# Child Welfare Monthly Report

**Report Date: May 2019**

The first table in this report is a monthly picture of the status of our Child Welfare SSS1 workforce. This section of the report shows a rolling 12-month trend in the current SSS1 Caseworker staffing.

## *SSS1 Caseworker Recruitment and Retention Efforts*

| MEASURES | 2018 | | | | | | | | | 2019 | | | 12-MO AVG |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | JAN[3] | FEB | MAR | |
| Total # of New SSS1 Caseworkers[1] | 36 | 35 | 44 | 45 | 47 | 30 | 37 | 25 | 28 | 59 | 30 | 32 | 37.3 |
| Total # of SSS1 Caseworker Separations | 18 | 18 | 20 | 25 | 21 | 29 | 16 | 12 | 21 | 14 | 7 | 7 | 17.3 |
| **Impact on Total Caseworkers** | **18** | **17** | **24** | **20** | **26** | **1** | **21** | **13** | **7** | **45** | **23** | **25** | **20** |
| Total # of SSS1 Caseworker Promotions[2] | 9 | 9 | 2 | 4 | 7 | 3 | 11 | 6 | 7 | 20 | 8 | 10 | 8.0 |

[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.*

## *Retention is key:*

We have begun our Regional Training Days for our Social Service Specialist I (SSSI) positions, CPS workers, Permanency workers, Certifiers, Adoption workers and Screeners. This is a full day of advanced training opportunities which provide our SSSIs the opportunity to learn new skills, enhance practice, and engage with peers. The Regional Training Days feature a variety of topics: Trauma Informed Care, Question, Persuade and React - Suicide Prevention, Chronic Neglect, Morrison Parent Mentor Panel, Dealing with Stress Through Humor and Self-Awareness and Regulation.

So far, we have trained 140 staff in Redmond, The Dalles and Pendleton. We will be in Medford this week. Regional Training Days will continue through July with locations in Portland, Salem, Eugene and Lincoln County.

Quotes from staff:

- "It was great to get time for myself to laugh and learn away from the stress of the job."

- "Thank you for providing these trainings, they should be offered more often."
- "Thank you, the training was great and much needed."

## *Position Authority, Workload Levels and the Caseworker Gap*

| | 2018 | | | | | | | | | 2019 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MEASURES** | **APR** | **MAY** | **JUNE** | **JULY** | **AUG** | **SEPT** | **OCT** | **NOV** | **DEC** | **JAN** | **FEB** | **MAR** |
| 100% Caseworker need (WKLD MDL) | 1,825.66 | 1,859.01 | | | | | | 1,845.04 | | | | |
| Current Position Authority (funded Level) | 1,509.62 | | | | | | | | | | | |

The Legislature approved 186 positions for Child Welfare which have been allocated to the Districts with an equity versus equality lens. The positions are being rolled out in waves. Twenty-five (25) Case Aide positions were released April 2018, all of whom have been hired. Twenty-five additional case aides were released and hired on or before July 2018. Seventy-five (75) Social Service Specialist 1(SSS1) positions were released in waves of Twenty-five (25) on July 1, 2018, October 1, 2018 and the last 25 will be released in January 1, 2019. Four Supervisor positions were released in July 2018, 3 in October 2018 and 3 in January 2019. Twenty-three (23) Social Service Specialists (SSAs) who provide visitation supervision and twenty-five (25) Administrative Staff (OSII's) were all released in July 2018.

The two months without the ability to hire has set us back a bit and the hiring is still a bit sluggish, but we are all working together to get requisition posted, staff hired and on-boarded. Human Resources is working closely with us and we are finding ways to get our process underway, they have been a good partner. They have also been working with our consultant, A&M, to see how they can streamline the process as we move forward.

## *Foster System Capacity*

***Having more foster homes available will help assure a proper first-time placement for each child.***

| MEASURES | DESIRED DIRECTION OF CHANGE | 1/2019 | 2/2019 | 3/2019 | CHANGE FROM PRIOR MONTH | 3/2018 | CHANGE FROM PRIOR YEAR | 12-MONTH TREND |
|---|---|---|---|---|---|---|---|---|
| **# OF OPEN DHS-CERTIFIED FOSTER HOMES, BY TYPE:** | | | | | | | | |
| CHILD-SPECIFIC FOSTER CARE | ▲ | 2,565 | 2,532 | 2,513 | NOT IMPROVED | 2,714 | NOT IMPROVED | |
| GENERAL FOSTER CARE | ▲ | 1,507 | 1,506 | 1,519 | IMPROVED | 1,558 | NOT IMPROVED | |
| **TOTAL FOSTER CARE** | ▲ | **4,072** | **4,038** | **4,032** | NOT IMPROVED | **4,272** | NOT IMPROVED | |

## *On the road to partnership:*

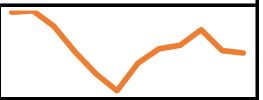
On May 15th we met with a large contingency of providers to discuss a continuum of care for our Oregon youth. Both Director Pakseresht, DHS, and Director Allen, OHA, opened the meeting. We discussed Utilizing the capacity and service matching research provided by the Office of Research, Reporting, Analytics and Implementation (ORRAI). Using the level of care assessments for individual plans of care and having a greater understanding of the system need. Being planful, appropriate and only transitioning youth when they have completed their plan and are ready to step down and focusing on only bringing them back to Oregon if we have the appropriate placement while working with OHA, CCO's and our partners to build capacity and end the need for out of state placements.

Other discussions were centered around; Reviewing our 60-Day initial action steps and planned next steps, sharing the draft DHS Capacity and Service Matching Research, sharing Child Welfare investments and work underway and ending with a large Group Discussion – Solutions and addressing needs of our youth.

Our level of care and clinical needs assessments have been completed by the Oregon Health authority's contractor Co-magine Health for each youth placed out of state. The themes were;

- ✓ Most youth are placed in the appropriate levels of care
- ✓ Youth are progressing in their treatment
- ✓ A couple of youth may require a higher level of care
- ✓ A few youth are beginning their transition planning as the complete their treatment goals.

## *Child Abuse and Neglect*

| MEASURE | DESIRED DIRECTION OF CHANGE | Average of 10/18 to 1/19 | Average of 11/18 to 2/19 | Average of 12/18 to 3/19 | CHANGE FROM PRIOR MONTH | Average of 12/17 to 3/18 | CHANGE FROM PRIOR YEAR | 4 MONTH ROLLING AVERAGE FOR LAST 12 MONTHS |
|---|---|---|---|---|---|---|---|---|
| **CHILD ABUSE AND NEGLECT REPORTS:** | | | | | | | | |
| # OF REPORTS REFERRED FOR ASSESSMENT | ▼ | 3,297 | 3,140 | 3,122 | IMPROVED | 3,229 | IMPROVED |  |

*Each month's data point is a moving average of four months of data.*

The Oregon Child Abuse Hotline (ORCAH) has been experiencing high call volume, long wait times and two service outages, one on Monday 05/06 and one on Wednesday 05/08, lasting about an hour each time. Data from these days is questionable given the impact on the OpenScape system after the service returned. The sixth Screener Academy wrapped up this week, using a modified schedule so that participants are available in the afternoons to assist with higher call volumes during those times. ORCAH also received a great deal of guest

screening support from various districts to increase the rate at which calls were answered and decrease caller wait times. Each district committed several staff, a total of 75 statewide to answer phones from 1:00 pm to 7:00 pm.

November 2018: 5409 calls
December 2018: 4598 calls
January 2019: 5174 calls
February 2019: 7067 calls
March 2019: 10,104 calls
April 2019: 21,506 call

| | ***LEA*** | | | ***Mandatory Reporter*** | | | ***General Public*** | | |
|---|---|---|---|---|---|---|---|---|---|
| ***Week 4/21-4/27*** | **Average Wait** | **Max Wait** | **Shortest** | **Average Wait** | **Max Wait** | **Shortest** | **Average Wait** | **Max Wait** | **Shortest** |
| | ***1:44*** | ***35:42*** | ***0:00*** | ***10:00*** | ***2:42:29*** | ***0:01*** | ***15:02*** | ***2:12:11*** | ***0:01*** |
| | ***LEA*** | | | ***Mandatory Reporter*** | | | ***General Public*** | | |
| Week 4/28-5/4 | ***Average Wait*** | ***Max Wait*** | ***Shortest*** | ***Average Wait*** | ***Max Wait*** | ***Shortest*** | ***Average Wait*** | ***Max Wait*** | ***Shortest*** |
| | ***1:25*** | ***14:36*** | ***0:00*** | ***3:41*** | ***54:15*** | ***0:07*** | ***4:28*** | ***47:55*** | ***0:01*** |

| MEASURE | TARGET GOAL | DESIRED DIRECTION OF CHANGE | Q3 2018 | Q4 2018 | Q1 2019 |
|---|---|---|---|---|---|
| **RE-ABUSE:** OF ALL CHILDREN WHO WERE VICTIMS OF A SUBSTANTIATED OR INDICATED REPORT OF MALTREATMENT DURING A 12-MONTH TARGET PERIOD, WHAT PERCENT WERE THE VICTIMS OF ANOTHER SUBSTANTIATED OR INDICATED MALTREATMENT ALLEGATION WITHIN 12 MONTHS OF THEIR INITIAL REPORT? | ≤9.1% | ▼ | 11.5% | 11.4% | 11.3% |

Domestic Violence plays a significant role in our re-abuse. Because of our domestic violence issue, we are bringing in the Safe and Together Training. Safe & Together Institute offers four levels of progressive training in domestic violence-informed practice and process change. It's CORE Training has a focus on assessment, interviewing documentation and case planning key sills. The Advance Training builds upon CORE training and offers a more in-depth look at key practice issues relating to the Safe & Together Model and how to become more domestic violence-informed. The Coach Training prepares professionals to be peer coaches to their colleagues and improves the transfer of knowledge as well as provides ongoing support for our practice and lastly the offer Advocate training. Advocate Training is the cornerstone of

community efforts, to reduce system barriers and keep families safe and together. We would like to train and get some of our MAPS and Consultants certified so that they can provide ongoing support for our supervisors and staff.

## *Foster Care*

| MEASURES | DESIRED DIRECTION OF CHANGE | Average of 10/18 to 1/19 | Average of 11/18 to 2/19 | Average of 12/18 to 3/19 | CHANGE FROM PRIOR MONTH | Average of 12/17 to 3/18 | CHANGE FROM PRIOR YEAR | 4 MONTH ROLLING AVERAGE FOR LAST 12 MONTHS |
|---|---|---|---|---|---|---|---|---|
| # OF FOSTER CARE ENTRANTS: | ▼ | 272 | 271 | 285 | NOT IMPROVED | 322 | IMPROVED | |
| # OF FOSTER CARE EXITS: | ▲ | 312 | 287 | 298 | IMPROVED | 325 | NOT IMPROVED | |
| INCREASE EXITS TO ENTRIES RATIO[1]: | ▲ | 1.15 | 1.13 | 1.05 | NOT IMPROVED | 1.01 | IMPROVED | |

[1] *EXIT TO ENTRY RATIO : A ratio of 1 indicates the number of children entering care and the number of children exiting care matches. A ratio above 1 indicates exits exceed entries and is the desired outcome. A ratio below 1 indicates entries exceed exits and is not desired.*

*Each month's data point is a moving average of four months of data.*

## *Staff and other News*

Dear Mr. Nicks Boss:

Mr. Nick was promoted to a supervisor position just three months ago. He has continued to carry a caseload as well until they hire and train a new worker. I wanted to share this card with you that was written by a youth who was on Mr. Nicks caseload. Notes like this keep us all motivated and focused on why we are here, why we want to improve our practice and that anyone of us can have a positive influence on a youth, when we care. It is worth reading.

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Supervisor conference:

We just wrapped up our first conference for Supervisors and Office Managers! The theme of this year's conference is "Do Great Things". We believe investing in our Supervisors and Office Managers is key not only for their professional growth and development but for the enhancement of our workforce. The skills support and advanced learning opportunities for our leadership create a stronger foundation for the safety and wellbeing of the children and families we serve.

The conferences explore trauma informed care, clinical supervision, leadership development, Native Child Welfare past and present, wellness and other topics.

The conferences are being held in Salem in May and June to ensure Supervisors and Office Managers have attendance options and there is adequate coverage in offices.

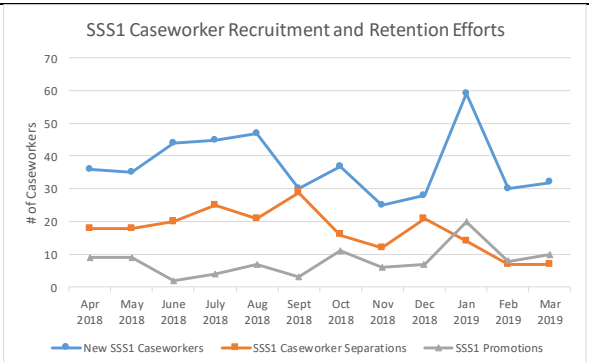
## *The Second Story:*

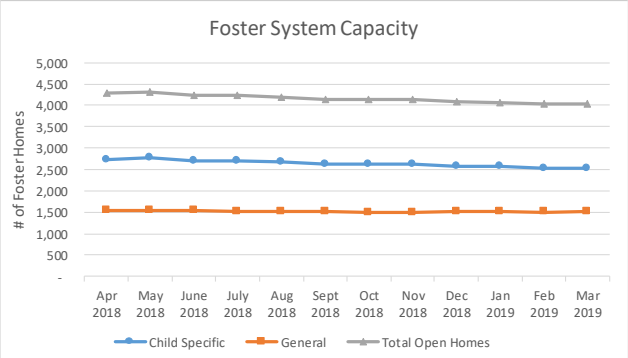
In partnership with Casey Family Programs, the Child Safety team is excited to begin working with Dr. Michael Cull for technical assistance in our work around safety culture and improving our understandings of, and learnings from our (CIRTS) critical incidents.

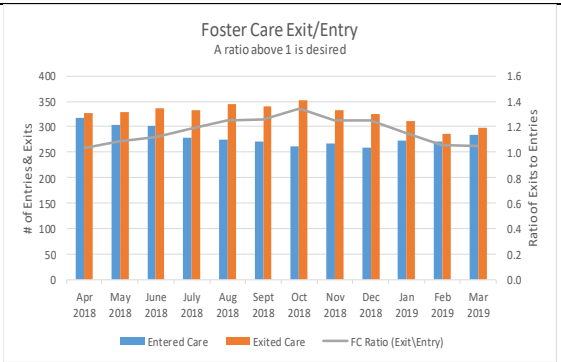
Dr. Michael Cull is a Policy Fellow at Chapin Hall. His work focuses on quality improvement and system reform efforts in child welfare jurisdictions. Dr. Cull has specific expertise in applying safety science to improve safety, reliability, and effectiveness in organizations. His approach leverages tools like organizational assessment and systems analysis of critical incidents, including deaths and near deaths, to build team culture and help systems learn and get better. Dr. Cull is a licensed nurse practitioner with a specialty in child and adolescent psychiatry. He holds a Master of Science in Nursing degree from Vanderbilt University and received his PhD from the Institute of Government at Tennessee State University.

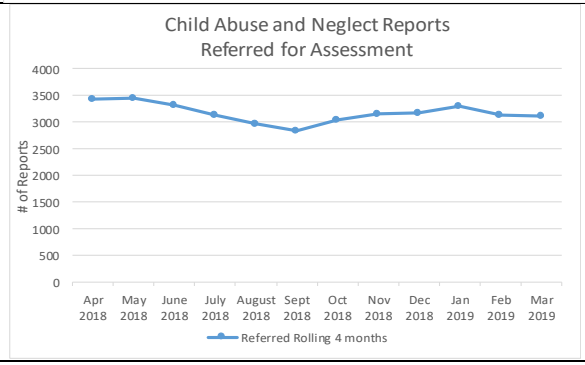
Chapin Hall at the University of Chicago promotes a comprehensive, multi-disciplinary, systems approach to critical incident reviews that is grounded in safety science. The critical incident review process recognizes the inherent complexity of child welfare work, acknowledges that staff decisions alone are rarely direct causal factors in a critical incident, and provides a safe and supportive environment for child welfare professionals to process, share, and learn (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016; National Center for Fatality Review and Prevention, 2018).

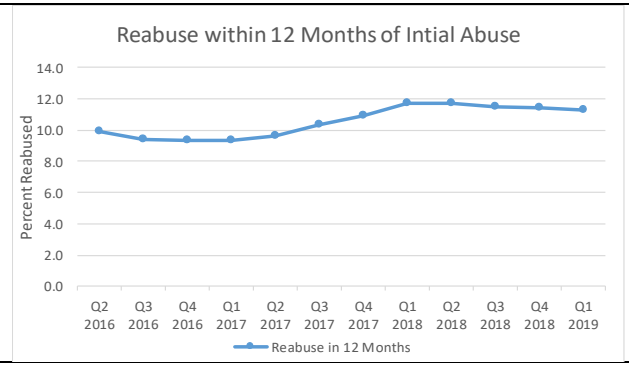
The CIRT team will begin work with Dr. Cull in early June.

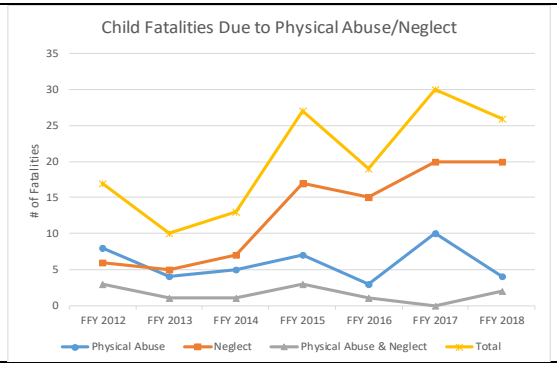


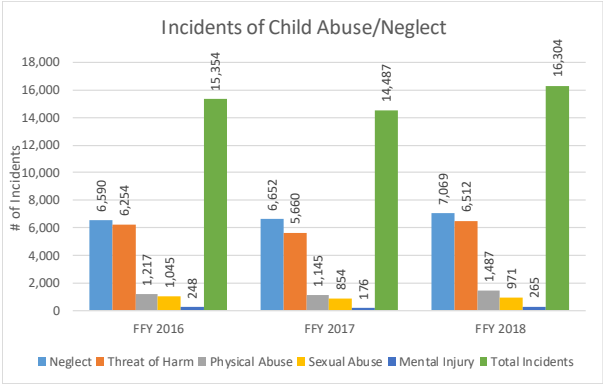




**Reasons Children Enter Foster Care FFY 2017 to FFY 2018**

*(includes all types of foster care)*

| | FFY 2017 | | FFY 2018 | | |
|---|---|---|---|---|---|
| **Removal Reason** | **Number** | **% of Entrants** | **Number** | **% of Entrants** | **Change in % from Prior Year** |
| Neglect Abuse | 2,856 | 70.3% | 2,373 | 66.3% | - |
| Parent Drug Abuse | 2,113 | 52.0% | 1,671 | 46.7% | - |
| Inadequate Housing | 698 | 17.2% | 706 | 19.7% | + |
| Domestic Violence | 622 | 15.3% | 671 | 18.7% | + |
| Inability To Cope | 566 | 13.9% | 512 | 14.3% | + |
| Physical Abuse | 557 | 13.7% | 571 | 16.0% | + |
| Parent Alcohol Abuse | 535 | 13.2% | 422 | 11.8% | - |
| Incarceration Of Parent | 413 | 10.2% | 331 | 9.2% | - |
| Child Behavior | 282 | 6.9% | 262 | 7.3% | + |
| Sex Abuse | 210 | 5.2% | 195 | 5.4% | + |
| Abandonment | 125 | 3.1% | 156 | 4.4% | + |
| Child Drug Abuse | 62 | 1.5% | 55 | 1.5% | = |
| Death Of Parent | 42 | 1.0% | 19 | 0.5% | - |
| Child Alcohol Abuse | 23 | 0.6% | 28 | 0.8% | + |
| Relinquishment | 13 | 0.3% | 13 | 0.4% | + |
| Child Disability | - | 0.0% | - | 0.0% | n/a |
| **Total Foster Care Entrants** | **4,065** | | **3,579** | | |