

CFSP for FYs 2010-2014

Vision Statement, goals and objectives	Page 4
Measures of progress	Page 12
Consultation and Coordination	Page 16
Child and Family Continuum	Page 17
Service Description	Page 20
Decision making process	Page 42
Coordination with Tribes	Page 44
Health Care Services Plan	Page 55
Disaster Plans	Page 58
Child Welfare Waiver demonstration activities	Page 74
Monthly Caseworker Visits	Page 75
Adoption incentive payments	Page 88
Training	Page 88
Evaluation and Technical Assistance	Page 88
Quality Assurance System	Page 90
Appendix	
Assurances and Certifications	
Training Matrix	

STATE AGENCY ADMINISTERING THE PROGRAMS

The Oregon Department of Human Services is the state agency that will administer the title IV-B programs under the 2009-2014 Child and Family Services Plan.

The vision of the Oregon Department of Human Services is "Better outcomes for clients and communities through collaboration, integration and shared responsibility".

The mission statement for the Oregon Department of Human Services is "Helping people to become independent, healthy and safe".

This mission statement sets out the purpose and guides the activities of our large, complex organization.

Goals:

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

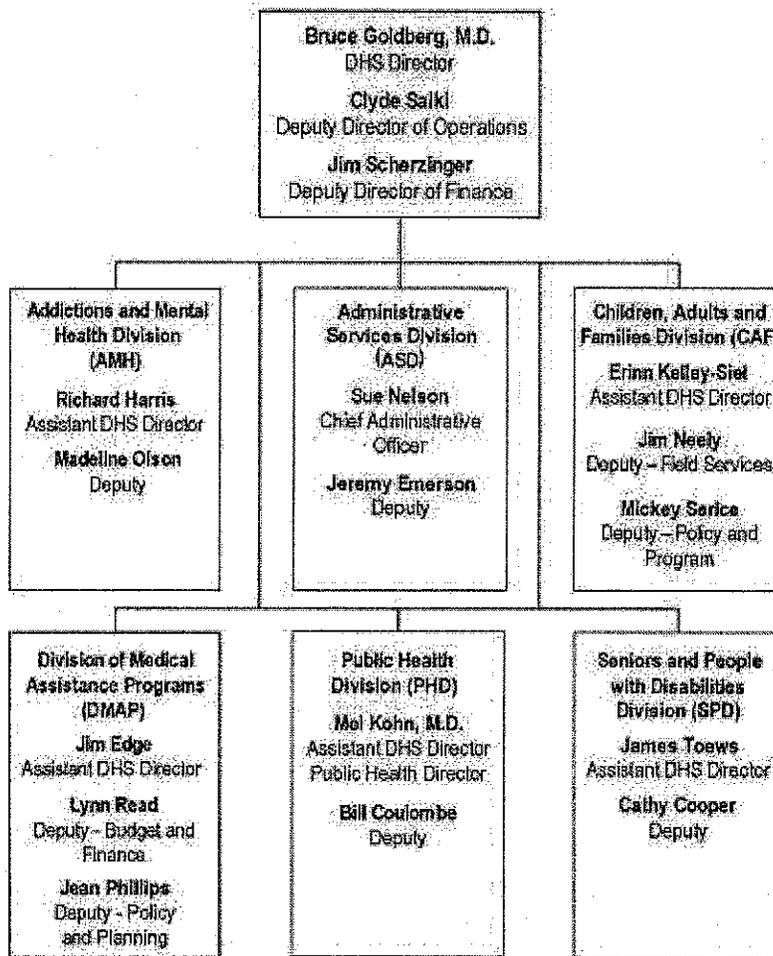
This approach — stating goals, measuring results, reporting our progress to the public — complements a broader strategy devised by the Oregon Progress Board.

In the board's Oregon Benchmarks, the state has a pioneering set of objectives intended to enhance the quality of life for all Oregonians. The Benchmarks seek to unite Oregon around a vision of quality jobs, safe, caring communities and a healthy, sustainable environment.

The Department's mission statement, goals and values reflect our commitment to that vision.

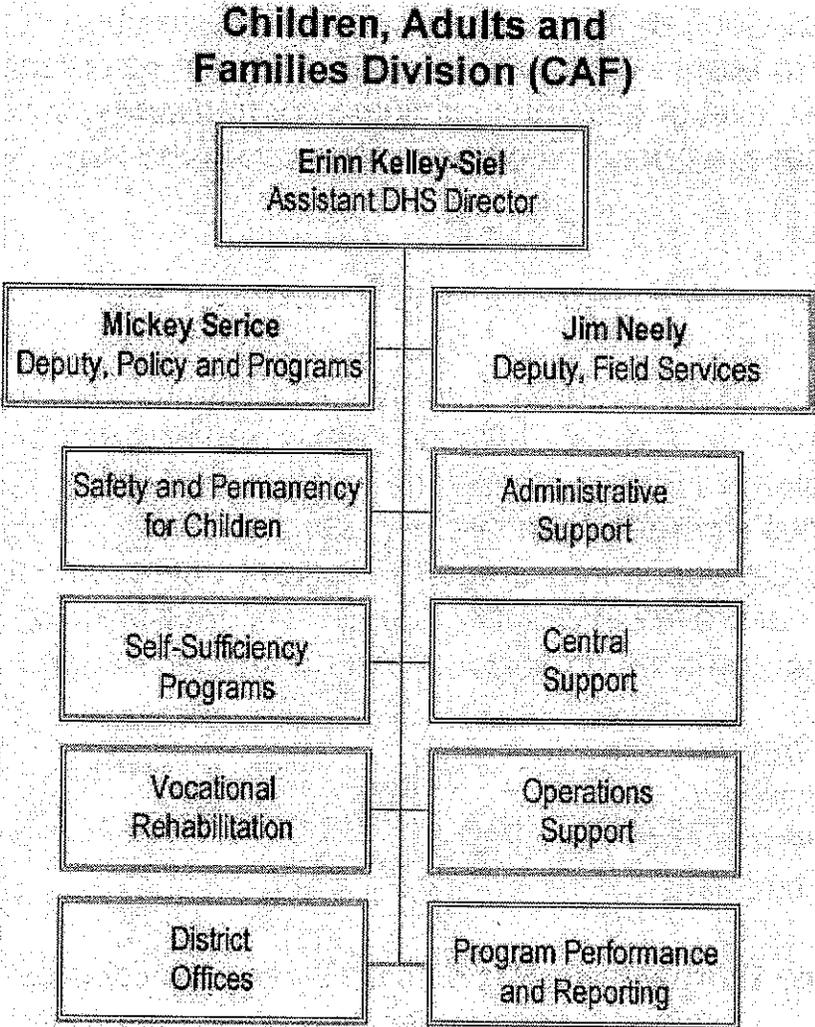
The Oregon Department of Human Services larger organization is comprised of the DHS Director's office; Addictions and Mental Health Division; Administrative Services Division; Division of Medical Assistance Programs; Public Health; Seniors and People with Disabilities; and Children, Adults and Families Division. Below is an Organizational Chart of the larger DHS Structure.

DHS Structure Overview



10/08/2008

It is within the Children, Adults and Families Division that the title IV-B Program is implemented. The mission of Children, Adults, and Families is to "Improve family capacity to be self-sustaining while creating a safe and permanent living environment for children". Below is an Organizational Chart of the organizational structure of the Children, Adults and Families Division.



10/08/2008

VISION, GOALS and OBJECTIVES

The Oregon Department of Human Services has embarked on several initiatives that are focused on broad systems improvement. Those initiatives include Oregon's Program Improvement Plan; Transformation Initiative; collaboration with the Casey Family Programs, Wrap Around Oregon, and special initiatives to address the disproportionality of minority children in our foster care system. Each initiative has its own origin, mission, and goals. DHS has provided consistent resources in the development and execution of these initiatives to ensure continuity of goals, leverage resources to achieve the highest level of gain, and eliminate contradictory activities, so each initiative, as they roll out, can strengthen the larger whole of DHS.

• Oregon's Program Improvement Plan

DHS developed our Program Improvement Plan in response to the findings from the federal Child and Family Services Review conducted by the Children's Bureau during the week of September 10, 2007. Four themes emerged from five key areas of the CFSR that eventually developed into Oregon's Program Improvement Plan, which was approved in January 2009. The four practice-area themes that form the organizational structure of Oregon's PIP are:

- Workforce Development
- Safety
- Permanency Planning
- Resources

Workforce Development is defined by the provision of effective supervision, workload management, and quality improved systems. The foundation of Oregon's Program Improvement Plan rests on a strong, highly skilled and competent workforce. In addition to the need to enhance supervisory expectations and supports, there is also a need to enhance worker understanding of cultural competence and over-representation of children of color; ongoing general professional

development for staff; and continuous efforts to communicate and collaborate with families and community partners.

Safety is defined by the improvement of the system response to ensure that children are safe from maltreatment in their own homes and in out of home placement. Child safety spans the entire spectrum of Child Welfare, from the screen-in of reports of maltreatment, the subsequent responses to the report of maltreatment, through safety in home or in out of home care, assurance of safety at reunification or alternate permanent placement, to post-permanency safety supports. Oregon's Program Improvement Plan's initial focus is to complete Oregon Safety Model training of all staff, and to fully implement the Oregon Safety Model statewide.

Permanency Planning is defined by the improvement of permanency outcomes for children that are timely and stable. Every child deserves and needs a permanent, safe home. Oregon's Program Improvement Plan's largest number of strategies focuses on permanency issues. Those strategies include work on improving permanency outcomes for children that are timely and stable, and by enhancing caseworker engagement skills with children and youth through strong clinical supervision. Another Permanency focus area is the search and engagement of absent and non resident parents, as well as the engagement of relatives and other people who have a relationship with children in foster care. There will be a focus to improve permanency planning for children who have been in foster care for long periods of time, especially children who are in APPLA plans. Improvements are planned to enhance stability for children in foster care. Finally, Oregon plans to address a reoccurring theme around the needs and services to foster parents.

Resources are defined by ensuring that appropriate resources and services are in place, accessible to children and families and are culturally relevant. Oregon's Program Improvement Plan will focus on increasing Foster Parent recruitment and improving services to parents and children. There are planned efforts to increase placement resources for children, increase child specific recruitment,

and recruitment efforts to increase homes that can meet the cultural needs of African American and Native American children. Additional efforts to build resource capacity will also enhance and strengthen DHS's already strong collaboration with the Native American Tribes in Oregon. There is a plan to streamline Mental Health Services for children by ensuring that each child who is placed in foster care has a mental health assessment. There will be improved educational advocacy for children, and streamlined Drug and Alcohol services for parents. Family Based Service contracts will be revised and improved to include services to enhance children's safety in their own homes, and services that are more culturally responsive to the needs of families.

- **Transformation Initiative**

The purpose of the DHS Transformation Initiative is to enable Oregon DHS along with our partners and providers, to provide world-class, efficient and effective services to our citizens and clients so that Oregonians can be healthy, independent and safe.

Projections show a continuing growth in demand for services, along with a revenue stream that is not keeping pace. At the same time, citizens and stakeholders are expecting more accountability. In response to these challenges, in December 2007 DHS launched the Transformation Initiative and declared its intention to become a world-class health and human services organization over the next 2-3 year period.

The Transformation Initiative has two phases, the Discovery Phase, which is complete, where DHS has identified and prioritized areas that need improvement; and the Implementation Phase, which includes a continuous improvement process through the involvement of the DHS staff.

The Roadmap provided as a result of the Development Phase provided five themes driving the DHS Transformation Initiative:

1. Doing the right work the right way.

- Create expertise for lean and continuous improvement to diagnose and deliver action on opportunities such as reducing waste and rework.
 - Provide a culture of continuous improvement.
2. Developing world-class employees and culture.
 - Improve recruitment and succession management.
 - Implement performance assessment and cultural competency programs.
 3. Working together across divisions.
 - Implement a collaboration program.
 - Implement cross-divisional initiatives with representation from all divisions.
 4. Getting more from the public dollar.
 - Execute a wave of process improvements.
 - Better utilize strategic sourcing capabilities.
 5. Engaging with DHS partners and providers for improved performance.
 - Implement a two-way performance management process.
 - Establish service level and performance standards.
 - Engage partners in process improvement changes.

The Implementation Phase includes a continuous improvement of processes through the involvement of DHS staff. This includes:

- The training of 40 Lean Leaders in Lean methodology and practices.
- A management overview of Lean to more than 300 managers and executive staff.
- The beginning of a chain of rapid process improvements (RPIs) with the Lean Leaders.

DHS Transformation Initiative has chartered a team to support each of the five themes above; has conducted 25 RPIs with approximately 200 participants; and provided Lean overview training to more than 1500 managers and staff. This process is anticipated to continue

over the next 3 years as DHS implements the Roadmap that is outlined in phase one of the Transformation Initiative.

- **Casey Initiative**

Despite years of hard and well-meaning work by committed individuals, families and agencies, foster care placement in Oregon is one of the highest in the nation. National research tells us that if kids can be safe at home with their family or safe with another permanent placement option, these kids will have better futures.

A unique partnership of two agencies committed to bettering the lives of Oregon's children and families has joined with Casey Family Programs, the leading organization in the nation whose primary goal is to reduce foster care and increase safety of children. As a team, we are leading an important initiative poised to take care for Oregon's children to the next level.

Together, the Oregon Department of Human Services, Oregon Commission on Children & Families and Casey Family Programs have brought together over 80 community members and leaders in eight Oregon counties to kick off a targeted three-month process of developing community-based action plans and long-term strategies. These localized plans will have six statewide goals to be met by 2011:

1. Safely reduce children in foster care by 20%
2. Increase relative placements by 50%
3. Reduce children entering care by 10%
4. Increase foster care exits by 20%
5. Reduce the disproportionality index for Native and African American children (numerical goal to be set at the end of 2009)
6. Maintain or reduce current child abuse/neglect recurrence rate of 7.5%

Ongoing technical assistance, training, and resources for analysis is provided by the project to support the eight-county plan implementation.

The eight Oregon counties were chosen because of their number of kids in care, readiness for change, and on the likelihood that these counties (Coos, Deschutes, Jackson, Malheur, Marion, Multnomah, Tillamook, Washington) can deliver outcomes and new processes that will be replicable statewide. Long term goals include engaging all Oregon counties in this dialogue and work.

- **Wrap Around Oregon**

Wraparound Oregon is a community-owned initiative to build a system of services and supports for multi-system children with complex mental health needs and their families. Based in Multnomah County, Wraparound Oregon is in its fourth year of operation serving children and youth in two pilot projects – the early childhood project for young children birth to 8-years-old and the school-age project serving children and youth between the ages of 6-18. These pilot projects are teaching the stakeholders how to improve child and family outcomes and how to use existing resources more effectively.

The Statewide Children’s Wraparound Initiative is building a community-based, coordinated system of services and supports for Oregon children with complex behavioral health needs and their families. Based on System of Care Values and Principles, this effort will:

- Provide services as early as possible so children can be successful at home, in school, and in their communities.
- Make services available based on individual strengths and needs of the child and family.
- Maximize resources available to serve children across systems.

The wraparound initiative is designed to reach children and youth from birth to 18 who have emotional, behavioral or substance abuse related needs, and who touch at least two systems. This population includes children and youth who are at risk of developing problems, as well as those who already have a diagnosed problem.

From April to October 2007, hundreds of Oregonians were asked

what they thought about transforming Oregon's current approach to service delivery for children and youth with complex behavioral health needs. Their ideas were brought to the governor appointed Steering Committee for consideration and incorporation into a report submitted to Governor Kulongoski in December 2007.

Recommendations included:

- Serve all children in the target population.
- Generate family-driven and youth guided individual plans of care.
- Include culturally competent mental health, substance abuse and non-traditional services in the benefit plan.
- Blend funds at the state and local levels.
- Monitor outcomes and provide accountability through local electronic records.

This ambitious one-year project beginning July 2008 has a host of "deliverables," which include the following:

- Analyzing state-level contracts, administrative rules, statutes, federal regulations and identifying changes needed to implement the System of Care.
- Submitting a multi-biennial financing strategies document.
- Conducting a market assessment which includes data on prevalence, utilization, and unmet need.
- Conducting an information system assessment which includes recommendations related to billing service and outcome data.

- **Disproportionality Initiatives**

Oregon has embarked an ambitious set of strategic and intentional initiatives to address the minority over representation of children in our foster care system. In addition to the Casey Initiative and Oregon's Program Improvement Plan that both feature strategies that address minority representation, Oregon recently held the N8V Summit and passed Senate Bill 630.

N8V Summit

The State and Tribes have identified the recruitment and retention of Native American foster homes as a challenge. Disproportionality is also a significant issue of Native American children in care at a higher percentage than other children based on the state Native American population. The ICWA Manager and the Oregon Tribes are working on these issues and will implement changes in order to better serve Indian children in state custody. In May 2009 the 9 Oregon Tribes and DHS staff, along with several community partners, convened the N8V Summit. This was partially funded by grant monies from the Casey Family Programs grant to DHS. The focus of the N8V Summit is to address the issues of ICWA compliance and the disproportionality of Native American children within Oregon's child welfare system. There were a total of 12 teams with each tribe having a team, one team from each of the ICWA Units and one team from CAF Central Office. The teams put together action plans that will be implemented over the next few years, specific to their areas. The goal is to improve culturally appropriate resources and services to Native American families involved with DHS.

Senate Bill 630

Senate Bill 630 was passed by the Oregon legislature in June 2009. SB 630 creates a Task Force on disproportionality in the Child Welfare foster care system. The purposes of the task force are to study the reasons for the percentage difference between numbers of children of certain racial or ethnic backgrounds in the child welfare foster care system, compared to the number of those children in the general population, and to address the disproportionality through the development of a strategic plan. Specifically, the Task Force will study, assess and recommend strategies to enhance recruitment and retention efforts at the state and local levels to increase minority representation among foster parents, caseworkers, supervisors and managers in the Child Welfare system. Additionally, the Task Force will collect and analyze data to better assess the current and future concerns regarding the disproportionality of minorities in the Child Welfare foster care system. Finally, the Task Force will assess and

make recommendations concerning the reduction of disproportionality of minorities in the Child Welfare foster care system, make recommendations concerning staff and community partner training, and develop prevention strategies to prevent further minority over representation in the Child Welfare foster care system.

The Task Force consists of a 21 member team that will include a majority of members from minority populations, as will be represented by the following groups: A Senator; a member from the House of Representatives, the Judicial Department Member, the Commission on Children and Families, the education community, Oregon Youth Authority, Refugee Child Welfare Advisory Committee, a provider from mental health or drug and alcohol treatment community, a member of the community who is African American, a member of the community who is Native American, three members from child advocacy groups, a member from the Oregon University System, a member from the Public Defense Services Commission, two members who are foster parents, a representative from a federally recognized Oregon Tribal Child Welfare Program, a representative from Law Enforcement, and a representative from the Oregon Child Welfare Advisory Committee.

The Oregon's 2009- 2014 Child and Family Services Plan aspires to build on agency's strengths, connect current initiatives, strengthen agency capacity, strengthen professional development, improve social work interventions, expand community resources under limited economic times, and build stronger partnerships both within DHS and in the community.

MEASURE of PROGRESS

Oregon will continue to measure progress of the Child and Family Service Plan, using the quarterly PIP measures. Reporting will be based on either administrative data or data collected via case review using an abbreviated version of the CFSR case review tool.

Measures based on Administrative Data

Oregon administrative data, which includes Oregon's AFCARS and NCANDS data, will be used to report on Oregon's progress for CFSR Items 1, 2, 6, 8, 9, and 10. AFCARS 08A/08B and the FFY 2008 NCANDS report will be used for Oregon's baseline, and baseline measures calculated or collected from other sources will also reference the FFY 2008 reporting period. The following measures will be reported based on data for the 12 months preceding the report:

- Item 1: [Timeliness of CPS response] will be tracked using an annualized version of Oregon's Timeliness of CPS Response report from ORBIT. This annualized version will be available by 1/31/08 and will provide data for the FFY 2008 baseline. On this date Oregon will also provide for ACF approval the specifics of what the report measures, definitions for fields entered by users, and the actual calculations of the data.
- Item 2: [Safety 1; Absence of repeat maltreatment] will be tracked using a national standard derived from Oregon's NCANDS DCDC file;
- No # Absence of Maltreatment of Children in Foster Care, source will be NCANDS and AFCARS.

The following items will be tracked using Federal CFSR composites:

- Item 6: [Placement Stability] Permanency Composite 4; AFCARS,
- Item 8: [Re-unification] Permanency Composite 1; AFCARS;
- Item 9: [Adoption] Permanency Composite 2; AFCARS;
- No # Achieving Permanency for Children in Foster Care for Long Periods of Time, Composite 3, AFCARS.

In addition, Oregon will be following two measures; Absence of Maltreatment of Children in Foster Care, and Achieving Permanency for children in Foster Care for Long Periods of Time. These measures will be tracked by a combination of NCANDS and AFCARS data and solely by AFCARS data respectively.

Measures based on abbreviated CFSR Case Review

Oregon will use abbreviated CFSR case review data for items where administrative data are not sufficient or not available to address the item of concern.

- Item 3: [Services to maintain children in their homes]
- Item 4: [Risk Assessment and Safety Management]
- Item 7: [Timely establishment of permanency goals]
- Item 10: [Achieving Permanency for Children in Foster Care for Long Periods of Time]
- Item 17: [Comprehensive assessment of child/parent/foster parent needs]
- Item 18: [Child and Family Involvement in Case Planning]
- Item 19: [Face to face contact/child] and
- Item 20: [Face to face contact/parent].

Baseline Measurement

As with the PIP, to establish a baseline, reviewers will cover 120 cases in the 6 month period that encompasses January 2009 through June 2009. The period under review will be the 12 months prior to the date the case is read. The baseline case reading will be completed by June 30, 2009 and submitted by July 31, 2009. Subsequent case review data will be collected on a quarterly basis. Approximately 33% of the cases reviewed will be In Home cases and approximately 67% will be foster care cases. 30 of the 120 cases proposed for review will be from Multnomah. The remaining 80 cases will be drawn from Washington, Benton, Clackamas, Crook, Deschutes, Jefferson, Lane, Lincoln and Linn counties. The number of cases reviewed per county will be proportional to the number of Child Welfare supervisors in that county. A minimum of one case per county, and up to 30% of the foster care cases reviewed in each county, will be children/youth in APPLA plans. The number of APPLA cases reviewed will not exceed 30% of the cases reviewed in each county unless the sole case reviewed in a county takes us over the 30% maximum (in instances of very small counties), in which case we reserve the right to prioritize a topic more salient to that county.

On-going measurement using Case Review

Oregon will be shifting to an on-going/rolling review process. Reviewers will work in teams of two. Oregon currently has 2 FTE in assigned case-review positions. The following table outlines the elements of Oregon's Case Review plan:

When to review	District(s)	Number of Supervisory Units	Sample size	Review results ready for reporting
September-March	2 (half of Multnomah), 16	42	60 (30 from District 2, Multnomah)	March
December-June	4, 5, 10, 15	42	60	June
March-September	1, 2 (the other half of Multnomah), 6, 7, 9, 13, 14	39	60 (30 from District 2, Multnomah)	September
June-December	3, 8, 11, 12	40	60	December

District 1: Clatsop, Columbia, Tillamook
 District 2: Multnomah
 District 3: Marion, Polk, Yamhill
 District 4: Benton, Lincoln, Linn
 District 5: Lane
 District 6: Douglas
 District 7: Coos, Curry
 District 8: Jackson, Josephine

District 9: Gilliam, Hood River, Sherman, Wasco, Wheeler
 District 10: Crook, Deschutes, Jeferson
 District 11: Klamath, Lake
 District 12: Morrow, Umatilla
 District 13: Baker, Union, Wallowa
 District 14: Grant, Harney, Malheur
 District 15: Clackamas
 District 16: Washington

This rotation was established to ensure a diversity of branches by size and geographic location in every reporting period. The overall sample in any two consecutive quarters will consist of 25% District 2 (Multnomah) and 75% balance from the rest of the state.

Case review data will be gathered both via case reading and interviews; interviews will be more limited than in a full CFSR review, but will include parents whenever appropriate (for example, parents whose rights have been terminated would not be interviewed). Focus groups with community partners will not be part of these reviews as they are being done for outcome measurement rather than for understanding community process.

CONSULTATION and COORDINATION

Oregon's Program Improvement Plan set a foundation for our larger Child and Family Services Plan. Oregon engaged in a year long process with 154 community partners, treatment providers, stakeholders, tribal members and staff to develop our PIP and to give input on the Child and Family Services Plan. There were subsequent meetings with community partners to discuss the PIP and additions to the CFSP that included private non-profit providers, Juvenile Court representatives, Defense Attorney's, and Mental Health providers.

Consultation with the tribes included three separate meetings that included tribal representatives from Grande Ronde, Umatilla and Warm Springs.

Consultation with community providers occurred during 16 community focus groups, 3 parent groups and approximately 10 staff groups, who provided input on the future design of Family Based Services.

There was a two day facilitated session to gather input for the Independent Living Plan, which also provided input for the larger Child and Family Service Plan. That session was attended by current

and former foster youth, community service providers, and Child Welfare staff.

CHILD and FAMILY SERVICES CONTINUUM

DHS Child Welfare provides an array of services to families and children in need from family preservation and family support to family reunification, adoption and guardianship support and independent living services. Our services begin with funding provided to the Oregon Commission on Children and Families (OCCF) for their work in preventing child abuse and neglect. In addition, at-risk families are referred for preventive services by our community partners and other DHS programs.

Child Welfare professionals complete the intake, referral and assessment functions to identify safety risks, safety threats, parental protective capacity and appropriate services for the child(ren) and family. Services offered to intervene and prevent removal of the child(ren) or to assist in preparing the family for the return of the child(ren) include:

- Assessment of the family strengths, needs, and parental capacity
- Assessment of safety and the Safety meeting
- Supportive Remedial Day Care
- Group or individual counseling for family sexual abuse
- Parent training
- Intensive Family Services
- Intensive Home Based Services
- Family Decision Meetings
- Foster Care Prevention
- And an array of services designed to provide wrap-around services provided in a needs/strength based approach (System of Care)

DHS has begun a process to redesign the in-home service array available to more closely align with the needs of our families today.

Through the OCCF, a number of services are provided at the local level including:

- Court Appointed Special Advocated (CASA)
- Health Start voluntary home visiting and family support program
- Relief nurseries
- Pass through of IV-B funding to all nine federally recognized Oregon Tribes
- And other family support services

In addition, a full array of services are available for children entering Oregon's foster care system, including provision of foster care and medical coverage, permanency planning, independent living services (as age appropriate), adoption and adoption assistance services, a subsidized guardianship program, and post-adoptive resources. These services include:

- Family shelter care
- Professional shelter care
- Family foster care
- Relative family foster care
- Family group home care
- Residential treatment
- Subsidized independent living
- Psychiatric residential treatment
- Target planning and child consultation services
- And all of the services referenced above

All of these services work together and in concert with those provided by our community and DHS partners to help prevent child abuse and neglect, and to assist families to eliminate the factors leading to removal of their children, allowing as many children as possible to return to their family homes. When that is not possible,

the concurrent plan is implemented to achieve another permanency placement or independent living for children in our care and custody.

Adoption planning and support services include, but are not limited to:

- Post adoptive support services
- Purchased adoptive home studies
- Private adoption supervision and finalization services
- Diligent recruitment and supportive services

Independent Living services include:

- Transition services
- Employment
- Post-secondary preparation
- Mentors and Interactions with Dedicated Adults and Services to Former Foster Youth
- Life skills training
- Chafee Housing services to former foster youth

DHS introduced the Oregon Child Safety Model in 2007 which is the foundation for our work throughout the life of the case. It 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. It 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.

DHS is also responsible for a number of support programs available to children and their families including:

- Family Support and Connections through the Self Sufficiency program

- Mental health services through AMH
- Alcohol and drug treatment services through AMH
- Medical and dental services through the Oregon Health Plan

In addition, the Statewide Children's Wraparound Initiative is building a community-based, coordinated system of services and supports for Oregon children with complex behavioral health needs and their families. Based on System of Care Values and Principles, this effort will:

- Provide services as early as possible so children can be successful at home, in school and in their communities.
- Make services available based on individual strengths and needs of the child and family.
- Maximize resources available to serve children across systems.

The wraparound initiative is designed to reach children and youth from birth to 18 who have emotional, behavioral or substance abuse related needs, and who touch at least two systems. This population includes children and youth who are at risk of developing problems, as well as those who already have a diagnosed problem.

SERVICE DESCRIPTION

INTENSIVE FAMILY SERVICES (IFS):

IFS services are systemic, time-limited, family therapy services provided to assist referred families in strengthening the parent-child relationship and discovering solutions to the challenges and dilemmas that brought them in contact with DHS. Some IFS services will be provided to children in out-of-home placements and may include the child's family as well as the foster parents as necessary. IFS providers work in cooperation with extended family members, interested neighborhood and community members, interested public and professional agencies such as schools and social service agencies, and DHS staff. Services are designed to meet the identified needs of the children and their families so variances from the recommended IFS model shall be agreed upon between

Contractor and DHS to allow for more intensified or varied IFS services.

INTENSIVE HOME-BASED SERVICES (IHS)

IHS Services ("Homebuilder" model) are crisis services provided to families/parents in the home when the safety, permanence or well-being of a child or children is threatened. The crisis may be due to unsafe housing, inappropriate discipline and child care, deficits in parenting skills and knowledge, or because a child has been neglected or abused. Some of the children may have been placed in DHS foster homes because the family is experiencing a crisis. Services build upon family strengths to increase safety and stability in the home and promote family independence.

FAMILY DECISION MEETING FACILITATION (FDM)

Family Decision Meetings are held to help DHS referred families create a plan for children who have been placed in protective custody. The FDM Facilitator will gather families and other interested parties and assist in development of the plan. Some FDM services will be provided to children in out-of-home placements and may include the child's family as well as the foster parents as necessary. Facilitators are expected to work in cooperation with extended family members, interested neighborhood and community members, interested public and professional agencies, such as schools and social service agencies, and DHS staff.

FAMILY SEX ABUSE TREATMENT (FSAT)

FSAT services provide treatment to victims of intra-familial sexual abuse and to the victim's non-offending parent and siblings. The goals of treatment are to: 1) help the victim resolve the trauma of the incest so it does not cause lifelong problems; and 2) help the non-offending parent protect the victim and siblings from further abuse, support the victim's recovery, make cogent, informed decisions about the offender, and understand the role the parent's own victimization played in putting their children at risk of abuse.

PARENT TRAINING SERVICES (PTS)

PTS services enable care givers to improve emotional attachments with their child, and then learn and practice effective and appropriate parenting skills. As a result, the parent's motivation and ability to protect and nurture their child will be improved.

Anticipated changes to Oregon Family Preservation and Support programs in 2009-2010:

FAMILY DECISION MEETING FACILITATION (FDM)

Family Decision Meetings are not expected to receive allocations in future years due to a lack of designated Federal or State funding for these services. The discontinuation of IV-E Waiver funding for Family Decision Meetings at the end of this waiver period will significantly reduce this service as a separate contracted service, however child welfare workers may facilitate FDM's as staff time allows. Oregon statutes require "consideration" of Family Decision-making meetings whenever a child is placed in care for longer than 30 days, however current funding limitations limit the Department's ability to provide these services.

REDESIGN OF SERVICES:

A Family Based Services Development Work Group continues the re-design of services in 2009 according to the proposed values for future Family Based Services models.

Values:

1. The concepts of safety, permanency and well-being are best incorporated in services that promote a safe, supportive family and focus on the parent/child relationship.
2. Collaboration, coordination and communication are necessary elements to an effective child welfare service plan. As such, all efforts should be made to limit the fragmentation of service by

- limiting the number of provider changes and “wrapping” or tailoring services to the families’ individual strengths and needs.
3. Foster care is an extremely intrusive intervention for children and their families and should be used as a last resort and in a limited way. Effort should be made to provide services that allow children to remain safely at home, or be safely returned as soon as possible. Special consideration should be given to a families’ cultural preference.
 4. DHS staff and contracted providers must have the skills and abilities to ensure the protection of children while engaging parents.

The opportunity for lasting change is improved when parents develop the skills they will require to act in their families’ best interest when they no longer have a child welfare case.

The Work Group then recommended areas of modification for FBS services.

Parent-child connections:

- Use services to enhance or supplement parent/child visitation and other opportunities for parents and children to connect with each other.
- Use parenting education during or in conjunction with visits to assess and improve parenting skills.

Parent-child relationship and interaction supports (parent education)

- Increase skills to improve parent/child relationships
- Develop skills through coaching, mentoring and providing immediate, constructive feedback.

Service Models:

- Providers are skilled in using engagement and motivational procedures.
- Trauma informed services are incorporated into all child welfare and FBS service components.

Wrap-around, individualized services are critical in responding to the multiple needs of children and families involved with child welfare.

- The focus for child welfare services is to develop and maintain safety plans to protect children from their offenders. In Oregon this usually means separation of the offending person from the home, but other "Safety Services" may be provided by Family Based Service providers to maintain children in their homes.
- Services are strength based, flexible, and individualized to each family's specific, unique needs.
- Families have concrete supports and services to address their daily living needs so they are able to make necessary changes and meet expected outcomes.
- Services are coordinated by providers, parents and the child welfare caseworker who communicate on a regular basis to jointly assess safety and service needs, review progress in services and determine when safety has been stabilized.
- Additional needs and supports may be identified throughout this process.

Contracting and Business Processes

- New Requests for Proposals will incorporate these concepts into revised contracts expected to be in place by July 1, 2010.
- Services are coordinated and don't duplicate other DHS or community services.
- Contracts are developed using procedures to minimize administrative costs for DHS and providers.

- Contracts are created to maximize accountability and performance outcomes while avoiding administrative costs of hourly or piecework billing systems.

Oregon Safety Model Additions:

The Department of Human Services has also consulted with the National Resource Center for Child Protective Services. The resource center provided a model for Family Based Services that emphasizes safety services as well as change focused services to improve parental protective capacity. This model includes the following service standards:

Service provision will be individualized to address the family's unique needs and to best assist the family. The original safety services which will be provided to any family will be determined by the safety assessment, and will be identified by the initial assessment social worker. Safety services will be modified by the safety services manager based on subsequent and regular child safety re-assessments.

Services will occur primarily in the home. Emphasis will be placed on building on the family's strengths while seeking to control or stabilize those conditions which threaten child safety. Intervention strategies will always include establishing or increasing the family's linkage to other formal or informal support services in preparation for service termination no later than five months.

This model emphasizes safety planning and safety stabilization for children in the home:

The safety services identified in the Department's Child Welfare safety plan are designed to control for the safety of the children in the home, while maintaining the family intact. Consistent with this, the focus of the safety services is the entire family unit, thus including all adults and children residing in the home. Safety services will include a comprehensive, often innovative

combination of concrete and clinical services designed to fit the particular needs of each family served. Safety services are interventions designed to protect children while promoting family strength and stability and access to necessary long-term supports and resources. These services will be delivered across a broad range of programs and providers, including formal service systems, community- and faith-based resources, volunteer organizations, and the natural supports of families.

By focusing on in-home safety as well as services to improve parenting behaviors, the Department hopes to reduce the number of children needing an out-of-home safety plan.

The populations to be served through Family Based Services are families and children eligible for child welfare services due to documented child abuse and neglect. Services may be provided to prevent out of home placement or to successfully reunify children with their families after a protective removal. Family Based Services expect to currently have a contracted capacity of 4,265 families per year and services are available throughout the State.

Adoption Promotion and Support Services

Oregon Post Adoption Resource Center (ORPARC)

Since 1999, the department has responded in a variety of ways to the ASFA requirement that states sustain permanency plans for children in the state's custody who are unable to reunite with their families. One of the most successful programmatic responses has been the development and continuous operation of a contract for a post adoption resource center that provides professional support services to Oregon adoptive families of children from the public child welfare system.

The ongoing contract award has been with Northwest Resource Associates of Seattle, which also operates the Northwest Adoption Exchange as one adoptive family recruitment tool used by Oregon.

A significant percentage of Oregon's IV-B Subpart 2 funds earmarked for adoption promotion and support activities have been dedicated to a specific program, the Oregon Post Adoption Resource Center, since it officially commenced serving families in October, 1999. The center contract has been re-awarded and extended and the current five year contract is for \$2, 733, 507.

The objectives of the program include:

- Enhancement of the stability and functioning of adoptive families and their adopted children;
- Enhancement of the stability and functioning of pre-adoptive families pending finalization;
- Enhancement of the stability and functioning of families establishing guardianships and established guardianships;
- Reduction of the incidents of crisis and unnecessary out-of-home placements of children adopted from the public child welfare system;
- Provision of a support network that is responsive to the varying needs of families in an individualized way that is consistent with Strengths/Needs Based System of Care values.

The ongoing, primary activities of ORPARC continue as follows:

- A. Information and referral services to adoptive families, adopted children, and adoption professionals on a statewide, toll-free telephone number, through a Internet website and email address, and on a walk-in basis at their Portland, OR, offices.
- B. In-depth follow-up consultation services with adoptive families needing assistance beyond information and referral services intended to avert or effectively respond to imminent and current adoptive family crises.
- C. Training offered statewide and free-of-charge to adoptive families and adoption professionals on a variety of adoption-related topics.
- D. A library with materials to lend (books, videos, audio tapes) and non-return packets on specific "hot" adoption topics.

- E. Assistance to adoptive families seeking to establish or connect with adoption support groups.

ORPARC's services are coordinated with DHS' in-house, post-adoption services that consist primarily of Adoption Assistance and assistance to families in crisis (i.e., child protection issues and assistance with temporary placement into residential treatment facilities, when indicated, for adopted children – these services are available to adoptive families just as they are available to all Oregonians and do not take into account a child's status as an adoptee from the state public agency, a private agency, or through an international adoption).

ORPARC's activities and services are coordinated with those offered by Northwest Adoptive Family Association (NAFA), which is parent-operated. Together, these entities have provided a fairly comprehensive set of services for an estimated 4500 Oregon families who have adopted children from the public child welfare system in Oregon or another state.

Service eligibility for adoptive families expanded pursuant to the last procurement of this contract in 2004 to include adoptive families of children from Oregon DHS who reside in an adjoining state and are within 25 miles of the Oregon border.

The targeted outcomes for services provided to adoptive, pre-adoptive and guardian families are more qualitative than quantitative. Nonetheless, in a first time effort to capture the effectiveness of these services, the following four outcome measures were included in the last RFP:

- A. The number of requests to DHS for post-legal dissolutions of DHS adoptions;
- B. The number of requests to terminate guardianships of children placed and subsidized by DHS;
- C. The number of complaints received by DHS and the Oregon Children's Ombudsmen's Office from qualified adoptive and

- guardian families regarding the lack of availability of services to support their adoptions or guardianships; and
- D. The number of adoptive and guardian families returning to DHS for crisis services.

Post-Graduate Certificate Program in Therapy with Adoptive Families

The Post-Graduate Certificate Program in Therapy with Adoptive Families was initiated by DHS in late 2002, in response to Oregon's 2001 onsite federal Child and Family Services Review. The Review noted the need for increased availability and competency of mental health services to the families and children served by DHS and the resulting program is modeled on similar programs in the states of Washington and New Jersey.

The Certificate Program is offered by the Child Welfare Partnership, a long-time collaboration between DHS and the Portland State University (PSU) Graduate School of Social Work, and the PSU Graduate School of Education. It is intended for masters or doctoral level mental health professionals whose practice includes working with foster and adoptive families and their children. However, training can be accessed by department casework and supervisory staff when seats are available. Because many, but not all, of these families rely on Medicaid as their primary health insurance for their adopted children, a criteria for admission to the Certificate Program is acceptance of medical cards or willingness to become a Medicaid provider.

DHS switched the funding source for the Certificate Program from IV-B subpart 2 to Title IV-E Training resources. Funds support a staff position to manage the program and facilitate an executive advisory committee comprised of representation from the department and PSU that provides oversight for the Certificate Program that focuses on the following six areas identified by Casey Family Services in a 2004 white paper entitled "Promising Practices in Adoption-Competent Mental Health Services:"

1. Strengthened family integration;
2. Strengthened attachments between the child and the family;
3. Strengthened family functioning;
4. Strengthened parental entitlement and claiming of their adopted child;
5. Strengthened identity formation of family members; and
6. Strengthened community networks.

Training is provided through a rich curriculum presented by a combination of state and nationally-recognized faculty. The curriculum has continued to be strengthened as a result of advisory committee oversight and a primary emphasis has been placed on evidence-based practice in the past five years.

Diligent Recruitment

The Oregon Department of Human Services is emphasizing targeted recruitment to ensure there are adequate foster care resources to meet the placement needs of all children in need of a safe and stable foster home.

The department commits IV-B subpart 2 adoption promotion and support funds to purchase contracted general, targeted and child specific adoption recruitment activities focusing both on in-state and out-of-state families in an effort to increase the pool of prospective adoptive families available to Oregon's children who are freed for adoption. The contracted services also promote achievement of Adoption and Safe Families Act standards for length of time to adoption.

During the recent 3 years Oregon redesigned the recruitment strategies through external contracts with community partners. This redesign changed the focus of the recruitment work to be more specific to; Target, General and Child Specific. The focus on targeted recruitment has enabled recruitment plans to be created at the local level with a local needs assessment while the Child Specific has a focus more on the electronic outreach methods.

During FFY 2008 13,965 children spent at least one day in foster care which in this case includes all types of out of home care. In FFY 2008 there were 1,877 new foster homes certified statewide; 382 of these homes were regular foster homes and 1,495 special foster homes which are homes certified specially for relative children or children with whom the adult(s) had a relationship. In total there were 4,735 certified foster homes in FFY 2008; 2,137 foster homes closed during this same period. In Oregon the most pressing foster home needs are listed below by category:

- Foster families who are able to take sibling groups
- Foster families that represent same or similar race and or culture of foster children; specifically Native American and African American families.
- Placement with relatives or someone the children already know
- Skilled families available for teens

9/30/08 – Percent of children in foster care by race

	African American	Asian	Caucasian	Hispanic (any race)	Native American	Pacific Islander	Unknown	Total
State Total	8%	.83%	61%	9%	10%	.35%	10%	100%

9/30/07 – Percent of certified foster families by race/ethnicity

	African American	Asian/Pacific Islander	Caucasian	Hispanic Any race	Native American	Multi-racial	Unknown	Total
State Total	5.6%	.5%	77.1%	4.7%	1.7%	7.8%	2.6%	100%

Typically larger sibling groups are may need to be separated into different foster homes due to the number in a sibling group or complexity of needs of the siblings. From data collected September 30, 2008 there were 3,921 children in family foster care with siblings who were also in foster care. Of the children with siblings 80.2% were placed with at least one other sibling.

Sibling Group Size	Total Children	Total >=1 siblings place together	Children not placed with any sibling	% of children placed with at least one sibling
2	1,964	1,410	554	71.8%
3	1,134	1,020	114	89%
4	492	452	40	91.9%
5	215	160	55	74.4%
6	84	72	12	85%
7	14	14	-	100%
9	18	18	-	100%
Total	3,921	3,145	775	80.2%

A contract was awarded to Boys and Girls Aid Society of Oregon (BGAID). Staff for this contract includes a Program Marketing and Recruitment Supervisor; one Recruitment Project Coordinator; two Regional Recruitment Coordinators. The recruitment coordinators are each assigned designated Districts.

Their responsibilities are:

- Establishing, maintaining, coordinating and supporting the District Recruitment Action Teams.
- Implementing District Recruitment Plans.
- Develop initial recruitment plans and establish the infrastructure and activities to create a 'model' for districts phasing in.
- Guiding Recruitment Action Teams to be fully functioning teams with team members consisting of agency staff, community partners and representatives from the local business community.
- Targeted recruitment plans are to be updated every six months.

- Implement Targeted Recruitment Plans and ensure accountability. Coordinators have the responsibility to assure services, programs and efforts are sustained.

Targeted recruitment plans will focus on families who reflect the areas ethnic or racial population of children in DSHS legal care and custody. The contractor and the District Recruitment Action Teams are provided data summarizing home addresses of children in care; number of regular and special certified foster homes; age breakdown of children in care; ethnicity of children in care and the ethnicity of foster homes in the District; sibling groups – number in care, how many siblings are separated. District Recruitment Plans

Developing a neighborhood based foster care system is the basis which allows children to remain in their neighborhood or school when coming into the care and legal custody of DHS. The BGAID will also use current data to develop District maps to show where foster homes are located and the home addresses of children in care. There are mapping iterations which also can be customized to individual requests of Districts.

Each District submits a Targeted Recruitment Plan every six months. Plans include Recruitment Action Team membership, the type of foster home being recruited based on District data, target number, recruitment activities and progress made based on District data. Each District will select one agency point person who will represent the District on the state Recruitment Advisory Committee. The role of this committee is to assist and oversee Oregon recruitment activities and the recruitment contract for foster and adoptive families. The on going committee responsibilities is to review previous recruitment efforts, analyze current needs and plan future efforts. The committee will review contractor plans and provide direction based on district needs.

The Recruitment Advisory Committee meets quarterly and consists of approximately 24 members. Statewide cross representation include two to three foster parents and adoptive parent representatives (3), one department representative from each District (16), foster care

program and adoption program representatives (2), one representative of the Development Disabilities program (1), one representative from Child Welfare research program (1) and representative(s) of the state recruitment contract(s). Committee members may be involved in their local recruitment planning efforts, and in the review and planning of statewide recruitment efforts by sharing and identifying of cross departmental, community resources and other initiative linkages.

Oregon does not have enough Native American foster homes to care for the number of Native American children in the care and custody of DHS. A recruitment coordinator for BGAID is Native American and has important contacts within the Native American Community and has formed a Native American Recruitment Committee. Currently there are 16 participants, including representation from the DHS, ICWA unit, NAYA (Native American youth and family services group), NARA (Native American Rehabilitation Association) and a Native American foster parent. Some participants are enrolled tribal members of various Native nations, which included Chickasaw Nation, Cherokee Nation, Navajo Nation, Umatilla, White Earth Ojibwe, and Blackfeet Nation.

The committee's main focus is creating Native American recruitment materials with a culturally sensitive and culturally sound foundation. An elder advocate for NARA, is providing insight on the ways in which Native Americans view the world and what speaks to the various generations of Native people. He also gave a very personal account of his experiences in Indian Child Welfare. Members have offered to assist with obtaining photos of Native American families for the materials to be created.

The department intends to continue to utilize tools developed by AdoptUSKids Campaign, consultation and technical assistance from the National Child Welfare Resource Centers for Adoption and for Permanent Planning, standing recommendations from the state's *Recruitment Response Team*, recommendations from the DHS Child Welfare Advisory Committee, and leadership provided by the

department's Adoption and Foster Care Program managers in order to maintain agency and stakeholder focus on diligent recruitment.

Furthermore, recruitment policy, procedure, and Rule will be considered for inclusion of any new guidelines from the Children's Bureau and will reflect any actions addressing findings from the 2008 and future Child and Family Services Reviews.

Recruitment Approach

The department believes that separation of recruitment functions improves our continued efforts to meet two federal goals: overcoming geographic barriers to adoption through the activity of linking waiting Oregon children with prospective adoptive families from across the country and increasing the State's diligent recruitment of families who reflect the racial and ethnic composition of children needing placement services. As a result, DHS is currently using three recruitment resources, Boys and Girls Aid Society (BGAID), A Family for Every Child (AFFEC) and Boise Wednesday's Child.

DHS overall recruitment goals include:

1. Provide each district standard information about foster care and adoption in the state to use in local recruitment efforts.
2. Generate increased awareness and positive images of foster care and adoption.
3. Enhance public access to information about DHS foster care and adoption in Oregon
4. Use nationally recognized Adoption Month and Foster Care Month to recruit for Resource Families.

BGAID, with input by the Recruitment Advisory Committee, will develop a theme that will echo throughout the recruitment strategies and support the general recruitment campaign. The focus will be raising awareness of the need for resource families and inspire people to take action. The theme will be featured in materials

produced to support recruitment, including the website, print materials and public service announcements.

BGAID continues to conduct general applicant recruitment and they will recruit for targeted populations. The department's current initiative with Casey to reduce disproportionality and disparity in foster care will likely, positively impact adoption recruitment and it is expected that information from the Decision-Point Analysis and the work of the task force around these issues will inform BGAS' target recruitment efforts.

A Family for Every Child

In late 2008, the department reconfigured contractual arrangements for recruitment and the subsequent RFP process resulted in two vendor contracts for this purpose. A Family For Every Child (AFFEC) was awarded a one year, \$185,000 contract for child-specific recruitment.

AFFEC's efforts to accomplish the second goal should be achieved through their plan to increase the number of waiting children who are featured in the ***Family Matters*** recruitment newsletter that goes to a broad mailing list of churches and organizations which can assist in identification of potential family resources. AFFEC also does individual recruitment plans for specific children and they are delivering the new "Foundations" curriculum for adoptive families. AFFEC is also expected to work with "*The Oregonian*" newspaper, the state's largest daily publication, to utilize free column space offered to the department for child-specific recruitment, when it is available (although it appears that this offer may be withdrawn at least temporarily due to prevailing business needs of the newspaper).

Boise Wednesday's Child

Since 2004, the department has also committed funding in the amount of \$57,6464 for 2005-2009 that will be extended. The contract purchases child-specific recruitment services from the Boise, Idaho, Wednesday's Child Program, in collaboration with the Idaho

public child welfare agency. This is another activity intended to address federal permanency outcomes for children. Funds pay for identification and preparation of children best-suited for the program and costs associated with connecting children to the program.

Website

Planning is underway to create an independent website dedicated solely to information on DHS foster care and adoption. This new site would clearly provide appropriate information, but also be linked to the existing DHS website.

The primary focus of the website will be:

- Describing the need for foster and adoptive families
- Success stories/outstanding resource families
- News stories or pieces reprinted with permission
- Requirements of becoming foster and adoptive parents
- Step by step process of becoming certified
- Training schedules
- Upcoming events

If possible, the site will have a state map with the ability to click in each county, with information for each on training schedules or processes.

Inquiry Line

When a prospective Foster or Adoptive family calls the 1-800-331-0503 Statewide Inquiry Line, they are given appropriate information and connected with a DHS worker in their district for follow up. They are also mailed out a packet of information which includes a newly design and updated booklet; *An Introduction to Becoming a Foster or Adoptive Family*.

The focus is on answering questions to the satisfaction of potential foster and adoptive parents on what the requirements are to become foster parents, the children that are in the foster care system, and where to get more information.

National Foster Care Month

Around the state local offices hold different events in May to honor current foster families as well as raise awareness within the community.

Boys & Girls Aid will use all of the media that is employed for recruitment to highlight this special month.

1. The home page of the website will focus on National Foster Care Month. The website will also include information on activities in celebration of National Foster Care Month going on throughout the state.
2. Public Service Announcements honoring foster parents and inviting the public to call the 1-800 number will be offered to radio stations throughout the state.
3. BGAID can design notices to publicize special events taking place.
4. BGAID will create and distribute core messages and current information on foster care in Oregon that can be used in each district to promote the month and foster care.

National Adoption Month

National Adoption Month in November is an opportunity to highlight the children awaiting adoption in Oregon which is an opportunity to:

- Celebrate successful adoptions, thereby setting the expectation that adoptions of Special Needs children can be successful.
- Raise awareness about the children awaiting adoption in Oregon and portray these children to the public.
- Drive interested families to make an initial call to the 1-800 telephone line.

Boys & Girls Aid will use all of the media that is employed for recruitment to highlight this special month.

1. The home page of the website will focus on National Adoption Month. The website will also include information on activities in celebration of National Adoption month occurring throughout the state and will link visitors to other websites highlighting national activities.
2. Public Service Announcements highlighting adoption and inviting the public to call the 1-800 number will be offered to radio stations throughout the state.
3. BGAID will create and distribute core messages and current information on foster care in Oregon that can be used in each district to promote Special Needs Adoption.
4. BGAID will create posters that will be distributed to each of the districts to display and post in the community.

Business Support for General Recruitment

The Citizens Crime Commission, a Portland downtown business association in partnership with Boys and Girls Aid is launching a major foster family general recruitment effort. Over the next several months Entercom Communications Corporation has reserved 3,600 public services radio announcement spots for general recruitment. Television spots are also being developed.

Oregon's efforts the past few years in focusing on targeted recruitment using timely data and utilizing the expertise of youth, foster parents, other individuals and organizations within the communities has started to establish a sustainable infrastructure for ongoing recruitment in Oregon. In conjunction with the states focus to increase relative care placements by 50% by 2011, Oregon anticipates the continued need to of focus toward; siblings, youth, and families of color being the primary need for foster and adoptive families.

The previous Five Year Child and Family Services Plan spoke to folding five categories into the diligent recruitment plan, to include Foundation for effective recruitment, Assessing organizational capacity, Recruitment initiatives and capability, Recruitment related services to parents for initial inquiry to placement, and Tracking and evaluation. The department will continue the following activities

within each of these areas through the next five years of its Child and Family Services Plan.

Goals and Objectives

Safety

Goal: Provide for the safety of children while they are placed in foster care.

Objective: Provide ongoing consultation regarding policy and best practice for responding to allegations of abuse and neglect in certified foster homes.

Objective: Provide problem solving to the field regarding how to best conduct CPS assessments of certified foster homes.

Objective: Continue to assess the states process and make improvements as needed to keep a state of the art, consistent process for responding to allegations of abuse and neglect in certified foster homes.

Resources

Goal: Create a Foundation for effective recruitment

Objective: Rebuild connections with AdoptUSKids initiatives and incorporate national activities into the Oregon structure and state planning.

Objective: Utilize evidence-based recruitment strategies that will be mutually compatible with current Casey and NGA initiatives in foster care. Focus efforts 15% of the time on general recruitment, 25% on child-specific recruitment, and 60% on targeted recruitment.

Objective: Promote practice across child welfare that staff share the responsibility for recruitment of families.

Goal: Assess organizational capacity

Objective: Extensively participate in the development activities required to incorporate the Adoption Recruitment Management System (ARMS), Search/Registry, and Independent Adoptions data bases into the new Oregon SACWIS, OR-KIDS, as well as all other functionality necessary to support timely and expeditious freeing and placing of children.

Objective: Continue to participate in the LEAN model for process evaluation and redesign through RPIs for both Adoption Program Office functionality and field adoption process functionality.

Objective: Evaluate workload of field and program office staff and continue to consider how stakeholders can supplement staff recruitment efforts.

Goal: Improve recruitment initiatives and capability

Objective: Continue to promote and support local partnerships that support, recruit, and retain families for children. Much of this work will continue through child-centered, community-based planning and continued use of contracting with private entities where appropriate and within budgetary limitations for specific services.

Objective: Increase our capacity for culturally specific foster homes for children who need foster care placements.

Objective: Continue to use tools and lessons learned from various parallel Oregon child welfare initiatives.

Goal: Improve recruitment related services to parents from initial inquiry to placement.

Objective: A Family for Every Child (AFFEC), Boys and Girls Aid Society, and Northwest Adoption Exchange will be tracking movement of families through the process.

BGAS will continue to operate the consolidated Foster and adoption recruitment inquiry line, that has a data base that can cross-reference with DHS databases for the purpose of tracking families from inquiry to placement.

Objective: BGAS, as AdoptUSKids contractor, will provide enhanced tracking of inquiries using standards and practices required by AdoptUSKids.

Objective: Continue to monitor delivery of Foundations Training for adoptive parents by AFFEC and work with the contractor to make adjustments in the curriculum and delivery model, as needed.

Objective: Promote mentoring for families going through the orientation and training processes for adoption.

Goal: Continue to tracking and evaluate progress

Objective: Continue tracking adoption inquiries through the inquiry line, to include a follow-up call and reports.

Objective: Assess whether the inquiry line system can be incorporated into the SACWIS system

DECISION MAKING PROCESS

The Oregon Commission on Children and Families (OCCF), through an intergovernmental agreement with the Department of Human Services, distributes funding through its network of 36 county local commissions on children and families (LCCF). Neither the OCCF nor the LCCFs provide direct services. LCCFs are statutorily responsible to lead a process to develop and expand local coordinated comprehensive plans for children and families that connect state and local planning processes for children and families. While the focus for OCCF is primarily prevention, local planning and plan

implementation are conducted across the continuum of prevention, intervention and treatment.

Comprehensive plans for children and families are updated every two years. In the planning process, LCCFs convene community partners including local government, private non-profits, families, youth, faith communities and businesses to identify the resources, strengths, weaknesses, gaps and barriers that exist for each county's children and families. Communities select one to five of the issues as "focus issues" or those that, as a community, the partners will work together to affect a common outcome. This, however, does not mean that individual organizations cannot use funding to address other identified issues in the community.

Funding for OCCF programs and activities comes primarily from state and federal government sources. The majority of the funds pass directly through the state Commission to the 36 local commissions on children and families—one in each county. At the county level, these funds are distributed, based on the counties' local comprehensive plans for children and families, to community-based initiatives, projects and programs that are planned, selected and developed by community members and community partners. Funding provided to counties from the State Commission on Children and Families are meant to be catalytic and leverage other community resources. Rarely are funds invested locally from the State Commission the single source of funding for a program or activity. Even so, programs or providers that receive funding must sign contracts that require tracking and reporting of results to local commissions and subsequently to the State Commission, including program and individual outcomes.

Local commissions, through their local funding process, provide public notice to the communities that funding is available for family support programs, activities and initiatives. Federal guidance on the definition of family support is used to determine whether or not a program qualifies for family support funding. Applications or requests for proposals are evaluated and scored following each county's local criteria using an open and public process.

A portion of Oregon's family support funding is set-aside and reserved for Oregon's nine federally-recognized tribes. Each tribe receives an equal portion of federal family support funding and guidance on how the funds are to be used. To receive federal family support funding, tribes must submit a family support plan including a budget for how the funds will be expended on family support services, programs, initiatives or activities. Applications for funding from the tribes must also meet the federal definition of family support and be expended in accordance with federal guidelines.

COORDINATION with TRIBES

Tribal Consultation

The value of consultation with the Oregon Tribes is not a one time occurrence but a process of on-going consultation throughout the year which is inclusive of Tribal representation through numerous forums. Participation and consultation of Tribal representatives is an important process. Numerous opportunities are in effect that provides for consultation and collaboration with Oregon Tribes. Some of the structured involvement is through Title IV-B child welfare plan development, SB770, Health Cluster 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 Tribal representatives recommend goals and objectives for the five-year plan and those goals and objectives are worked on throughout each year. Outcome measures and progress are discussed at the ICWA Tribal/State advisory meeting. Small work groups are organized depending upon the project.

Quarterly ICWA Advisory Committee

The Oregon Tribal/State ICWA Advisory Committee meets quarterly and serves two main functions:

1. To identify barriers in department policy and rules in providing services to Indian children, in both state and Tribal custody; and,
2. To work on direct communications between the Department of Human Services (DHS) and the Tribes.

The Children, Adults and Families (CAF) ICWA Advisory Committee continues to work on outstanding issues and develop stronger consultation and collaboration between the state of Oregon and the Oregon Tribes. Tribal representation on CAF program work groups is critical to policy development that may affect Indian children, families and the Oregon Tribes.

Senate Bill 770 Health Services Cluster Meetings

The SB 770 meeting allows both administrators from DHS and Tribal Representatives to meet quarterly and work on issues together to maintain a cooperative relationship with the Tribes. This meeting is an outcome of Executive Order from the Governor and legislative action, with the expectation that departments within State government form and strengthen relationships with Tribes

Field Office ICWA Liaisons

There are currently 65 ICWA liaisons statewide, whom are a resource for local staff regarding ICWA requirements, compliance and Tribal issues. The ICWA liaison is an initial contact for local Tribal child welfare staff and local DHS staff to consult on cases and resolve issues. In addition, District 02 (Multnomah County) and District 03 (Marion, Polk and Yamhill Counties) have ICWA units responsible for on-going services for Native American families. Statewide ICWA

training and meetings are held throughout the year. The ICWA Manager has the overall responsibility regarding statewide policy and compliance, but it is important for all of CAF to be responsible and accountable for ICWA compliance.

District Managers Collaboration with Oregon Tribes

Monthly or quarterly contact between District Managers, Tribal Managers and respective staff has been strongly encouraged to strengthen relationships. Some districts have developed processes with the Tribes which enable them to have better relationships. The agency has encouraged other districts to take the model and work through the process with their local tribe. It is more about working through the process with each other that strengthens the relationship. DHS also encourages the involvement of the Tribes in local planning and training.

Many of the District offices have regularly scheduled meetings with the Tribes through out the state network and discuss issues. This has proven very beneficial and is being suggested to other Districts as a way to promote better collaboration between the agency and local tribes.

Consultation and Collaboration with Central Office DHS

The co-chair of the ICWA Tribal/State advisory committee is the representative to the statewide Child Welfare Advisory Committee, which is a statutory committee. Administration and program managers attend the Quarterly ICWA Tribal/State advisory meetings. Administrators have also recruited Tribal participation on DHS committees which effect policy.

Tribal Agreements

DHS/CAF currently has six intergovernmental Title IV-E Agreements. These agreements include the opportunity for the Tribes to receive Title IV-E administration, training and foster care maintenance resources. The administrative and training resources require implementation of a time study for two weeks out of each quarter.

There are also five intergovernmental ICWA Agreements in place. DHS is currently working with all the nine Oregon Tribes to update signed ICWA agreements. Access to other state and federal resources are also in place and accessible by all of the Oregon Tribes, including: System of Care (SOC), IV-E waiver, Title IV-B and Title XX and ILP. The agency provides technical assistance to the Tribes for all agreements and contracts.

ICWA Compliance

The federal Indian Child Welfare Act (ICWA) and Oregon statutes, administrative rules and policy establish the requirements for provision of services to eligible Native American children and families. ICWA applies to all eligible Indian children from the point of initial involvement with DHS. When children who are being assessed and/or served by Tribal welfare services, the federal Indian Child Protection and Family Violence Prevention Act (PL 1-1-630) applies.

Oregon Tribal Child Safety & Risk Assessment Curriculum

The resource center on Child Maltreatment "Action for Children" has developed a Tribal training curriculum and provided a consultant to Oregon to implement changes in the curriculum for the Oregon Tribes. The Tribal child safety and risk assessment curriculum is similar to the Oregon child Safety Model which was rolled out last year. The enhancement of the curriculum fits within the Oregon Tribal communities with an emphasis on the culture, traditions and resources of the Oregon Tribes. The agency, Portland State University and the Tribes conducted "Train the Trainers" training in August 2006. Subsequent trainings have been provided with more being requested.

Identification Process

Oregon law, rules and policy require an inquiry for Indian ancestry of every parent or custodian and child at the beginning of DHS Child Welfare intervention or assessment. This applies to voluntary and

involuntary cases, regardless of whether a child is taken into protective custody. CAF Form 1270 is the instrument for gathering and documenting DHS efforts to obtain required information, and, when applicable, to initiate a diligent search process to determine ICWA eligibility. ICWA search clerks were implemented at local offices to assist caseworkers in identifying Indian children more timely. A desk reference manual has been developed for the search clerks for consistency and compliance with ICWA identification and process. Search clerks throughout the state receive training and technical assistance and the Multnomah County area search clerks are meeting quarterly. Periodic meetings with search staff in other parts of the state are being implemented due to the success of the Multnomah County area meetings. The Multnomah County area has a higher percentage of identified Native American children than other areas of the state. Case practice guidelines and HB2611 establish that a suspected ICWA case be treated as an ICWA case until and unless it is determined that a child is not ICWA eligible.

Timely notification to the child's Tribe regarding DHS intervention is mandated. DHS workers are also required to identify an expert witness, preferably from the child's Tribe or in consultation with the Tribe, to testify at the initial jurisdictional hearing. Expert witness identification by Tribes out-of-state is an issue, since the Tribes don't always respond and provide an expert witness to testify. This creates an issue requiring the agency and the courts to have a professional testify as an expert witness. A committee of tribal representatives and DHS staff has been formed to implement a plan to identify and maintain an accurate up to date listing of expert witnesses both for in state and out-of-state tribes.

Notification and the search process training are provided to DHS staff regarding the policies, procedures and practices. ICWA training is also incorporated into CORE training/orientation and provided to field staff, judicial officers, Court appointed Special Advocates (CASA) and the Citizen Review Board (CRB). The ICWA manager provides ICWA training statewide as requested by agency offices.

Resource materials, including updated Tribal listings, Tribal contact persons, DHS field ICWA liaisons and management staff, and other ICWA related resources are posted on the DHS Policy Website, allowing more immediate access to information for workers and supervisors. In addition, an annual ICWA conference, co-sponsored by DHS and Oregon Tribes, is held every fall to promote collaboration, relationship building, provide additional training, and to increase awareness of ICWA compliance procedures. The ICWA Manager provides on-going consultation on ICWA issues and consultation on complex ICWA cases, CAF policy, procedures and training. The ICWA Manager also provides consultation with the Attorney General's office. The ICWA Manager is the Tribal liaison in CAF for all Tribal issues and communication between the State and the Oregon Tribes.

Notification Process

DHS Policy identifies a process in compliance with the ICWA to ensure timely notification to Tribes of a potential Tribal child in custody. ICWA agreements address the need to increase the efficiency and speed of notification.

DHS continues to work toward an expedited process for identifying ICWA cases and identifying culturally appropriate services and resources. Within the context of "a child's safety is the paramount concern," the initial and desired goal is to prevent the removal of Indian children whenever possible. For Indian children who do come into care, the goal is to provide active efforts to reunify Indian families. If these active efforts and services do not result in reunification, other permanency goals are established, in consultation with the child's Tribe to the extent possible, to identify an alternative permanency plan within the federal Adoption and Safe Family ACT (ASFA) and ICWA laws and guidelines.

Placement Preferences

DHS statutes and policy list the placement preferences for ICWA children as mandated in the ICWA. DHS/CAF recognizes the need to improve the availability of Indian foster homes throughout the state. Oregon honors tribally licensed certified or designated foster homes. CAF's more recent foster home licensing standards were developed with Tribal representation and input included as part of the process. The ICWA Manager participated in a work group with the Child Welfare League of America (CWLA) and the National Resource Center on Foster Care and Permanency Planning for the Recruitment and Retention of Native American Foster/Adopt Providers tool kit developed for States, Tribes and private child placing agencies.

Active Efforts

ICWA requires that "Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under State law shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful." This means DHS must make active efforts to provide appropriate services subsequent to a CPS assessment and before a decision is made to place an Indian child out of home. This does not preclude the need for emergency removal to prevent imminent physical damage or harm to a child. Active efforts must also be made, when a child is taken into custody, for the life of the case. Case records should document what active efforts have been made, as well as court and CRB active effort findings.

An "Active Efforts Guiding Principles and Expectations" document was developed in a cooperative effort between the federally recognized Tribes of Oregon, the Department of Human Services, and the Citizen Review Board. Training for the use of this document and guidelines continues to be provided throughout the state. This document is posted on the ICWA Worker's tools website for easy access.

Access to Services/Resources

CAF continues to work with Tribes to improve compliance with the Indian Child Welfare Act of 1978. While significant progress has been made in many areas, barriers remain in Tribes' ability to serve their own children in foster care and other out-of-home care. For example, in some situations, transfer of jurisdiction or establishing jurisdiction in Tribal court is the preferred course of action and in the child and Tribe's best interests. For Tribes that have Tribal courts, a barrier has been lack of funding and resources to effectively serve children in foster or other out-of-home care. The State has a responsibility to comply with the ICWA.

The State and Tribes have identified the recruitment and retention of Native American foster homes as a challenge. An action step in the Resource section of Oregon's Program Improvement Plan specifically targets an increase in Native American foster homes.

Disproportionality is also a significant issue as the number of Native American children in care is at a higher percentage than other children based on the state Native American population. The ICWA Manager and the Oregon Tribes are working on these issues and will implement changes in order to better serve Indian children in state custody.

ICWA Case Review

ICWA notification and case consultation by the state is strong but continued improvement can always be made. The Oregon Tribes have identified "non-active efforts findings" as an on-going issue that concerns them. While some of the assumptions were subjective, processes have been put into place to address their concerns. Non-active efforts findings are reported to the District Managers and the information is sent to central office management. The monthly ICWA case reviews conducted in the Multnomah County area (District 02) continues to be of benefit to caseworkers. These reviews have also been expanded to include invitations to Clackamas and Washington counties. Recommendations of culturally competent resources and

compliance are identified for caseworkers and supervisors. The review team is made up of experienced and knowledgeable ICWA liaisons; Tribes of their respective cases are invited to participate in the reviews.

ICWA Child and Family Service Review (CFSR)

During the year Child and Family Services Plan year of 2009-2014 the agency plans on completing an ICWA CFSR once a year. The plan is to complete an ICWA review in 4 of the tribal services areas, as well as the Marion County (District 03) area. Once the ICWA review is completed, findings of strengths and areas needing improvement will be presented at the Fall ICWA conference. This will also give DHS an idea of ICWA specific training issues that can be incorporated into DHS supervisor's quarterlies and Child Welfare Managers meetings.

ICWA Procedures Manual

The ICWA Procedures Manual has been integrated into the CAF Procedures Manual. The ICWA Procedure Manual leads a worker from a Child Protection Service to permanency. In addition to the ICWA procedures manual, notification letters and tools were updated and posted to the website. A stand-alone ICWA procedure manual will be distributed to the Oregon Tribes, ICWA liaisons, ICWA search staff and the Child Welfare Program Managers. The ICWA Procedures Manual is posted on the Oregon State DHS website along with tools and letters of notification.

The Tribal child welfare agency takes responsibility for care and placement of children in the custody of the Tribe; the State child welfare agency takes responsibility for placement and care of Tribal children in the custody of the State.

The State maintains an information system with all of these capabilities for all children in the custody of the State, including Tribal children. When a child in the custody of a Tribe with an approved Title IV-E agreement is determined Title IV-E eligible, that child is

also entered into the State's information system. Tribal children in the custody of a Tribe with an approved Title IV-E agreement who are found ineligible for Title IV-E are tracked in the Tribe's own information system.

The State maintains a case review system for all children in the custody of the State, including Tribal children. Title IV-E eligible children in the custody of a Tribe with an approved Title IV-E agreement are also tracked through the State's case review system, however, the administrative reviews and permanency hearings are conducted through a Tribal Court.

The State child welfare program provides a full range of services designed to reunite children with their families, when it is possible to do so. When reunification is not possible, services are geared towards locating and implementing an alternate permanent placement plan for the child. For Tribal children in the custody of the State, the State takes responsibility, in full consultation with the Tribe, for providing these services, developing and implementing a permanency plan for the child. When the child is in the custody of a Tribe, the Tribe is responsible for providing these services.

The Tribal child welfare agency is responsible for providing pre-placement preventive services to Tribal members. The state agency is responsible in providing "active efforts" to prevent the removal of Indian children and reunification with family if possible. Volunteer services are also provided by the State and Tribes.

Consultations with Indian tribes specifically relating to determining eligibility for benefits and services, ensuring fair and equitable treatment for Indian youth in care under the Chafee Foster Care Independence Act (CFCIP).

The tribes' use of Title IV-B (2) funds differs from county uses in a few significant ways. Supporting families in poverty is a much higher priority. It is also common to need support in overcoming transportation barriers to accessing services. Improving family management and life skills is another recurring theme.

Goals and Objectives

Workforce

Goal: To have ICWA competent Liaison's in each branch office.

Objective: Further develop the role of the ICWA Liaison

Goal: Increase the ICWA cultural competency of staff

Objective: Move ICWA Core Training to Tribal Service Area's

Objective: Involve Tribal members in developing and implementing ICWA training.

Objective: Improve cultural testimony in DHS ICWA cases.

Goal: Increase ICWA compliance

Objective: Ensure data on who we serve is accurate.

Permanency

Goal: Increase tribal consultation in case planning for tribal children in DHS custody.

Objective: Continue to develop ICWA staffings in branch offices/ tribal service areas.

Goal: Complete a decision point analysis of case decisions.

Objective: Determine and assess the decisions at key decision points in the continuum of a child's care, that may lead to disproportionality of Native children in foster care.

Permanency and Safety

Goal: Complete 5 ICWA CFSR's

Objective: Engage ICWA Liaisons in the CFSR process.

Objective: Better understand the strengths and area's of concern in ICWA practice.

Objective: Partner with tribes to jointly work on Safety, Permanency and Well-being issues of Native Children.

Objective: Jointly deliver results to the community via the ICWA conference.

Resources

Goal: Increase Foster Parent recruitment that focuses efforts to increase placement resources for children, increase efforts on targeted recruitment, specifically related to increasing the pool Native American Children, and increase child specific recruitment.

Objective: Engage Oregon's Native American Tribes in planning foster and adoptive home recruitment and retention strategies.

Health Care Services

In Oregon, all children in foster care receive medical, dental, and mental health services through the Oregon Health Plan. The Oregon Health Plan is administered by Department of Human Services Division of Medical Assistance Programs and the Alcohol and Mental Health Division, the designated administrators of Title XIX medical, dental and mental health services. Children in foster care who are not Title XIX eligible also are covered by OHP through general fund dollars. A very small number of children are covered by private pay insurance through court order.

Every child entering foster care must be referred for a medical exam within the first 30 days of placement in foster care. In preparation for that exam, the caseworker gathers all available medical records, including immunizations. If the child already has a treatment provider, efforts are made to continue that care relationship. A referral for a dental screening is made at the same time. During the

next 5 years, Oregon will work on developing a process to monitor and ensure that the medical and dental needs of every child entering into foster care are met.

Follow-up screenings, treatment plans and schedules are determined by the provider using nationally recommended standards for medical practice and those established by the OHP.

By department protocol, every child must be referred for a mental health assessment within 21 days and receive that assessment within 60 days. Follow-up assessments, treatment plans and schedules are determined by the treatment providers using nationally recommended standards for medical practice and those established by the OHP. It is the current goal of DHS to ensure that this goal is met for 70% of the children entering into foster care by June 2009; 80% of the children entering into foster care by December 2009; and 90% of the children entering into foster care by December 2010. Additional efforts will be in place to provide ongoing monitoring of these goals.

CAF administrative rule and procedure require the entry of medical information into the electronic child welfare case record, currently the Family and Children Information System (FACIS). Information is also downloaded from the Medicaid Management Information System (MMIS) system into FACIS to provide a coordinated comprehensive medical file. This information is appropriately shared with individuals and organizations who are working with the child.

Oregon DHS is currently developing a Health Record Bank with support from a federal Medicaid Transformation Grant. Children in foster care will be the first population to be enrolled in the record bank, which will occur in mid-2009. The record bank will significantly increase continuity of health care services and assist Oregon in establishing medical homes for children in care as well as contributing to continuity of medical care when children enter substitute care, are returned home or have another placement.

OK-Kids, Oregon's developing SACWIS system, will be implemented in mid-2010 and will receive information directly from MMIS and the Health Record Bank.

Oversight of prescription medication, particularly psychotropic drugs, has undergone significant scrutiny during the past 18 months. In the future, new administrative rules will be developed, clarifying who has authority to consent for routine prescriptions and changes by the Drug Utilization Board regarding prescribing guidelines for psychotropic medications for children were recently implemented. These two efforts will give CAF more information and oversight of medication management.

Currently in development is a clarified medical consultation and second opinion process for determining appropriate medical treatment including the prescribing of psychotropic medication. With a variety of private providers and managed care organizations providing treatment for children in substitute care and casework staff with minimal medical training, there is a significant need for this coordination. The development should be complete by mid-fall and training for all staff will start in late 2009.

In addition, Oregon is implementing a significant foster care rate redesign project which will be in place by November, 2009. A screening tool and assessment process will be used to assist in determining appropriate medical treatment for children and will also provide an increased emphasis and monitoring of child well being.

Goals and Objectives

Workforce

- Goal: Oversight of psychotropic and other prescription medication will be clear to parents, DHS workers, foster parents, the Juvenile Court, and other partners.
- Objective: Revise Administrative Rule on psychotropic and other medication.

- Goal: Caseworkers and Supervisors will have access to medical consultation for determining appropriate medical treatment for children.
- Objective: Development of a consultant system of medical professionals for Caseworkers and supervisors.
- Objective: Training for staff on the use of medical consultants.

Permanency

- Goal: Children's initial and ongoing medical needs will be met.
- Objective: All children receive a medical exam within the first 30 days of placement in foster care.
- Objective: Follow up screenings and treatment plans will be tracked on the child's 310h.
- Goal: Children's initial and ongoing mental health needs will be met.
- Objective: All children be referred for a mental health assessment within 21 days of placement and receive an assessment within 60 days of placement.
- Objective: Follow up screenings and treatment plans will be tracked on the child's 310h.

Disaster Plans

At the central office level the CAF Emergency Management Team consists of the CAF Assistant Director, the Deputy Assistant Director of Field Operations, the Deputy Assistant Director of Program and Policy, the Administrator of the Office of Safety and Permanency for Children and other staff as directed by the CAF Assistant Director.

The District Emergency Management Team consists of District and Program Managers and other key management staff designated by the District Manager. The DHS Director or designee, the CAF Emergency Management Team, the District Emergency Management

Team and key DHS management staff will coordinate state resources to ensure the continued provision of critical services. The DHS Director (or designee) is responsible for ensuring that all members of the CAF Emergency Management Team know their responsibilities in an emergency, as well as the extent of their authority, should designated leaders be unavailable in an emergency operation. The CAF Emergency Management Team is responsible for ensuring that all managers who take on critical roles in an emergency know their responsibilities, as well as the extent of their authority, should designated leaders be unavailable in an emergency operation.

The DHS Director or designee has the authority to activate the CAF Emergency Preparedness and Management Plan. The CAF Emergency Management Team will:

- Provide direction and information to management staff at all levels of CAF about actions to take to maintain critical functions in response to an impending or actual disaster.
- Designate managers over critical functions and establish a communication plan with them.
- Inform state, district and local office managers to activate emergency plans in response to an impending or actual disaster, if they have not already done so.
- Use media and any other forms of available communication to communicate direction to staff, clients and providers.
- In consult with field offices, activate the statewide emergency toll-free number. The 24 hour emergency toll-free number is specifically dedicated to emergency communication with foster families, group and residential care staff, youth receiving transition ILP services, and families with children under state care and supervision.
- Coordinate the CAF Emergency Preparedness and Management Plan with the DHS Emergency Management Plan.

Management staff at all levels will need to make decisions specific to each circumstance during an emergency operation or in preparation for one. Decisions regarding staffing essential functions, work place safety, work force and resource management will be made at the local level as much as possible. District and local office plans will

define roles and responsibilities of front line staff in essential function areas.

Assign other critical roles

The CAF Emergency Management Team will ensure that all management staff of critical operations have the knowledge, skills and ability necessary for their role. All critical operation managers and their designees will receive notification of their assigned roles and essential information for carrying out their assignments during emergency operations.

- Maintaining the CAF Emergency Preparedness and Management Plan and ensuring that the plan facilitates communication and coordination with district and local office emergency plans.
- Maintaining the 24 hour disaster-activated and dedicated toll-free number.
- Communicating with and managing the press.
- Coordinating services and sharing information with other states.
- Communicating with federal partners.
- Facilitating the placement of children from other states in collaboration with local Child Welfare offices.
- Preserving essential program records, both electronic and written documents.

The CAF district and local offices are responsible for:

- Locating and identifying children under state care and supervision who may be displaced.
- Coordinating services with Local Emergency Operation Centers.
- Identifying alternate service centers.
- Identifying staff who may have been displaced.
- Continuing services to children under state care who may be displaced.
- Identifying new child welfare cases and providing appropriate services.
- Preserving essential program records, both electronic and written documents.
- Screening, training and supervising DHS volunteers.

- Appointing a liaison with local emergency response and court offices.

Foster families, group and residential care programs and families with children under state care and supervision are responsible for:

- Locating and identifying all children placed in their care.
- Calling the emergency 24 hour toll-free number and providing information as to their status and well being.
- Communicating with state caseworkers when possible.
- Continuing to meet the needs of the children placed in their care.
- Identifying alternate service centers, (group and residential care only)
- Preserving essential records.

Workload planning

Other functions identified in the CAF Emergency Preparedness and Management Plan will be provided as staffing and resources are available.

In considering how CAF staff will be deployed during a disaster, the following considerations will be taken in account:

- Child welfare staff may be victims of the disaster themselves, with damaged or destroyed homes or missing or affected family members. This will limit their emotional and physical availability for child welfare tasks.
- CAF staff may be called to help with immediate response efforts, such as overseeing evacuations, and/or taking on tasks in the response and recovery process, such as operating or working at shelters or providing child care at assistance centers, or answering the 24 hour emergency toll-free number.
- Additional or expanded services will be needed during a disaster for existing child welfare families and newly identified CPS families.
- After a disaster, as court processes are re-established, workers and attorneys should be available for court cases so that legal requirements (e.g., permanency timeframes) can be met. This

will minimize the impact on children in care and the potential loss of IV-E funding, which would have a further negative impact on services.

It is also essential to evaluate the availability of resources, including:

- Identifying child welfare staff and other CAF staff with multiple skills that could assist with different jobs within CAF.
- Determining roles that units within the local CAF offices could assume.
- Exploring existing or potential processes for temporarily employing retired state employees.
- Considering deployment of staff from other counties.
- Considering the use of volunteers, foster and adoptive parents to help with disaster recovery work.
- Local Court Appointed Special Advocates (CASAs) and Citizen Review Board members may be willing to provide assistance during a disaster.

Locations of operations

District and local offices, with the support of the central office, are responsible for determining their operational status during an emergency. Office sites may be compromised by structural damage, power outages or lack of available staff. Identifying alternate sites and staff deployment is a function of the CAF Emergency Management Team in coordination with district and local offices.

In looking for alternate site locations it is important to consider the size of the facility, its location (will it be accessible in an emergency), and its capacity for service delivery (phone lines, room availability, kitchen and bathroom capacities). Also consider where staff might be deployed if communication systems and transportation systems are shut down (such as hospitals, shelters, schools) and how communication with deployed staff will be maintained.

Disaster supply kits

Managers and key personnel will have access to essential items necessary to continue operations in a "deployed mode." These items must include:

- Local office disaster plan
- Laptop computer with extra batteries
- 1 gigabyte USB thumb drive (with important documents loaded before a disaster)
- Staff contact information including district and central office management staff.
- Cell phones and alternate communication devices which may include: satellite phones, radios/walkie-talkies, wireless handheld devices.
- Battery operated radios with extra batteries
- Maps, driving directions to alternate facilities
- Flashlight with extra batteries
- First aid kit
- Car chargers for laptop and cell phone
- Access to agency vehicles

The location of these disaster supply kits should be well known to staff likely to fill leadership roles in the event of an emergency. Staff should also be encouraged to have their own "personal disaster kits" around the office that could include:

- Flashlight with extra batteries
- Maps/directions for evacuation routes
- Extra car keys
- First aid kit
- Extra water and blanket in their vehicle

Flow of funds

DHS and CAF offices use direct deposits, vouchers, checks and electronic fund transfer technology to facilitate the majority of financial operations. All financial applications require strict adherence to established accounting policies and practices. During an emergency operation, strict adherence to accounting rules and

guidelines will be maintained to account for all distributions of funds, track donations, and account for all transactions.

Training and updating plans

The information gathered from state and local exercises and actual critical incidents will be used to develop and update the CAF Emergency Preparedness and Management Plan. Additionally, plans will be updated based on the recommendations and requirements of new state and federal mandates.

Contracted providers and essential partners will develop their own training models and activities to meet the needs of their independent organizations. Foster parents, group and residential care providers will be given information regarding emergency preparedness and agency contact requirements as part of their initial certification and two year recertification process.

CAF district and local offices will develop and maintain communication with their local emergency managers. These activities will facilitate effective communication and service delivery between parties and provide valuable information for the improvement and updating of plans.

Coordinate with essential partners

The effective coordination with essential community partners is dependant on developing strong ties with team members during normal operations and then being able to effectively maintain those ties during an emergency or disaster. CAF's essential community partners include foster parents, school staff, law enforcement agencies, counselors, child abuse assessment centers, courts, CASA, the Citizen Review Board, emergency managers, and representatives of various state and federal agencies with whom clients may be involved.

a. Work with emergency management agencies

District and local office managers will be required to have current contact information for their County Emergency Managers as part of their district and local office plans. The District Manager or designee will establish an ongoing relationship with local emergency managers in their district for the purpose of:

- Ensuring that local emergency managers have current contact information for the District Manager or their designee.
- Keeping up-to-date on how CAF staff may support local operations during an emergency event (i.e., assisting in shelters, etc.).
- Providing information on the local office and district plans.
- Determining where emergency services are located during a disaster and whether CAF can provide services in these locations.
- Advocating for the needs of child welfare clients, staff and volunteers in the disaster response plan (e.g., medically fragile children who need equipment or evacuation).
- Advocating for CAF participation in emergency response drills.

b. Coordinate services with tribes

The CAF Emergency Management Team will coordinate services with the ICWA Manager at the state level. District Managers will coordinate directly with local Indian tribes in their jurisdiction to ensure effective resource application and service delivery.

c. Coordinate with the court

Each district or local office will exchange information regarding disaster planning with county courts to coordinate services and exchange essential information to the court for locating and confirming the safety of all children under state care and supervision.

d. Establish a liaison with federal partners

The DHS Director will appoint a manager to contact Region X and other appropriate federal agencies for information and support during and after the emergency operation. This will allow communication about federal requirements and possible waivers, and information

sharing on what is happening at the state and federal level related to the disaster.

e. Identify potential volunteers and their tasks

DHS, CAF administration and the DHS Volunteer Program will help district and local offices identify community resources that may be able to assist them during and after a disaster. Once an organization has been identified the district or local office will be responsible for:

- Identifying what tasks the group can assist with and how they will be deployed during an emergency.
- Ensuring that criminal/background checks are completed, per policy and administrative rule requirements.
- Ensuring that the volunteers are adequately trained.
- Developing an appropriate supervision and communication plan for the volunteers.

Develop communication systems

During emergency operations some communication systems may be compromised or even unavailable. Effective and ongoing communication is essential and must be given high priority in planning. DHS and CAF administration provide the following tools and guidelines for district and local offices:

- ***Toll-free number.*** The emergency 24 hour toll-free number is 1-866-610-2581. This number will be activated by DHS/CAF Administration in consult with field offices. All foster parents will be given this number at the time of their initial certification or during their recertification. A direct mailing will be sent out to all foster parents July 2008. Foster parents, group, residential care providers and families with children under state supervision and custody will be directed to call this number in the event of a large scale disaster to report their location and the status of the children in their care. Individuals with disabilities will contact the toll-free number utilizing the Oregon Telecommunication Relay Service (OTRS).
- ***Internal communication.*** Each district and local office will be instructed to utilize an emergency communication network

in the event of an emergency or disaster. This communication system will incorporate the use of staff contact lists, the use of cell phones and other alternative communication methods such as: satellite phones, local radio stations, and public address systems.

- **Website.** The DHS website will be updated with critical information and links to community resources. Web information can also be expanded to include additional languages as needed. Web information will include local offices that are closed, the alternative site for a local office, road closures, contact information and community information regarding resources and services.
- **Prepare for media communication.** Designated central office staff will contact pre-identified media outlets to distribute critical information. Distributed information will include the 24 hour emergency toll-free number for clients, foster parents, group and residential care providers and identifying a website where additional information and alternate service locations can be found.
- **Communication technology.** Critical DHS and CAF management staff will have access to phone and communication equipment that will enhance their ability to communicate with key personnel and emergency operation managers. They will receive training and information on the use of these tools as they receive them. These tools may include satellite phones, cell phones, laptops, wireless handheld devices, radio/walkie-talkies and GPS devices.

Each CAF administrative, district and local office must have its own communication plan to include:

- Identifying what lines are available for outgoing calls (while power outages may effect certain phone systems, land lines will often still work with a standard hard wired phone).
- Identifying the equipment or methods they will use to maintain effective communications. This may include the use of satellite phones, cell phones, laptops, instant messaging, e-mails, pagers, cordless hand held devices, media, public address systems, intercom systems, runners and posting messages.

- Identifying communication resources with local emergency managers. (radio frequency use, HAM radio operators).
- Considering how to make information culturally appropriate.
- Considering how to make information accessible for clients with disabilities.

Strengthen information systems

DHS maintains multiple statewide automated information systems that contain essential information on children, providers, families and staff. These information systems are accessible from multiple outlets throughout the state, are updated and backed up daily, and copies of the back-up are maintained at different locations, including a location outside the state. DHS is in the process of developing a SACWIS compliant information system that will make critical information more accessible during an emergency response while protecting confidential information. In order to strengthen these vital information systems, DHS/CAF administrative services will:

- ***Build on existing plans.*** Business continuity plans mandate a regular schedule for maintaining, testing and backing-up state automated systems. These plans are based on best practice recommendations of information systems maintenance standards. Systems are updated with critical information on a daily basis.
- ***Store critical information in statewide automated systems.*** Critical information includes names, addresses, and phone numbers of providers and families caring for the children in state care and custody. The databases contain medical, educational and legal information specific to each child as well as employee, payroll and human resource information for all staff. Disaster recovery information, including command structure, essential service guidelines, and communication plans will be maintained in a database.
- ***Provide access to automated systems.*** Multiple database systems are accessible statewide. Crucial forms and guidelines for their use are available through a database. Plans are in place for reverting to paper systems for specific services as needed.

- **Protect vital records** (e.g., off-site back-up, protect computers). Vital records are backed up daily and stored at separate locations. Computer systems are protected by regular maintenance of both hardware security components and software design and technology. Computer security and antivirus software are updated regularly and staff are given daily updates (as needed) from the Office of Information Services for computer system security and protection.
- **Protect equipment.** Database services and other computer equipment are maintained to industry standards.
- **Access paper records.** Critical paper records, files and documents that cannot be converted to electronic files, must be accessible and protected from environmental hazards, and inappropriate disclosure of confidential information.
- **Coordinate with other essential partners.** CAF administration will require residential and group care facilities to provide central office with essential emergency plan information and updates.

Prepare staff and contractors

CAF must be able to continue the essential services of CPS and foster home placement immediately following a disaster. In order to effectively do this it is critical to prepare staff and essential partners and group and residential care providers for emergency operations. This preparation will be done in multiple formats.

CAF child welfare staff will be trained on their responsibilities during an emergency operation.

- **Personal disaster preparation.** All staff will be given personal and family preparedness information and encouraged to develop an emergency plan for themselves and their families.
- **Office preparedness.** Office safety committees will conduct regular drills, post exit routes, and determine what support might be needed to support the safety and security of staff and clients who may be in the office during an emergency event.

- ***Establish support services for staff.*** DHS contracts with an Employee Assistance Program to provide a variety of counseling and assistance programs to staff and their families. Additionally staff have access to counseling and health service providers through their private insurance if they wish to access it.
- ***Expectations and support for contracted group and residential care providers.*** Contracts will specify that contractors develop, implement and update disaster plans and provide these plans to CAF central office staff.

Prepare families, providers and youth

CAF will provide foster families, group and residential care providers, and youth receiving ILP transition services with information on how to prepare for an emergency and will maintain essential emergency contact information on foster families, group and residential care providers. This information will be gathered during the initial certification and two year re-certification of foster parents and during contract reviews with group and residential care providers. Items include:

- Where the family, provider or youth would go in an evacuation (identifying 2 possible locations—one nearby and one out of the area).
- Essential phone numbers and other contact information for them.
- The contact information for two people who will know where they are (e.g., out of area relative, friend).
- The essential equipment, supplies and documents they need to have with them if they evacuate, including medication and medical equipment.
- The CAF toll-free emergency contact number that they are to call within 24 hours of the emergency.

Foster parents, group and residential care providers and youth will be instructed to contact CAF within 48 hours of an emergency event (if possible).

Response Activities

DHS and CAF administration will implement emergency protocols to ensure the continuity of services and provide for the physical support and relief of clients, staff, foster families and providers effected by an emergency event.

1. Manage

The DHS Director initiates the CAF Emergency Preparedness and Response Plan by activating the CAF Emergency Management Team. The DHS Director will make specific assignments to various team members to ensure essential operations are maintained and that critical activities are completed, including:

- Assigning a liaison with the State Emergency Coordination Center, who can deploy to the center (if possible) and maintain links with broader emergency management efforts.
- Ensuring media notifications for staff, clients, providers and family members are being provided.
- Coordinating support operations with existing resources
- Establishing communication channels with managers from district and affected local offices.

The CAF Emergency Management Team, DHS administration and district management will meet regularly during the emergency to review service needs to determine the status and needs of districts and local offices.

a. Workload management

If necessary, operations will be established in near proximity to the emergency area (allowing for safety of staff and providers) to facilitate the needs of effected populations. Some support operations (such as making phone contacts) may be assigned to non-effected areas to facilitate effective use of available staff in critical areas.

Workload management considerations will include:

- Assessing the availability of child welfare staff, including those affected by the disaster and their locations.
- Identifying locations for essential operations.

- Identifying non-essential activities that can be suspended to deploy available staff to critical functions.
- Identifying special waivers that might go into effect during a crisis and communicate those to all parties needing the information.
- Ensuring staff have appropriate training and supervision to carry out critical functions (including those answering calls coming in to the 24 hour emergency toll-free phone number).
- Rotating local and non-local staff and volunteers as appropriate, to maintain an effective work force.

b. Assess and respond to clients needs

Client needs will be prioritized in conjunction with available staffing and resources. Priority will be given to maintaining the critical functions of CPS and foster care placement including:

- Coordinating with law enforcement agencies and local emergency managers as needed.
- Locating and verifying the well being of children in the custody of DHS who are placed in out of home care and those children placed with their parents or guardians.
- Maintaining a record to track foster parents, youth and clients who have called in and those who are in unknown circumstances.
- Providing additional programs/services to children, youth and families affected by the disaster.
- Identifying children in the community separated from their families, and providing services to them.
- Relocating services to alternate locations as appropriate.
- Assuring that services are culturally competent and available in the primary language of the client.

c. Support Staff

Staff support will emphasize safety and effective management of resources. All employees must obey all legal authorities regarding traveling and traffic movement during an emergency incident. District Management should confirm with local emergency operation centers that conditions are safe for staff to return to work or for staff

volunteers and foster parents to engage in any critical operations. Other staff support will include:

- Allowing staff scheduling flexibility
- Facilitating emergency assistance to staff stranded in the work place during an emergency event.
- Establishing a break area for staff at disaster service centers.

d. Managing volunteers

Available volunteers will be managed and assigned locally and the registration and management of the volunteers will comply with existing Volunteer Program requirements.

2. Communicate

DHS and CAF administration recognize the importance of establishing and maintaining effective communication lines during all phases of an emergency operation. CAF administrative offices will assist District and local offices by:

- Ensuring that the state-wide 24 hour emergency toll-free number is activated as soon as possible.
- Posting critical information on the DHS website and keeping it updated.
- Implementing the media plan.
- Reviewing communication technology. Establish alternate communication networks to cover for those communication systems that are inoperative or unavailable.

3. Assess information systems

DHS and CAF administration will ensure the availability of statewide database information to district and local offices, emergency operations centers and key service partners to facilitate locating, identifying and serving the children and families affected by an emergency event. A record will be kept verifying the status of children, families and foster families as they are located. During an emergency operation access to databases will be carefully monitored to ensure protection of confidential information.

Recovery Activities

DHS and CAF administration will continue emergency support services while the event continues to impact the effected area and until normal support services are back in place and while coordination with local, state and federal jurisdictions are still necessary.

1. Manage

The CAF Emergency Management Team will monitor office's service delivery during and after the disaster event. The information gathered will assist in identifying gaps, barriers, best practices, and to update the Emergency Management Plan.

2. After action review and analysis

DHS and CAF administration team will:

- Hold debriefing sessions with managers, staff, stakeholders and partner agencies.
- Explore/identify what went well and what could be better.
- Update plans based on debriefing sessions.
- Communicate revisions to the plan to staff, community partners, providers and foster families.
- Updating training.

During the debriefing sessions the following critical areas will be reviewed.

- Collaboration with partners
- Effectiveness of contracted services providers
- Service delivery
- Communication networks/plans
- Communication systems/equipment
- Information systems
- Management of staff

Child Welfare Waiver Demonstration Activities

Oregon's IV-E Waiver has supported innovative, flexibly funded pilots as well as a subsidized guardianship program. The Title IV-E Waiver

Demonstration Project is part of the state's comprehensive plan to safely reduce the number of children in foster care. The state coordinates demonstration pilots funded through the Waiver with other family support programs to ensure that services are not duplicated and are complementary to one another.

At present, the state is assessing how budget cuts will impact the ability to continue to operate its flexibly funded pilot projects through the current extension period, which has been scheduled to end January 31st, 2010. The state is presently determining how to best proceed given the potential budget shortfalls.

Oregon has submitted a IV-E state plan amendment to opt into the permanent relative guardianship program established by the Fostering Connections to Success and Increasing Adoptions Act 2008. The agency intends to request to continue non relative guardianships under a renewed Waiver by August 31, 2009. This will allow Oregon to safely achieve permanency for a greater number of children.

Monthly Caseworker Visits

Additional Funding to Support Monthly Caseworker Visits

Oregon has chosen to invest the monthly caseworker visit grant funding to pilot various technology enhancements for front-line staff with a goal of increased efficiency and therefore additional time available for face-to-face meetings with children. Pilots are underway in seven districts (2-Multnomah, 3-Marion, 5-Lane, 6-Douglas, 11-Klamath/Lake, 13-Baker/Grant/Union/Wallowa, and 16-Washington). The technology being evaluated includes laptops, tablets, air cards, digital voice records, and Active Ink software which allows for ink able forms that can be completed in the field with a stylus. The pilots are being evaluated over a six to nine month timeframe (ending in July) and then additional "proven" technology will be purchased.

A portion of the funding was also used in support of a new Quality Assurance instrument and training, which will allow us to determine the quality and frequency of face-to-face visits and report any concerns back to our field structure.

Procedures to Track and Report Caseworker Visit Data.

Child Welfare workers and managers use our case management system (FACIS) to track and report caseworker visit data. In early 2007, the FACIS system for recording caseworker visits was enhanced to require data entry of a location for all "face-to-face" visits, which gave us the ability to track the percentage of face-to-face contacts occurring in the child's residence.

State Standards for Content and Frequency of Caseworker Visits

Oregon's Child Welfare Procedure Manual, in Chapter II, section 18 -- Visitation, lists the following information:

The CPS worker ensures that parent or caregiver-child contact and interaction is maintained appropriate to the circumstances of the case when a protective action or an ongoing safety plan involves any kind of out-of-home placement. A visitation plan should ensure that caregiver-child face-to-face contact is as frequent as possible, but no less than once a week unless case circumstances (e.g., geographic obstacles) indicate otherwise.

The CPS worker must refer to Child Welfare Policy I-E.3.5, "Visits and Other Types of Child and Family Contact," OAR 413-070-0800 to 413-070-0880, and Chapter 4, Family Visitation and Contact.

State standards for content and frequency of caseworker visits are defined in Child Welfare Policy I-B.1, OAR 413-080-0059, shown below:

413-080-0059: Monitoring the Safety and Well-Being of the Child or Young Adult in Substitute Care

- (1) To monitor the safety and well-being of the child or young adult when the parent or legal guardian is unable or unwilling to protect the child or young adult from the identified safety threats and substitute care is necessary to assure child safety, the caseworker must make the following contacts:
 - (a) Face-to-face contact with the child or young adult every 30 days;
 - (b) Contact with the relative caregiver, foster parent, or provider every 30 days; and
 - (c) Face-to-face contact with the relative caregiver, foster parent, or provider in the home or facility a minimum of once every 60 days. The face-to-face contact must include at least one of the certified or licensed adults who provide direct care for the child or young adult.
- (2) Monitor and assess the child or young adult's safety and well-being in substitute care with a relative caregiver or foster parent.
 - (a) Within each 30-day period, the caseworker must complete all of the following activities:
 - (A) Have a conversation with a verbal child or young adult.
 - (B) Assess the child or young adult's progress in and adjustment to the placement.
 - (C) Receive updates from the child or young adult and from the relative caregiver or foster parent.
 - (D) Assess the safety and well-being of the child or young adult in the home by determining whether each of the following conditions exists in the home:
 - (i) The child or young adult is comfortable and the environment of the home is supportive and safe.

- (ii) Adults in the home take an active role in caring for and supervising the child or young adult in the home.
- (iii) Adult family members possess the physical, emotional, and cognitive capacity to sufficiently care for the child or young adult.
- (iv) Family members and the child or young adult have formal and informal contact with others in the community.
- (v) The child or young adult is accepted as part of the household.
- (vi) The relative caregiver or foster family understands and is attentive to the vulnerability and need for protection of the child or young adult.
- (vi) The relative caregiver or foster family is amenable to Department oversight and willing to partner with the Department.
- (vii) When the child or young adult is placed with a relative caregiver, the child or young adult's parents and other family members understand the role of the relative caregiver in managing safety as a substitute care resource.
- (ix) The child has a sufficiently positive relationship with the relative caregiver or foster family's own children who live in the home.
- (x) The relative caregiver or foster family is caring for children matching the preferences and experience of the family.

- (xi) The interactions between the child or young adult and other children placed in the home are sufficient to assure safety.
 - (xii) The present demands of the home do not exceed the ability of the relative caregiver or foster parent to provide safe and protective care.
 - (E) Document the date, time, location, and observations of the conditions that exist in the home in FACIS case notes.
- (b) If one or more of the conditions described in paragraph (a)(D) of this section do not exist in the home, and the caseworker cannot confirm safety and well-being of the child or young adult in the home of the relative caregiver or foster parent, the caseworker must –
- (A) Assess child safety immediately and determine if there is a safety threat as described in OAR 413-015-0420(1)(f)(A)(i) and (ii).
 - (B) If a safety threat is identified, immediately:
 - (i) Consult with the caseworker's supervisor to determine any immediate protective action required to assure the child's safety or any action required to assure the safety of the young adult; and
 - (ii) Contact a CPS screener and report the identified safety threat to the child.
 - (C) Document the behaviors, conditions, or circumstances observed in the home and any immediate protective actions in FACIS.
- (c) When the child or young adult is currently safe in the home, but the conditions described in this rule or Child Welfare Policy

II-B.1, "Certification Standards for Foster Parents, Relative Caregivers, and Pre-Adoptive Parents", (OAR 413- 200-0301 to 413-200-0396) are not fully met, the caseworker must:

- (A) Document date, time, location, and current behaviors, conditions, or circumstances observed in the home in FACIS notes and notify the certifier or certifier's supervisor within one working day.
- (B) The caseworker must have face-to-face contact with the relative caregiver or foster parent within the next 30 days and the visit must occur in the home. The caseworker must observe the behaviors, conditions, or circumstances of the foster parent or relative caregiver, the child, and other children in the home, and conditions in the home.
 - (i) When the caseworker can confirm that current conditions in the home provide safety and well-being for the child or young adult, the caseworker must:
 - (I) Document the date, time, location, and observations of the condition of the environment in FACIS notes; and
 - (II) Notify the certifier of the improved behaviors, conditions, or circumstances in the home.
 - (ii) When the caseworker cannot confirm that current conditions in the home provide safety and well-being for the child or young adult, the caseworker must:
 - (I) Consult with the supervisor to determine whether to recommend to the certifier implementation of a Placement Support

Plan to assist the relative caregiver or foster parent, or whether the child or young adult should no longer remain in the home because the conditions necessary to provide safety and well-being cannot be sustained in this home.

(II) Send written notification to the certifier of the behaviors, conditions, or circumstances in the home.

(III) Document the date, time, location, and the behaviors, conditions, or circumstances in the home in FACIS notes.

(3) Monitoring and assessing safety when the child or young adult is in a provider placement.

(a) During each 30-day period, the caseworker must:

(A) Assess the progress in and adjustment to the placement of the child or young adult;

(B) Have a conversation with a verbal child or young adult;

(C) Receive updates from the child or young adult and from the provider;

(D) Assess the safety of the child or young adult in the home or facility by determining whether each of the following conditions exists:

(i) The child or young adult is comfortable and the environment is supportive and safe.

(ii) Adults take an active role in caring for and supervising the child or young adult.

- (iii) Adults possess the physical, emotional, and cognitive capacity to sufficiently care for the child or young adult.
 - (iv) The child or young adult has formal and informal contact with others in the community.
 - (v) The child or young adult is accepted as part of the household or facility.
 - (vi) The provider understands and is attentive to the vulnerability and need for protection of the child or young adult.
 - (vii) The provider is amenable to Department oversight and willing to partner with the Department.
 - (viii) The child or young adult has a sufficiently positive relationship with other children in the home or facility of the provider.
 - (ix) The provider is caring for children matching the preferences and experience of the provider.
 - (x) The interactions between the child or young adult and other children placed in the home or facility is sufficient to assure safety.
 - (xi) The present demands of the home or facility do not exceed the ability of the provider to provide safe and protective care.
- (E) Document the date, time, location, and observations of the condition of the environment in FACIS.
- (b) If one or more of the conditions described in paragraph (a)(D) of this section do not exist in the home or facility, and

the caseworker cannot confirm safety and well-being of the child or young adult, the caseworker must:

- (A) Assess child safety immediately and determine if there is a safety threat as described in OAR 413-015-0420(1)(f)(A)(i) and (ii).
 - (B) If a safety threat is identified, immediately:
 - (i) Consult with the caseworker's supervisor to determine any immediate protective action required to assure the child's safety or any action required to assure the safety of the young adult; and
 - (ii) Contact a CPS screener and report the identified safety threat to the child.
 - (C) Document the behaviors, conditions, or circumstances observed in the home or facility and any immediate actions in FACIS case notes.
- (c) If the caseworker does not identify a safety threat but the conditions described in paragraph (a)(D) of this section are not fully met, the caseworker must complete the following activities:
- (A) Contact the child-caring agency's management and the Department's Child Caring Agency Licensing Program to report the conditions in the home or facility and request additional supportive resources for the provider.
 - (B) Document in FACIS the contact required in paragraph (A) of this subsection.

- (C) Have face-to-face contact with the provider within the next 30 days in the home or facility of the provider, and:
 - (i) Observe the actions and behaviors of the provider, the child or young adult, and other children in the home or facility, and conditions in the home or facility.
 - (ii) Confirm that current conditions in the home or facility provide safety and well-being for the child or young adult.
 - (iii) Contact the child-caring agency's management and the Department's Child Caring Agency Licensing Program to confirm the conditions in the home or facility provide safety and well-being for the child or young adult.

- (D) After the contact required in paragraph (C) of this subsection, when the caseworker cannot confirm that current conditions in the home or facility provide safety and well-being for the child or young adult, the caseworker must consult with the supervisor to determine:
 - (i) Whether an immediate protective action is required to assure the child's safety or any other action is required to assure the safety of the young adult; or
 - (ii) Whether consultation with the child-caring agency's management is necessary to determine what additional support is necessary to assure the safety of the child or young adult in the home or facility of the provider.

- (E) After the actions required in paragraph (D) of this subsection, the caseworker or caseworker's supervisor must contact the Department's Child Caring Agency Licensing Program. The caseworker must report the date, time, location, and observations of the conditions of the home or facility, and any actions taken by the caseworker during or after the visit.
- (F) Document the date, time, location, and observations of the condition of the home or facility, and any actions in FACIS case notes.

Oregon tracks its performance in relation to caseworker face to face visits with children in foster care in two ways. Each month the number and percentage of children required by policy to be seen that month are reported through a management Dashboard report and through ORBITS reports accessible down to the caseworker level. On the latest dashboard, statewide performance shows that 82.4% of children required to be seen that month were actually seen.

In addition, as required by title IV-B, Oregon reports caseworker face-to-face visits with children in foster care on an annual federal fiscal year basis. This calculation focuses more on the consistency of visits over time by reporting the percentage of children who were seen in every month in which they were in foster care. Fiscal year 2008 data on the percentage of children in foster care visited on a monthly basis and the percentage of visits that occurred in the residence of the child:

Title IV-B Monthly Caseworker Face-to-Face Visit Reporting FFY 2008		
	Count	Percent
Children with 1 to 12 complete months in care	11,596	
Children that were not visited in ALL complete months in care	6,924	
Children that were visited in ALL complete months in care	4,672	40.3%
The total Visit Months in the population of children with 1 to 12 complete months in care	92,859	
Visit Months at child's residence in the total population	59,807	64.4%
Visit Months at child's residence in the population of children that were visited in ALL complete months in care	38,694	
The total Visit Months at child's residence in the population of children that were visited in ALL complete months in care	25,329	65.5%

Children in Foster Care Visited on a Monthly Basis

Oregon's performance on the IV-B measure has been mixed. While the percent of children visited in all complete months in care has declined slightly from 43.2% for FFY2007 to 40.3% for FFY2008, the percent of visits occurring in the child's residence has increased from 34.9% to 65.5%.

We continue to focus attention and emphasis on face to face visits through our monthly Dashboard reports, weekly ORBITS reports, and through the piloting of new technology. We have also begun a number of Transformation initiatives aimed at streamlining administrative processes and freeing up caseworkers time to spend with children and families.

Goals and Objectives

Workforce:

Goal: Implement information gained by the Transformation initiative.

Objective: Continue responding to the Transformation Initiative Phase 1 Report findings to equalize the workload.

Objective: Complete the pilots of technology to improve the more timely input of face-to-face contacts

Goal: Implement a working clinical supervision model.

Objective: Use of Clinical supervision in prioritizing work for workers so face-to-face contact with children is prioritized.

Objective: Use of Clinical supervision, specifically during the 90 day staffings, to review the quality of face-to-face contacts with children.

Goal: Improve worker engagement with families

Objective: Use of caseworker Engagement Training to assist workers in engaging children in planning during face-to-face contacts.

Objective: Update Oregon Child Welfare Procedure Manual to make expectations for face-to-face frequency and content clear and adding tips for caseworker time-savers (e.g. scheduling visits geographically)

Resources:

Goal: Explore the use of technology to support the timely documentation of face to face contacts.

Objective: Complete the technology pilots.

Targets

	2008	2009	2010	2011
Percent visited during each and every calendar month	44%	48%	65%	90%

ADOPTION INCENTIVE PAYMENTS

Oregon is not currently receiving Adoption Incentive Payments.

TRAINING

Please see attached training matrix.

EVALUATION AND TECHNICAL ASSISTANCE

Although Oregon’s Child Welfare Research, Reporting and Quality Assurance unit is not currently staffed to independently conduct on-going evaluations of interventions or treatment programs, the agency actively supports a wide range of research teams and projects aimed at establishing evidence-based practice in child welfare. The unit currently reviews and responds to research and data requests in support of NSCAW II, TIV-E Waiver evaluation, the Byrne Grant (Drug Court) evaluation, Wendy’s Wonderful Kids, Healthy Start, and a constellation of projects conducted by the Oregon Social Learning Center, to name a few. In 2008, the unit established a standard

protocol for research and data requests from outside entities, and has convened a team of program, field, research and administrative specialists to review the steady stream of requests received.

DHS is currently receiving, or planning to receive Technical Assistance in the following areas:

Workforce:

Goal: Develop a Clinical Supervision Model

- NRC for Organizational Improvement--lead
- NRC for Data and Technology

Goal: Development and improvement of QI systems

- NRC for Organizational Improvement--lead

Safety:

Goal: Fully Implement the Oregon Safety Model

- NRC for Child Protective Services--lead
- NRC for Family Centered Practice and Permanency Planning

Permanency:

Goal: Improve concurrent planning

- NRC for Family Centered Practice and Permanency Planning--Lead
- NRC for Legal and Judicial Issues

Goal: Improve permanency planning for children in care for long periods of time, with a special focus on cases with APPLA plans.

- NRC for Family Centered Practice and Permanency Planning--Lead

- NRC for Adoptions
- NRC for Legal and Judicial Issues

Resources:

Goal: Improve Family Based Services

- NRC for Family Centered Practice and Permanency Planning--
Lead
- NRC for Child Protective Services
- NRC for Organizational Improvement

Goal: Plan and facilitate a strategic planning session for the Independent Living Program (ILP).

- NRC for Youth Development

QUALITY ASSURANCE SYSTEM

Since 2001, Oregon has used a combination of CFSR-type case review and performance reports based on administrative (SACWIS) data to monitor quality assurance in Child Welfare. Oregon's Quality Assurance program in Child Welfare was rated as a strength in the 2007 CFSR.

Although management and staff reported that they found tremendous added value in using the CFSR review as both a Quality Assurance process and a training tool, the branch-by-branch case review process being used was deemed unsustainable by the state for several reasons:

- In most instances, branches were only reviewed once in the seven year period from 2001-2007. This did not provide sufficient or frequent enough feedback to management and staff for the kind of continuous system improvement Oregon seeks to achieve.

- There were insufficient staff resources sustain, much less increase, the number or frequency of branch reviews
- Branch-by-branch reviews made it difficult to obtain the comprehensive, statewide perspective Oregon seeks for CFSR/PIP reporting.
- While the CFSR instrument provides a clear guide to desired Child Welfare case outcomes and SACWIS-based performance reporting provides a comprehensive statewide view on selected outcomes, Oregon continued to face challenges in sustaining improvements achieved in its 2001 PIP. As a result, Oregon has identified a need to monitor the processes that lead to those outcomes in order to make the practice changes that will not only achieve but maintain state and Federal outcome and performance goals

To this end, Oregon, in consultation with NRC-OI, pulled together workgroups to identify case review needs and search for existing review tools in use by other states. The work of these groups has resulted in the decision for Oregon to contract with Human Systems and Outcomes to develop a case review tool for use in Oregon.

On time and within budget, Oregon and the contractor Human Systems and Outcomes drafted a QSR protocol, trained pilot reviewers, and conducted a pilot review of 12 cases between July and December 2008. Protocol revisions were made, another cohort of reviewers received baseline training, and two additional reviews (24 additional cases) were conducted between December 2008 and March 2009. All three reviews were praised by workers and supervisors as providing information they could use and were recognized as providing modeling and tools for case practice and clinical supervision. Focus groups with stakeholders provided much food for thought, but, along with the case stories themselves, raise questions about how to best analyze and use the information gleaned from the QSR process with community partners. Oregon is continuing to work to streamline its QSR protocol; present results in such a way that the members of the child welfare community as a whole can identify and partner to address common goals and needs;

and design an ongoing QSR process that is sustainable in these lean times.

At the same time Oregon is using the QSR to understand how its system of care is working for children and families whose cases were reviewed, we are also moving ahead with the abbreviated CFSR case review and administrative data reporting needed to track our new CFSR Program Improvement Plan and achieve Federal outcome goals.

As outlined in the Oregon Program Improvement Plan approved January 30, 2009, an abbreviated CFSR case review process has been designed to collect information not routinely captured in Oregon's electronic case records. [*Oregon Program Improvement Plan*, pp 19-23]. As of this writing, over 60 of the 240 cases to be reviewed in 2009 have been completed, and the second 60-case batch is well underway. Oregon's baseline for CFSR items 3, 4, 7, 10, 17, 18, 19, and 20, based on these first 120 case reviews, will be submitted by July 31, 2009. Oregon will continue to review approximately 60 cases per quarter as long as any of the above-named CFSR items fall short of Oregon's federally identified PIP goals. As per Oregon's PIP plan, cases from each of Oregon's child welfare branches will be reviewed each year, with the number of cases reviewed being proportionate to the size of any given branch's case load. A branch review schedule is specified on page 22 of the *Oregon Program Improvement Plan*.

Oregon PIP performance on CFSR items 1, 2, 6, 8, 9, Absence of Maltreatment in Foster Care and Achieving Permanency for Children in Foster Care for Long Periods of Time is based on NCANDS and/or AFCARS data, and reports displaying state and local performance on these measures is being made available to Child Welfare staff via a new, consolidated reporting website. This website also contains an assortment of other child welfare performance reports such as the weekly Face to Face Contact Report, Adoptions Tracking/Timeline Report and the new Foster Care Point-in-Time report aimed at supporting workers' case administration. The new website has been

developed to support field staff until the ORKids reporting system is deployed in 2010.

All of these efforts represent a concerted effort on Oregon's behalf to enhance capacity in the area of Quality Assurance to enable the Oregon Child Welfare system to better respond to the needs of Oregon's children and families.

Assurances



Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined 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;
 - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
 - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.

2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent

decisions to be made expeditiously with respect to the placement of the children.

3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.

4. The State/Tribe assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.

5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 
Erinn Kelley-Stet

Title: Assistant Director

Agency: Oregon Department of Human Services, Children Adults and Families

Dated: 06/26/09

Reviewed by:

(ACF Regional Representative) Dated:

Title IV-B, subpart 2 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State/Tribe assures that after the end of each of the 1st 4 fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.

2. The State/Tribe assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:

a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.

3. The State/Tribe assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services) of:

a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

b. The populations which the programs will serve; and

c. The geographic areas in the State in which the services will be available.

4. The State/Tribe assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State/Tribe assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.

6. The State/Tribe will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's/Tribe's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State/Tribe assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

STATE ONLY:

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 
Erinn Kelley-Siel

Title: Assistant Director

Agency: Oregon Department of Human Services

Dated: 06/29/09

Reviewed by:

(ACF Regional Representative)

Dated: _____



Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Oregon, I certify that the State/Tribe has in effect and is operating a Statewide or area wide program pursuant to section 477(b) or (j)(2) relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

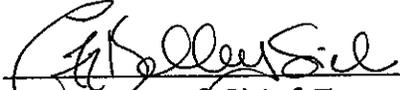
1. The State/Tribe will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State/Tribe from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State/Tribe will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State/Tribe will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State/Tribe has consulted widely with public and private organizations in developing the plan and has given all

- interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State/Tribe will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State/Tribe with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
 8. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
 9. The State/Tribe has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

STATE ONLY:

10. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an

appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];



Signature of Chief Executive Officer

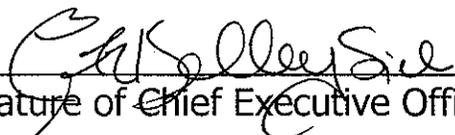


Date

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Oregon, I certify that the State has in effect and is operating a statewide program relating to Foster Care Independent Living:

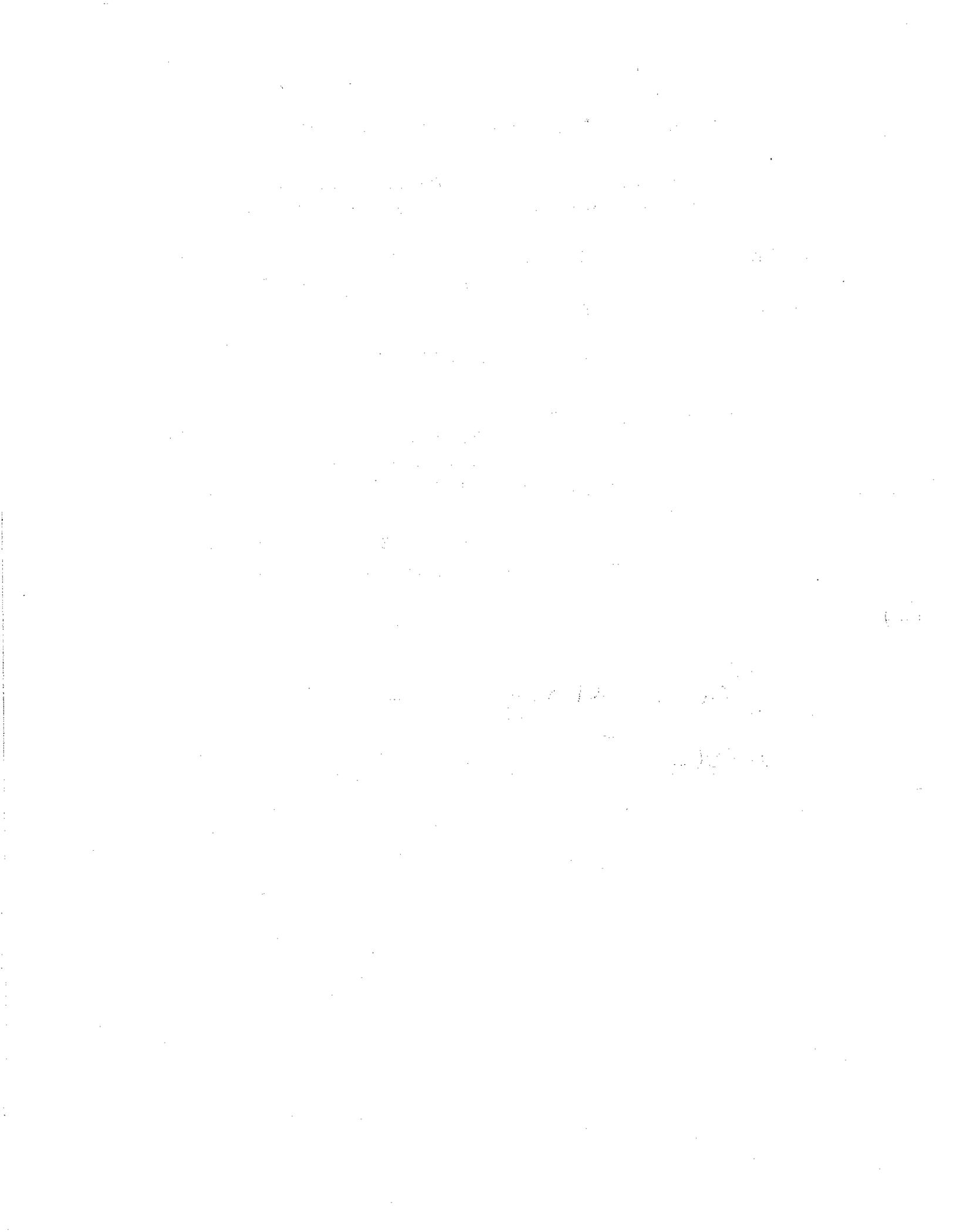
1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

062905

Date



Child Abuse and Neglect Prevention and Treatment State Plan Assurances

State Chief Executive Officer's Assurance Statement for The Child Abuse and Neglect State Plan

As Chief Executive Officer of the State of Oregon, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii) of CAPTA);
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii) of CAPTA);
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv) of CAPTA);
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v) of CAPTA);
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi) of CAPTA);

7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii) of CAPTA);
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
 - a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
 - c. child abuse citizen review panels;
 - d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of

employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);

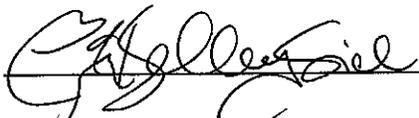
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
 - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);
15. provisions, procedures, and mechanisms -
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);
16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18,

- United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
- c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
 - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);
17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);
 18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);
 19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);
 20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);
 21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);

22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);
23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
 - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA);
24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and

25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer:



Erinn Kelly-Siel

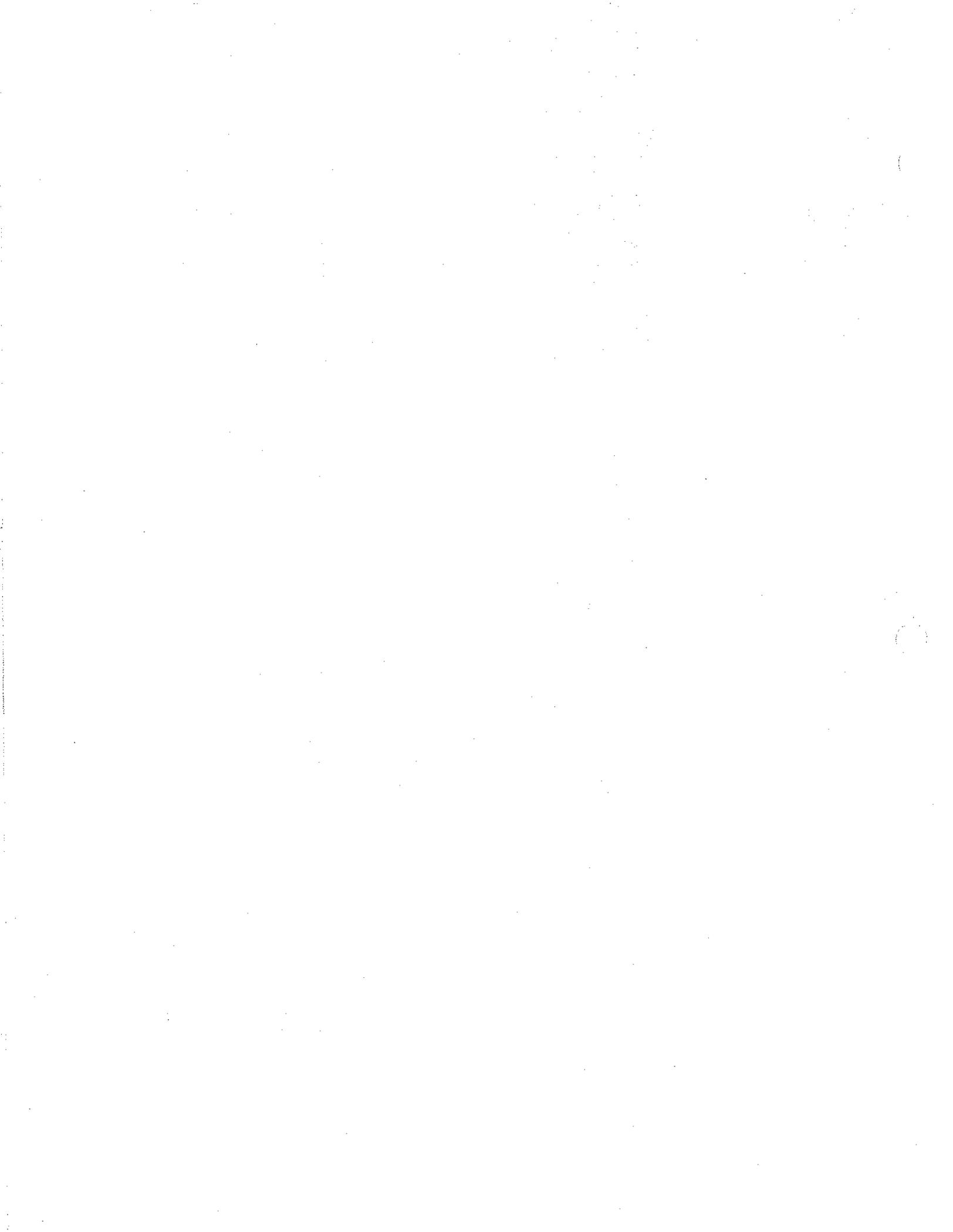
Date: 06/29/09

Reviewed
by: _____

(ACF Regional Representative)

Dated: _____

Training Matrix



Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p>Core - Fundamentals of Child Welfare</p> <p>Child Welfare CORE Training is mandatory for all new child welfare staff classified as Social Services Specialists and other employees who perform functions generally assigned to these classifications. Employees must complete CORE prior to having responsibility for a child welfare caseload. Newly hired employees must be attending or have completed training within three months. CORE meets the statutory requirements outlined in ORE 418.749 for all Child Protective Services staff that screen, assess and investigate allegations of child abuse and neglect.</p>	<p>This two week cluster introduces the participant to an array of social issues common in child welfare and provides strategies for implementing best practice standards when working with children and families. Topics include but are not limited to domestic violence, mental illness, substance abuse, child sexual abuse, drug endangered children, developmental issues of abused children, and child neglect. Sessions providing a foundation for child welfare practice include educational resources, working with relative and non-relative caregivers, cultural considerations, the Indian Child Welfare Act, engagement skills, self-sufficiency, and a caseworker's role in the courtroom.</p>	<p>2 weeks</p>	<p>PSU</p>	<p>Social Service Specialist (SSS1) Case carrying workers</p>	<p>\$2,146,689 (per biennium)</p>	<p>RMS</p>

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Core – Life of a Case	<p>This two week cluster introduces the participant to all aspects of the Oregon Safety Model, from initial contact to reunification and case closure, and sessions covering screening, mandatory reporting, interviewing children, visitation planning and vicarious traumatization. Sessions supporting legally sound casework practice and concurrent permanency planning are provided and include identifying fathers, diligent relative search, placement priorities, reasonable efforts, types of juvenile court hearings, and Citizen Review Boards.</p>	2 weeks	PSU	Social Service Specialist (SSS1) Case carrying workers	See cost above (this total cost includes this class)	RMS
Adoption and Safe Families Act (ASFA)	<p>The Adoption and Safe Families Act (ASFA) training is mandatory for new child welfare workers in Oregon. The purpose of this training is to orient participants to ASFA and its related timelines.</p>	Computer Based Training (self-paced)	PSU	Caseworkers, complete within 6 months of hire	Included in CORE costs from PSU	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Child Welfare Confidentiality	This Netlink will cover the laws and policies around confidentiality in the field of child welfare. The laws surrounding child welfare records are confusing and often legal advice will be necessary to determine which statute will prevail in a given circumstance.	3 hours (NetLink)	PSU	Caseworkers, complete within 6 months of hire	Included in CORE costs from PSU	RMS
Multi-Ethnic Placement Act (MEPA)	What is MEPA (Multi-Ethnic Placement Act)? What is at the heart of this federal law? Why does this law exist and how does it benefit children? This required course is designed to apply to all child welfare staff and supervisors placing children in substitute care, including foster care and adoptions.	3 hours (NetLink)	PSU	Caseworkers, complete within 6 months of hire	Included in CORE costs from PSU	RMS
Foundations in Fostering, Adopting or Caring for Relative Children (Train the Trainer) Training on the delivery of Foundations training for foster parents and adoptive parents. All staff who train on this curriculum are expected to attend and are provided a participant handbook and receive instruction to both the curriculum and training delivery strategies.	Review of Oregon's Foundational Curriculum for training foster, relative and adoptive families. The training covers the entire 8 weeks of material staff will use to train families who wish to care for Oregon's children in foster/relative and adoptive care.	3 days	PSU	Staff who train Foundations for foster and adoptive parents	\$145, 836	Title IV-E eligibility

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Certification & Adoption Provides baseline instruction in key policy and best practice standards for new certifiers and adoption workers.	The training will include the most up to date information on policy and best practice with ample time for group interaction. Topics will include recruitment, emergency placements, relative placements, safety standards, birth family relationships, assessment, choosing not to use families, committee presentations, supporting resource families, allegations in sub-care, caring for sexually reactive children, developmental challenges of adoption, disruption, supervision, finalization, financial assistance through permanency, transition, and mediation and openness.	8 days	PSU	Adoption Workers, foster home certifiers, and staff who complete relative, foster care, and adoption home studies.	\$316, 698	Title IV-E eligibility
Freeing & Placing	This course addresses key aspects of legal and social work responsibilities required in freeing and placing children for adoption. It is designed for participants who have legal assistance or adoption placement responsibilities.	8 days	PSU	Legal assistance or adoption placement responsibilities	\$204, 698	Title IV-E eligibility
Social Service Assistance (SSA)	Social Service Assistant Training is an interactive, professional development activity that focuses on the essential skills and knowledge SSAs need to support the	6 days	PSU	Social Service Assistants (SSA) complete within 6 months of hire	\$193, 313	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	<p>safety and permanency of children and families served by Child Welfare.</p> <p>Social Service Assistants will learn about the valuable role they play in supporting child welfare caseworkers to engage families and keep children safe. This training provides entry level instruction on key practice and policy top areas related to the primary functions of the Social Services Assistant position. Topics include, but are not limited to: Using the Oregon Safety Model to ensure safe and meaningful visits; Family Culture and Parenting Styles, Parent Coaching, Child Development, Engagement and Communication which includes information on the Stages of Change and Motivational Interviewing, Documentation and Court Presentations.</p> <p>Training will include lectures, individual and group activities and application of the information to case scenarios.</p>					

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Supervisory Training	<p>Module 1: Effective Leadership</p> <p>Module 2: Achieving excellence in staff performance</p> <p>Module 3: Building a cohesive work group</p> <p>Module 4: Promoting the growth and development of staff</p> <p>Module 5: Case consultation and supervision</p> <p>Module 6: Managing effectively within the organization</p>	12 days (96 hours)	PSU	CW Line Supervisors	\$646,209	RMS
Supervisor Mentoring Forums	<p>The child welfare supervisory mentoring program will match new supervisors with experienced child welfare managers/supervisors to provide additional guidance, support, coaching and insights to enhance the supervisory experience. The length of the mentoring relationship will be determined individually, but is recommended for one year. Matching of mentors will be based on the preferences identified by supervisors and available resources within the mentor pool.</p>		PSU	CW Line Supervisors	(included in cost above)	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p>Engagement Skills Training</p> <p><u>Learning objectives:</u></p> <ul style="list-style-type: none"> ✓ Identify stages of change, types of resistance and strategies for each stage ✓ Identify strategies that influence motivation and generate voluntary compliance ✓ Practice strategies that cut resistance, influence motivation and generate voluntary compliance. <p><u>Course Delivery Includes:</u></p> <ul style="list-style-type: none"> ✓ Self presentation ✓ Agency representation ✓ Client perception 	<p>Engagement Skills is an interactive one-day training designed for child welfare caseworkers. Engagement is a foundational skill that answers one of our deepest professional concerns to know not only what to do but how to do it when it comes to building helping relationships supportive of parents in the struggle for change. In this training participants will:</p> <ul style="list-style-type: none"> * Learn and practice listening and interviewing strategies that elicit client self-motivational statements. * Examine the concepts of readiness to change through Stages of Change Theory. * Learn principles and approaches to successfully respond to resistance 	<p>1 day</p>	<p>PSU</p>	<p>All CW Caseworkers</p>	<p>\$145, 836</p>	<p>RMS</p>
<p>Other Advanced (NetLinks)</p>	<ul style="list-style-type: none"> * Matching Children's Needs to Family Strengths. * Quality Visitation Plans * Coaching Foster Parents * Secondary Traumatic Stress * Working with Incarcerated Parents * Culturally Competent Interviewing 	<p>Average 2-3 hours each</p>	<p>PSU</p>	<p>All CW Caseworkers</p>	<p>Included in Engagement costs above</p>	<p>RMS</p>

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Masters in Social Work (MSW) There are two major options * Portland Option * Distance Option	<p><u>Portland Option</u>, classes provided on PSU campus, is a 78 credit program. Students in our stipend program have selected public child welfare as their advanced practice concentration. The curriculum combines concurrent on-campus coursework and field placements and practicum education in our department.</p> <p><u>Distance Option</u>, is a three-year program with a combination of courses offered on intensive weekends, onsite instruction and web-enhanced course delivery instruction with field practice placements within DHS in the students' local communities.</p>	2 to 3 years	PSU	DHS CW employees and recruits	\$2,617,070	Title IV-E eligibility
Bachelors Social Work (BSW)	<p>The BSW Program prepares graduates to become professional generalist entry-level social workers/caseworkers to work for DHS.</p>	1 year	PSU	DHS CW Employees and recruits	Combined with MSW	Title IV-E eligibility

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Interstate Compact on Placement of Children (ICPC)	This training will introduce you to the ICPC regulations and procedures. It will teach you which form(s) to use and how to complete them. It will give you insight about when and why the ICPC process is needed. Lastly, it will provide you with resources that will enable you to be successful with your ICPC cases.	2 hours (NetLink)	DHS-CAF	All CW Caseworkers	\$2,060.40 (Salary cost estimate)	RMS
Independent Living Plan (ILP)	This training will assist in having a clearer understanding of what ILP is and how it can benefit your youth. After completing this course you will be able to refer your youth to the program; be able to complete the necessary ILP forms and other components of ILP; and know your role in the ILP process. You will also learn more about the DHS requirements for assisting foster youth (age 16 or older) with creating a transition plan. Learn the role ILP can play and the role DHS must have in the planning process.	3.5 hours (NetLink)	DHS-CAF	All CW Caseworkers	\$2,060.40 (Salary cost estimate)	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Behavioral Rehabilitation Services (BRS)	<p>This class will provide you with an overview of the BRS system. It will give you insight to when and why a youth on your caseload may need to be placed in a BRS residential treatment program. The course will introduce you to the procedures and forms necessary to access services. You will learn about the State's geographical regions and levels of care which will allow you to know what BRS program will best meet the needs of your child.</p>	1.5 hours (NetLink)	DHS-CAF	All CW Caseworkers	\$2,060.40 (Salary cost estimate)	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
CW Paternity	This training will provide tools to locate and identify the different types of fathers and which have rights; resources to research paternity issues and information on notifying fathers with rights.	Computer Based training (self-paced)	DHS- CAF Training	All CW Caseworkers	No Ongoing Costs	
FACIS 101	This course teaches the fundamentals of navigation within the FACIS data system and what are the requirements of CW staff in FACIS to complete accurately and timely. CW staff will learn the A,B,C's of FACIS and how to utilize it more efficiently in their daily work.	4 hours	DHS- CAF Training	All CW staff who have to use our statewide data system in their daily work	\$116,166 (2 FTE est. plus travel)	RMS
Oregon Safety Model OSM Phase 2	Safety for a Child from Intervention to Permanency/ Safety of a Child throughout the Life of a Case. This training will consist of an overview of six OSM tools that will assist and guide you through the safety of a child from intervention to permanency. This all state training ends and will be complete in November of 2009.	4 hours	DHS -CAF OSM Job Rotation Trainers	All CW Caseworkers	\$214,000	RMS
310 Health / Education	This specific course is designed to teach all CW staff about the new federal and state requirements of reporting	Computer Based training (self-	DHS	All CW caseworkers and staff	No Ongoing Costs	

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	<p>accurate information on the health and education services that exist for the youth they are responsible for. This course will go through all the 310 Health and Education forms and what is required as far as documentation in this important data. CW staff will walk away with a thorough understanding about the specific reporting requirements needed.</p>	<p>paced)</p>				

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
OSM Case Plan Narration	<p>This specific required course is designed to address the critical narration requirements for all child welfare staff with a specific emphasis on best practice in case narration. Caseworkers are shown/taught good narration examples as well as poor case narration examples. Caseworkers will also learn the art of using the 6 domains as a great first approach in development of a high quality narration and assessment. Caseworkers will practice in class the keys to development of good narration and what is expected of them in this role.</p>	3 hours	DHS	All CW Caseworkers and staff	\$60,896.00	RMS
IN DEVELOPMENT Psychotropic Medications	<p>This course is currently being developed as a Netlink course for all child welfare casework staff. The training includes information about the five different categories of psychotropic medications and important facts about each medication. This training is critical for child welfare staff who have children on their caseloads who are prescribed psychotropic medications</p>	1.5 hours (NetLink)	DHS Foster Care Program DHS RN~Trainer	CW Caseworkers, Foster Parent certifiers, and foster parents	TBD	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
International Adoption	<p>This course is designed to assist the child welfare caseworker on the significance of early location of non-custodial parent and/or relatives to avoid further legal issues into a case. In addition the caseworker will understand on a basic level what the Vienna Convention on Consular Relations (1963) and the Hague Convention and its significance to a case. In order for a case worker to be successful in working with a foreign consular, the caseworker will learn how to identify and contact the appropriate Consular; and to work collaboratively with that Consular. This information will lead to a broadening of the caseworker's ability to process International placements.</p>	TBD	DHS CAF Training and Adoptions Program	CW Caseworkers	TBD	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
Subsidized Guardianship	<p>A training module is being developed for caseworkers that examine the case-related issues that must be considered when pursuing a subsidized guardianship. The training assists workers to develop critical thinking skills related to this permanency option via a case example. Caseworkers should gain a basic understanding of how to determine whether or not subsidized guardianship is an appropriate permanency plan for a child, as well skill in exploring the option with families.</p> <p>This training emphasizes clinical decision-making. An additional training module will be developed that focuses specifically on the administrative/technical how-to's of guardianship.</p>	Computer Based training (self-paced)	DHS/PSU	CW Caseworkers	TBD	RMS

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
OTHER						
Advanced Engagement	TBD. Currently being discussed.	6 hours	PSU	All CW staff	TBD	Title IV-E eligibility
OR Kids	This federal project is underway with a specific plan in place to begin statewide rollout and training on our newly designed statewide automated child welfare information system beginning in March 2010 and a go live date of July 17, 2010.	16 to 24 hours	DHS CAF Training and OR Kids project team	All CW staff	TBD	TBD
Structured Analysis Family Evaluation (SAFE)	Structured Analysis Family Evaluation (SAFE) is a home study methodology that was designed to evaluate families for adoption, foster care licensure, concurrent planning, and relative placement. SAFE is built upon solid social work practice values that stress the importance of respectfully engaging families in a strength based, mutual evaluation process that strives to select families in, not out.	8 hours	DHS through a contract with SAFE	All Child Welfare Foster Home certifiers, Adoption Workers, and supervisors	TBD	Title IV-E eligibility