close to the norm for performance on composites compared to all counties with the exception of composite #2 Adoptions and composite #4 Placement Stability. Deschutes was lower than average on Adoptions but higher than average on Stability.

County	Children Served	Composite 1	Composite 2	Composite 3	Composite 4
Deschutes	250	0.04	-0.22	0.02	0.44

Deschutes is located in central Oregon east of the Cascade Mountains. Its economy includes tourism, retail, software and high tech, and forest products.

#### **D. Oregon’s Experience with the State Assessment**

The statewide assessment process has given us an additional opportunity to collaboratively come together and obtain input and feedback from our internal and external partners and stakeholders. It has also allowed us to continue to evaluate our progress around safety, permanency and well-being since the last CFSR and delve deeper into the data available to us.

#### **E. Participants in the State Assessment**

Oregon DHS staff, partners and stakeholders all participated in the state assessment process. Participation occurred in several fashions, including a CFSR State Assessment Team, surveys and focus groups. Please see Section I. F of this report for a discussion of the surveys and focus groups.

The CFSR State Assessment Team was a multidisciplinary group which met almost monthly from January through June 2007. This team also broke down into a number of subgroups, which met periodically over this same time period to focus on specific issues.

Membership of the CFSR State Assessment Team:

<b><u>Affiliation</u></b>	<b><u>Name</u></b>
Alcohol and Mental Health Division	Bill Bouska & Matt Pearl
CAF – Administration	Angela Long & Toni Peterson
CAF – Adoptions	Angela Cause
CAF – Child & Family Services Plan	Debbie Milligan & Randy Blackburn
CAF – CPS	Una Swanson
CAF – Data	Maria Duryea & Anna Cox
CAF – Field	Marge Reinhart, Carolyn Graf, Gayla May, and Rainy Olsen
CAF – Foster Care	Kevin George
CAF – Family Based Services	Jan Slick
CAF – Child Welfare	Nancy Keeling & Irvin Minten
CAF – CBCAP	Stephanie Jernstedt
CAF – ICWA	Mary McNevins
CAF – Independent Living	Rosemary Iavendetti
CAF – Quality Assurance	Jenny Landis-Steward
CAF – Residential Care	Donna Keddy
CAF – System Support	Isolde Knaap & Dave Simpson
CAF – Training	Karyn Schimmels
Court Appointed Special Advocates	Becky Smith
Confederated Tribe of Grand Ronde	Kristi Petite
Confederated Tribe of Klamath	Morris Blakey
Confederated Tribe of Umatilla	Vaun Miller
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Tom Long
Citizen Review Board	Benjamin Hazelton
Dept. of Education	Leslie Currin
Foster/Adoptive Parent	Ken Benson & Shellbee Hudson
Juvenile Court Improvement Project	Timothy Travis & Helen Huang
Juvenile Rights Project	Mark McKechnie
Commission on Children and Families	Iris Bell
Parents Anonymous	Ruth Taylor
SPD – Developmentally Disabled Children	Janette Williams

# APPENDIX A

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## *Acronyms*

----- **A** -----

**A&D:** Alcohol and Drug; term used in conjunction with the former Office of Alcohol and Drug Abuse Program (OADAP), which no longer exists; preferred term is now Alcohol, Tobacco, and Other Drugs (ATOD). OADAP is now Office of Mental Health and Addiction Services (OMHAS) and is in the Health Services cluster.

**ACF:** Administration on Children and Families

**ADA:** Americans with Disabilities Act

**ADD:** Attention Deficit Disorder

**ADP:** Average Daily Population

**ADTP:** Adolescent Day Treatment Program

**AFDC:** Aid to Families with Dependent Children

**AFCARS:** Adoption and Foster Care Analysis and Reporting System

**AG/AAG:** Attorney General or Assistant Attorney General

**ALCOHOL DEC TRAINING:** Drug Exposed Children (DEC)

**APHSA:** American Public Human Services Association

**APPLA:** Another Planned Permanent Living Arrangement

**APS:** Absent Parent Searches

**APSR:** Annual Progress and Services Report

**ARMS:** Adoptions Database

**ART:** Alcohol Recovery Teams

**ASFA:** Adoption and Safe Families Act

----- **B** -----

**BGAS:** Boys and Girls Aid Society

**BIA:** Bureau of Indian Affairs

**BRS:** Behavior Rehabilitation Services

**BSW:** Bachelor of Arts/Bachelor of Science Degree in Social Work

----- C -----

**CAF:** Children, Adults and Families. The program area at Central Office in Salem which includes the child welfare (former SCF) and self-sufficiency (former AFS) disciplines.

**CAN:** Child Abuse and Neglect

**CASA:** Court-Appointed Special Advocate

**CBCAP:** Community Based Child Abuse Prevention

**CDRC:** Child Development and Rehabilitation Center

**CET:** Consultation Education Training Specialist

**CFSP:** Child and Family Services Plan

**CIRT:** Critical Incident Response Team

**CJA:** Children’s Justice Task Force

**CPS:** Child Protective Services

**CRB:** Citizens Review Board

**CSM:** Child Safety Meeting

**CW:** Child Welfare/Caseworker

**CWAC:** Child Welfare Advisory Committee

**CWP:** Child Welfare Partnership, through Portland State University

----- D -----

**DA:** District Attorney

**DCS:** Division of Child Support

**DD:** Developmentally Disabled

**DHHS:** Department of Health and Human Services

**DHS:** Department of Human Services

**DMAP:** Division of Medical Assistance Programs

**DOB:** Date of Birth

**DOJ:** Department of Justice

**DSNT:** Direct Service Network Team

**DV:** Domestic Violence

**DVA:** Department of Veteran Affairs

----- **E** -----

**EI:** Early Intervention

**EIP:** Early Intervention Program

**ERC:** Educational Resource Center

**ESD:** Educational Services District

**ELS:** English as a Second Language

----- **F** -----

**FACIS:** Family and Child Information System

**F 2 F:** Face to face – referring to type of caseworker client contact

**Family to Family:** Initiative designed in 1992 from Annie E. Casey Foundation; provides opportunity for states and communities to redesign and reconstruct their foster care system based on several goals. The Foundation assists with some of the associated costs.

**FBI:** Federal Bureau of Investigation

**FBS:** Family Based Services

**FC:** Foster Care

**FCP:** Foster Care Prevention

**FDM:** Family Decision-Making Meetings

**FFY:** Federal Fiscal Year

**FIT:** Family Intervention Team- part of alcohol and drug services

**FP:** Foster Parent

**FPA:** Foster Parent Association

**FPAB:** Foster Parent Advisory Board

**FPS:** Family Planning Services

**FSAT:** Family Sex Abuse Treatment

**FST:** Family Support Team

**FS & C:** Family Support and Connections

**FTE:** Full time Equivalent

**FUM:** Family Unity Meeting

----- **G** -----

**GAP:** Guided Assessment Process (for Child Protective Services workers)

**GED:** General Equivalency Degree

**GRB:** Governor's Recommended Budget

----- **H** -----

**HSA:** Human Services Assistant

**HUD:** Housing and Urban Development

**HV:** Home Visit

----- **I** -----

**ICPC:** Interstate Compact Placement of Children

**ICWA:** Indian Child Welfare Act. It is a federal statute governing the placement of Indian children who are in any out of home placement, voluntary or involuntary, by any state, county, city or government.

**IEP:** Individual Educational Plan

**IFS:** Intensive Family Services

**IHBS:** Intensive Home Based Services

**IHS:** Indian Health Services

**IIS:** Integrated Information System

**ILP:** Independent Living Program for Teens

**IV E:** Title IV-E Program of the Social Security ACT

----- **J** -----

**JCIP:** Juvenile Courts Improvement Project

**JCP:** Juvenile Crime Prevention

**JCPAC:** Juvenile Crime Prevention Advisory Committee

**JOIN:** Data base: Juvenile Court Improvement Project, Citizen Review Board, DHS Child Welfare, Oregon Youth Authority & Department of Justice

**JRP:** Juvenile Rights Project

----- **K** -----

----- **L** -----

**LAN:** Local Area Network

**LAP:** Legal Assistance Program

**LAR:** Legal Assistance Referral

**LAS:** Legal Assistance Specialist

**LEA:** Law Enforcement Agency

**LEDS:** Law Enforcement Data System

**LFO:** Legislative Fiscal Office

----- **M** -----

**MDT:** Multi-Disciplinary Team

**MED:** Mentally/Emotionally Disordered

**MEPA:** Multi-Ethnic Placement Act

**MH:** Mental Health

**MHD:** Mental Health Department

**MMIS:** Medical Management Information System

**MR:** Mentally Retarded

**MRDD:** Mental Retardation/Developmental Disabilities

**MRU:** Medical Resource Unit

**MSW:** Masters of Social Work

----- **N** -----

**NCANDS:** National Child Abuse Neglect Data System

**NEO:** New Employee Orientation

**NICWA:** National Indian Child Welfare Act

**NOS:** Non-Offending Spouse

**NRC:** National Resource Center

**NRC-A:** National Resource Center on Adoptions

**NRCCPS:** National Resource Center on Child Protective Services

**NRCOI:** National Resource Center on Organizational Improvement

----- **O** -----

**OAR:** Oregon Administrative Rule

**OCCF:** Oregon Commission on Children and Families

**OFDM:** Oregon Family Decision Meeting

**OFPA:** Oregon Foster Parent Association

**OHC:** Out of Home Care

**OHP:** Oregon Health Plan

**OJIN:** Oregon Judicial Integrated Network

**OJD:** Oregon Judicial Department

**OIS:** Office of Information Systems (Central Office)

**OMAP:** Office of Medical Assistance Programs

**OPARC:** Oregon Post Adoption Resource Center

**OPC:** Out of Parental Control

**OR-BIT:** Oregon Repository-Bringing Information Together system consolidates DHS information, including SPD and child welfare measures, from across the state into one repository.

**ORS:** Oregon Revised Statutes

**OSM:** Oregon Safety Model

**OSP:** Oregon State Police; Oregon State Penitentiary

**OSU:** Oregon State Hospital

**OT:** Occupational Therapy

**OVRs:** Office of Vocational Rehabilitation Services, previously VRD

**OYA:** Oregon Youth Authority

----- P -----

**PAA:** Private Adoption Agency

**“PAGAN-TYPE FATHERS:** Fathers who have not established, or attempted to establish a legal or psychological relationship to the child and have not, or attempted to have, contact with the child.

**PC:** Protective Custody; Personal Care; Probable Cause; Politically Correct: telephone call

**PCA:** Protective Capacity Assessment

**PD:** Public Defender

**PDO:** Public Defenders Office

**PERP:** Perpetrator

**PHER:** FACIS Code for Permanency Hearing

**PIP:** Program Improvement Plan

**PL:** Public Law

**PO:** Parole Officer

**PP:** Permanent Planning

**P/R:** Preventative/Restorative Services/Public Relations

**PRC:** Placement Review Committee

**PTS:** Parent Training Services

**PSU:** Portland State University

**PSU CW Partnership:** A partnership between PSU and child welfare, including training needs and the MSW program

**PUTATIVE FATHERS:** These fathers fall between the “Stanley-Type” and the “Pagan-Type putative fathers. They are aware of the child’s existence, may have had some contact or relationship with the child, but not one rising to the level of the “Stanley-Type” father.

**PV:** Parole Violator

----- Q -----

**QA:** Quality Assurance

----- R -----

**R/S:** Referral Source on 307 Intake Document

**RCWA:** Refugee Child Welfare Act

**RFP:** Request for Proposal

**RFQ:** Request for Qualifications

**RMS:** Random Moment Sample

----- S -----

**SACWIS:** Statewide Automated Child Welfare Information System

**SB:** Senate Bill

**SCPC:** Substitute Care Placement Committee

**SCRC:** Substitute Care Review Committee

**SDA:** Service Delivery Area

**SIDS:** Sudden Infant Death Syndrome

**SNAC:** Special Needs Adoption Coalition

**SO:** Sex Offender

**SOC:** Child welfare term known as System of Care. This is a strength/needs-based (SNB) approach to child welfare practice that seeks safety, permanency and attachment for every child involved with the state’s child protective services programs. Also called SNB/SOC.

**SPD:** Seniors and People with Disabilities

**SRDC:** Supportive Remedial Daycare

**SS:** Self -Sufficiency; also known as SSP for Self-Sufficiency Program

**“STANLEY-TYPE” FATHERS:** Named biological fathers who have not established a legal relationship to the child, but who have demonstrated a direct and significant commitment to the child by assuming, or attempting to assume, responsibilities normally associated with parenthood.

**Subcare:** A foster care term for substitute care

----- T -----

**TANF:** Temporary Assistance to Needy Families. A Self-Sufficiency term. This is a program which provides cash benefits to one- and two-parent low-income families.

**TC:** Temporary Custody

**TCM:** Targeted Care Management

**TDM:** Team Decision Meetings

**TFC:** Treatment Foster Care

**TPR:** Termination of Parental Rights

**TRACKERS:** Contracted staff that assist parents and youth get to services

----- U -----

**UA:** Urine Analysis

**ULT:** Unable to Locate

----- V -----

**VCO:** Violation of Court Order

**VOCA:** Victims of Crime Act

----- W -----

**WIC:** Woman, Infants and Children

----- X -----

----- Y -----

**YTP:** Youth Transition Program

----- Z -----

# APPENDIX B

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## *Update from 2007 Oregon Legislative Session*

During the writing of the 2007 CFSR Statewide Assessment Report, a number of bills and funding proposals were under consideration by the Oregon Legislature. The legislature completed its work on June 28<sup>th</sup>, 2007 and the following is a summary of the actions taken in relation to the issues included in this report.

- **Legal Representation**

The legislature invested \$5.1 million in DHS for legal consultation from the Department of Justice to help child welfare caseworkers and managers meet the increasing demands of the legal complexities in child welfare. The additional legal consultation is expected to, among other outcomes, decrease the time to reunify the child with his family.

- **Child Welfare Staffing**

The Policy Option Package to improve Child Welfare Staffing and Supervisor-to-Worker ratios was approved. The goal is to lower the number of cases a worker carries and to increase the amount of supervision the worker receives. In addition to some internal realignment of positions to add more caseworkers and supervisors, this package added an additional \$3.8 million for staffing in child welfare.

- **Alcohol and Drug Treatment**

To help address some of the root causes of child abuse and help keep children safe, more than \$10 million was invested to support intensive outpatient and residential drug and alcohol treatment for families involved with, or at risk of becoming involved in, the child welfare system.

- **Relative Placement**

During the 2007 Legislative Session the legislature placed priorities on the importance of relative placement and on relative and sibling connections. This was especially evident in the passage of two bills:

- *Senate Bill 282* allows the department to reimburse relatives who provide relative foster care. The legislature invested \$2.2 million in DHS to reimburse relative foster parents. Although this amount assumes a "means test" for relatives, it is a positive step to bring Oregon in line with the rest of the nation in regards to reimbursing relatives at the same rate as non-relative foster parents.
- *Senate Bill 414* requires that diligent efforts should be made to not only place siblings together but also to place children with relatives.

- **Child Welfare Accountability**

The legislature passed Senate Bills 410 and 413. These bills will strengthen the accountability of child welfare with the legislature and with the public.

- *Senate Bill 410* codifies the sensitive review process which allows legislators to review with DHS and other community partners child welfare cases identified for review by the DHS Director.
- *Senate Bill 413* requires child welfare to make biennial reports to the legislature to allow closer oversight of how children are being served within the child welfare system.