

Oregon Department of Human Services

Child Welfare Progress Report



This month in Child Welfare

In the relatively short time I've been here, I have learned about the unique successes and challenges of Oregon's child welfare system and am reaffirmed to be working with a team that is passionate and dedicated as our system undergoes transformation.

As we close out 2019, Child Welfare has reached a major milestone transitioning initiatives from the Governor's executive order that were supported by Alvarez & Marsal into the Child Welfare program. The program established a Project Management Office to establish a structure that will continue to support and provide oversight of the work and ensure intended outcomes continue as planned.

As we look ahead to 2020, we have a strong foundation that lays the groundwork for implementing some major system initiatives. This year is poised to be transformational for our agency and the wider system of child welfare in the state, as the federal Family First Prevention Act is implemented. The Act will be a major federal and funding shift that will scaffold our current efforts around building prevention into our practice and increasing trauma-responsive care.

In 2020, you can expect our agency to deepen and diversify our partnerships, find strength in our practice, build up our workforce, and continue to identify strategies to improve outcomes for those we are serving. It is a privilege and honor to be serving this state and public and I look forward to our shared continued work.



Sincerely,
Rebecca Jones Gaston, MSW
Director, Oregon Child Welfare

Nurses help children leaving foster care reunite with their families

The in-home nursing assessment for trial reunifications is a relatively new aspect of the Child Welfare Health and Wellness Program beginning in July 2018. From July 2018 through August 2019 it has received in-home nursing assessments for 1,013 children and 744 parents or caregivers. There are 22 Registered Nurses in the program.

"Our goal is to have a successful reunification. We want to support the child and the parent," said Rebecca Long, Child Welfare nurse consultant. Nurses visit the families and assess them for home safety, healthy eating, trauma and how it may have affected the child or parent, addiction and mental illness, and other issues that may put the reunification at risk. Children 10 or older are assessed for depression; youth 12 and older are provided sexual health information. They provide education and materials to help the families through a Wellness Toolkit.

They often provide referrals to community services that can help support the health and well-being of the family.

"Often families don't know what resources are out there. We can help," she said.



About the Oregon Child Welfare Progress Report

In March 2018, Governor Kate Brown requested a monthly progress report on Child Welfare. In April 2019, the Governor issued Executive Order No. 19-03 (<https://go.usa.gov/xVnH6>) which created a Child Welfare Oversight Board to assist her in making and implementing recommendations to improve Oregon's system for supporting safe children and thriving families. The report is published monthly and was revised in October 2019 to share progress in specific areas connected to the directives from the Governor and the Board.

For more information, contact the Child Welfare Director's Office at ChildWelfare.DirectorsOffice@state.or.us or (503) 945-6953.

Past Oregon Child Welfare Progress Reports are posted at www.oregon.gov/dhs.

See the annual Child Welfare Data Books (<https://go.usa.gov/xVnHU>).

Contents

About the Oregon Child Welfare Progress Report	2
Contents	3
Child Safety	4
Data	4
Open assessments	4
Critical Incident Review Teams (CIRT)	5
Oregon Child Abuse Hotline (ORCAH)	5
November accomplishments	8
December priorities	8
Foster Care	
Data	9
DHS certified providers	9
Children and youth served in foster care	10
Reasons for child removal	10
Youth in foster care receiving treatment services outside Oregon	11
November accomplishments	12
December priorities	12
Children and youth in foster care in temporary lodging	13
November accomplishments	14
December priorities	14
Child Welfare Workforce	15
Data	15
Rolling 12-month trend in Social Service Specialist (SSS1) 1 caseworker staffing	15
November accomplishments	15
December priorities	15
Operational Support	16
Data	16
Public records request processing	16
November accomplishments	16
December priorities	16

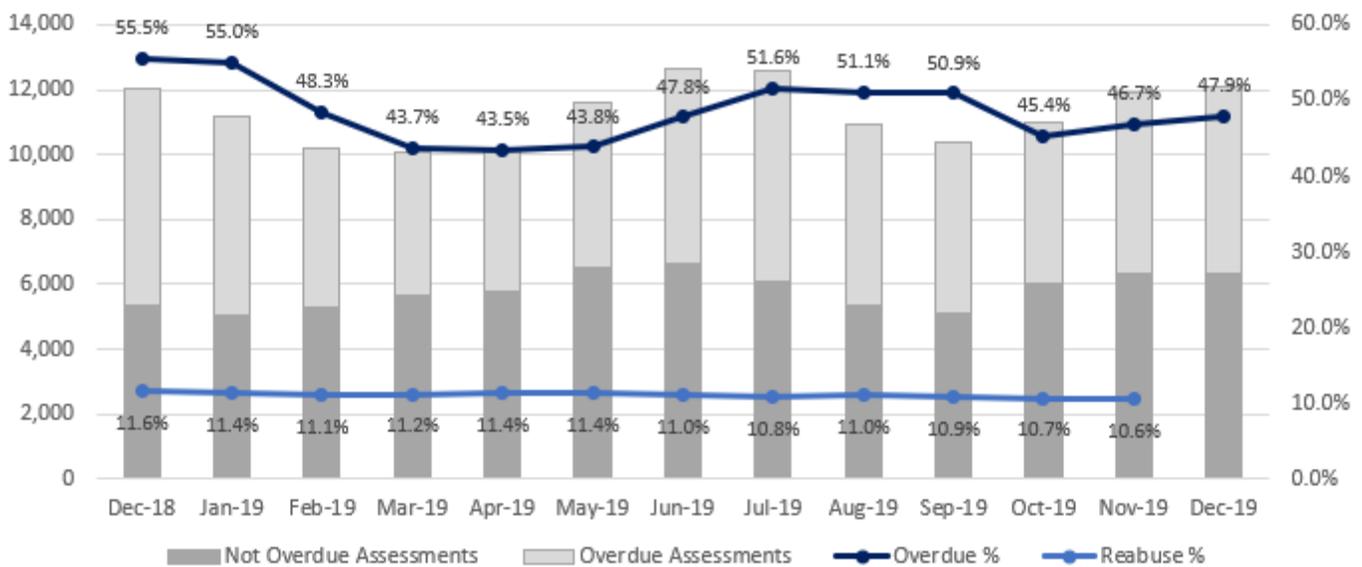
Child Safety

Child Welfare receives reports of potential child abuse, assesses situations and prepares safety plans to assist children and families, working closely with law enforcement and other community partners. In some cases, a safety plan is put in place, which enables a child to stay at home with the family. When child safety can't be ensured in the home, an out-of-home safety plan is developed where DHS considers relative placement as its first option, followed by foster care.

Data

Open assessments

Child Protective Services (CPS) assessments describe our response to a report of child abuse and if needed, the level of intervention necessary for children to be safe. With the high caseloads workers carry, situations with present or impending danger take priority, resulting in a backlog of overdue assessments. Child Welfare is implementing two plans simultaneously: One to reduce the backlog of overdue assessments and a second sustainability plan for timely completion of new assessments to prevent future backlogs. Re-abuse rates are defined federally to reflect the recurrence of maltreatment. This chart reflects the percentage of children who were victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report. The federal target is 9.1 percent.



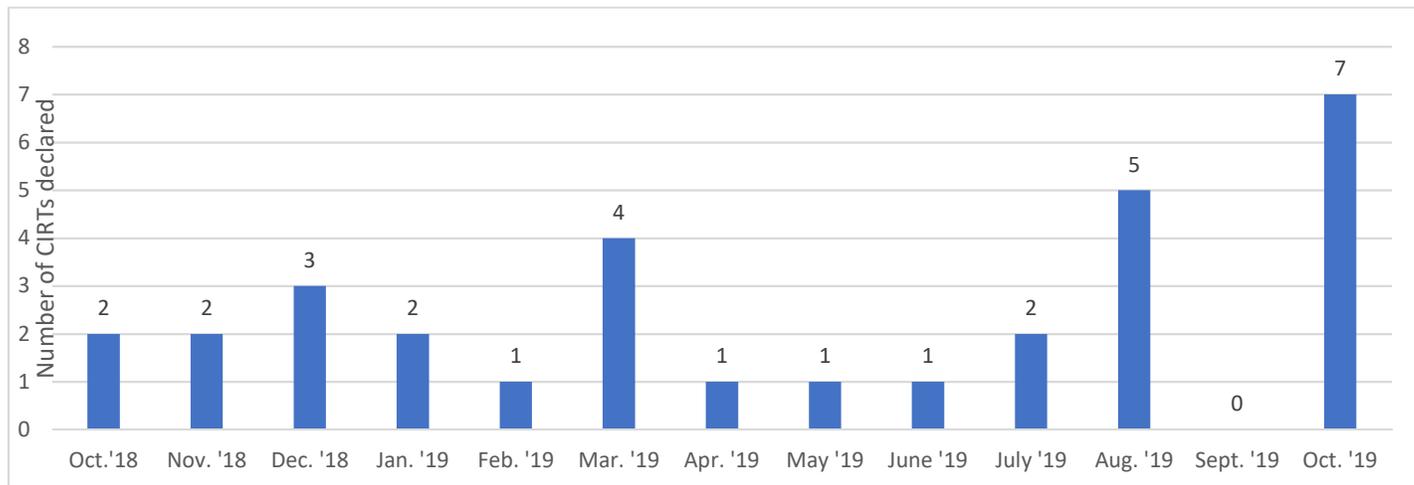
Data as of December 9, 2019

Critical Incident Review Teams (CIRT)

Critical Incident Review Teams (CIRT) are formed to investigate child fatalities when the victim, their siblings or other children living in the household have had previous interactions with Child Welfare within 12 months of the fatality. CIRTs focus on identifying systemic issues contributing to a child fatality and how they can be corrected or minimized to prevent future fatalities.

In the future, the Child Welfare Progress Report will also track the timeliness of CIRT declarations and the timeliness of the CIRT reports being posted to the website. Given the changes in the CIRT review and reporting timeline as a result of Senate Bill 832, which took effect on October 1, 2019, consistent data will not be available until December 2019.

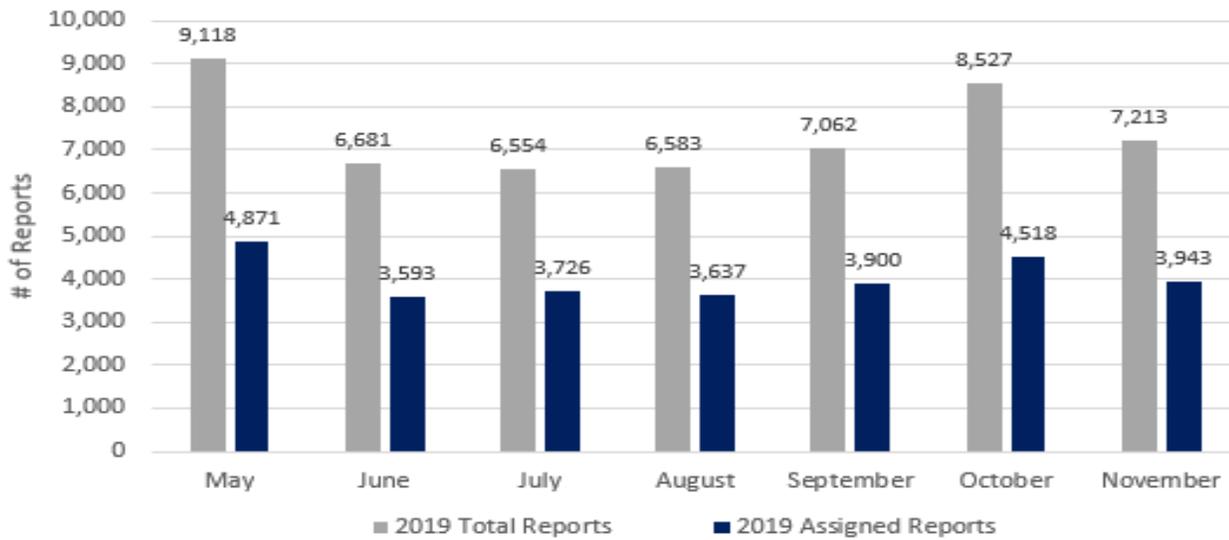
Monthly CIRT Declarations



Oregon Child Abuse Hotline (ORCAH)

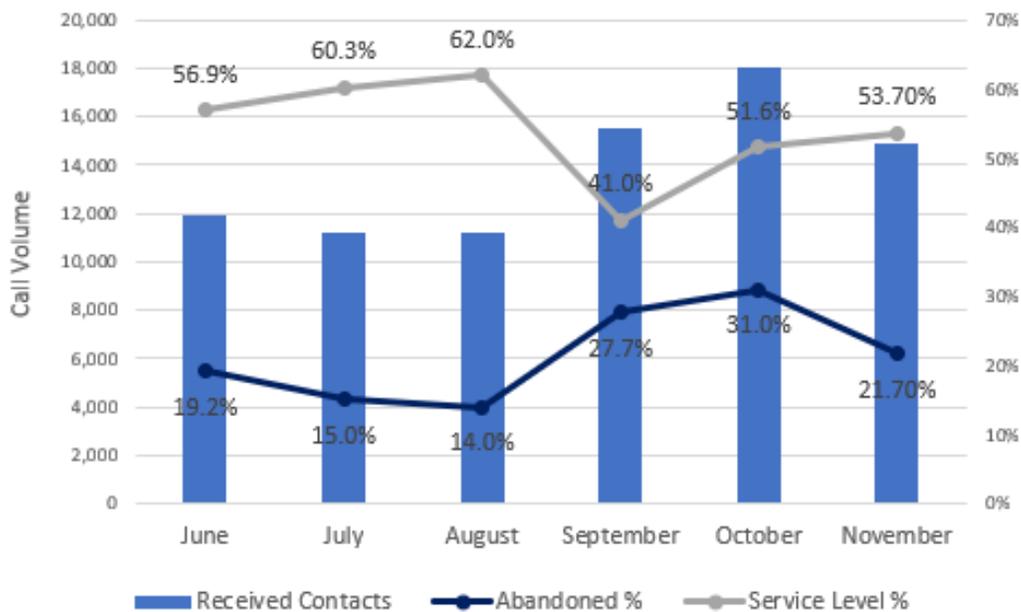
Over the past year, 15 regional child abuse reporting hotlines were centralized into a single hotline called the Oregon Child Abuse Hotline (ORCAH) to improve safety, consistency and customer service. By consolidating 15 regional hotlines into one and streamlining screening processes, Child Protective Services (CPS) workers are better able to meet the complex needs of the diverse communities that make up our state. As part of this streamlining plan, all screening staff are being trained in the same interpretation of rule and Child Welfare policies and procedures. This ensures that all children and families are served and evaluated in a consistent way.

ORCAH total reports



ORCAH service level

Service level measures the percentage of calls that were answered within a certain timeframe. In November, the service level goal was four minutes.



ORCAH average wait times

Average wait time measures the wait times for all categories of callers. ORCAH continues hiring and training screeners, and improving business processes, which will assist in reducing wait times.

Average wait times for November 2019



Definitions: LEA: Law enforcement agency; MR: MR: Mandatory reporter; GP: General public; Spanish: Spanish language line

Maximum wait times for November 2019



Definitions: LEA: Law enforcement agency; MR: MR: Mandatory reporter; GP: General public; Spanish: Spanish language line

November accomplishments

- Critical Incident Review Teams (CIRT) are formed when there is a fatality of a child known to DHS. CIRTs identify when systemic issues may present barriers to adequate Child Welfare service delivery or child safety decision making. Senate Bill (SB) 832 passed in 2019 brings substantial changes to CIRTs. The first public report in the new format required through the bill was posted on an updated website: <https://www.oregon.gov/DHS/CHILDREN/CIRT/Pages/index.aspx>
- Child Protective Services has continued to set a 5% reduction goal for overdue assessments statewide each month. However, since October we have seen an increase in reports to the hotline, an increase in assignments of reports of abuse, and a slight increase in overdue assessments statewide.
- There were 4,928 overdue assessments statewide on November 5, 2019 and 5,573 by December 5, 2019. The primary contributing factor to the change was an increase of assigned reports by more than 900 in November.

December priorities

- Two new CIRT Coordinator positions are being recruited for in the month of December. These positions will help with the significant workload increase associated with the SB 832.
- CIRT team met with DHS Shared Services to develop a 2020 plan for Suicide Prevention Training for all DHS staff.
- The Child Safety data dashboard that A&M assisted the Office of Reporting, Research, Analytics and Implementation (ORRAI) in developing is in final stages and will be available in late December. This dashboard will allow program managers and leadership to review data, including overdue assessments at a “glance” and to more effectively manage our child safety outcomes.

December highlight

CIRT Coordinators conducted their first “Human Factor Debriefs” in Jackson County on Nov. 25 and 26. They were accompanied by Tiffany Lindsay (formerly of Chapin Hall, now University of Kentucky’s Center for Innovation in Population Health for technical assistance). Lindsay conducted debriefs with staff recently participating in a CIRT. The interviews are the first step in understanding staff’s perspective on the work done with families prior to a child fatality.

The team also continues implementing the Safe Systems Improvement Tool (SSIT), which is an innovative tool to measure pressures existing in the organization and to prioritize system improvement opportunities. The SSIT offers professional learning at the individual case level and provides the ability to use aggregate data to support improvement and evaluate change over time.

Valuable insight was gathered from DHS staff and will be informative as the team looks at systemic factors in child fatalities.



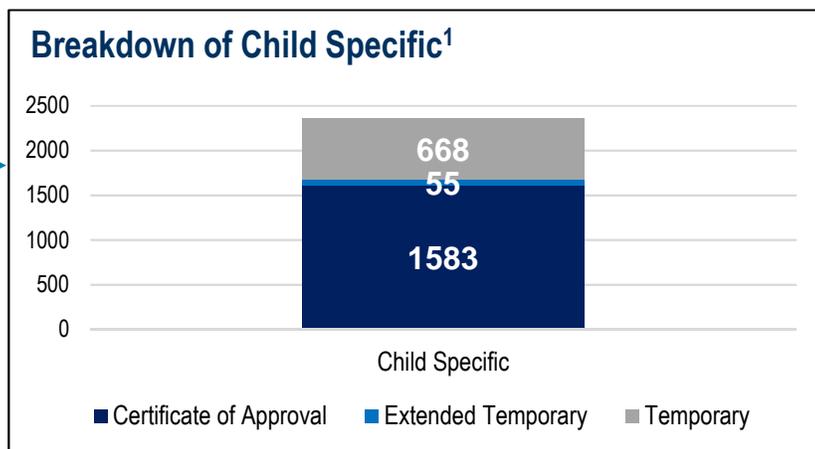
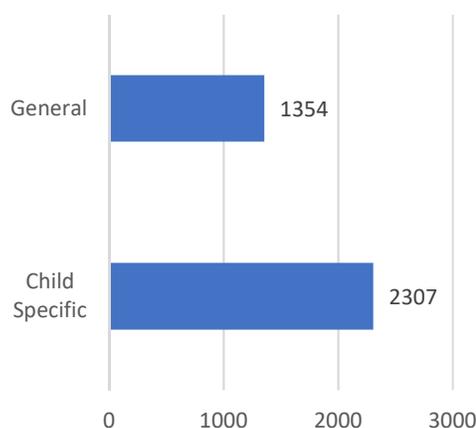
Foster Care

Foster Care efforts are focused in three primary categories: Safely reducing the number of children who enter the foster care system; safely reducing the length of stay in the foster care system; and increasing foster system capacity to match the unique needs of every child with a safe, stable and caring foster home in their community.

Data

DHS certified providers

Having more foster homes available will help ensure an appropriate first-time placement for each child that meets the child's unique needs. DHS has a variety of efforts and partnerships under way aimed at increasing the number of available foster homes. The chart displays DHS certified providers by type and certification duration on December 5, 2019.



¹Breakdown of child-specific does not add up to 2,307 since there was one provider with a different approval type.

Definitions

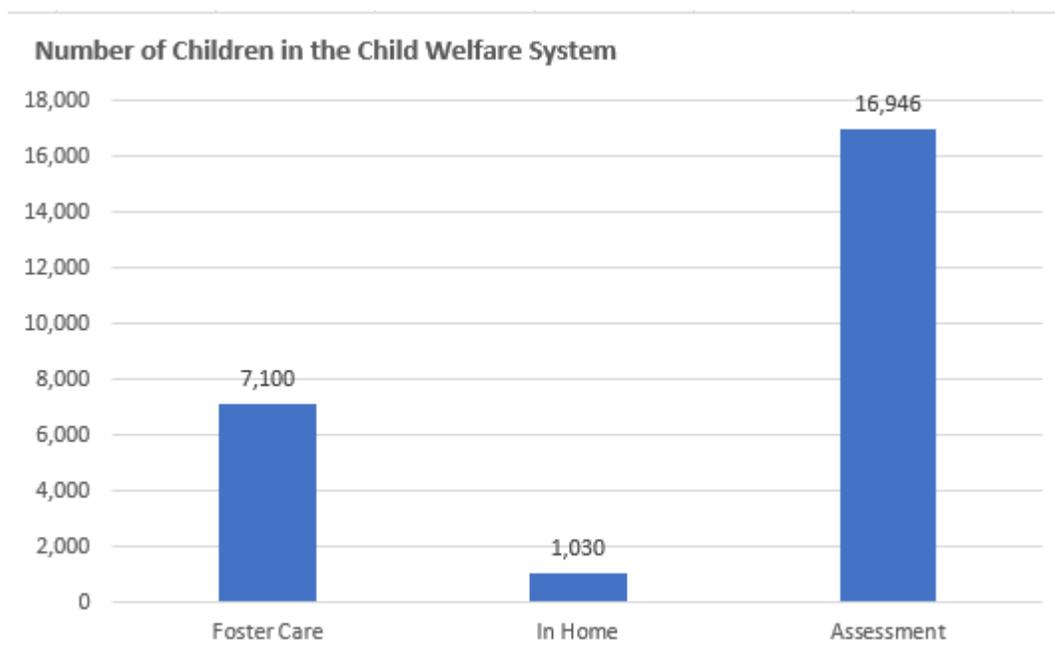
Certificate of Approval: A document DHS issues to a certified family to approve the operation of a home to provide care for a child or young adult in the care or custody of DHS and for whom DHS determines a placement is needed.

Temporary Certificate of Approval: A document DHS issues to a certified family to approve the operation of a home to provide care for a specific child or young adult in the care and custody of DHS. The Temporary Certificate of Approval is valid for up to 180 days unless an extension is granted under OAR 413-200-0276(3).

Extended Temporary: Temporary Certificate of Approval authorized for an extension beyond 180 days.

Children and youth served in foster care

The chart displays data as of December 6, 2019.



Definitions

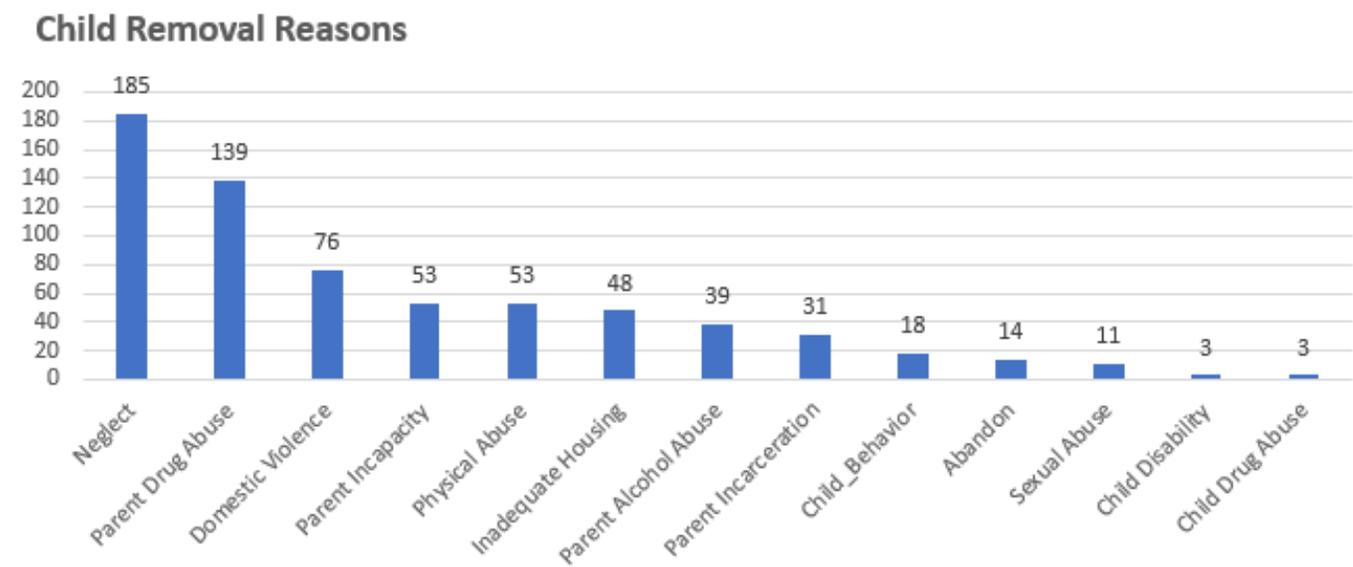
Foster Care: A child is in foster care if they have a Foster Care Placement open of any type including residential facility/proctor home, family foster care (relative or not), detention, runaway, hospital, trial reunification, independent living, etc.

In-home: A child is a “child served in home” if they have a CPS Case Type, with an Open Protective Action, Initial Safety Plan or Ongoing Safety Plan, and the child is not in Foster Care, or on adoption or guardianship services, or on a Family Support Services (FSS) Case Type once the FSS Assessment is approved.

Children on Open Assessment: A count of alleged victims on open Child Protective Services (CPS) assessments.

Reasons for child removal

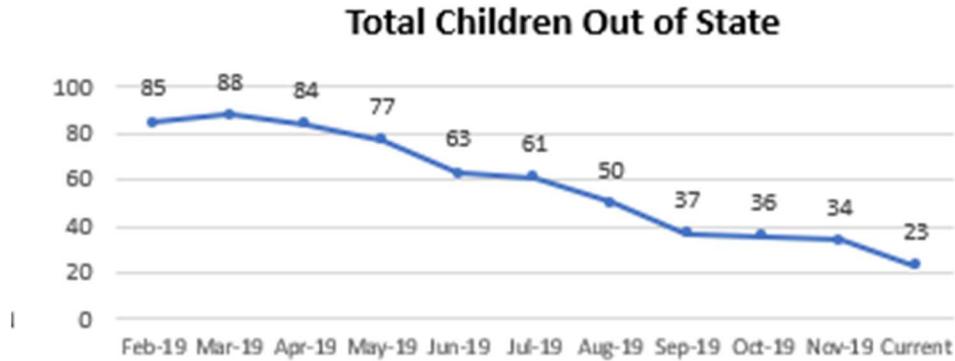
Data reflects the reasons for removing children in November. A child may have more than one reason for removal.



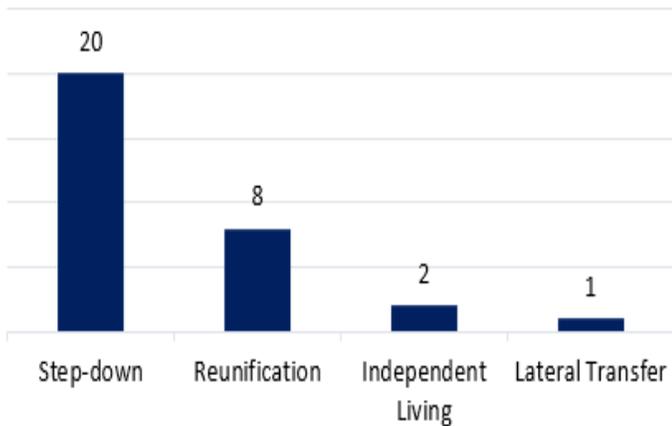
Youth in foster care receiving treatment services outside Oregon

Oregon lacks capacity in residential treatment programs to serve all children and youth with complex or specialized needs and as a result, DHS sometimes places youth in foster care in treatment programs outside of Oregon. DHS is working with the Oregon Health Authority and other partners to expand capacity to serve children and youth in Oregon.

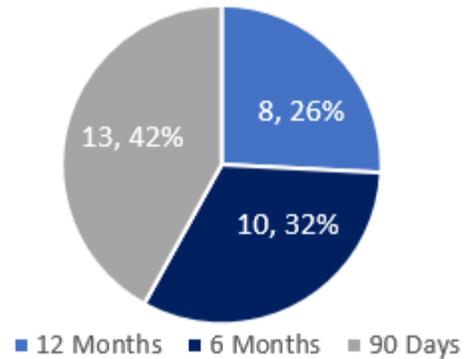
Total youth in foster care served outside Oregon (as of December 19, 2019)



Return Plan Category



Timeline for Completing Treatment



Note: Timeline is time in which kids are expected to be done with treatment and back in-state

*Return plan and treatment data as of 12/9/2019

November accomplishments

- Reliance on out-of-state treatment programs continues to decrease as the Oregon continuum of care begins to be strengthened. On Dec. 18, 2019, there were a total of 23 youth receiving treatment outside Oregon. Additional transitions to Oregon are scheduled for later in December and January.
- Child Welfare received funding in its 2019-21 budget to expand the KEEP program statewide. KEEP is a foster parent support and training program designed to stabilize placements of youth in foster homes. In November, KEEP had 10 active groups covering Multnomah, Washington, Clackamas, Columbia and Lane Counties, 4 active Tele-KEEP groups going covering central and eastern Oregon counties and offers Spanish language Tele-KEEP groups.
- Treatment Services continues to maintain and build capacity for the children's continuum of care, which has been critical to bringing children back to Oregon from out-of-state facilities. In 2019, we have added 90 additional beds, from BRS Proctor Foster through Psychiatric Residential. Additionally, 25 young adults are now able to be served through a new level of care, Supervised Independent Living Plus. In November, Parrot Creek was onboarded and now offers 6 Intensive Residential beds serving youth in need of sexual harming behavior treatment.
- Foster Plus is a collaboration of Behavioral Rehabilitative Services Proctor Foster organizations across Oregon aimed at recruiting quality families to serve youth with specialized needs and is funded through a Treatment Services grant. Website and vides can be found here: <https://fosterplus.org/>.

December priorities

- Child Welfare continues supporting the expansion of KEEP, and provider contracts have been signed to serve Marion, Yamhill, Polk, Douglas, Deschutes, Jefferson, Crook, Jackson and Josephine counties, with cohorts starting in February/March.
- DHS Child Welfare is partnering with the OHSU Collaborative Problem Solving Project to provide online Collaborative Problem Solving training for Foster Parents. Trainings will start in February.
- Child Welfare has several initiatives connected with the implementation of the Family First Prevention Services Act on July 1, 2020. For example, Treatment Services continues to support providers to become accredited through grant funding in order to meet the requirements of a Qualified Residential Treatment Program (QRTP).

December highlight

Behavioral Health Treatment Foster Care is a type of care which delivers, in addition to foster care, a level of intensive Behavioral Health Services (BHS) through the Oregon Health Authority (OHA) funded through a Coordinated Care Organization (CCO). It includes 24/7 crisis supports and respite services within a skilled foster home setting to avoid placement in a residential or inpatient treatment setting and maintain children in their community. This foster care program consists of highly trained foster providers supported by an integrated and comprehensive behavioral health team, crisis services, and respite care. It combines DHS' BRS proctor care with Intensive In-Home Behavioral Health Services provided by a private provider. A request for information (RFI) will be followed by a request for proposals (RFP) in the spring, resulting in pilot contracts for this new level of care.



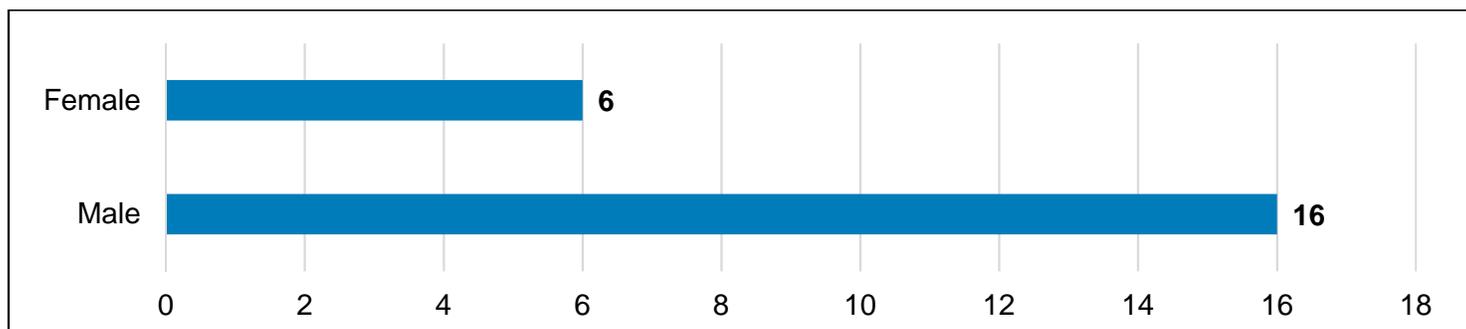
Children and youth in foster care in temporary lodging

All children and youth in the custody of Child Welfare should be provided services and placements that meet their needs. When efforts to find an immediate placement are exhausted, a child or youth may experience temporary lodging. Temporary lodging involves a child or youth being housed in a hotel with DHS staff while an appropriate placement is developed. Children and youth in temporary lodging have access to school and appropriate daytime activities. Oregon currently lacks the type of services or capacity among existing providers to meet the needs of all children and youth in its care in an appropriate placement. Child Welfare continues working to decrease the use of temporary lodging.

Children and youth in temporary lodging in November 2019

Total in the month	Average age in the month	Average daily population for the month
22	12.94	7.03

Children in temporary lodging for November 2019, by gender



Children placed in temporary lodging in November 2019, by night spent

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1 8	2 8
3 9	4 11	5 9	6 9	7 9	8 9	9 10
10 10	11 10	12 10	13 8	14 8	15 6	16 8
17 7	18 7	19 7	20 7	21 8	22 4	23 4
24 5	25 5	26 3	27 3	28 3	29 3	30 3

November accomplishments

- Jana Mclellan, CW Deputy Director, was assigned as Executive Director of Temporary Lodging. She is leading progress in partnership with Child Welfare Director, Rebecca Jones Gaston, and has implemented a strategic plan and governance structure.
- The strategic plan involves six workstreams. The Interagency Partnerships workstream includes the Oregon Health Authority, Medicaid, Juvenile Justice, Oregon Youth Authority, Multnomah County Mental Health Department, and the Office of Intellectual and Developmental Disabilities. The group convened three times in November and identified the scope, goals and objectives of their work.

December priorities

- Case specific escalation paths for leadership accountability for individual children who are in Temporary Lodging past 5 days has been drafted and is in review with leadership. These are planned to be implemented in January.
- Training of field staff about temporary lodging requirements has been ongoing, and DHS has set a deadline of Feb. 7, 2020 for all impacted staff to complete it. This includes the clarification that staff has the ability to allocate the same amount to avoid temporary lodging as they would pay for temporary lodging.

Child Welfare Workforce

With investments from the Oregon State Legislature, Child Welfare is hiring new positions to reduce caseloads to more manageable levels in line with national averages and at the same time, working to reduce staff turnover.

Data

Rolling 12-month trend in Social Service Specialist (SSS1) 1 caseworker staffing

This is a monthly picture of the SSS1 workforce, which includes every type of caseworker position. It shows a rolling 12-month trend. In February and March, the agency was unable to recruit new caseworkers due to the implementation of a new personnel data management system (Workday). The table reflects the most recent data available.

¹New SSS1 caseworkers: Hired or promoted into SSS1 position from inside or outside of DHS.

SSS1 Caseworker Recruitment and Retention Efforts

MEASURES	2018		2019										12-MO AVG
	NOV	DEC	JAN ³	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	
Total # of New SSS1 Caseworkers ¹	25	28	59	30	32	31	9	13	23	25	32	83	32.5
Total # of SSS1 Caseworker Separations	12	21	14	7	7	20	16	15	13	25	20	17	15.6
Impact on Total Caseworkers	13	7	45	23	25	11	(7)	(2)	10	0	12	66	16.9
Total # of SSS1 Caseworker Promotions ²	6	7	20	8	10	10	2	1	1	4	9	22	8.3

¹ New SSS1 Caseworkers: Hired or promoted into SSS1 position from inside or outside of DHS

² Total # of SSS1 Caseworker Promotions: Promoted into a higher position within Child Welfare, a subset of Caseworker Separations.

³ Human Resource data sourced from Workday system, starting January 2019.

November accomplishments

- Completed training for more than 50 new caseworkers.
- Conducted the first enhanced pre-service training for MAPS focusing on how they can best support caseworkers in their districts through targeted coaching and mentoring.

December priorities

- An additional 65 new caseworkers are scheduled to complete training.
- Onboarding new Training and Workforce Manager to focus on training and retention of workers.
- Close down “Surge Training” and transfer the newly developed training plans into the standard Child Welfare Training Unit for ongoing sustainability.
- Opening new recruitments to establish applicant pools for Child Welfare districts and branches with high attrition rates.

Operational Support

The Governor's Executive Order No. 19-03 included direction to address operational challenges, including compliance with public records law and ensuring accurate and timely data is available to improve operations, processes and decision-making.

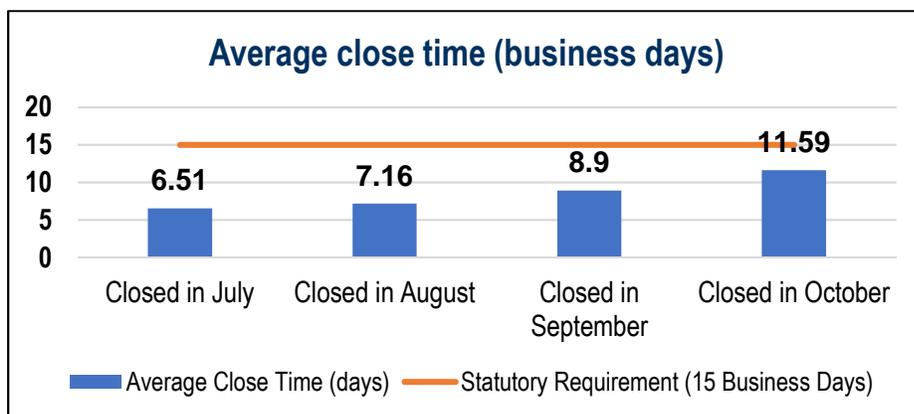
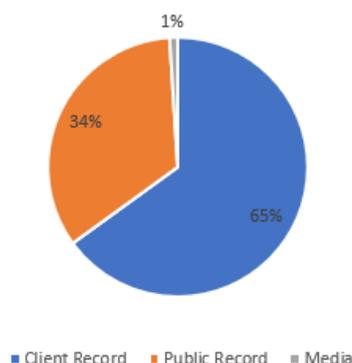
Data

Public records request processing

DHS created a centralized Public Records Unit in June 2019 to respond to public records requests, track policy compliance and report outcomes. The charts reflect the types of public records requests received in the Public Records Unit and the average time to close the requests. In November, 570 requests were received, 584 requests were completed and the median processing time was 10.3 days.

In compliance with statute, we acknowledge requests within five business days and make every effort to complete requests within 15 business days. On the rare occasion that we are unable to complete a request within 15 business days, we send a notice regarding why we need more time and providing a new estimate of when we will complete the request. Instances where we would request additional time include: DHS needing more information; the staff needed to finish the request are unavailable or the number of other requests being worked by DHS makes the deadline unrealistic.

Types of Requests in November



November accomplishments

- The Public Records Unit reduced average processing time from 11.5 to 10.3 days.
- The Public Records Unit absorbed record requests from all remaining parts of the department in November. This includes processing records for the Office of Developmental Disabilities, Self-Sufficiency Programs, Vocational Rehabilitation, and Central and Shared Services.

December priorities

- ORRAI continues to support planning and next steps with the Marion County Family Preservation Collaborative for developing resources and services for children and families identified by the Children's Public Private Partnership (CP3) efforts. ORRAI is providing maps that show the locations of children and families and the probability of successfully reunifications. The goal of ORRAI's work is to use data to safely reduce the number of children in the foster care system and improve outcomes for families.