



**State of Oregon
Department of Human Services
Office of Child Welfare Programs**

**Child and Family Services Plan
2020-2024**

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<https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>

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I. General Information

The Department of Human Services, Office of Child Welfare Programs is the state agency responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. The Department provides child abuse and neglect investigations; child safety and risk assessment; prevention, family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence and well-being of children in foster care and with adoptive families; adoption recruitment and support services; and health care services for children in out-of-home care.

The Child Welfare Program, organizational chart is provided as Attachment 20.

Mission: Every child and family is empowered to live independent, safe and healthy lives.

Vision: Every child and family has a safe and positive environment in which to live and develop.

Action: Promote exceptional and equitable service by embracing opportunity for growth and providing innovation, resources and support to our staff.

Collaboration

The Department is focused on a renewed vision for how to engage community partners, families and youth in an ongoing and relevant way that supports child safety and positive outcomes for families and youth.

Many of the advisory committees listed below are currently being reviewed to update roles and responsibilities of participants. CQI goals described later in this document focus on the development of measurable outcomes for what participants should expect to contribute and gain from their participation.

Community Partners

- Juvenile Court Improvement Program (JCIP)
- Citizen Review Boards (CRB)
- Oregon's nine federally recognized Native American Tribes
- Indian Child Welfare Advisory Committee
- Governor's Children's Foster Care Advisory Commission
- Children's Justice Act Task Force (CJA Task Force)
- Domestic Violence Advisory Committee (DVAC)
- Child Welfare Advisory Committee (CWAC)
- Child Welfare Parent Advisory Committee
- Critical Incident Review Teams (CIRT)
- Coalition of Adoptions Agencies
- Court Appointed Special Advocates (CASA)
- Commercial Sexual Exploitation of Children (CSEC) Steering Committee
- LGBTQQ Equity and Inclusion Collaboration Team
- Oregon Foster Youth Connection (OFYC)
- Other state agencies, such as the Oregon Health Authority and Department of Education

- Locally District Managers, Program Managers who meet regularly with their community partners and stakeholders to address issues specific to the local community, its families and children

Oregon's Child Welfare director and leadership representatives are members of the Juvenile Court Improvement Program (JCIP) Advisory Committee. The Advisory Committee provides oversight of the work of JCIP and meets quarterly throughout the year. Collaboration between Child Welfare and the courts supports CIP goals to enhance the quality of court hearings; improve timeliness of permanency; and improve judicial practices and leadership in juvenile dependency cases.

The Domestic and Sexual Violence Advisory Committee advises the Department, advocates for survivors of domestic and/or sexual violence advocates for programs and services for survivors, and collaborates with other funding agencies and statewide groups. Representatives are appointed by the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) and include non-OCADSV members, community members, a representative from the OCADSV office, a representative from the Sexual Assault Task Force, and DHS staff. The committee assists in general oversight of the Domestic and Sexual Violence fund allocation and monitoring process, including participation in site visits of funded programs. It generally meets monthly by webinar, with two in-person meetings per year.

Child Welfare representatives work with the Commercial Sexual Exploitation of Children Steering Committee (CSEC). This group meets monthly to continue focused effort to provide additional services to sex trafficking victims.

The LGBTQQ Equity and Inclusion Collaboration Team meets monthly and subcommittees meet in addition to the entire group. The group seeks to positively impact the quality of services for clients and the working conditions for staff.

Oregon Child Welfare meets regularly with the nine federally recognized Oregon tribes through the Indian Child Welfare Advisory Committee (ICWA). The purpose of ICWA Advisory is to advise, consult with, and make recommendations to Child Welfare leadership on policy, programs, practice and data that impact Indian children who are members of or eligible for tribal membership in an Indian tribe. The ICWA Advisory Committee meets quarterly.

The Child Welfare Advisory Committee (CWAC) has historically met quarterly. Leadership changes at Child Welfare in the prior year have interrupted CWAC quarterly meetings. The Child Welfare Deputy Director is reviewing the Committee charter and membership to support a renewed vision for collaboration and participation.

Recent and Current Collaborations

- Development and Implementation of Statewide Centralized Hotline, ORCAH. This project was developed to address systemic issues and to create consistency in screening decisions statewide. This created opportunity for strategic collaboration and engagement with community partners across the state, including law enforcement, Oregon Tribes, district attorneys, child welfare staff, judges, and key stakeholders. This work is ongoing.
- Legislation supported funding for statewide implementation of full representation of Child Welfare by the Department of Justice. This created opportunity to partner with key

stakeholders which included legislators, judges, court staff, CASAs, Child Welfare staff, and defense attorneys.

- Ongoing work continues with Oregon's Tribes. There is an increased focus on collaboration and ensuring consistent application of ICWA standards and guidelines. Quarterly meetings occur, as well as a statewide conference with a focus on culturally relevant considerations in assessing safety, well-being and permanency, which involves Tribal families and youth, as well as Tribal and state agencies.
- Supervisor Conferences in 2018 engaged parents and youth formerly involved with Child Welfare who shared their experience in the Child Welfare system and provided opportunity for learning.
- Collaborating with former foster youth to provide learning opportunity around how to improve our Child Welfare system.
- Safe Families creates opportunity to collaborate and partner with local faith-based communities to develop a less intrusive safety intervention for families in crisis. Safe Families recruits host families primarily from communities of faith. The Department started planning with the faith-based communities connected to Safe Families in July 2018. The details of the contract are being worked out and the planned go live date for Safe Families is July 1, 2019.
- District 7 (Coos and Curry counties) is running a pilot project focused on the goal of enhancing intra-department collaboration between Child Welfare, Self Sufficiency, Vocational Rehabilitation, and Seniors and People with Disabilities.
- Co-located Domestic Violence Advocates continue to be housed in Child Welfare offices across the state. There is ongoing training and engagement with survivors and state and community providers to ensure timely and safe services.
- DHS is currently partnering with Early Learning Center/Office of Child Care on a Tandem Daycare Pilot. This project enhances partnership between Office of Child Care and Child Protective Services caseworkers to ensure strong communication between multiple agencies.
- The Foster Care and Independent Living Program regularly and actively engages with our community and governmental partners. The following is not an exclusive list but is indicative of the collaboration with our community and governmental partners:
 - Every Child is a community partner working with us on the retention and recruitment of Foster Families. They will be fully operational statewide in the next five years. They will also be our primary partner for collecting data on foster parent inquiries.
 - Oregon Foster Youth Connections is a community partner developed to give Foster and Former Foster Youth a voice in Child Welfare System. We meet with them monthly to collaborate and consult on programming, training, policy, and legislation.
 - Foster Club is a national foster youth organization with which we partner on special projects to bring the foster youth's voice into our Child Welfare system. Most recently

we connected Every Child and Foster Club, as Foster Club is building online foster parent orientation videos from a youth's perspective.

- Oregon Foster Parent Association is a statewide community partner that we meet with quarterly and additionally as needed to bring the Foster Parent voice into child welfare. We consult with them on communication, policy, training and practice.
 - Portland State University is our primary training partner for staff and foster families. We are working with them on a long-term plan to redesign the content and delivery of our Foster Family training.
 - Oregon Social Learning Center is a national research and practice organization with whom we're partnering to deliver a statewide foster parent support and training program. This collaboration is dependent on funding the KEEP contract statewide. There was a pilot in Multnomah County that was scheduled to end in January 2019, but has been extended 9 months to maintain momentum. The Governor's budget proposal would fund statewide implementation, including eight trainers to help roll KEEP out statewide.
 - We meet quarterly with the Oregon Youth Authority (OYA) to collaborate on programming for our older youth. OYA has provided guidance in building a community advisory committee to assist with our work with LGBTQ youth.
 - We are working with DHS Self-Sufficiency Program (SSP) and OYA to make Adult Self-Sufficiency services more accessible to young adults in or leaving state custody.
 - We are partnering with ERDC services to determine the feasibility of providing ongoing child care payments for Foster Parents.
 - We recently renewed our relationship with the Central and Eastern Oregon Juvenile Justice Consortium. The Consortium is made up of Juvenile Department Directors, OYA and DHS to address service needs in Central and Eastern Oregon communities.
- The Treatment Services program continues to work with child-caring agencies, other state agencies (primarily the Oregon Health Authority, the Oregon Youth Authority, and the Oregon Department of Education), and community stakeholders to ensure community supports exist for children and young adults who require out-of-home placement for behavioral rehabilitation services. The collaboration focuses on identifying treatment needs, establishing and maintaining appropriate compensation rates, and overall service outcomes of child well-being and permanency.

II. Assessment of Current Performance in Improving Outcomes

Child & Family Outcomes

Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

Item 1: Timeliness of initial investigations of reports of child maltreatment

The table below, from the Results Oriented Management (ROM) data system, shows the number of allegations of abuse or neglect that were assigned for assessment within either 24-Hour or 5-Day response times for federal fiscal years (FFY) 2014 through 2018, and the number and percentage of timely contact.

| Timeliness of Initial Contact by Federal Fiscal Year | | | | | | | | | |
|--|--------------------|-----------------|----------------|-----------------|-----------------|----------------|----------------------|-----------------|----------------|
| FFY | 24- Hour Responses | | | 5-Day Responses | | | Total Investigations | | |
| | Number Timely | Total Responses | Percent Timely | Number Timely | Total Responses | Percent Timely | Number Timely | Total Responses | Percent Timely |
| 2014 | 11,792 | 18,479 | 63.8% | 4,439 | 6,626 | 67.0% | 16,231 | 25,105 | 64.7% |
| 2015 | 13,480 | 20,850 | 64.7% | 5,065 | 7,113 | 71.2% | 18,545 | 27,963 | 66.3% |
| 2016 | 14,987 | 22,430 | 66.8% | 7,235 | 10,105 | 71.6% | 22,222 | 32,535 | 68.3% |
| 2017 | 20,656 | 27,107 | 76.2% | 8,549 | 10,576 | 80.8% | 29,205 | 37,683 | 77.5% |
| 2018 | 24,553 | 31,353 | 78.3% | 3,903 | 4,804 | 81.2% | 28,456 | 36,157 | 78.7% |
| Five-Year Total | 85,468 | 120,219 | 71.1% | 29,191 | 39,224 | 74.4% | 114,659 | 159,443 | 71.9% |

Source: ROM CPS.03 Time to Initial Contact -data pulled 4/4/19.

Oregon has shown marked improvement (14%) on the timeliness of initial contact over the course of 5 years. Child Safety Program consultants provide a monthly analysis of key performance measures including Timeliness of Initial Contact. This data point is analyzed to determine root causes including both practice and systemic issues. Each month, these reports are provided to district leadership and reviewed to develop ongoing and sustainable practice improvements.

Analysis of statewide and individual branch trends in the 36 counties show three primary causes for cases not meeting the goal of 95% on this measurement during 2018 and early 2019. The primary issue is lack of data entry into the OR-Kids system. As CPS workers prioritize making quality and timely contacts with children and adults on their assessments with increasing workloads they are not getting contacts entered timely. Consultants and branch administrative staff are utilizing ROM reports to pull data weekly which is reviewed with CPS workers. Each of the 16 districts have identified weekly or daily protected time for CPS workers, typically 60-90 minutes, during which CPS workers will enter assessment activities into the OR-Kids system. MAPS are providing one on one coaching to workers who have under one year of service in several of the districts to address improving accuracy of this measurement.

The second identified cause for missed timelines is related to delays in assignment of the screening report. Oregon is implementing a statewide child abuse hotline that is comprised of over 70% new screeners, which has caused some delay in timely screening decisions. Oregon's timelines begin at the

time of a call to the child abuse hotline resulting in missed timelines when the CPS worker receives a report after the initial response time has passed or without sufficient time to make contact within the initial response time. As child abuse hotline screeners are trained and staffing needs are met this issue is anticipated to improve significantly.

The third cause for missed timelines for initial contact is due to missed or delayed response to the assigned timeline. Consultants review these cases to determine if there is documentation regarding the missed timeline and review those cases with the local program managers and CPS supervisors. Case reviews indicate that many of these contacts are missed by minutes of time due and that CPS workers and supervisors are doing well at prioritizing initial contacts. As documentation of timeliness improves, safety consultants are training and coaching to ensure that ongoing and diligent efforts to make face to face with all children and adults occurs throughout the entirety of the assessment to align with our safety measures in the CFSR. Accuracy of timeliness documentation and entry has improved significantly through partnering with local branch MAPS, consultants and OR-Kids trainers.

| CFSR Items 1 and 2 | Round 3 # of Applicable Cases | Round 3 % Rated as Area of Strength | PIP | | PIP | |
|--------------------------------------|--|--|--|--|--|--|
| | | | 02/2017 to 01/2018 # of Applicable Cases | PIP % Rated as Area of Strength | 02/2018 to 03/2019 # of Applicable Cases | PIP % Rated as Area of Strength |
| Item 1 "Timeliness to Investigation" | 40 | 58% | 110 | 59% | 113 | 48% |
| Item 2 "Services to Prevent Removal" | 21 | 81% | 59 | 88% | 55 | 93% |

In the CFSR Round 3 ratings, there were 40 cases reviewed where the review of Timeliness to Investigation applied. Of the 40 cases, 23 (58%) were rated as a "Strength" and 17 as "Area Needing Improvement (ANI)". From February 2017 to January 2018, Program Improvement Plan (PIP) baseline CFSR had 110 applicable cases and 65 (59%) were rated as a strength. In the PIP from January 2018 to March 2019, there were 113 applicable cases and 54 (48%) were rated as a strength. This area continues to need improvement.

The difference between the ROM data and the CFSR review is significant in evaluating this item. ROM data captures any attempts a CPS worker made to contact the parents and child within the required response time. CFSR data, on the other hand, requires ongoing diligent efforts to contact the family face to face. ROM data would show a timely contact where a caseworker attempted to contact the family at the home but was not able to make contact. If the caseworker did not continue to diligently attempt contact, the CFSR review would likely consider the case as needing improvement.

Improve timeliness to face to face contact with children and families during CPS assessments.

CPS workers will utilize available technology including Surface Pros, Speak Write and iPhones to accurately enter initial contacts into OR-Kids that reflect timely response to reports of abuse.

Child Safety Program consultants have provided training using the Speak Write template and distributed to all CPS workers and supervisors during late summer and fall of 2018. CPS workers now have the Speak Write “app” on their iPhone and can use it immediately following contacts in the field to ensure timely and accurate documentation of meaningful face to face contacts. Several branches have implemented a model in which the MAPS go out with the new workers (those with under one year of service) and train CPS workers to utilize Speak Write to document their timely response. Several districts have implemented mandatory usage of Speak Write for CPS workers. During the overdue work with safety consultants (September 2018 through February 2019) workers were provided one on one training and support to utilize Speak Write to complete documentation.

Child safety consultants have incorporated CFSR objectives and outcomes into their 2019 monthly and quarterly reports to align with key safety measures. The first quarterly reports were completed in April 2019, and the next quarterly reports will be written in July 2019. Action plans will be developed on a quarterly basis with each branch that will address root cause issues identified during case fidelity review that impact timeliness of meaningful face to face contact with all children and families while CPS assessments are pending. Beginning in July 2019, safety consultants will be scheduling labs and workshops with CPS workers, MAPS and case aides to ensure that efforts to engage families and corresponding documentation reflects ongoing diligent efforts to make face to face contacts to assess safety during the entire comprehensive CPS assessment.

Oregon Child Welfare has implemented a requirement for weekly individual supervision for all SSS1’s that are under two years in their employment. This initiative was led by the Child Welfare director during early fall 2019 and implemented in branches during late fall 2019. Safety program has requested that CPS supervisors schedule weekly supervision for all CPS workers with any overdue assessments to ensure that safety is managed and to identify weekly goals and strategies to complete assessment activities and documentation. CPS program developed a one-page check list for supervisors to structure supervision and ensure that key safety elements are discussed and followed up on. That was provided to the field in February 2019.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

Item 2: Services to the family to protect children in the home and prevent removal or re-entry into foster care.

This outcome measures the efforts of the agency, through service provision, to prevent removal of child(ren) or re-entry after a reunification. This measure is considered met when the agency has made concerted efforts to provide appropriate and relevant services to the family to address the safety issues, so their child(ren) can remain safely at home or would not re-enter foster care. The CFSR rating criteria for this item also considers whether the removal of the child was necessary to ensure the safety of the child.

Children Served In-Home

Oregon’s Office of Reporting, Research, Analytics and Implementation (ORRAI) developed a report (which has recently been incorporated into ROM reports under the IC series of reports) of children served in home. This is a point in time report indicating a child has been identified as unsafe, however safety can be managed in the family home, or a Family Support Services (FSS) case has been opened so services can be offered to a family.

Two Case Types are included for the Children Served In-Home population, with children on a CPS case type being the larger of the two groups.

- A child on a **CPS case** will be included if there is an open Protective Action, Initial Safety Plan, or Ongoing Safety Plan entered and the child(ren) are remaining in the family home.
- A child on an **FSS case** will be included if an FSS Assessment is approved and all children identified on the FSS case will remain in the family home.

| Count of Children Served In Home | | | |
|---|--|--|--|
| Federal Fiscal Year | In-Home Caseload First Day of Period ¹ | Ending Caseload Last Day of Period ² | In-Home Total Served During Period ³ |
| FFY 2014 | 1,773 | 1,351 | 5,863 |
| FFY 2015 | 1,351 | 1,330 | 5,426 |
| FFY 2016 | 1,328 | 1,336 | 6,708 |
| FFY 2017 | 1,337 | 1,347 | 8,259 |
| FFY 2018 | 1,347 | 1,249 | 8,311 |

Source: ROM IC.01 Count of Children Served In Home - data pulled 4/8/19

¹ for children under age 18 on first day of period, ² for children under age 18 on last day of period; ³ for children under age 18 on last day of FFY or last day of FC Episode, if sooner.

Oregon does capture data which more accurately represents the volume of work completed in the first 60 to 90 days of a case to manage safety of children in a way which helps prevent placement and long-term involvement with families. Changes were made to the in-home report, adding filters to more accurately capture work on those cases. There is ongoing training to improve the data entry to ensure that casework that is being done is not lost. For example, if a worker has a PS assessment open on a case and the assessment is overdue, there is no protective action plan in place, but the worker is providing ongoing services to the family, that case is lost in the data. Over the last five fiscal years, Oregon has seen a significant increase of 20.5% in the number of children served in home, with a slight decrease in caseload counts. This change is believed to be associated with efforts to ensure safety management and services are more accurately documented within CPS assessments. However, fidelity reviews completed between 2017 and 2018 indicate that in cases where present danger was identified, nearly 28% did not have a protective action plan documented in the case record when it was required. In cases where impending danger was identified, initial safety plans were missing in approximately 39%. This documentation is important because it allows our data to accurately reflect the caseload count. If the data is not entered, then caseload counts are under-reported.

Recurrence of Maltreatment

The national data indicator measures the following: of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months? Oregon does not meet the national standard of 9.1%.

Oregon ROM report SA.02 measures recurrence of maltreatment by the total child victims in the cohort and the number/percent of these children who had another substantiated or indicated (recurrence) that occurred within 12 months. The table displays the last five FFYs of this measure and shows an increase of 0.6% in the recurrence of maltreatment. Although this report does not yet perfectly align with the federal data, it does allow Oregon to track this measure for incremental improvements. The chart also shows an increase in the overall number of child victims in the last five years.

| Number and Percent of Children who had Another Substantiated Report within 12 months of the Initial Report, by Federal Fiscal Year | | | | | | | | | | |
|--|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
| Federal Fiscal Year | FFY 2014 | | FFY2015 | | FFY 2016 | | FFY 2017 | | FFY 2018 | |
| Safe | 8,859 | 91.2% | 9,071 | 90.3% | 9,667 | 90.8% | 9,680 | 88.9% | 11,491 | 88.3% |
| Recurrence | 857 | 8.8% | 972 | 9.7% | 982 | 9.2% | 1,207 | 11.1% | 1,516 | 11.7% |
| Total Child Victims | 9,716 | 100.0% | 10,043 | 100.0% | 10,649 | 100.0% | 10,837 | 100.0% | 13,007 | 100.0% |
| Initial maltreatment during | FFY 2013 | | FFY 2014 | | FFY 2015 | | FFY 2016 | | FFY 2017 | |

Source: ROM SA.02 Recurrence of Maltreatment- data pulled 4/9/19.

This measure includes all incidents of recurrence of maltreatment, regardless of case status. However, it is important to understand what the status of the case is to better understand the strategic approach to improve the safety of children. When the data is analyzed through the lens of case status types within the categories of open and closed cases, it shows that 28% of the incidents of recurrence happened on an open case versus the 72% occurring on closed cases. The 28% that occur on open cases are then further broken down into children in their Foster Care Episode (19.1%) and children on In-Home Status (8.9%).

The remaining 72% of the incidents of recurrence of maltreatment occurring on closed cases is comprised of cases in which children were determined safe and the CPS Assessment was closed with a founded disposition, identified as an “Assessment Only” case (57.6%) and closed cases that had prior In-Home or Foster Care status (10.5%). The statewide distribution of incidents as referenced above for FFY 2018 is displayed in the table below.

| Children who were victims of a substantiated report of maltreatment during a 12-month target period, and were victims of another substantiated maltreatment allegation within 12 months of their initial report. | | | | | | | | | | | | |
|--|-------|---------|------|----------------------|-------|------------------------|-------|-------------------------|-------|-----------------------------|-------|----------------|
| By child's status with the state (FC, Served In Home, or None of these) by Open or Closed Case Status | | | | | | | | | | | | |
| Report Time Period: October 1, 2017 - September 30, 2018 | | | | | | | | | | | | |
| Open Cases | | | | | | Close Cases | | | | | | Total Children |
| Foster Care | | In Home | | In CW (FC + In Home) | | Closed Assessment Only | | Closed in FC or In Home | | Not Served in FC or In Home | | |
| # | % | # | % | # | % | # | % | # | % | # | % | # |
| 290 | 19.1% | 135 | 8.9% | 425 | 28.0% | 873 | 57.6% | 159 | 10.5% | 1,091 | 72.0% | 1,516 |

Source: ORRAI Query, data pulled 4/11/19.

The above data indicates that areas of primary concern are Closed Cases Assessment Only and those cases where children are still in their foster care episode. It is important to note that all the incidents of recurrence while a child is in a foster care episode are also captured in the Maltreatment in Foster Care data and as such the analysis for this portion of the measure is also included in the Maltreatment in Foster Care data analysis. In the analysis of the 873 incidents of maltreatment that occurred on Assessment Only Cases, it is important to understand the volume of these type of cases. In FFY 2018, there were 12,585 unduplicated victims, of which approximately 7,985 were closed as assessment only. Oregon is currently within 2.6% of meeting the national standard.

Child welfare systems are designed to be responsive to allegations of abuse and neglect, so Recurrence of Maltreatment is one of the most telling measures for the success of a child welfare system.

Item 2 of the CFSR appears to align well with the administrative data in that in Round 3 Case Reviews, PIP baseline data from 02/2017 through 01/2018 and the PIP measurements from 02/2018 through March 2019, Item 2 Services to Prevent Removal was rated a strength starting at 81% and improving over time up to 93% in March 2019.

Item 3: Concerted efforts to assess and address risk and safety concerns of children in their own homes.

Item 3 was rated as a strength initially at 60% and then dropping down to 57% as of March 2019. Oregon identified overdue assessments as a primary contributor to poor outcomes in Item 3. Review results indicated workers were not advising families when assessments were concluded, assessments were kept open past the 60-day timeline, and workers were not making ongoing face-to-face contacts to continue assessing risk and safety while the assessment remained open. The same themes persist, such as lack of comprehensive assessments and not confirming safe environments in the foster home. In addition, reviewers found that there were a number of cases where Safety Plans were developed but not monitored appropriately.

Improve comprehensive safety assessments and ensure safety services adequately manage child safety during in-home plans including but not limited to trial home visits.

Targeted data collection regarding recurrence of maltreatment will be gathered and reviewed monthly with local leadership in all 16 districts. The reviews include root cause analysis on a representative sampling of children experiencing re-abuse in each district. Specific trends and themes will be identified and relevant action items that address child safety will be developed with district leadership.

The Child Safety Team continues to utilize ROM to capture each districts recurrence of maltreatment monthly. This data is analyzed within the district quarterly reports using a random sampling of cases to complete root cause analysis and develop branch Action Plans. The overdue assessment project also allowed for in-depth review of pending cases to evaluate practice trends and issues with immediate feedback to CPS workers, supervisors and program managers. Analysis of these cases was integrated into the sustainability planning within districts that have experienced high rates of recurrence (greater than 11%). Training and coaching needs were identified regarding chronic neglect, substance abuse, and domestic violence. There are 7 districts that are currently at a rate higher than the statewide average that have been identified to focus training and coaching by the Safety Team (Districts 14, 4, 7, 1, 10, 8, 11, 12). Branch strategies were developed and work is continuing to determine what the root cause for the issues is, using the Five Why's tool. These strategies will be documented into an Action Plan and reviewed each quarter (July and October 2019).

Safety Consultants from Districts 4, 7, 10, and 8 attended the Coastal Domestic Violence Summit in March 2019 and consultants from District 14, 1, 11, and 12 will attend the same conference in Pendleton in summer 2019. All Oregon Safety Consultants participated in training from the Butler Institute on Chronic Neglect in February 2019 and will be completing train the trainer for Chronic Neglect in August 2019. Safety and permanency consultants will be training all SSSI's statewide on Chronic Neglect at regional trainings from April to July 2019. Safety consultants provided training at CPS unit meetings in March and April 2019 to review rule requirements regarding review of Child Welfare history and records, how to analyze that information and the use of timelines as a tool in understanding and articulating patterns of abuse.

Safety Consultants will be trained in Safe and Together in June 2019 and Safety program will identify six consultants/MAPS to be certified in providing Safe and Together Training in branches and regionally for CPS workers, MAPS and supervisors in 2019 and 2020.

Based on CPS Fidelity Reviews completed across the state, areas impacting child safety planning and decisions have been identified. District-specific Action Plans have been developed. While each district is able to individualize their Action Plan according to their specific needs, all districts have similar elements of focus including but not limited to: ensuring all required interviews are completed, making sufficient collateral contacts, gathering comprehensive safety related information, and accurately applying the safety threshold criteria.

Planning is in process with Action for Child Protection and Casey Families to address the deficiency in a sustainable training/coaching plan for supervisors, MAPS and Consultants on the safety practice model. Three planning meetings have occurred (late March, April, May). Child safety and permanency staff experts are involved in this partnership with Action and Casey consultants.

Child Safety and Permanency consultants are also attempting to align fidelity reviews and the CPS/OSM review tool is being updated to reflect Action for Child Protection's feedback from their review of cases and our current fidelity tool. This updated tool should be complete and ready for use by end of May. Action Plans for both program areas have also been combined into one document so branches do not have multiple plans.

Permanency Outcomes

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 4: Child is in a stable placement and placement changes were in child’s best interest

During the PIP baseline CFSR review period, this item was rated a strength at 74% (118 of 160 applicable cases). This ticked slightly up to 75% during the PIP measurement period (February 2018 – March 2019). Below are two tables that show the rate of placement moves per 1,000 days in foster care. The target goal for this number is 4.12 moves per 1,000 days.

| Rate of Placement Moves per 1000 days in Foster Care for Children entering Foster Care in a 12-month Period by Federal Fiscal Year | | | | | | | | | | | | | | | | | | | | |
|--|----------|-------|---------|------|----------|-------|---------|------|----------|-------|---------|------|----------|-------|---------|------|----------|-------|---------|------|
| Rolling 12 Month Period | FFY 2014 | | | | FFY 2015 | | | | FFY 2016 | | | | FFY 2017 | | | | FFY 2018 | | | |
| | Count | Moves | Days | Rate |
| Placement Stability Rate | 3,379 | 2,247 | 530,781 | 4.2 | 3,767 | 2,718 | 619,469 | 4.4 | 3,747 | 3,091 | 612,196 | 5.0 | 3,964 | 3,331 | 647,949 | 5.1 | 3,457 | 3,049 | 590,424 | 5.2 |

Source: ROM PA.05 Placement Stability, excludes days when child was age 18 or older - data pulled 4/9/19.

| | | | | | | | | |
|------------------------------------|--|---|--|---------------------------------------|-------------|----------------------|------------------------|---------------------------------|
| Outcome: | Permanency 4: Placement Stability | | | | | | | |
| Program Indicator: | | | | | | | | |
| Calculation specifications: | | | | | | | | |
| Program population | All children who entered foster care during the Rolling 12-month Period Source: PA05 (Fed) Placement Stability | | | | | | | |
| Calculation | <p>Operational Definition of Measure: Of all children who enter foster care in a 12 month target period, what is the rate of placement moves 1,000 per day of foster care? Operational Definition of Measure: Of all children who enter foster care in a 12 month target period, what is the rate of placement moves 1,000 per day of foster care?</p> <p>12 Month Target Period – The target period is the “Rolling 12 Month Period” that ends on the “Report Period End” date</p> <p>Count of Days – Total number of days of care provided during the “Rolling 12 Month Period” for children who entered foster care during the “Rolling 12 Month Period” (including days in trial home visit and days across removal episodes) minus days where the child was age 18 or over; days in foster care episodes lasting less than 8 days.</p> <p>Placement Moves – Number of moves are the number times a child changes a placement setting within a removal episode that is required to be counted in AFCARS. In general, placement setting counts not counted are trial home visits, runaway, respite care, and changes in a single foster family home’s status (e.g. licensing change from foster care to adoption).</p> <p>Unit of Analysis: Placement moves and days in a removal (foster care) episode during the twelve (12) month target period</p> <p>Calculation / Count: Numerator: (Of children counted in the denominator) the total number of placement moves during the “Rolling 12 Month Period”</p> <p>Divided By Denominator: Of children who entered foster care in a 12 month period, the total number of days these children were in foster care during the “Rolling 12 Month Period” Times 1,000 (Rate = Moves/Days*1000)</p> | | | | | | | |
| Outcome Range | Red > 5.0 Moves per 1,000 Days | Yellow > 4.12 and ≤ 5.0 Moves per 1,000 Days | Green ≤ 4.12 Moves per 1,000 Days | Target 4.12 moves per 1,000 | | | | T2 Owner: Lacey Andresen |
| Period | Administrative Data | | | | | | | |
| QBR Reporting Period | Rolling 12 Month Period | Count | Moves | Days | Rate | Outcome Color | ROM Update Date | |
| QBR 2016_Q4 | 10/1/2015 - 9/30/2016 | 3,691 | 3,069 | 615,250 | 4.99 | Yellow | 1/5/2017 | |
| QBR 2017_Q1 | 1/1/2016 - 12/31/2016 | 3,709 | 3,062 | 642,929 | 4.76 | Yellow | 4/6/2017 | |
| QBR 2017_Q2 | 4/1/2016 - 3/31/2017 | 3,793 | 3,181 | 634,864 | 5.01 | Red | 7/7/2017 | |
| QBR 2017_Q3 | 7/1/2016 - 6/30/2017 | 3,870 | 3,201 | 631,981 | 5.07 | Red | 10/5/2017 | |
| QBR 2017_Q4 | 10/1/2016 - 9/30/2017 | 3,932 | 3,301 | 648,925 | 5.09 | Red | 1/4/2018 | |
| QBR 2018_Q1 | 4/1/2017 - 3/31/2018 | 3,818 | 3,134 | 651,249 | 4.81 | Yellow | 4/12/2018 | |
| QBR 2018_Q2 | 7/1/2017 - 6/30/2018 | 3,593 | 2,990 | 614,784 | 4.86 | Yellow | 7/6/2018 | |
| QBR 2018_Q3 | 10/1/2017 - 9/30/2018 | 3,431 | 2,973 | 590,099 | 5.04 | Red | 10/12/2018 | |
| QBR 2018_Q4* | 10/1/2017 - 9/30/2018 | 3,431 | 2,973 | 590,099 | 5.04 | Red | 10/12/2018 | |

* Data repeated due to missing period from QBR 2018_Q1

Both of these tables show that Oregon’s performance on this measure is relatively stagnant, although it is close to the federal goal.

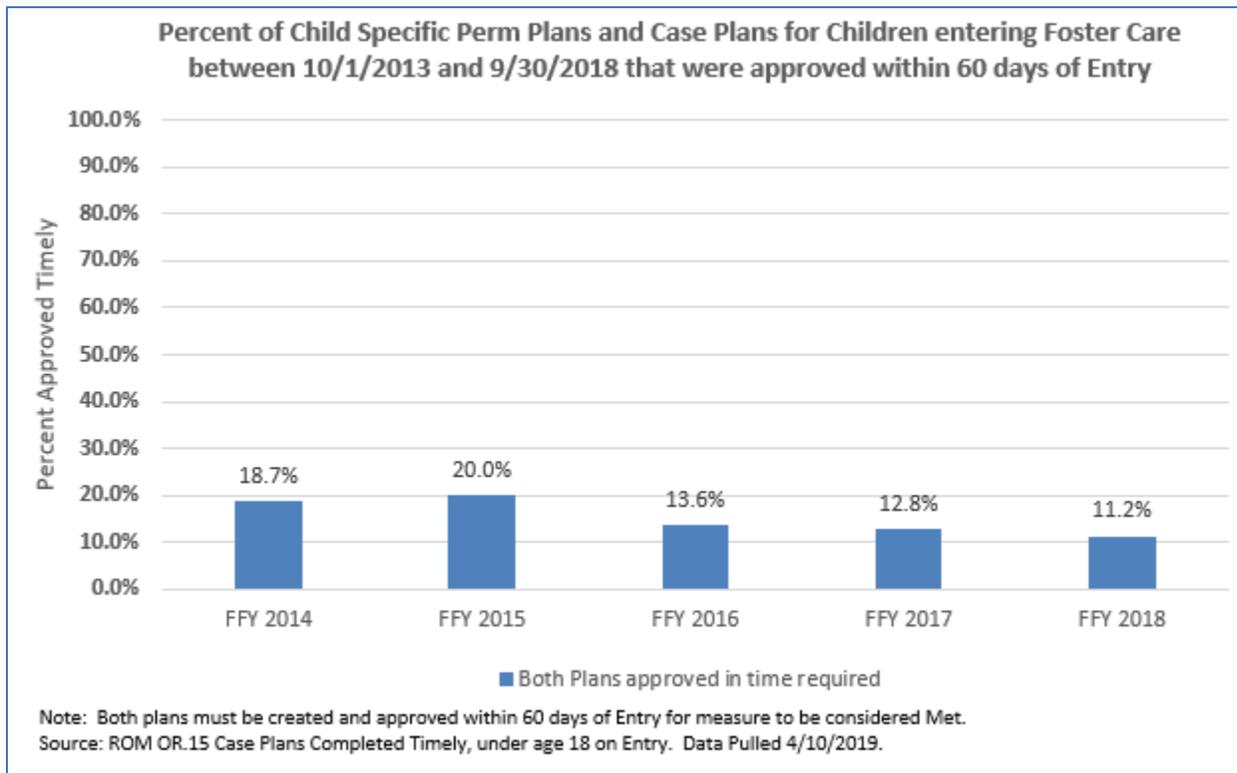
More timely identification and certification of relative placements has the potential to have a big impact on Oregon's performance on this measure. Relative placements are typically more stable for children (including sibling groups). Currently, there is a struggle with the difference between how each branch conducts relative and ICWA searches, and then how those searches are logged and entered into OR-Kids. An enterprise-wide workgroup got started in February 2019. It is tasked with creating a statewide protocol for gathering relative information (including ICWA) at the caseworker level and then how the relative search proceeds from there. The workgroup is examining whether it makes sense to integrate the ICWA and relative search forms and processes, and whether we can use our technology more efficiently to facilitate rapid relative identification and contact. The workgroup is comprised of field services, permanency program, OR-Kids, and caseworkers in the field. Additionally, the foster care program is doing a national analysis of relative certification, with the idea of ultimately lowering barriers to relative certification in Oregon.

The other big contributor to placement instability is a lack of capacity in levels of care higher than family foster care. There is agreement across systems that our capacity in higher levels of care is not meeting the needs of our children. When a child needs a higher level of care and beds are not available, they can experience several moves before eventually getting into the right program. For example, if a child's regular foster care placement disrupts and the child has high needs, she may be moved to a shelter placement, then to a short-term placement, then back to a shelter placement, and then finally to a placement that meets her needs for a higher level of care. This child has then experienced four moves when only one was needed to meet her needs. Please see the treatment services discussions of capacity in the Child & Family Services Continuum section later in this document regarding what the Department is doing to accurately assess and increase capacity in the system.

Item 5: Establish appropriate permanency goals in a timely manner

CFSR PIP baseline data considered 46% of the 160 applicable cases to be a strength on this measure. This ticked up slightly to 47% of 183 applicable cases in the measurement period of February 2018 – March 2019.

However, the graph below shows that our performance has declined in ensuring that Child Specific Case Plans and Child Welfare (family-wide) Case Plans are entered into OR-Kids and approved within 60 days of the child entering care.



This data differs so dramatically from the CFSR measure because they are really considering two different things. A case considered by a CFSR review can achieve a “strength” rating on this item when the case plan (e.g., reunification, guardianship, adoption, etc.) is recorded *anywhere* in writing in the case file, whether electronically or in the paper file, and it is sufficient for the plan to simply be identified, rather than fleshed out with intended services and a plan of action. Anecdotally, cases often meet this measure at CFSR review because the judgment of jurisdiction identifies the case plan.

In contrast, the ROM report shown above in the graph measures whether a caseworker has written both a child specific and an overall case plan for the family and whether those have been approved in OR-Kids by a supervisor within 60 days of the child coming into care.

There are several contributing factors to Oregon’s performance on this item: primarily high caseloads and a dependency on the completion of assessments for OR-Kids to allow the creation of case plans. These issues are discussed in more depth in the 2020 APSR.

PIP strategies have been developed to address these issues, and the Department has developed a report in ROM to measure this item so that strategic plans can be developed to support and monitor improved performance. The Department is addressing performance on this item by piloting a new combined case plan/court report format called the Family Plan. The court report and both case plans (previously 3 documents total which, in practice, had much redundant content) are combined into one document that is first due to an external partner at the jurisdiction and dispositional hearings in court, which is almost always within 60 days of a child entering care. As discussed in the most recent APSR,

current practice regarding case plans seems to be driven by the court and/or CRB's requirement of case plans at hearings following the jurisdictional/dispositional hearing (e.g., review and permanency hearings), which can drive case plan completion out 6 months from the time the child entered care. Given that the Family Plan is to be provided at dispositional hearings, it should address that performance factor. Additionally, this document's creation is not dependent on the assessment being completed and approved in OR-Kids, which removes a barrier. In the pilot counties, case plans are being written at or just prior to jurisdiction, which is almost always within the 60-day goal.

The pilot for the family plan is in Douglas, Lane, and Klamath counties, giving the Department a view of how this can work in small, medium, and large offices. Implementation is a priority for the Department and the form has a high priority for integration into OR-Kids. The Department expects the Family Plan to be fully implemented statewide by the end of calendar year 2019. Given the experience in differently sized counties, we anticipate being able to distribute appropriate protocols and support to field offices with the family plan.

Item 6: Timeliness to permanency

CFSR PIP baseline identified 46% of 160 applicable cases as a strength. That dropped to 36% during the PIP measurement period. The Department's performance on this measure has slowly fallen for children in care 0-12 months and 12-24 months. See charts below.

| | | | | | | |
|-----------------------------|--|---------------------------|-----------------------------|-------------------------------------|----------------------|---------------------------|
| Outcome: | Permanency 1: Timeliness to Permanency | | | | | |
| Program Indicator: | | | | | | |
| Program population | PA.01 (Fed) Permanency in 12 Months: Of all children who enter foster care in a target 12-month period, what percent discharged to permanency within 12 months of entering foster care | | | | | |
| Calculation | Numerator: (Of children counted in the denominator) children who discharged to permanency within 12 months of entering foster care and before turning age 18; Divided By- Denominator: Number of children who entered foster care in 12 month period | | | | | |
| Outcome Range | Red | Yellow | Green | Target: 100% | | |
| | < 35% | ≥ 35% and < 40.5% | ≥ 40.5% | Tier 2 Owner: Lacey Andresen | | |
| Period | Administrative Data | | | | | |
| QBR reporting period | Date of Source Data | Total Entered Care | Permanency in 12 Mos | Percent Met | Outcome Color | Source Update Date |
| QBR 2016_Q4 | 7/1/2016 to 9/30/2016 | 3,418 | 1,481 | 43.3% | Green | 1/5/2017 |
| QBR 2017_Q1 | 10/1/2016 to 12/31/2016 | 3,551 | 1,505 | 42.4% | Green | 4/6/2017 |
| QBR 2017_Q2 | 1/1/2017 to 3/31/2017 | 3,638 | 1,547 | 42.5% | Green | 7/7/2017 |
| QBR 2017_Q3 | 4/1/2017 to 6/30/2017 | 3,713 | 1,542 | 41.5% | Green | 10/5/2017 |
| QBR 2017_Q4 | 7/1/2017 to 9/30/2017 | 3,771 | 1,495 | 39.6% | Yellow | 1/4/2018 |
| QBR 2018_Q1 | 10/1/2017 to 12/31/2017 | 3,680 | 1,451 | 39.4% | Yellow | 4/5/2018 |
| QBR 2018_Q2 | 1/1/2018 to 3/31/2018 | 3,701 | 1,426 | 38.5% | Yellow | 7/6/2018 |
| QBR 2018_Q3 | 4/1/2018 to 6/30/2018 | 3,708 | 1,397 | 37.7% | Yellow | 10/12/2018 |
| QBR 2018_Q4 | 7/1/2018 to 9/30/2018 | 3,754 | 1,404 | 37.4% | Yellow | 1/11/2019 |

| | | | | | | |
|-----------------------------|---|--------------------------------|-----------------------------------|-------------------------------------|----------------------|---------------------------|
| Outcome: | Permanency 2: Timeliness to Permanency | | | | | |
| Program Indicator: | | | | | | |
| Program population | PA.02 (Fed) Permanency in 12 Months for Children in Foster Care 12 to 23 Months: Of all Children in foster care on the first day of a 12- month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period | | | | | |
| Calculation | Numerator: (Of children counted in the denominator) children who discharged to permanency within 12 months of the first day of the 12 month period and before turning age 18; Divided By- Denominator: Number of children in foster care on the first day of a 12 month period who had been in foster care (in that episode) between 12 and 23 months | | | | | |
| Outcome Range | Red | Yellow | Green | Target: 100% | | |
| | < 38.5% | ≥ 38.5% and < 43.6% | ≥ 43.6% | Tier 2 Owner: Lacey Andresen | | |
| Period | Administrative Data | | | | | |
| QBR reporting period | Date of Source Data | Total 1st Day of Period | Permanency in 12 to 23 Mos | Percent Met | Outcome Color | Source Update Date |
| QBR 2016_Q4 | 7/1/2016 to 9/30/2016 | 1,671 | 753 | 45.1% | Green | 1/5/2017 |
| QBR 2017_Q1 | 10/1/2016 to 12/31/2016 | 1,822 | 812 | 44.6% | Green | 4/6/2017 |
| QBR 2017_Q2 | 1/1/2017 to 3/31/2017 | 1,809 | 789 | 43.6% | Green | 7/7/2017 |
| QBR 2017_Q3 | 4/1/2017 to 6/30/2017 | 1,866 | 798 | 42.8% | Yellow | 10/5/2017 |
| QBR 2017_Q4 | 7/1/2017 to 9/30/2017 | 1,937 | 845 | 43.6% | Green | 1/4/2018 |
| QBR 2018_Q1 | 10/1/2017 to 12/31/2017 | 1,877 | 830 | 44.2% | Green | 4/5/2018 |
| QBR 2018_Q2 | 1/1/2018 to 3/31/2018 | 1,942 | 813 | 41.9% | Yellow | 7/6/2018 |
| QBR 2018_Q3 | 4/1/2018 to 6/30/2018 | 1,913 | 816 | 42.7% | Yellow | 10/12/2018 |
| QBR 2018_Q4 | 7/1/2018 to 9/30/2018 | 1,976 | 834 | 42.2% | Yellow | 1/11/2019 |

However, performance on this measure for children in care 25-36 months has ticked up slightly. See below.

| | | | | | | |
|-----------------------------|--|--------------------------------|-----------------------------|-------------------------------------|----------------------|---------------------------|
| Outcome: | Permanency 3: Timeliness to Permanency | | | | | |
| Program Indicator: | | | | | | |
| Program population | PA.03 (Fed) Permanency in 12 Months for Children in Foster Care 24 Months or More: Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) 24 months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period | | | | | |
| Calculation | Numerator: (Of children counted in the denominator) children who discharged to permanency within 12 months of the first day of the rolling 12 month period and before turning age 18; Divided By- Denominator: Number of children in foster care on the first day of a rolling 12 month period who had been in foster care (in that episode) for 24 months or more | | | | | |
| Outcome Range | Red | Yellow | Green | Target: 100% | | |
| | < 25% | ≥ 25% and < 30.3% | ≥ 30.3% | Tier 2 Owner: Lacey Andresen | | |
| Period | Administrative Data | | | | | |
| QBR reporting period | Date of Source Data | Total 1st Day of Period | Permanency in 12 Mos | Percent Met | Outcome Color | Source Update Date |
| QBR 2016_Q4 | 7/1/2016 to 9/30/2016 | 2258 | 777 | 34.4% | Green | 1/5/2017 |
| QBR 2017_Q1 | 10/1/2016 to 12/31/2016 | 2142 | 769 | 35.9% | Green | 4/6/2017 |
| QBR 2017_Q2 | 1/1/2017 to 3/31/2017 | 2114 | 755 | 35.7% | Green | 7/7/2017 |
| QBR 2017_Q3 | 4/1/2017 to 6/30/2017 | 2128 | 768 | 36.1% | Green | 10/5/2017 |
| QBR 2017_Q4 | 7/1/2017 to 9/30/2017 | 2104 | 776 | 36.9% | Green | 1/4/2018 |
| QBR 2018_Q1 | 10/1/2017 to 12/31/2017 | 2101 | 794 | 37.8% | Green | 4/5/2018 |
| QBR 2018_Q2 | 1/1/2018 to 3/31/2018 | 2102 | 815 | 38.8% | Green | 7/6/2018 |
| QBR 2018_Q3 | 4/1/2018 to 6/30/2018 | 2144 | 827 | 38.6% | Green | 10/12/2018 |
| QBR 2018_Q4 | 7/1/2018 to 9/30/2018 | 2142 | 840 | 39.2% | Green | 1/11/2019 |

It is difficult to isolate the factors that contribute to performance on this measure. However, there are some major factors that seem to negatively affect performance. The two major issues are the relative inexperience of caseworkers, combined with their heavy caseloads (caseworkers are carrying between two and three times the recommended caseload of 12 children). This means that caseworkers are monitoring cases rather than using experience and time investments (both scarce resources) to move cases forward to permanency with change-based conversations with children and parents.

The Department has written thorough guidance for face to face contact with children and parents, which includes engaging in those change-based conversations that can drive a case forward. This tool will be trained to the field this spring, and should address the inexperience gap with newer workers (Attachment 1). The tool addresses that caseworkers often are time-limited when having these conversations and provides guidance on how to best use limited time when that is the case.

Additionally, the Department has written 90-day staffing guidelines for supervisors that include all topics on a case that should be covered at that staffing (Attachment 2). This will assist especially newer supervisors in covering topics in staffing that can delay permanency (e.g., identifying and engaging fathers and other relatives, identifying potential permanent resources, evaluating a parent's need for higher level services or a parent's capability to begin an in-home plan with appropriate safety service providers).

Finally, the Department will be fully represented by the Department of Justice by the end of July 2019. This should also aid in timeliness to permanency by providing caseworkers with earlier and more consistent legal advice especially regarding tasks that need to be completed to move a case forward (e.g., completing paternity testing, referring for psychological or best interest evaluations).

Permanency Outcome 2: The continuity of family relationships is preserved for children.

Item 7: Placement with siblings

Oregon continues to perform well on this item. CFSR PIP baseline identified 93% of 107 applicable cases as a strength. This number stayed the same, at 93% of 116 applicable cases during the measurement period. The CFSR review tool does consider whether the safety of the children requires placement separately. For example, if a sibling group was split because one of the children posed a safety threat to the other(s), the CFSR review would still consider that split within the "strength" category because of the safety concern. The review tool does *not* consider a lack of capacity in placements an appropriate reason to split siblings, so if a sibling group was split because of a lack of a single placement with sufficient capacity, that case would be considered an area needing improvement. This qualitative analysis provides insight, as the 93% strength rating differs somewhat from the table on the following page.

| Statewide Children With Siblings in Out of Home Foster Care Placed Together, Partially Together, Not Together on last day of Federal Fiscal Year | | | | | | | | |
|--|--------------------------|---------------------------|---------------------|--------------|-------------------------|---------------------------|---------------------|----------------|
| | Number of Sibling Groups | | | | Percent of Total Groups | | | Total Children |
| | All Placed together | Partially Placed Together | Not Placed Together | Total Groups | All Placed together | Partially Placed Together | Not Placed Together | |
| 9/30/2014 | 964 | 229 | 327 | 1,500 | 64.3% | 15.3% | 21.8% | 3,817 |
| 9/30/2015 | 1,015 | 217 | 279 | 1,511 | 67.2% | 14.4% | 18.5% | 3,863 |
| 9/30/2016 | 1,006 | 249 | 307 | 1,562 | 64.4% | 15.9% | 19.7% | 4,006 |
| 9/30/2017 | 1,067 | 252 | 329 | 1,648 | 64.7% | 15.3% | 20.0% | 4,133 |
| 9/30/2018 | 985 | 237 | 313 | 1,535 | 64.2% | 15.4% | 20.4% | 3,855 |

Source: Child Welfare Data Book

This table measures whether siblings were placed together (all or partially) without regard to any extenuating circumstances. This measure has remained relatively stable for the past five fiscal years, ticking up and down only slightly.

Oregon is working to improve performance in this measure. Placement with relatives can impact this item in a significant way, as relative caregivers are more likely to work to keep siblings together throughout the case and into adoption or guardianship. The work the foster care program is doing on assessing and potentially simplifying relative certification may impact performance on this measure. Similarly, the work the permanency program is doing to re-evaluate the way relative searches at the beginning of a case should improve performance here.

A Permanency Advisory Council was recently formed. Its second item to consider is sibling planning. One aspect of Oregon’s practice in this area is lacking: when planning for sibling groups, all decisions are made at the caseworker/supervisor level except for separating siblings into different adoptive homes. The advisory council will review this practice and consider whether there should be a higher bar for sibling planning at earlier stages of the case.

The “current caretaker” aspect of Oregon law has a complicating effect on sibling planning. If, for example, siblings were split early in the case and each has been with their placement for the past 12 months (or half their lives if under age 2), then those placement providers become current caretakers and have a higher level of standing when permanent plans are considered. This can make planning to reunify the siblings when placing permanently for adoption very difficult. Additionally, current caretakers are on the same level as relatives when considered for permanent placement, which can especially complicate considering whether, for example, separated siblings in in-state placements should be reunited in an out-of-state adoptive placement with a relative. A court hearing is required to move a child from the home of a current caretaker, making these situations more complex. The advisory council will be considering these current caretaker issues as well, especially as they pertain to sibling planning.

Item 8: Visitation

Oregon relies on CFSR reviews to evaluate performance on this item. When evaluating this measure, the CFSR review looks at the whereabouts of the parents and whether they are available or not, whether one or both parents had an existing relationship to the child prior to foster care, whether

efforts were made to ensure visitation and parents failed to follow through, and if there are siblings, the concerted efforts to ensure continued contact with the siblings is occurring. Oregon reviews both the frequency and the quality of the visits.

Performance in this measure has declined between the PIP baseline and the measurement period from 69% to 64% of applicable cases identified as a strength. The relative inexperience of caseworkers and the high caseloads are almost certainly having a negative effect on performance here. Additionally, visitation is handled differently from branch to branch and varies widely in both frequency and timeliness. The Permanency Program Manager is considering initiating an effort to create a statewide visitation protocol in hopes of improving frequency and timeliness of visitation, as well as improving service equity across the state. The above-discussed 90-day staffing tool should positively impact performance on this item, as it will remind supervisors to address visitation at the staffing and consider frequency and quality of visitation. (Attachment 2)

Item 9: Preserving the child's connections

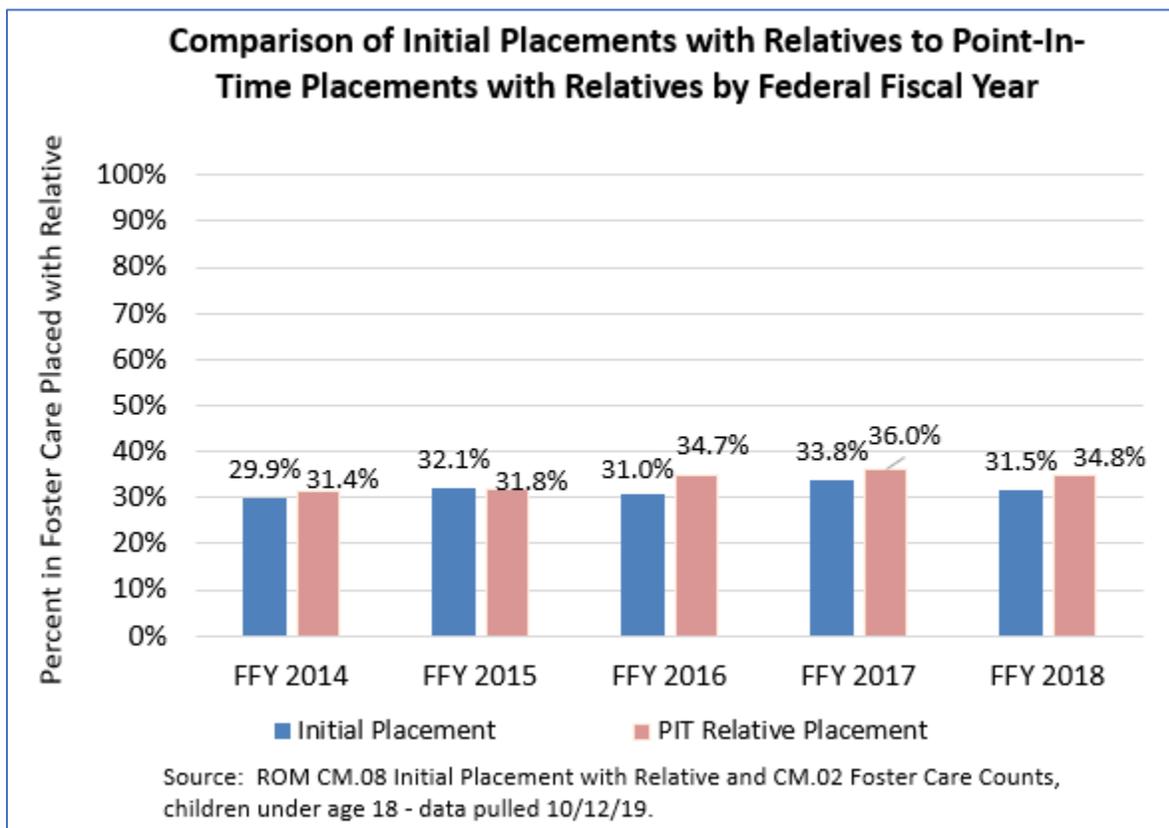
Oregon relies on the CFSR review to evaluate this measure. This was an area of strength in the PIP baseline, at 83%, but performance dropped to 73% in the measurement period. The relative inexperience of caseworkers combined with their heavy caseloads are the drivers of performance on this measure. Maintaining a child's connections to their various communities (family, friends, religion, culture, school) takes a lot of time, and more critically, a perspective on casework that values the time commitment to prioritize these kinds of tasks. Often it can involve navigating tricky relationships. For example, working with relatives of a child who were not able to be certified and managing any safety concerns that exist there.

The Department performs fairly well on maintaining a child's educational connections, but that is largely due to the fact that it is now statutorily required to maintain a child in his or her school unless a judge rules that it is in the child's best interests to move them. With these statutory requirements came logistical support for caseworkers in the form of a transportation agreement that shares the costs of transporting children between their placement and school of origin. This means that, in order to maintain a child in their school if they are placed out of district, a caseworker only needs to manage the logistics and coverage to transport the child to and from school for a week or so while the school district processes a request, rather than for the whole period of a child's placement out of district.

This is a good illustration of how much time and logistics can be involved in maintaining a child's connection, and how statutory requirements with logistical supports and collaboration with partners can make supporting the child's connections doable. The reality is, however, that with caseloads double or triple the federal recommendation, caseworkers must prioritize safety issues and statutory requirements over other important casework activities. During the 2019 legislative session the Governor approved the addition of 300 new Child Welfare positions. The Department is working with A&M to implement a surge hire plan to recruit and fill these vacancies within six months, in the early part 2020. It's anticipated that hiring for the SSS1/casework positions, which is the largest pool of the 300 positions, will be managed across six hiring waves. The number of vacancies and current number of applications by job classification is provided in Attachment 21.

Item 10: Placement with relatives

As discussed in the APSR, the CFSR PIP baseline review found this to be a strength in 85% of 149 applicable cases. This fell to 74% in the review period. The graph below shows that while we are doing a fairly good job overall of seeking out relatives and placing with them when possible, the Department is not performing at a high level when it comes to initial placement with relatives.



As discussed more thoroughly at Item 4 above, the Department is in the process of assessing how other states certify relatives. Many states do not require relative caregivers to go through as onerous a certification process as general applicant caregivers. Many relatives, both certified as foster parents and not, in Oregon find our certification process to be overly burdensome. The Department intends to address this, and is in the investigative stage of potentially simplifying certification for relatives.

The other issue that weighs heavily on performance on this measure is the relative search process. The relatively inexperienced caseworkers in the field are sometimes not asking the right questions or looking for relative placement options in the flurry of assessing safety and removing children from a parent's care. There are currently two forms that workers use in the field to gather relative information from parents. As discussed in detail at Item 4 above, there is a workgroup addressing the consolidation, simplification, and efficiency of the relative search process. If the Department finds relatives more quickly, we can assess their safety and ideally place children with them more quickly, with the twofold benefit of maintaining children's connections to their families and minimizing the disruption that placement causes children.

Item 11: Positive parental relationships in addition to visitation

The Department relies on CFSR reviews to assess this measure. The PIP baseline identified 66% of 103 applicable cases as a strength. This fell to 55% of 119 applicable cases during the measurement period. Again, while factors affecting performance here are difficult to pin down, a relatively inexperienced and overburdened workforce is certainly negatively affecting performance. Caseworkers are devoting their limited time and resources to safety and to meeting statutory obligations, and the work involved in giving a parent and child additional time for connection outside visitation (which has its own structure, staff, and logistical supports), is not prioritized.

Well-Being Outcomes

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 12: Assess and provide services to address children's, parents', and foster parents' needs

Overall this is not an area of strength for Oregon. The PIP baseline found only 41% of cases were a strength, and that fell to 37% during the measurement period. However, Oregon's performance varies substantially depending on the constituency. Each of these groups is discussed below at greater length.

Children

The PIP baseline rated 74% of applicable cases a strength. This fell during the measurement period to 69%. The drop can be attributed to the same workforce factors that have been discussed above. It is also a reflection of the diversion of resources to addressing overdue assessments over the past two years. As discussed at greater length above in Item 6, we expect the new face to face guidance that is being trained to the field in spring 2019 to positively affect this measure.

Parents

The PIP baseline rated 47% of applicable cases a strength. This fell during the measurement period to 36%. Ultimately, the poor performance here can be linked to a lack of consistent guidelines for quality engagement and the lack of consistent supervision. Caseworkers are unsure of the requirements regarding their contact with parents and the expectations of them are not consistent across the state. Both the face to face tool (which addresses contact with parents as well as children) and the 90-day staffing tools discussed above in Item 6 should make a big impact here. The face to face tool is a direct communication to caseworkers about what their contact with parents should look like, and quality contact should result in more parents' needs being met (Attachment 1). The 90-day staffing tool addresses the lack of consistent and/or experienced supervision (Attachment 2). Supervisors across the state will be using the same tool to work with their caseworkers on each case, including assessing parents' needs and referring for or providing services to meet those needs.

Foster Parents

The PIP baseline rated 71% of applicable cases a strength. This rose during the measurement period to 76%. There has been a substantial focus for the past year and a half on cultivating the

Department's relationship with foster parents, particularly at the caseworker/certifier level (where foster parents have most of their ongoing contact with the Department). The Every Child partnership has done a lot to support current foster parents and engage potential foster parents in positive ways. Finally, the executive leadership have engaged current foster parents in community forums to listen and learn about their needs and to work to meet them.

Through surveys, conversations with foster parents, community partners and staff we have confirmed that the primary supports needed by foster parents are as follows:

- Communication and support from DHS staff.
 - There is ongoing work being done agency wide through our work culture improvement team RISE which emphasizes respectful relationships.
 - Staff continue to be trained in new employee orientation on the importance of working with and supporting our foster parents.
 - Efforts are being made through the legislative process to increase staffing levels, thus worker caseloads and adding support staff to allow the time for workers to effectively communicate with and engage with foster parents. Foster parents remain foster parents largely because of the relationships they develop with the DHS teams supporting the children in their homes (permanency and PS workers), and those workers have little time to develop those relationships. Anecdotally, when a case does not perform well on this CFSR measure, it is typically because of the permanency caseworker's actions, rather than issues with the foster parent's certifier.
 - We publish a quarterly newsletter to all our foster families and provide the President of the Oregon Foster Parent Association a column in every issue.
 - We continue to engage our Foster Parent Support workgroup to assist with communications.
- Respite care.
 - This past year funding was provided to reimburse foster parents for limited respite care.
 - Plans are in development to build a formalized and sustainable respite care system. Currently, the Department is researching different models available for respite care. The challenges are establishing sustainable funding, writing and adopting rules for payment, training and certification requirements. There will also be a need for a workload assessment if we pursue certifying and training these homes.
- Work related child care.
 - This past year, Adoption Savings funds was provided to reimburse foster parents a maximum of \$350 per month for work related child care for children up to age 5. The program is being reviewed for expansion to include children up to age 13.
 - Collaboration with the Employment Related Day Care (ERDC) program run by Self-Sufficiency is ongoing to determine the feasibility of a partnership to provide employment related childcare for all foster parents.
- Training and support services.
 - The redesign of Foster Parent training is ongoing. A blended model of online and in person training is in development. The curriculum content is also being revised based on foster parent and workgroup input.
 - Advanced and individual training will be enhanced with the funding of trainer positions.

- Should funding be provided by the legislature, there is a plan to expand the KEEP training and support model statewide with a focus on providing placement stabilization services for older youth at risk of placement disruption or elevated level of care.
- A workgroup has been convened to develop BRS level service to support Foster Families and youth to avoid placement disruptions or elevated level of care. There is ongoing consultation with BRS providers in this project.
- Grief and Loss services.
 - Research has begun on incorporating grief and loss into the training curriculum.
 - Research has begun on identifying appropriate interventions. (Note: Caseworkers engagement and communication are both key factors in mitigating this issue.)

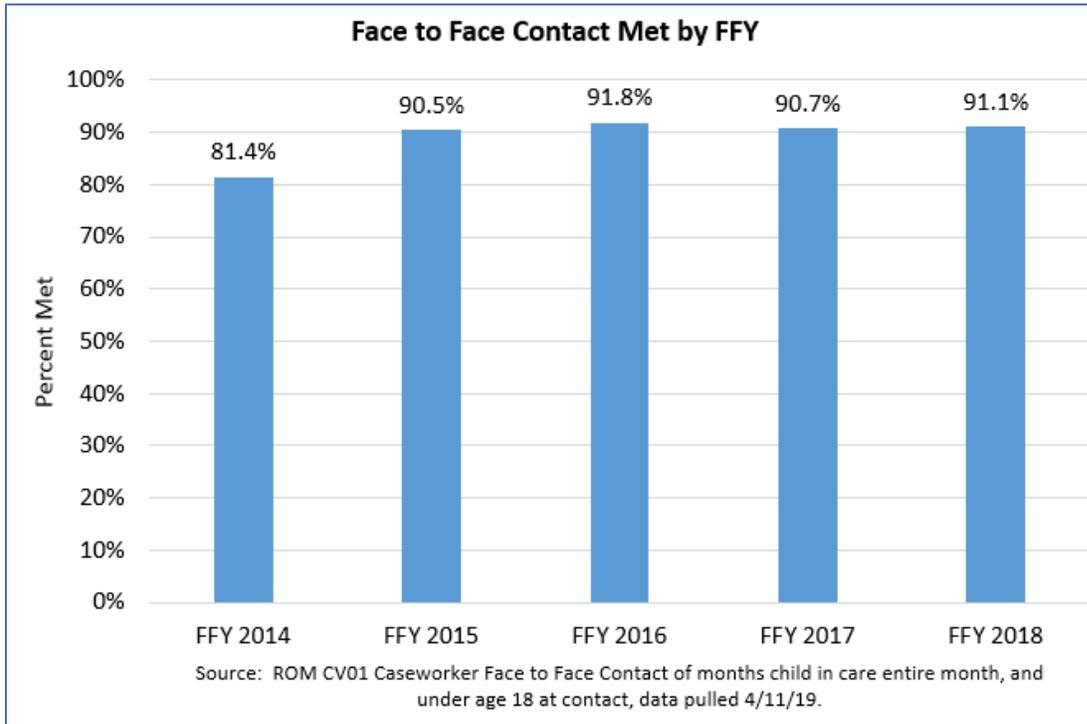
Item 13: Involve children (when appropriate) and parents in case planning

The PIP baseline found this to be a strength in 56% of cases. That measure fell to 45% during the measurement period. The 90-day staffing tool and the face to face contact tool are centered around quality engagement with children and parents, taking into consideration limited timeframes. When this is rolled out to the field in spring 2019, the Department expects to see improvement on this measure. Consultants are also reviewing face to face contact with parents and children and will be providing support and training around those requirements.

The LIFE pilot program (see APSR discussion of Oregon's waiver program) provides a format and scaffolding to caseworkers for involving parents and children in case planning in a formalized, monthly case planning meeting. The waiver ends on 9/30/19 (and recruitment for participants closed 6/30/18), but Oregon is assessing the cost associated with a statewide roll-out of this program.

Item 14: Face to face visits with children

This is an item where the Department’s aggregate data and CFSR measures differ significantly. The PIP baseline found this to be a strength in 70% of applicable cases and that fell to 63% in the measurement period. However, as the graph below demonstrates, the Department’s aggregate data indicates that performance is stagnant around 91% of face to face contacts being made.



The difference in the data is caused by the difference in measurement. Oregon’s ROM data is determining how many face to face contacts were entered into OR-Kids out of how many children required a face to face contact that month. The ROM data is not considering quality of contact. The CFSR review tool requires the reviewer to consider whether the *frequency* of the contact was sufficient to address issues pertaining to safety, permanency, and well-being of the child, as well as to promote achievement of case goals. The reviewer must then determine whether the *quality* of contact met the same list of requirements. Only if the answer to both of these questions is “yes,” then a case is considered a strength.

The resulting analysis of the gap between the ROM and CFSR data is clear: children are, for the most part, being seen on a monthly basis by their workers. However, the contact is not necessarily high quality such that a CFSR reviewer feels that safety, permanency, well-being, and case goals are all being addressed in the contact. The face to face tool that is being rolled out to caseworkers addresses the quality of face to face contact (Attachment 1). Caseworkers have been drilled about the importance of seeing the children on their caseload each month, and there is a high emphasis on this measure of performance in the branch. Adding the tool to address quality will improve these contacts and raise performance on this measure.

Item 15: Face to face visits with parents

This item is an area needing improvement for Oregon. The PIP baseline found 47% of cases to be a strength. This fell to 39% during the measurement period. The new face to face tool, as well as consistent supervision and expectations around having quality face to face contact with parents should improve performance on this measure. If the LIFE program is extended, it will likely also have a big impact on this measure, as parents would be seeing their caseworkers at monthly case planning meetings.

Differences by district are shown in the table below.

**Percent of Face-To-Face Contacts for Adults by the Last Day of the Federal Fiscal Year
(of those requiring contact)**

| District | 9/30/2014 | 9/30/2015 | 9/30/2016 | 9/30/2017 | 9/30/2018 |
|------------------------|--------------|--------------|--------------|--------------|--------------|
| Central Office | 4.1% | 0.0% | 8.5% | 3.4% | 2.1% |
| District 01 | 32.4% | 55.4% | 55.2% | 55.8% | 60.3% |
| District 02 | 30.3% | 80.0% | 64.0% | 47.1% | 42.7% |
| District 03 | 62.9% | 75.1% | 86.1% | 77.5% | 72.5% |
| District 04 | 30.3% | 19.3% | 39.6% | 29.2% | 21.2% |
| District 05 | 36.7% | 32.3% | 41.6% | 41.0% | 49.1% |
| District 06 | 45.5% | 49.2% | 40.0% | 40.9% | 37.0% |
| District 07 | 34.7% | 50.8% | 79.7% | 64.6% | 56.6% |
| District 08 | 30.3% | 31.5% | 30.2% | 26.8% | 27.1% |
| District 09 | 66.7% | 78.3% | 85.5% | 74.4% | 57.5% |
| District 10 | 63.0% | 73.4% | 90.5% | 70.5% | 80.7% |
| District 11 | 75.4% | 60.7% | 54.8% | 68.4% | 70.0% |
| District 12 | 75.0% | 45.3% | 39.1% | 59.0% | 61.7% |
| District 13 | 82.6% | 72.2% | 70.1% | 97.7% | 97.0% |
| District 14 | 85.5% | 93.6% | 85.5% | 78.1% | 53.0% |
| District 15 | 26.3% | 22.3% | 23.0% | 22.7% | 22.0% |
| District 16 | 28.7% | 28.3% | 19.2% | 21.0% | 19.3% |
| Statewide Total | 40.9% | 51.2% | 52.0% | 46.7% | 45.3% |

Source: OR-Kids WB-5001-S Caseworker Family Face-to-Face All Contacts

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 16: Assess and meet children’s educational needs

The PIP baseline for February 2017 through January 2018 was an 87% strength for education needs being met. The PIP measurement from February 2018 through March 2019 was 90% strength for education needs being met. This area has consistently been one of Oregon’s CFSR strengths during CFSR reviews, and there is not a program improvement plan attached to this goal.

For the last two years, DHS has focused on the implementation of the Every Student Succeeds Act (ESSA), foster care provisions, in collaboration with Oregon Department of Education (ODE). Oregon was among the first states to fully implement all the foster care provisions of ESSA, which include:

- State law (ORS 339.133) has been updated to align with the Every Student Succeeds Act. Foster students automatically retain school of origin status when foster care moves occur.
- A statewide Inter-Agency Agreement has been implemented between DHS and ODE, to provide shared cost transportation.
- Each of the 197 school districts in Oregon have a Foster Care Point of Contact.
- The Foster Care Points of Contact from the schools have received ongoing training by the DHS and ODE statewide Foster Care Contacts.
- A data sharing agreement has been completed between DHS and ODE to add foster students to the annual education Report Card. The preliminary graduation rate data has been posted, but further analysis is in process.
- DHS has revised Oregon Administrative Rules (OARs) regarding foster students and education to reflect federal and state law changes.
- Joint trainings provided to Foster Care Points of Contacts and DHS caseworkers.

The preliminary high school graduation rates were reported to meet ESSA regulations, before complete analysis could occur. DHS and ODE plan to do further analysis on the data before the full report card data is published in fall 2019. The preliminary data is attached (Attachment 3).

It should be noted this data is regarding any student who was in foster care (for any length of time), during the high school cohort. DHS and ODE will do further analysis to determine the number of children who were returned home, remained in foster care, or were adopted to see if permanency impacted graduation rates. It should also be noted that this data differs from outcomes of the NYTD data also reported in this document. The data reflects different populations of foster youth. The ODE graduation data of foster students received a great deal of media attention for the poor outcomes reported. More work will continue to better tell the story of the data and to make improvements in the Department of Education.

In the 2020-2024 plan, DHS and ODE will focus on creating quality assurance plans for the above ESSA implementations. There will be analysis and refinement of procedures, and a continued focus on training DHS, ODE, school district staff, and community partners. The current action plans include:

- Update school notification and transportation forms using input from DHS and school districts, using experience from the first biennium of work.
- Create a process for quality assurance.
- Facilitate a workgroup to problem solve the resource issues around rural school of origin transportation.
- DHS and ODE will convene a group to further analyze graduation data, to better understand outcomes and how to apply solutions.
- Continue regional trainings for school district, Foster Care Points of Contacts and DHS caseworkers.
- Annually update the technical assistance manual.
- Create a DHS Education web page with information for caseworkers, foster parents, and community partners.

DHS will continue to work to improve CFSR education well-being outcomes, even though there is not a formal PIP in place.

The larger focus around foster care and education will likely be on graduation rates, since the preliminary data shows poor outcomes. DHS and ODE still have work to do to analyze graduation data, and create a more targeted, Every Student Succeeds Act (ESSA) plan. This work will and should be led by ODE, with DHS engaging as a partner, since they have legal authority over academic services provided to foster students. DHS and ODE will continue to provide joint training around foster care and education laws for school districts, DHS caseworkers, and community partners.

One consistent issue around education services needs being met is that other than advocacy, the child welfare agency has no legal authority or control over the actual services provided to a foster student by the school/school district.

Oregon has fully implemented ESSA, which should help focus a spotlight on the needs and outcomes of students in foster care. DHS and ODE have worked collaboratively to implement all foster student components of the act, including training to our educational partners. In the coming years, Oregon will focus on refining all of the foster care provisions of ESSA, as well as focus on increasing graduation rates for students experiencing foster care.

DHS and ODE will continue to work together to collaborate on all plans related to foster student education. This collaborative work on rules, policies, and procedures includes training for school districts and DHS staff, in the form of regional trainings. During the 2018-2019 school year, ten regional trainings occurred in the following counties: Deschutes, Lane, Jackson, Clackamas, Marion, Washington, Coos, Hood River, Grant, and Umatilla. These trainings have been useful in bringing staff together from multiple agencies to be able to create connections to better serve students in foster care.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 17: Address physical health needs of children

Oregon has placed a great deal of emphasis on improving timely access to medical and dental assessments and providers. Please see the Health Care Oversight and Coordination Plan section of this document for a thorough discussion of the work Oregon has done, in collaboration with CCOs, to improve timeliness to assessment of medical and dental health needs. The plan also addresses changes to the Oregon Health Authority (OHA)'s definition of "timely" to align with DHS timelines.

CFSR reviews have identified a clear area needing improvement under this factor: recording a child's medication properly in the log as required under OAR 413-070-0470. Please see the Health Care Oversight and Coordination Plan for a detailed discussion of strategies used to address this, and strategies being considered to further address the issue.

Item 18: Address mental health needs of children

In conjunction with efforts to ensure timely medical and dental assessments, Oregon has also collaborated with CCOs to ensure timely mental health assessments for children who have come into care. Please see the Health Care Oversight and Coordination Plan for a thorough discussion of that work and the current data regarding performance.

Systemic Factors

Information Systems

Item 19: Statewide information systems

Oregon's Child Welfare Information System, OR-Kids, has been in operation since August 2011. For several years post-implementation, the Department's focus on the OR-Kids information system was remediation of poorly converted data, achieving system stability, and mitigating issues caused by antiquated hardware, firmware, and software frameworks which were approaching, or had reached, end-of-life. Although this focus has led to tangible results, such as higher data quality, a faster, more responsive system, and a better end user experience, they came at a cost of reduced emphasis on increasing end-user usability of the system itself. However, processes put into place during this period support faster build times, which have allowed the Department to move new builds to market with greater frequency. To continue building upon these efforts, the Department:

- Has recently upgraded all servers related to the Child Welfare Information System;
- Has undertaken a concerted effort to improve end user experience through redesign of the user interface (UI), click reduction, and streamlining system workflow;
- Has recently developed, or is developing, predictive analytic tool[s] to support safety at screening, successful reunification, safety at assessment. These tools support the Department's goal to drive data-informed decision making;
- Has significantly enhanced the Well Being module;
- Has begun an ongoing communications program with all CW staff to build end user engagement;
- Has committed to standardizing data quality practices and instituting data governance in order to promote and monitor CW data quality;
- Has initiated the process of replacing the underlying data structure and has begun to develop modularized system components, to further support rapid development; and
- Is in the process of replacing all legacy COBOL programs with modern technology.

Although the system has faced some significant challenges since its implementation, OR-Kids can reliably and readily identify status, demographic characteristics, location, and goals for placement of every child in foster care. In addition to OR-Kids, Oregon maintains multiple reporting systems (OR-Kids Reports, ROM) that are available to Department staff which provide both ad hoc and scheduled reporting capability for many areas of child welfare case management, including:

- Adoption and Guardianship
- Eligibility
- Family and In-Home Services

- Foster Care Program
- National Measures (Office of Reporting, Research, Analytics, and Implementation)
- Other Business Units (specific program area reports such as ILP, ICPC, Finance, Provider, Recruitment, etc.)
- Screening and Assessment
- Well Being

Additionally, OR-Kids Online and OR-Kids Training provide end users with tools to enhance their skills using OR-Kids, and a better understanding of how timely, accurate, consistent, and usable data supports the agency’s mission, keeps Oregon’s children safe, and leads to efficient workflow through the child welfare process.

Case Review System

Item 20: Written case plan developed with child’s parents

This area was identified as needing improvement in the Round 3 CFSR in 2016, and it remains an area needing improvement. A workgroup has been tasked with creating a new “Family Plan” which encompasses the court report, child welfare case plan (addressing the whole family), and child specific case plan in one document. Analysis of field practice has revealed that the primary driver for caseworkers to complete the case plan documents in OR-Kids is the requirement that they be provided to the CRB at the 6-month review hearing. Because this is the first time in the work process an outside body requires the case plan document, caseworkers are prioritizing other parts of their heavy workload until they are forced to create the case plan in OR-Kids to meet the CRB requirement. Case planning is primarily being documented in court reports. Because the new Family Plan includes the court report, it will be first submitted to the court at the jurisdiction/disposition hearing, which almost always falls within 60 days of the child entering foster care. Creation of the case plan within 60 days of the child entering care is considered “timely.” Caseloads may continue to be heavy, but by using the current driver of practice (submission to the court) and moving the submission up to be within the “timely” window, Oregon hopes to see a significant improvement in timely development of case plans.

The other major benefit to the Family Plan is that it eliminates the redundancy caseworkers saw in writing three documents, which largely overlapped each other in content. This should contribute to timely development, as case plans can be created more efficiently.

Item 21: Periodic review occurs every 6 months

This item is a strength in Oregon, largely due to the culture of heavy court oversight (judges often want to see cases more frequently than is required, in hopes of producing better outcomes), and the active participation of Oregon’s Citizen Review Boards (CRBs), which track all children in foster care to ensure cases receive a periodic review every 6 months, either by the court or by CRB.

Item 22: Permanency hearing occurs at 12 months, and every 12 months thereafter

This item was rated as a strength in the 2016 CFSR reviews based on timeliness data from Oregon Juvenile Court Improvement Project (JCIP). The JCIP data tracks first permanency hearings occurring within 14 months from the date which the petition was filed. JCIP continues to track this data and disseminates the information quarterly and annually to judges, DOJ, DHS and Oregon Public Defenders. While over the past five years timeliness to first permanency hearing data has not changed significantly, timeliness to jurisdiction has trended down by ten percent. JCIP and DHS believe impacting timeliness to jurisdiction will continue to improve timeliness to permanency data measures. Another consideration of the last 5-year period is the impact that the statewide implementation of the Odyssey database which replaced the Oregon Judicial Information Network (OJIN) system and the effect the transition created upon the ability to capture data. The various counties across Oregon received the Odyssey transition on a staggered schedule which took several years. Since the beginning of the transition to Odyssey (2012) the timeliness to permanency has averaged 89% which is what remains now that Odyssey is fully implemented. During that same time period, timeliness to jurisdiction has decreased by 21% (From 75% of cases reaching timely jurisdiction, down to 54% of cases reaching timely jurisdiction) allowing us to determine that improving timeliness to permanency will require a specific focus on improving timeliness to jurisdiction. By analysis, we believe the trend in increased length of time to jurisdiction is a result of defining case law regarding legally sufficient allegations and evidence.

Item 23: Filing of TPR proceedings occurs as required

Oregon does not presently have reports to identify children who have been in care for 15 of the last 22 months and have not had a TPR petition filed, nor to determine how many of such cases have a judicial finding of good cause not to file a TPR petition. Oregon is not able to report on good cause findings because that would require a manual review of files.

JCIP does track the timeliness of filing of TPR petitions, but measures days from when the current dependency case opened. This is not an exact measure for the Department's purposes, as it does not capture cases where children had been in foster care in a prior episode within the last 22 months, nor does it identify cases where children have not been in care for 15 months because of a period of trial reunification.

An analysis of the narrative reports for Item 6 has illuminated some barriers to achieving timely permanency, including the filing of TPR proceedings. Systemically there are two themes: 1) judges in Oregon are allowing legal parents extended periods of time to achieve reunification before changing the plan. Several reviews noted that the plan was not changed, even though the agency requested it; and 2) The agency is struggling to reach a legal sufficiency standard when staffing cases for a change in plan with our legal counsel. In casework practice, there is also a clear theme. Caseworkers are not working concurrent planning activities during the time the plan for a case is reunification. Some examples: 1) Resolving paternity issues; 2) Identifying the permanent resource, especially with multiple family members and/or current caretakers; and 3) Working on the placement steps of the permanency process concurrently with the legal steps.

Item 24: Foster parents, pre-adoptive parents, and relative caregivers are notified of hearings

All districts have local procedures to provide timely notice of hearings to caregivers. Annual surveys provided to foster parents in 2016 and 2017 indicated that 68.6% and 69% of respondents received timely notice, respectively. The survey, which provides Oregon's only source of data on this measure, was put on hold by the foster care program in order to reassess its usefulness and to focus program resources on supporting foster parents in identified areas of low satisfaction (grief and loss). A new survey process is under consideration at this time.

Quality Assurance

Item 25: Quality assurance system

There are separate QA/CQI workstreams throughout Child Welfare and one statewide QA Manager reporting out of Central Office. The QA Manager started in January 2019 and is a new position to the Department. The QA Manager is tasked with integration of the various workstreams throughout Child Welfare, including coordinating and leading the PIP Quarterly progress reporting; the newly formed Quarterly Business Review Governance group; and is also Child Welfare's representative in the Department's Management User Team where strategic planning and performance management agendas are shared. Currently, this QA manager position is operating without a unit to thoughtfully share and manage the workload. The first business case to form a new QA/QI Unit was presented to leadership March 2019 and is being deliberated (see Attachment 4). The second business case takes on a statewide teaming approach to enhance the QA/CQI system through formation of a regional star shaped structure for the QA/QI Unit (see Attachment 5). If neither proposal is accepted, the agency assumes the risks outlined in the first business case, dated March 8, 2019.

Safety and Permanency Central Office staff regularly review CFSR performance and ROM data as part of the quarterly district action planning and monthly consultants debriefs.

CFSR debriefs occur monthly between the CFSR team and the branch that was reviewed, and are also attended by Child Welfare consultants, program managers, and the statewide Quality Assurance Manager. Branch staff are shown PIP performance targets, the branch's performance, including changes from the prior year to current. Staff participate in conversations around relatively simple or straightforward changes to improve their performance ratings. Staff also hear about the type of analysis the CFSR team conducts that may paint a different picture compared to what staff are used to seeing from ROM performance reports. For example, where one branch received a needs improvement rating in Timeliness to Initial Contact on the CFSR, the same branch scored highly on the ROM performance measure for Timeliness to Initial Contact. This was explained by the fact ROM counts attempted contact in the timeliness measure whereas the CFSR rating requires a more in-depth analysis including if there were concerted efforts to achieve contact within the expected timeframe.

On a weekly basis, the CFSR debrief packets are further disseminated within Central Office and to the Executive Oversight District Leadership Manager, Field Services Administrator, Deputy Director and any Program Managers missed or not otherwise in the debrief conversation earlier. Conversations about ways to ensure greater accountability and follow through are happening now. For example, the Permanency Program Manager reviews the debrief packets and directly contacts field program

managers and supervisors by county if overall performance has improved. Planning to improve performance occurs at quarterly debriefs.

Depending on the initiative or specific PIP goal and activities underway, statewide Child Welfare staff are actively involved within their communities engaging families, providers, children, tribes, courts and others on ways to improve the system. From the last two PIP Progress Reports:

- An activity update from Quarter 1 showed the Oregon Foster Family Recruitment Retention and Support (OFFRRS) Diligent Recruitment planning tool developed through the Growing Resources and Alliances through Collaborative Efforts (GRACE) project was originally created for local district use. When the tool is shared with district leadership it facilitates discussion about the district's children in care, the foster provider array and the work they are doing with families. Recruitment and retention necessitate ongoing discussions and planning with community stakeholders, including youth, civic groups and potential providers, just to name a few. Although the OFFRRS tool was not intended for statewide use, it was modified and connected to the data warehouse. Now, the tool displays powerful information using data slicers to more accurately match children and providers, inform discussions on changes in provider capacity and triggers activation around the steps needed to fill the gaps within Oregon communities.
- The OFFRRS strategic plan is described in Quarter 2 PIP Progress Report (Attachment 6). Caregiver training, engagement with communities through a cultural shift toward a customer service approach, and increased supports to providers are the strategic focus. DHS has partnerships with Every Child, Oregon Foster Parent Association, Oregon Foster Youth Connection, Oregon Social Learning Center (KEEP), and MapleStar (Foster Parent Mentors). Every Child-Oregon is a vital partner of Child Welfare, serving more than 17 counties in Oregon to-date with a 5-year planned rollout to all Oregon counties. The partnership with DHS is moving the system to a healthier state more quickly than could be accomplished by the Department alone. Every Child-Oregon collaboratively develops resources, volunteers, and foster providers in the counties where Every Child is now embedded.
- Another success in the well-being arena is the revamping of Essentials Training for new workers, which launched September 2017 and continues to be improved. In addition to new worker training, the Child Welfare Partnership (CWP) regularly offers a wide range of training to child welfare staff and caregivers statewide. Between September 2017 and March 2019, the CWP provided 613 Trainings:
 - **73 New Worker trainings:** Essential Elements, Preparing & Presenting for Success in Court, Well Being, Family Conditions and TIPS
 - **118 Staff trainings:** Adoption Tools & Techniques, Certification & Adoption, Supervisory, SSA, Foundations, and Advanced Training
 - **400 Caregiver trainings in English and 22 training in Spanish**There were 6,509 Participants overall with 171 community partners, 1,886 caregivers and 4,452 Child Welfare staff.

- Quarter 2 Progress Report, Goal 2 Activity C.3.1 (C.3) shows significant gains in adoption finalization rates from FFY 2016-2018, through partnering with local courts and CRBs and increased efforts within the Central Office CPP staff.
 - Coos County increased their percentage of adoptions finalized within one year of legally free from 36.7% (30 adoptions) in FFY '16-'17 to 65.7% (35 adoptions) in FFY '17-'18 per ROM data.
 - Douglas county increased their percentage of adoptions finalized within 12 months of TPR from 46.4% (28 children) in FFY '16-'17 to 65.7% (35 children) in FFY '17-'18. The focused work has helped them move from having one of the lowest percentages in the state to one of the higher percentages over the past few years.

Oregon conducts their own CFSRs. Initially, the CFSRs were housed within Child Welfare Central Office and more recently child welfare moved this body of work to a Shared Services partner under the Office of Program Integrity. The current structure has become the most consistent self-sustaining approach to-date. In the past, it seemed easier, at least anecdotally, to not pay enough attention to lessons from the CFSR experience. Now the sentiment is that it needs to be a part of our work and we are working toward that end rapidly, building new reporting structures, learning avenues, and communication mechanisms.

Staff Training

Item 26: Initial training provided

Please see the 2020 APSR for a detailed discussion of the current initial training program for new staff. There were some issues with collecting data during the last year, due in part to the influx of newly hired screeners for the centralized hotline who have a different initial training regimen than other SSS1s, and due in part to a technical issue with the reporting tool. Both of these issues have now resolved.

Item 27: Ongoing training provided

Oregon does not have statutory or administrative rule requirements for advanced practice or annual/bi-annual training hours for case management staff after their first year of employment with DHS. Workgroups tasked with implementing a requirement have been put on hold, pending the hiring of a new training manager.

In the interim, in an effort to drive ongoing professional development, the Department has organized a series of regional training days with topics on areas caseworkers have expressed an interest in. Please see the 2020 APSR for a more detailed discussion of this.

Item 28: Foster and adoptive parent training

Please see the 2020 APSR for a detailed discussion of ongoing efforts to improve foster parent training. These are activities being completed through the PIP, and comprising critical components of the Oregon Foster Family Recruitment and Retention Plan, discussed later in this document.

Additionally, as mentioned above in the Collaboration section, Oregon has piloted the KEEP program in Multnomah County and is planning a statewide rollout if funding is provided by the legislature this year.

Service Array

Item 29: Array of services is accessible in all jurisdictions

Please see the Service Description section later in this document for a thorough discussion of the present service array and gaps, as well as plans to address the gaps.

Item 30: Services can be individualized to meet the unique needs of children and families

Oregon was rated as an area needing improvement on this systemic factor. Oregon will utilize PIP Goal 2, activities A.1, A.2 and A.3 to address this systemic factor. Oregon is also utilizing the evaluation data for the Leveraging Intensive Family Engagement (LIFE) demonstration project, to identify best practices. These findings are being utilized across the state to increase the engagement of parents and youth in the process of identifying and utilizing the services most useful to meet their needs.

Recruitment is now open for a Prevention Services Manager. An outside consultant is reviewing the state of child welfare contracts, with the Department charged to set up performance-based contracting. Development of a stronger partnership with the Office of Developmental Disabilities is underway as issues are coming to the forefront in a way no one has seen before, and the Department as a federal financial participant has a duty to provide all clients with equal access to services. This means clients' needs must be formally assessed with services individualized to their specific needs. In an April 2019 presentation with Central Office Program Managers, Lilia Tenity, Office of Developmental Disability Services (ODDS) Director, presented ways to bolster communication and bridge gaps. For example, hospital staff routinely call CPS on a new mother with no concrete knowledge, but only a fear-based reaction to a suspected Intellectual/Developmental Delay (I/DD). ODDS is identifying more supports for parents including how to best use the K plan, and education around what Direct Support Professionals or Personal Support Workers can do for parents with I/DD. ODDS and CW are evaluating successful approaches such as an MOU that clearly defines roles, responsibilities, areas of collaboration to problem solve and network, braiding and blending funding for innovative projects. The work ahead involves multiple agencies with a shared vision to raise children in their home or home communities using specialized, cross-program services.

Agency Responsiveness to the Community

Item 31: Ongoing consultation with partners

There is a Parent Advisory Council that has served with LIFE, meeting on a quarterly basis and providing critical input to ensure that parents are receiving the assistance they need through the program.

An analysis of the Department's service array got underway in February 2019. That analysis will include feedback from parents, caseworkers, and resource developers. There was a conscious decision not to include foster parents in this group, as the service array is not designed to serve them.

The ICWA Advisory Committee continues to meet every quarter. There is a collaboration with ORRAI to analyze data specific to Klamath regarding children's length of stay and barriers to permanency.

The Department continues its collaboration with JCIP, and we are currently engaged in a joint PIP with JCIP to address timeliness to adoption. This is a specific area where both the Department's policies and performance as well as the courts' policies and performance have strong effects on the overall outcome. Efforts made toward the PIP are reviewed at JCIP quarterly meetings.

Treatment Services hosts all contracted Child Caring Agencies bi-monthly to provide critical updates, opportunities for collaborative discussions and to address items of importance to our community providers.

Bi-weekly Skype forums are held with community providers and the Oregon Alliance of Children's Programs to address and discuss details of the Family First Prevention Services Act and standards associated with residential treatment programs.

Item 32: Services under the CFSP coordinated with other federal or federally-assisted programs

DHS Self-Sufficiency (SSP) administers Oregon's Community-Based Child Abuse Prevention (CBCAP) grant, which partially funds the Family Support & Connections program (FS&C). This program targets families who are eligible for federal TANF benefits and who are at risk of becoming involved with DHS Child Welfare. The "risk" element was determined by examining families involved with Child Welfare and who had had TANF benefits during the 60 days prior to Child Welfare involvement. The risks are divided into priority 1 (e.g., prior child welfare history, current domestic violence, drug or alcohol abuse, etc.) and priority 2 (e.g., teen parents, home is unsanitary, family management issues).

This program is currently operating in all 16 districts across the state and directly contracts with service providers to increase parental protective factors. SSP family coaches make most of the referrals, but there is room for self-referrals in the program. The SSP family coach works with the family, examining the overall dynamic (including social, emotional, and financial factors), and connects families with resources to address any areas of need. The program is strength-based, and pre-and post-validated surveys examine the development and/or increase of protective factors throughout a family's involvement in the program. Of those families receiving CBCAP services, there is a decline in the number of families having contact with child welfare.

By nature of the criteria, the interface with Child Welfare is small because families who need Child Welfare intervention (a safety threat exists) are no longer eligible for FS&C. The reality, however, is that there are transition families and some cross over where, for instance, some of the children in the family require Child Welfare intervention but the child's siblings do not.

There is currently a gap for families who are on the precipice of foster care but could be pulled back with the right in-home interventions. Right now, black and white funding streams prevent CBCAP funds from paying for services when Child Welfare is involved. The providers FS&C is using have the

skills to support families who have early Child Welfare involvement but could be supported and provided with services to prevent or minimize foster care, but there is not currently a funding stream to support that crossover work.

There is also currently a gap when families complete a successful reunification and exit Child Welfare services. Child Welfare cannot remain in the case once the children are safe, but the family could still use supportive services to ensure the reunification is stable. CBCAP funding is not available for this situation because the family is past the “prevention” point—the foster care we were trying to prevent has occurred.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: State Standards Applied to All Licensed Homes

History: In March of 2016, DHS Child Welfare began a quality assurance process for the work of certification. The QA review tool does not capture all the work of certification but focuses on two significant components: adherence to the SAFE home study model and adherence to specific certification requirements in Oregon Administrative Rule, including items required for Title IV-E compliance. The SAFE home study model has been utilized by the Department since 2009. Prior to 2016, there were attempts at quality assurance reviews for SAFE home studies, however those were not established as an ongoing practice.

Previous Results: Quality Assurance reviews are done in coordination with the CFSR team and follow their schedule, ensuring all branches are reviewed. All types of providers are reviewed and each District’s random sample is pulled by a research analyst. A statewide summary report was written in March 2018 documenting data collected from the previous year’s quality assurance reviews. Regarding areas for improvement, some themes from around the state included the need to improve our compliance with background checks including LEDS, Child Welfare, and FBI fingerprint checks as 9.3% error rate is too high. Home visit documentation also was identified as an area for improvement as less than 60% of files reviewed had all home visit requirements met. In terms of fidelity to the SAFE home study model, several areas were identified as areas for growth. In both Questionnaires 1 and 2, less than 50% of items applicants marked which would require an automatic rating were identified in the home study. Another area which was under 50% accuracy were the final desk guide ratings. Finally, with mitigation, only 35.7% of all mitigations were complete, meaning not all mitigation questions were answered. Many more were partially complete and the reviewers noticed an increase in the use of outside evidence for mitigations, which was positive.

Following this report, the review team met with the project manager for this review project to enhance the review tool to include more narration and another qualifier between substantially and partially. It was also decided the review pool needed to expand to include more Foster Care Coordinators and Certification Supervisors. At that time, it was established we would be reviewing 3% of all families with a bi-annual certificate in each branch/District we review. Finally, it was decided we would add measures to increase inter-rater reliability by teaming up newer reviewers with experienced reviewers as an effort to ensure accuracy.

Current Data: Between March and December of 2018, 9 districts received quality assurance reviews. The former manager of the Quality Assurance process left the position in August 2018 and her successor wasn't hired until December 2018. Therefore, there were months where quality assurance reviews did not happen. In February 2019 the normal review schedule was reinstated.

Data collected during this time frame revealed a 9% error rate with LEDS, FBI, and Child Welfare background checks. It also showed less than 50% accuracy regarding identifying in the home study items on Questionnaires 1 and 2 which would necessitate a rating of 3, 4, 5. This period also reflected less than 50% accuracy in correct identification of final Psychosocial Desk Guide ratings. 60 % of provider files reviewed made visits to the foster homes consistent with Oregon requirements. Mitigation themes reveal we can be doing a better job with respect to consistently identifying issues from Questionnaire 2 in the home study, providing full mitigation of issues receiving a final desk guide rating of 3, 4, 5 specifically focusing on giving context to frequency and severity of an issue as well as identifying whether placement of a child in the home could re-trigger the issue for the applicant. It was also noted improved consistency is needed with use of outside evidence when mitigating an issue. Suggestions for improvement in these mitigation areas are for staff as well as supervisors to keep a "running" harvesting sheet allowing for identification of issues needed to be fully explored within the home study. This has been a topic of debrief meetings with certification supervisors, program managers, and district managers following the quality assurance reviews in each district.

It should be noted the recommendations following the March 2018 review have been implemented. The review tool has been modified to include more narration and another qualifier between substantially and partially. The reviewer pool has expanded to include more Foster Care Coordinators and Certification Supervisors. We are now reviewing 3% of all families with a bi-annual certificate in each branch/District we review. Finally, we have added measures to increase inter-rater reliability by teaming up newer reviewers with experienced reviewers as an effort to ensure accuracy.

Implications: Data collected since March 2018 reflects virtually identical results as data collected during 2017. This indicates continued efforts needed with respect to assisting certifiers with fully exploring issues within the home study which were identified throughout the home study process (including from Questionnaires). More training is needed with certifiers regarding how to assess and articulate within the home study whether placement of a child in the home is expected to retrigger an issue from an applicant's history. It will also be important to emphasize in trainings the importance of and appropriate use of outside sources when mitigating issues. These issues will continue to be discussed with supervisors as well as branch and district managers at debrief sessions following district reviews. There is also a plan to include these themes in regional tri-annual trainings with certifiers from around the state. In the past, the state has contracted with the Consortium for Children to provide booster trainings to staff based on the results of the QA process. This will be considered in the future, but the state may opt to utilize our own trainers and leaders within Oregon's Foster Care program to provide these enhancements.

The foster care program is also reviewing the home study model, as discussed earlier. There will absolutely be a change in the whole program (certification and training) for relative caregivers. The SAFE model for general applicants is also under review, although the program is in the early stages of this process and is researching the processes other states use, particularly Missouri and Illinois at this time. The program is engaging the Office of Equity and Multicultural Services (OEMS) to ensure an

equity lens is applied to any changes in the process. The plan is for workgroups to be in place on this initiative by the end of FY 2020.

Item 34: Compliance with Criminal Background Clearances

As noted above under Item 33, a concern has been raised and is being addressed through the QA process regarding background checks.

Additionally, the Department's Background Check Unit (BCU) is responsible for running checks on out of state providers (they do this in collaboration with the Department's ICPC unit). Please see the 2020 APSR for an in-depth discussion of the progress the BCU has made in timely determinations for out of state providers. BCU was granted 30 new positions by the legislature in April 2018 and was able to use a cohort model to reduce decreases in production due to training and onboarding. By November 2018, BCU had reduced their average turnaround time across programs from 46 days to 7.7 days, including fingerprint and out of state CPS checks.

Since late 2018, BCU has also been responsible for processing background checks for organizations that fall under the new Family First requirements.

Item 35: Recruitment Reflects Diversity of Children in Care

As noted in the APSR, this is an area needing improvement and one that is being specifically addressed through the PIP, under Goal 2, activities E.1-5. Please see Attachment 6, the PIP Q2 Progress Report, for more detail.

Item 36: Effective Use of Cross-Jurisdictional Resources to Facilitate Permanency

Please see the 2020 APSR for more detail. The APSR notes that timely completion of ICPC foster and adoptive home studies has declined in the recent past due to several overlapping staffing issues. The program is now fully staffed and expects this to positively affect timeliness of home study completion going forward.

III. Plan for Enacting the State's Vision

The Department of Human Services, Child Welfare has been in transition over the last four years. Over these four years there have been four different directors of Child Welfare, two of them being interim. Unfortunately, during these changes in leadership the Department's connection and relationship with key government, agency and community partners suffered. The Department has had stability in leadership over the last eighteen months and is now in the position to reset and improve relationships and collaboration with government, agency and community partners. It will not be without challenges because the Department has much to do to restore the trust from the Governor, the Legislative Branch and the Judicial Branch.

The challenges described above regarding leadership turnover is not the only influence affecting the environment in the Department. There are Secretary of State audits of the Oregon's Foster Care

program and Child Welfare data system (OR-Kids). This and other outside scrutiny from media and the Legislative Branch have prompted the Governor to enact an Executive Order establishing a Governor's Oversight Board to address the crisis in Oregon's Child Welfare system. The Executive Order also allows the Governor to hire a Crisis Management Team and embed a member of the Governor's staff within the Department. The Governor's Oversight Board and Crisis Management Team will inform and impact some of the Department's goals. Implementation of the initiatives created by the Crisis Management Team will begin by October 2019. Most of the initiatives outlined in the Governor's Executive Order will fit within the four key goals the department will be focusing on for the next five years.

The Department has a beginning framework for the four goals described below. We will take the next twelve months to collaborate with all appropriate government, agency and community partners; to ensure our plans incorporate the needs and voice of our partners and families. It will be this work in the next twelve months that will help solidify the departments five-year plan and organically mend the relationships with all our partners to improve the outcomes for families and children in Oregon.

The Department's five-year plan is going to focus on four key areas:

Engagement: Improve engagement throughout all levels of the Department by adapting the clinical supervision model. Additional resources as well as enhanced tools to support clinical supervision will organically improve engagement with families, child and foster families because it will be a part of the Department's culture. This change in culture will not happen without revitalizing the relationship and trust of agency, community and governmental partners. The Department must reengage with all partners to address and meet the needs of all families.

Workforce: The caseload for caseworkers and supervisors is too high. In the last year the Office of Research, Reporting, Analytics and Implementation have finalized a new workload model that confirms the need for additional staff. The new model includes more than just caseworkers but casework assistants, paralegals, supervisors, case aids, MAPS and other field support.

Prevention: The Department will be developing a Prevention Program that utilizes a cross-system and collaborative decision-making structure. The overall goal is to empower and strengthen families and communities, to ensure children remain safely with their families.

Continuous Quality Improvement (CQI): Development of a structured systematic process for creating organization wide participation in planning and implementing continuous improvement in quality. A key element will be the successful implementation of CQI feedback loops throughout all programs. Another element will be evaluating effectiveness of collaboration with advisory committees as described above.

Technical Assistance and Capacity Building Needs

The Treatment Services Unit has several projects looking to address the placement need for youth in Behavioral Residential Services (BRS). This work is data informed and looks to further address root causes associated with diminished capacity and beyond. Root cause projects (i.e. beyond building hard bed capacity) relate to placement supports that serve youth and families in a variety of situations, honing our fiscal tools and contracting, and addressing the serious workforce and administrative strains that prevent our contractors from expansion and assuring enough staff to meet contracted capacity. The Capacity Plan for increasing resources for children and youth and families in variety of situations can be referenced on Attachment 22.

Evaluation and Research Activities

The Department's Office of Research, Reporting and Implementation (ORRAI) is coordinating the following Child Welfare related research projects that support the goals and objectives of this plan.

- Screening Predictive Risk Models
 - Status – Currently Running Live at ORCAH
 - Overview – Using OR-kids administrative data, machine learning algorithms were developed which estimate the risk of future adverse events for all children named on an allegation of abuse/neglect reported to ORCAH. The subsequent risk scores, which have been corrected to mitigate algorithmic unfairness across race and ethnicity, are provided to the report screeners to inform their decision to either close-at-screening or assign-for-investigation the current report.

- Reunification Predictive Risk Model
 - Status – Model developed and currently being vetted by workgroup
 - Overview – Using OR-kids administrative data, a machine learning algorithm has been developed which estimates the likelihood of a successful reunification for any child currently in foster care (i.e., substitute care). This risk score, which has been corrected to mitigate algorithmic unfairness across race and ethnicity, is updated each day a child is in foster care and can be accessed by qualified staff (e.g., permanency supervisors) to inform permanency-related decisions surrounding the child.

- Child Protective Services Predictive Risk Model
 - Status – In the pipeline for development
 - Overview – Using OR-kids administrative data, a machine learning algorithm will be developed which estimates the risk of future adverse events for children named on an allegation of abuse/neglect that was assigned for CPS investigation. The corresponding risk score, which will be corrected to mitigate algorithmic unfairness across race and ethnicity, will be provided to relevant staff to inform the decision to either place or not place the child in foster care.

- Foster Care Placement/Provider Matching
 - Status – In the pipeline for exploration and eventual development
 - Overview – Two separate, but tiered, machine learning algorithms will be developed to identify the most appropriate available option for a child in need of foster care placement. The first algorithm will identify the optimal placement setting type (e.g., family foster care, BRS, etc.) for the child, while the second algorithm will identify the optimal available provider for the child within the specified setting type. Both algorithms will utilize OR-kids administrative data and be corrected to mitigate algorithmic unfairness across race and ethnicity.

- Longitudinal Database
 - Status – Under exploration

- **Overview** – This database provides the opportunity for at least two striking innovations over our traditional analyses. First, multi-year trajectories of those who touch the Child Welfare system, even before or after their formal involvement with the system, can be described. Inflection points in these trajectories, where one group of clients seems poised for positive outcomes and another for negative outcomes, can then be identified, potentially allowing for designed interventions to sit at such inflection points. Second, relationships between the decisions, services, and activities within Child Welfare, and events in systems outside of Child Welfare, can be discovered. Such discoveries could, for example, reveal particular medical events, or certain educational or juvenile justice outcomes as potential precursors to a founded maltreatment allegation or participation in Child Welfare services.

Engagement

Strategy #1:

Build processes that better support relevant collaboration with partners in the development of the CFSP and APSR.

- Develop a CFSP/APSR Workgroup to meet quarterly to discuss progress and updates to the CFSP/APSR goals and strategies.
- Identify participants for the CFSP/APSR Workgroup who will provide consistent representation at each quarterly meeting. Representation will include program managers and/or analysts from each child welfare program area, JCIP, tribes, parents, youth and child welfare leadership.

Workforce Development

Strategy #1: Foster parent retention.

New funding provides for the addition of 16 community engagement and foster parent support specialist position and one manager – these positions will engage with their communities to develop additional foster families to relieve the burden presently placed on our homes and provide for the more appropriate matching of youth and families. Two of these positions have been onboarded and have begun their planning. Another position is in the hiring process. We anticipate that it will take one year from the date the positions are confirmed to have the team fully onboarded and operational.

In collaboration with PSU we are redesigning the content and delivery of Foster Parent training to include on-line curriculum to enhance effectiveness of in person training. This process has begun and will be vetted by workgroups comprised of foster parents, community members and staff.

Utilize foster parents as co-trainers to enhance the training experience and provide additional support for foster parents through mentoring.

We anticipate that this project will be in the implementation phase by the end of the 2019-2021 biennium.

Develop ongoing training and foster parent support services to assist foster families in serving high-needs youth. We will collaborate with our community partners who specialize in these services. These services have been piloted in District 2. We anticipate expanding the services to at least two additional counties within the first year of the new biennium with a goal to have a statewide program within five years of the expansion. We will also collaborate with our other service providers to remove barriers to the access of mental health and DD services. Foster Care, Permanency, and Safety will work with Training to enhance our staff's understanding of the need and benefit of supporting our foster families. Work has already started on these projects and we anticipate implementation within the 2019-21 biennium.

Prevention

The overall goal is to empower and strengthen families and communities, to ensure children remain safely with their families.

Strategy #1:

Build a cross system and collaborative decision-making structure for developing and implementing a comprehensive prevention plan in Oregon

Outcome:

- The Department will contract with Chapin Hall to:
 - Provide project management of the development and implementation of a comprehensive prevention plan.
- The Chapin Hall project manager will:
 - Complete the framework of a charter for the cross-system planning workgroups and advisory groups.
 - Create an implementation plan to include stakeholders and a structure for collaboration, breaking the different work streams into categories and bringing them together as the end goal.
 - Create Prevention Fiscal, Policy and Service Workgroups and subcommittees.
 - Build in timelines for each of the work streams, workgroups and subcommittees.
 - Create a Prevention Services Task Force including representation from the three branches of government.
 - Create a Prevention Leadership Team.
 - Create a Prevention Advisory Committee.

Timeline:

- Chapin Hall Contract and the charter for the cross-system planning workgroups will be completed by September 30, 2019.
- Begin the workgroups and subcommittees first quarter of Federal Fiscal Year 2020.

Strategy #2:

Implement Prevention Program in phases, beginning in July 2020.

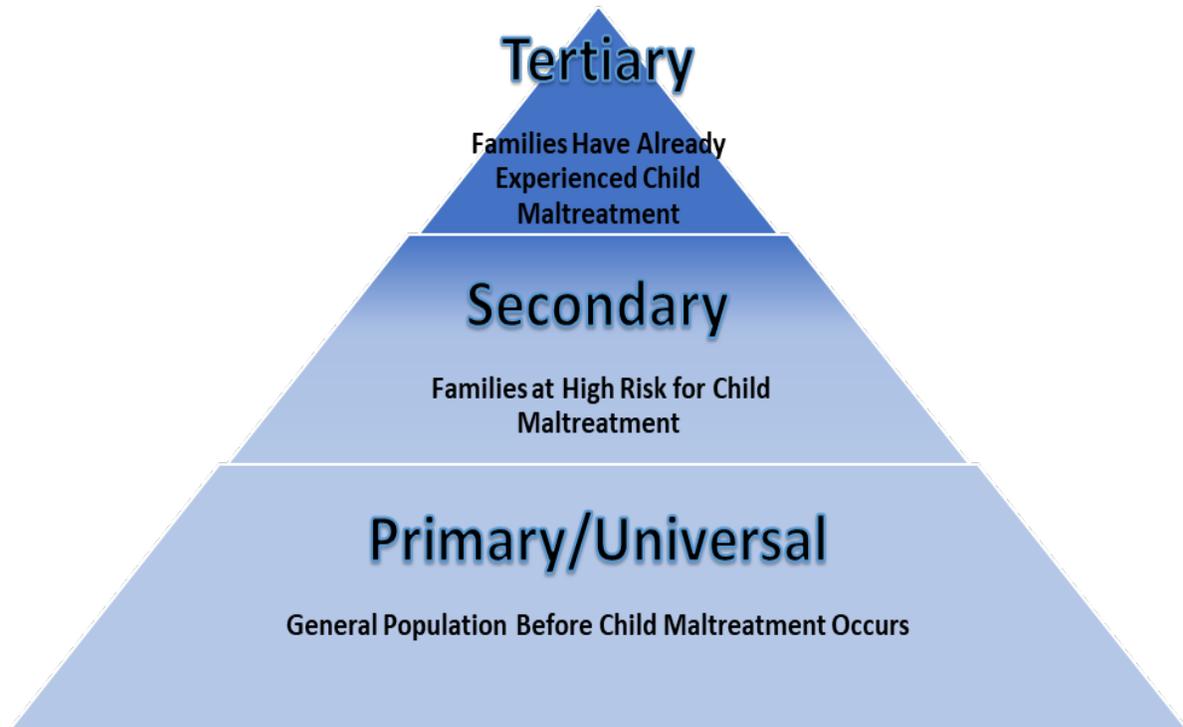
Outcomes:

- Complete inventory of the Departments services provided to families to prevent removal of children.
- Complete qualitative analysis and gap assessment to inform decisions.
- Define the Prevention Program target population.
- Define the mechanism to document candidacy for entry into foster care.
- Develop policy and procedures for the Prevention Program.
- Design and implement changes to data systems.
- Develop and provide training to field staff.
- Develop reporting and quality assurance measurements.

Timeline:

- DHS will complete the inventory of services and the qualitative analysis and gap assessment in the first quarter of FFY2020.
- Definition of the target population and mechanism to document candidacy will also be completed in the first quarter of FFY 2020.
- The changes to the system will be completed by the end of third quarter of FFY 2020.
- Development of policy, procedures and training will be completed by end the end of second quarter FFY 2020.
- Training will be provided in the third quarter FFY 2020 to support an implementation date of July 1, 2020.
- Development of reporting and quality assurance measurements will be completed prior to implementation.

Prevention Pyramid



Child Welfare in Oregon has primarily been a foster care agency with a proportionally small involuntary in-home population focused on tertiary prevention. The department's goal is to enhance our secondary prevention efforts for high risk families. This legislation is one tool in an overall prevention strategy. States with a **comprehensive prevention strategy** engaging in cross system partnerships and addressing all three prevention tiers have been the most successful in reducing child maltreatment and the need for foster care placement.

The department believes the FFPSA Prevention Services Program will have the potential to assist the population in the secondary tier of the above pyramid, however this will be solidified through the strategies described above.

Strategy #3:

Develop a kinship navigator program to assist kinship caregivers with finding and using programs and services to meet the needs of children they are raising and their own needs.

CQI

Goal: Development of a structured systematic process for creating organization wide participation in planning and implementing continuous improvement in quality. A key element will be the successful implementation of CQI feedback loops throughout all programs.

Strategy #1:

- To continually improve outcomes for children and families, the department must engage in strategic planning processes to target improvement efforts. These processes may follow different timeframes and involve different teams, the development of a Quality Assurance unit is essential.

Outcomes:

- Quarterly PIP progress reports complete with data analysis and recommendations for continual improvement.
- Reboot of Child Welfare Quarterly Business Reviews (QBR).
- Determine which data is most comparable and develop the data collection and analysis process.

Timeline:

- The department will create a Quality Assurance unit beginning by end of first quarter FFY 2020 with an estimated completion by next biennium ending 2023.
- QBR's will begin for FFY 2020 and outcomes on the fundamental map will be refined and will align with the finalized CFSP goals.

Strategy #2:

- The department will develop secure and protect the quality of child welfare data. The department is moving toward CCWIS compliance and data quality is essential. The plan will include data governance comprised of data stewards, who represent all program areas.
- System data will be analyzed to determine the current quality and to prioritize data purification efforts. Metrics will be taken from this effort and used as the baseline for measuring improvements.

Outcomes:

- Cleanse data base on priorities set from baseline measurements.
- Implement critical edits to help ensure sustainable data quality.
- Implement data quality monitoring.
- Create a data governance council with the goal of improving and maintaining both data security and regulatory compliance.
- Classify data within the system
- Implement data exchanges with partner agencies to reduce duplicate work and improve data quality.

Timeline:

- The timeline for these tasks will be better defined after the annual planning document is submitted in August 2019.

Strategy #3:

- Facilitate data-driven decision making.
- A series of dashboards will be developed at various levels within the Office of Child Welfare Programs.

Outcome:

- Metrics will be taken pertaining to dashboard-specific data to determine the baseline measurements.
- Monitor and analyze the use of the current Screening Probability tool
- Create Reunification Probability tool.
- Implement management level dashboards to inform workload decisions.
- Implement worker level dashboards to assist staff in planning and prioritizing their workload.

Timeline:

- The timeline for the first of the dashboards will be deployed during the third quarter of 2019.
- Reunification Probability tool will be completed by FFY 2021.

IV. Services

Child & Family Services Continuum

Child Abuse & Neglect Prevention

Strengthening, Preserving, and Reunifying Families (SPRF)

These services were intended to prevent the need for foster care where possible and reduce length of stay for children in care. The services included:

- Navigators to assist parents in navigating the many systems they must engage with
- Parenting specialists to support parents and reinforce positive parenting behaviors
- Relief nurseries to provide daycare and parenting support services
- Alcohol and drug treatment inpatient services focusing on multi-dimensional issues such as parenting in conjunction with recovery
- Front-end interventions such as mental health and DV specialists responding with CPS workers
- Short-term, long-term, and emergency housing
- Trauma and therapeutic services

SPRF contracts are sunsetting this year, but the Department has extended them for one year (through June 2020) while work is being done to assess our service array, any gaps, and contract optimization.

Intervention

In-Home Safety & Reunification Services (ISRS)

Overview

The In-Home Safety and Reunification Services (ISRS) are designed to provide for the immediate safety of children at risk of maltreatment by managing the safety threats within the family, or when children have been placed in protective custody or substitute care, to help them return home by providing safety and change services in the home.

Safety Services

These services are designed to control a safety threat through in-home observation, supervision and specific intervention. These services can be used initially to resolve the immediate child safety crisis and to maintain family stability. These services are intended to provide immediate child protection, reduce time children spend in substitute care and reduce the re-abuse or neglect of children.

Change Services

These services are intended to utilize interventions with demonstrated effectiveness for improving child safety and to assist parents to improve the diminished protective capacities that lead to their child being unsafe. These services are intended to help parents build additional problem-solving skills to eventually become self-sufficient. They include problem solving to access needed community resources and supports and helping parents identify strategies for predictable problems relating to a child's behavior, child safety, depression, mood stabilization and other adult relationships.

System of Care (SOC) Flexible Funds

These funds continue to be a valuable resource for Oregon's most vulnerable children by offering resources that meet the family's identified needs in relationship to the safety, permanency and well-being of the child. Child Welfare staff use SOC funds to provide culturally specific, individually tailored services not otherwise available. Services are planned through family involvement in case planning, community collaboration, including diverse communities, and a shared funding of custom-designed services in collaboration with community partners.

Treatment Services

Currently, Treatment Services administers approximately 500 placements for children and youth with specialized needs including Behavioral Rehabilitative Services Proctor Foster Care, Shelter, Crisis Respite and Behavioral Rehabilitative Services Residential levels of care.

Continued efforts are being made to increase capacity and sustainability in this service array through a pending true cost rate model review, support of residential treatment programs to become Qualified Residential Treatment Programs under the Family First Prevention Services Act, and assistance with onboarding costs for new programs or programs expanding their service array.

Publicly funded treatment services for children include residential treatment services to children with behavioral rehabilitation service (BRS) needs. Services are authorized by a licensed practitioner of the healing arts and are provided in a number of out-of-home settings, ranging from therapeutic foster

and proctor care settings to residential treatment settings operated by state-licensed child-caring agencies. BRS service providers must be approved by the Oregon Health Authority to provide federally Medicaid-matched BRS services to eligible children. The agency additionally contracts with a small number of child caring agencies to provide non-BRS residential services for children whose behavioral, emotional and psychosocial needs do not require intensive intervention, counseling, and skills-training.

ORRAI has developed, through predictive analytics, the ability to forecast capacity needs at various levels of BRS service settings. This will provide critical data to inform the agency's efforts to ensure the most appropriate placements/services are available to children who need them.

Foster Care

When a child comes into care DHS will make every effort to locate a family member to care for the child. If no family member is located DHS staff will contact a General Applicant family for placement.

1. General Applicant Foster Homes – General applicants are provided with a general orientation that prepares them to navigate and participate in the child welfare system. They are initially vetted by criminal and child welfare background checks. Home safety visits are conducted to assure the home has no safety hazards and is adequate to provide for the child's privacy and sleeping needs. The families will also be assessed throughout the home study process to assure they are physically, mentally, emotionally and financially able to provide for the daily care of a child or children within their home. References will be gathered to attest to their capability. The family's motivation to foster will also be examined. The family will be expected to cooperate with all efforts to reunify the children/youth with their family of origin. A determination will be made in collaboration with the foster family on the number and age of the children they will foster. The Foster Families will be required to complete 30 hours of training within a year of their certification. They will undergo a recertification process every 2 years thereafter.
2. Kith/Kin foster homes (hereinafter relative foster homes) – Relative homes undergo the same process as general applicants. We have learned that many relative caregivers have found this process intrusive and problematic for them. Based upon feedback from relative caregivers and community workgroups we are reassessing our relative certification process. Research has shown that children tend to be safer and more stable when placed with families who are related and/or known to them. We are working to eliminate unnecessary barriers while continuing to assure child safety. We are reviewing other state's processes and attending national conferences to continue to evolve our work with relative caregivers.

Note: Random certification files are pulled for audits checking on the fidelity to the SAFE home study model. The audits are performed by senior level foster care staff trained in certification.

We presently do not have the capacity or technology to provide for placement matching. We have almost completed GEO mapping to identify where our children are coming from and who the children are. We will then overlay the location of our existing families and determine where are resource needs are. We will also employ our local recruitment tools to guide our recruitment efforts.

We have a service gap between foster care and treatment level foster care. Research has shown the children do better in all domains when they are in stable family like settings. Work has begun to develop services for children experiencing increased behavioral or mental health needs that require enhanced services which can be delivered in the home. Preliminary discussions have begun with community BRS providers on how to address these needs. An internal DHS workgroup has been convened to address funding and contracting needs.

Family Preservation Services

ISRS

See above for a description of ISRS services. These services are available in every district. Permanency program has hired a policy analyst to complete a qualitative analysis of the service array (discussed below in “Service Coordination” in more detail).

Adoption Services

The Department has contracted with two major providers for adoption services: ORPARC and Intercept.

Northwest Resource Associates which operates the Oregon Post Adoption Resource Center. ORPARC provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation, advocacy, response to imminent family crises, support groups, and training. In the past 12 months, 501 post adoptive and guardianship families used ORPARC services. These services were crisis/disruption related for 63 families. Library resources were used by 219 persons, and 14 trainings were provided to 481 individuals. The ORPARC services are only provided to families permanently caring for prior DHS children.

Using Title IV-E adoption applicable child savings, the the Department contracted with Youth Village’s Intercept program beginning in 2016. This service is available to pre- and post-adoptive and guardianship families in specific areas of the state. Using the Collaborative Problem-Solving model, Intercept is a program that provides intensive in-home services to youth and their families who are experiencing crises. A comprehensive treatment approach includes family treatment, parenting skills education, educational interventions, development of positive peer groups and extensive help for families and children in accessing community resources and long-term, ongoing support. Families referred to Intercept receive a minimum of three in home contacts per week, 24-hour crisis intervention, and small caseload attention from family specialists who are trained therapists and carry a maximum of four cases at a time. The average length of service is five to six months. Enhancing family functioning and diverting youth from out of home placements by helping their families safely maintain them in the home and community is the primary goal of Intercept. Eligible families are those that live within one hour of the four Intercept offices located in the greater metropolitan area, Salem, and Central Oregon. To date, 30 families have received Intercept crisis intervention.

Kinship Care

The Department applied for and received a Kinship Navigator grant award and Oregon has been working to develop a model. Prior to this grant award Oregon did not have a Kinship Navigator program so we are starting at ground-level and utilizing the successes and lessons learned from many other states.

Oregon was pleased with the Administration for Children and Families program instructions allowing for Kinship Navigator models to be used for children and families regardless of their individual Title IV-E eligibility. This was a game changer in allowing the state to rethink the modeling and move it upstream as a true prevention service opportunity.

Oregon has been developing our model with intentionality to both achieve the level of evidence necessary to obtain federal approval through the Title IV-E Prevention Services Clearinghouse and to ensure the sustainability of a model. The Department has utilized the assistance from the Capacity Center for States for Technical Assistance and Consultation as well as received information and feedback directly from the federal officer overseeing the Kinship Navigator program. At the time of this writing the Department is awaiting the final outcome of the two Kinship Navigator Programs being reviewed by Title IV-E Prevention Services Clearinghouse which will inform Oregon's planning and implementation.

The Department has been utilizing the grant funds primarily through a contract with the Portland State University - Center for Improvement of Child & Family Services. This effort has included exploration and research of other models around the country, literature reviews, a widely disseminated survey and a series of focus groups with a wide array of different individuals, groups and organizations. The focus groups included relative caregivers currently connected to the public system, relatives not connected to public systems, Senior Service organizations, Child Serving organizations, Oregon's Tribal ICWA Advisory group, education representatives, Refugee program, Relatives as Parent Partners, and a host of individual meetings with 211Info, Kinship therapy program, senior program who host an online support group, AARP, and Oregon Post Adoption Services. Many of these individuals and groups have been represented on the Kinship Navigator Advisory group.

These efforts have culminated in a Proposed Kinship Navigator Model that was vetted with an Advisory Group in early April 2019, and additional feedback and responses have been received. As anticipated, the response has been great due to the enormous need and advocates and caregivers wanting many more services than budgets and time will allow. The Department is prioritizing which services are most needed and can meet the federal grant requirements. Having a model that is trauma-informed is critical to the success. For example, one participant in the feedback said, "No one feels sorry for you when the loss is a child who is a drug addict. To us the loss is great and there is no support. No one understands we are caring for a child and trying to repair a family."

The next steps the Department is currently engaged in is taking this model and developing a Request for Proposals to solicit a community organization to step forward to implement the Oregon Kinship Navigator program. During the course of the focus groups, survey and individual discussions a very clear and consistent message prevailed; the Kinship Navigator model will best serve people if it is NOT a government run program. "Put it into the community."

The Department is also developing a Request for Proposals to solicit the assistance of an Evaluation team to assist the Department in obtaining the necessary evidence to obtain the federal approval for sustainability of the model.

The Department has applied for a second year of Kinship Navigator grant funding and we anticipate this focus will be on implementing the model and ensuring the model receives the necessary federal approval for sustainability beyond September 30, 2020.

ILP Services

Please see the Chafee section for a detailed description of the array of independent living services.

Services for other permanent living

Oregon placement options outside of foster care are at a significant deficit in all levels of care for youth and young adults in Child Welfare custody. In addition, other segmented agencies (Mental Health and Developmental Disabilities) levels of care beyond, community-based, are also in deficit of availability which has further dramatic effect on Child Welfare's current continuum of care. The Continuum of Care Coordinator is currently working these projects to address these deficits:

- Currently working with our Independent Living Coordinator to build an infrastructure to serve young adults (18-20) in more independent environments with various levels of supervision and service integration, from highly supportive to high level intensive mental health service integration along with intensive individual independent mentoring and case management. This will establish a level of care within the state that is purely independent driven, and community based.
- Increasing the placement capacity for the Behavioral Residential Services (BRS) array bases of data driven analytics of system need that incorporated ALL placement modalities regardless of agency. The Continuum Coordinator is actively recruiting based on these data driven results and closely working with county, city, and Coordinated Care Organizations (CCO, our public insurance option providers) to ensure models of care are built around whole person integrated care modalities, or at a minimum, that we are collaborating to assure policy and business model of BRS array can easily pivot and integrate into such collaborative modeling for clients and families in the future.
- Examining unique demonstrations on how to set up complementary contracting with our local CCOs' organization intensive outpatient mental health services array to maximize benefit to our mutual clients. These projects include:
 - o Setting up an integrated model of Oregon's first Treatment Foster Care that is driven by mental health interventions. Currently two communities are examining this potential through active community planning modeling.

- Adding complementary services of crisis response and peer mentoring to the most intensive based outpatient mental health services array in order to support all levels of placement to prevent disruption.
- Looking for strategic partnerships with the Oregon Health Authority to build more psychiatric residential capacity.
- Examining demonstrations of how-to effective overlap proctor care placement services prior to the youth exiting Psychiatric Residential. For example, allowing proctor parents and agencies to engage with youth 60 days prior to discharge in various forms of contact and case planning perspectives.

Service Coordination

The Department is developing a survey to be deployed to community partners and service providers; to include: tribes, juvenile justice, education, mental health, disability services, child care, residential treatment, parents, youth and social service agencies. Through this survey we hope to identify gaps in the current service continuum and opportunities to collaborate on the development of services across agencies serving the same population of clients.

The Department has scheduled quarterly meetings to bring together the same list of partners to discuss goals and planning. The survey results will establish a foundation for priority goals and objectives. Our first meeting is scheduled for September 2019. This initial meeting will be limited to internal DHS program representatives, but will expand to include external partners, tribes, parents and youth at the first meeting in 2020.

Child Welfare and the Self Sufficiency Child Care Program have recently identified business processes and funding to increase child care services to all working foster parents. Currently the child care service is limited to providers caring for children under 5 years of age. With the increased funding through the TANF program, we are able to increase the age to 12 years old.

Please see pages 35 for a description of coordination with the Community-Based Child Abuse Prevention Program administered by DHS Self-Sufficiency.

Service Description

Safety Services

Due to limited contract funding in Oregon, current services are primarily identified for families who are experiencing a threatening family condition. Families who receive a CPS assessment and their children are not at imminent risk but may require additional supports are referred for services when they are available in the community at the conclusion of a CPS assessment. Statewide prevention services while limited are also available through referrals from the child abuse hotline such as 211, Lifeworks and Family Support and Connections for families receiving TANF.

Early and consistent cross systems identification of human trafficking cases continues to be a gap. Limited program and residential placements for trafficking victims from age 11-18 that provide detox, treatment, and safe shelter. There has been a decrease in addiction recovery services in field offices which has created barriers for parents accessing substance abuse treatment.

Oregon is using predictive analytics to identify families at risk of future abuse early: in the screening process at ORCAH. Oregon is increasing partnerships to enhance community-based services that families could be referred to, and to ensure their statewide availability to families identified by the predictive analytics tool. Ideally Oregon will also increase capacity in the community for these services.

Oregon is seeking to increase substance abuse training in partnership with medical experts, especially in target counties where we continue to see an increase in substance abuse-related child fatalities. Oregon will also work with field leadership and explore funding streams to increase Addiction Recovery workers statewide.

Data has shown a gap in early identification of trafficking cases at the screening level. The CSEC Coordinator is working directly with ORCAH leadership to develop training opportunities and provide real-time case consultation to improve this.

Permanency Services

A recent strength in services provided by the Department is the Youth Villages work aimed at supporting very challenging placements and preventing disruptions and dissolutions. This work not only supports continuing placements when alternative placements are in short supply, but it also can prevent additional trauma to children by preventing additional (especially abrupt) moves.

Oregon still lacks trauma informed, culturally specific services for families, especially in rural areas. There is also a lack of local enough services (especially placement) to keep children and families connected. For example, often when children need a higher level of care than a regular family foster home, they must be moved to a treatment foster care placement that is not local, and perhaps not easily commutable to their home. This puts a strain on visitation and other family-focused services that can have an impact on successful reunification.

Title IV-B, subpart 1 – Stephanie Tubbs Jones Child Welfare Services Program

Services to be Offered under Title IV-B, subpart 1

Oregon offers the following services under Title IV-B, subpart 1:

- Family Support Teams – Addiction Recovery Team services
- System of Care – communication services
- Foster Care Prevention – basic needs (clothing, food, supplies), safety, household necessities, home repair
- Training – child welfare training on wraparound/systems of care

Services for Children Adopted from Other Countries

Oregon does not provide services for children adopted from other countries.

Services for Children Under the Age of Five

Children age five and under in the care and custody of DHS receive services from the Department as well as county and local community providers. Following are descriptions of the types of services:

- **Child and Adolescent Needs and Strengths (CANS) Assessment:** In September 2018, Health and Wellness Services assumed management of the CANS unit. Efforts immediately began for program improvement and to promote the assessment as a case planning tool rather than a rate determining tool. In 2019, 2,219 CANS assessments were provided to children ages 0-5.
- **DHS Child Welfare Comprehensive Intake Nursing Assessment:** As a result of these assessments, which occur shortly after a child comes into foster care, children under five are being identified and referred to personal care services much sooner. Of 2,902 nursing assessments during FFY 18, 1,465 were completed on children age 5 and under. Of those, 279 infants were identified as drug exposed.
- **DHS Child Welfare In-home Nursing Assessment:** in July of 2018, DHS field nurses began providing comprehensive nursing assessments to children placed in trial reunification. In addition to the nursing assessment, they provide ACE's education and a trauma informed wellness toolkit to each family, and referrals to community services and home nursing programs. In 2018 DHS field nurses conducted 252 trial reunification in-home assessments, 122 of those assessments were for children age five and under.
- **DHS Child Welfare Personal Care Services:** Of the 495 children with medical needs who received personal care services in 2018, 309 are under five years old. When appropriate and where available, these children are referred to the community health nursing program CaCoon.
- **Screening for Early Intervention Services:** The Department refers all children under 3 for screening for early intervention services using the CPS Early Intervention Referral Form (CF 0323). The Districts throughout the state have inter-department agreements outlining the referral process for the areas covered by the Educational Service District. Infants and toddlers who are eligible for early intervention services, receive services that are tailor made for the child's specific needs and may include:
 - Assistive technology (devices a child might need)
 - Audiology or hearing services
 - Speech and language services
 - Counseling and training for a family
 - Medical services
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services

- **Activities Undertaken to Reduce the Length of Time Children Under the Age of Five Are in Foster Care:** In addition to the services listed above, the Department believes the following services and case management strategies have a direct impact on the timeliness to permanency for all children, including those under the age of five.

Permanency consultants; staff cases at key decision points and provide guidance and recommendations on an individual case basis.

Group supervision; provides an opportunity to review fidelity to the practice model and review case planning decisions and conditions for return.

Early transfer protocol; requires that cases that are court involved be co-managed by both Safety and Permanency and that family engagement and case plan development are prioritized.

New Family Report; focuses the case plan on engagement with parents, primary caregivers and youth.

Adoption and Guardianship Facilitators; two, one-year rotations have been hired to focus on barriers to timeliness, which will include evaluation of the root cause for the increased length of time to permanency for children under five since 2016.

Efforts to Track and Prevent Child Maltreatment Deaths

Steps Oregon is taking to compile complete and accurate information

Sources of Data on Child Maltreatment Deaths

Child maltreatment death information in Oregon is gathered from multiple sources including:

- Child abuse reports from mandatory and voluntary reporters
- Child Protective Services assessments (including interviews of parents, children and others familiar with the family as well as observations)
- Law enforcement investigations (collaboration and reports)
- Medical Examiner reports
- Medical documentation if related doctor or hospital visit
- Oregon Health Authority, Division of Public Health
- State Child Fatality Review Team (a multi-disciplinary team of state-level representation)
- Local Child Fatality Review Teams (a multi-disciplinary team including local representation from the community where the death occurred)
- Child Death Review Data System

Documentation of Data on Child Maltreatment Deaths

Oregon has changed an existing tracking system and enhanced it for more comprehensive information on maltreatment deaths. It is designed to maintain sensitive issues, child death data, and critical incident response team data. By maintaining all three types of data, all child death data reported to Child Welfare (which does not include all child deaths in Oregon) will be stored in one place. This

includes child maltreatment deaths and other child deaths. This system is currently in the testing phase, and some tweaks may need to be made.

Review of Child Death Data

All child death data gathered by Child Welfare from the sources listed above is reviewed to determine whether the determinations made are consistent with Oregon Administrative Rule definitions and ensuring information from all available sources was reviewed. Complex cases and cases with conflicting information can be staffed at the local or state Child Fatality Review Teams to offer multiple expert perspectives.

Use of Child Maltreatment Death Data

Oregon plans to use the data to map out trends and potentially address practice issues, identify training needs, identify service gaps, and allow us to be more comprehensive in reporting to outside agencies.

Steps Oregon is taking to develop and implement a statewide plan to prevent child maltreatment fatalities

There were 26 children who died from causes related to abuse during FFY 2018. Two of the 26 children were siblings who died as a result of the same incident of abuse. There were 21 victims (80.8%) that were age 5 and younger, demonstrating the relatively high vulnerability of this age group. Fourteen victims were younger than one year old.

NEGLECT

Introduction

Child neglect is the most frequently identified type of maltreatment in substantiated reports of child abuse. On average, child neglect has contributed to just under 75% of abuse-related fatalities in Oregon and nationwide over the last five years. Oregon's in-depth review of child fatalities in families with recent child welfare history (an open case, CPS assessment, or closed at screening report in the last twelve months) shows in many of these cases there have been multiple maltreatment reports on the deceased child or the child's siblings over the years, suggesting a pervasive pattern of neglect. The ability of Child Welfare and system partners to understand and intervene in cases of chronic neglect is a systemic issue that contributes to child fatalities in Oregon.

Overview of steps to develop and implement a comprehensive, statewide plan

Oregon Child Welfare has begun efforts to engage staff and the community around the problem of child neglect, particularly chronic neglect. These efforts involve staff training and development, adjustments to rule, establishing expectations regarding supervision of caseworkers, and developing partnerships with programs centered around prevention. Judicial partners will also be engaged in the efforts. It should be noted both Suicide Prevention and Safe Sleep, though broken out individually below in the 5-year plan, also fall under the umbrella of neglect.

Training

Enhanced training around child neglect is occurring at two levels in Child Welfare. The first level provides a 90-minute overview of chronic neglect, the impacts to children and intervention strategies

with families. This training is being delivered to casework staff at Regional Training Days through May, June and July 2019. The training will then be delivered by Safety and Permanency consultants in coordination with MAPS for caseworkers in their first year of service.

The second level of training is a two-day advanced course for assessing patterns and behaviors of neglect. This training is being developed in partnership with the Butler Institute for Families, out of the University of Denver Graduate School of Social Work. Safety and Permanency Consultants, along with other champions, will be trained as trainers in the advanced curriculum during July and August of 2019. Training is expected to begin for Child Welfare supervisors and MAPS in September 2019. Training for casework staff with over 12 months of service will begin in late fall 2019, with expected completion by the end of 2020. The training will then enter the sustainability phase with a plan to train staff in their second year of service ongoing.

Rule

In late 2016, in response to national research regarding the high correlation between prior Child Welfare reports and fatalities of young children, Child Welfare implemented a rule to specifically address this population. It is now a requirement that any report be assigned for a CPS assessment if it is the fourth consecutive closed at screening report and there is a child under five years old in the home.

Supervision Expectations

In 2018, the Oregon Child Welfare Director directed supervisors to implement dedicated individual supervision time for all staff, with variable frequency depending on experience and caseload. Guidelines and tools are being developed to assist supervisors in providing consistent, quality supervision. While this is not specific to neglect fatalities, it is specific to supporting comprehensive assessments and adequate case planning, which in turn will improve Child Welfare responses to families at highest risk.

Partnerships

In 2019 Child Welfare entered a partnership with Safe Families, a volunteer-driven, nonprofit organization. Safe Families offers support and stabilization to families in crisis as an alternative to foster care. The supports can be accessed with or without an open Child Welfare case and serve to bolster protective factors for families and prevent child abuse. Safe Families will be operating in partnership with Child Welfare first in 12 counties: Multnomah, Deschutes, Yamhill, Marion, Polk, Baker, Lincoln, Clackamas, Lane, Washington, Jackson, and Josephine, with a goal of eventual statewide implementation. The contract is expected to be finalized in the selected counties by July 2019.

Oregon Child Welfare recognizes the need to engage with partners around understanding and responding to chronic neglect. Specific work must be done with judicial partners and contracted providers to ensure professionals in partnership with Child Welfare are making decisions and plans based on the most up to date information about the scope and impact of neglect on children and families. There are toolkits available to facilitate these conversations and selection of a specific approach will take place in late 2019, with conversations with partners set to begin by 2020.

SAFE SLEEP

Introduction

Unsafe sleep conditions is one of the leading causes of deaths for infants in the state of Oregon. An infant is defined as a child between birth and age one. Many of these infants and their families have had some contact with the Department of Human Services Child Welfare Program. The majority of these deaths are due to asphyxiation, as a result of a hazardous sleep environment. The Department is working proactively to improve casework practice standards and ultimately effect positive change.

Department of Human Services Program Plan for Safe Sleep

One of the primary unsafe sleeping conditions is bed sharing. This refers to an infant and one or more adults or children sleeping together on any surface, not necessarily a bed. This could be sharing a surface such as a couch, a chair, or a futon. According to the American Academy of Pediatrics the safest place for an infant to sleep is alone in their own crib with a firm mattress, a tightly fitted sheet, on their back, and in a smoke-free environment.

Child Welfare is addressing the problem of safe sleep through training, collaboration with community partners, and improved practice standards.

Training

Child Protective Service workers will receive in person training through branch unit meetings beginning in late summer 2019 and running through fall. This will be provided in collaboration with contracted local nurses, CPS supervisors, and Child Safety Consultants. The training will consist of Child Welfare Safe Sleep procedures and best practice standards. Additionally, the Child Safety Program is currently researching the possibility of incorporating the use of Safe Sleep Coaches work in-home with the parents, if they are using a substance and have an infant under age one. Safe Sleep Coaches have been used in other states, such as Alaska and Texas, where they work in the home with parents, especially if there is substance abuse and an infant under the age of one. They coach parents throughout the assessment and educate them on safe sleep. Depending on what the research finds, Oregon hopes to incorporate these coaches in branches or regions where there are a high number of fatalities.

Collaboration

Child Welfare will bring together a group of stakeholders, some of whom we already partner with, to focus on a creating a strategic, coordinated effort to educate and train the community regarding safe sleep, and to with the community to provide families with appropriate education surrounding safe and unsafe sleep. These partners include:

- Contracted ART/FIT providers
- Contracted and community public health nurses
- OHA
- Local hospitals
- WIC
- Healthy Start/Early Healthy Start
- Other community home visiting service
- Law enforcement

- Oregon Deputy District Attorneys

Practice Standards

As part of any assessment or ongoing work with a family with an infant, the Child Welfare worker will collaborate with the local nurse when making contact with the family. During this contact, the worker is required to:

- Inspect the sleep environment of any infant in the home.
- Inquire as to sleep practices the family uses when putting the infant to sleep.
- Provide education on safe and unsafe sleep environments, including the risks associated with caregiver substance use.
- Provide a verbal explanation and provide written information on safe sleep practices.
- As appropriate, provide referrals and services to families to provide sleep education and mitigate any identified unsafe sleep condition.
- Utilize branch funding to purchase a crib or portable crib for the family, as needed.
- Photograph any unsafe sleep conditions observed.
- Document sleep conditions, education provided, and any interventions made.

SUICIDE PREVENTION

Introduction

The national movement of suicide prevention and suicide postvention has made significant gains in the last decade. Federal legislation has paved the way for states to offer a variety of services and educational opportunities for the public. Despite these efforts, Oregon continues to have higher rates of youth suicide than the national average. The Department of Human Services Child Welfare Program began exploring this issue in 2017 and concluded that many of the children dying by suicide have had some contact with Child Welfare systems. In response, several efforts have already begun to train DHS staff on suicide prevention. Below is a five-year plan including efforts that are already underway.

Department of Human Services Program Plan for Suicide Prevention and Postvention

To date, the Child Protective Services Program has identified two CPS program coordinators, Molly Miller and Aimee Dickson, to implement a plan to offer suicide prevention services for Child Welfare. Additional efforts to provide suicide prevention training for any DHS employee is also being spearheaded by the Chief Administrative Officer of Shared Services, Donald Erickson. Currently, three suicide prevention evidence-based trainings are being offered: Question, Persuade and Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); and safeTALK.

Below is the DHS' proposed Suicide Prevention/Postvention Plan for Child Welfare Program that the Suicide Prevention Consultant would coordinate and oversee.

Training and Education

Child Welfare has identified QPR as an appropriate training curriculum for all Child Welfare staff. This training will be mandatory for all Child Welfare program staff.

- New worker training curriculum does not include suicide prevention education. QPR training is being offered to Portland State University Child Welfare Trainers in March 2019. Each PSU

trainer will become a certified QPR trainer and this will be added to the current CORE curriculum.

- Current staff will be trained in two ways. All Child Welfare CPS consultants have become certified QPR trainers and are currently offering in person training across the state during regional training days. For staff who are unable to attend in person, acquisition of a computer-based training is being researched.
- The Department will work with the research team to evaluate trends in child fatalities and utilize this information to continue to inform intervention strategies.

Identification of Suicide Prevention Experts

Each branch/district will identify a Suicide Awareness for Everyone (SAFE) champion.

- SAFE champions will be offered additional training/more comprehensive training through ASIST and/or safe Talk
- They will coordinate a list of community-based suicide intervention services
- SAFE champions will become certified to provide QPR training to DHS staff as well as community providers
- SAFE champions will offer case consultation for families dealing with the issue of suicide.
- SAFE champions will organize trauma response efforts related suicide

Working with External Partners

The Suicide Prevention Coordinator will work with external DHS partner in community efforts for Suicide Awareness.

- Work has begun regarding the creation of a suicide intervention protocol specific to local MDTs. This protocol will include what cases are appropriate to bring to an MDT forum and actions taken by the MDT.
- Collaboration with the Zero Suicide Coordinator through OHA for continued improvements in suicide intervention.
- Development/creation of statewide resource list for suicide awareness
- State Fatality Committee participation to discuss trends and systemic issues
- Outreach with public education/health and mental health systems to coordinate postvention services
- Development of postvention plan for Child Welfare to include trauma response for employees
- Continued research of methods and national intervention plans associated with youth suicide
- Enhance current MOUs and contracts with mental health providers serving children in DHS custody to require specific training around suicide prevention and awareness

Critical Incident Response Team (CIRT)

Oregon statute requires a CIRT on cases where a child has died due to abuse and the child/family has been involved with the Department within the preceding 12 months of the fatality. In the summer of 2018, Oregon began exploring the application of a safety culture framework in the CIRT process. In order to move this important work forward, the Child Safety Program in partnership with Casey Family Program will be 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 2019.

The Child Safety Program is in the early exploration stages of hosting a Neglect/ Fatality Prevention Conference that would involve local and national experts from around the country to inform, align and develop statewide efforts for child abuse and fatality prevention. Stakeholder discussions have begun with CJA and Oregon Network of Child Abuse Intervention Centers in consideration of partnering in this endeavor.

Title IV-B, subpart 2 – Promoting Safe & Stable Families

Service Decision-Making Process for Family Support Services

Agencies are selected through the analysis of service gaps in the local service array, as well as analysis of the service needs for the population of families and children served. The Family Support and Connections program has a full-time statewide coordinator whose duties include technical assistance and consultation with local service providers around the state. The coordinator provides program direction through site visits, meetings and training opportunities to service providers. The coordinator maintains an inventory of programs in each of the Department’s districts, to ensure service gaps are identified and addressed.

The division of title IV-B, subpart 2 funding is as follows:

| | |
|--------------------------------|-----|
| Family Preservation Services : | 25% |
| Family Support Services: | 25% |
| Family Reunification Services: | 25% |
| Adoption & Promotion Services: | 24% |
| (Administration) | 1% |

The Department's rationale for this division of funding is an equitable division among the four service categories, while also meeting the federal government's expectation that funding for each service category is at least 20%. The estimated expenditures for the services described below are provided in the CFS-101, Part I (New).

Family Support and Preservation: Funding to the Early Learning Division (ELD) continues to support early learning hubs and direct service providers for parent engagement and classes, home visiting programs for parents of infants, foster care reduction activities, relief nurseries' respite care early literacy supports, and kindergarten readiness. Relief nursery services providers spent these funds on family engagement, parent education, respite care, therapeutic early childhood classrooms, and home visiting.

Family Reunification: System of Care dollars are used to support child specific services that are based on the individual needs of the child.

Adoption Promotion and Support Services: Adoption Support Services are provided through two contractual agreements with Boys and Girls Aid Society (BGAID) and the Northwest Resource Associates (NRA).

Special Needs Adoption Coalition (SNAC) meetings: Twelve private adoption agencies in Oregon contract with the Department to provide home studies and supervision services for families who wish to adopt from the Child Welfare system, but have chosen to have their services provided by a private agency rather than the Department. The SNAC agencies are required to receive monthly training, and this training is organized and provided by BGAID under the contract. The Department contracts with SNAC agencies to provide post placement supervision.

The second contract for adoption promotion and support services with Northwest Adoption Associates is the Oregon Post Adoption Resource Center. ORPARC provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation, advocacy, response to imminent family crises, support groups, and training.

Populations at Greatest Risk of Maltreatment

Victims of Abuse

During FFY 2018, there were 12,585 unduplicated child abuse victims. Most child victims remained in their own homes (76.9%), while 23.1% of child victims were removed from their homes. Of the total victims, 13.5% remained home with an in-home safety plan and 63.4% remained in their homes, but Child Welfare determined that it was not necessary to open a case to keep the child(ren) safe.

11.2% or 1,411 were victims under the age of one. Forty-nine percent of child abuse victims were age six and under.

Family Stress Factors

Leading family stress factors of abused children are alcohol and/or drug use, domestic violence, and parental involvement with law enforcement. Many families also have significant financial stress or

unemployment issues. Some parents may have mental illness or were abused as children. There usually are several stress factors in families of child abuse victims.

Please see previous information on work being done to target Oregon's most vulnerable children with our safe sleep and chronic neglect initiatives as well as expansion of Safe Families in Oregon.

Geographic Factors

ORRAI is beginning a project to assess the geographical areas of biggest risk for child maltreatment. They are convening a workgroup in June 2019, beginning with a two-day meeting with out of state experts in this field.

Risk of Severe Maltreatment

ORRAI has begun a research project that identifies children that are at risk of fatalities or severe maltreatment based on a perpetrator's risk of engaging in that kind of behavior. The research draws on child welfare data, as well as data from corrections, medical providers, DHS Self-Sufficiency (TANF and SNAP), criminal courts, and potentially other sources (e.g., juvenile court records, domestic violence history). The goal would be to partner with local providers, parole and probation, and to encourage community-based interventions. This project is in the exploration phase to determine whether the data can be predictive. If the data is not predictive with accuracy, then this project may not result in a predictive tool. See Attachment 7 for the research proposal detailing this project.

Monthly Caseworker Visit Formula Grants

The Child Permanency Program Manager, with input from Program Managers in all other program areas, has been overseeing the expenditures for this grant. In the past year, the dollars were spent in two ways. The first way is statewide distribution of updated technology to staff. Surface Pros were purchased for MAPS and Supervisors, to assist in training and supporting caseworkers, and enhance the ability to complete work in a variety of locations and environments. Updated technology has been identified as a need for some time, and the grant helped meet the need.

The second expenditure was in supporting training to casework staff. Regional training days have been occurring to get increased training to ongoing staff closer to where they work, rather than having to travel to the Willamette Valley.

Oregon requires monthly face-to-face contact with a child or young adult be completed by a the primary caseworker, the caseworker's supervisor, or a designee of the supervisor. During the contact, the caseworker must ensure the safety, permanency and well-being needs of the child or young adult are being met, address issues pertinent to case planning and service delivery, notify a supervisor if they determine that additional action is required to ensure safety, and notify a certifier when the well-being needs of a child or young adult are not being met. The contact must be documented in OR-Kids. Every other month, the contact must occur in the child or young adult's placement setting.

Oregon historically has struggled with planning for the use of the Monthly Caseworker Visit Grant. In the next five years, Oregon will use the Permanency Advisory Council as the advising group to the Child Permanency Program Manager on the use of the Grant. They will be exploring idea to improve quality of caseworker visits, meet state and federal standards for caseworker visits, and to improve caseworker decision-making on all aspects of case planning.

Additional Services

Waiver

Please see the 2020 APSR for a detailed report on the progress of Oregon's waiver program, LIFE. The program's funding ends on September 30, 2019, and recruitment for the program ended on June 30, 2018. The Department is very pleased that the 2019 Legislature approved sufficient funding to implement LIFE statewide into the future.

Adoption and Legal Guardianship Incentive Payments

Oregon received a total of \$752,000 incentive money for the FY 2015, and \$1,578,000 for FY 2016, with a notice that this represents approximately 21% of the total FY 2016 award. Oregon's award for FY 2017, is \$467,383.

The award continues to be utilized on spent on extending contracts with mediation vendors to establish post guardianship communication agreements between guardians and birth parents. Anticipated outcomes for the use of the grant award include increasing the number of cases achieving permanency, increasing timeliness to permanency and, most importantly, minimizing the child's loss of relationships and connections to his or her family, history and culture. The award is also utilized to support the Intercept program, which offers services and support to post-adoption families.

In addition to those expenditures, this year the award was used to expand the services of Oregon Post Adoption Resources Center (ORPARC). ORPARC has utilized the additional dollars to increase education and training capacity, increase and enhance training partnerships, and increase outreach. They also utilized the funding to increase their library.

A final expenditure this year was an investment in Bridge Meadows. Bridge Meadows is an organization currently serving the tri-county area in Oregon, with plans to expand to other places in the state. Bridge Meadows develops and sustains intergenerational neighborhoods for adoptive families of youth formerly in foster care that promote permanency, community and caring relationships while offering safety and meaningful purpose in the daily lives on older adults.

The Child Permanency Program Manager, with input from Program Managers in other areas of practice, has been overseeing the expenditures of this grant. With the re-convening of the Permanency Advisory Council, the advising and oversight will move to the PAC.

Adoption Savings

The 30% of Adoption Savings required to go toward post adoption services will continue to fund a program called Intercept. Intercept is a service provided to families who have finalized a guardianship or adoption through our agency if needed. Intercept currently serves families in the tri-county area, Marion, Klamath and Deschutes counties. ORPARC screens and makes referrals to Intercept when a family who needs the service comes to their attention. Intercept provides twice weekly in-home counseling for parents and children and is also available 24/7 for crisis support and response.

DHS is currently using the additional 70% of Adoption Savings to provide reimbursement to certified foster parents and relative caregivers for child care. The reimbursement is currently limited to no more than \$375 per child per month, for children ages 0 through age 5. DHS is exploring the ability to expand the reimbursement to older children based on the available dollars.

Consultation and Coordination with Tribes

Process Used to Gather Input, Contact Information, and Outcomes of Consultations with Tribes

The Department collaborates with the Oregon tribes to prevent and reduce the number of Native American children placed into state custody. The Oregon tribes participate with DHS through the Tribal/State Advisory Committee, which meets quarterly and holds an annual conference. Oregon DHS has an established Tribal Affairs Unit including a full-time staff person assigned as its Tribal Affairs Director, Senior ICWA Manager, two ICWA Consultants and an Executive Assistant. The Oregon ICWA Advisory receives invitations in person and email to review and contribute to the APSR each year at the ICWA Advisory. Standing agenda items are federal reporting updates and federal policy information sharing. The Tribal Affairs Unit and the Oregon Tribes worked collaboratively on promulgating ICWA administrative rule, and filed temporary rules in February 2017. Permanent rule has been effective since August 2017. The tribes and DHS are actively engaged in the revisions and improvements to the DHS child welfare procedure manual specific to ICWA case management. The Tribal Affairs Unit, through the ICWA Consultants, Senior ICWA Manager, Active Efforts Specialists, and the Tribal Affairs Director have conducted statewide training on ICWA revisions and are focused on ensuring the ICWA is appropriately followed in Oregon while maintaining and honoring the government to government relationship with the Indian child's tribe throughout the case.

The current list for Oregon tribal contacts and the consultation areas in which the tribes have provided information and guidance is listed below.

Burns Paiute Tribe

Twila Teeman E: Twila.Teeman@burnspaiute-nsn.gov
P: 541-573-8043 F: 541-573-4217
P.O. Box HC71 Burns, Oregon 97720
Consultation and Guidance: Co-Chair of ICWA advisory 2016-17

Confederated Tribes of Coos, Lower Umpqua and Siuslaw

Shayne Platz E: splatz@ctclusi.org

P: 541-744-1334 F: 541-888-1027
1245 Fulton Avenue, Coos Bay, Oregon 97420
Consultation and Guidance: ICWA QEW committee member

Confederated Tribes of Grand Ronde

Kristi Petite E: kristi.petite@grandronde.org
P: 503-879-2045 F: 503-879-2142
9615 Grand Ronde Road, Grand Ronde, OR 97347
Consultation and Guidance: Co chair ICWA advisory 2017-2018

Cow Creek Band of Umpqua Indians

Michelle Moore
P: 541-677-5575 F: 541-677-5574
E: mmoore@cowcreek.com
2371 NE Stephens St Ste. 100 Roseburg, OR 97470
Consultation and Guidance: ICWA procedural manual 2017-18

Confederated Tribes of Siletz Indians

Brenda Bremner
P: 541-444-8210 F: 541-444-9613
E: anitab@ctsi.nsn.us
Lisa Norton
E: lisan@ctsi.nsn.us
201 S.E. Swan Avenue P.O. Box 549 Siletz, OR 97380
Consultation and Guidance: CO-chair ICWA advisory 2017-2018
Consultation and Guidance: 2017 Oregon ICWA conference host tribe

Coquille Tribe

Yvonne Livingstone E: yvonnelivingstone@coquilletribe.org
P: 541-444-8236
Roni Jackson E: ronijackson@coquilletribe.org
P: 541-444-8220 F: 541-444-9613
Consultation and Guidance: ICWA QEW Subcommittee

Klamath Tribes

George Lopez E: marvin.garcia@klamathtribes.com
Marvin Garcia E: marvin.garcia@klamathtribes.com
Candi Uses Arrow E: candi.usesarrow@klamathtribes.com
Lisa Ruiz E: lisa.ruiz@klamathtribes.com
P: 541-783-2219 F: 541-783-2029
PO Box 436 Chiloquin OR 97624
Consultation and Guidance: ICWA QEW committee

Confederated Tribes of Umatilla Indian Reservation

Julie Taylor E: julietaylor@ctuir.org

46411 Ti' Mine Way Pendleton, Oregon 97801

P: 541-429-7315 F: 541-278-5385

Consultation and Guidance: 2018 Oregon ICWA conference host tribe

Confederated Tribes of Warm Springs

Cecilia Collins E: Cecilia.collins@wstribes.org

PO Box C Warm Springs, Oregon 97761

P: 541-553-3209 F: 541-553-1894

Consultation and Guidance: ICWA Conference host 2016

Consultation and Guidance: ICWA procedures

ICWA Qualified Expert Witness trainings were provided in coordination with local tribes, the Juvenile Court Improvement Project and the Department of Justice. The Confederated Tribes of the Umatilla, the Siletz Tribe, and the Klamath Tribe were actively engaged in planning, recruiting and training of candidates. In 2017-2018 trainings have continued with the Klamath Tribe and the Confederated Tribes of Siletz Indians.

The number of tribal members trained increased from 2 to 59 tribal affiliated members available now for ICWA QEW testimony. The Oregon tribes continue to work in active partnership with the Department to develop a sustainable process for recruiting, engaging, and retaining tribal members who can provide qualified expert witness testimony.

The majority of Indian child welfare cases in DHS custody involve out-of-state tribes. The ratio is approximately 3:1. At the end of FFY 2017, there were 411 ICWA children in DHS care. Approximately 36% are Oregon tribal ICWA eligible, with the remaining being out-of-state tribal ICWA eligible children. DHS collects ICWA data quarterly and this information is shared on regular basis with Oregon tribes specific to their children in DHS care. The state has supported individualized relationship with Oregon tribes. This kind of productivity in individual case staffing requires year-round travel to the tribes and districts. The Tribal Affairs unit staff(s) cases in person as needed and at a minimum of 4 times a year for each of the 9 Oregon tribes.

Oregon is one of the only states to have an organized ICWA compliance design being built into the DHS information system (OR-Kids) that will incorporate specific data points for tracking Oregon child welfare practice and compliance with the ICWA. Design improvements for the tracking of ICWA data include the number of active efforts findings in court, how often the tribe is in agreement with those findings, the number of times a child is placed with a relative compliant with the ICWA, the number of times a Qualified Expert Witness is used at specific hearings for ICWA, the number of tribes DHS contacts to verify ICWA eligibility, the number of times DHS provides ICWA notice to tribes of ICWA children entering our system, the length of time the ICWA children spend in our system, and the number of ICWA children exiting our system. Final approval has been granted with a 2019 "go live" date. The Oregon tribes and DHS collaborated actively to identify data collection points for the purposes of measuring ICWA compliance and tracking continuous quality improvement in ICWA cases.

State's Plan for Ongoing Coordination and Collaboration

Federal Policy and Resources (FPR) has a representative on the ICWA Advisory committee. Child Welfare's plan will be shared during the next regularly scheduled quarterly meeting, after the plan is approved. FPR will request plans from representatives on the committee.

Arrangements with Tribes for Providing Child Welfare Services

Please see the 2020 APSR for a detailed description of how DHS provides supports to the nine federally recognized tribes in Oregon. This support is provided in the form of passing through federal and state funds to support their Social Service or Child Protection Services. The Tribes know best which services their families need to prevent removal of children from their homes. Tribes use the flexible funding streams of Social Services Block Grants, Title IV-B subpart 2, and System of Care to provide supports and services to families, including foster family homes. Title IV-E foster care funding is more restricted and used primarily after a child is removed.

During the next five years, the Department's goal is to promote Tribal Child Welfare Programs through federal and state funding pass through agreements. The Department has outlined the following action steps in furtherance of that goal:

1. Work with tribes to assess readiness and develop the needed infrastructure necessary to implement the Family First Prevention Services Act.

Strategy 1: Include Tribal partners in the development and implementation of DHS' Child Welfare five-year Prevention Plan.

Outcome: DHS Five-Year Prevention Plan will include specific section that describes each Oregon Tribe's five-year Prevention Plan.

Strategy 2: Update existing Tribal Title IV-E agreements to include FFPSA and develop Tribal Title IV-E Prevention Service Only Agreements for the Oregon Tribes with small number of children placed in foster care.

Outcome: All existing Title IV-E Agreements will be updated prior to the date DHS implements the FFPSA. New Title IV-E agreements will be negotiated and implemented as part of DHS' five-year prevention plan.

2. Continue to provide technical assistance and support to Tribes who access federal and state funding for Tribal Child Protection Programs.

Strategy 1: Update training materials and develop computer-based training modules for new Tribal caseworkers.

Outcome: New and existing Tribal workers will be able to obtain necessary initial and on-going

training on the Title IV-E agreements and other reporting requirements for other funding pass through programs.

Compliance with ICWA

ICWA Compliance Committee

The ICWA Compliance Committee was an idea brought forward by the Oregon Nine Tribes focused on tracking and evaluating ICWA compliance across the State of Oregon. The committee will look at where ICWA training, practice and policy is working well, but also where improvements can be made. With the guidance of the Oregon Nine Tribes, the committee will lead the initiative towards addressing disproportionality and work towards improving our Department's understanding of ICWA and its application to ensure the State of Oregon is compliant and aligned with the intent of the Indian Child Welfare Act.

The ICWA Compliance Subcommittees:

- ICWA State Statute – will develop an ICWA state statute in addition to revising and implementing state Indian Child Welfare policy such as Oregon Revised Statutes that are codified laws of the State of Oregon.
- ICWA Training – will develop and create ICWA trainings and application support for leadership and field staff.
- ICWA Fieldwork/Case Mapping – will develop in-depth child welfare case map (from start to finish) supported by data collection to evaluate ICWA compliance.

Notification of Indian Parents and Tribes of State Proceedings Involving Indian Children and their Right to Intervene

The ICWA mandates that in any state court proceeding for the foster care placement of, or termination of parental rights to an Indian child, the Indian custodian of the child and the Indian child's tribe shall have the right to intervene at any point in the proceeding.

The Department recently implemented the following approved ICWA procedure: Except for an emergency removal, notice must be provided prior to any initiation of a new child custody proceeding regarding the custody or termination of parental rights of an Indian child.

When the Department knows or has reason to know an Indian child is the subject of any foster care placement, including voluntary custody/placement, guardianship, termination of parental rights proceedings, adoption proceeding, the Department must:

1. Promptly send notice by certified/registered mail with return receipt requested of each proceeding to:
 - a. Each tribe where the child may be a member or eligible for membership if a biological parent is a member;
 - b. The child's parents;
 - c. The Indian custodian, if applicable; -AND-
 - d. The grandparent or grandparents per Oregon law

2. The Department must file with the court a copy of each notice sent with any return receipts or other proof of service.
3. If the Department does not know the identify or location of a potentially interested Indian party to the proceeding the caseworker will send appropriate notice to the BIA regional director, in which case the BIA has 15 days to locate and notify the party.
4. Notice may also be sent via personal service or electronically but does not replace the certified/registered mail requirement.

It is important to note that notice should be sent to the tribe even if the proceeding is voluntary, as the tribe may have exclusive jurisdiction or otherwise have the right to intervene.

The Department records every notice sent to the child's tribe and to the BIA in the information systems automatically as letters of inquiry and verification of Indian status are documented and we maintain a record of all inquiries sent.

Within 24 hours of the child being taken into custody, the caseworker shall make active efforts to contact the tribal social services program or the ICW representative of the Indian child's tribe to:

1. Notify the tribe that the child is in the Department's custody and a dependency petition has been filed in state court concerning a child who may be a member or eligible for membership.
2. Provide comprehensive information that is specific to the removal of the child.
3. Provide all discovery, including the court report, as per branch protocol.
4. Ensure the court date, time and location has been communicated to the tribe.
5. Obtain tribal preference for who will appear and how they would like to appear at the court hearing.
6. Document that notice was provided in the Department's information system.
7. Ensure consultation has occurred regarding the removal of the child and request input regarding placement preferences, AE and ICWA compliance.
8. Maintain compliance with the ICWA Checklist and document the request for tribal input regarding placement preferences.
9. Explore available services of the tribe that may address the safety needs of the child.
 - It is important to note, that tribes may have their own parenting curricula or family support models that the worker will inquire as to eligibility as to the parent's child to enroll. Tribes may also have mental health counseling services, prevention services, and drug and alcohol services available.
 - Each tribe may have its own tribal best practice model. The worker shall reach out to the identified tribe for specific culturally relevant services e.g. parenting, children's mental health, and/or parenting support.
10. Consult with the tribe regarding placement preferences. Request tribal input regarding additional relatives, family members or tribal foster homes for potential placement. It is important to note that the ICWA requires Relative search out to second cousin. ICWA placement preferences can be found in Rule 413-115-0090.
11. Ask the tribe if they have an identified QEW and secure testimony for the Shelter hearing. QEW is not required for an emergency shelter hearing, it is preferred by not required.

Currently children who are identified as possibly ICWA eligible but pending verification are coded as "search underway". Data is collected each year that can be compared to the rate of search underway that results in ICWA eligible. The capacity to automate this analysis is not fully realized, the tribal affairs unit's ICWA consultants can conduct a hand count that compares ROM reports to OR-Kids data and review of all ICWA cases by district. The last ICWA hand-count was prompted by the need to provide accuracy in developing Department of Interior, Bureau of Indian Affairs responsive comments to the 2015 proposed ICWA guidelines. 2015 hand-count results indicated for every 8 children at search underway, 1/3 resulted in ICWA eligibility. Inquiry is conducted by the Department by search clerks to assure tribes are notified a search is underway. Improvements (indicated by the hand-count) are needed in the notifying of both sides of the child's family of the search underway, and follow up by the case management staff in the Department when additional information is needed to establish ICWA eligibility.

Placement Preference of Indian Children in Foster Care, Pre-Adoptive and Adoptive Homes

In determining the appropriate placement of the Indian child, the caseworker must:

- Determine the least-restrictive setting appropriate to the needs of the Indian child in consultation with the tribe by considering:
 - Most approximates a family, taking into consideration sibling attachment;
 - Allows the Indian child's special needs (if any) to be met; and
 - Is in reasonable proximity to the Indian child's home, an extended family member, and/or siblings.
- Explain the placement preferences to the parent, legal guardian, or Indian custodian and obtain input regarding placement.
- Notify the parent, legal guardian, or Indian custodian that active efforts will be made to notify the child's tribe and explore potential placement with the extended family members.
- Contact the child's tribe to determine if the tribe has established a different placement preference or has placement resources available.
- Within 30 days provide notification to all adult relatives and include information about how they can be helpful in addition to being a placement resource.
- Work with the certification unit to identify potential homes that align with the ICWA placement preferences.
- If potential placements are located on the reservation, request tribal social services to conduct family assessment of these placements.
- Document all efforts and results of these efforts in the Department's informational system, case notes, and placement.
- If placement departs from placement preference, the worker will Case note reason why child is placed outside placement preference in the Departments information system, case notes, placement and court report if court involved.
- The Department must inform the substitute caregiver that the child is an Indian child including explaining the ICWA, placement preferences, cultural considerations, and other unique considerations for Native children.
- If the child's tribe has not established a different order of preference, and the court has not determined on the record that there is good cause to depart from the ICWA prescribed

placement preferences, preference must be given, in descending order to placement of an Indian child with:

- An extended family member per the child's tribe.
- A foster home that is licensed, certified, approved, or specified by the Indian child's tribe;
- An Indian foster home licensed, certified, or approved by an authorized non-Indian licensing authority; or
- An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the child's needs.

Tracking Placement Preferences

The Department is unable to track the placement preference procedures defined above at this time. The placement preference data elements have been designed and are waiting on the list of prioritized change requests to OR-Kids.

Tribal Right to Intervene in State Proceedings, or Transfer Proceedings to the Jurisdiction of the Tribe

As described above the Department must provide notices to the Tribe. Based on placement ending reason for FFY 2017 there were seven (7) cases transferred to Tribal jurisdiction.

Tribes and Chafee

For details regarding Chafee collaborations with the Tribes, please refer to the Chafee section regarding collaboration later in this document.

Chafee

Agency Administering Chafee

The Department of Human Services, Child Welfare, is responsible for administration of the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), referred to as the Independent Living Program (ILP) in Oregon. The Foster Care Unit, Youth Transitions section, administers the ILP. Administrative responsibilities include budgeting and fiscal management of the Chafee ILP and Chafee Education and Training Voucher (ETV) program; Tribal consultation; transitional housing programs, policy review and updates; training of DHS staff and community partners; National Youth in Transition Database (NYTD) oversight; and contract management. Management of the 17 contracted agencies providing ILP life skills services and supports includes routine contract administration and review of service delivery, training and support to contracted providers and program reviews every three years. Program reviews result in program improvement plans that are monitored by the State ILP and ETV Coordinator.

Descriptions of Program Design and Delivery

The implementation of Oregon's transition services model will depend on the amount of funding secured from the Oregon Legislature. If the DHS Policy Option Package (POP) 142 and Senate Bill 745 are approved, it will provide an increase of \$8.5 million for youth transitions. The increase will allow Oregon to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years as follows:

Oregon is piloting a few models for the 14- and 15-year-old populations; as described in *Serving Youth at Various Ages and Stages of Achieving Independence* (pg. 81 of this Plan): the Polk Model, the SPARK Community Model, and a “natural mentor” program.

- The Polk Model is being created in collaboration with Polk Youth Services and Portland State University (PSU). The model implements group sessions led by an ILP staff, hosted every other week. The model engages foster parents to assist youth with “homework assignments.” The assignments allow foster parents to help youth engrain skills taught in groups. This model has been well received by foster parents and youth alike. The Polk Model pilot has been executed for approximately 9 months. Initial results are positive.
- The Community Model was created by FosterClub, Inc. The Community Model includes a Peer Specialist, who facilitates the groups, and three to five community volunteer mentors in each group meeting. This model is intended to help youth build community with peers as well as fostering healthy relationships with members of the community. The Community Model is in month 2 of the pilot. A report on outcomes will be provided next year.
- The natural mentor pilot was funded by the Institute for Youth Success, Education Northwest. The Natural Mentor pilot is intended to help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult. Preliminary results were not as positive as hoped. A full report will be included in next year’s APSR.

DHS is working with Credit Builders Alliance and Innovative Changes to create a financial literacy curriculum and a credit report webinar. The financial literacy will be a required curriculum for ILP Contractors to apply with youth ages 16 – 20, in the Tier 2, Independent Living Program (ILP). The credit report webinar is targeted toward child welfare caseworkers. However, will be beneficial for foster parents and ILP providers as well.

If funding allows, DHS plans to implement a Tier 4, IL Plus service model for youth with higher needs and involved with multiple service agencies (ages 16 – 20). The model will be evidence-informed and mirror much of the My Life curriculum and philosophy. The My Life model was created by Portland State University researchers and has been implemented in Multnomah County for the past 5 years. The following tables demonstrates the positive impact the My Life model has had for youth as compared to those youth who are only receiving ILP services.

| | My Life Youth | ILP-Only Youth | Difference | Overall |
|---|----------------------|-----------------------|-------------------|----------------|
| Personal Growth & Social Development | 47% | 32% | 15% | 39% |
| Family Support & Healthy Relationships | 37% | 35% | 2% | 36% |
| Health Education & Risk Prevention | 47% | 38% | 9% | 42% |
| High School Skills / Supports | 52% | 45% | 7% | 48% |
| Post-Secondary Skills / Supports | 38% | 39% | -1% | 39% |
| Employment / Career Preparation | 48% | 45% | 3% | 46% |
| Money Management | 40% | 36% | 4% | 38% |
| Housing & Home Management | 42% | 39% | 3% | 41% |
| Transportation & Other Living Skills | 46% | 44% | 2% | 44% |

The data from My Life reflects the percentage of youth who showed growth in each domain. For example, 47% of My Life youth showed growth in the “personal growth and social development” domain, as compared to 32% of ILP-only youth who were never involved in My Life. This table covers data gathered from July 2017 through June 21, 2019. This shows that My Life is making the greatest impact in the domain that encompasses the specific skills the curriculum is designed to foster. It is also making a positive impact in other domains, with the exception of post-secondary skills. The data for the “post-secondary skills/supports” domain may reflect the fact that many youth who receive My Life services may not have post-secondary education as part of their plan due to their general level of functioning (e.g., those youth with developmental delays).

DHS does plan to offer services to young adults ages 21 – 22. While this is a new population for ILP services, several of the ILP Providers have remained connected and serving young adults for several years. Based on the need of young adults to spend the bulk of their time working, attending college or training, services will be less formal. Face-to-face contact will be as needed, but no less than once every 60 days, with alternate methods of contact occurring at least monthly (phone, text, email, Skype/FaceTime). One barrier to young adults and other former foster youth accessing ILP services is the requirement to have a child welfare caseworker. There have been several instances where youth who were complying with ILP Program requirements and fully engaged in services had their case closed due to lack of contact with their child welfare worker. DHS plans to implement an Admin Only case for all ILP young adults, ages 21 – 22. The Admin Only case will be optional for young adults under age 21; the youth will decide which type of case they prefer.

The tiered level of ILP services will be a statewide pilot during the next two years (7/1/2019 – 6/30/2021). While small pilots have been executed, statewide implementation will fully test foster parent willingness to engage, youth satisfaction with services, and feedback from young adults regarding the value of supports offered and achievements attained with the support of ILP services.

Oregon has long provided ILP Discretionary Funds to help children, who have experienced foster care at age 14 or older, engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience. Oregon hopes to increase the amount of funds available to caseworkers and Tribal child welfare workers for this purpose in the future. Additionally, DHS provides funding for several events to meet this purpose of the Chafee program:

- Champions Academy
- Teen Retreat
- DREAM Conference
- Native Teen Gathering
- Camp to Belong

Oregon is expanding support services, including transitional housing options. The transitional housing programs will provide financial, housing, employment, education, and other appropriate supports and services to current and former foster youth. The services are intended to complement the youth’s own efforts to achieve self-sufficiency and to assure that youth recognize and accept their personal responsibility for preparing for the transition from adolescence to adulthood. For additional details

regarding the housing services listed below, see Attachment 8, the draft Procedure Manual, Chapter 5, Section 15.

- Transitional Foster Homes (still under development)
- Transitional Living Programs
- Transitional Living Program-Plus
- Independent Living Housing Subsidy Program
- Chafee Housing Program

Oregon will continue to make available vouchers for education and training, including postsecondary training and education, to current and former foster youths. New with the 2019-2020 academic year is special non-Chafee funding for former foster youth who were adopted or entered a guardianship at age 13 or older (after 9/1/2015). These youth will be able to receive an amount equivalent to the Chafee ETV being awarded each academic year.

In addition to the tiered services and expanding housing continuum mentioned above, Oregon's identified Chafee goals for 2020-2024 align with the state's vision and support Oregon's CFSR and PIP Goals 2, Improving Child Permanency, and Goal 3, Improving Child Well-Being, as listed below. The Chafee goals have been carried over from the prior 5-year plan. The benchmarks have been updated based on current baselines.

Well-Being Outcome 1:

Item 12A: Needs assessment and services to children. (Current rating: 71% Strength)

Key Activity/Intervention 1: Improve youth engagement in the transition planning process.

Measure 1: Increase the percentage of youth, age 14 – 20, who participate in life skills assessments each year.

Benchmark 1: 80%, the current baseline of 32% was set using the FFY2018 NYTD Data Snapshot for Oregon (see Attachment 9).

Key Activity/Intervention 2: Ensure appropriate services are available.

Measure 2a: Increase the number of eligible youth and young adults receiving independent living type services (both paid and non-paid IL type services).

Benchmark 2a: (as reported by the Oregon NYTD Data Snapshot – Attachment 9)

Foster Youth: 75%, Baseline is currently 68.5% served

Former Foster Youth: 40%, Baseline is currently 18.9% served

Measure 2b: Increase the number of foster youth and young adults receiving mentoring services.

Benchmark 2b: 25%, current baseline is 12.3% of youth in care received mentoring services

Measure 2c: Increase the number of foster youths who participate in the IL Housing Subsidy Program.

Benchmark 2c: 20%, Baseline is 11% based on foster youth who accessed the IL Housing Subsidy Program during FFY2018.

Measure 2d: Increase the number of young adults who participate in the Chafee Housing Program.

Benchmark 2d: 15%, Baseline is 1.4% based on young adults who left custody at age 18 or older, who accessed the Chafee Housing Program and are not yet age 23.

Measure 2e: Create an appropriate array of housing options to meet the needs of the young adults, ages 18 – 20, remaining in DHS custody and accessing a formal transitional living program.

Benchmark 2e: 30%, Baseline is currently 8% based on youth who have accessed a TLP in FFY 2018.

Item 13: Child involvement in case planning. (Current rating: 61% Strength)

Key Activity/Intervention: Improve youth engagement in the transition planning process.

Measure: Youth are involved in transition activities which are documented in the case record.

Benchmark: 75%, current baseline of 35.2% was set using FFY2018 data. (OR-Kids Transition Tab.)

Well-Being Outcome 2

Item 16: Education needs of the child. (Current rating: 91% Strength)

Key Activity/Intervention: Improve foster youth preparation for high school completion and pre-college/career readiness.

Measure 1: Increase access to academic supports and career preparation programs.

Benchmark 1a (Academic supports): 70%, the current baseline of 43% was set using the FFY2018 NYTD Data Snapshot for Oregon (see attachment 9).

Benchmark 1b (Career Preparation): 65%, the current baseline of 39% was set using the FFY2018 NYTD Data Snapshot for Oregon (see attachment 9).

Measure 2: Increase percentage of foster youth participating in paid employment

Benchmark 2: 40% The current baseline is 27% for the 17 year-olds

60% The current baseline is 38% for 19 year-olds

75% The current baseline is 53% for 21 year-olds

Systemic Factors

Item 26: Initial Staff Training. (Current rating: Not in substantial conformity)

Key Activity/Intervention: Improve attendance of new workers at introductory trainings related to youth services and transition planning.

Measure: Increase the percentage of caseworkers attending training on basic level transition planning and ILP services (100 series of youth trainings).

Benchmark: 200, current baseline is 50 people per FFY 2018 training data.

Note: this benchmark lists actual number of participants versus a percentage, as it is difficult to know how many workers have teens on their caseload. It is also difficult to know if those attending are “new” staff or existing staff and community partners. Therefore, the data will simply be tracking those who attend the training.

Item 27: Ongoing Staff Training. (Current rating: Area needing improvement)

Key Activity/Intervention: Improve attendance of caseworkers at advanced level youth related trainings.

Measure: Increase the percentage of caseworkers attending training on the 200 series of transition planning and ILP services.

Benchmark: on hold until the computer-based trainings can be recorded, or the new Youth Transition Consultants are hired and available to conduct training.

Item 31: Agency Responsiveness to the Community, State engagement and consultation with stakeholders pursuant to CFSP and APSR. (Current rating: Strength)

Key Activity/Intervention: Include youth, providers, and other community stakeholders on policy committees, workgroups and advisories.

Measure: Youth members are included on Rule Advisory Committees (RAC) and assist with updating or creating policies and forms related to teens and young adults in foster care.

Benchmark: 100%, Number of RACs in which youth are members is currently 80%.

Community Engagement in the 5-Year Plan

The Youth Transitions team conducted a data analysis using the following data sources: NYTD State Snapshots, ROM/SACWIS data, Office of Student Access and Completion data, CFSR and PIP reports and data from the Training Unit. The Department updated the existing goals and placed them into the following three categories: 1) achieved, implemented, 2) in progress, not yet achieved, 3) no longer a priority, removed (see Attachment 10). The State IL and ETV Program Coordinator visited each of the 16 Districts in Oregon, as well as met with the nine federally recognized Tribes in Oregon (at the ICWA Quarterly in November 2018). Each District was asked to invite community partners and youth. Two separate sessions were held in each location; one for adults and one for youth. A total of 226 adults and 47 youth participated in the 5-year plan feedback sessions. The adults consisted of DHS Child Welfare staff (caseworkers, supervisors, Program Managers, Permanency Unit), CASAs, CRB members, Colleges/Universities, ILP Providers, Attorneys, Tribes, foster parents, CFFO/OFYC staff, TRACES, and DHS Self Sufficiency Program staff. Youth who attended the feedback sessions were primarily ILP enrolled youth. Some of the youth are also involved with Oregon Foster Youth Connection (OFYC). Youth were provided pizza, fruit and beverages during the feedback sessions. DHS does not allow gift cards/stored value cards to be purchased. Therefore, no additional incentives beyond the refreshments and the ability to use their voice to help direct service implementation/expansion in Oregon were offered.

The State IL and ETV Program Coordinator is continuing to obtain feedback from the Oregon Foster Youth Connection (OFYC) members regarding services to be implemented based on the amount of funding obtained from Oregon’s Legislature. OFYC is partially funded through a contract with DHS. There are also two surveys circulating to obtain feedback on expanding transitional living options,

primarily the Transitional Foster Home. One survey is focused on obtaining feedback from foster parents and the other is focused on youth feedback. DHS is also continuing to meet with OFYC leadership to discuss how DHS can assist with implementing as much of the OFYC 2018 Policy Recommendations as feasible (Attachment 11).

Oregon ensures principles of Positive Youth Development are applied in the Chafee and youth transition services as follows:

- The Department has valued PYD as a means to improve youth outcomes for over 20 years. The State IL and ETV Program Coordinator and Youth Transitions Specialist have emphasizing positive youth development in policy, procedure, contract language and trainings.
- Request for Proposal (RFP) language: The Department just completed a RFP for contracted life skills training and Tiered ILP services (as outlined above). The first RFP question was as follows;
 - “Proposer Project Philosophy: Describe your philosophy of positive youth development and how your agency integrates trauma-informed practices when working with foster children or Young Adults.”
- Positive Youth Development resources are included in the ILP Contractor binder distributed to ILP Providers.
- ILP Contracts include a requirement for providers to involve youth in the development of services provided. Providers are encouraged to obtain youth feedback regarding services implemented on a regular basis. Providers are also encouraged to support a youth advisory group within their program or support youth who are interested in joining the Oregon Foster Youth Connection.
- The Youth Transitions Specialist recently obtained certification as a Youth Thrive trainer. The Youth Transitions Specialist is partnering with a PSU Child Welfare Partnership trainer to provide Youth Thrive training to foster parents.
- DHS Procedure Manual, Chapter 5, Section 29, outlines the process for DHS caseworkers to include youth as an integral partner when crafting the youth’s Comprehensive Transition Plan, starting at age 14.
- Oregon has been supporting the FosterClub All-Star internship since its inception. DHS sponsors one Oregon All-Star internship each year.
- Oregon contracts with FosterClub and their All-Stars to coordinate and host the annual ILP Teen Retreat. Participants attend workshops that are led by All-Stars, and able to experience foster youth being seen as and performing as leaders.

National Youth in Transition Database

DHS continues to share the National Youth in Transition Database (NYTD) data broadly. Most recently, the NYTD data was presented and explained to staff, community partners, Tribes and youth during the 5-Year Plan Feedback Sessions. The NYTD Data Snapshot is used in many of the Chafee goals listed above. Other data sources to track and report on progress are the OR-Kids reports, ROM reports, and internal contract administration reports. The NYTD Data Snapshot is also shared via an email blast annually to DHS staff, community partners, foster parents, ILP Providers, Tribes, CRB, CASA, FosterClub and JCIP members.

DHS has steadily improved NYTD survey completion rates and data accuracy. One area needing improvement is Element 18, Educational Level. While data reported has been within the 90 percent accuracy rate required for compliance, it has recently fallen to 92 percent from 98 percent previously. The work being done to replace the OR-Kids Permanency Page with the Family Report should increase caseworker updates to a child's education status. Another area needing improvement is reporting of Life Skills Assessments. DHS has developed a new service to better track completion of life skills assessments by ILP Providers. The new Family Report should also streamline updates for caseworkers, resulting in improved reporting for all youth (not just youth receiving ILP services). Improvements in data accuracy are already being realized for life skills assessments.

However, the state lacks a formal plan for sharing data and obtaining data in a manner to allow the State IL and ETV Program Coordinator to use NYTD data to identify needed improvements. Following are reports and steps necessary to allow for analyzing and using NYTD data to improve services:

1. Monitor response rate for follow-up populations in a timely manner.
2. Create an annual report that displays the Youth served per year by service type and basic demographics.
3. For survey responses
 - a. Create survey response report for the Cohorts reported to NYTD
 - b. Create Interim management report using same survey data collected for non-mandated population.
4. Use survey responses to inform about needed outreach and training to IL providers, caseworkers, foster parents and community partners (i.e. if youth don't understand they are covered by Medicaid, we need to help them know they do have health insurance.)
5. Research how services provided to youth are related to better youth outcomes, based on the Follow-up Populations.
6. Research relationship between the Permanent Connections survey responses of youth to performance in Education or Employment.

The State IL and ETV Program Coordinator will work with the DHS research team to prioritize the above reports. Progress will be reported next year.

Serving Youth Across the State

DHS ensures all political subdivisions in the state are served by the Chafee program in the following manner:

- 17 ILP Contractors provide life skills training and supports in every county across the state.
 - One ILP Contractor is a Native American specific service provider.
 - One ILP Contractor is a neighborhood specific service provider (primarily African American)
- ILP Discretionary Funds are allocated to each DHS District and eight of the nine federally recognized Tribes. The Confederated Tribes of Warm Springs receives direct federal funding. Therefore, Warm Springs does not receive ILP Discretionary funds from DHS Child Welfare.

As mentioned above, Oregon is lacking adequate, relevant data reports from NYTD or other sources that addresses how services vary by region or county. The chart on the following page provides a breakdown of the number of youths served by ILP contractors during FFY2018, by age and county.

There appear to be a few issues with the data. No youth younger than age 15 should be receiving contracted ILP services. Nor should young adults over the age of 21 be accessing contracted ILP services. These cases will be reviewed and services terminated if appropriate.

**Number of Youth Served by ILP Contractors during Federal Fiscal Year 2018
by County and Age**

| County | Age at End of Federal Fiscal Year 2018 | | | | | | | | | | | Total |
|--------------------|--|----------|----------|------------|------------|------------|------------|------------|------------|----------|----------|--------------|
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| Baker | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 5 |
| Benton | 0 | 0 | 0 | 1 | 4 | 1 | 4 | 3 | 2 | 0 | 0 | 15 |
| Central Office | 0 | 0 | 0 | 6 | 11 | 6 | 4 | 4 | 1 | 0 | 0 | 32 |
| Clackamas | 0 | 0 | 0 | 3 | 19 | 14 | 11 | 14 | 5 | 0 | 0 | 66 |
| Clatsop | 0 | 0 | 0 | 3 | 2 | 2 | 2 | 2 | 1 | 0 | 0 | 12 |
| Columbia | 1 | 0 | 0 | 5 | 8 | 11 | 5 | 3 | 3 | 0 | 0 | 36 |
| Coos | 0 | 0 | 0 | 5 | 9 | 10 | 7 | 4 | 1 | 0 | 0 | 36 |
| Crook | 0 | 0 | 0 | 1 | 2 | 1 | 1 | 1 | 3 | 0 | 0 | 9 |
| Curry | 0 | 0 | 0 | 0 | 2 | 3 | 1 | 0 | 1 | 0 | 0 | 7 |
| Deschutes | 0 | 0 | 1 | 4 | 4 | 6 | 5 | 6 | 1 | 0 | 0 | 27 |
| Douglas | 0 | 0 | 0 | 3 | 11 | 10 | 7 | 4 | 4 | 0 | 0 | 39 |
| Gilliam | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Grant | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Harney | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 6 |
| Hood River | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 4 |
| Jackson | 0 | 0 | 1 | 10 | 10 | 9 | 7 | 7 | 0 | 0 | 0 | 44 |
| Jefferson | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 0 | 1 | 0 | 0 | 9 |
| Josephine | 0 | 0 | 0 | 8 | 10 | 10 | 6 | 2 | 0 | 0 | 0 | 36 |
| Klamath | 0 | 0 | 0 | 4 | 12 | 13 | 7 | 1 | 1 | 0 | 0 | 38 |
| Lake | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Lane | 0 | 0 | 0 | 19 | 30 | 32 | 35 | 22 | 18 | 0 | 0 | 156 |
| Lincoln | 0 | 1 | 1 | 11 | 10 | 5 | 9 | 4 | 3 | 0 | 0 | 44 |
| Linn | 0 | 0 | 0 | 7 | 12 | 7 | 10 | 5 | 4 | 0 | 0 | 45 |
| Malheur | 0 | 0 | 1 | 4 | 8 | 5 | 0 | 2 | 0 | 0 | 0 | 20 |
| Marion | 0 | 0 | 0 | 18 | 22 | 22 | 22 | 14 | 11 | 1 | 1 | 111 |
| Morrow | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 3 |
| Multnomah | 0 | 0 | 0 | 27 | 48 | 65 | 72 | 59 | 45 | 0 | 0 | 316 |
| Polk | 0 | 0 | 0 | 6 | 10 | 8 | 5 | 3 | 5 | 0 | 0 | 37 |
| Tillamook | 0 | 0 | 0 | 1 | 3 | 0 | 4 | 1 | 2 | 0 | 0 | 11 |
| Tribe | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 4 |
| Umatilla | 0 | 0 | 0 | 6 | 2 | 9 | 1 | 2 | 1 | 0 | 0 | 21 |
| Union | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 1 | 0 | 0 | 6 |
| Wallowa | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 4 |
| Wasco | 0 | 0 | 1 | 8 | 5 | 3 | 1 | 1 | 0 | 0 | 0 | 19 |
| Washington | 0 | 0 | 0 | 9 | 15 | 19 | 19 | 12 | 12 | 1 | 1 | 88 |
| Yamhill | 0 | 0 | 0 | 4 | 9 | 8 | 4 | 4 | 0 | 0 | 0 | 29 |
| State Total | 1 | 1 | 7 | 179 | 289 | 291 | 258 | 183 | 127 | 2 | 2 | 1,340 |

Source: ORRAI query pulled 5/20/19

Serving Youth at Various Ages and Stages of Achieving Independence

Following is an overview of the various services and supports to be implemented to ensure youth of various ages and stages of achieving independence receive appropriate services:

- To support all youth who have experienced foster care at age 14 or older in their transition to adulthood, DHS anticipates implementing a tiered level of independent living services for youth ages 14 through 22.
 - Tier 1: Independent Living Preparation (“IL Prep”) Services for ages 14-15. Services are designed to engage 14 and 15-year-olds in developmentally-appropriate activities that focus on social development, self-determination and the intangible skills necessary for transition to typical Tier 2 ILP services and comprehensive transition planning. The primary components of the Tier 1, IL Prep include:
 - Services which are Group-based (at least twice a month) and follow a skill-building curriculum that emphasizes positive youth development in terms of promoting intangible skills acquisition.
 - Opportunities to engage with Peer Specialist(s), Community Mentor(s) and building community connections.
 - Orientation and engagement of caseworkers and caregivers for improved understanding of independent living services, and their role in providing ongoing skill-building opportunities in support of the skills taught during IL Prep group sessions.
 - Provide adapted skills assessment and transition planning suitable for ages 14-15.
 - Tier 2 – Independent Living Program (“ILP”) for ages 16-20. Tier 2 reflects “typical ILP” services that have been provided in Oregon. Children and young adults ages 16-20 are eligible for ILP services.
 - ILP services include face-to-face meetings with an ILP provider, at least monthly, to facilitate access to individualized services and supports across all independent living domains described in the IL Service Planning Checklist (Attachment 12).
 - Because children and young adults in this service Tier are approaching the transition to increased independence (and into post-secondary education, work, and semi-supervised/non-supervised living situations), rigorous documentation of life skills assessment and transition planning is required within 90 days and is updated every 6 months.
 - Group-based skills workshops, celebrations, and events should be provided at least quarterly to allow for peer interactions and community building.
 - The group meetings may be provided more often and/or in more structured formats as desired.
 - Group events do not replace one-on-one meetings with an assigned ILP provider.
 - Group events may include clients from other ILP Tiers.

- Tier 3 – Independent Living Support (“ILS”) for ages 21-22. Tier 3 is designed to serve young people aged 21-22 who have exited Foster Care and no longer work with a DHS or Tribal caseworker. Tier 3 services are similar to typical ILP, in terms of providing information and facilitating service access and supportive funds (e.g., Chafee Housing, ETV, ILP Discretionary). However, as young adults will be more active with adult responsibilities, ILP Provider contact may include more texting, Skype/FaceTime, phone and fewer in-person meetings.
 - Providers should see young adults in Tier 3 ILS face-to-face at least every other month, with monthly check-ins by phone, text, or email, if not in person.
 - Providers are to assist young adults with making a transition from child services to accessing adult services (Medicaid/OHP, medical/dental providers, adult welfare supports, etc.) and appropriate community resources (employment/One-Stop Centers, 211, housing supports, etc.).

- Tier 4 – Independent Living Program Plus (“ILP+”) for ages 16-20. The optional Tier 4 – ILP+ service is designed for a subgroup of children and young adults in Tier 2 ILP. Appropriate ILP+ children and young adults are those who will benefit from more intensive skills training focused on developing internal assets and developing youth capacity to more successfully engage in Tier 2 ILP services. The ILP+ service model requires ILP programs to:
 - Adjust staffing as required to serve youth more intensively.
 - Accommodate additional training and supervision by My Life model certifiers at Portland State University.
 - Spend 3-4 hours per month meeting one-on-one with ILP+ children and young adults (meeting no less than twice a month) and conduct weekly check-ins (in person or by phone/text/Skype/FaceTime).
 - The ILP+ skills curriculum significantly incorporates elements used in the evidence-supported My Life model developed at Portland State University, which is listed on the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/program/my-life/>).
 - The My Life Model focuses on building foster youth self-determination skills, such as youth-driven goal identification, problem-solving, and stress management.
 - The evidence-supported model was specifically designed for multi-system-involved youth and includes accommodation for needs such as developmental disability, and emotional or behavioral issues.
 - Oregon ILP is contracting with PSU to provide ILP-Plus training and supervision to agencies approved to offer the Tier 4 – ILP+ service option.
 - Tier 4 ILP+ services are intended to end within 12 months. At which point, the child or young adult may continue to receive Tier 2 ILP services, or transition to Tier 3 ILS if age appropriate.

- Expansion of the existing housing continuum. Three transitional living program pilots were implemented in 2017 using State General Funds. The programs are showing promising outcomes. Expansions would include the following:
 - Transitional Foster Homes (TFH), funding for 15 slots, to better meet the needs of youth (age 17) and young adults (ages 18-20). The TFH are still in the development stage

regarding required certification, training, and application process for both youth and caregivers.

- The TFH caregiver will be required to take specialized training to support the youth's skill attainment and access to needed services and supports as they prepare to transition out of foster care.
- Caregivers are to make a shift from "parent" to mentor or advocate. Supporting youth as they take on more responsibilities for managing their own affairs (setting meetings, medical/dental appointments, banking/savings accounts, daily decisions, etc.).
- Youth may access the TFH for a period of 12 to 15 months. At which point youth may access a Transitional Living Program, school dorm, or locate a residence in the community.
- Transitional Living Programs (TLP), funding for 20 additional slots, to provide low-cost, supported housing to young adults age 18 - 20.
 - Each model will have either a live-in resident assistant or a resident assistant on-site, 7 days a week during daytime hours and access to a resident assistant via telephone during nighttime/off hours.
 - TLP will allow youth to remain a resident for 12 to 18 months.
- Increase in the IL Housing Subsidy Program rate (from \$795 per month, to \$900 per month). The increase will assist youth with the rising costs of living.
 - As both the IL Housing Subsidy and Chafee Housing Programs are primarily funding sources, no additional changes are planned at this time. Details for the Subsidy and Chafee Housing programs are located in DHS Child Welfare Procedure Manual, Chapter 5, Section 29, page 971.
- Young Adult Transitions (YAT) Navigator to provide former foster youth with supportive services.
 - The YAT Navigator will have access to \$50,000 a year to disburse to eligible youth for eligible needs (housing, transportation, work clothing/equipment, utilities, etc.).
- Youth Transition Consultants to assist with training and technical assistance to the field.

Oregon allowed young adults to remain in foster care for several years prior to the federally allowed Extended Foster Care. While DHS has gradually been improving and increasing the housing options available to young adults in foster care, the past two years have seen the most progress in housing options. DHS is also asking for federal approval of a Supervised Independent Living definition as follows: *A supervised setting that is approved by the Department in which a young adult is living independently.*

With the ability to draw down Title IV-E matching funds, DHS will be able to offer transitional housing options to more young adults. DHS has been implementing Transitional Living Programs (TLP), as mentioned above, with State General Funds, for three programs providing 25 slots for young adults in the Tri-County, metro area. We also have a request for additional funding to expand the TLP supports to other areas of the state. Following is the breakdown of children and young adults in foster care, by age:

| FFY 2018 Age of Children Served in Foster Care | | |
|---|---------------|----------------|
| Age Group | Number | Percent |
| Age 0-5 | 4,613 | 39.4% |
| Age 6-12 | 3,730 | 32.9% |
| Age 13-17 | 2,291 | 20.4% |
| Age 18+ | 811 | 7.3% |
| Total | 11,445 | 100.0% |

The Independent Living Housing Subsidy Program (Subsidy) has existed in Oregon since the mid-1970's. The Subsidy program allows foster youth as young as 16 to reside independently. ILP programs work closely with youth who wish to live independently. ILP attempts to ensure youth are prepared prior to connecting them to the Subsidy Program. Up until the new TLPs created two years ago, Subsidy was the only means for funding foster youth and young adults who wished attempt living on their own. As mentioned above, Oregon is moving towards expanding even further to provide some services to youth age 21-23.

We have begun to see a significant increase in 18-year-olds accessing the Subsidy Program and TLP services as reflected in the charts below.

Age of Youth Accessing Subsidy Program

| Age/FFY | 2015 | 2016 | 2017 | 2018 |
|---------|------|------|------|------|
| 16 | 0 | 1 | 0 | 1 |
| 17 | 6 | 3 | 6 | 15 |
| 18 | 44 | 46 | 64 | 76 |
| 19 | 38 | 32 | 35 | 35 |
| 20 | 21 | 18 | 23 | 14 |

4 year change: 32 29%

Age of Youth Accessing Chafee Housing

| Age/FFY | 2015 | 2016 | 2017 | 2018 |
|---------|------|------|------|------|
| 18 | 6 | 8 | 4 | 3 |
| 19 | 18 | 19 | 15 | 13 |
| 20 | 27 | 26 | 14 | 8 |

4 year change: -27 -53%

DHS recognizes the need for increased developmentally-appropriate housing for young people who are not quite ready for independence. DHS is working with regions across the state to develop new TLP placements, including the Transitional Foster Home model. DHS will continue to review programming, maintain close collaboration with local ILP Providers and the Behavioral Rehabilitative Services (BRS) team to also provide options for young adults with more intensive needs.

DHS updated the life skills assessment and comprehensive transition plan documents and process several years ago to better determine the individualized needs of youth and their stage of development and inform services. This includes comprehensive youth skills assessment in nine ILP program domains (e.g., housing, daily living), aligned with the transition planning documentation of youth-identified long- and short-term goals. We have recently revised these documents to be more developmentally-appropriate for 14-15 year-olds served in the program; the revised assessment process captures caseworker and foster parent perceptions of youth awareness and skills in our program domains to better prepare youth and their service teams for more comprehensive transition planning beginning at age 16, and transition planning documentation for the 14-15 year-olds focuses more on social development, internal asset-building, and long-term goal-setting. We are also currently piloting a pre-post assessment approach to evaluate the ILP Tiered service model, including new assessment of youth self-determination skills (e.g., goal-setting, problem-solving) in addition to rigorous tracking of comprehensive skill development over time. We are working with PSU researcher, Jennifer Blakeslee, to implement this assessment approach with Tier 1 and Tier 4 first. Both of which include self-determination oriented programming, to evaluate successful implementation of these new tiers. Within the coming 1-2 years, we will implement a similar assessment approach with Tiers 2 and 3, based on the current assessment documents and the new self-determination assessment tool.

Collaboration

DHS involves public and private sectors in helping youth in foster care achieve independence as follows:

- Contracts with local non-profit, for-profit, and governmental agencies to provide life skills training to foster youth and young adults.
- When funding allows, DHS partners with Workforce Innovations and Opportunity Act providers to implement summer jobs programs for youth.
- DHS partners with FosterClub, Polk Youth Services, Native Wellness Institute, and Portland Leadership Foundation to host the summer events for foster youth.
- DHS is partnering with, or in conversations with, the following entities to provide Transitional Living Programs: New Avenues for Youth, Boys & Girls Aid, Inn Home for Boys, Lane Leadership Foundation, Integral Youth Services, Hearts With A Mission, Luke Dorf, NEDCO and the Next Door, Inc.
- DHS routinely reaches out to the Oregon Foster Youth Connection for input on policy updates and program enhancements.
- Contracts with FosterClub for outreach to youth for the NYTD Survey.
- Contracts with New Avenues for Youth and PSU for research and program improvements.
- Consult with the nine federally recognized Tribes in Oregon to ensure services are benefiting Native American youth.
- Partner with other agencies on pilot projects or other means to improve services to youth (Education NW, Institute for Youth Success; Higher Education Coordinating Commission, Office of Student Access and Completion; Dr. Brenda Morton, George Fox University; DHS Self-Sufficiency Programs, Developmental Disabilities Services, Oregon Vocational Rehabilitation Services; Court Appointed Special Advocates; Citizen Review Boards; Credit Builders Alliance; community colleges; universities)

Determining Eligibility for Services

Following is the current criteria used to determine eligibility for benefits and services; and ensuring fair and equitable treatment of benefit recipients:

- Youth in state or tribal foster care, age 14 or older, may access ILP Discretionary Funds. The funds are intended to assist a youth with achieving their goals for transition.
- Youth in state or tribal foster care, age 16 or older, may access contracted ILP life skills training and Chafee Education and Training Voucher (ETV) services. ETV services are limited and applications must be submitted by March 1 of each year. ILP Providers had waitlists during the 2017-2018 Contract Cycle. The wait lists held an average of 27 youth, who waited an average of 51.8 days or 1.7 months. Caseworkers are trained to assist youth in developing a Comprehensive Transition Plan as early as age 14. For those 16 and older youth on a wait list, DHS caseworkers should also work with the caregiver, other youth serving organizations in the community, and any mentors or CASAs to help the youth develop skills and obtain resources to achieve their plan for transition.
- Former foster youth (state or tribal), who left their final foster care placement at age 16 or older and had at least 180 days of substitute care services after age 14, are eligible for life skills training, ILP Discretionary funds and Chafee Education and Training Voucher funds.
- Former Foster youth who left DHS care and custody at age 18 or older are eligible for Chafee Housing and the Former Foster Care Youth Medical Program.
- DHS will contract for ILP services when a youth wishes to access services while residing in another state (ICPC cases). Individual negotiations are conducted with the other states when necessary to ensure services.

If the DHS POP 142 is fully funded, the following criteria will be implemented:

- Youth in state or tribal foster care, age 14 or older, may access ILP Discretionary Funds, ILP life skills training and Chafee Education and Training Voucher (ETV) services.
- Former foster youth (state or tribal), who left their final foster care placement at age 16 or older and had at least 180 days of substitute care services after age 14, are eligible for life skills training, ILP Discretionary funds and Chafee Education and Training Voucher funds.
- Former Foster youth who left DHS care and custody at age 18 or older are also eligible for Chafee Housing and the Former Foster Care Youth Medical Program.
- DHS will contract for ILP services when a youth wishes to access services while residing in another state (ICPC cases). Individual negotiations are conducted with the other states when necessary to ensure services.
- The transitional housing programs are as outlined in Attachment 8.

Cooperation in National Evaluations

DHS has and will continue to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee. Oregon is moving toward evidenced based programming and believe we are implementing promising practices. However, the programs are not yet ready to be evaluated.

Chafee Training

Once the Training Unit is fully staffed, the Department plans to continue recording the next level of ILP and Youth Transitions computer-based trainings (CBT). The two overview CBTs are available on iLearn (Youth Transition Services; ILP Services). However, we have been stalled on finalizing the Housing CBT and have not yet begun to record the additional CBTs listed below:

- Education and Training Voucher
- ILP Discretionary Funds & Housing Start-Up costs
- Health Care Representative/Proxy
- OHP for Former Foster Youth
- Credit Reports (draft recording created by Credit Builders Alliance)

DHS will use training funds provided under the Title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult. However, the Youth Transition Specialist will also assist with training, such as Youth Thrive, in coordination with the PSU Child Welfare Partnership staff. Additional training may be provided by the Youth Transitions team as requested by the field or as necessary to assist with training caregivers for the Transitional Foster Home model.

Educational Training Vouchers (ETV) Program

Oregon continues to have a streamlined system for obtaining ETV applications electronically, determining eligibility, notifying the schools of a student's eligibility status, schools to identify the amount of the ETV award, transfer of payments to the schools by the Office of Student Access and Completion (OSAC) and reimbursement to OSAC by DHS for disbursement of the ETV awards. The goal to implement an automated report to provide an unduplicated count of ETVs issued each school year and the number of first time ETV recipients was not achieved. This is still a manual process.

The Higher Education Coordinating Commission (HECC), Office of Access and Completion (OSAC) is assisting DHS with ensuring the total number of years/terms a student may access ETV does not exceed five years' worth. DHS currently does not have enough funding to issue the full \$5,000 to applicants. The award amount for the 2019-2020 academic year is being lowered to \$2,500.

The postsecondary institutions are the entities determining the awards. They are already bound by the Higher Education Action to ensure students do not receive awards that exceed the total costs of attendance. The postsecondary institutions know to include the Chafee ETV, the Foster Youth Tuition and Fee Waiver, the Oregon Opportunity Grant, and the Oregon Promise Grant when calculating a

student's cost of attendance and financial need. DHS is creating new Subsidy services to ensure once the Supervised Independent Living definition is approved, no Title IV-E funds will be issued to an ETV recipient. This will ensure no duplication of Title IV-E funds issued for housing. Any youth who shows a need for Subsidy funds will have their Subsidy payment issued through State General Funds.

DHS plans to use year one to develop a plan for improving funding, services and supports for current and former foster youth continuing their education or training. The department will determine developmentally and culturally appropriate methods to support a youth's academic and vocational success. The planning process will attempt to include postsecondary partners as follows:

- Oregon Foster Youth Connection
- Higher Education Coordinating Commission (HECC)
- Community Colleges
- Oregon University System
- ETV recipients and former recipients
- Other interested community partners
- Project Lemonade
- Transitional Living Programs
- Housing entities
- Department of Education

The Department's planning process will identify means to capture the components of the following programs and determine if the efforts can be duplicated in other areas of the state:

- Portland Community College's Fostering Success
- Western Oregon University's Wolves Fostering Success
- PDX Bridge
- Oregon State University
- University of Oregon
- Portland State University's Project FUTURES

Consultation with Tribes

Consultation with Indian tribes in Oregon happens on both an individual and collective level. Oregon DHS holds monthly ICWA calls and holds quarterly ICWA meetings. The Youth Transitions team participates in these meetings to ask for opinions, solicit participation, and report on the status of programs and services.

The State IL and ETV Program Coordinator discussed the 5-year plan with the Tribes in November 2018. At that time, the Tribes determined due to their practice of finding permanency as quickly as possible, by placing children in guardianships at an early age, there are few tribal youth eligible for ILP services. Therefore, the focus of the conversation was related to the Native Teen Gathering (NTG). The Tribes value the event and requested DHS allow Native American children of any age, who have experienced foster care or are at risk of entering foster care (prevention youth), to attend the NTG. For this to be allowable, DHS would need to use State General Funds to support the NTG. This may be possible if POP 142 is fully funded by Oregon's legislature. If POP 142 is not fully funded,

conversations with the Foster Care Manager will need to take place to find the funds to support the NTG and the Tribes' request to allow non-Chafee eligible Native American youth to attend.

Other issues raised and suggestions provided during the 5-year plan discussion were as follows:

- Are we tracking outcomes by race/ethnicity?
- How many out-of-state Native American youth participate?
- Recruitment plan – what is the plan to increase participation, engagement of Native American youth?
- Can we add to the CFSR a requirement to help youth attend a Tribal or cultural event? Can DHS define this?
- Referral process – can an online process for young adults/former foster youth be created?
- What type of training do ILP Providers have for cultural competencies?
- How do we increase participation at the Native Teen Gathering?
- Need to get DHS to promote attendance at all summer events?
- Chemawa Indian School – can we issue a Native American specific contract to them for serving all eligible youth?
- Have the Tribe offer an evening of training for ILP Provider and youth re: cultural activities

The above questions and suggestions will be addressed over the next several months. Progress to address the questions or suggestions will be reported next year.

Native American youth have access to ILP services on the same basis as all other youth in the state.

Services available are as follows:

- Current contracted life skills services
 - Any youth in foster care, age 16 or older, may be referred to the local ILP Provider for services.
 - Any former foster youth who exited state or tribal foster care may access contracted life skills services, if they left their final substitute care placement at age 16 or older, and had at least 180 days of substitute care after the age of 14.
- Future contracted life skills services
 - Any youth in foster care, age 14 or older, may be referred to the local ILP Provider for Tiered ILP services.
 - Any former foster youth who exited state or tribal foster care may access contracted, Tiered life skills services, if they left their final substitute care placement at age 16 or older, and had at least 180 days of substitute care after the age of 14.
- ILP Discretionary Funds – each Tribe is allocated \$1,500 to use toward service or supplies to assist their youth (ages 14 – 20) with the transition to adulthood.
- Chafee ETV
 - Any youth in foster care, age 16 or older, may apply for ETV by March 1st of each year
 - Any former foster youth who exited state or tribal foster care may access ETV, if they left their final substitute care placement at age 16 or older, and had at least 180 days of substitute care after the age of 14.
- Chafee Housing – any young adult who left their final state or tribal care and custody at age 18 or older, with at least 180 days of substitute care after age 14, may apply for funds. Youth must also meet the productive hours requirement to be eligible to receive support.

- Former Foster Care Youth Medical Program – youth who exit foster care at age 18 are categorically eligible to apply for and receive Oregon Health Plan (Medicaid) coverage.

Note, exact services are not yet known. However, if services are expanded, Native American youth will be able to access all Chafee services on the same basis as all other youth in the state.

We understand that the Confederated Tribes of Warm Springs operate their own Chafee and ETV program directly with the Children’s Bureau. No Tribe has requested to work with the Department to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision. Once funding resources are known for the new fiscal year, the State IL and ETV Program Coordinator will consult with Chemawa Indian School administrators to determine if there is an interest in providing ILP services to eligible Native American youth. Progress will be reported at upcoming ICWA Quarterly Advisory Meetings and in the report next year.

Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

Description of the Characteristics of Children for Whom Foster and Adoptive Homes Are Needed

This information is provided through the OFFRRS tool and current research by ORRAI. The data shows the following:

- Greater than 50% of the substitute care population are children ages 0-5
- Just 9% of the substitute care population is 15-18 years of age
- 58% of the population are youth without high needs
- 30% have high behavioral health needs
- 10% have high medical needs
- 2% are LGBTQQ.

A panel reviewed 1,000 existing cases and determined the optimum placement approach for each case. From those conclusions, ORRAI extrapolated that 85% of the substitute care population would be best served in a family foster setting. See Attachment 13.

Specific Strategies to Reach Out to All Parts of the Community

ORRAI is building a geo-mapping (GIS) system that will identify the characteristics of each child coming into care, tied to their community of origin and overlays with existing resources in the community. That project should finalize within the next 30-60 days. This data will be critical in assisting the Department in allocating engagement and other resources strategically in communities that need them the most.

Please also see Attachment 14, a draft version of the DHS Child Welfare Foster Family Retention and Recruitment Program. We expect to finalize the plan in early July 2019, once the legislative session is over and decisions have been made about funding requested positions.

Diverse Methods of Disseminating Information

Every Child is working to disseminate information in a wide variety of ways. Please see the 2020 APSR for more details. There will also be more community-based recruitment efforts going forward through the Champions positions.

Strategies for Assuring Foster Parent Access to Licensing Agencies

There is currently a data gap in this system. There is not an automated, systematic way to track the date of inquiry, training status, and certification of foster parents. These data fields are under development and will eventually be available in the data warehouse. In the next two years, we expect to have a fully operational data system that will track foster parents from inquiry through certification. The inquiry part is fairly developed and should be fully implemented to capture all inquiries statewide by July 2020. The tracking system should be fully implemented by July 2021. The goal is to develop a self-directed portal for community members to use in identifying where they want to apply, submitting their application, and submitting their consent for background checks. The Department is also working to develop a second portal to track all data points, but this is in the beginning stages of discussion between OR-Kids, ORRAI, and a private developer.

Strategies for Training Staff to Work with Diverse Communities

The Department's Cross-Systems and Equity Coordinator is building a comprehensive anti-racism and anti-oppression training model. Oregon is working with Cultures Connecting, an organization out of Seattle, to develop a curriculum. It will begin with Understanding the Why (2 parts), which digs into the foundations of cultural competence and institutional racism. Then the worker will progress to Learning through History (3 parts), which will engage staff in the true history of Oregon and the United States through the experiences of Native Americans and African Americans.

Let's Talk About Race (Parts 1-3) will then follow. This is a training that has already been offered to the field (parts 1-2) with very positive feedback. Part 3 was developed in response to requests from workers to continue the training. Let's Talk About Race begins with storytelling – a day in the life of one child and the impact on that child, with the goal of building empathy. Part 2 examines history and stereotypes. Part 3 examines participants' individual experiences of race, and dives into microaggressions and safety.

Once a worker has completed Let's Talk About Race, they will continue to Pushing Our Growing Edge, which addresses power and privilege, especially in organizational structures and institutions. Finally, Being Your Authentic Self will walk participants through organizational culture, internalized racial oppression, self-care, and the importance of using your voice.

Over the last year and a half, community partners have asked the Department for assistance and for these trainings for their own staff. The Cross-Systems and Equity Coordinator has trained relief nursery staff in Lane County and other contracted providers in districts 3 and 16. She is attending foster parent and CASA conferences, as requested by those organizations. She recently presented at an all staff meeting for contracted parent mentors.

Once the curriculum is fully developed, the training will likely be made mandatory for all child welfare staff, although roll out will consider each district's specific needs (e.g., beginning with all certifiers taking the training, or supervisors and MAPS). Implementation will be unique for each district based on their needs.

Strategies for Dealing with Linguistic Barriers

Oregon advertises in Spanish and Russian, the two major languages other than English for our target populations. The Department is also working with Self-Sufficiency for managing visual, language, and hearing-impaired inquiries and/or applicants.

Non-Discriminatory Fee Structures

Oregon does not charge a fee to become a foster parent.

Procedures for Timely Adoptive Placement Search

Generalized recruitment for adoption purposes is not a targeted need in Oregon. 75-80% of adopted children are adopted by a relative or their current caregiver. Of the remaining children, Oregon generally has 50-60 active recruitment bulletins at a time and children on Oregon's recruitment website find families a median of 120 days. Oregon's adoption recruitment priority, therefore, is to focus on the hardest to place children and our adoption recruitment is geared towards child specific activities. For these hard to place children, the Department has a contract with Boys and Girls Aid to recruit for and identify resources for children.

Child specific recruiters, provided through a contracted vendor, work directly with our harder to place children by developing a child specific recruitment plan focused on the child's unique placement needs. The recruiters have access to the child welfare files where they mine the files for information about missed potential relatives or other significant persons in the child's life. They also develop and carry out a specific recruitment strategy for each child. At the same time recruitment is occurring, the recruiters are working directly with the youth using Darla Henry and Associates 3-5-7 model to prepare the youth for permanency.

This model helps children become ready for their permanency journey through clarification of their life story, integration of their story into who they are today, and actualization of where they are going and what their goals are in life.

The goal over the next five years is to continue to increase the capacity of our child specific recruitment program and target more children for referral. Oregon currently has six child specific recruiters and is in the process of hiring two additional full-time employees. At the same time, the Contractor and the Department are continuing the work with the Dave Thomas Foundation for increased investment in Oregon's child specific recruitment program.

Boise Wednesday's Child:

The Department will continue its contracts with Special Needs Adoption and Permanency Services, Inc. (SNAPS) out of Boise, Idaho, to expand the geographical boundaries in which the best adoptive families can be found for Oregon children. In addition to Wednesday's Child airtime in the Boise, Idaho

area, the children are active on SNAPS recruitment website. The contract covers a proportionate percentage of SNAPS staff hours, Internet listing services and all expenses for travel to Portland, Oregon for the KIFI news anchor and filming crew. There are two additional Wednesday's Child programs in Portland and Southern Oregon, and a third news station that does a similar type of waiting child feature. These programs operate free of charge.

Northwest Resource Associates/Oregon Adoption Resources Exchange:

The Department will continue its contracts with NRA to operate and maintain a password protected Oregon specific website known as the Oregon Adoption Resource Exchange (OARE). Users of the website include Department caseworkers, private adoption agencies with which DHS has a contract and Oregon families who have an approved adoption home study. Children for whom recruitment is expected to be quick will be posted on the OARE website only, thereby allowing Oregon families priority for Oregon children. For children who have been on OARE for at least 90 days, or for children for whom recruitment is expected to take more time, recruitment will be expanded to include additional public websites and other venues. Workers can also utilize OARE for children for whom adoption is not the permanency goal, but for whom a permanent caretaker family is being sought. Photos are posted, and recruitment bulletins get written in a similar way as a child who is ready for adoption. The hope is that a family interested in adoption may decide to provide foster care for a child, and once a permanent family is matched with the child, guardianship or adoption may become the permanent plan. Children for whom this option may be appropriate are those who are ambivalent about permanency, or children who have experienced placement instability and a higher level of permanency planning may not yet be in the child's best interest. In addition, each child who has a bulletin on the website for other placement plans than adoption also has a child-specific recruiter. Family profiles are also a feature on the website where family photos and bulletins are viewed by workers, and matching filters can help workers determine whether they want to ask for a family's study to be submitted.

Northwest Resource Associates/Northwest Adoption Exchange

Oregon continues to contract with the Northwest Adoption Exchange to provide photo listing services for harder to place Oregon children. Children will be placed on the NWAE website if they have been on OARE 90 days or longer, or if a caseworker knows from the beginning that a child needs expanded public recruitment outside of Oregon. In addition to photo listing services, NWAE provides training each year to DHS caseworkers on topics mutually identified by NWAE and the Department.

Special Needs Adoption Coalition (SNAC)

The Department will continue contracts with Oregon private adoption agencies to provide adoption placement and supervision services to special needs children referred by the Department. SNAC agencies recruit, train, and study a pool of adoptive applicants for DHS special needs children. If selected to go to adoption committee for a child, the SNAC agency will present the family at committee, and if selected provide all supervision and finalization services.

Heart Galleries

Oregon supports three nationally recognized Heart Galleries operated by three private adoption agencies. When a child is approved for expanded recruitment, i.e. outside of the OARE website, each Heart Gallery has the opportunity to feature Oregon children in community venues and on their Heart Gallery websites. Two of the three Heart Galleries also offer Oregon foster children free professionally produced recruitment photos that are used for their online bulletins and in community Heart Gallery venues.

Health Care Oversight & Coordination Plan

This plan is also attached (Attachment 19).

Health, Mental Health and Dental Care

Oregon DHS continues to partner with the Oregon Health Authority (OHA) and its contracted Coordinated Care Organizations (CCOs) to assure timely physical, dental and mental health assessments are obtained for children in care. The OHA has included incentive measures in their contracts with CCOs in an effort to hold them accountable to providing timely assessments for children in foster care. The CCO incentive measure reports whether a child in foster care received the required assessments *within 60 days* of enrollment into the CCO. The measure over the previous five-year period shows consistent and steady improvement in timeliness.

| Year | % of children in care receiving timely assessment |
|------|---|
| 2014 | 27.9% |
| 2015 | 58.4% |
| 2016 | 74.4% |
| 2017 | 82.8% |
| 2018 | 86.0% |

The 2018 data can be further examined by CCO and type of assessment to give a clearer picture of the timelines of healthcare that children who enter DHS custody are receiving and to show us where the work is to be done for 2020-2024.

CCO Incentive Measure Compliance Rate 2018

| CCO | N | Physical Health | Dental Health | Mental Health |
|------------|----------|------------------------|----------------------|----------------------|
| CCO 1 | 133 | 95.5% | 89.0% | 86.3% |
| CCO 2 | 169 | 87.6% | 69.4% | 90.1% |
| CCO 3 | 103 | 95.2% | 74.7% | 100.0% |
| CCO 4 | 39 | 87.2% | 66.7% | 81.0% |
| CCO 5 | 131 | 93.1% | 91.2% | 83.1% |
| CCO 6 | 129 | 93.0% | 86.7% | 92.9% |
| CCO 7 | 319 | 95.9% | 93.9% | 94.6% |
| CCO 8 | 136 | 94.9% | 88.9% | 91.4% |
| CCO 9 | 102 | 86.3% | 86.4% | 78.6% |
| CCO 10 | 132 | 98.5% | 88.8% | 93.4% |
| CCO 11 | 42 | 100.0% | 97.3% | 100.0% |
| CCO 12 | 21 | 100.0% | 100.0% | 100.0% |
| CCO 13 | 304 | 95.4% | 90.9% | 94.2% |
| CCO 14 | 205 | 99.0% | 95.0% | 96.5% |
| CCO 15 | 229 | 95.2% | 92.9% | 98.4% |
| CCO 16 | 36 | 94.4% | 57.1% | 77.8% |

This data represents the significant efforts made by DHS and the CCOs to meet the incentive measure and provide timely assessments to children in foster care. However, the incentive measure metrics do not align with the timelines established by DHS policy and the American Academy of Pediatrics (AAP). DHS policy and AAP guidelines require that all children entering into foster care receive physical and dental assessments within 30 days of coming into care, and a mental health assessment within 60 days of entering foster care. This misalignment and conflicting definitions have at times caused challenges in children seen within the DHS required timelines.

Efforts are underway throughout the state to strengthen a collaborative relationship between DHS Child Welfare branches and local CCOs to ensure that all children are being seen for their assessments within the timelines established by DHS policy and the AAP. Historically the CCO incentive measure has not aligned with DHS policy which has created some challenges in having children seen in within our required timelines. In 2018, Health and Wellness Services successfully petitioned the Oregon Health Authority Metrics and Scoring committee to redefine the CCO incentive measure to better align with Child Welfare policy and procedure and AAP recommended timelines (30 days for physical and dental health assessments and 60 days for mental health assessments). Beginning in 2020, the CCO incentive measure and Child Welfare policy will be aligned with the AAP guidelines to foster collaboration and cooperation in providing initial health screenings to children entering foster care. A work group consisting of DHS, OHA, and CCO members currently meets monthly through 2019 to develop a collaborative process that meets the newly aligned required timelines and most importantly the needs

of children in foster care. Implementation of the new incentive measure and collaborative process are set to begin January 1, 2020.

A review of the 2018 incentive measure data through the newly aligned 2020 incentive measure lens is promising. With the efforts of the work group and a new collaborative process in place in 2020, we expect to see improvement in all assessment areas immediately.

CCO Incentive Measure Compliance Rate 2018 (with 2020 definition lens)

| CCO | N | Physical Health | Dental Health | Mental Health |
|------------|----------|------------------------|----------------------|----------------------|
| CCO 1 | 129 | 86.1% | 69.8% | 81.6% |
| CCO 2 | 165 | 78.2% | 47.7% | 86.5% |
| CCO 3 | 99 | 87.9% | 41.8% | 100.0% |
| CCO 4 | 38 | 84.2% | 40.6% | 78.3% |
| CCO 5 | 129 | 85.3% | 56.8% | 73.9% |
| CCO 6 | 126 | 84.9% | 42.1% | 93.3% |
| CCO 7 | 301 | 86.4% | 57.7% | 94.4% |
| CCO 8 | 130 | 83.9% | 52.0% | 89.2% |
| CCO 9 | 100 | 80.0% | 58.2% | 74.2% |
| CCO 10 | 123 | 96.8% | 49.0% | 87.3% |
| CCO 11 | 41 | 87.8% | 63.9% | 100.0% |
| CCO 12 | 21 | 85.7% | 45.0% | 100.0% |
| CCO 13 | 300 | 70.7% | 36.7% | 92.3% |
| CCO 14 | 191 | 85.9% | 61.6% | 88.6% |
| CCO 15 | 221 | 85.1% | 49.4% | 97.1% |
| CCO 16 | 35 | 88.6% | 33.3% | 81.0% |

Prior to the release of this data the work group identified dental assessment capacity as a potential challenge with the new 2020 incentive measure perimeters. Historically, the CCOs have had the greatest challenge meeting this part of the OHA metric. The work group is exploring creative ways to address this challenge, as are some of the CCOs. For example, CCO 15 dispatches a mobile dental van to the local Child Welfare branch to see children on specific days of the month. The work group also concluded that training and education for the CCO providers regarding the importance of scheduling children in foster care as urgent appointments rather than next available appointments would be beneficial. The work group also identified issues with information sharing and challenges with DHS/OHA reporting to the CCO's. While the possibility of a single integrated electronic health record (passport) or portal for DHS health records has previously been explored and been found to be too costly and complex to interface with 15 different CCO data systems, the work group is exploring processes for improving information sharing and reporting between agencies and CCO's.

The work group will also review the new CCO incentive measures for 2020 that will impact children and youth in foster care and align with current DHS policy to create a collaborative process to meet both the needs for DHS and CCO's. The new incentive measures being reviewed are:

1. Childhood Immunization Status-Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, HiB, HepB, and VZV vaccines by their second birthday.
2. Immunizations for Adolescents-Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.
3. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life-Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.
4. Preventive Dental Services, ages 1-5 and 6-14-Percentage of enrolled children ages 1-5 (kindergarten readiness) and 6-14 who received a preventive dental service during the measurement year.

The work group will continue through 2020 to identify barriers and solutions to timely assessments for children in Oregon foster care.

Medication Oversight

Recent efforts to improve medication oversight have included:

- Updated medication log to include caseworker signature line for review
- Creating electronic version of medication log for ease of sending and receiving
- Nursing education on importance of medication log provided to foster parents during intake assessment

While these efforts have shown little improvement in the review and oversight of medication by caseworkers, Health and Wellness Services continues to explore ways to improve this area. Currently, there are plans to:

- Add a field for medication log review in the clinical supervision tool being developed
- Create a monthly electronic campaign for caseworkers as a reminder to collect, review and sign medication logs
- Evaluate the option to centralize the review of medication logs by a healthcare professional
- Evaluate the option to shift the review of medication logs to the field nurses

As part of psychotropic medication oversight, Health and Wellness Services provides an extensive annual review process for every child in DHS custody (age 0-20) who is prescribed any medication classified as a psychotropic medication. The review process involves a pharmacist, nurse consultant, and a team of child psychiatrists when needed. By policy, psychotropic medications require DHS approval prior to their administration. This approval has historically been provided by a field supervisor or branch program manager, who may or may not consult with a nurse consultant prior to approval.

In an effort to further improve psychotropic medication oversight, Health and Wellness Services will centralize the authorization of psychotropic medications so that each medication request is reviewed and approved by a registered nurse and a child psychiatrist when needed, rather than a caseworker and supervisor. It is expected that the centralized process will go statewide in early 2020. Per policy, the caseworker will still be required to provide monthly review of medication logs and oversight of medications prescribed to children and youth on his/her caseload. The caseworker can also access the

medication information via the Medicaid Management Information System (MMIS) claims data section in the child’s OR-kids file for the most current information on an ongoing basis. The caseworker will also continue to be required to provide all notifications to appropriate parties as per policy and communicate directly with health and mental health providers to provide and the most current child information and receive updated treatment plans.

Standardization and Oversight of Medical Foster Homes

While Oregon CCO’s are required by statute and by OHA contract to provide Patient Centered Primary Care Homes (PCPCH or medical homes) to their member’s in an effort to improve healthcare coordination and collaboration between disciplines, there is a gap identified for medically complex and medically fragile children in Oregon foster care. The PCPCH is often not involved in coordinating in-home services, or providing oversight for the in-home care, and communication between the PCPCH and in-home service providers is inconsistent.

Currently the Department does not have foster homes that are specifically certified as “medical homes” to care for our medically fragile/medically complex children in our care. We rely on foster parents who have volunteered to care for these children who have received some training from healthcare professionals with DHS Field Nurses providing nursing delegation and supervision in the home. Certifiers decide where these children with medical needs are placed often without consultation with Health and Wellness services who can determine whether needed in-home services are available in the area to serve the needs of the child. In development is a structured process for foster parents to become a designated “medical foster home”. These homes will be screened to determine foster parent skill level, what level of medical needs the home can serve, available in-home support services available in the area, and additional or ongoing training needs. In 2018, Health and Wellness Services served 495 children with medical needs significant enough to require nursing intervention and supervision.

Point in time Personal Care data shows that Oregon Child Welfare consistently has approximately 215 children with medical needs in foster care.

| Personal Care Level | # of Children |
|-------------------------------------|----------------------|
| Level 1 (simple/noncomplex) | 74 |
| Level 2 (moderate medical needs) | 93 |
| Level 3 (medically involved) | 29 |
| Level 4 (medically complex/fragile) | 18 |

These homes would benefit from ongoing supervision and support to ensure that foster parents are adequately trained, have appropriate certifications, and in-home and community resources available to serve the medical needs of the children in their homes. The supervising nurse and foster parent will also serve as a team member within the PCPCH (medical home). Medically fragile and medically involved children will be better served with Health and Wellness Services more involved in matching the child’s needs with the capabilities of foster parents in designated homes. Health and Wellness Services expects that the medical home certification process will be in place by end of 2022.

Health and Wellness Web Page

Efforts are underway to modernize the way that Health and Wellness Services provides health related information and resources the families and foster families we serve through the creation of a Health and Wellness specific webpage within the DHS website. The page will include information regarding Adverse Childhood Experiences (ACEs), healthy lifestyles, nutrition, resiliency tools and links to national campaigns and other health related topics. Medication logs and other needed forms will also be available to foster parents eliminating the need to ask for and wait to receive them from caseworkers and certifiers. DHS field nurses would provide web page information to direct foster parents and youth to the site during in-home visits to find needed resources. Health and Wellness Services expects that the web page will be complete in mid 2020.

Examples of information that will be available on the web page:

- Self-Regulation Toolkit (Attachment 15)
- Medication Log (Attachment 16)
- Connection to ChooseMyPlate.gov
- 5-2-1-0 (Attachment 17)
- Connection to the CDC information on Adverse Childhood Experiences (ACEs)

Ensuring appropriate diagnoses and placements for medically fragile children, and children with emotional or behavioral disorders.

The state of Oregon does not operate medical group homes. Currently all children who are medically fragile or medically involved are placed in family foster home with caregivers trained to meet the specific needs of the child. All medically fragile and medically involved children are assessed by a DHS field nurse upon coming into care and at periodic intervals established by the nurse to provide ongoing training and supervision in the home, coordinate in-home services and review any changes to care. Those assessments are then reviewed and approved by the Nurse Coordinator in Central Office to ensure accuracy and appropriateness of the Service Care Plan.

Health and Wellness Services is also available to consult with field staff regarding the types of placements required to meet the medical needs of medically fragile and medically involved children. Additionally, DHS Field Nurses are available to conduct in-hospital assessments to assist in determining the type of placement a child may need.

The Nurse Coordinator must also approve all children entering into a Behavioral Rehabilitations Services (BRS) placement through Treatment Services. As part of the review and approval process, the nurse coordinator reviews all available medical and mental health records, medication logs, and case notes to ensure that the referral is appropriate. When necessary, consultation with the DHS consulting psychiatrist occurs to determine the most appropriate and least restrictive placement required to meet the needs of the child.

Health Components of the Youth Transition Plan

Current policy requires that health matters be addressed as part of the transition plan for every youth. Included are:

- Agreement on the person with decision-making authority for health and mental health services for the *child* and identification of health, mental health, and dental providers for the *child* after the *child* reaches 18 years of age;
- designating another individual to make health care treatment decisions on his or her behalf if he or she becomes unable to participate in such decisions and does not have or does not want a relative who is otherwise authorized under state law to make such decision; and the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law.
- Providing a copy of health and immunization records

As part of Health and Wellness Services policy and rule review, additional requirements to provide instruction for how to continue healthcare coverage to age twenty-six will be added.

Expanding Nursing Services through Integration of DHS Field Nurses into CPS

Historically, DHS field nurses have played a separate role from CPS in the identification, evaluation, and diagnosis of child maltreatment, and interventions with families served. Communication between CPS workers and DHS field nurses has been limited to occasional discussions about concerns or findings during an Intake Nursing Assessment after a child has been brought into DHS custody or regarding the medical needs of a child placed in foster home. DHS Field Nurses have not been involved in investigations, interventions or prevention work being done to keep families intact, safe and healthy but rather have primarily focused their efforts on children who have already entered foster care and those children returning home on trial reunification.

Health and Wellness Services plans to implement a CPS Nurse Consultant program throughout the state over the next 3 years to focus on prevention work with those families that have CPS involvement where children are at risk for entering foster care. DHS Field Nurses will work hand-in-hand with assigned CPS professionals, families, and other community stakeholders, to strengthen CPS investigations and interventions, promote health for all families being served by DHS, and to foster strong and seamless collaboration of CPS and community health programs that serve families.

The DHS Field Nurses are trauma informed pediatric nurses who are trained to recognize abuse and neglect and understand the unique health challenges of children and families involved with Child Welfare. In their role as the CPS Nurse Consultant, their focus will be on families with children age five and under with an added safety lens (safe sleep) where a child under the age of one is in the home. The CPS nurse consultant scope of work will include:

1. Identifying child maltreatment and assessing safety as it relates to health/medical issues;
2. Advocating for the health care needs of children and families;
3. Educating CPS professionals, caregivers, and community partners about the unique health care needs of the child;
4. Participate in home visits with child protection staff to assess health status of children and to assist in assessing home, specific to medical needs and care provided;

5. Consult in the development of medical case planning and coordination of care, and ensure the child/youth has a primary care provider;
6. Assisting caregivers in obtaining needed physical and mental healthcare;
7. Facilitating referrals to community providers for medical services, home nurse visiting programs, early intervention providers, specialty providers, dentists, and other community programs;
8. Following children placed out of county to ensure access to needed services;
9. Provide relevant medical trainings individually or in groups for child protection staff, families, caregivers, and other community partners;
10. Review and interpret medical reports and other documentation;
11. Provide nursing assessments and medication reviews for children coming into foster care; and
12. Testify in court and provide reporting as necessary.

When completing a home visit the CPS nurse consultant will be aware that trauma intersects in many different ways with culture, history, race, gender, location, and language. The CPS Nurse Consultant will work to bring cultural awareness, responsiveness, and understanding which are essential to increasing access and improving the standard of care for traumatized children, families and communities across Oregon. Eliminating disparities in investigations and interventions requires culturally responsive involvement across service sectors, communities, organizations, neighborhoods, families, and individuals to reduce barriers, overcome stigma, address social adversities, and strengthen families.

As awareness increases about the long-term health effects of adverse childhood experiences (ACEs), it is increasingly important for DHS, and community medical and behavioral health providers to integrate their care and interventions for children and families, to better identify, prevent, and treat traumatic stress, and minimize re-traumatization. By implementing trauma-informed integrated investigation and intervention practices, DHS is better able to position ourselves to have the greatest positive holistic impact on the health of children, adolescents, families and communities.

DHS Field Nurses will continue to conduct nursing assessments, medical case management and nursing delegation to children in foster care and foster families during this expansion of services. Initial counties identified for the CPS Nurse Consultant program are Deschutes, Lane and Polk counties with the pilot expected to begin mid-2020. A roll out plan for the integration of additional counties will be developed by the end of 2020. Those counties will be identified through an evaluation process with statewide integration by the end of 2023.

Sexual Health Education for Youth in Foster Care

Adolescence is a critical period of physical and personal growth. As youth transition to adulthood, they experience the social, emotional and physical changes of sexual and reproductive development. Adolescents need support to feel comfortable with their sexuality, sexual orientation and sexual identity; develop positive sexual attitudes and healthy sexual relationships; have autonomy over sexual and reproductive health decisions; and have access to reproductive health care.

For youth in foster care, the changes in adolescence occur in settings where they may lack the support of a trusted adult, autonomy to make decisions about their well-being, or awareness about sexual health care resources. Understanding and supporting this group of adolescents through these changes can help ensure their healthy transition to adulthood.

Research data tells us that youth in foster care become sexually active at an earlier age and become sexually active more often than their peers of the same age. Youth in foster care are tested or treated for sexually transmitted infections at more than four times the national average and nearly half of young women in foster care report becoming pregnant before the age of 19 (compared to an overall pregnancy rate of 7% for teens 15-19 years old). Half of pregnant foster youth will carry the pregnancy to term (Sexual Health Disparities Among Disenfranchised Youth (2011)). This data tells us that developing a sexual health education curriculum tailored to the unique needs of youth in foster care is critical.

Addressing the sexual and reproductive health of youth in foster care presents many challenges such as placement instability-causing youth to miss important information offered in the classroom, a lack of quality trauma informed information to guide the development of new education efforts, and little written in policy or training provided to guide workers and caregivers on these important conversations with youth. Many have expressed their discomfort with talking to youth about sexual health. Many youth have expressed the desire to have these conversations.

In 2019, Oregon Foster Youth Connections (OFYC) put forth the recommendation for statewide sexual health education for youth in foster care. As a result, the Governor added her recommendation to the legislature for funding an Oregon program. If funding is approved, Health and Wellness Services plans to work with community partners (such as Planned Parenthood and county public health programs) to develop trauma sensitive, LGBTQ inclusive curriculum that is specific to youth in foster care and to create a structure to deliver the content statewide to our youth. The structure will include adult and youth peer trainers who are able to assist in providing a safe and supportive environment where optimum learning and discussion can take place. Guidance for caseworkers and caregivers will also be developed.

Trauma Informed Strategies will include:

- Creating safety
- Creating trustworthiness and transparency
- Providing peer support
- Promoting collaboration and mutuality
- Promoting empowerment, voice, and choice
- Attending to cultural, historical, and gender issues

Topics to be covered:

- Human Development (including reproduction, puberty, sexual orientation and gender identity)
- Relationships (including families, friendships, romantic relationships and dating)
- Personal Skills (including communication, negotiation, and decision-making)
- Sexual Behavior (including abstinence, consent, and sexuality through life)

- Sexual Health (including sexually transmitted infections, contraception, and pregnancy)

If funded, an implementation plan will be developed by late 2020, with the program fully implemented statewide by mid-2022.

Disaster Plan

Please see Attachment 18.

Training Plan

The Child Welfare Training Unit is currently in an exciting time of transformation and looking forward with a new vision toward training our workforce. The Child Welfare Director's vision for the foundation of our training delivery is that Program Managers, Supervisors, Mentoring, Assisting and Promoting Success (MAPS) positions and Consultants are the experts on the Safety Model and systemic issues that impact the children and families we serve.

In December 2018 the Child Welfare Training Manager took another position. A new training manager is expected to be onboarded by July 1, 2019. A full assessment of existing trainings will be priority and a plan will be developed that aligns with the Performance Improvement Plan (PIP) as well as systemic issues identified by the Office of Child Welfare Programs in conjunction with program fidelity reviews, local and national trends and best practices. In addition, demographics, characteristics and learning styles of the Child Welfare workforce will be incorporated into the new training approach. A hybrid model of contracted training and well as an in-house training unit model is anticipated. A regional training hub model will provide more local trainings. This is expected to greatly support the workforce. This will also allow Child Welfare the ability to craft trainings that are more inclusive of local communities and foster parents. Cross-over trainings between foster parents and caseworkers will also be a part of the plan.

Please see the 2020 APSR for a detailed discussion of the current initial and ongoing training regimens for Child Welfare staff, as well as for foster parents. Please also see the Strategies for Training Staff to Work with Diverse Communities section in the Targeted Foster & Adoptive Parent Diligent Recruitment Plan of this document for a discussion of the current and planned anti-racism and anti-oppression training regimen.