

## OREGON'S TITLE IV-E WAIVER DEMONSTRATION PROJECT: Leveraging Intensive Family Services (LIFE)

### SEMI-ANNUAL PROGRESS REPORT: July-December 2016

#### I. Overview

Oregon Department of Human Services – Child Welfare (DHS) is implementing a locally developed intervention focused on addressing gaps and challenges central to reducing the time to permanency for children facing many risk factors, known as **Leveraging Intensive Family Engagement (LIFE)**. LIFE comprises a four-pronged approach to working with families:

- Enhanced **Family Finding** strategies to identify and engage a broad network of family support and placement resources.
- Regular, ongoing **Case Planning Meetings (CPMs)** that focus on collaborative case planning and monitoring informed by child and family voice.
- **Peer Parent Mentors (PMs)** to help parents engage in CPMs and culturally appropriate services needed to ameliorate safety concerns and support reunification and/or other permanency outcomes, and help navigate the child welfare and other service systems.
- **Collaborative team planning** between service providers involved with the case, including regular communication, coordination of efforts, clarification of roles, regular review of case progress and status, and monitoring of the level, quality, and effectiveness of services provided to children and families.

#### A. Summary of Major Demonstration Activities

- All intervention sites (D2/15 – Multnomah and Clackamas Counties, D8 – Jackson and Josephine Counties, and D3 – Marion County) are currently serving LIFE-eligible families. Monthly district-specific LIFE Team Meetings are ongoing in each site.
- Various planning committee meetings took place (Steering Committee, Program Design Committee, Evaluation Team).
- The last LIFE Kick-Off event in D3 took place in July 2016, and the D3 LIFE teams received a half-day implementation training. D3 FEFs also received a 4-day meeting facilitation training in October 2016.
- Identified the D3 Parent Mentor agency and hiring is underway.
- Scheduled Quarterly Trainings, rotating between each site, where all intervention staff and the evaluation team attend to receive ongoing training, get reports from the evaluation, and share peer-to-peer learning opportunities.

#### B. Summary of Evaluation Findings

- LIFE is now operating in all three sites. To date, staff have conducted nearly 600 CPMs for 159 families. PMs are working with 127 parents out of 145 referred for services (88% acceptance rate).
- The number of LIFE-eligible cases has outpaced projections, especially in D2 and D8-Jackson County. LIFE teams face a number of challenges associated with rising caseloads. Of great concern is erosion to business-as-usual because there is not enough time to do high quality work (e.g., completing enhanced family finding, consistent and thorough meeting preparation, timely meetings).

- Key implementation supports include:
  - LIFE Consultants and DHS LIFE Supervisors available in each branch to communicate with DHS staff, encourage caseworker collaboration, problem solve, staff cases, manage workload, and provide support.
  - Initial work done to align LIFE policies and procedures with existing DHS policies and procedures.
  - Staff selection criteria have yielded experienced, skillful FEFs and LCs. FEFs and DHS LIFE Supervisors reported that the 4-day facilitator training was useful, and the protocols and checklists have been helpful practice guides. Opportunities for LIFE teams to meet and discuss the work (e.g., Quarterly Trainings) have also been useful. LIFE teams receive supervision through their respective agency's regular supervision structure.

Areas that need to be further developed:

- Ongoing support from leadership – Waiver Manager/Central Office (to address workload issues) and District and Branch Managers (communicate to DHS branch staff the importance of LIFE).
  - Further work on how to practice the Oregon Safety Model (OSM) in the context of a CPM. Increased access to resources (e.g., meeting rooms, food for families, conference phones). Addressing the challenges of LCs in the OS2 classification.
  - Additional practice consultation, coaching, and clinical supervision for FEFs. Supervision for LCs that goes beyond administrative support. Additional training for PMs on specific topics (sex offenders, mental health and developmental disabilities).
- Several aspects of the LIFE Model pose challenges to staff. Over the next six months, the Evaluation Team will be working with LIFE teams and management to determine which aspects of the model are core practices in order to maintain fidelity to the model, and which are optional.
    - The predictive algorithm and the screening criterion (child will remain in foster care for at least 30 days after identification) has been helpful in identifying complex cases. Certain types of cases might also be considered for screening, e.g., children placed in a long-term residential facility.
    - The current predictive eligibility cutoff score (12) is identifying more than twice as many children as expected, raising the possibility of increasing the cutoff score to help balance workload.
    - Enhanced Family Finding is not practiced consistently across LIFE teams, branches, and cases.
    - Meeting preparation varies considerably by FEF, branch, case, and over time. The most inconsistent preparation practices concern cultural responsiveness, youth involvement, and family private time (all related to LIFE values).
    - Facilitating the first CPM within 30 days is challenging, but meetings occur approximately monthly thereafter. Youth meeting participation, especially children under 10, and family private time occur in less than 25% of the meetings.

- Pre-CPM staffing meetings that include both the caseworker and the PM have been difficult to schedule, but are considered to be an important collaboration structure.

**C. Summary of Changes to Demonstration Program Design**

The timeline for holding an initial Case Planning Meeting (CPM) was changed from 14 days to 30 days.

**D. Summary of Changes to Evaluation Design**

No significant changes to evaluation design.

**II. Demonstration Status, Activities, and Accomplishments**

**A. Services Provided**

The LIFE demonstration project started on July 1, 2015. Table 1 lists key services that occurred in the past six months, and the timing of each (starting period and ongoing). The LIFE intervention is underway in each of the three identified sites:

- District 2 (D2: Gresham and East branches in Multnomah County) and District 15 (D15: Clackamas County):<sup>1</sup> Eligibility timeline started July 1, 2015 and services started in September 2015.
- District 8 (D8: Jackson and Josephine counties): Eligibility timeline started January 1, 2016 and services started in March 2016.
- District 3 (Marion County): Eligibility timeline started July 1, 2016 and services started in September 2016.

**Table 1. LIFE Services: July – December 2016 and Projected**

Demonstration Activity	Phase 2: Formative (Year 2)			
	July-Sept '16	Oct-Dec '16	Jan-Mar '17	Apr-June '17
D2/15 LIFE service delivery	X	X	X	X
D8 LIFE service delivery	X	X	X	X
Timeline starts for children in D3	X			
Pull first eligible children in D3	X			
D3 LIFE service delivery	X	X	X	X

*Note.* Items in the Jan-Mar '17 and Apr-June '17 columns are projected; progress will be covered in the Jan-June '17 semi-annual report.

**B. Other Demonstration Activities**

Table 2 summarizes other key demonstration activities and the timing of each (starting period and ongoing). Described below are each of the key demonstration activities and associated accomplishments:

- Various planning committee meetings took place in the past six months.
- The final LIFE Kick-Off event (Marion County) took place in July 2016 and included 94 participants. The Kick-Off event included DHS caseworkers, leadership, LIFE

<sup>1</sup> Children who were placed in care are potentially eligible for LIFE services if they were still in care after 65 days and had an eligibility score  $\geq 12$  (i.e., child had elevated likelihood of remaining in care for 3+ years based on the algorithm developed for this project). See Attachment B for more details about calculating the eligibility score.

teams, evaluators, a Youth Advisory Board member, and community partners. The D3 LIFE team (6 participants) also received a half-day implementation training.

- D3 FEFs received a 4-day meeting facilitation training in October 2016.
- Monthly district-specific LIFE Team Meetings are underway in all three sites.
- Morrison Center, the current D2/15 Parent Mentor service provider, opened a branch in Marion County to serve D3 LIFE parents.
- Two Quarterly Trainings were held, but the third (December 2016) was canceled due to inclement weather and rescheduled in January 2017.
- As a move toward the sustainability of practice, the PSU Training Unit packaged and handed off the Meeting Facilitator Training curriculum to LIFE Consultants, who will now train new FEFs on an as-needed basis.

**Table 2. Other Demonstration Activities: July – December 2016 and Projected**

Demonstration Activity	Phase 2: Formative (Year 2)			
	July-Aug '16	Sept-Oct '16	Nov-Dec '16	Jan-Mar '17
Program Design/Steering Committee Mtgs	X			
Quarterly Evaluator Meeting	X	X		X
Monthly D2/15 LIFE Team Mtgs	X	X	X	X
Monthly D8 LIFE Team Mtgs	X	X	X	X
D3 LIFE team hiring	X			
D3 LIFE Kick-Off Meeting	X			
D3 Meeting Facilitator (FEF) training		X		
Evaluation training for D3 LIFE team		X	X	
Monthly D3 LIFE Team Mtgs		X	X	X
Identified provider for parent mentor services in D3	X			
Youth Advisory Board Mtgs	X	X		X
LIFE Quarterly Training	X	X		X
Meeting Facilitator Training curriculum handed off to LIFE Consultants			X	X

Note. Items in the Jan-Mar 2017 column are projected; progress will be covered in the Jan-June 2017 semi-annual report.

### III. Evaluation Status

The LIFE Evaluation is now in the Formative Phase (July 1, 2016 – June 30, 2017). The primary focus in the Formative Phase is to make recommendations for a final LIFE model and implementation improvements, and to develop/revise measurement tools in preparation for the Y3 Formal Fidelity and Outcomes Phase.

#### A. Sample Size

**LIFE and Comparison Group Recruitment.** As of December 31, 2016, the Waiver Eligibility Report identified 319 cases. Upon secondary eligibility screening, it was

determined that 218 cases (68%) met LIFE eligibility criteria, 85 cases (27%) had not completed eligibility screening at the time data were analyzed, and 16 cases (5%) were not eligible (i.e., had immediate permanency plans). The projected number of identified cases in the first 18 months was 128, so recruitment is well ahead of projections (see Table 3).

**Table 3. Projected and Actual LIFE Recruitment: July – December 2016**

Y1 Recruitment Targets	Projected Eligible Cases (by December 31, 2016)	Eligible Cases (as of December 31, 2016)	Progress toward Y1 Goal
<b>Program</b>	<i>n</i> =128	<i>n</i> =319 (actual)	249%
<b>Comparison</b>	<i>n</i> =300	<i>n</i> =837 (non-Waiver county estimate)	279%

The previous report discussed the possibility of using five comparison counties that are similar to the Waiver counties (Klamath, Lane, Linn, Washington, and the two non-Waiver branches in Multnomah). Initial analyses revealed a number of differences between LIFE children and comparison county children (demographic, case characteristics, previous involvement in child welfare). It is likely that the full state comparison sample will be used to draw our comparison sample (via propensity score matching) rather than limited the pool to five counties.

The predictive algorithm has identified 1,179 children from non-Waiver counties with an eligibility score  $\geq 12$ . Assuming approximately 10% of children would not meet the secondary eligibility criterion, there will be at least 1,061 children (753 cases) from all non-Waiver counties (see Table 3).

The current cutoff score for LIFE eligibility (12) is identifying more than twice the number of children expected for the intervention. To mitigate the steady increase in workload (without resources to hire additional staff), the Program Design Committee will investigate the possibility of increasing the eligibility score. Results of these discussions will be reported in the next semi-annual report (January – June 2017).

**Case Study/Process Evaluation.** During the first half of Year 2, the case study component merged with the process evaluation. The shift entailed a move away from following cases over time; instead researchers conducted observations of 1 or 2 case planning meetings associated with select cases for which there was parent/caregiver consent, as well as targeted interviews with parents, relatives and providers connected with these or pre-existing case study cases. The Evaluation Team also conducted a series of group discussions (and a few individual interviews when schedules made them necessary) with child welfare staff including FEFs, LCs, caseworkers and DHS LIFE Supervisors. Also interviewed were the LIFE Consultants in both D2/D15 and D8.

Data collection consisted of the following: 30 observations of CPMs, 11 interviews/group discussions with 9 FEFs, interviews/group discussions with 8 OS2s, interviews/group discussions with 12 Parent Mentors, interviews/group discussions with 7 caseworkers, interviews with 7 child welfare supervisors, interviews with 2 consultants, 2 group discussions with PM supervisors, and interviews with 2 family members.

During September 2016, analysis focused on early findings regarding the ways in which CPMs facilitate case progress; these were presented during the September LIFE Quarterly Training. In December, analysis focused on implementation lessons learned,

highlights of which are included in this report. A set of practice tips related to engagement was generated which will be shared with the field in winter 2017.

**Business Protocol Mapping Study.** In this reporting period, the business protocol mapping process concluded in Districts 2 and 15. Final maps were sent to the site's Consultant and the state Waiver Manager. A final interview with the Consultant discerned there was no business protocol yet in place for case closures. This may be because so few cases have formally closed, or a reflection of a lack of need for a protocol related to "natural" ending. Researchers will check in with D2/D15 staff in the future to confirm this is still the case.

The Evaluation Team also concluded business protocol mapping interviews in District 8. Four LCs were interviewed (6 phone interviews and several email communications) to understand business protocols concerning Enhanced Family Finding and their front end work. Maps were constructed and shared with the LCs for feedback and confirmation. As of this writing, the finalized maps were forwarded to the D8 Consultant and the state Waiver Manager. Findings for D8 include:

- D8 business protocols are similar to those in D2/D15. Another common issue is that Enhanced Family Finding is labor intensive and often lower priority than scheduling, meeting attendance, and meeting notes.
- Variations in front end work (compared to D2/D15 and the original 2015 business protocols) include:
  - A stricter focus on first meetings occurring in the first 30 days.
  - An extra business protocol step for assigning cases to LCs, since there are two LCs in both branches.
  - Later assignment to FEF and LCs (after eligibility determination) in Jackson County.
- Variations in Enhanced Family Finding was only significant in one D8 county:
  - LCs conduct Enhanced Family Finding for LIFE as well as business-as-usual Diligent Relative Search for the branch.
  - LCs described constructing genograms for some cases. It is possible that other sites also draw genograms but the interviews failed to uncover this information.

Business protocol mapping in D3 will begin in March 2017, with an update provided in the next semi-annual report.

**Youth Interviews.** D2/15 youth interview recruitment began in August 2016. After not receiving any youth informed consents by the end of September, the Evaluation Team checked in with LIFE staff and found that there was confusion about 1) when recruitment actually started (it coincided with another data collection strategy and created confusion for LIFE staff) and 2) which youth should be asked to participate in interviews. Individual LIFE staff are being retrained and several strategies (e.g., video training, written materials for caseworkers) are planned to regiment the youth consent process for LIFE staff and caseworkers. The goal is to increase the number of youth referred for interviews. As of December 2016, 3 youth have given consent to contact, and interviews are being scheduled. D3 and D8 youth recruitment begins January 2017.

## B. Major Evaluation Activities and Events

Table 4 lists all of the evaluation activities that took place in the past six months.

**Table 4. Major Evaluation Activities: July – December 2016**

Evaluation Activity/Event	
<b>Reporting</b>	Submitted January-June 2016 semi-annual report to Children's Bureau
	Generated evaluation brief based on second semi-annual report
	PSU IRB approved
	Developed data collection protocol for parent outcome survey (LIFE families) – submitted addendum to IRB (Nov '16) and it was approved
	Reported to Program Design Committee (results from D3 Kick-Off evaluations and 4-day Facilitator trainings)
	Data Collection Support reports sent to each DHS branch, PM agencies
	Process evaluation findings presented at Quarterly Training #2
	Meeting Feedback Survey Round 1 summary reports – D2/15
	90+ day meeting report provided to each LIFE Consultant
	Quarterly PM Data Reports provided to each PM agency (July and October '16)
	Presented at International Conference on Innovations in Family Engagement on parent engagement and youth voice (Nov '16)
<b>Training</b>	Presented "Research/Evaluation" part of D3 LIFE Kick Off meetings
	Conducted evaluation orientations for D3 LIFE staff (DHS branches, PMs)
	Developed and administered evaluations for the D3 LIFE Kick Off (including breakout sessions) and Facilitator trainings
	Conducted evaluation training for D3 FEFs/LCs
	Conducted ongoing evaluation training for new hires in D2/8
	Updated LIFE Evaluation website with evaluation tools, instructions, and other resources
<b>Tools</b>	Locally tested LIFE Eligibility & Referral Database
	Updated PM Monthly Service Navigation Report to include a Termination Summary Upload feature
	Revised interview guide for FEFs, LCs, caseworkers, community service providers, DHS LIFE Supervisors, and parents for process evaluation
<b>Meetings/ CQI Processes</b>	Participated in planning committees (Steering, Evaluation, Program Design)
	Planned and participated in monthly LIFE Team Meetings (D2/D15, D8, D3)
	Shared results of 4-day Facilitator Training (Feb '16) evaluation with LIFE Program Design Committee
	Shared results of D8 Kick Off evaluations with LIFE Program Design Committee
	Youth Advisory Board meetings (every 1-2 months)
	Presented at second Quarterly Training (Sept '16) – third Quarterly Training (Dec '16) rescheduled for Jan '17 due to inclement weather
	Provided branch-specific quarterly data collection support reports and phone calls (D2/15, D8)
	Shared D8 case process mapping results with branch-specific teams

Evaluation Activity/Event	
Data Collection	D2/15 case study & meeting observations, parent interviews, FEF interviews, caseworker interviews
	D8 LC interviews (business protocol mapping)
	D2/15, D8 FEF interviews (process evaluation)
	D2/15, D8 PM focus group (process evaluation)
	D2/15, D8 PM Supervisor focus group (process evaluation)
	D2/15, D8 LC focus group (process evaluation)
	D2/15, D8 LC Supervisor interviews (process evaluation)
	LIFE Consultant interviews (process evaluation)
	DHS LIFE Supervisor interviews
	D2/15, D8, D3 Meeting observations
	D2/15, D8, D3 case progress tracking (eligibility, referrals)
	D2/15, D8, D3 family finding and relative search tracking, meeting preparation tracking and documentation
	D2/15, D8 PM outreach, participation decision and exit tracking, monthly contacts and service provision documentation, termination summary
D2/15 Meeting Feedback Surveys (Sept '16)	
Data Analysis	FEF and parent interviews and meeting observations from case study
	FEF, LC, PM, DHS LIFE Supervisor, LIFE Consultant, PM Supervisor, caseworker interviews and focus groups for process evaluation
	LIFE eligibility characteristics and predictive model, child demographics
	Enhanced family finding and meeting preparation activities, meeting attendance
	Business protocol mapping findings
	Finalized Y1 Entry Cohort of LIFE children to monitor progress on foster care status, started administrative data exploration
Youth Advisory Board	Prepared to present at NASW
	Filmed and edited digital story video
	Presented in graduate-level Family Meeting Facilitation class

**Youth Advisory Board.** The Youth Advisory Board (YAB) made significant contributions to the research over the last 6 months. The YAB formally met twice (September and October); the next meeting is scheduled for January 2017. Outside of the formal board meetings, youth have been involved in a number of other activities – related to both the research and their personal goals.

The previous report noted the YAB's work on the IRB proposal, in terms of both instrument and protocol development. After submitting that proposal, Portland State University's Human Subjects Committee sent feedback asking us to change the language on the youths' Informed Consent and Informed Assent. The YAB spent a lot of time making sure the language was clear and accessible. The Evaluation Team challenged the feedback and ultimately the IRB approved the YAB's recommended language. Another outcome of this process is that the YAB created a better template for all future IRB youth consent forms.

The September meeting was spent planning a digital story – a video about the YAB’s work and function. A version of this video, which is in its final editing stages, was shown at the International Conference on Innovations in Family Engagement in Fort Worth, TX (November 1-4, 2016). A final version of the video will be posted on the LIFE website as a reminder to staff about the importance of youth voice in services.

When the YAB was assembled, the Evaluation Team understood that part of the work is to support youth in their own personal and professional goals to the extent possible. As part of this, the Evaluation Team helped youth prepare for presentations on the importance of youth voice, including a panel discussion at the 2016 Northwest National Association of Social Workers (NASW) Conference and a classroom presentation to MSW students at PSU’s School of Social Work. The Evaluation Team also assisted youth, via recommendations and/or editorial feedback, in their pursuit of employment and graduate school admissions.

### C. Challenges to the Implementation of the Evaluation

**Data Security/Delays in Database Development.** The data access and research agreement between PSU and DHS was finally executed in November 2016. DHS Office of Business Intelligence and Information Technology staff are now working to determine how VPN access to DHS data assets can be implemented. **Response:** Evaluation Team members continue travel to a DHS office to access LIFE data collection and tracking forms (Word forms and Excel spreadsheets) stored for each case on the DHS shared drive. The Evaluation Team received a second version of the LIFE Recruitment and Eligibility tracking database in late December, and a second round of pilot testing will start in January 2017.

**Staff Turnover and Training.** There has been a great deal of LIFE staff (FEF, LC, PM) turnover, creating gaps in training on evaluation forms and procedures. The Evaluation Team has provided some form of training for new staff (both group and individual, phone and in-person) each month during this reporting period, which has taxed our staff resources. **Response:** The Evaluation Team has started to develop training videos for some of the simpler evaluation procedures (e.g., youth consent forms). The videos will be available on the LIFE website.

## IV. Significant Evaluation Findings to Date

### A. To what extent is the priority target population identified, referred, and initially engaged in services?

**Eligibility.** The LIFE program and the statewide non-Waiver comparison groups are larger than expected (see Table 5). Sixteen cases have not met secondary eligibility criteria (children were not going to stay in care for 30 more days), and 85 were still under consideration for secondary eligibility at the time data were compiled for this report. Only a small number of cases have had their LIFE services closed.

**Table 5. LIFE Eligibility and Service Closure**

		Total	Low/High by Branch
<b>Initial Eligibility</b>	# Cases Identified	319	19-97
	# Children Identified	441	26-131
<b>Secondary Eligibility</b>	# Cases	234	15-63
	# Children	298	21-84
<b>LIFE Service Closed</b>	# Cases	37	1-8
	# Children	46	1-12

*Notes.* Initial eligibility means that the child was identified by having a score of 12+ on the LIFE predictive algorithm. Secondary eligibility means that the child was likely to stay in care for at least 30 more days after identified as initially eligible. At the time of this writing, 85 cases/120 children did not have complete secondary eligibility information. LIFE service closed means that the case was eligible (i.e., at least one child met secondary eligibility criteria) and its LIFE service episode ended.

**Sample Characteristics: Predictive Score.** In order to be identified as initially eligible for the LIFE program, a child must score 12 or higher on the algorithm (see Appendix B). One-third (32%) of the children identified had no other risk factors captured in the predictive model, i.e., predictive score=12. The average predictive score is 22, but it ranges from 12 to 88. The average branch predictive score ranges from 19 to 25, suggesting that some branches are serving children with more risk factors in the predictive model.

The most common risks factors are:

- history of IV-E eligibility (37%)
- child removed from home due to behavioral problems (19%)
- family stressor: heavy childcare responsibility (18%)

**Sample Characteristics: Age, Gender and Race.** As shown in Table 6, 71% of LIFE children were categorized as white, half were male, and they were 10 years old on average. There is variability in children’s age, gender and race according to branch, reflecting differences in populations served across the state.

**Table 6. Initially Eligible Children’s Age, Gender and Race/Ethnicity**

<i>n</i> =190		Average or %	Low/High by Branch
Age		10.3 yrs	10-11 yrs
% Male		51%	46-56%
Race/Ethn	White	71%	49-82%
	Latino/Hispanic	17%	4-31%
	Black/African American	5%	0-14%
	American Indian/Alaskan Native	3%	0-7%
	Native Hawaiian/Pacific Islander or Asian	3%	0-19%

*Note.* Race information originated from Oregon’s OR-Kids child welfare data tracking system. Children had an identified “primary race” so multiracial children are represented in only one racial/ethnic group in Table 6.

**B. To what extent has the LIFE Model been implemented? What supports successful model implementation? What are the barriers?**

**1. Implementation Progress**

Cases are being identified for LIFE service; FEFs are trying to engage parents, youth and extended family; referrals for PM services are being made; and FEFs and LCs are working with caseworkers and community partners on cases. Many LIFE teams are at,

or are approaching, capacity. As caseworkers and community providers have positive experiences, word spreads and people are more willing to participate.

In the district where PMs are a new service, the PM Supervisor needed to do a lot of work getting LIFE staff and caseworkers up-to-speed on what PMs do and advocating for the use of their services. Processes for making referrals to the PM provider took a while to put into place, and at least one site should try to send the referrals to the PM program more quickly so parents can start working with mentors earlier.

Progress for each LIFE component is described below: Enhanced Family Finding, Preparation/Case Planning Meetings, and Parent Mentor Services.

**Enhanced Family Finding.** LCs track various ongoing family finding activities for each case. The Evaluation Team collects tracking information after the case has been open for 60 days and then again at case closure. Table 7 contains counts of the number of cases in which basic family finding activities have been tracked (based on documentation from 219 Family Finding Checklists). As shown, 2 in 5 cases have had some type of enhanced search, but this varies by branch (newer branches are still getting up to speed on data collection procedures).

**Table 7. Basic Enhanced Family Finding Services**

<i>n</i> =219	# of Cases	% of Cases	Low/High by Branch
Paper case file mine	58	26%	8-54%
Electronic case file mine	72	33%	19-63%
Database search	61	28%	18-54%
At least 1 type of enhanced search	88	40%	24-63%

*Note.* Table 7 contains “point in time” counts of activities recorded for each case; thus, it likely underestimates actual activities due to timing of data entry and analysis.

In terms of collaboration, LCs reported that they are contacting their branch Diligent Relative Search person and the family’s child welfare worker for about half of the cases (53% and 46%, respectively).<sup>2</sup>

**Key findings** regarding family finding practice:

- Enhanced family finding is understood differently across LIFE teams: some conduct a full and thorough search at the front end, some take their cue from caseworkers on how and when to proceed, and some Teams complete family finding when alternate plans are being considered. Program documentation suggests that enhanced family finding happens primarily within the first 2 weeks of case identification, but it ranges up to 4 months.
- The consistency of enhanced family finding activities has declined over time – from 60% to 40% of the cases having at least one type of enhanced search. This trend might be the result of:
  - Rising caseloads make it difficult to complete all LIFE tasks; attending meetings and finalizing notes for dissemination is prioritized over enhanced family finding activities. In some cases, enhanced family finding

<sup>2</sup> This type of collaboration is not applicable in the branch where the LC is conducting the diligent relative search.

consists of business-as-usual diligent relative search or talking to meeting participants to determine the most important people to attend CPMs.

- Some LIFE teams think that family finding is a good idea in theory, but there is not enough staff to control/manage the relatives, to do the family work needed to get them to a place to be able to help.
- The perceived purpose and value of enhanced family finding differs across LIFE teams, and from case to case (e.g., increase the number of meeting attendees, build more natural support, find placements).

**Preparation.** Meeting preparation activities that FEFs documented for families’ CPMs (107 first meetings and 262 subsequent meetings documented using the Meeting Preparation Checklist) were analyzed. Table 8 shows the types of meeting preparation activities that occur for first and subsequent CPMs, ordered by the consistency of practice. Highlighted cells in the “% subsequent meetings” column indicate that practice consistency changed by at least 5 points for subsequent meetings – orange signifies a decrease and green an increase.

**Table 8. Meeting Preparation Practice**

n=107 first meetings, 262 subsequent meetings		% First Meetings	% Subsequent Meetings
75-100%	Collaboration with caseworker to identify participants	94%	87%
	Talk to caseworker and discuss roles & tasks	91%	55%
	Ask caseworker about safety concerns	91%	37%
	Inform and get input from participants on goal/purpose of meeting	84%	82%
	Talk to participants about their role at the meeting and what they can contribute	79%	74%
	Give meeting participants options to participate (e.g., phone, letter)	79%	85%
	Inform parents/caregivers & youth who will attend meeting	77%	82%
	Assist parents/caregivers/youth in preparing to talk/share information during meeting	76%	69%
	Ask other family members and other participants who should attend the meeting	76%	73%
50-74%	Ask parents/caregivers/youth about their concerns for participating in meeting	73%	67%
	Talk to parents/caregivers about relative search & identifying members of their support system	72%	72%
	Involve parents/caregivers in developing invitation list	71%	83%
	Ask family about cultural issues, needs, language spoken, rituals, practices to help them feel comfortable	65%	59%
	Pre-meeting staffing with caseworker & parent mentor	55%	47%
	Inform family that if they would like a few minutes for private discussion, they should let facilitator know	53%	46%
	Talk to youth about relative search & identifying members of their support system	52%	39%
	Provide written materials (agenda, date, time, location)	51%	54%
<50%	Involve youth in developing meeting invitation list	31%	21%

**Key findings** regarding meeting preparation practice:

- **The most consistent first meeting** preparation practices (done for at least 80% of the CPMs) are caseworker collaboration and informing or getting input from others about the purpose of the meeting.
- **The most consistent subsequent meeting** preparation practices (80% or more CPMs) have to do with determining who will be invited to the meeting and giving options to participate.
- **Somewhat less consistent** (70-80% of CPMs) first meeting preparation practices have to do with helping participants get ready to share information at the meetings, and this decreases for subsequent meetings.
- **The least consistent** preparation practices have to do with cultural responsiveness, youth involvement, family private time, and pre-CPM staffing meetings that include PMs. All of these practices are even less consistent for subsequent meetings.

It is noteworthy that consistency of practice also varies a great deal by branch, in some cases by 50 percentage points or more (e.g., pre-CPM staffing meetings occurred for 24% of first meetings in 1 branch and for 74% in another branch). Even the most consistent practice, collaboration with caseworkers to identify participants for the first CPM, ranged from 75% to 100% depending on branch.

The process evaluation revealed several reasons for these differences in practice:

- The need for and types of preparation changes over time. In some cases, parents/caregivers become more involved over time and therefore require more preparation. In other cases, less preparation is needed over time because participants are all on the same page and feel comfortable sharing information and planning.
- LIFE cases are heterogeneous. Particular case characteristics have made it difficult to provide consistent service to some families, e.g., children with a Wraparound team (already having meetings similar to LIFE); children in long-term residential care (e.g., sex offender treatment); voluntary cases; children with behavioral disorders (i.e., no allegations against parents); and inability to locate parent.
- Rising caseloads make it difficult to find time to prepare family members and other participants, help caseworkers and others make plans for what to talk about at the meeting, do pre-meetings, and schedule CPMs so that all the important people can attend. There is a lot of concern about this amongst FEFs who see the importance of preparation and as the factor that makes LIFE different from business as usual.
- Branches differ in how they negotiate various practice tensions (e.g., parent engagement and moving forward with case planning, degree of youth involvement, use of family finding and family involvement in planning).
- Staff turnover has made it challenging to get new FEFs trained on the LIFE model and values. Moreover, LIFE teams reported a lack of clarity about how to practice the LIFE model consistently across teams/branches.

**Case Planning Meeting Facilitation.** To date, there are 593 documented CPMs (i.e., have completed CPM Agenda notes) among 159 cases having had at least one CPM (68% of the 234 eligible cases).

Examined for patterns pertaining to fidelity and program improvement was documentation of 163 first CPMs<sup>3</sup> and 430 subsequent CPMs.

- Timing
  - LIFE teams reported that the timing of first meetings is challenging because they have to convince parents that LIFE meetings are different from what they experienced at their Oregon Family Decision Meeting (OFDM) or Child Safety Meeting (CSM) where they “get pummeled.” Once the first meeting is scheduled, it is easier to schedule the next one because it is a month out and schedules are more open.
  - 20% of initial CPMs occur within 30 days of being identified for the LIFE program, although this fluctuates by branch from 5% to 50%. Almost all first CPMs (84%) occurred within 90 days (ranges from 72% to 100% by branch).
  - Second meetings occur, on average, 39 days (ranged from 6 to 146 days) after the first meeting – timing that meets the monthly meeting goal.
- Structure
  - Family private time rarely occurs – to date, only 22 (4%) CPMs documented that family private time took place. FEFs have reported that they are not sure how to use family private time in the context of the LIFE model.
  - On average, first CPMs last for 77 minutes (ranges from 25-152).
  - Printing notes right after meetings rarely happens. More often, they are emailed to meeting participants after being reviewed either by the LC or the FEF for errors, things that need to be omitted (e.g., addresses in DV cases), and strengths-based language.
- Attendance
  - 8 in 10 first CPMs have at least one parent/legal guardian in attendance (ranges from 50% to 100% depending on branch). This was similar for subsequent meetings as well.
  - Youth involvement in first CPMs has improved since the last report, with 23% of first meetings having youth in attendance. Youth over 10 years old are more likely to be invited to and attend first CPMs. Youth attend to a similar extent in subsequent CPMs.
  - An average of 10 family members, support people, and service providers are **invited** to the first CPM (ranges from 3 to 28).
  - An average of 7 family members, support people, and service providers **attended** the first CPM (ranges from 2 to 22).

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<sup>3</sup> There is documentation for 163 first CPMs for 159 cases because some cases have separate CPMs for mothers and fathers (e.g., domestic violence requires specific safety accommodations).

**Parent Mentor Services.** As of December 2016, 145 parents have been referred for PM services, and 127 (88%) have accepted mentoring services (ranged from 82% to 96% depending on branch). Of those referred, 25 (17%) parents have closed PM services.

The Evaluation Team started collecting service navigation data from PMs in February 2016. Based on these data, 103 parents (81% of those who accepted mentoring services; ranged from 72% to 100% by branch) have received service navigation from a PM. Service navigation is heavily focused on parents' needs; however, a growing number of parents (15%) are also getting help navigating child-focused services (ranges from 0% to 44% by branch).

The top five services that PMs helped parents with are: (1) child welfare meetings, (2) transportation, (3) child welfare-related court proceedings, (4) alcohol and drug treatment, and (5) permanent housing. There are emerging differences in the types of service navigation most common to each branch. In some locations, recovery meetings and treatment readiness, visitation, basic needs, legal services, and medical and mental health services are also common.

PMs spend a great deal of time doing initial outreach, working to re-engage parents over the course of the case, working with caseworkers and service providers on a parent's behalf (e.g., attending a mental health assessment review meeting with a parent and psychiatrist), and researching community resources to support the parent (e.g., housing options for adults with mental health issues).

## 2. Implementation Supports & Challenges

The Evaluation Team focused the process evaluation data collection on better understanding implementation supports and challenges. Currently, there is significant chaos, workload, and stress on the child welfare workforce in Oregon. Being that LIFE requires a great deal of collaboration, it has been particularly challenging for FEFs to ask caseworkers to do the additional work associated with LIFE even if mostly at the front end. As one FEF explained, "they are drowning and I'm asking them to do more." This is especially true when caseworkers have multiple LIFE cases. In addition, caseworkers involved in LIFE are exposed to a level of public scrutiny and accountability that is not necessarily comfortable. Although many caseworkers expressed appreciation for LIFE and believe it facilitates case progress and is good for families, they vary in their degree of enthusiasm for and cooperation with LIFE.

Explored within this context were three key implementation drivers (leadership, organization, and competency) and their associated challenges:

**Leadership.** The leadership implementation driver involves multiple people both championing and sustaining programs over time. The central implementation success is that LIFE has a number of key leadership roles: Waiver Manager/DHS Central Office, LIFE Consultants (one in each site), DHS District and Branch Managers, DHS LIFE Supervisors within each branch, and Community Partners. Below is a summary of LIFE staff's experience of leadership at these various levels.

- The *Waiver Manager and DHS Central Office* helps with addressing workload and resource issues, contracts, communication with District and Branch Managers, and clarifying program model questions. In general, LIFE staff did not

feel supported by Central Office – they were disappointed that their concerns regarding workload and staffing did not receive a prompt response.

- Support from *District and Branch Managers* helps with communication and its uptake by caseworkers and their supervisors, as well as the ability to obtain needed concrete resources such as rooms, phones, and high quality meeting space. LIFE staff have not experienced a great deal of explicit support from their District and Branch Managers, although in one branch where LIFE was struggling, a statement from the Branch Manager seemed to help get caseworkers “on board.”
- *LIFE Consultants* (one for each site – 3 total) have played a role in raising awareness and generating support for LIFE by attending unit meetings and speaking with individual supervisors and workers. In at least two sites, LIFE Consultants are seen as the primary resource regarding LIFE-related practice. DHS LIFE Supervisors have been reluctant to take on this role given other demands on their time and a lack of knowledge of the model. Consultants are generally seen as helpful, available, and approachable. In addition, LIFE consultants have dual roles as Permanency consultants and therefore are uniquely positioned to facilitate the convergence between LIFE, the Oregon Safety Model (OSM) and DHS’s approach to permanency more generally.
- *DHS LIFE Supervisors* (typically supervise a DHS unit and the branch’s FEFs) are seen as key to implementation given their ability to encourage caseworkers to participate. Some, but not all, DHS Supervisors who work with units with workers likely to have LIFE cases have expressed support for the program. Most of the DHS LIFE Supervisors interviewed reported that they have too much other work to be very knowledgeable about LIFE or to put much energy into championing the program in the branch. Some DHS LIFE Supervisors assume the LIFE Consultant will do the work of educating branch staff about the project.
- Most *community partners* are participating in LIFE although, in general, attorneys and therapists attend CPMs infrequently. In cases where there has been resistance, FEFs as well as the LIFE Consultants have met with providers to try to address their concerns.

**Organization.** The organization implementation driver has to do with availability of resources needed to support LIFE teams, and the alignment of agency policies and procedures with LIFE practice. Monthly LIFE Team Meetings have proved useful in facilitating communication, answering questions, and building relationships between LIFE staff and PMs.

The following resources are necessary (i.e., support LIFE practice) but at times challenging to secure:

- *Access to rooms for CPMs.* Scheduling is time consuming and frustrating. Consistent meeting locations are better for families. Spaces that are less formal and more welcoming feel better for some families but LIFE staff have limited ability to customize the meeting space. Some LIFE staff feel like they are the last priority when it comes to utilizing child welfare meeting space for CPMs. There is some sense that supervisors and other branch staff do not really understand the needs of the program and therefore do not advocate for LIFE staff.

- *Access to reliable speaker/conference phones.* This important resource makes it possible for attorneys, out-of-town family members and incarcerated parents to participate in CPMs. When speaker/conference phone quality is inadequate, it seriously affects the quality of meeting flow and participation.
- *Transportation.* FEFs need workable systems for either using state cars or mileage when CPMs are held away from their branch and/or after normal business hours. Similarly, PMs need adequate funds for transportation, especially in the more rural communities given the long distances and amount of driving they have to do to meet with parents.
- *Child care.* It would be helpful to have access to child care so that when children are invited for only a part of a CPM there is someone available to care for them until the meeting is over.
- *Food and beverages.* LIFE staff noted the importance of providing food and drink for families at meetings; it can make a huge difference in setting the tone for respect and collaboration. FEFs started out paying for it themselves, though realized this is unsustainable – some are successfully pursuing community donations.
- *Text messaging.* FEFs (and their DHS LIFE Supervisors) feel they could be more effective at engaging parents if they were able to use smart phones and text messaging. Sometimes it is the only means of communicating when a parent has run out of minutes.

Work was done, especially during the kick-off phase in each site, to align DHS policies and procedures with LIFE practice. LIFE staff would like more clarity with regard to the following:

- The Oregon Safety Model (OSM) is integrated into CPMs, and LIFE more generally, to varying degrees across districts, FEFs and cases; however, both D2/D15 and D8 LIFE Consultants are working to increase integration. LIFE also seems to have blended successfully with the schedule of other child welfare meetings such as OFDMs.
- Efforts to combine LIFE and Wraparound cases in a way that “works” and does not overly burden families or providers have struggled. There is no one-size-fits-all solution and it is negotiated on a case-by-case basis between team members.

Alignment of staff roles and responsibilities is proving to be challenging for the LCs. In particular:

- The OS2 classification for the LC position does not seem quite right (e.g., pay range should be higher). LCs need a unique blend of skills – organization and administrative skills like typing as well as some writing skill and the ability to engage with clients – that is not consistent with an entry level position. At a minimum, LCs need support and training related to vicarious trauma and the opportunity to debrief and process some of what they are experiencing. Right now, they rely on the FEFs, each other, and Consultants for this. A different classification and more support could help to reduce turnover in this position.
- Some LCs reported that the OS2 classification, in which they are a member of the branch office clerical structure, can be in tension with their LC role.

Integration with clerical staff (e.g., covering for a clerical rotation) is not always feasible given the additional demands of LIFE.

**Competency.** The competency implementation driver refers to staff selection and retention, training, supervision/coaching, and performance feedback. LIFE staff reported the following issues related to *staff selection and hiring*:

- Most of the FEFs that were hired have been experienced, skillful caseworkers and/or previously facilitated FDMs so are trusted to be capable and competent in their role and to know when to ask for help or advice. In addition to casework experience, important qualifications considered in hiring FEFs are going the extra mile to engage families, the ability to stay calm and help others to be comfortable in their presence, reliability and consistency.
- As mentioned above, the LC position requires a blend of administrative and family engagement skills, and the support and training (and perhaps compensation) that is commensurate with these skills.
- There has been a great deal of turnover among FEFs and LCs in the past six months. Turnover results in gaps in service for families. It takes a significant amount of supervision time to get new staff on board, especially when they have to jump right into a full caseload. Moreover, there is not a clear protocol for how to bring new LIFE staff up to speed on the model, although peers are volunteering to offer support and tips. The Evaluation Team has been training on forms and other data collection issues on an as-needed basis, though it might be possible to develop efficiencies.
- Filling LIFE positions is not necessarily a priority for branches (i.e., hire case carrying workers first), which can result in delays which then adds to workload pressures.

LIFE staff mentioned successes and challenges related to *training*:

- Many FEFs found the 4-day facilitator training useful in terms of facilitating CPMs. However, FEFs have an on-going need for information/coaching regarding both facilitation and LIFE-specific practices and policies. The protocols and checklists provide some guidance especially early on in the project but there is much room for interpretation and grey area in the model. Staff appreciate the flexibility but it can also mean people are sometimes unsure what to do. Also staff don't always get the same advice from different people (e.g., DHS LIFE Supervisors, LIFE Consultant, Central Office).
- Training for LCs occurs largely on the job, doing the work, learning to complete PSU forms, etc. Some respondents spoke of the value of LC training in child welfare basics such as APPLA (another planned permanent living arrangement) and permanency, as well as topics such as vicarious trauma and how to deal with challenging/escalating clients. Sometimes LCs are tasked with communicating with clients-either outside of or during meetings-and relevant training would be helpful.
- There is some concern about the amount of time that passed between the Kick-Off events and when LIFE staff actually began working cases, and the resulting loss of momentum. Some FEFs and LCs did a variety of non-LIFE tasks while

waiting for the LIFE referrals to begin, but others did not due to concerns about being able to pull back when the workload increased.

- DHS LIFE Supervisors did not report needing additional training on LIFE. Those who attended the 4-day facilitator training found it useful and some said they appreciated hearing the same information as the FEFs they were to supervise.
- Training for mentors is robust and ongoing, and provided primarily by the providers themselves.
- Opportunities for teams to gather and discuss their work are important to LIFE staff (e.g., monthly LIFE Team Meeting, Quarterly Training). The more formal training sessions offered at the Quarterly Trainings have not been as useful for staff.
- There is a need for more training on working with populations that are new to mentors (such as sex offenders, those with mental health issues, and developmental disabilities). One site has requested not to refer sex offenders to mentors due to strong feelings about this type of case.

LIFE staff work within the existing *supervisory* structure of their agencies (either DHS or parent mentor agency). *Coaching and feedback about LIFE practice* is not regularly provided to all members of a LIFE team, but there are opportunities for staffing cases with DHS LIFE Supervisors, co-workers, LIFE Consultants (weekly in some sites), and with the statewide LIFE Quarterly Trainings. As well, DHS LIFE Supervisors, LIFE Consultants and fellow FEFs observe CPMs and provide feedback. Some FEFs explicitly ask meeting participants for feedback on a regular basis. Specific findings regarding supervision are:

- Supervision to the model has been largely ceded to the LIFE Consultants, although this is shifting to greater involvement by DHS LIFE Supervisors. Some DHS LIFE Supervisors reported that they do not have the time to get up to speed on LIFE and are comfortable letting the LIFE Consultants manage LIFE-specific questions and concerns. DHS LIFE Supervisors monitor and deal with personnel issues such as time management, productivity, day to day responsibilities of the position, and at times tensions or disagreements between FEFs and caseworkers.
- Some of the DHS LIFE Supervisors reported providing only minimal supervision in part because “FEFs are some of the best caseworkers” and therefore in need of less oversight and support. In addition, FEFs are low on the priority list partly because they are not case-carrying staff. FEFs reported that their DHS LIFE Supervisors are generally available for a quick question or consult if needed; however, they would like more supervision (especially clinical).
- While FEFs have been attending their DHS LIFE Supervisors’ unit meetings, some Supervisors note that the content is not relevant for FEFs and have begun to have monthly LIFE staff meetings with FEFs and LCs in order to facilitate more relevant group supervision.
- LC supervision looks much like other OS2s, so supervision does not account for LIFE or they do not get much supervision at all. LCs are exposed to information and difficult family dynamics well beyond what is typical for clerical staff, but they

do not have professional training and opportunities for supervision to support them in processing what they experience.

- Frequent meetings with fellow mentors and PM Supervisors are important to mentors. Most, but not all mentors reported having adequate access to their PM Supervisor and enough in-person supervision time.

**C. How do the FEF, PM, caseworker, and other providers work together?**

The LIFE model depends largely on collaboration between LIFE team members and the family’s caseworker. The LIFE model has structures to promote collaboration between team members including pre-CPM case staffings and expectations for communication between various team members (captured on the Meeting Preparation Checklist). As previously reported, these structures can help drive short-term outcomes related to accountability and moving the case forward by promoting information sharing, common understanding, role clarity, and consistent communication. Recent process evaluation findings suggest that adhering to these structures is challenging.

**Parent Mentors.** Parent Mentors are not always invited to participate in "pre-meetings" with FEFs and caseworkers (both prior to first CPM as well as subsequent CPMs). This is due in part to the challenges FEF face in scheduling time with caseworkers – sometimes these meetings happen on the fly, or on the phone. However, it appears that there was also some initial confusion about whether to invite PMs to pre-meeting staffings, and FEFs have more clarity about this now. There is some concern about CPMs scheduled at times when PMs are not available, but this does not happen very often.

**Caseworkers.** Caseworkers vary in their enthusiasm for LIFE. Some appreciate the support of having monthly meetings, outreach to parents and relatives, and the action item tracking provided by FEFs and LCs. Other caseworkers dislike the workload associated with CPMs and other meetings, or feel they are put on the spot or blindsided during CPMs. Having the LIFE staff housed in an inviting "bull pen" within a DHS office promotes case discussions with other LIFE staff and can be inviting to caseworkers to sit and discuss cases.

**V. Recommendations and Activities Planned for Next Reporting Period**

**A. Demonstration**

Implementation of the LIFE demonstration project will continue in the next reporting period, as reflected in the IDIR and Table 9.

**Table 9. Major Demonstration Activities Planned for January – June 2017**

Demonstration Activity/Event	
Training/ Coaching/ Supervision	Facilitator Training Curriculum has been transferred to the three LIFE consultants, for easier onboarding of new FEFs as the need arises
	Weekly phone conference scheduled for time for LIFE staff and program manager to consult on case closures, case eligibility, or any other challenges that are case-specific
	Continue work on group staffing tool for LIFE Consultants to coordinate and facilitate staffings between assigned FEF, caseworker, supervisors and PMs when appropriate

<b>Service Delivery</b>	Continue service delivery in all three sites
<b>Meetings/ CQI Processes</b>	Hold Quarterly Trainings (already scheduled by PSU Training) for ongoing training, peer learning, and continuous quality improvement (September, December) Continue monthly Evaluation call with evaluation team, Program Manager, and LIFE Consultants

**B. Evaluation**

LIFE evaluation activities for the remainder of the Year 2 Formative Phase are reflected in the Evaluation Design Plan and Table 10.

**Table 10. Major Evaluation Activities Planned for January – June 2017**

Evaluation Activity/Event	
<b>Meetings/ CQI Processes</b>	Plan and participate in monthly LIFE Team Meetings (D2/15, D8, D3)
	Participate in planning committees (Program Design, Steering, Evaluation)
	Quarterly Trainings, evaluation surveys & reports
	Share results of 2 <sup>nd</sup> and 3 <sup>rd</sup> rounds of Meeting Feedback Surveys
	Youth Advisory Board meetings (every 2-3 months)
	Provide branch-specific quarterly data collection support reports and phone calls (D2/15, D8, D3)
	Share case process mapping results with D3
<b>Training</b>	Train/refresh LIFE Staff on revised Meeting Prep Checklist and Family Finding Checklist
	Roll out LIFE Eligibility and Referral Database; train LIFE Staff
	Train D3 LIFE Staff on Meeting Feedback Survey protocol
	Create and upload Youth Consent and Parent Consent protocol training videos
	Train all LIFE Staff on parent/caregiver and youth short-term outcome survey protocols
	Ongoing evaluation training for new staff (FEFs, OS2s, PMs)
<b>Tools</b>	Updated fidelity forms: Enhanced Family Finding, Meeting Preparation
	Launch LIFE Eligibility & Tracking Database
	Youth short-term outcome survey
	Parent/caregiver short-term outcome survey
	Create interview guide for families of color
<b>Data Collection</b>	Wrap up D2/15 case studies, meeting observations, parent/family/caregiver interviews, FEF/Caseworker interviews
	Begin intensified recruitment and data collection (parent interviews and CPM observations) with families of color in D2 and D3
	LIFE Eligibility and Tracking Database
	Youth Interviews in D2/15, D3
	Conduct parent/attorney/service provider interviews in D2/15
	Begin D3 FEF and OS2 interviews (case process mapping)

Evaluation Activity/Event	
	Meeting Feedback Survey in D2/8/15 – Round 2 (January) and 3 (May)
	D2/15, D8, D3 PM tracking, service navigation, termination summary
	D2/15, D8, D3 case progress tracking (eligibility, referrals)
	D2/15, D8, D3 family finding/relative search, meeting preparation tracking and documentation
	Develop comparison group data collection protocol for parent outcome survey
<b>Data Analysis</b>	Meeting Feedback Surveys – Rounds 2 and 3
	Business protocol maps in D3
	PM Service Navigation data
	Ongoing quarterly data collection reports and service indicators
	Identify Y1 comparison group for outcomes study via propensity score matching
<b>Youth Advisory Board</b>	Create draft of youth outcome survey
	Start portfolio development
	Prepare youth to participate in June '17 Quarterly Training

**VI. Program Improvement Policies**

**Foster Care Bill of Rights:** The Foster Care Bill of Rights has been written, and its purpose, use and distribution are articulated in state policy and procedure. Posters have been printed and distributed to county child welfare offices, and the casework staff and certifiers all across the state have been trained (see Attachment D, “Foster Care Bill of Rights”).

**Increase Age Limit for Title IV-E Eligibility up to 21:** Youth in Oregon are eligible to stay in foster care through their 21<sup>st</sup> birthday, as well as receive, if applicable, kinship guardianship assistance or adoption assistance (see Attachment E, “Title IV-E Eligibility up to 21”).

**VII. List of Attachments**

- A. Governance Structure
- B. Oregon’s Predictive Algorithm
- C. Case Planning Meeting Agenda
- D. Foster Care Bill of Rights
- E. Title IV-E Eligibility up to 21